

# Making room for spirituality?

Family therapists' and clients' perceptions and  
experiences about spirituality in family therapy

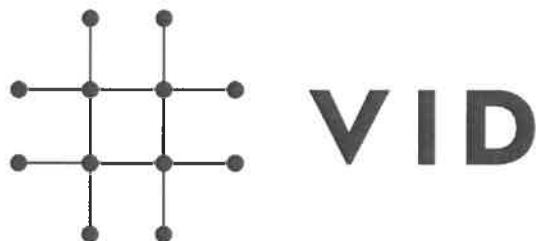
Making room for spirituality?  
Family therapists` and clients` perceptions and experiences  
about spirituality in family therapy

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Thesis submitted  
for the Degree of Philosophiae Doctor (Ph.D.)

VID Specialized University, Oslo

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# ABSTRACT

The overall aim of this research study was to explore family therapists' and clients' understandings and perceptions of spirituality and their experiences of what spirituality means in family therapy in Norway. A specific the aim was to explore how family therapists' personal and professional spiritual experiences affect family-therapeutic practices. Finally, the study also sought to develop knowledge and theory about what is an apparently under-communicated theme in family-therapy education and practice.

The main research question was: What does spirituality mean for family-therapy practice?

The sub-research questions were:

1. What are family therapists' and clients' understanding of spirituality?
2. What are family therapists' personal and professional experiences of spirituality, and how do they think it affects them as therapists?
3. How do family therapists include spirituality in practice?
4. What are clients' experiences and perceptions of spirituality in family therapy?

Few quantitative or qualitative studies have been conducted to explore these issues in the family-therapy field. A constructivist grounded theory (Charmaz, 2014) design was used to answer the research questions. Fifteen family therapists and 12 clients were interviewed. Based on the analysis, five core categories were developed:

1. Recognition of clients' spiritual and religious life.
2. Spirituality as part of being human, relationships and culture.
3. The need for therapeutic awareness and competence.
4. Experiencing spirituality as linguistically ambiguous and difficult to put into words.
5. Silence in family-therapy culture and education creates a feeling that spirituality is not accepted.

With the core categories in mind, a middle range theory called the "map of spiritual and existential literacy" was developed. Spiritual and existential literacy was used as the prime concept in the theory. Based on the findings, it became necessary to expand the word "spiritual" to "existential" as the word "spiritual" seems to largely reflect religious aspects, while the study takes both a religious

and a secular perspective. “Literacy” is used metaphorically, where humans can be understood to be like a text or book whose content is only available to someone versed in the language. In this context, it means an ability, a competence to meet clients’ spiritual or existential perspectives. To develop spiritual and existential literacy as a family therapist, seven perspectives were included in the theory.

1. Recognition of clients’ spiritual, existential or religious experiences, practice and culture.
2. Working systemically in dialogue.
3. Using clients’ resources and language.
4. Bridging linguistic uncertainty.
5. Increasing personal awareness and competence.
6. Working with personal hindrances.
7. Breaking the silence in the public space.

In conclusion, on the basis of the core categories and the “map of spiritual and existential literacy”, implications for practice and education are discussed. The map of spiritual and existential literacy is intended to contribute to how family therapists can better include spiritual and existential issues in therapy, as well as be a tool for education, supervision and further research.



# SAMMENDRAG

Målet med denne forskningsstudien har vært å utforske familieterapeuters og klienters forståelse og opplevelse av temaet spiritualitet, og også deres erfaringer av hva spiritualitet betyr i familieterapeutisk arbeid i Norge. Studien har også ønsket å utforske hvordan familieterapeuters personlige og profesjonelle erfaringer påvirker familieterapeutisk praksis. Dette for å utvikle ny kunnskap og teori om et tema som virker å være underkommunisert i familieterapeutisk praksis og utdanning.

Problemstilling var: Hva betyr spiritualitet for familieterapeutisk praksis?

Forskningsspørsmål var:

Hva er familieterapeuters og klienters forståelse av spiritualitet?

Hva er familieterapeuters personlige og profesjonelle erfaringer av spiritualitet, og hvordan tror de det påvirker dem som terapeuter?

Hvordan inkluderer familieterapeuter spirituelle perspektiver i terapi?

Hva er klienters erfaringer og oppfatninger av spiritualitet i familierapi?

Det finnes få både kvantitative og kvalitative studier om dette temaet innenfor familierapifeltet. Et konstruktivistisk Grounded Theory design er brukt for å svare på forskningsspørsmålene. 15 familieterapeuter og 12 klienter er intervjuet. Ut fra analysen er fem kjerne kategorier utviklet.

Disse er:

1. Anerkjennelse av klienters spirituelle/ åndelige og religiøse liv
2. Spiritualitet er en del av mennesker, relasjoner og kultur
3. Behov for terapeutisk bevissthet og kompetanse
4. Opplever spiritualitet språklig tvetydig og som det kan være vanskelig å sette ord på
5. Stillheten i den familieterapeutiske kultur og utdanning skaper en følelse av at spiritualitet ikke er akseptert

Ut fra kjerne kategoriene ble en «middle range theory» utviklet og fikk navnet «Spiritual and existential literacy», på norsk «spirituell og eksistensiell språkkyndighet». Ut fra funnene i studien ble det nødvendig å utvide begrepet spirituell med begrepet eksistensiell. Dette fordi ordet spirituell virker til stor del å gjenspeile det religiøse, og studien tar både et sekulært og religiøst perspektiv. Literacy, eller språkkyndighet, brukes her metaforisk, hvor mennesket kan bli forstått som en tekst

hvor innholdet bare kommer til syne for dem som kan «lese» eller er kjent med språket. I denne sammenhengen betyr dette en evne, en kompetanse eller en form for dannelsesform for å kunne møte klienters åndelige eller eksistensielle perspektiver. Teorien om spirituell og eksistensiell språkkyndighet inneholder syv ulike perspektiver. Disse er:

1. Anerkjennelse av klienters åndelige, eksistensielle og religiøse erfaringer, praksis og kultur
2. Arbeide systemisk i dialog
3. Bruke klienters ressurser og språk
4. Overbygge språklig usikkerhet
5. Øke personlig bevissthet og kompetanse
6. Arbeide med personlige hindringer
7. Bryte stillheten i det offentlige rom

Avslutningsvis, med basis i kjernekategoriene og den utviklede teorien, ble implikasjoner for praksis og utdanning diskutert. Målet er at «kartet over spirituell og eksistensiell språkkyndighet» kan føre til at klienters åndelige og eksistensielle perspektiver bedre kan bli inkludert i familieterapi, og at teorien kan være et verktøy for utdanning, veiledning og videre forskning.

# **ABBREVIATIONS**

FT     Family therapy

DUC   Diakonhjemmet University College

GT     Grounded Theory

TG     Therapy Group





*A mind which has stretched toward a new idea  
never returns to its original dimension.*

(Freely after Oliver W. Holmes, Sr.)

# 1 ORIENTATION TO THE THESIS

## 1.1 Introduction

On January, 2013, I was sitting in my home marking some exams. To be honest, I felt it quite boring, so in-between I looked at the Internet and searched for more exciting things. I went to the website of Diakonhjemmet University College (DUC)<sup>1</sup> and discovered a job posting. I had been a student at DUC several times and really felt at home at this place. Just this day there were four vacancies for Research Fellow, and one of them was in family therapy. I remember thinking: Is it now? Maybe I should make a call to Per Jensen, who was professor in family therapy there and a previous lecturer of mine? I had talked to him in June the year before, and when he asked me I told him I was not ready for a Ph.D. study yet. I decided to have a one hour walk with my dog, think about it, and call Per later on in the day. The fresh air did me good, and the question was working in me: Is it now?

Back home from my walk, I went in to my email box and, believe it or not, in the inbox was a letter from Per Jensen. He had written:

*Dear Åse! Happy new year! We got our own PhD program. "Diakonia, Values and Professional Practices" approved last year. I read your article in "Focus" (Nordic Family Therapy Journal) and think you should apply for the scholarship we (Faculty of Social Studies) have announced. Have you seen the announcement? Do you know it? Do you want to? Call me for a chat or write. Per*

In that moment, in a way, I got a certainty: *Now* was the time. I was already in contact with another university college regarding a PhD project about implementing systemic ideas into primary school, and when I called Per, I was quite enthusiastic about this project. Per told me he would support me no matter what project I chose, but said at the same time, "*What about*

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<sup>1</sup> Diakonhjemmet University College is now called VID Specialized University.

*spirituality?*” I had done a master’s thesis some years ago about therapists’ reflections about spiritual and existential issues in family therapy, and I still found the theme very important and exiting. A process was started, and I began to work with my project plan. By the end of June, 2017, ten years after I had delivered my master's thesis, I got a scholarship at DUC, and I was ready to begin.

## **1.2 Background of research interest**

My first encounter with systemic family therapy thinking and theory was in 1995. I worked as a social worker in a primary school, and was convinced after this first course that I would be a family therapist. In January, 1998, I started to work as a family therapist. I continued with education, and it became an exciting journey for me, both professionally and personally. However, I found that spiritual and existential perspectives were absent both in education and supervision, and for my own part I had lacked language about how to include this dimension in therapy. I had learned through education in Social Work that spiritual and religious perspectives were not part of professional practice. In one of the main family therapy books from my first course, four different explanatory levels were introduced to human problems; an individual level, an interpersonal level, a social level and finally a metaphysical level. It was pointed out that the metaphysical level was beyond the presentation of the book and that *"after all, one cannot find the answers / solutions to the great existential or spiritual questions of life either through psychotherapy, social and mental health or political decisions"* (Lundsbye, 2010, p. 44, my translation). In the book I read that it was common for professionals, working with humans, to meet questions about the meaning of life, where you come from and where you go to, the fear of death, if there is a God or if you can contact him, but these were not perspectives in family therapy work. I felt this was problematic, because I knew how important spiritual and religious life could be for people, both for good and for bad, and how these dimensions were of great importance to their own lives and relationships. Research says spirituality plays an important role in fostering health and wellness (Koenig et al., 2012). I also knew that professional competence was not only about knowledge and skills, but there are also personal components like attitudes and values which affect a professional collaboration with humans.

From a systemic point of view, it became strange to reduce people. I understood systemic work as the opposite; a comprehensive relational thinking where both problems *and* solutions can be found in both physical, mental, social, cultural and spiritual perspectives.

After I delivered my master's thesis, I became more concerned with including spiritual and religious dimensions in my therapeutic work, and I have seen the importance for many humans, and how it affects lives and relations in many different ways.

I think the society has changed in recent years, in that way that spiritual and religious issues are debated more openly, in the media, in literature and in the theatre. I personally saw the play "Wanted Jesus"<sup>2</sup> at "The Norwegian Theater" in Oslo last autumn, and I have heard it has been playing to full houses for weeks. Traditional church visits do not increase, but people seem to search for the wholeness, balance, proximity to nature, and something greater than the material or visible world around us. Many books can be found about spiritual awakening, mindfulness, listening to soul and body and becoming one with the universe. In recent years, we have also had a greater immigration of human beings from other cultures and religions, and this has probably also made the debate in politics and media stronger. All this, together with my previous experiences, made me a wish to explore more deeply the role of spirituality in family therapy practice.

### **1.3 Research purpose and aim**

The overarching aim of this study is to explore what spirituality means for family therapy practice, from both a therapist's and a client's point of view. The study has the following objective formulation;

First, to explore therapists' and clients' understanding of spirituality. To explore the place of spirituality in family therapy practice, I found it was important to investigate what kind of meaning the informants put in the word "spirituality", and what kind of words they like to use.

Second, to explore therapists' and clients' experiences of spirituality in the family therapy field. I wanted to find out if my experiences of the silence in the family therapy culture regarding these issues were an expression of silence in the therapy room as well, or *what kind of* experiences both therapists and clients have regarding spirituality in this field.

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<sup>2</sup> In Norwegian; «Etterlyst Jesus».

Third, to explore how family therapists' personal and professional spiritual experiences affect family therapeutic practices, and explore what kind of possibilities and obstacles this offers.

Fourth, to develop new knowledge and theory about an under-communicated theme in family therapeutic education and practice.

## **1.4 Research questions**

As is expected in a Grounded Theory (GT) study, the research questions have changed along the way, especially from the experiences I encountered in the pilot study. These will be described in more detail in the method chapter.

Based on the purpose and objectives of this study, the following research questions are addressed:

1. What are family therapists' and clients' understanding of spirituality?
2. What are family therapists' personal and professional experiences of spirituality, and how do they think their experiences affect them as therapists?
3. How do family therapists include spirituality in practice?
4. What are clients' experiences and perceptions about spirituality in family therapy?

## **1.5 Some clarifications about terms**

The concept spirituality will be discussed in detail in the next chapter. However, in this thesis, other words are also being used to express spirituality; for example religion, existential issues and values.

Family therapy is used as a collective term for a systemic practice that may include help to individuals, couples or families. Children and adolescents have not participated in this study, and therefore have a marginal space. However, many of the therapists also work with this group, and several of the clients have been in therapy with their children. The findings in this study therefore include work with different age groups.

## **1.6 Guide for the reader**

This thesis is organized into eight chapters, and the following gives an overview for the reader. Following this chapter, chapter two introduces the topic of the thesis and gives the

reader a definition of terms, as well as a presentation of the context in which this study is a part. This also includes a scientific and theoretical background, and also a historical overview about how spirituality has been discussed in English-language family therapeutic literature. Chapter three is a literature review of current research in systemic family therapy work, and gives an overview of the research that exists within an English-language context. Some of the findings will be related to this study, together with current theory.

Chapter four explains the constructivist GT methodology that informs this research study (Charmaz, 2014), and chapter five gives a detailed explication of the research method.

Chapter six presents the findings in the study with ample quotes from the participants. The results of the study are divided into five main categories; three from the therapists and two from the clients.

Chapter seven presents a middle range theory based on the core-categories from the GT analysis process. Spiritual and existential literacy is used as a main concept in this theory.

Chapter eight discusses the research implications for family therapy practice, supervision and education, and also the family therapy culture in general.

Chapter nine gives some closing reflections about strengths and limitations in the study, the originality of the research, and finally some ideas for further research.

The appendix gives an overview of the entire research process, with a specific focus on the analysis process.



*“If we are to develop a therapeutic understanding of spirituality it will be necessary to learn to be comfortable with uncertainty and mystery.”*

(John Swinton, 2002, p. 12)

## **2 CONCEPTS AND THEORETICAL BACKGROUND**

### **2.1 Introduction to the chapter**

As described in chapter 1, the orientation to the thesis, the initial research question to this thesis was what spirituality means for family-therapy practice.

In this chapter, I will present central concepts and the theoretical background of the study. This gives an overview of the key extant theories that inform the development of the research questions. The chapter is divided into four parts.

First, I will explain the term “family therapy” and give a brief overview of the family-therapy field with the aim of contextualizing the study. I will also give an account of the theoretical framework that is most common for family therapists: system and communication theory and theories of social construction.

Second, I will go into the term “spirituality” and give a historical overview and different perceptions of the concept. This also includes perspectives of religion, some statistics of religion in Norway and also a critique of the concept of spirituality. I will present current professional guidelines for including spirituality in professional practice and also describe some of the challenges that have been, or maybe are, of including spirituality in psychotherapy. I will then describe the development of family therapy in Norway and also explore how the Nordic family therapy magazine “*Fokus på familien*” and different family-therapy educations in Norway raise spirituality as a topical theme.

Then I will, thirdly, give an overview of academic articles (not research articles) and books about spirituality in family therapy and point to some relevant perspectives for my research questions that have been highlighted in this literature.



Finally, I will end this chapter with critical theory. I believe it is important to feature a critical perspective in this study because critical reflection has an opportunity to uncover “ideologies” and theories of reality that serve to legitimise and maintain practices that can be suppressive (Thomassen, 2006). Hopefully, new knowledge grounded in practice can contribute to the development of the family-therapy field.

## **2.2 What does family therapy mean?**

Family therapy is a flexible psychotherapeutic movement, of different schools and traditions, applicable to a wide range of problems for individuals, couples and families. The central aim of family therapy is to work primarily with the relationships and identified problems in the family or in the social network. Problems are primarily seen as interpersonal not intrapersonal, with the emphasis on the problem of maintaining behaviour patterns, problematic and constraining belief-systems and narratives, and also historical and contextual predisposing factors (Carr, 2012). Family therapy emphasises the relational and contextual, both as a way to understand problems but also as an arena for intervention (Tilden, 2014). Both problems and solutions are about what is happening between people and in their relationships. Here we find the dramas and the maintained symptoms, as well as the opportunities for solutions and change (Johnsen & Torsteinsson, 2012).

### **2.2.1 The development of family therapy**

Since the 1950s, family therapy has emerged simultaneously in a variety of different countries, with different movements, disciplines, and therapeutic – and research – traditions (Carr, 2012). A number of the theorists from the first generation came from the psychodynamic tradition. They developed psychodynamic theory to include family interaction and interaction theory. However, system theory and communication theory have been the most important for developing a functional system of concepts and have laid the foundation for a number of methods for practical work with families and social systems (Jensen, 2009).

Several mainstream trends have developed in the family-therapy field. One came from Palo Alto in California, based on a research group around Gregory Bateson. Based on their research, an institute called MRI was established, and these researchers are often referred to as the developers of *systemic or strategic family therapy* (Jensen, 2009).

One that has meant a lot for family therapy development in the 1970s and 1980s is the Argentinian doctor Salvador Minuchin. He developed “structural family therapy”, where the main point was to map coalitions, borders and distances between family members to process and analyse boundaries between systems and subsystems (Hårtveit & Jensen, 2004). Minuchin, who recently died, had changed his intervention style in recent years to be softer with a more collaborative focus and became concerned with metaphors and using the therapy room actively as an indicator of emotional proximity (Minuchin et al., 2007).

Another important area in the family-therapy movement is a private family therapy institute in Milano in Italy. Psychiatrist Mara Selvini Palazzoli and her three associates, Gianfranco Cecchin, Luigi Boscolo and Giuliana Prata, focused mainly on communication in families. They believed that any behaviour, verbal statement or act was communication that confirmed or challenged family rules. Should change occur, the rules for the interaction must be changed. In family systems we are affected by, and also affect, the system is circular and can never be fully understood (Hårtveit & Jensen, 2004). This approach is called *systemic family therapy*.

### **2.2.2 Renewal of the movement**

In the 1980s, words like constructivism and “second-order cybernetics” (family therapy is part of the family system) became important, and the movement turned to focusing on language and the importance of conversation in therapy. This is called a *language-systemic approach* (Jensen, 2009).

Tom Andersen (2005), a professor from northern Norway, and his group developed what they called “reflecting team”, a theory which has been further developed in a lot of different variants in therapy, counselling and education.

Tom Andersen in Norway and Harold Goolishian in Texas developed an important corporation, distancing themselves from technically oriented system theory, which posited that family therapeutic methods should be the basis for change (Jensen, 2009). This formed the basis for “the epistemology debate” in the field and created a turning to a more postmodern foundation for practice. Now there became a focus on language, how language created meaning and how the use of language formed a social reality (Johnsen & Torsteinsson, 2012).

Harlene Anderson and Harry Goolishian (1992) developed what became an important concept, the “not knowing approach”, meaning clients are experts on their own lives and the therapist should be curious and acknowledgeable in the conversation. Hoffman & Bloch (1985) presented a new idea that therapists are part of the therapeutic system, and the therapeutic system should be characterized by cooperation and not necessarily by being an expert in human life. Problems should be understood as circular, the therapist should not be technical or judgemental but contribute to a context that can make change possible (Lundby, 1998). This idea was influenced by constructivism, and, later, social constructionism had a great influence on the field (Berger & Luckmann, 2000; Gergen, 1999).

This mind-set paved the basis for a new way of thinking and working in family therapy. Collaborative therapy, the language-systemic approach, solution-focused therapy (with Steve de Shazer and Imso Kim Berg) and narrative therapy (with Michael White and David Epston) are all influenced by this thinking (Dallos & Draper, 2010).

In the 1990s, narrative therapy became very dominant in the family-therapy field (White & Epston, 1990). The mind-set is that knowledge is perceived as constructions and our experience controls our behaviour. How we look at ourselves will shape how the story is described. I will be my story. Our culture, not least language, sets its limitations. A culture's belief systems have a major impact on people's lives (Hårtveit & Jensen, 2004). Through externalizing conversations, the problem becomes personalised, creating a distinction between problem and person and new more meaningful stories can be formed (Johnsen & Torsteinsson, 2012).

### **2.2.3 Family therapy approaches and spirituality**

The family therapy textbooks I have had access to do not say much about how spiritual and religious perspectives can be integrated into practice. This is probably linked to the absence this theme seems to have had in the family-therapeutic field. In “*An introduction to marriage and family therapy*”, Wetchler & Hecker (2015) say that the exploration of spirituality in family therapy is a recent phenomenon and thinks most family therapists are not trained to incorporate spiritual and religious issues in therapy. They refer to many current sources of how therapists can learn to integrate the theme into practice and how spirituality can affect family-therapy theories.

Peluso et al. (2013) say that historically most approaches to individual, couple and family counselling have had a negative or neutral attitude toward spirituality and religion. They say ignoring spirituality is both unethical and inappropriate, and they give several examples of how therapists can encounter the topic, especially in the context of grief and meaning-making.

Walsh (2009b) has similar assumptions: *“Until recently, spirituality was regarded as ‘out limits’ in clinical training and practice, leaving most therapists and counsellors uncertain how to approach it, if at all”* (p. xi). Walsh (2009b) provides an important contribution to how therapists can be sensitive to the spirituality of clients and find ways to tap spiritual resources for coping, healing and resilience with multi-faith and culturally diverse clients.

One question for me will be what kind of attitude family therapists in Norway today have to spiritual and religious issues. I will now proceed to give a short overview of the theoretical framework for most family therapists and theories of communication and social construction, to give a better insight into the practice I am going to research.

## **2.3 Theories of communication**

Theories of communication have been an important theoretical contribution in the field of family therapy. Therefore, I will briefly describe systemic communication theory, Gregory Bateson’s communication theory and finally present a criticism of systemic theories.

### **2.3.1 Systemic communication theory**

System theory opened up to a new way of thinking about problems: psychotherapists went from an intrapsychic understanding of symptoms to an interpersonal or interpersonal understanding, where people were understood as systems, following an organized assembly of parts. The system is more than the sum of the parts, so a problem must be seen in context (Dallos & Draper, 2010).

The ecological perspective includes a basic understanding of nature and culture, where everything living is interrelated and important. This paradigm shift was a protest against a more mechanistic and positivistic thinking that had been widely used in northern Europe. The mechanical paradigm has a linear cause–effect thinking, while the systemic paradigm is circular and focuses on feedback. Systems are in constant movement, and systems using feedback are self-regulating, which is described as the cybernetic tradition. In family therapy,

this means focusing attention on communication, relationships and interaction, as opposed to a more individual and property-oriented understanding (Jensen & Ulleberg, 2011).

Watzlawick et al. (1967) describe five axioms, which Gregory Bateson later developed further. The axioms were meant to describe communication, and said you cannot *not* communicate; communication has a content and a relational aspect, where the relationship aspect is meta-communication. Furthermore, they say that people communicate both digitally and analogously and that all communication development is either complementary or symmetrical, dependent on whether they are based on similarities or differences (Schjødt & Egeland, 1989).

Prest & Keller (1993) say that working systemically, it seems logical that therapists should attend to the spiritual belief systems to their clients. They say the spiritual belief systems of the clients can both strengthen and support the family system but can also contribute to developing or maintaining presented problems. Walsh, in McGoldric & Hardy (2008), talks about the human value system, which for both religious and secular humanists can be a moral compass to guide action and ethical relationships. Walsh says by helping humans to have a larger view, they will be less vulnerable to suffering and despair.

### **2.3.2 Gregory Bateson's communication theory**

I will now move on to Gregory Bateson's communication theory. Bateson was an English/American researcher, social anthropologist and biologist, who was concerned about epistemology and ecology (Bateson, 1979, 2000; Bateson & Bateson, 1987). Two key concepts in his theory are *information* and *context*. Information will appear if something is perceived as a difference and someone reacts to it, and will then indicate a difference that again makes a difference. Context, here, is defined as the "psychological and mental framework we understand a phenomenon or an observation within" (Jensen & Ulleberg, 2011, p. 99). Our understanding of the concept will be decisive for what appears to be information for us. New contexts allow us to interpret the information differently, and the context again gets a new meaning; that way, change can occur. This circularity, along with the understanding that we are punctuating differently and also that there are symmetrical and complementary reaction patterns, can help us better understand communication between people (Jensen & Ulleberg, 2011).

Bateson was concerned about the patterns that connect, seeing the mind and nature as necessary units. However, the ecosystem focus in family therapy seems not to have included spiritual perspectives in a specific manner, although the majority of the world's families adopt some form of expression about spirituality (Adams, 1995). Larner (2017), however, claims that, if family therapy has its origin in Bateson's systemic epistemology, every systemic conversation can evoke something of the spiritual. He says to be systemic is to naturally adopt a spiritual focus, and he refers to Gregory and Catherine Bateson (1987), who included the sacred as a part of cybernetic epistemology. He says a spiritual stance in systemic family therapy can encompass a diversity of beliefs about ecology, the universe or God. This is supported by Telfener (2017), who says to honour, respect and engage in complexity becomes our epistemological mandate as systemic practitioners. She says complexity is the ability to see the complementary (both/and), to generate a multiverse, to use divergent thinking, to allow the context to organize meaning and also to position oneself contemporaneously in different positions (p. 157).

### **2.3.3 Criticism of systemic theories**

System theories have met with criticism. Johnsen and Thorsteinsen (2012) say the strong focus on interaction patterns has ruled out the implication of family members' belief and value systems and cultural perspectives, and how this again influences behaviour; they claim this is part of the background to the development of constructivism and social constructionism in the family-therapy field.

Communication theories in family therapy have also been criticized by Magne Mæhle (2005), who says the not-knowing position can be a stalemate, according to psychological theories. He says therapists also need what he calls "therapy-external" knowledge. He says it is not enough to have "therapy-internal" experiences that primarily focus on system theory and social construction. Therapy external knowledge is knowledge about specific issues, for example religion and spirituality, and also includes current research. Mæhle says a culture that has its primary focus on therapy-internal knowledge will not be sufficient for clients. The risk is that a lack of knowledge and reflection will cause different issues to be overlooked.

I will now turn to theories of social construction.

## 2.4 Theories of social construction

Besides systemic theories, theories of social construction have been an important theoretical contribution in the field of family therapy in recent decades. The concept of “social construction” was first presented by (Berger & Luckmann, 2000). Social constructionism is a broad term but still has some common characteristics. First, in relation to human activities, the main focus is on meaning and understanding. Most social constructionists have a strained relationship with essentialism because they believe humans design their culture within socio-cultural traditions. Human beings are socially designed participants in society and face their own discourses. We create meaning together with others. It is also important to look critically at the topics put “under the magnifying glass”. Research is more an ontological question, not what is actually true or not; rather, the questions about how the world works and what seems preferable. These questions are often linked to the power aspect: For whom are practices useful or even harmful? (Lock & Strong, 2010).

We live in language; however, language is symbolic and it may take time before we understand each other. Mind and understanding, therefore, have their roots in a social interaction with a common understanding of how symbols should be understood. Meaning is situated in social collegial processes and related to time and place (Lock & Strong, 2010).

Burr (2015) says what is common in social constructivism is a critical clue to objective knowledge and our view of knowledge is related to the cultural and historical context of mankind. She thinks an objective, universal and valuable truth cannot be found. She also draws an anti-sensorial approach to human and social phenomena. Properties are socially constructed phenomena, knowledge is created and maintained by social processes. There is, therefore, a direct connection between understanding and social action.

An important contributor is Georg Herbert Mead and his symbolic interactionism philosophy (Mead, 1962), positing that the human mind and meaning are socially constructed through actions of communication. He claims that language is a system of significant symbols formed from gestures, which, in turn, form an attitude to each other. He calls this “gestures for symbols”, and thinks they have the same meaning for participants in an action. He thinks meaning is part of all interaction, a relationship between specific phases of the social action. Mead also says that self-awareness grows out of social processes because we take on others’ perspectives on ourselves and are shaped by the language, the play and the game. These have a common symbolic component, such as words, roles and rules. Language is the first

component that leads us to self, and a game is more advanced than the play. Learning the language you will be able to handle a set of rules and rituals. In relation to my research, relevant questions are: What do family therapists learn in their professional community about spirituality? In what way are we preceded by culture and language? Charmaz (2014) says that symbolic interactionism is a dynamic perspective and a reciprocal process occurring between the individual, the collective and the environment.

The introduction of social construction in family therapy has its background in the development of a constructionist and postmodern understanding of reality, with an acknowledgment that our observations create an *observed reality* (Lettvin et al., 1959). Meaning becomes constructed, socially constructed in language. Therefore, knowledge can be understood as local and unique, socially constructed, a product of dialogue between people (Johnsen & Torsteinsson, 2012).

There has been a shift from essentialism to consciousness of construction, from expertise to collaboration, from value neutrality to a value-relevant practice. However, there are voices emphasizing that therapists should be prepared to radically expand their area of meaning. One example is the strong support for including spiritual discourses within therapeutic processes. Gergen and Ness (2016) say this is powerful discourse for much of the population and “to neglect its significance is therapeutically myopic” (p. 506). If something is sacred, we must meet it with dignity. We step into “holy ground”. Therapists always influence the therapeutic process through their subjective values; this knowledge can make therapists more open and tolerant to the subjective values of the clients (Thayne, 1998).

I think it is also important not to forget that language involves body signals; we have both analogue and digital communication (Watzlawick et al. 1967). A close relationship exists between the mind and the body. Merleau-Ponty (1962) says in his well-known work, “Phenomenology of Perception”, that the body is both subjective and objective, and criticizes this the idea of dualism. The body speaks and is full of feelings, and there is a risk, from a systemic point of view, that therapy can be just cognitive and overlook the role of emotions of individuals and families (Dallos & Vetere, 2005). Griffith and Griffith (2002) say that spiritual experiences often exist partly in the language but are felt fully in the body. Exploring clients’ and therapists’ understanding and experiences of spirituality is also important in being open to bodily experiences.



Finally, a lot has been written about the difference between constructivist and constructionist perspectives in clinical practice. They can be described as being opposites, where constructivism is described as internal individual cognitive processes and constructionism has its focus in discourses that transpire between people. They are sometimes viewed similarly because of their common focus on meaning-making processes (McNamee, 2004). However, this study is influenced by constructivism, recognising that people construct their reality in what they participate. This subjectivity, for example asking for the participant's constructions of spirituality, is for the researcher located in a web of connections and constraints (Charmaz, 2014).

#### **2.4.1 Critique of theories of social construction**

Theories of social construction have been criticized in a number of ways (Cromby & Nightingale, 1999a; Held, 1995). Many find these ideas deeply worrying, even repulsive, the ideas described as nihilistic, not rational and not scientific (Gergen, 2009a). Hacking (1999) has found social construction both obscure, overused and subverting natural science. Even if he has sympathy with both natural science and social construction, he does not think social construction gives new knowledge. How do we deal with holocausts, with children who are beaten and killed? Are these also constructions? Humans will have different opinions of facts, but the question in these contexts is how people make meaning.

Gergen (2009a) says constructivism denies nothing but also does not confirm anything. He says that at the moment we express ourselves about what is a truth or an objective reality, we go into a discourse world, in a tradition and in a set of disparate values. This view, I think, sometimes can be problematic in a therapeutic context. I think therapists need to have several perspectives in mind at the same time, and sometimes must face situations of injustice, repression, abuse and other life situations that are unlawful or do not promote health. I think social construction is not a dogma, rather a way to be in the world, in practice. It is a philosophy, not a "right" thing. There are many ways to see the world.

I will now turn to the term "spirituality". As spirituality is an important concept in this study, several perspectives and theories of the concept will be discussed. A thorough introduction to the term will help to develop current research issues.

## **2.5 Introduction to spirituality**

Across cultures over millennias, humans have searched for meaning and connectedness, prayed to a higher power or God, and have found solace and strength in their faith. In times of crises and adversity, spiritual belief and practice can foster recovery and resilience, for individuals, families and communities (Walsh, 2009b).

Over the past decade, we have seen a great development in the use of the spirituality concept, and many professions have integrated this perspective in both research and practice.

Originally, spirituality in the West was a term for a discipline within the Catholic Church but is currently used in both the religious and secular landscapes. In bookshops nowadays, you can find numerous books in “alternative life-view literature” – books about healing, shamanism, self-development and transpersonal psychology (Olsen, 2006).

### **2.5.1 The term spirituality**

The term “spirituality” is perhaps one of the most misunderstood words in both the Norwegian and the English language, and there is no universal definition (H. G. Koenig, 1997; Sperry & Shafranske, 2005). You can find over 100 definitions in the scientific literature, and the concept has generated a debate among scholars, mostly in the US (Mohr et al., 2006; Worthington & Sandage, 2016). Many researchers use their own definition (Hadzic, 2011).

Spirituality comes from the word “spirit”, and in many languages, the word for spirit and breath has the same explanation. The spirit can be seen as our vital essence, a source to life and power (Benner, 2011; W. R. Miller & Thoresen, 2003; Walsh, 2009a). Human spirituality is closely connected to the body, expressed through emotions, feelings, behaviour and relationships. Spirituality is defined as a meaningful system that helps people to find values, connections and aims in life (Grams et al., 2007; Prest et al., 1999).

The concept of spirituality has a long history of changing meaning, and many researchers have tried to define both spirituality and religion (Ulland, 2012; Zinnbauer, 2005). Pargament (1999) and Hill et al. (2000) say there is often a polarization between religion and spirituality as an institutional or individual domain, but this is a simplification. Hill et al. (2000) say both spirituality and religion are complex phenomena, multidimensional in nature, and attempt to define these constructions are often too narrow. Spirituality has a very short history, and to view spirituality and religion only by contrast seems to ignore a rich and dynamic interaction.

The authors think this schism has to do with the development of secularization, where religion is viewed in a more negative light as a hindrance to spiritual experiences. They say virtually all religions are interested in spiritual matters, and every form of spirituality and religion occurs in the form of social context. They also think ideologies, activities and lifestyles are not spiritual unless they involve consideration of the sacred. The sacred is explained as the heart and soul of spirituality, which for many people can be correspondence with a higher power or divine being(s) but can also be other aspects in life that take a divine character and significance by virtue of association or representation of divinity (Pargament, 2007).

### **2.5.2 Secular and religious spirituality**

Spirituality can be expressed in both secular and religious traditions. Humans can be religious while not particularly aware of their spirituality; and also spiritual but not religious (Aponte, 2009; Helminiak, 2001; Moberg, 2002). In the face of my informants, I will explore what meanings they place in the word spirituality.

Elkins et al. (1988) advocate a more humanistic and phenomenological spirituality outside traditional religion. Their assumptions are that spirituality is a dimension of human experience that includes values, attitudes, beliefs and emotions and which exists in all humans. Spirituality is expressed as a way of being and experiencing through the awareness of a transcendent dimension characterized by values in regard to self, others, nature, life and what humans consider to be “the ultimate”. As a spiritual person, you believe in more than you can see, and life is deeply meaningful and has a purpose. They are also concerned with the sacredness of life, altruism and idealism, the idea of a mission in life and also not being controlled by material values. This calls for a greater contact and closeness with people’s souls (Elkins, 1999). Helminiak (2001) has similar ideas, arguing that spirituality is a human phenomenon independent of personal religion or belief in God, not a perspective just to include in big crises but a natural part of all human. He criticizes the idea that talking about spirituality often is about religion or a faith in God. He argues the humanist core of spirituality relates to effective psychotherapy, that psychotherapy is not effective unless it attends to spiritual matters.

Critics argue that this approach means too much, that secular spirituality is everything and nothing and encompasses most of the mental health domain (Doherty, 2009). However, in qualitative research, I think it is important to be open to clients’ expressions also in relation to

these perspectives. What we regard as truth varies historically and culturally (Burr, 2015), and in dialogue, we get help construct our spiritual world in relation to physical, psychological and social perspectives.

### **2.5.3 The history of the concept**

In the English language, the word spirituality was used for the first time in 1441, with the meaning “the body of spiritual and ecclesiastical persons”. This definition was used for centuries and was later expanded to “affection and respect for the spiritual” and “spiritual character and function” (Rizzutto, 2009). It is important to emphasise that this was at a time when the church had great power over society’s many illiterate, and there was a great separation between the spiritual and the secular (Rizzutto, 2009). The words “piety” and “devotion” were also in use, implying something introverted and unworldly. The early 1900s lost the concept some of its accusing meaning and the term became more descriptive. Initially, spirituality was a discipline within the Catholic clergy (Olsen, 2006) and was later linked to Christian spirituality, being filled with the Spirit of God and living one’s faith in daily life (Sheldrake, 2007).

A few decades back, spirituality was hardly used outside of religious circles. The concept has had an enormous development, both in scope and content. From the 1960s, the term was used in many religious contexts, often associated with mysticism and contemplation. In recent decades, spirituality has often been used based on a more subjective and individual spirituality, often with limited impact on religiosity (Heelas, 2008; Laugerud, 2012). This will be important to explore: whether the informants connect spirituality to religion or whether they see the phenomenon in a more individualistic manner.

From the 1980s, a number of faiths in the West were characterized as “spirituality”. There was a decrease in support of traditional religious institutions, a more general cultural pluralism and an increase in individualized forms of expressions of faith (Ulland, 2012).

Although the term is used to an increasing extent within traditional religious contexts, it is in the alternative spiritual environment that we see the greatest development. A wide range of journals and books have been published and many conferences, both nationally and internationally have taken place (Olsen, 2006). Our own princess Märtha of Norway runs an alternative school, called “Soul Spring” (<http://soulspring.no/>), with focus on finding one’s

guardian angel of life, and both religiosity and spirituality are often topics in the media, politics, literature and theatre. We have a comprehensive alternative medicine and healing business, which, together with “new religions”, participates in the development of self-development, spiritual and meditative practices (Engedal, 2003; Ulland, 2012).

Today, it seems common sense to view everyone as spiritual, but humans can be reflective of these perspectives in life to a greater or lesser extent (Sperry & Shafranske, 2005). Swinton (2001) says spirituality can be expressed as a universal human dimension, like *all* other people, but also like *some* other people, connected to cultural, historical and social dimensions; in the same way, spirituality is also something unique, like *no other* people. Everyone has their own unique spiritual journey developed through life from birth to death, which acts as an important contributor to human satisfaction and growth in life (W. R. Miller & Thoresen, 2003). The construction of spirituality varies in meaning within but also across cultures (Stifoss-Hanssen, 1999). However, like life in general, human spirituality is often not static but a developing process that changes through life (Pargament, 2013; Worthington & Sandage, 2016).

#### **2.5.4 Perception of spirituality**

What significance can spirituality have in people’s lives? The spiritual seems to be something we exercise and experience. Spirituality can form human ethics and values and help to find direction and coherence in life. The spirituality of humans can give a sense of wholeness, harmony and connection with others, nature and the universe. Therefore, eco-thinking, peace, justice and solidarity can be deeply spiritual questions (Canda & Furman, 2010; Jeong Woong & Canda, 2010).

Swinton (2001) says the central feature of spirituality is *meaning*; the ontological significance of life, *values*; belief and standards that are cherished, *transcendence*; experience and appreciation of a dimension beyond the self, *connecting*; relationships with self, others, God/higher power and the environment, *becoming* – an unfolding of life that demands reflection and experience. It could be argued that these spiritual needs can be explained equally in psychological terms, but there is a risk of reductionism of humans, to reduce spiritual needs to thoughts processes and survival needs. Swinton (2001) says in our Western milieu, everything can be expressed in material and psychological terms, well integrated into

our cultural worldview. He argues that spiritual perspectives of human experience should be taken seriously.

### **2.5.5 Some perspectives on religion**

Talking about spirituality, I find it important not to forget religion. As already mentioned, spirituality can be expressed within or without a religious framework. As discussed in section 2.5.7, the majority of Norway is part of the Folk church or other religious organizations, with predominance of Christians. Therefore, it is natural to imagine that many clients in family therapy have religious beliefs, at some level. Stander et al. (1994) say for many people, religion and a relationship with God are a primary resource in life, and so not taking this aspect into account risks therapists invalidating this part of client life.

There are, like spirituality, many definitions of religion. Religion often refers to formal systems of belief, usually including a concept of God or a higher power. It also often includes belonging to a religious group or community (Swinton, 2001; Walsh, 2013).

Religion comes from the Latin word “*religio*”, which means a bond between humanity or a power greater than human beings. One definition is from William James (1929), who defines religion as “the feeling, acts, and experiences of individual men in their solitude, so far as they apprehend themselves to stand in relation to whatever they may consider divine” (p. 42). Religion can be a supernatural power to which individuals are motivated or committed, a feeling present in the individual who conceives such a power and ritual acts carried out in respect for that power (Pargament, 1999).

Most people are influenced by religious traditions and contexts in some way, therefore religious and spiritual development can be overlapping and interactive (Worthington & Sandage, 2016). It can be difficult to differentiate between spiritual or religious needs. I agree they can be overlapping, but religious needs can be related to the individual believer’s practice, for example reading the Bible or the Koran, praying and receiving communion (Strøm, 2015).

In our world today, around 90% of the population is involved in some form of religious practice. Only 8 of 238 countries have a population where more than 25% are not religious, and in only 12 of 238 countries do atheists make up 5% or more of the population (Center of the study of global Christianity, 2017).

### **2.5.6 Some statistics about religion in Norway**

Research suggests that religiosity in Norway is changing. Statistics say 72.9% of the population is part of the Church of Norway. However, increasingly fewer attend church services and fewer children are baptized. Still, many state having a faith in God or calling themselves a Christian, but only a handful of these have an active church affiliation (Botvar & Schmidt, 2010).

11% of the Norwegian population are members of religious and life-stance communities outside the Church of Norway, and more than 50% are members of Christian Communities. Because of immigration, the Roman Catholic Church has increased its membership. Of this 11% of the Norwegian population, 24% are members of Islamic communities and 3% Buddhist communities. The Norwegian Humanist Association, which is very active in the media and is an avid advocate for a denominational state, constitutes 1.76% of the population (SSB, 2016).

Botvar & Schmidt (2010) discuss the results of a major religious survey in Norway in 2008 about religion in Norway today, pointing out that 68% believe in God (to different degrees), 14% are agnostic but still believe in God in some form. 41% believe in a life after death, 27% say they regularly pray, 17% say they are spiritual but not religious and 33% say they have contact with God in their own way.

### **2.5.7 A criticism of the concept of spirituality**

Many professions and researchers debate the concept of spirituality. Pargament (1999) says spirituality may become so blurred that it includes any search for meaning. He believes spirituality needs a sacred core and describes spirituality as “a search for the sacred.” Stifoss-Hansen (1999) criticizes this and believes the concept of “existentiality” is a better and broader term. Although humans are spiritual, they need not necessarily search for the sacred. He also says in a Northern-European and Scandinavian context, spirituality and religion overlap. Therefore, words like worldview, existential questions, meaning-making and religion can be more familiar in this context than spirituality (Ulland & DeMarinis, 2014).

La Cour, Ausker and Hvidt (2012) also believe the term is either inadequately described or so far defined that it becomes meaningless, which could, in turn, make it difficult to research the theme. This confirms the importance of a qualitative enquiry with a focus on meaning and

practice. In this way, one can be open to an extended and contextual understanding of the term.

#### **2.5.8 Towards a conclusion of spirituality**

Spirituality seems to be an important life force that undergirds, motivates and vitalizes human existence. It requires a view of humanity that states that man is not only physical, psychological and social but also spiritual. The human spirit has a number of understandings, for example God, Allah, Brahma or energy, and seems to be a dynamic force and process for personal growing and changing imbued with meaning and sense of purpose in life, seeking the supernatural and wondering about our origins, our identities and requiring morality. Human spirituality affects and seems to be affected by our feelings, physical state, thoughts and relationships (Swinton, 2001). Swinton (2001) says;

Spirituality is an intra, inter and transpersonal experience that is shaped and directed by the experiences of the individuals and of the communities within which they live out their lives... Spirituality is a human activity that attempts to express these profound experiences and inner logics in terms that are meaningful for individuals. (p. 20)

Swinton says the form and content of spirituality are there to be diverse, contextual and, to a greater or lesser extent, spirituality is defined by its prefix, which might be Christian, Buddhist, Muslim, Jewish, humanistic or agnostic. These prefixes indicate specific ways in which humans respond to their experiences of their spirituality (2001).

With this as a background, a qualitative study will be important to be able to comprehend the kind of understanding the informants have of spirituality. There does not seem to be a clear understanding of the term, so a qualitative study will determine what kind of content both therapists and clients put into this term.

We will now look more closely at the relationship between spirituality and therapy, beginning with some of the challenges that have existed, and may still exist, to including spirituality in therapy.



## **2.6 Possible challenges to including spirituality in therapeutic practice**

Before there was anything called psychotherapy, for millennia, shamans, witch-doctors and spiritual leaders worked with psychological, emotional and spiritual healing (Patterson et al., 2000). Mental disorders are still treated by spiritual leaders in many cultures, and eastern culture and medicine have integrated a holistic view of human beings, with body, mind and spirit (Walsh, 2009b).

In psychotherapy's infancy, in the beginning of the 1900s, the relationship between therapy and spirituality became problematic. Freud, the father of psychoanalysis, called religion "a universal neurosis" and was uncertain and ambivalent about spiritual issues. Religion was called mystical experiences, ego regression, neurotic symbolic externalizing, mass psychosis, an expression of the ideology of the dominant class (Lukoff et al., 1992; Lundsbye, 2010).

Walsh (2009) says that in the field of mental health during the twentieth century, rigid boundaries were maintained to keep spiritual issues "off limits" from psychotherapy. Therapists were trained not to include clients' spiritual matters or personal relationships with God. Spiritual distress was separated and referred to pastoral care. Even if many marriage and family therapists came from pastoral counsellor traditions, they were trained to assume a professional role with boundaries. This negative cycle of religion in psychotherapy caused the church to encourage people to stay away from it; psychotherapy could cause the faith to disappear (Walsh, 2009).

In the Western World, a split between the worldly and the spiritual occurred. Science focused on the biological side of humans, with rational and logical thinking; religious institutions focused on the spiritual. This positivistic influence, at the time, distinguished science from theology and philosophy. Many upcoming psychologists had negative experiences of religion in their childhood and became "enlightened fundamentalists". In models of personality and psychotherapy, spirituality was expressed in oversimplified, stereotypical terms (Pargament, 2007). The result was that mental-health professionals tended to either ignore or pathologise the spiritual and religious dimension of life (Swinton, 2001). For many decades, the myth of neutrality existed; therapists were trained to be unbiased and objective and not to reveal their own spiritual practice and values (Walsh, 2009).

In northern Europe, Lutheran teaching has influenced society. Luther's regimented doctrine from the sixteenth century created an ontological distinction between the divine and eternal

and the temporal (Aadnanes, 2012). This split, dualism, has probably contributed to maintaining the distinction between secular and religious practice, between secular psychotherapy and pastoral care.

Even with psychotherapists that worked with more holistic approaches, like William James, Carl Jung and Viktor Frankl, the scientific paradigm and medical model emerged as dominant epistemology in the field, and the hesitation to include spirituality in practice and research has been maintained. Professionals also achieve higher status and scientific credibility through evidence-based practice and measurable objective observations (Walsh, 2009).

So what else can prevent family therapists from including spirituality in therapeutic practice? Adams (1995) says there are a number of contextual barriers that have constrained the inclusion of spirituality in family therapy. First, Cartesian anxiety, the obsession with truth, has dominated science for 300 years. Objectivity has been viewed over subjectivity; wisdom from lived experiences has been marginalized. Freud's meaning about religion has been used to set science against spirituality. In spite of the meaning of psychology being "knowledge from the soul", one of the most widely used definitions of psychology seems to be "science about the mind" (Barker & Scammell, 2016). Adams also says the confusion of spirituality and religion makes many people think about religion and spirituality as being the same. He thinks a lot of therapists have a bias against organized religion, that they view it as reinforcing oppression. Historically, since there has been a split between science and religion, "natural knowledge" has become part of science, while "supernatural knowledge" a part of supernatural knowledge. Adams also think there has been a tendency towards a dichotomizing dynamic in society, where science has been viewed as the opposite of religion (1995).

Griffith & Griffith (2002) believe that therapists may think religion and spirituality are detrimental; others feel incompetent, aware of their lack of expertise. Some also feel they are intruding into private areas, afraid of imposing their own religious beliefs on their clients.

## **2.7 The importance of spirituality in family life**

Walsh (2009) says spirituality is deeply interwoven in all aspects of family life (p. 19). There is a lot of research examining the influence of spiritual beliefs, practices, congregational involvement of family functions, family dynamics and parenting styles (Bailey, 2002; N. M.

Lambert & Dollahite, 2006; Mahoney, 2013; Myers, 2006; Yaxin et al., 2011). Unfortunately, we cannot find such studies in Norway.

Gottman, studying couples' relationships over more than three decades, has created "the sound relationship house theory" to predict stronger relationships. One of the elements is "creating shared meaning": when building a life together, it is important to have a sense of *shared* purpose and meaning. He points to Victor Frankl and says that finding a deeper meaning in life is what creates happiness (Gottman, 2011). Frankl (1971) has, through his studies, seen that the search for meaning is a key driver in humans. Antonovsky (2005), was also inspired by Frankl, posting with his theory of "sense of coherence" that our power of resistance in life is greatly affected by whether we experience life meaningfully, understandably and manageably. He sees the importance of having areas in life where humans have a deeper engagement – not just a cognitive meaning, but also emotionally.

Walsh (2009) states that, from a family system perspective, meaningful spiritual belief and practice can strengthen families and their members, in the same ways as harsh and oppressive spiritual beliefs and practice can wound family members, their spirituality and their relationships.

I will now turn to the development of the family-therapy movement in Norway and explain the active role the church has had in this practice.

## **2.8 The development of the family-therapy movement in Norway**

In 1939, priests and medical doctors were invited to a meeting in Oslo to discuss the Christian congregation's responsibility for the moral decay of the time, especially in relation to sexual issues. They made an association called "Christian Help in Sexual Questions", where they could offer personal guidance and advice, as well as lectures and information through brochures. Chief physician at Modum Bad, Gordon Johnsen made himself available for the magazine "Christian Youth", where young people could write to him and through the magazine, get advice and guidance about sexual issues. All this can be read in a report from The Church Family Counselling<sup>3</sup> called "A Brief Sketch of the Church's Family Counselling History 1959-2011" (my translation)<sup>4</sup> (Kirkens Familievern, 2011).

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<sup>3</sup> In Norwegian: *Kirkens Familievern*

<sup>4</sup> In Norwegian: *Kortfattet skisse av Kirkens Familieverns historie 1959-2011.*

This report details that in 1950 in Stavanger, and in Oslo in 1952, the first counselling office was established, helping with problems about sexual, religious and family-related issues. This became popular and was priests and doctors who participated in “Christian Help in Sexual Question” volunteered. In 1952, The Norwegian Church Institute<sup>5</sup> took over the responsibility, and in 1958 the first family counselling offices were established in Norway. This was the start of many family counselling offices in the country.

Later on, the public also established family counselling offices, and from 1984, The Church Family Counselling Office and the Public Family Counselling Office initiated a partnership. Over the years, the professional differences between the two family-counselling offices in Norway disappeared, and now the Church Family Counselling Office has an operating agreement with the public and seems to work on the same principles (Eriksen, 2014). In Norway, we have a separate law for “family protection offices”, which all the offices have to follow. It is legally required to be a public family-protection office in all counties in Norway. Some offices belong to church foundations, but the majority belong to the public (BUFDIR, 2017). On the website of the Church Family Counselling Office units today, there is nothing that implies that families can get help with spiritual and/or religious issues: “The help is independent of faiths, sexual orientation and ethnicity. Our offer is similar to the public offer” (Kirkens Familievern, 2017). My interpretation is that no one can be socially excluded from this service, but I would like to explore in which ways spiritual and/or religious issues take place in this context.

In the 1960s, the Modum Bad Family Counselling Office, a psychiatric hospital in Norway, fought to include families in their treatment, and child and adolescent psychiatry and family units were established. The 1970s saw a family-therapy movement in Norway with the establishment of family-therapy education, a family-therapy association and also an academic journal called “*Fokus på familien – tidsskrift for familiebehandling*”<sup>6</sup> (Jensen, 2009).

### **2.8.1 Spiritual issues in the Nordic family-therapy magazine “Fokus på familien”**

By searching the word “spiritually”<sup>7</sup> in the magazine “*Fokus på familien*”, it is only my own article from 2012 that comes up (Holmberg, 2012). A search for the word “existential” I

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<sup>5</sup> In Norwegian: *Norsk Menighetsinstitutt*

<sup>6</sup> In English: “Focus on the family – Journal of Family Therapy”.

<sup>7</sup> Both the Norwegian “*åndelig*” and the word “spiritual” were used.

obtained six hits, and I found two of them relevant to this study. First, Øfsti (2008) states that therapy is a practice where the dominant ideology of culture is maintained and negotiated and believes it is important to highlight existential and moral questions. She believes how to talk depends on what ideas, experiences and discourses are available for therapists and couples. I find her reflections important. What have therapists available, in relation to spiritual and existential issues, that is relevant to clients with their questions and reflections in dialogue?

Second, Rogne (2016), who conducted a follow-up study on everyday life and cohabitation in families with children with disabilities, says this life situation opens up existential questions and the existential senselessness. However, she found that this situation can give a deep experience of meaning, of wondering – and the possibility for man to create his own meaning. Meeting families in crises, it is important to find out what kind of preparations family therapists have made in order to meet clients' existential and spiritual reflections.

We now turn to family-therapy education in Norway, to see how and in which way spiritual issues are included in education and training.

### **2.8.2 What do family-therapy education and training say about spirituality today?**

Looking at the internet, education in family therapy is offered in several places in Norway, for example in Oslo, Bergen and Kristiansand. Only VID Specialized University, provides Master's-level education in family therapy and systemic practice. I have looked into the programme description for three establishments: VID specialized University, Oslo, Akershus University College of Applied Sciences and the University of Agder.

VID offers a Master's degree programme in family therapy and systemic practice. Their programme is based on a systemic and social constructionist understanding with the aim to develop a new professional identity. The programme description says their aim is that students can work in accordance with professional ethics and ethical guidelines (VID, 2017). Since family therapists in Norway do not have any ethical guidelines, education is leaning on new family therapists' basic education or ethical guidelines in the various workplaces.

Spirituality is mentioned once in the programme description, in a second-year topic, "Specialization". Here, the students can choose specialization within different themes, and for those who choose "systemic conversations with individuals" you can read: "The skills the students are going to develop will be associated with talking in processes together with

individuals about existential dilemmas and life-themes related to philosophy of life, spirituality, crises, grief, relational challenges and coping” (VID, 2017, p. 18, my translation).

This is, as mentioned before, an offer only for those students who choose this subject, and in the content of the teaching, the theoretical focus is not connected to spirituality. The education has a common subject for all Bachelor’s, Master’s and PhD studies in VID Specialized University, called “Values in Professional Practice”. The course provides an introduction to how values and relationships play a role in the individual’s professionalism. In the plan for the subject we can read: “All recognition occurs in a context of ideas, experiences and interests in the social space. In our institutional context, we will emphasise the importance of philosophy of life, ethics and diakonia as significant perspectives” (VID, 2017, p.30, my translation).

Reading through the programme description for the Master Degree in Family Therapy and Systemic Practice, these significant perspectives do not seem to be highlighted to a great extent. However, in “personal and professional development”, the focus is, among others, to understand and evaluate how our own narratives affect the development of a therapeutic identity, being able to reflect on an awareness of “self” and the relationship between ourselves and others, being able to analyse and discuss challenges and opportunities related to themes such as diversity, differences and pluralism, ethics, power and discrimination. It does not say anything about how spirituality has a place in relation to these themes, but in this study, I want to explore family therapists’ personal and professional experiences of spirituality and how they think these experiences affect them as therapists.

Oslo and Akershus University College of Applied Sciences offers a two-year further education in family therapy (HIOA, 2017). This is a theoretical and clinical education for people with earlier education in health and social work, and with a minimum of two years’ practice. This education is in collaboration with the Institute of Family Therapy in London and also has a systemic and social-constructionist framework. The education programme is available online; it says students have to work on their own professional and personal development with an emphasis on their own strengths and challenges. The programme is concerned about an integration of an ethically reflective attitude, saying this is based, among other things, on the understanding of professional competence and how professional and personal skills are interwoven. Students have to develop a critical attitude to their own favourite ideas and ways of being in terms of the focus on clients.

The educational programme does not say anything about including the spiritual aspect as part of professional competence but is concerned about marginalized situations like gender, ethnicity and multicultural issues. Religion is not specifically mentioned.

Finally, the University of Agder, also has a two-year further education in family therapy for health and social workers (UIA, 2017). This educational framework seems very similar to the two other establishments above. The education has a course called, “Ethics and Practice”, where the aim is, among others, to give knowledge of how families and individuals live in society today and about their key issues and challenges and ability to integrate ethical perspectives and dilemmas. Central themes in the course consider family elements like social, psychological and legal issues, sex problems, multicultural families, divorce and remarriage, and violence. Spiritual and religious aspects are not mentioned but can be included in the theme of multicultural families.

All education seems to be concerned about meeting clients in a respectful and collaborative way and also encouraging personal competence as a therapist, but it is uncertain to what extent this relates to spiritual, existential or religious aspects. There seems to be no literature that deals with spiritual, existential or religious themes in therapy. Neither it does not seem to be literature on these topics in these studies’ reading lists.

To sum up, the family-therapy movement in Norway seems to have gone from a normative Christian tradition to a more secular institution where spiritual aspects have limited space. Based on their programmes, family-therapy educations appear to focus minimally on spiritual perspectives. It is important to explore how therapists in this study experience this situation. Maybe their experiences are different?

I will now turn to presenting the national guidelines for including spirituality in professional practice. This is an important backdrop for the study, I believe, that we know what guidelines professionals are expected to follow.

## 2.9 National guidelines for including spirituality in professional practice

A Norwegian Public report from 2013, “*Det livssyns åpne samfunn — En helhetlig tros- og livssynspolitik*”<sup>8</sup> highlights a spiritually open society, not a spiritually neutral one (Kulturdepartementet, 2013). The state’s primary task is to protect the freedom of faith and belief for all citizens. Professionals in Norway have to work in line with human rights, that, for example, humans have freedom of thought, conscience and religion and the right to opinions and expression.

In the past two decades, at a national level, there has been some focus on including spiritual aspects in the health-care sector. At the parliamentary level, White Paper no. 26 (1999-2000) “about the values for the Norwegian health service”<sup>9</sup> relies on White paper no. 21 regarding its rehabilitation policy<sup>10</sup> and says: “One must assume a holistic view of humanity based on human as body, soul and spirit” (Helse- og omsorgsdepartementet, 1999, p. 18, my translation).

Parliamentary proposition no. 63<sup>11</sup> issued psychiatry the following mandate:

A person with mental-health problems should not be viewed only as a patient but as a whole person with body, mind and spirit. Necessary consideration needs to be given to spiritual and cultural needs, not only the biological and social. Mental disorders touch foundational existential questions. The patient’s needs must therefore be the starting point for all treatment and the core of all care, and this must affect the structure, practices and management of all health care. There is a particular challenge to design services in a way that also meets the needs of ethnic minorities. (Helse- og omsorgsdepartementet, 1997, p. 4, my translation)

In the Norwegian Directorate for Health, a guide has been produced for out-patient clinics for children and adolescents<sup>12</sup>, which says professionals should have cultural competence in relation to minority families; it states that knowledge-based services must be linked to the patient’s characteristics, cultural backgrounds and wishes (Helsedirektoratet, 2008).

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<sup>8</sup> In English: A spiritually open society – a comprehensive religion and belief policy.

<sup>9</sup> St.meld. nr. 26 (1999-2000), «*Om verdier for den norske helseteneste*».

<sup>10</sup> St.meld. nr. 21 (1998-99), «*Om rehabiliteringspolitikk*».

<sup>11</sup> St.prp. nr. 63 (1997-98), «*Om opptrappingsplan for psykisk helse 1999-2006 Endringer i statsbudsjettet for 1998*».

<sup>12</sup> *Veileder for poliklinikker i psykisk helsevern for barn og unge (2008)*, IS-1570, Helsedirektoratet (Guidance for Outpatient Clinics in Mental Health Care for Children and Adolescents).



Cultural communication is often unilaterally linked to minorities. We can see an example of that in a White Paper no. 47, about a reform of interaction in the public sector<sup>13</sup>, where they point out that public medicine and spiritual assistance from the local community of Sami can be viewed with scepticism by health professions (Helse- og omsorgsdepartementet, 2008). Nevertheless, a holistic view of humanity and seeing patients in a larger context, both cultural and social, are highlighted.

Also a “culture formulation interview” has been published by NAKMI and ROP<sup>14</sup> to be a potentially useful tool for increasing clinical understanding and building therapeutic relationships for improving the basis for making clinical decisions, both in mental and somatic health care (NAKMI og ROP, 2015). The interview is not meant only for minorities but can be used for all persons seeking help in clinical contexts, and not just those who have a different cultural background from the therapist. The purpose of the interview is to focus on the patient’s own agenda and perspectives through their own understanding of their problems and the causes, networking, cultural identity and coping. This also relates to the impact of spirituality, religion or other value-based or philosophical traditions on the person’s problems.

In the framework plan for health and social workers’ university college education in Norway, a holistic view of clients is encouraged<sup>15</sup>:

A holistic view of users is critical for a good offer. A holistic view of users is critical for a good deal. The individual service provider relates to the whole man with his physical, mental, social, cultural and spiritual aspects. In addition, social and health problems may be seen in the context of societal factors of political and economic character. The individual’s problems are compared with both individual and social factors. (Utdannings- og forskningsdepartementet, 2005, p. 8, my translation)

All perspectives in life are interwoven and interact with each other. It also seems like, in crises and difficult situations in life, spiritual and existential perspectives become more prominent. Walsh (2009) says:

Most families and couples who come for therapy and counselling are seeking more than symptom reduction, problem solving, or communication skills; they are seeking

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<sup>13</sup> St.meld. nr. 47, (2008–2009), *Samhandlingsreformen, Rett behandling – på rett sted – til rett tid* (White Paper, Collaboration Reform, Correct Treatment - At The Right Place - On Time).

<sup>14</sup> NAKMI – *Nasjonalkompetanseenhet for minoritetshelse* (National Unit of Competence for Minority Health) and ROP – *Nasjonal kompetansetjeneste for samtidig rusmisbruk og psykisk lidelse* (National Competence Service for Simultaneous Substance Abuse and Mental Illness)

<sup>15</sup> RAMMEPLAN OG FORSKRIFT FOR 3-ÅRIG BARNEVERNSPEDAGOGUTDANNING, *Generelle del* (2005), Utdannings- og forskningsdepartementet.

deeper meaning and connections in their lives. For many, spiritual distress contributes to their physical, emotional, and relational problems. (p. 31)

A question might be whether family therapists feel they are working in line with these statements and whether clients experience an acknowledgement of their spiritual and/or religious life.

I will now continue with an overview of academic articles (not research articles) and books that have focused on spirituality in the family-therapy field.

## **2.10 Academic articles and books about spirituality from the family-therapy field**

### **2.10.1 Some historical voices on spirituality in family therapy**

Initially, when family therapy was in its early beginnings, some family therapists tried to include spiritual perspectives. Virginia Satir, an American social worker who later became a family therapist, developed a model she called “humanistic family therapy” (Satir, 1991). From the beginning of the 1950s, and for three decades to come, she worked with families and further developed her work. In Satir’s model, the relationship with the therapist is very important, and the therapy has both an intrapsychic and an interpersonal focus. One of the stages in the model focuses on change in the whole human experience, which includes a connection to the self or human spiritual essence. Every human experiences themselves in different ways, which includes yearning for love, belonging, meaning and other existential perspectives. The inner-self of humans is expressed in spirit, soul, life force, essence, core and being. The work of Satir always included helping people to access their positive spiritual energy for healing, to live in balance with their life force. She says spirituality is to be open to and in contact with the power with multiple names, including God. Satir’s model has not received a breakthrough in the West (even if she has been foundational in the family-therapy movement), but her ideas have been a major aspect of therapeutic communities in the East (Banmen & Maki-Banmen, 2014).

In the 1970s Jim Lantz developed a model called “Existential Family Therapy”, which was a treatment based on ideas from existential philosophy and existential literature (Lantz, 1994a,

1994b). Lantz wrote several articles over 25 years and was influenced by Viktor Frankel, the founder of “logotherapy”, and a French philosopher called Gabriel Marcel. In Existential Family Therapy, the therapist should help clients’ meaning-making towards a more conscious awareness through reflection and also making the meaning potential available through action. Lantz was criticizing the current family-therapeutic models which he considered were problem-centred and encouraged a more “mystery-centred approach”. In the problem-centred approach, according to Lantz, therapists were described with power and control, using paradoxical interventions with emotional distance. In the existential or mystery-centred approach, the importance was inter-subjectivity, relationship, empathy, commitment and mutual participatory experience, including human freedom. Love was referred to as a basic healing process, while spirituality was placed at the centre of human lives.

Over the last three decades, many voices, especially from the US, have challenged the prevailing reductionist view of man in family therapy, seeing spirituality as an important perspective for change. I will now present some of these voices and show how the interest in spirituality has developed over the years.

### **2.10.2 Theories of spirituality and family therapy from recent times**

Although the literature on family therapy and spirituality mostly comes from the US, over the last three decades, many theoretical articles and several books have been written.

One person who has been active in promoting spirituality in family therapy is Harry Aponte. He goes so far as to say spirituality is the heart of therapy (Aponte, 2002). However, he thinks spirituality in human life is not easily grasped and says it can be a bundle of legacies from parents, culture, electronic media and religious institutions, which often do not match and can even contradict each other (Aponte, 1998). Nevertheless, he thinks “spirituality is hidden in all people’s hearts, secretly influencing their lives, while publicly manifested in society under many names and guises” (Aponte, 2009).

Professor Froma Walsh has also been an active voice promoting spirituality in family therapy. She has written several books and articles on the theme (Walsh, 2006, 2009b, 2010, 2012), guiding therapists in how to tap into spiritual resources for coping, healing and resilience. She says families who come for therapy are seeking more than symptom reduction, problem solving and communication skills; they are also seeking for deeper meaning and connections

in their lives. She thinks spiritual distress can contribute to clients' physical, emotional and relational problems (Walsh, 2009, p. 31). She also talks about a growing interest in spirituality in mental-health professions, including family therapy, but still many therapists feel constrained and uncomfortable with the subject in a clinical context. She also says clients who sense that spirituality does not belong to therapy fail to include the topic. It is important to explore whether this is also a phenomenon in the Norwegian context. Walsh and colleagues have come up with valuable contributions as to how spirituality can be included in family-therapy practice; among others are how to meet different cultural aspects of religion and also includes topics like morality, forgiveness, death and use of rituals (Walsh, 2009). Other therapists are concerned about exploring clients' values and beliefs to connect to potential sources of hope. That means motivating clients to make cognitive, behavioural and spiritual shifts that can enhance their functioning and improve their quality of life, no matter the circumstances (Sheehan et al., 2007). I will, in this study, also explore how therapists include spiritual issues in their therapeutic practice.

Thomas D. Carlson, a researcher from North Dakota State University, is an active researcher, especially quantitative research in family-therapy education and training. He and his team have written several articles (Carlson, Kirkpatrick, et al., 2002; Carlson et al., 2011; Carlson et al., 2014), also together with Martin J. Erickson, who is one of the few who have researched clients experiences of spirituality in family therapy (Carlson & Erickson, 2002; Carlson, Erickson, et al., 2002). These publications add to the need to include clients in the present study.

I will also mention Gerry Millers book "Incorporating spirituality in counselling and psychotherapy" (G. Miller, 2003), Miller is concerned with how to explore and assess the spirituality of clients and how to support the clients' engagement of spirituality and encourage spiritual practice. She also presents several spiritual methods that can be used in psychotherapy, and she is concerned about ethical perspectives and integrating spirituality in family therapy. This is also something I am concerned about. Maybe sometimes it is best to leave clients' spirituality outside the therapy room?

Kenneth Gergen, one of the major contributors to social constructionism and founder of the Tao Institute in the US, has made several contributions in how spirituality should be included in professional practice (Gergen, 1999, 2009b). "We are invited, then, to view the divine as a

process within which we exist and from which we cannot be separated. The sacred is not distinct and distant, but immanent in all human affairs” (Gergen, 2009b, p. 393).

The question is whether this is an experience shared by therapists or if they experience the spiritual life shared from the rest of life?

Let us now go further with some theoretical articles from the last three decades about family therapy and spirituality to provide a historical overview of what the field has been concerned with.

### **2.10.3 Theoretical articles from the last three decades**

At the beginning of the 1980s, the role of culture and ethnicity was raised as an important perspective in family therapy (Falicov, 1995; McGoldrick et al., 2005). Martinez (1994) says families need to be viewed from a contextual perspective and that therapists need to be educated on the impact that cultural, sociocultural and spiritual factors have on ethnic minority families. Daneshpour (1998) is concerned about including Muslim families in therapy; systemic thinking has to be valid for all families’ regardless cultural differences.

Harris (1998) says family therapy represents a new paradigm from individualistic mechanical diagnostic thinking but says in this “new”, it is important to raise one’s sights and look at humans and relationships in a broader context and also include spiritual perspectives. He also thinks therapists need to pay attention to their spiritual self because it joins with the spiritual dimension of the families. Harris adds that training programmes have to focus on spiritual growth for therapists and help students to understand the spiritual nature of human beings (Harris 1998).

Moving on to the 1990s, Prest and Keller (1993) discuss how there is a glaring lack of professional literature that includes spirituality and family therapy, and they point out how therapists have rarely have been encouraged to explore the spiritual dimensions of the client. Family therapists should attend to their clients’ spiritual-belief systems. The authors say the field is evolving towards an ecosystem focus, which encourages different levels of system interaction. Prest and Keller also say therapists should understand clients’ spiritual issues intertwined with other aspects of life. The spirituality of clients can contribute to maintaining the presented problem but also be a strength and support in the family system. The authors are also concerned about how and in which way the spirituality of the therapist will affect the therapeutic relationship (1993).

The question for this study is whether these perspectives, over twenty years after the article was written, are incorporated in a Norwegian family-therapeutic context.

### ***Religiosity and God***

Stander, Piercy, Mackinnon and Helmeke (1994) reflect on how therapists' religious backgrounds affect the way they view and deal with spiritual issues in therapy. They also think religiosity could be a resource in clients' lives and say religious issues should be integrated into family-therapy training programmes. Butler and Harper (1994) have some similar reflections. Concerned about Bowenian and structural approaches, they introduced a concept called "the divine triangle", where God was presented as a "couple-God triangle" in a triangulation process. This was presented as a powerful tool for intervention with religious couples. Others had earlier expressed God as a stabilizing interpersonal part of families' daily transactions, part of systemic relationships (J. L. Griffith, 1986). The presented articles are from the US and seem to have a different culture from Norway. The question is in which way God can be a part of the family-therapeutic conversation in Norway. Griffith and Rotter (1999) say overlooking and ignoring clients religious and spiritual lives and not being aware of the benefits, as well as the harm beliefs can bring, is to work in a vacuum and may, in fact, be an unethical practice. They suggest family therapists should be aware of how spiritual and religious values affect family life and also help families to develop a healthy intrinsic faith. In times of crises, clients' faith can give strength. Therapists can help rework families' spiritual orientation, but they emphasise that this "sacred" topic has to be met with respect and gentleness. Griffith and Rotter also say therapists should take a "one-down" position and be a "learner" (1999).

### ***Spirituality in clinical training***

Different voices have highlighted the need to include spirituality in clinical training. Haug (1998b) compares psychoanalytic therapy training which emphasises the crucial role the self of the therapist is in effective therapy. They pay attention to therapists' personal stories, their vulnerabilities and their relational style. However, less attention has been placed on therapists' meaning systems and beliefs. Haug says family-therapist training has focused on epistemologies, models and interventional techniques, rather than training in appropriate awareness and use of the self. With the introduction of social constructionism, there has been more focus on the self of the therapist, and the dimension of spirituality has been excluded

(1998). An important question in my study will be how and in which way spirituality has been included in family therapists' education.

#### **2.10.4 Cultural differences in the family-therapy field**

Most of the academic articles I have found on spirituality in the family-therapy field are from the US. However, in the US there seems to be a broader connection between marriage and family-therapy training centres and pastoral counselling. Articles from the 1980s, 1990s and the early 2000s on spirituality and family therapy seem more connected to a religious (Christian) tradition or being interdisciplinary with both clinical and religious realms (Blanton, 2005; Hoogestraat & Trammel, 2003; Watson, 1997; Wendel, 2003). One example is from Anderson and Worthen (1997) who say couple therapy includes an awareness of a god or a divine being. The authors say humans have a yearning for a relationship with a divine being, and this "being" wants to be part of the changing process. Therapists should also use their spirituality actively in a relational and respectful process. This tradition may seem strange in Norway, which is a more secular environment, but I found it relevant to investigate how therapists believe their own spirituality affects family-therapeutic practice.

#### **2.10.5 Social construction and spirituality**

In the 1980s, social science was concerned with social construction as a scientific philosophical position, and this also affected family therapy, having a major impact on the development of family therapy in Norway.

Carlson and Erickson (2000) highlight narrative practice as an opening to include spirituality and religious issues in therapy, with its focus on clients' values in life. They also think the questioning of truth and the encouragement of multiple voices has opened up space for marginalized voices to obtain legitimacy in the field. Alternative ways of knowing and experiencing life have become more viable.

Thayne (1998) presents a social constructionist perspective including spirituality in therapy in his article. He is critical of classifying humans and says this is often a cultural social construction from society and from mental health. He is also critical to pathologise human religiosity and says therapists should allow clients to construct their religiosity. By doing this,

therapists make space to understand the complicity of spirituality. Thayne thinks therapists need to have a teachable attitude.

Thayne also says therapists should be co-authors with the client, that new meaning can evolve through the medium of language. This joint work can help therapists to understand the vulnerability of sharing spiritual or religious life; clients must be the “first author” of their own spiritual story. Thayne says it is important to see the potential for health in clients’ spiritual traditions and thinks therapists have to confront their own stereotypes and prejudgements about religious heritage to become self-aware of their own biases. An atmosphere of togetherness where therapists and clients mutually and reciprocally inform each other makes the client feel safer, and it is also important to recognise the emotional level connected to human values, Thayne says. Without empathy, there is a risk that therapists can miss the depth and therefore, the essence of the issue. This is not a technique in a modernist sense, and a “not-knowing position” will help therapists to be curious and discuss the meaning that is most significant for each client (Thayne, 1998).

I think these articles from the last three decades raise a number of important issues that are relevant to explore further in a Norwegian context. How is spirituality included and what is therapists’ experience working with these perspectives? And what about religious aspects? Are these also included? And what about social construction: Do Norwegian therapists experience this philosophy as “a door opener” for spiritual issues?

I will now continue with an article about couple therapy and spirituality. Many family therapists in Norway work with couples and spirituality can be part of the couple’s family life – as both a resource but also as a problem.

#### **2.10.6 Couple therapy and spirituality**

About including spirituality and religion in couple therapy, Helmeke and Bischof (2007) say, from the beginning of the 1990s, there have been three waves. The first question was why integrate spirituality? The second, some years later, was how does spirituality help and hinder therapy? It was in the early 2000s, Helmeke and Bischof say, that it was no longer necessary to justify the need for including spirituality in therapy, thus the third wave then became how spirituality should be integrated. The importance of being sensitive and incorporating the spirituality of clients in therapy had been established, but there were still questions about how



spirituality should be addressed in therapy. Even if there has been a growing number of articles about spirituality and family therapy, there are still few articles about couple therapy and spirituality. Helmeke and Bischof encourage implementing spirituality into couple and therapy models and to increase the focus on research. They also think it is important to increase training and supervision about spiritual issues in couple therapy.

Clients living as couples will be part of the present study, so I want to explore what opportunities and challenges spirituality has in couple life and how this has been met in couple therapy.

### **2.10.7 How to address spirituality in family therapy**

How can spirituality be incorporated in family therapy? Hodge (2005) says the extant body of literature about spirituality and family therapy in the early 2000s has at least four areas of focus: cultural competency, family strengths, client autonomy and accrediting requirements. However, because of a lack of training, he says therapists can hesitate to include spirituality in their practice. To help orient therapists in the topic, Hodge introduces five different assessment approaches: spiritual histories (verbal), spiritual life maps, spiritual genograms, spiritual ecomaps and spiritual ecograms (graphic approaches). The aim is to move beyond the “one-size-fits-all” approach and help therapists to find assessment tools that best fit the extant clients’ needs and interests.

Frame (2000) also says therapists feel challenged to deal with clients’ spiritual and religious life and lack training in this area, and she introduces the spiritual genogram in family therapy. A genogram had been used as a tool in family therapy for many years, but the aim here is to identify spiritual and religious issues across multiple generations.

Blanton (2007), who works with narrative therapy, connected this approach to contemplation and silence during the sessions, and also other family therapists encourage clients to meditate during the sessions (Gale, 2009).

Michael White, one of the creators of narrative therapy, is concerned about how spirituality affects humans’ personal ethics and the importance of trying to attend those events in peoples’ lives that provide the basis of the construction of identities and knowing self-information. White says he thinks it is important that therapists emphasise terms like love, passion, compassion, reverence, respect and commitment (Hoyt, 1994).

In this study, I will explore in which ways therapists include spiritual aspects of clients, whether they use specific models or techniques, like genograms or mediation, or whether specific words to refer to a spiritual reality are used.

#### **2.10.8 Family therapy and culture; is spirituality included?**

In recent years, several family therapists have highlighted the importance of including a cultural perspective in family and couple therapy (Poulsen & Thomas, 2007; Rober & De Haene, 2014; Singh, 2017; Telfener, 2017). However, is spiritual diversity part of the preparation for multicultural competence? Hage, Hopson, Siegel, Payton and DeFanti (2006) say findings from the marriage and family-therapy fields conclude with minimal training in spiritual and religious diversity. This is supported by Marterella and Broch (2008) who say in training, family therapists are taught how to identify and approach issues like culture, gender sexuality and ethical concerns like boundaries, but religion and spirituality are left out of the equation.

Walsh (2010) says it is important to broaden clinical perspectives to the growing diversity and complexity of spirituality among families. She says interfaith couples and multi-faith families are increasingly common and believes cultural influences are interwoven in all aspects of spiritual experience. She says it is important to approach spiritual diversity in clinical practice by exploring spiritual beliefs and practices, but also spiritual sources of distress. She also thinks it is important to identify potential spiritual resources and gives examples of different spiritual practices.

Telfener (2017) says all human beings are the result of biological, cultural, spiritual and psychological needs and thinks all these elements are shared, often tacitly, in constructions of meanings. She thinks all intersubjective discourses are, by definition, cultural and should be made explicit in common work. I believe this is an important reflection. Culture is not only connected to ethnic minorities and immigrants but is something that applies to all of us. For example, there could be great cultural differences in a relationship although both are ethnic Norwegian.

Although the United States seems dominant in the number of publications in relation to family therapy and spirituality, there are also other environments outside the US. In the next

section, I will show some of these contributions, using practice-based evidence from clinicians in the family-therapy field.

### **2.10.9 Voices and projects outside the US**

Outside the US, there are few family-therapy groups that actively promote spirituality in their practice. One exception is the “Just Therapy Group” in New Zealand. In their therapeutic work, they have developed a concept of sacredness, a sense of sacredness in human life, which is often full of pain and vulnerability. In order to work with issues of healing, they needed to develop a language to talk about spirituality; they saw body and soul fused together (Campbell et al., 2001). Campbell et al. (2001) say sacredness and spirituality have been their central image for therapeutic exchange and they think they now do much better work; they also are concerned about liberation, about listening with acknowledgement and facilitating new and transformative meanings that inspire reconciliation and hope.

In the UK, the UK Association for Family Therapy and Systemic Practice made a project whereby systemic therapists work in an inclusive and non-discriminatory way and develop self-reflexivity in relation to the Social GRRAACCEESS, which means the social identities of *gender, race, religion, age, ability, appearance, class, culture, ethnicity, education, employment, sexuality* and *spirituality*. Several articles have been written (Burnham, 2005, 2012; Pearson, 2017). Pearson (2017) says working with clients’ spiritual and religious experiences requires paying close attention to self-reflexivity, and there is a need for competence, training and supervision for therapists in relation to these issues. She thinks family therapists, in relation to religion and spirituality, have the potential to enable, limit or prevent clients from addressing problems or accessing resources. She thinks systemic practitioners share a commitment to facilitate healing by utilizing clients’ meaning and social networks and also create a relationship based on acknowledgement as well as differences.

Pearson’s article is part of a special issue about family therapy and spirituality from the Australian & New Zealand Journal of Family Therapy (Vol. 38, 1, 2017). Reenee Singh (2017), Glenn Larnar (2017) and Umberta Telfener (2017), among others, also have an article in this issue. An article from my own study is also included (Holmberg et al., 2017).

Another article from the UK (Neden et al., 2011) focused on how to bring forth spiritual dialogues in family-therapy education. They use a collaborative learning approach, where

students share personal and professional stories and generate relational and narrative resources for connection with spirituality and social grace.

From Romania, Rusu and Turliuc (2011) wrote about ethical issues of integrating spirituality into couple and family therapy. They think beliefs and values underlie any group of social systems and think therapists should allow family members the freedom of expression, thoughts and emotions according to spiritual and religious values. They believe therapists should be aware of their own spirituality and create a safe relationship with clients.

#### **2.10.10 Conclusions about academic articles and books**

As we can see from the books and academic articles, little has been produced outside the US (English literature), and there seem to be few family therapeutic environments dealing with these themes. There thus seems to be a need for more knowledge in the field. I, therefore, find it important to explore what kind of relationship therapists have with these themes and the experience clients have about the inclusion or exclusion of spirituality in family therapy.

### **2.11 Contributions from Norway in an interdisciplinary framework**

I will, in conclusion, highlight some important contributions from Norway on the inclusion of spirituality and religion in professional practice. Of course, the family-therapy field has a lot to learn from other disciplines, and each of these contributions I will present have a focus on spirituality as an important perspective in professional practice.

Stifoss-Hanssen and Kalleberg (1998) discuss how the health service meets existential challenges in relation to illness and crisis. Leenderts (2014) focuses on, among other things, a holistic view of humans, existential issues and spiritual care. Schmidt (2014) about spiritual care in nursing. (Nordhelle & Danbolt, 2012) want to put the spiritual perspective on the academic agenda. (Danbolt, 2014), with several contributors from different Nordic countries, discussed how research is presented based on the question “What significance do faith and philosophy of life have for humans today?” They believe that interest in religion, beliefs and philosophy of life is increasing, while professionals still think it is difficult to relate to these themes in their practice.

### **2.11.1 Empirical studies from Norway on spirituality in a broader professional context**

Here, I will present four studies from Norway, which I believe are important for my study. They represent mental health, psychology and social work, which are some of the professions that are most represented among family therapists. In addition, the studies say a lot about the Norwegian context, which also family therapists are located within.

#### **2.11.1.1 Studies from mental-health care**

Medås et al. (2017) conducted a qualitative study featuring seven nurses working with patients with psychoses in mental health care. They explain spirituality as a complex and difficult topic to put into words. The analysis generated two main themes. First, the word spirituality was difficult to grasp and was experienced as a wide, subjective and multidimensional phenomenon. Spirituality was easily linked to religiosity and belief systems, while the informants experienced that it was about “something more”. Spirituality was linked to the existential dimension of humanity, which concerned the meaning and purpose of life, and the need for forgiveness, love and hope.

Second, spirituality was not a “non-subject” in mental health care. This made it difficult to perceive what could be a part of the healthy or the sick, and the informants were unsure whether spiritual themes could worsen the psychosis. Several experienced mental health care negative to spirituality and religion, especially in Christian contexts and said religion should not be a topic in psychiatry. There was little openness about this thematic topic in the staff group, which suggested that patients’ spiritual needs could be safeguarded without necessarily being documented or reported. It became important to present neutrally, although it was argued this is an impossibility. The theme could be experienced as both a resource and a burden; it could be difficult to know what should be contained in a professional role. Lack of time, knowledge and resources **and** lack of openness in the staff made them reticent.

A similar study by Borge and Mæland (2017) asked whether there is room for spirituality in mental health care. The aim of the study was to explore how health professionals in mental-health work understand and work with clients’ philosophies of life. Results show the participants feel it is not legitimate to talk about life views. They perceived them as a non-topic in their workplace, a taboo, and it made them unsure how to deal with the themes in practice. This could result in concealed practices. For spirituality, different terms are used interchangeably and the differences are unclear. Words like spirituality, religion, worldview

and philosophy of life or “something”, which can be difficult to put in words but is still important for life, death, values and meaning in life. The participants saw the spiritual as part of a holistic perspective and felt it was an ethical obligation to meet it. However, meeting the spirituality of clients, it could be difficult to balance between being private and personal in the professional role, an anxiety to cross any boundaries. Participants called for more theoretical knowledge and reflection in the education of these topics, as well as reflections about their own feelings and responses.

#### ***2.11.1.2 A study on inclusion of religion in psychology education***

Reme et al. (2009) investigated whether religion is neglected in psychologists’ education. From four different universities, 564 students took part in the study, answering the question about how religion was covered in psychology education in current programmes. The students were also asked how they experienced the profession’s attitudes to religion and religious beliefs and what attitudes they had to religion being covered in psychology education.

Of those who responded, 93% felt there was no focus on people’s religious beliefs in education, apart from discussions among students. A review of study plans, lectures, course and syllabus confirmed this; as far as they could see, religion was a non-theme. In relation to attitudes to religion and believing people, the findings show the majority believe psychology as a subject is neutral or benevolent to believing people; 73% experienced the subject as neutral or respectful to religious people, 27% experienced discouraging subjects, while 36% believed that the psychology profession has a stereotyped perception of religious people.

The students had a positive attitude towards religion, with 75% believing that a spiritual dimension was important for humans and with it, also important for psychology. Of the students, 92% believed that the focus of religious beliefs could help psychologists better understand different religious and cultural backgrounds.

Concerning the question of religion being the last taboo in psychology, 34% agreed with the statement, 25% disagreed and 20% answered that they did not know. However, while the psychology profession does not seem to include spirituality and religion in education, the students still experience it as an important topic.

### **2.11.1.3 Spirituality and social work**

Social work in Norway has paid little attention to spirituality and religion in practice.

However, Zahl and Furman (2005) carried out a study with 600 participants from “*Fellesorganisasjonen for barnevernspedagoger, sosionomer og vernepleiere*”<sup>16</sup>. The word spirituality has been translated to philosophy of life.

Of these participants, 79.5% stated that philosophy of life is a fundamental aspect of man and 72% believed that social workers should expand their knowledge of the theme; 72% believed that social workers should only integrate religion/philosophy of life if clients first express a concern about it; 24.8% said including religion and philosophy of life is in conflict with the intentions of social work; and 42% said social workers have a lack of competence helping clients in relation to religion and philosophy of life.

The informants seem to have an unclear and ambivalent view of how religion and spirituality can be integrated into the work situation. Nevertheless, approximately 70% of informants think it is important to explore whether spirituality is harmful to or profitable for the client, but the majority felt that they needed more knowledge about the theme.

Finally, I will end this chapter by presenting critical theory as an important framework for the study. In a critical view, new knowledge can arise and challenge professionals' views of knowledge, attitudes and actions (Askeland, 2006).

## **2.12 Critical theory: a framework of the study**

I have found it important to have a critical perspective in this study. The theme seems under-communicated both in the literature and in education, yet is still an important part of many people's lives. Important perspectives have been found by Paulo Freire. His ideas have had a great impact on education but can also be relevant to other fields.

Freire (1979) says that we all participate in moving systems and believes that we must all take the initiative to improve and change our world. Humans must be released from oppressive habits and roles and be conscious of themselves and their own everyday lives. He believes we must be critically reflective and promote dialogue. He says a dialogue in love is an existential

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<sup>16</sup> A union of Bachelor's in Child Welfare Education, Social Education and Social Work.

necessity. It requires courage, humility, hope, faith in humans, but also critical thinking. He says “critical thinking is in opposition to naive thinking” (p. 76).

He is keen on understanding, revealing deficiencies or contradictions in systems and pointing out conditions that create unrest and passivity. Neutrality does not exist, he claims. The goal is a richer human worth, to free oneself and one’s oppressors. He also says the existential value of true solidarity only exists in practice. Therefore, a personal attitude must be highlighted. This thinking is closely connected to spirituality; what actually is a human and how to find life-giving powers in man. Freire says, “The more active people take part in the examination of their themes, the stronger they deepen their critical alertness to reality” (p. 92). Cultures can develop myths that people internalize, which in turn can give a narrow view of reality. As cultural bearers, we can be both oppressors and liberators.

Knowledge can be created through reflection, and with critical reflection, there is an expectation that new insights will lead to change. It can give us a clearer picture of our own role, power and structural aspects, how we influence and are affected, and help to clarify a practice that we want to work for (Askeland, 2006).

## **2.13 Conclusions**

I have given an overview of current concepts and the theoretical background for this study. I have described the phenomena of family therapy, the basis of knowledge and methodological approaches and also the development of family therapy in Norway. The development seems to have gone from a more Christian conservative movement to a more secular business.

I have also given an overview of the concept of spirituality and shown it as a multi-faceted term which can also include religion. Norwegian official policies encourage professionals to include spirituality and religion in their practice, but insight into family-therapy education in Norway seems to have less focus on this. Academic articles challenge the field in different ways, and several think it is high time to include spirituality in family-therapeutic practice.

With this as a background, it is important to explore what therapists and clients think about the word spirituality, their different experiences in practice, and also explore whether therapists encounter obstacles to including spirituality in therapy.



In the next chapter, I will present a literature review of current research on spirituality in family therapy. This will also help in developing the research questions and find legitimacy for the planned study.





*“Looking at the past must only be a means of understanding more clearly what and who they are so that they can more wisely build the future.”*

(Paulo Freire)

## **3 THE RESEARCH CONTEXT: LACUNAS AND BUILDING BLOCKS**

### **3.1 Orientation to the chapter**

In this chapter, I will present previous research on spirituality in the psychotherapy field, with a special focus on family therapy. The aim of the literature review is three-fold: first I want to outline the research in order to clarify from where my project departs. Second, I want to present findings and identify debates, which creates a direction for my research questions and will be used later in the discussion chapter. Third, I will highlight some gaps in previous research, which points to where my project can contribute.

#### **3.1.1 Disagreement about the role of the literature review in GT studies**

The literature review in grounded theory is disputed (Charmaz, 2014). Classic grounded theory advocates the literature review after completing the analysis (Glaser & Strauss, 1967), but the constructivist tradition rejects the notion of pure induction. The literature can give a source of inspiration, ideas give creative associations and critical reflections (Charmaz, 2005; Clarke, 2005; Thornberg, 2012). This latter statement represents my position according to the literature review in this thesis.

For my part, I did the first literature search when I worked on my project plan. This provided some overall indications about the research on spirituality in the family-therapy field. I saw then that there were few empirical studies, and almost nothing from Norway. A systematic search for empirical studies was conducted early in 2016, and a final search was conducted in June 2017. My core categories have been developed on the basis of the analysis process, regardless of the results in these chapter. However, the literature review has been rewritten

several times as the analysis has developed, with the aim of analysing the most significant works in research and therapy in relation to my upcoming grounded theory. I find it important to tailor the literature review to fit the development and finding purpose and arguments for my own study (Charmaz, 2014).

### **3.1.2 Methods and search strategy**

The methodological approach in this chapter is a narrative review of the literature. That means I examine, summarize, evaluate and criticize previous research in the field and associate with my research question (Grant & Booth, 2009).

The search was made in the following databases: Academic Search Elite, Taylor & Francis, Science Direct, EBSCOhost, Idunn, PsychNet, SAGE journals, Google Scholar and Web of Science. I also did a manual search in relevant scientific literature and in reference lists for empirical studies.

When searching databases, the following keywords were used: family ther\* AND spirit\*, Psychother\* AND spirit\*, Counseling AND spirit\* – connected to the keywords “empirical research” or only “research”. I sought for studies from both therapists’ and clients’ perspectives in peer-reviewed journals.

### **3.1.3 Inclusion criteria**

Empirical research articles from 1990 were examined. As there was a limited supply of research studies from the family-therapy field so I decided to expand the search with studies from the larger psychotherapy and counselling fields.

The family-therapy field, which has developed since the 1950s, has become aware of the subject of spirituality during the last three decades, and I therefore I have chosen to include studies from this period. The articles were all published academic articles, in English or Scandinavian. All research articles were either original empirical research with qualitative or quantitative research or reviews. To come as close as possible to my own research study, I only included studies with adults.

### **3.1.4 Exclusion criteria**

Studies before 1990 are excluded. I have also chosen to exclude some recent family-therapy studies. This is, for example, an exploration of family therapists' beliefs about the ethics of conversion therapy and the influence of negative beliefs and clinical competence with lesbian, gay and bisexual clients (McGeorge et al., 2015). Second is a result of an exploration of faculty members' beliefs about integrating spirituality into family-therapy training (Grams et al., 2007). This study was excluded because a study of comparison between students and faculty member is included in the literature review, and I think this research already covers this theme. Also a study on the Bowen Family System Theory and the relationship between triangulation and religious questing (Heiden Rootes et al., 2010), a study on mindfulness meditation in family-therapy education (McCollum & Gehart, 2010) and a study on different forms of praying in family therapy (M. M. Miller & Chavier, 2013) were also left out because these studies are distant from Norwegian secular culture.

For studies on clients' experiences and perceptions of spirituality in family therapy, one study by highly religious clients (all Mormons) on spiritual intervention in psychotherapy (J. S. Martinez et al., 2007) and a study of conservative Christians expectations of non-Christian counsellors (Belaire & Young, 2002) were also left out. Finally, a mixed study on Christian therapists and Christian couples from the US (Hook et al., 2014) was left out. These studies, from clients' points of view, were too distant to relate to a Scandinavian context and my research questions as there are few Mormons in Norway and I understood the research contexts as being a mixture of pastoral care and psychotherapy. Articles not written in English or Scandinavian language were also excluded.

## **3.2 Introduction to the literature review**

When searching for research articles in the selected databases, I obtained almost 1,000 hits. In a broader psychotherapeutic field, including counselling and mental health, there are a lot of empirical studies. I could not account for all the studies here, so I selected studies relevant to my study.

### **3.3 Attitudes towards spirituality in psychotherapy and psychiatry**

Lee et al. (2011) carried out a quantitative study on the meaning of religiosity and spirituality from a staff perspective in the department of psychiatry and psychotherapy at the Freiburg University Hospital in Germany. An anonymous survey was distributed, and had a response rate of 44.16% (87 of 197). The study explored the spirituality of staff and their attitudes towards the religiosity/spirituality of clients and the integration of religious and spiritual content into therapies. The results show that many clients mentioned spiritual and religious issues like God, meditation and prayer, and most of the informants said that spirituality has a positive influence on health and helps patients to cope with illness and suffering. The majority of the therapists found it appropriate to discuss these issues with clients. It is uncertain, though, whether it was therapists who are most positive towards spirituality chose to participate in the survey. However, the staff did not use spiritual or religious elements in their therapeutic methods due to insufficient time and occasions and insufficient knowledge. A relevant question in these study can therefore be: Where are the boundaries for a professional attitude about the inclusion of spirituality in practice?

Another study from Germany, by Hofman and Walach (2011) involved 895 psychotherapists in a survey about spirituality and religiosity in psychotherapy. The terms “spirituality” and “religion” were not defined in advance. Of the respondents, 57% said they were either religious or spiritual and 75% believed in some sort of higher or transcendent reality. The psychotherapists, who had different theoretical orientations and had practiced for ten years or more, estimated that 22.3% of their clients mentioned spirituality or religion in therapy sessions. Indicating that these issues should be given more regard in education accounted for 66.5%, while 81.1% reported that spirituality and religion were rarely or never discussed in psychotherapy training, and 67% wanted these topics better represented in graduate and postgraduate curricula. While 62.5% estimated the possibility of further training with these issues as moderate to very high, 55.7% said their own spiritual/religious orientation influenced their practice to a moderate or a very strong level; yet, despite the lack of literature and training, 46% categorized themselves as very competent (and 36% as competent) to meet such topics in therapy. The authors wonder if this is because the therapists overestimate themselves or maybe they found other sources of knowledge. However, the therapists indicated a need for education, training and current literature. Only psychotherapists in private practice were part of this study, but it was the first national survey in Germany to that date (Hofmann & Walach, 2011).

### **3.4 Clients' experiences of spirituality in psychotherapy and mental health**

Since I also include clients in my study, it is important to explore what other clients have said about this topic. I have found few studies from clients' perspectives in family therapy, which I will come back to, and I therefore expanded my search in this group.

Several studies have been conducted on clients' perspectives of spirituality in psychotherapy. In addition to the studies that are part of the reviews presented in section 3.3, I will add two studies here.

First, Gockel (2011) conducted a qualitative study on client perspectives on spirituality in their therapeutic relationship. Twelve participants were recruited by placing ads on an educational list in nondenominational spiritual bookshops in Canada, requiring respondents had used spirituality to cope with mental and/or physical health problems and also had the assistance of a professional counsellor at some point in time. Eleven of twelve were identified as spiritual but not religious, one was religious. A narrative method was chosen.

Spirituality was regarded as a quality intrinsic to the self with interwoven beliefs, feelings, practices, a way to make meaning-making in daily life and as a guide to their choices. Some believe in God or a higher power, others see spirit as a great force in nature and in the individual, as a soul or higher self. Connecting with God, spirit or energy is the most fundamental aspect of their spirituality, and they described spirituality as relational in nature.

The informants also have important reflections about healing, understanding healing as a process of mental, emotional, physical and spiritual aspects of the self in an integrated whole, while healing also involves identifying, understanding, and changing dysfunctional patterns to restore functioning or transcendent to a previous level of development. Healing was expressed as being synonymous with a process of personal growth and transformation.

The overarching theme that emerged from the analysis said the participants regard spirituality as integral to an effective counselling relationship. Their spirituality forms their fundamental framework for making meaning in the world and they also conceptualize counselling through that lens. Spirituality is their central coping strategy to address psychical and mental-health problems and to create positive change. Counselling became an extension of their spiritual practices, a help for finding new perspectives on their self and their problems.

Spirituality was explained as a key aspect of the therapeutic alliance. They wanted therapists who could "tune in", with warmth, empathy, love, openness, acceptance and genuineness.



These qualities have long been associated with effective therapy (Wampold & Imel, 2015), but the new finding is that these are associated with spiritual qualities.

Another finding was that effective counsellors understand and respond to clients' spiritual needs. Therapists seemed to have an acknowledged, sensitive, holistic thinking, even though I missed the focus on individuals in a broader relational perspective. Counsellors' effectiveness was also linked to their spiritual integration of healing, not only to their training; thus, spirituality was an embodied experience for the clients.

However, Gockel (2011) found that some of the participants had terminated counselling that was lacking in spiritual integration. The participants experienced a distance where counsellors were unable to respond to their emotional or spiritual needs, so moved to other counsellors or to spiritual practitioners who actively embodied these perspectives.

A criticism of Gockel's study could be that these were clients who are particularly interested in this theme, but I still find it important to reflect that God may be important even if one does not call oneself religious and also that the therapeutic relationship is crucial for how this theme is being treated in therapy. The study uses the term "healing", which does not seem to be widely used in a professional context in Norway. Healing, which can mean "helping to heal", was presented to the informants as the process of aligning the mental, physical, emotional and spiritual aspects of the self in a holistic way, with the aim of identifying and trying to understand and change dysfunctional patterns. The healing was a process of personal growth and transformation.

The second study is from Koslander and Arvidsson (2007), who made a qualitative study with 12 patients (6 males and 6 females) in mental health care in Sweden finding out their conceptions of how the spiritual dimension is addressed in practice. A method inspired by the phenomenographic approach was used. The spiritual dimension was expressed as God, religion, meaning and purpose, higher understanding beyond material things, faith, hope, interpersonal values and personal well-being. The findings show that patients want to have their spiritual needs addressed – it helps for better mental health. The patients actively seek the assistance of nurses to address their spiritual needs by talking and said it is a task for the nurses. The patients also seek external professional help with their spirituality, for example with priests, but they also turn inwards and provide for their own spirituality themselves. They also interact with other patients, who provide for their spiritual needs since, they said, nurses lack knowledge about the spiritual dimension and they thus believe that nurses need

more competence in how the spiritual dimension implies and its importance for patients' well-being.

The sample size in this study is very small, however, and the patients had different medical diagnoses, which might limit the reliability of the study. The nurses did not have the opportunity to tell their stories, so, because of the lack of research, there is still a need to accentuate clients' (patients') reflections in relation to these themes.

### **3.5 The influence of therapists' spirituality on their practice**

Do we know anything about how psychotherapists' and counsellors' spirituality affects their practice? A grounded theory study made by Blair (2015) in the UK, with nine psychotherapists, ended up with two major themes: the first theme was "the direct influence of participants' spirituality on their therapeutic work." The therapists suggested spirituality plays an integrating synthesizing function in their identity and enriches their therapeutic work. For all informants, spirituality and spiritual practice was an important part of their self-care and also a help in the service of clients. Although it can be difficult to put these experiences into words, they say there is a need for self-knowledge and self-reflection regarding one's own spirituality and its place in professional identity. Without reflection, therapists will have an enormous blind spot, and it can be difficult to see another person.

The therapists felt that responding to clients' spirituality was potentially important and required a degree of therapeutic skills, as well an acute awareness of their own spirituality. Learning from clients was seen as a part of the ongoing development of the therapists. The therapists could find it difficult working with religious dogmatic or fundamentalist clients, feeling their more rigid and sometimes judgemental manner was in sharp contrast to their own flexible and non-judgemental beliefs and attitudes they wanted to have. Most of the therapists wanted to divulge their beliefs if clients asked, believing it could be a help in the relationship.

Blair's (2015) second theme was "finding harmony between spirituality and a broader professional context," which means congruence between their theoretical orientation and their spirituality was found. However, some participants noted an attitude of neglect in relation to spirituality and religion in professional training courses in counselling, psychotherapy and counselling psychology; therefore, the process of finding harmony was very often self-led. There seems to be a need for the therapist to work out and reflect on their own spirituality and

its place in their professional practice. Blair's study has a small sample and seemed to attract therapists that feel spirituality is important in their own lives and who are also used to reflecting on spiritual issues in relation to their therapeutic work. It is therefore likely that the result would be different with a broader population.

Another grounded theory study, from the US, involved 16 psychotherapists' spiritual, religious, atheist or agnostic identities and their practice of psychotherapy (Magaldi-Dopman et al., 2011). The psychotherapists own spiritual/religious/non-religious identities were described as complex, dynamic, conflicted and unsupported by the psychological training programmes. Their spiritual journey, which is described as a process rather than a static identity, felt isolated and not supported by academic and clinical training and personal therapy, which could make the psychotherapists confused, uncertain and conflicted about how to deal with clients' spiritual issues. Their limited training has led to a lack of self-awareness, with a risk of distance from the clients because of their own unresolved conflicts.

(Magaldi-Dopman et al., 2011) first selected category was "the journey", a process which could be both arduous and painful, and many experienced significant conflicts with their spiritual/religious/non-religious identities at some point in life. The therapists reflected that their own background affects the way they conceptualize clients' spiritual/religious material in psychotherapy, what kind of approach they take, their attitude and what kind of importance they place on spiritual/religious concerns. Therapists concerned about spiritual and religious issues in their own lives make space for the issues in psychotherapy, while psychotherapists who minimally identify with their spiritual/religious background tend to overlook these issues in clients' lives.

The therapists said it was a painful process, having received so little support in their own spiritual/religious identity process; yet still be expected to help clients through their process.

Magaldi-Dopman et al. (2011) second selected category was "challenges" because the psychotherapists found it challenging working with clients' spiritual and religious issues. The challenges made caused the topic to be overlooked or therapists to feel unsafe if their philosophy of life does not match clients'. The therapists were extremely biased towards an open interpretation of religion or God.

The therapists described exploration as their initial therapeutic tool, and they used clients own language, humour and reframing when discussing spiritual and religious issues. To cover insecurity and difficult feelings, the therapists use academic language and do not compare

their own spirituality with clients' or vice versa. The therapists feel that clients might be unsure whether the therapist understands them. The quality of the therapeutic relationship is a key factor in how comfortable clients feel to discuss their spiritual identity.

Because of the voluntary nature of the study, there is a risk of the informants that feel comfortable enough to disclose personal and clinical information, and the study is also dependent on the researchers' ability to establish a trusting rapport with the participants. It is worth noting that their lack of training makes them unsafe and perhaps even distant in meeting the spirituality of clients. The therapists say that in the presence of clients, they meet their own unprocessed experiences, which can be painful. This study shows, as other studies, that the therapeutic relationship is crucial for integrating the spirituality of clients.

### **3.6 How to be confident in addressing clients' spiritual or religious orientations**

This is an important issue because I believe therapists have the power to decide whether these topics should be included or excluded. Tillman et al. (2013) presented a grounded theory study on 12 counsellors who stated they were confident in addressing spiritual and religious issues in counselling. All participants were Christians, though from different denominations. This is, of course, a limitation of the study, but I still found the study important because I do not necessarily believe that a Christian philosophy of life means it is easier to incorporate these themes into practice. Five codes, called themes, emerged through the analysis: first, being comfortable with the topic, the counsellors expressed the importance of having internal respect or value for religion or spirituality, (i) "a positive spiritual foundation". However, the strongest theme was counsellors' (ii) "personal spiritual journey" as being impactful on becoming confident. Their faith influenced them as human beings and as counsellors. They believe it is difficult to help people with their spiritual lives if they have not had a journey of their own. The next theme was (iii) "social construction", which emphasised the importance of having the possibility of sharing experiences with others during training, an opportunity to learn from each other from varying spiritual perspectives. Learning from clients, too, is important, to fill gaps in knowledge and skills and as a possible source of personal growth for the counsellors.

The counsellors said addressing clients' spiritual or religious orientations was not addressed in a uniform manner in their training, nor readily available as professional development, and therefore they had to develop an (iv) "inner drive" to seek out information and experiences that support their process from discomfort to comfort. It was a response to the dissonance they experienced developing their counselling style without their spiritual journey or positive spiritual foundation. The counsellors simply had to take the case into their own hands.

(v) "ability to traverse pitfalls" was where the counsellors had the ability to distinguish between evangelism and being relevant to clients' spiritual and religious orientations. It seems to have lessened the participants' fear of imposing their values onto clients.

Tillman et al.'s (2013) study emphasises the need to have an open attitude towards spirituality, having a will, a personal drive for learning about their own journey and processes but also learning from clients. Working with personal and professional development (PPD) can help therapists be more confident to include clients' spiritual perspectives (Vetere & Stratton, 2016).

### **3.7 Therapists' experiences of working with spirituality in psychotherapy and counselling**

How do therapists actually work when they include spiritual issues in psychotherapy and counselling? I will here present three studies from different parts of the world. First, from South Africa, Brown et al. (2013) carried out a qualitative study on psychotherapists' abilities and barriers to using spirituality and religion in their practice. The Biopsychosocial-Spiritual Model of Health Care was used as a theoretical framework, and a multiple case study was used to guide the study. Fifteen therapists were part of three focus groups. The findings indicate that all the therapists were willing to discuss religion and spirituality in therapy but differed in approach. The use of religion and spirituality in therapy was identified as praying or discussing religious scripts. Some of the therapists did not have any obstacles to doing this, while others would rather reflect on the themes and did not include spiritual practices.

Clients' needs were used as a guide, and it is also important to explore clients' spiritual and religious journeys. Their own spiritual or religious beliefs make it easier to engage with clients, and an attitude of acknowledgment was highlighted. With therapeutic approaches like person-centred and narrative therapy, it was easier to discuss spirituality and religion.

Barriers could be ethics, for example a lack of competence and scope of practice, or beliefs, values and morals that conflict with clients. A dominant issue was the therapists' lack of training on these issues.

Second, in Brazil, a grounded theory study was conducted on psychotherapists' experiences of spirituality and religion in their practice (Vandenberghe et al., 2012). Spirituality was explained with different terms like belief, conviction, faith, mysticism, seeking or surrender. Two main categories were highlighted: first "cultural competence, tightrope walking", which means therapists seeking to respect clients' religion by not provoking their sensitivities or criticizing their religion and therapists not needlessly disclosing their own religious issues. If the therapists feel clients' beliefs are harmful or rigid, this involves an inner struggle; they could meet this with gentle questions or direct confrontation. If the client, for example, blames religious principles, the therapist could say, "What did *you* do?"

Nevertheless, the therapists wanted to be aware of clients' religious contexts to help them to better appreciate their clients' views, needs and goals. However, the therapists felt they had to overcome a tacit professional taboo working with clients' religiosity, and they felt clients should either bring the theme into the session or firmly consent to work on it.

The therapists also recognised that their own religion influences their professional behaviour. Religion is part of their identity and culture. They could pray for the clients and knew their religious values influenced the treatment, deliberately or unwittingly. It could be cherished values, but also help clients to consider their marriage because her religion condemns divorce. However, they did not see it as a problem even if prioritizing clients' goal could be more of a strain when religious principles were involved. The therapists think a religious matching of therapist-client may absolve the therapists from this concern. Nevertheless, there is also a risk that too much similarity hinders the relationship, clients may need therapists who say something different.

(Vandenberghe et al., 2012) second main category was "religion and spirituality are resources". Religion and spirituality promote coping and resilience, with relationships, teaching (in congregations) and spiritual practice as part of a religious life, and spirituality as a way to distance oneself and daily-life experiences into a broader context and meaning. Spirituality can be a form of empowerment, to look at oneself from a transcendent or creative perspective. This is an important aspect, and thus I also want to explore what resources clients and therapists feel their spirituality can provide.

Therapists could use clients' spiritual and religious resources as therapeutic aids. A treatment activity may be more attractive for a religious client if it has a religious connotation in their own culture. They can help clients to bring forth a transformed view of their faith, and if they get stuck in dogmas, help them be flexible without impacting their faith.

Finally, Vandenberghe et al. (2012) explain the therapists' spirituality as a professional asset. It empowers the professional technically, helping to deal with personally threatening themes in the relationship and be more available to clients and also supporting resilience in the face of emotional strain.

Their study has a small sample, and there may be some cultural differences in relation to a Norwegian context, but I found it important to highlight the including of clients' spiritual journey in the therapeutic work. It seems to be an important resilience factor. The study also emphasises the need for self-reflection on the subject and the lack of professional training among therapists.

The third study is from Singapore, from Sridhar and Kit (2016), on Singaporean counsellors experiences of using spirituality in counselling. This is also a grounded theory study with 10 counsellors, and four categories revealed through the analysis: "casual conditions: understanding of spirituality", "intervention conditions: personal characteristics of Singapore counsellors", "strategic action: use of spirituality in counselling" and "consequence: view of future roles of spirituality in counselling".

Spirituality was reported as being a broad topic to define, not easy to express. Most of the counsellors see spirituality as part of being human and part of something bigger and greater than themselves, a belief and faith in a higher power. It was also expressed as being existential and having meaning and purpose in life. Spirituality is part of thoughts and emotions and everyday life with values, behaviours and principles. Seven of the 10 counsellors associate spirituality with religion or a sacred connection with the self, God and a faith, and they see spirituality as a culturally bound concept; eight of 10 agree that spirituality and religion are central to the worldview of clients

All 10 agree that spirituality has played a role in their lives, often relying on their spiritual beliefs to solve large problems, for example through praying. Seven of the participants had attended a course on multicultural counselling, where spirituality was an aspect.

Eight of the counsellors are open to including spirituality in their practice but wary about imposing their own spirituality on clients. The easiest way to incorporate spirituality in the sessions is to observe clients' narratives, and they usually focus on how clients' spirituality influences the problem and how spirituality could be used as a coping mechanism.

The majority of the participants highlighted a pragmatic approach to supporting clients because Singapore is a multicultural and religiously diverse society. Several of the counsellors used mindfulness or meditation techniques in their sessions, but in order to be competent, they mentioned self-reflection, knowledge about their borders, skills, current literature, training and supervision.

Limitations of Vandenberghe et al.'s (2012) study are that no difference was made between religion and spirituality, the majority of the counsellors are Christian and the study discusses a Singaporean context.

### **3.8 Reviews about psychotherapy and spirituality**

Finally, before I introduce studies from the family-therapy field, I will present two literature reviews from psychotherapy and counselling. Both therapist and client perspectives are represented. These articles provide an overview of a large field and can provide important indications for my study.

First, Post and Wade (2009) reviewed empirical research on religion and spirituality in the psychotherapy field, aiming to inform practitioners about effective ways to incorporate the sacred into their clinical work. Published empirical studies from both therapist and client perspectives were included. The search was limited to articles between 1997 and 2007 from PsychINFO, but additional articles were obtained by a manual search of the articles' reference lists. Four studies from therapists' experiences, seven studies from clients' experiences and six studies from religious/spiritual-tailored interventions were included.

The findings indicate that from a therapist point of view, psychotherapists tend to identify less with religion and more with spirituality than the clients they serve. Therapists also seem to be unlikely to work with their own spiritual/religious beliefs and biases in education. The findings also say there is a risk of making poorer clinical judgements regarding religious beliefs because therapists feel unfamiliar with the topic.



From a client perspective, many clients want to talk about spiritual or religious issues in therapy, and many want the therapist to do so. One way is to do a spiritual/religious assessment. Religious and spiritual issues can also be a source of distress. Many clients want therapists to be open about their own spiritual/religious views and want their values and beliefs to be respected. Clients say they need time to develop a trustful therapeutic relationship and want spirituality to be client-initiated more gradually.

From a more general perspective, the studies say spirituality/religion is sometimes interrelated with presented problems; therapists should thus routinely ask clients about their spiritual and religious history. Empirical evidence suggests that spiritual and religious interventions are effective, and when appropriate, should be used. Their effectiveness depends more on clients' religious commitment than the congruence between the therapist and the clients and can be delivered by therapists from all religious/spiritual beliefs.

The second literature review is from Harris et al. (2014), who assessed clients' spiritual needs in counselling. They featured 64 peer-reviewed articles by 148 different authors surveying over 64,000 participants, including 4,697 actual counselling clients, as part of the literature review. Client-focused research was reviewed in four themes: "expectation of spirituality in counselling", "preferences for addressing spirituality in counselling", preferences against addressing spirituality in counselling" and "the process of spirituality in counselling".

The majority of studies claimed that clients often had spiritual and religious problems and they frequently wanted, and also expected, to talk about these topics in mental-health counselling. They rated religion-supportive counsellors more highly and wanted the counsellors to be respectful of their religious and spiritual beliefs. However, clients were frequently afraid that their beliefs would be neglected or weakened by coming to counselling. Talking about spirituality and religion in counselling was reported as helpful, and counsellors are often willing to talk about issues in the session. However, several studies indicate that several clients do not want to talk about spiritual and religious issues in therapy, rather prefer clinical skills.

Some of the studies suggest that a match between therapists' and clients' religious and spiritual values may be an important factor for clients. A distinction may lead to value conflicts and tension for both the client and the counsellor. Counsellors' openness to spiritual issues strongly influences clients' expectations of addressing these issues in mental-health counselling. Positive experiences of clients' discussion of religion in counselling could be

directly related to counsellors' openness to religion and allowing clients to take control of the reflections (Cragun & Friedlander, 2012). One of the represented studies (Knox et al., 2005) found that helpful spiritual or religious discussions were client-initiated, relevant to presenting concerns, helped by the openness of the counsellors, and they yielded positive therapeutic results. Unhelpful discussions were when clients felt judged, and yielded negative results.

The studies show that spiritual perspectives are often intertwined with other perspectives in life; it is crucial that therapists can meet clients with acknowledgement and respect. It is also worth noting that clients may wish for therapists who match their own views of life. However, these literature reviews reflect the limitations of the cited original research. Much of the research is based on surveys and can be affected by self-reported bias, selection bias and selective recall. Nevertheless, the studies are informative and form a basis for my research questions.

### **3.9 Studies from the family-therapy field**

I will now go further into the family-therapy field. With a closer examination, there were few empirical research articles from a family-therapeutic or systemic field. There was a predominance of quantitative studies, also of studies from the United States. In conducting studies, systemic family therapists participate but are necessarily not part of the entire sampling. An overall critique of the research studies in the family-therapy field is discussed in section 3.9.10, together with the need for further research.

#### **3.9.1 Studies that have explored the concept of spirituality**

I will start with two studies that explore the concept of spirituality. Spirituality is a central concept in my study, and I therefore want to explore how others experience and research the term.

First, Miller and Sheppard (2014), in a qualitative study in the US, explored family-therapy graduate students' discourses on the concept of spirituality during survey responses. The study featured 141 participants, and a Foucaudian discourse analysis was used. The approach was to determine how a speaker positions himself within a social, historical and political

hierarchical context through the use of language in a particular way to construct, in this case, spirituality as a discursive object.

Four discourses or themes embodied the majority of responses. First, “spirituality as a relational connection” and four levels were described: a relationship with self, relational connections with other people, personal attunement with the divine, and connection with nature. Language in relational constructions of spirituality used the terms “connection”, “attunement”, “relationships” and “interconnection”, and many participants talked about a spiritual need common to all people. Many of the students seemed to desire a quality spiritual connection with a higher power, and this connection emerged in many domains of daily life. The majority of students experienced this connection as something helpful and positive, this higher power helping them to endure life’s difficulties. Most of the students also believed in life after death.

But spirituality was not only described as a relational concept. The second discourse was “spirituality as individually defined”. Some of the participants constructed spirituality in a personal and individualistic manner with a clear “I-position”. Miller and Sheppard (2014) say it reflects the dominant discourse and individualistic culture in Western society today. The third discourse was “spirituality as relative and unspecific”, which reflected a relativistic worldview. Because of the influence of postmodernism and social constructivism in the family-therapy field, it seems like the participants did not want to offend anyone in the therapeutic dialogue. They juxtaposed dominant discourses about spirituality rather than defend their own. Spirituality seems to be a fluid concept that depends on individual perspectives.

Finally, the fourth discourse was “spirituality as a manifestation of power dynamics”. The majority of the participants exemplified spirituality as a power dynamic on different levels, a powerful driving force in their lives, often with the influence of a divine being. However, students know they will be continuously be evaluated, so in fear of judgement or reprise, they often keep things from their supervisors regarding religious and spiritual integration in practice. So the risk is that these life-giving factors in human life can be marginalized because therapists are afraid of what other therapists and supervisors might think about it.

Spirituality is seen as both an individual and a relational concept, as well as a force and strength in human life, but unfortunately held back through education and supervision

because of the students' uncertainty of the theme's legitimacy and, most likely, the educators' silence.

Another study, which is also concerned with the concept of spirituality, is another GT study from a British context, from Crossley and Salter (2005). Eight clinical psychologists, from different theoretical backgrounds, and one systemic therapist were part of the study. The results were organized around two core categories: "spirituality as an elusive concept" and "finding harmony with spiritual beliefs".

For the first category, "spirituality as an elusive concept", therapists feel confused about the concept of spirituality, which is overlapping and contradictory. The therapists feel they are unable to grasp what spirituality is actually about. Spirituality also feels elusive because of the lack of interest in it in the clinical psychology field. Several of the participants have never thought about the concept or discussed the issue in relation to work. This lack of engagement is related to the paucity of language concerning spirituality, discomfort talking about it and also factors related to personal backgrounds. The participants conceptualize spirituality in many different ways, but spirituality is understood as being a broader concept than religion. At a conceptual level, the therapists find it difficult to understand spirituality as a discrete and uniform level with precise boundaries and say it is best understood as a complex and multidimensional construct.

However, the second core category, "finding harmony with spiritual beliefs", indicates that the therapists want to act in ways which are in harmony with clients' particular beliefs, meaning to understand clients' significant beliefs and also respect them. Some of the therapists proactively ask if clients have any religious or spiritual beliefs, while others wait for clients to mention their beliefs. The participants encourage a respectful style and an emphatic approach to clients' beliefs and reserve judgement. However, there is a complexity in these issues, and the therapists indicated variations in their interpretations of respecting beliefs.

The Miller and Sheppard (2014) study shows that spirituality can be difficult linguistically speaking, especially when therapists find that the subject is not recognised within their profession. Nevertheless, there is a will to meet individuals' spirituality with respect and acknowledgement. Crossley and Salter (2005) encourage a closer engagement with the concept of spirituality and say personal orientation towards religion and spirituality is the primary determinant of their clinical approach to these themes. Their findings indicate

training is needed in approaches that address spiritual issues, as well as reflexive considerations about their own cultural and spiritual stances in relation to spirituality.

### **3.9.2 A study on therapists' religious and secular orientations**

This quantitative study is from Smith and Orlinsky (2004) and includes 975 psychotherapists from the US, Canada and New Zealand, aiming to investigate personal religious and spiritual experiences of the psychotherapists in a secular profession. Of these, 31% reported they had a systemic approach. Smith and Orlinsky say psychotherapists have been seen as a part of the secularization of modern culture, but this study challenges this stereotype: 59% of the participants were part of a religious denomination, 51% said they had a personal spirituality, 27% a religious spirituality and 21% a pattern of secular morality. The results indicate that the culture of the US (in general) is more overtly religious, and therapists from the other countries were more often currently in unaffiliated religious denominations. However, the researchers admit the results are too simple to distinguish simply between secular and religious orientation, that the religiosity of the psychotherapists is more complex and multifaceted. However, the study does challenge the myth that therapists are adamantly secular and critical of religion. Shades of these terms can be difficult to capture in a quantitative study, but the study is a reminder of the need to explore the meaning of spirituality and what it really means to be a secular or religious psychotherapist in modern society.

### **3.9.3 Family therapists' perceptions of spirituality in therapy, education and training**

Two quantitative studies are included in this section. First, Carlson, Kirkpatrick, Hecker and Killmer (2002), who conducted a quantitative study in the US, explored 153 family therapists' beliefs about the appropriateness of addressing religious and spiritual issues in therapy, training and education and the importance of spirituality or religion in their own lives. The researchers make a distinction between spirituality and religion and present spirituality as "the human experience of discovering meaning, purpose, and values, which may or may not include the concept of God or transcendent being" (Prest et al., 1999, p. 4). Religion is presented as a specific institutionalized belief system which may or may not be an expression of spirituality as practiced by its adherents (Becvar, 1997).

Of the participants, 95% consider themselves to be spiritual, 82% said they regularly spend time connecting with their spirituality; 62% consider themselves to be religious, but only 32% participate in organized religion. The majority of the participants agree about the relationship between spirituality and mental health, saying spiritual aspects of clients' lives should be supported by therapists. Of the participants, 50% wanted to learn more about spiritual integration and innovations, and 76% indicated that spirituality was not indicated in their training. However, 50% did not support a stronger statement concerning the need for spirituality in therapy or more specific spiritual interventions, and the therapists were less supportive of including religion as a topic in therapy. The majority of the therapists find it appropriate to ask clients about their spirituality, 66% about their religion, but only 47% find it appropriate to talk with clients about God. Nearly half of the participants say that narrative therapy is the most helpful theory for including spiritual or religious perspectives.

Carlson, Kirkpatrick, Hecker and Killmer's (2002) study shows the paradox that, on the one hand, spirituality is very important for the therapists, but on the other, it is mostly not a theme in education and training. This makes them uncertain as to the relevance of the topic. Religion seems to be a more sensitive topic than spirituality; still, most of the therapists want to include the themes in practice.

In the Carlson, Kirkpatrick, Hecker and Killmer (2002) study, a distinction is made between religiosity and spirituality, where religiosity is presented as an institutionalized faith. At the same time, we see that only half of those who characterize themselves as religious are part of an organized religion. In view of the low church endorsement, which we also see in Norway, I believe the definition of religion used in the study is too narrow. People may be religious without being part of an organization.

The response rate for the study was low, only 38%, and there is a risk that participants who see the appropriateness of including spirituality/religion in family therapy participated in the study. The study also has a focus on what family therapists think is appropriate, not what they actually do in practice.

We will now turn to a qualitative study from Norway. Ulland and DeMarinis (2014) interviewed therapists from an outpatient psychiatry context in Norway. Twelve therapists were included, also family therapists. Semi-structured interviews were analysed with systematic text condensation. Instead of using the word "spirituality", the researchers use the term "existential orientation". The reason was that words like "worldview", "existential

questions”, “religion” and “meaning-making” are more familiar in a Scandinavian and northern Europe context. Existential information was therefore used as a collective term. The aim of the study was to explore how therapists understand and handle existential information in therapy. Ulland and DeMarinis (2014) say that words different from spirituality are more familiar in a northern European and Scandinavian context, and it is not assumed that clinicians use the word spirituality in clinical practice. In their study, the researchers asked the participants more openly which words they prefer to use about existential orientation, meaning-making, worldview, spirituality and religiosity. The findings emerged around the following themes: “personal background”, “existential orientation today”, “professional development”, “competence need” and “organizational elements”.

The therapists talked openly about their personal backgrounds related to spiritual issues and cultural contexts and had many words for describing spirituality: “existential orientation”, “meaning-making”, “worldview,” “spirituality” and “religiosity”. Ulland and DeMarinis argue that the philosophy of mental health in many ways builds on the therapists’ backgrounds and existential orientations together with the sociocultural contexts of the therapists. Working with our own spiritual, cultural history seems of great importance for therapists’ ability to include these issues in therapeutic practice (2014).

The informants, who were educated during the 1970s and 1980s, suggested that cultural and existential issues are lacking in many educational institutions. This not-knowing how to integrate spirituality in therapy has led to a gap between the philosophy of care and fundamental theory and practice for the therapists, challenging their ability to include clients’ spiritual issues in conjunction with cultural information. Ulland and DeMarinis suggest Norway has been a multicultural and multi-religious society and think existential issues, both implicit and explicit, enter into the process of therapy. The informants want more competence in how to talk about and include spirituality and culture in a clinical context and believe supervision groups could be the outlet to discuss the issue further. Finally, the informants want acceptance and support from their leaders to include spirituality as part of the profession. The informants see existential need as a fundamental part of being human and want the issue to have a natural place in the health-care system. The informants described their clinical context as being open to including existential themes in therapy, but spirituality has rarely been discussed in a treatment meeting.

The Ulland and DeMarinis (2014) study is important because there are very few studies in Norway in the field of psychotherapy that are concerned about these issues. The participants come from southern Norway, which is perceived as a relatively conservative and religiously active part of Norway (Hermansen et al., 2008), which may make the study less generalizable. The sample size is also small. However, the study can provide important indications as to how therapists may experience working in a secular context with clients' spirituality. The study suggests the word spirituality can be explained in many different ways, and "existential" is highlighted as a more functional term. In my study, it is relevant to explore both clients' and family therapists' understanding of spirituality.

The Ulland and DeMarinis (2014) study also shows that employees in mental health care in Norway do not experience this topic as being recognised as part of professional practice, thus there seems to be a need for more competence and guidelines.

### **3.9.4 Quantitative comparisons between family therapists' and faculty members' perceptions of spirituality**

Since my study has a focus on family therapists' professional and personal experiences of spirituality, I have included a study on the comparison of faculty members and family therapist's beliefs of the theme.

Carlson, McGeorge and Anderson (2011), from the US, wanted to explore family therapists' and family therapy educators' beliefs about the importance of spirituality in their professional and personal lives. They conducted a quantitative study with 153 family therapists and 93 faculty members, about half men and half women. The family therapists reported placing a greater significance than the faculty members on their personal feelings of spirituality and the importance of spirituality as part of their professional identities. However, both groups indicated that spirituality is important in their personal lives: 82% faculty members and 95% family therapists. In addition, both groups reported some level of uncertainty as to how to include spirituality in practice. The findings in the study indicate that participants are not yet in alignment with the literature, which says spirituality should play an important role in clinical practice and training (Walsh, 2008). An explanation for this could be that both therapists and educators have been influenced by the separation that has historically been between spirituality and therapy and that it takes time to determine when and in what way spirituality can be an important factor in therapy. It will, therefore, be important to keep this



discussion up so education can be relevant to this topic and create safe and competent therapists.

Another result of the study suggests that the educators do help the therapists to see spirituality as a potentially rich cultural resource in therapy and to reflect on their own philosophy of life, to better focus on clients' own spirituality. However, the importance of spirituality is very high for participants, and given the volunteering aspect of the study, there is a risk that those who are most interested in the subject participated. The majority also defined themselves as Christians, and it would, therefore, be most likely that a result from Norway would look different.

### **3.9.5 Studies on students' experiences of spirituality in the family-therapy field**

I have also chosen to integrate studies from students in family-therapy education and training. Education is an important premier supplier for the field and a contributor to the standards of family-therapeutic practice. One of the aims of my study is to give some indications for family-therapy education in Norway.

Three studies are included, all from the US. Family therapy programmes in the US have included spirituality and religion in their education in different degrees, and there are discrepancies among faculty, clinicians and students about how important it is to integrate religion/spirituality into the programmes (Carlson et al., 2011; Miller McInnes & Van Ness Sheppard, 2014; Weinstein & Chicago, 2006)

The first study is some years old, a quantitative survey about spirituality and religion in training, practice and personal development among 52 marriage and family-therapy students (Prest et al., 1999). The students were Master's- or Doctoral-level students. The aim of the study was to explore the students' attitudes towards the interface among religion, spirituality, professional training and clinical practice. Regarding the ideological position, more than half said they believe in a personal God, and one quarter believes in a transcendent or divine dimension found in nature.

The majority of the participants valued the influence of spirituality and religion on their professional socialisation and practice. The majority agreed that their spirituality is an influential force in guiding them towards a career as family therapists, and three-quarters of the participants said a spiritual dimension should be considered in clinical practice. More than

half believed psychosocial problems have a spiritual dimension and there is a relationship between spirituality and physical and mental health.

Spirituality could be used to aid clients in the development of coping skills, using spiritual language or concepts, discussion of spiritual symbols, praying privately for the clients, discussing the meaning of life and death and using spiritual issues to connect clients to others in a community context.

More than half of the students expressed an interest in learning about integrating spirituality in the process of clinical assessment, and the majority thought working with their own spirituality is necessary helping in clients with their spiritual life. However, an important finding is that almost all the students reported they had not received training in the clinical programme to help them integrate religious issues into their practice. It would have been relevant to know whether this also included spirituality or just religion. Nevertheless, nearly three-quarters of the participants believe clinicians should receive supervision and training in dealing with clients' spiritual issues.

The findings indicate that the participants felt constrained in discussing spirituality in their professional community, which is in sharp contrast to the students' experiences about spirituality. The study says nothing about the effect this has on the students, which would be relevant to know more about. Do the students continue to include spirituality in their practice, or do they not include it as a theme in family-therapy practice? This issue is thus a limitation in the Prest et al. (1999) study, not being able to explore this further.

We will now turn to a study by McNeil, Pavkov, Hecker and Killmer (2012), which explored marriage and family-therapy graduate students' satisfaction with training regarding religion and spirituality. This is a quantitative study, where students were invited by email by different programme directors. The study included 26 men and 109 women and approximately half of the respondents identified with a formal religion. 77% received training in non-religious private or public universities, and 81.4% reported they were not offered a course in religion and spirituality in their training programmes; 46% said they wanted to learn more about integrating spirituality with assessment and interventions.

The aim of the study was threefold: first, to see if there is a relationship between religious and spiritual orientation with the notion of incorporating spirituality/religion in therapy; second, to look for religious and spiritual orientation with the need to include these themes in education;

and third, the graduate students' satisfaction of addressing spirituality and religion in the current training programme.

The relationship between religious and spiritual orientation and perceptions of incorporating spirituality/religion in therapy shows a direct positive relationship between those variables.

The next hypothesis was also supported: students with a high level of religious and spiritual orientation find it more important to address these themes in therapy, as well as in training.

The most consistent finding regarding the third theme, graduate student's satisfaction with the inclusion of spirituality and religion in the current training programme, suggests that those who did not have a course in religion and spirituality, but thought it was important to incorporate these issues in education, were less satisfied with the amount and quality of the current training.

The McNeil, Pavkov, Hecker and Killmer (2012) study says very little else and, in my opinion, is an example of the limitations of quantitative studies in relation to these themes. What do these measurements really tell us? One exception is that most of the informants say they have no training including spirituality and practice but half of the students have a wish to learn more. Yet, what they especially want to learn is not discussed.

Finally, Carlson, McGeorge and Toomey (2014), from the US, made a quantitative research study featuring an online survey called "Spirituality in Clinical Training Scale" (SCTS) with 341 Master's and Doctoral students in family-therapy education. Besides testing the validity of the measuring instrument, the aim of the study was to measure the personal importance of spirituality, spiritual clinical competence and the therapists' personal beliefs and spiritual selves, which means becoming more aware of one's own values and beliefs as well as how one can hold those beliefs in relation to clients. The results support the validity and factor structure of the SCTS as a measure of integration of spirituality in clinical training and also showed that increased clinical competence is associated with training on spiritual topics, the importance of not imposing therapists' values on clients and how to work with clients from diverse spiritual traditions. Findings also suggest that students who value spirituality in their own lives are more engaged in integrating spirituality in their clinical work. Self-exploration seems to be a key factor in preparing therapists to integrate spirituality and/or religion in their clinical work. The results indicate that the more therapists know about their own spirituality and/or religious beliefs, the more comfortable they will be to go into spiritual conversations with clients. The study was voluntary, and so there is a risk that students with strong personal

beliefs chose to participate. However, there seems to be a need for competence and training for therapists to feel safe to meet spirituality in a professional manner.

### **3.9.6 Spirituality as a theme in supervision**

In which way can spirituality be a theme in supervision? Miller et al. (2004), in a study in the US, used the Spiritual Issues in Supervision Scale (SISS) for examining supervisees' perception of the degree to which spirituality is addressed in marriage and family-therapy training. An exploratory factor analysis was conducted, and the final structure of the SISS indicated seven scales. The factors were, first, *Gender and Identity Issues*, like concerning marriage and divorce, trauma and abuse, gender or self-esteem issues and when conceptualizing the case. The second factor was *acceptance issues* which concerned ethical issues, issues of power and hierarchy, and therapists' own issues, including their own family issues, relationships with networks, areas of identity and substance abuse issues. Third issue was *family role issues*, like children and parenting and issues about sexual intimacy. *Moral and loss issues* (fourth) included themes like morality and values, abortion, areas of grief, loss and death, support groups for clients and talking about hope, greater purpose in life and sexual orientation. *Diverse issues* (fifth) addressed ethnicity, race and culture, while *values in life issues* (sixth) discussed religion, areas of suicidal ideations or fertility contraception. Finally, the seventh factor, *supervisory process issues* talked about the treatment plan, the assessment process and the supervisory relationship.

Although this study is not in-depth, and the participants tended to come from a similar type of group of people, it is relevant to map all the topics that might be significant in the supervision of family therapists from a spiritual perspective. Nevertheless, it would be more helpful going more in-depth to understand more of the nuances and their implications for training and practice. The present study will explore the relevance for the Norwegian context.

### **3.9.7 Family therapists' experiences of working with spirituality in practice**

We will now look at two studies where therapists share their experiences of working with spiritual issues in therapy.

Johnson, Hayes and Wade (2007) carried out a qualitative study with a consensual qualitative research strategy, exploring 12 American psychotherapists' experiences working with clients' spiritual problems in therapy. A spiritual problem could, for example, be questioning spiritual belief, conflict with God, guilt and grief/loss, intertwined with psychological and relational issues. Findings indicate four domains with several categories, relevant for psychotherapy that includes spiritual problems. The domains were: therapist approach/philosophy, assessment of spiritual problems, therapy process and therapy outcomes.

Findings suggest that family therapists have a pluralistic approach to clients' spirituality, holding their own spiritual or religious beliefs but respecting clients'. However, the therapists were not ethical relativists. Some spirituality was experienced as being healthier than others by exploring clients' beliefs, values and behaviour and their consequences in relation to relationships, life satisfaction and inner experiences like wholeness, peace and self-acceptance. All the therapists observed multiple spiritual problems with their clients and found spiritual problems intertwined with other psychological and relational issues. Therefore, the therapists were reluctant to address spirituality in an isolated fashion. This is congruent with a systematic approach; people hold many different perspectives that affect each other in different ways.

Spiritual issues emerge later in the therapy process; it seems that sufficient trust has to be established. One reason can be the large split between psychotherapy and the pastors' role in spiritual matters in communities, which affects the inclusion of different forms of spirituality. Clients can be unsure whether it is appropriate to integrate this theme into therapy.

The therapists try to incorporate spirituality in different ways in their practice. Basic intervention for therapists means, for example, to express openness and respect for clients' spiritual experiences, reframing clients' spiritual problems with spiritual perspectives or using clients' religious language. Somewhat more controversial is the use of meditation, quoting script and prayer.

Most of the therapists indicated that clients experiment with spiritual or religious change as a result of therapy but also increase, among others, their self-awareness and self-understanding, as well as improving their relationships with significant others. Even if the Johnson, Hayes and Wade (2007) study focuses primarily on successful and illustrative cases, it is relevant to see how spirituality can be used as a resource for change. However, we need to learn from

unsuccessful stories, as well. Most of the informants were from Christian religious traditions, so the study would be more generalizable with a broader group of participants.

The second study is from Balmer et al. (2012), a qualitative phenomenological study exploring how spiritual values were considered, incorporated, and utilized by eight secular-based marriage and family therapists in the US. The therapists were interviewed on the basis of three spiritually embedded case scenarios and five short-answer questions, and the themes and patterns of their responses were analysed. Findings show that these family therapists adapt, compare and reflect upon their own spiritual or religious values and also prepare for engaging client's spiritual resources. The therapists met the clients with curiosity, but also sometimes with anxiety, and showed a non-judgemental approach in how to act in relation to clients. So, to work from a secular point of view was no obstacle to incorporating clients' spirituality. However, it is hard to imagine that this applies in all situations; there is a risk that the participants are more involved in spiritual/religious activities than those who did not want to participate.

Nevertheless, the participants said they lacked training, either because they were taught to refer spiritual and religious issues to spiritual and religious leaders, or they had not been supervised in how to address the spiritual resources of clients. Most of the therapists were engaged in the spiritual aspects of their clients, though, so training could expand their ability, and reduce the reported anxiety, to include spiritual dialogue in family therapy. The therapists were concerned about the importance of focusing on clients' spiritual concepts and therapeutic needs, not their own.

The Balmer et al. (2012) study may have limited generalization because of a small sample, as well as the over-representation of women and informants coming from a Christian tradition. However, the study seems relevant for my study because, despite the fact that the therapists lack training in relation to the subject, they still try to integrate clients' spirituality in an appropriate manner. In Norway, most family therapists work with the public, often defined as secular based, and therefore it will be relevant to explore how these family therapists meet and work with clients' spirituality.



### **3.9.8 Clients' experiences and perceptions of spirituality in family therapy**

Since clients are important voices in my study, it is relevant to explore studies conducted from client perspectives in family-therapy practice. However, I found very few of these studies in the family-therapy field. As I described the exclusion criteria, in section 3.1.4, four studies were left out, all from the US, as one study concerns Mormons (and there are few Mormons in Norway), and also because I felt the research contexts were a mixture of pastoral care and psychotherapy.

In a study from the US, Erickson et al.'s (2002) pilot study featured clients' perceptions of how family therapists address religious and spiritual aspects of their lives. Thirty-eight clients were part of this quantitative study, answering a questionnaire after attending therapy at university clinics, and the participants had different spiritual or religious affiliations. The majority of the sample was women.

The study reported that about half of the clients indicated that their religious or spiritual beliefs had some type of influence on the therapy, either positive or negative, and just as many said that spirituality/religion is necessary for healing. Clients distinguished between spirituality and religion; it seemed like personal religiosity meant something different to personal spirituality. The study says nothing about what meanings the informants put into the different terms, though. Most of the clients were satisfied with how therapists address the spiritual and religious aspects of their lives but felt therapists could also appropriately address the differences between religiousness and spirituality.

However, Erickson et al.'s (2002) study has important limitations. The sample is small, and almost all the participants were Christian women. Therefore, it appears religion is a main focus of the study. Using statistical exploration means one cannot grasp clients' reflections because it says very little about personal opinions, feelings, experiences and responses. There is, therefore, a need for qualitative studies in relation to clients' experiences of and discriminations against spirituality.

### **3.9.9 Grey literature**

I want to supplement this review with two studies that inform my research questions in this study. These are called "grey literature" since they have a more limited distribution (Polit & Beck, 2017). Both studies are from Norway.

The first is my own Master's study on family therapists' reflections on spiritual and existential questions in therapy (Holmberg, 2007, 2012). In this qualitative study, with a phenomenological analysis with text condensation (Malterud, 2011), six family therapists from family-counselling offices in Norway with different spiritual and/or religious orientation were interviewed. The participants found this study important, feeling that spirituality is part of being human. But the therapists also found it difficult to put spirituality into words, and no one had a clear definition of spirituality. All the therapists said that spirituality was a "non-topic" in the family-therapy field, among colleges or in the field as a whole. Spirituality is not included in systemic thinking, in their view.

If spirituality is included in therapy, clients spontaneously talk about their faith, or it sometimes can form part of an answer as a result of a question from the therapist. All the therapists were concerned about values, which meant values could be a gateway to spiritual themes. Although spirituality and existential themes are rarely a topic, there is still room for such conversations, they believe. Most were reluctant to share their own beliefs; their experience is that clients are seeking for deeper meaning in their own lives.

My 2007 study is some years old and has a small sample, but because of the Norwegian context, some reflections can be related to my current study. At that time, the therapists did not feel spirituality was acknowledged as a theme in family-therapeutic practice, which created an uncertainty about meeting the spirituality of clients. It is important to return to the field ten years later and look for any changes.

I also include a report, recently published, on "minority families' thoughts and experiences with family counselling within and outside the family"<sup>17</sup> (Odden et al., 2015), a collaborative project between the foundation Church Family Protection and the Center for Intercultural Communication. The focus was on Muslim families, featuring a systematic review of current literature, empirical data using qualitative interviews and informal conversations and observations in Muslim communities in Stavanger, Norway. The report contains many important perspectives, but in relation to my research topic, the focus is on religion, not spirituality. It is also important to include other minority groups, in addition to Muslims who were part of the study, to expand understanding.

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<sup>17</sup> Original title: "*Minoritetsfamiliers tanker om og erfaringer med familierådgivning innad i og utenfor familien*".



In the city in question, the family-counselling service seems to have a poor reputation among the minority population; Muslims have not experienced being met with understanding. They distrust the public services in general and child welfare in particular. One way to support clients with minority backgrounds is to employ therapists with similar backgrounds. However, several participants were still satisfied with the service they received. The informants say cultural competence is important, both as a communicative, cognitive and also affective component (Dahl et al., 2006). It is about behaviour, verbal and non-verbal language, knowledge of both culture and religion and also attitudes in the form of openness. Also important are curiosity, the ability to wonder, empathy, respect for the values of others and, finally, being mentally flexible in order to understand and interpret ambiguous situations.

### **3.9.10 Criticism of the studies in the family-therapy field and the need for further research**

I have given an overview of the empirical studies found from family-therapeutic practice and education, and also two studies from “grey literature”. My search revealed a lack of empirical research in this area, especially from clients’ perspectives.

The quantitative studies have different limitations. First, all the quantitative studies are from the US, even if one study also included psychotherapists from Canada and New Zealand. There will therefore be cultural differences that may not always be easily transferable to a Scandinavian context. Most of the participants seem to be actively Christian. This picture is different in Norway. Over 80% are affiliated with Christian churches in Norway, but only approximately 9% are regular church-goers (SSB, 2016). Membership of the church does not have to mean that you have a belief that means something in your daily life (Botvar & Schmidt, 2010).

Second, in surveys, there is always a risk that those who are most interested in spirituality and religion are the ones who return the survey, which creates a bias in the results, even though it is a quantitative study. A similar point can be made for those with strong negative attitudes. Further, some of the studies had a low response rate, which makes generalization difficult.

Third, quantitative studies have a limitation in design because of the lack of depth or the need to go into more detail with the informants. Although quantitative studies can give some

general reflections and important generalizations, there can also be a need for deeper knowledge about the informants' experiences of a phenomenon.

The qualitative studies on spirituality in family therapy are few, and mostly from the US. First, there is a risk that the participants were more interested in religion and spirituality than those who did not participate. This applies to all types of studies, and thus there is a need for reflection on what those who do not participate might have answered.

Second, some studies recruited participants primarily from Christian populations and areas with Christian traditions, which can make finding less valid for a wider population. Nevertheless, while qualitative studies cannot be generalized, they can still generate hypotheses and make connections to theory for further exploration and illumination.

From the client point of view, results are very lean. Few studies were found concerning clients' perspectives of spirituality in family-therapy practice. Only one study was included (Erickson et al., (2002). The informants had been in family therapy with various university clinics in the US, and the study had a low response rate, only 16%. About half of the respondents attended a university clinic with a particular religious denomination, so it is likely that the therapists at the religious-affiliated university clinics will address religion more than secular university clinics. There is also a risk that clients who are satisfied are not willing to complete or return the survey.

The study had a lot of questions, the participants had to post the answers themselves and it can be difficult to answer questions of this kind, which could thus be the reasons for the low response. However, I have in this literature review included several studies on clients' perspectives from a broader psychotherapy field, which may provide important insights for the development of my research questions. Nevertheless, I still think it is important to research clients' voices regarding spirituality in the field of family therapy. As therapists, we have a lot to learn from clients' perceptions and experiences.

According to the grey literature, my own Master's study was a pilot study on spirituality and existential questions in the family-therapy field in Norway. The study had a small sample, and there was also a risk that specifically therapists who are concerned about spirituality were part of the study. However, the therapists had different worldviews, and they all found spirituality important but under-communicated in the family-therapy environment.

The report from the collaborative project between the foundation Church Family Protection and the Center for Intercultural Communication on Muslim families in family therapy gave voice to a marginalized group in Norway, which is very important. However, it is essential to connect culture more to religion and spirituality, which are often closely connected (Singh, 2017). The Odden et al. (2015) study, with its significant focus on culture, would be more valid by including aspects like meaning, values, ethics and existential themes in a broader perspective. Culture is an important aspect for all humans, so it could well be relevant to know how, for example, Christian immigrants, and those from religions other than Islam, experience the Family Counselling Offices. We live in a multi-cultural country, and there is a need for culturally sensitive family therapists.

The overall findings of the literature review suggest that research on family therapy and spirituality is in its infancy, both from therapist and client perspectives. The majority of the studies are from the US, few from Europe.

However, an overall finding in the studies reviewed suggests that spirituality is an important part being human and needs to be included in family-therapy practice and education. For many of the studies, the obstacles seem to be at the systematic level, in education and training, and students and therapists may be getting the impression that spirituality is not considered part of professional practice.

The literature review indicates a need for more empirical research. We know very little about family therapists' understanding of spirituality in a Norwegian context and almost nothing about clients' perspectives. We also know little about family therapists' professional experience of spirituality and how it affects them as therapists. Family therapists' and clients' perceptions and experiences of spirituality in family therapy are also an unexplored area. The present study aims to explore and illuminate these issues.

### **3.10 Conclusions**

I have in this literature review presented qualitative and quantitative studies from the broader psychotherapy field, including studies from family therapy. These studies provide many important reflections that support the development of the research question.

From a therapist's point of view, it is relevant to explore the word spirituality and its meaning and how therapists' practices are affected by their personal and professional experiences. It is

also important to explore therapists' experiences of education, training and supervision in relation to spirituality, the challenges and how they actually work with the theme of spirituality.

Studies on clients' perspectives of spirituality in family therapy are more or less absent. Only one study from the family-therapy field was relevant for this literature review. There are several studies from a broader psychotherapeutic context but none from Norway. This study will attempt to address some of these gaps and also feature the voices of clients. It is important to explore clients' meanings of the concept of spirituality and what is needed to include spirituality in therapy. When does it fit and when should it be left out? And what do clients think is important from a therapeutic perspective?

Overall, we know very little about family therapy and spirituality in a Norwegian framework, both from clients' and therapists' perspectives, and this study seeks to explore their experiences and perceptions of the theme of spirituality. There are few qualitative studies in the field, and there is a need for more in-depth explanation of these issues.

The main research question is: What does spirituality mean for family-therapy practice?

The sub-research questions are:

1. What are family therapists' and clients' understandings of spirituality?
2. What are family therapists' personal and professional experiences of spirituality and how do they think these experiences affect them as therapists?
3. How do family therapists include spirituality in practice?
4. What are clients' perceptions and experiences of spirituality in family therapy?

The following chapters will focus on the methodological approach and the specific methods of analysis that have been used to achieve these aims.



*When we are dreaming alone, it is only a dream.  
When we are dreaming with others, it is the  
beginning of a reality.*

(Don Helder Camara)

## **4 METHODOLOGY**

### **4.1 Orientation to chapter**

The aim of this chapter is to present the study's methodology, including the philosophical position and how it has guided the data collection, data analysis and development of the middle range grounded theory. Birks & Mills (2015) say "*a methodology is a set of principles and ideas that inform the design of a research study*" (p. 4), and this methodological framework influences the position and action I have taken in the study.

The chapter is divided into five parts. First, I will present the rationale for the use of a qualitative paradigm (Lincoln & Denzin, 2013) in this study and reflections about generalizability in qualitative research. Further, I will continue with why I chose grounded theory methodology as a strategy of inquiry. I will then describe the specific method, constructivist grounded theory (Charmaz, 2014), and finally the epistemological and ontological underpinnings of the study.

### **4.2 Rationale for the Use of a Qualitative Paradigm in the Research Study**

In a qualitative paradigm, the researcher has the opportunity to illuminate the understanding and experience of the participants and explore multiple realities, little known behaviours, attitudes and values (Grbich, 2013; Thagaard, 2013). Qualitative research can also best help us to explore culture, phenomena over time, structural processes and also historical changes (Grbich, 2013). This is important in my study.

Choosing a qualitative paradigm has to do with design, data collection and analytic interpretation (Grbich, 2013), but also the nature of the research issue, the researchers' personal experiences and the audience of the study (Creswell, 2014). Qualitative methods are

well suited for exploring sensitive and personal themes and subjective perspectives of others. The spirituality of people can be quite sensitive and private; therefore, there is a need for a relationship of trust between the researcher and the participants. This also speaks to a qualitative design (Thagaard, 2013).

In a qualitative paradigm, the participant – researcher relationship will affect the study. Both the researcher and the participants have an impact on the study. It is a recognition that subjectivity has value, and views every study as time and context-bounded (Thagaard, 2013). The researchers' ability to be close and exercise sensitivity is important for the quality of the research. The qualitative paradigm is epistemologically influenced by an interpretative stance. Because of that, the researchers' reflexivity is of great importance (Thagaard, 2013).

We do not know much about family therapy and its relationship with spirituality in a Norwegian context; therefore, a qualitative design, with its focus on flexibility and openness, can give a reflexive entrance to the field, and also form the basis for future quantitative designs (Thagaard, 2013).

In a qualitative paradigm, the researcher is oriented toward the exploration and understanding of meaning and processes in context, which cannot be measured in quantity and frequencies (Dallo & Vetere, 2005; Thagaard, 2013). There is an opportunity to obtain rich descriptions about the study's phenomena which can be very useful with a complex phenomenon like spirituality. This study's research questions explore the beliefs and experiences of clients and therapists about spirituality in family therapy practice, and there is a risk that an emphasis on objectivity and generalizability at this point would reduce the rich complexities of human experiences (Charmaz, 2014).

### **4.3 Generalizability in Qualitative Research**

Studying in a qualitative paradigm it is also important to mention the issue of generalizability. In quantitative research, based on random sampling, generalizability is widely-acknowledged as a quality standard, but in qualitative research the term has been used in a limited way (Creswell, 2014).

However, Dallos & Vetere (2005) say, arguably, that generalizability is the heart of all research. In a qualitative social constructivist approach, it is not a claim “*that the findings will be true to all or most situations*” (p.24), but the aim and hope is that the study can contain some important aspects which can be useful, relevant and significant for practice, and also generate hypotheses for further research (Birks & Mills, 2015).

What is particular can also be generalized because of the uniqueness of the depth and rich details the reader can compare and contrast with the findings from their own context (Dallos & Vetere, 2005). This study is, to begin with, a contribution to the family therapy field, and with a shared context and culture we can assume it has potential for generalizability to theory and to generate hypotheses for further research.

Dallos and Vetere (2005) distinguish between theoretical and empirical generalization and claim that small-scale findings, which are developed to a subjective theory, can be generalized to the readers own context. The reader can link these specific findings to their own clinical experience and draw their own conclusions out from that.

#### **4.4 Why I chose Grounded Theory Methodology as a Strategy of Inquiry**

During the literature search, I found few studies about spirituality in the family therapy field. In addition, several of the studies were quantitative, which can strengthen the need to go more in depth to generate new knowledge. From a Norwegian context, studies about spirituality and family therapy were almost absent, and I found no studies from the client perspective. Considering that we know so little about this topic from Norwegian conditions, a grounded theory methodology seems appropriate. This is because the approach is open and exploratory in nature, but also the methodology invites development of substantive theory, which may be a contribution to the development of the family therapy field (Birks & Mills, 2015). As a unit of analysis, constructivist grounded theory focuses on meaning, action and processes, and tries to conceptualize the relationship between experiences and events (Charmaz, 2014).

There are several versions of grounded theory, ranging from a more positivist approach (Glaser & Strauss, 1967) to a constructivist version (Charmaz, 2014) to a more discursive variant (Clarke, 2005). Given my background as a family therapist in a systemic and social constructionist tradition, and that this is a relatively new research field, I felt that the Charmaz



constructivist version suited me best. This is because of the methodological flexibility of the approach. It also corresponds with the epistemological stance of the research questions which were in progress. It is the research question which guides the choice of methodology. For my master degree, where I interviewed therapists from a similar field, I used a phenomenological text analysis inspired by Giorgi (Giorgi, 1997; Malterud, 2011), but this time I wanted to be even more open, flexible, and let the analysis and sampling process direct the development of the study. A phenomenological approach is about understanding a concept or a phenomenon, but grounded theory is about theory developing (Creswell, 2014).

Practice is a rich area of experience, and therefore an important environment for learning. The methodology of GT gave a unique opportunity to get “grounded” in practice and see what there was to find. An important aspect in this methodology is the focus on participants’ meanings. Psychotherapy research needs to take into account the meanings in people’s lives. This is a central aspect in psychotherapy in general; listening to the meaning from the single client and also creating meaning together. When people search for therapy, there can be a lack of meaning and direction, and it can be closely connected to human spirituality (Aponte, 2002).

Constructivist GT places a focus on understanding, and searches for meanings attributed to people’s actions and intentions (Dallos & Vetere, 2005). It is, like all qualitative approaches, a discovery-oriented approach, where the aim is to generate hypotheses rather than to test them (Burck, 2005). Instead of objectively verifying an existing hypothesis, both researcher and the participants search for meaning together (Charmaz, 2014).

Constructivist GT is an emergent method, well suited for studying uncharted or dynamic phenomena. An emergent method is inductive, indeterminate and open-ended. It begins with the empirical world and builds an inductive understanding as events unfold and knowledge accrues. An emergent process cannot predict the targets in advance, as these emerge over time. GT starts with a systematic, inductive approach to collecting and analysing data. But the method is also deductive, because the researcher is encouraged to have a dialogue with their own material and engage in deductive reasoning through the research process (Charmaz, 2005).

I am sure that other qualitative methods could also work in this study. I have already mentioned Giorgi's phenomenological analysis, and discourse analysis is another example (Hepburn & Potter, 2007). In this method you have a special focus on the way of talking, and how humans use language to construct versions of the social world. Discourse analysis wants to identify humans' discourses and interpretations and explore their consequences and limitations. Discourse analysis is also part of a social construction paradigm with a focus on deconstruction of meaning. Discourses are shaped through power relationships, and have an effect on social identity and relations, and also systems of knowledge. Discourse analysis scrutinizes how humans position themselves in and through language (Burck, 2005). However, by exclusively focusing on language and discourses, there is a risk that other aspects of life can be missed (Cromby & Nightingale, 1999b). For researching an unresearched area, constructivist GT seems more open and useful for all aspects that might come.

Another useful approach which also could have worked in this study is IPA; interpretive phenomenological analysis (J. A. Smith et al., 2009). In this approach, the researcher has a great task to explore and understand the participant point of view and can also compare the results from two different groups. This could be relevant in relation to my study. However, IPA is less interested in modelling the theme and the issues, and is more concerned about linking the themes to existing literature. The approach is also more constructivistic than social-constructionistic (Dallas & Vetere, 2005). Considering there is an undertheorized gap with respect to my research topic, it seems like constructivist GT can be more useful for my study and also more clinically relevant. Grounded theory represents a shift in research from theory directing to theory generating research, to construct meaning and theories that are relevant for people today (Grbich, 2013). Constructivist grounded theory is an iterative, nonlinear and evolutionary process which fits well with systemic practice, where feedback informs and shapes the conversation (Burck, 2005).

#### **4.5 Definition of Constructivist Grounded Theory**

This study is inspired by Charmaz' (2014) constructivist grounded theory (GT), and I will here give an overview of this approach. Charmaz (2014) writes, "*Grounded theory methods consist of systematic, yet flexible guidelines for collecting and analyzing qualitative data to construct theories from the data themselves*" (p.1). That means that constructivist GT offers a

set of general principles, guidelines and strategies rather than strict formulas. The analysis process will end in a “grounded theory”, which here means an abstract theoretical understanding of the studied experience (Charmaz, 2014). Theory in this framework is an interpretation depending on the researcher’s viewpoint; both researcher and research participants interpret meaning and action. What we see, or do not see, depends on our values. *“The basis of grounded theory is the idea that any theory gains meaning by being grounded in good, powerful, convincing examples”* (Dallos & Vetere, 2005, p. 53.).

Historically, GT was first introduced by Barney Glaser and Anslem Strauss (1967), which is called a classic or traditional GT. Charmaz (2008) say Glaser and Strauss assumed a social constructivist approach to the empirical world, but not in the research practice. Their research-and-analysis method, which has its roots in positivism and pragmatism, emphasized generality and objectivity, and until 1990 most scholars viewed GT as a single method based on shared logic (Charmaz, 2008.). Glaser and Strauss split up, and Strauss and Corbin offered new guidelines (Strauss & Corbin, 1990), but still the social constructivist element was muted. However, GT was influenced by the postmodern shifts by many scientists and theorists, and with Charmaz, a new pathway was developed. One of the most important aspects was a recognition that the researcher will influence the study. This led to the adoption of some more flexible guidelines to data analysis and moving into an interpretive inquiry, with the aim toward creating and interrogating specific data, and not giving a pathway to an objective external reality (Charmaz, 2008; Gardner et al., 2012). With Charmaz, GT has been divided into two main schools; Objectivist Grounded Theory and Constructivist Grounded Theory (Charmaz, 2000). Later, Clarke (2003, 2005) developed Constructivist GT further with situational analysis; others, with a more discursive approach (L. Johnson, 2014; McCreaddie & Payne, 2010).

Some of the key points of Constructivist GT are that practice is the main source to knowledge, that theory is grounded in data itself, and that during the whole process you are moving back and forth between data and analysis (Grbich, 2013). You start analysing data from the beginning of the data collection, and make a constant systematic comparison throughout the inquiry. Constructivist GT is both an analysis and a research method, and is contextually situated in time, place, culture and situation. The aim is to develop a detailed understanding of social and psychological processes within a specific context (Charmaz, 2014).

Charmaz (2008) states that the constructivist approach (1) sees the reality as multiple, processual and constructed under particular conditions, where (2) the interactions emerge through the research process, (3) both the researcher and the informants affect the result and, at last, (4) see the data as a product of the research process (p.402). This makes the whole research process a social construction, where both methodological and analytic strategies can be improvised throughout the research process. *“No set of rules can dictate what a researcher needs to do and when she or he needs to do it”* (Charmaz, 2008, p. 403).

However, Charmaz (2014) having come from the classic GT school, presents some important strategies, like coding, memo-writing, theoretical sampling, constant comparison and saturation. The core and strength of GT are the constant looking at the material and the making of new categories. The material is analysed through a comprehensive coding process and by constant systematic comparison through the search for similarities and differences to produce shades and variations. It depends on the researcher's views and choices; the design, the method and the quality of the data; and also the theoretical interpretations of the analysed data (Grbich, 2013). The analysis strategy used in this research will be further presented in the method chapter.

In this study, the perspective is taken that knowledge is developed through social interaction, and social reality is a construction which is maintained and developed in language and dialogue. Alvesson & Kärreman (2011) claim that if the empirical material can communicate with the researcher's pre-understanding and theory, it may open up more reflexive constructions. Gardner et al. (2012) writes, *“Constructivist Grounded Theory aims to develop a detailed understanding of the underlying social or psychological processes within a certain context by exploring in more detail social interactions and social structures”* (p.69).

However, constructivist GT emphasizes a theoretical sensitivity when giving meaning to data and being able to distinguish what is important and what is not important to the research aims (Corbin & Strauss, 2015). The interpretation is based on the informant's direct statements, but further developed in dialogue with the researcher and the interview material. Therefore, constructivist grounded theory has a constructivist *and* a social constructivist approach; on one side trying to understand differences and variations among research participants, but also co-constructing meaning together with them. Therefore, the researcher's reflexivity is of great importance (Charmaz, 2014).

Constructivist GT is affected by my philosophical and ontological position, the relationship to the theory and the analytical strategy and techniques. I will now elaborate further the epistemological and ontological influence of the study.

#### **4.6 Epistemological and Ontological Underpinnings of This Study**

This study is situated within a constructivist-interpretive paradigm (Lincoln & Denzin, 2013), and in line with Charmaz (2014) I will position myself within a contextual constructivist approach.

To ensure a strong research design, it may be important to choose a research paradigm that matches our understanding of reality and science. Both our ontological and epistemological understandings affect our actions and choices, and along with the methodological principles, they are characterized as a paradigm. A paradigm can therefore be explained as a particular conceptual framework (Kuhn, 1996).

In a constructivist paradigm, it is recognized that there are multiple realities (relativist ontology), and that social reality is formed by subjective experiences. Charmaz (2014) writes, *“The social reality is multiple, processual and constructed...Research acts are not given; they are constructed”* (p. 13). The reality as we know it is constructed intersubjectively through the meanings and understandings which are socially and experientially developed (Lincoln & Denzin, 2013).

Ontology in psychotherapeutic research is about exploring what people believe is real, what the essence is of their problems. Epistemology, on the other hand *“is concerned with how we discover how and why problems occur”* (Dallos & Vetere, 2005, p.27). In a constructivist approach, ontology is connected to the search for meaning in people's lives, and epistemology is knowledge progression through understanding. (Dallos & Vetere, 2005).

Epistemology is the theory of knowledge; how can we archive knowledge; how can we know? Depending of what kind of epistemological position you take as a researcher, you will have different positions in relation to “the truth” and how knowledge can be generated

(Johnsen & Torsteinsson, 2012). A constructivist recognition is that many definitions of a phenomenon can be “true”, and what we know about social reality is neither subjective nor objective but relational. By developing shared understanding through social interaction, we make sense of the world (Gardner et al., 2012). People construct social reality together, and therefore social interaction, especially language, is of great interest (Burr, 2015). A social construction approach means there is a focus on joint action, what happened when people communicate, where the language is constructing the reality rather than representing the reality. The focus is on what humans take as socially real, in a particular time and place; how they construct their views, actions and processes (Charmaz, 2014). Data do not provide a window on reality. We “discover” reality, which is raised in an interactive process. The process has a temporal, cultural and structural context (Charmaz, 2014).

Reality is the human experience, and the human belief is always filtered through multiple lenses of gender, race, religion, ethnicity and language. This interpretation, which is called subjectivism, suggests that knowledge is value laden. This approach takes an epistemological position of subjectivism and acknowledges that there exists an interrelationship between the researcher and the participants (Gardner et al. 2012; Mills et al., 2006). The material speaks in the interaction with the researcher, and the analytic process will change the look. The researcher become an ontological relativist and epistemological subjectivist, grounded theory reshapes the interaction between the researcher and the informants in the research process (Mills et al., 2008).

A constructivist approach will involve the study of how and why the informants construct meaning and action in a specific situation. It theorizes the interpretations from the research-participants, but also knows that the resulting grounded theory is an interpretation. The researcher`s view is a part of the theory, and both data and analysis are social constructions that reflect the conditions of the production (Mills et al., 2008).

*We construct research processes and products, but these constructions occur under pre-existing structural conditions, arise in emergent situations, and are influenced by the researcher`s perspectives, privileges, positions, interactions and geographical locations. (Charmaz, 2014, p. 240)*

Research is subjective and value-laden, and the researcher's ability to be reflexive will have a significant impact on what the outcome will be.

## **4.7 Conclusion**

I have now highlighted the methodology of the study, and will in the next chapter continue with the research procedure. I will also discuss ethical issues and the credibility of the study, including the researcher's reflexivity.

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*He who sees, will find  
but not what he is looking for.*

(Arne Garborg, my translation.)

## **5 THE METHOD**

### **5.1 Orientation to The Chapter**

The overall aim of this study is to develop knowledge and a new theory about what spirituality means for family therapy practice in Norway. In this chapter, I will present the detail of the method of constructivist grounded theory study, the design, and the sampling process flowchart for the reader. I will also describe the initial pilot study, the sample and sampling strategy, the data collection and analysis process, and will also show how the research questions have developed during the research process.

I will end the chapter with a critique of the methodology and method, go into some ethical issues and finally give some strategies for the credibility of the study.

### **5.2 The Design and the Sampling Process Flowchart**

A research design is the blueprint of the study, underpinned by my philosophical and methodological position, which is presented in chapter 4, and also the method I have used to achieve my research aim (Mills et al., 2006). I have used constructivist grounded theory (Charmaz, 2014) as a guiding methodology for this study. In Figure 1, I will show the different stages of my research process.

The research process has the following levels:

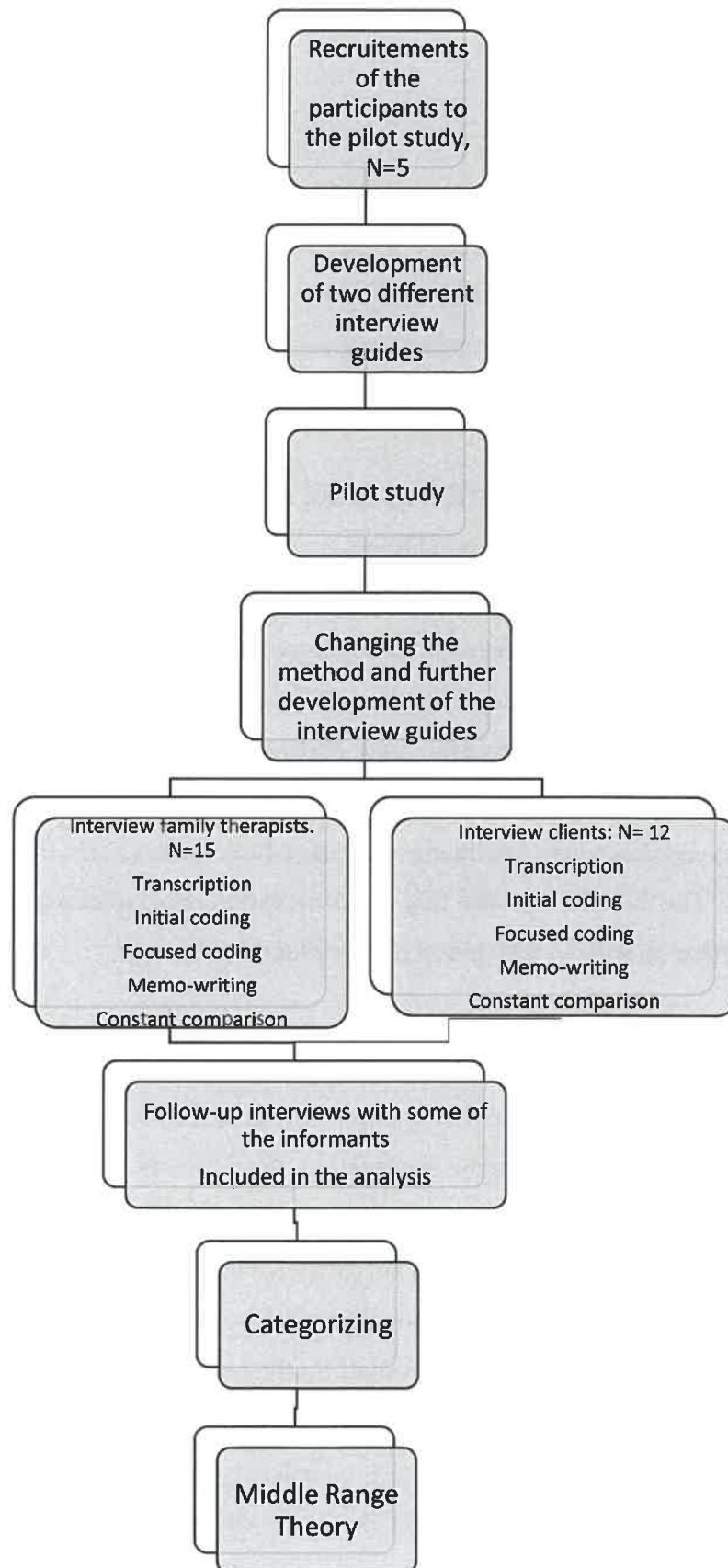
- Pilot study with three therapists, one client-couple and observation of one video session with the aim of adjusting my design, including my interview guide.
- Concurrent data collection and analysis with 27 participants; 15 family therapists and 12 clients. The two groups were analysed separately all the way to the development of core categories and finally a middle range theory. The findings were then merged. All



the interviews were conducted and coded in Norwegian and translated into English when making the closing categories.

- One informant sent me a letter which was included in the sampling process. Subsequent questions were sent by email to seven of the informants; six therapists and one client. Two of the therapists and one of the clients responded to mail and one of the therapists asked for interview number two. The email answers and the second interview were included in the sampling process.
- Credibility check: Four workshops when presenting my study, several meetings and discussions with a group of practicing family therapists, repeated discussions with supervisors, presentations in research groups and research school and continuous writing of research diary and memos.

Here I will present my sampling process flowchart, the process of data collection and analysis:



**Figure 1:** Flowchart of collection and analysis process

## **5.3 Research Procedure**

### **5.3.1 The pilot study**

Initially, I started my study with a pilot project. There are numbers of reasons for doing this (Van Teijlingen & Hundley, 2002), but for me the main goal was to test my planning research methods; to be sure my study was realistic, effective enough or workable; to assess the likely success of proposed recruitment approaches; to identify logistical problems and finally to further the development of the research questions, the research plan and the interview guides.

My plan was to interview both family therapists and clients and recruit the therapists' own clients from current or new sessions. In addition, I wanted to observe a first-therapy session with the interviewed therapist, present or via a video tape, where the agreement should be that the therapist should ask about the family's perception of life / religion / faith, and how it affected their life and their problems. This was to bring the current topic on the track and see what kind of response the clients gave in return. For therapists who were not used to working with this dimension, it could be looked upon as a little experiment. Another idea was to observe a therapy session where spirituality was an explicit theme, if the therapist worked with such things. The thought was also that this observation could also lead to new, important questions for further interviews (Alvesson & Kärreman, 2011).

As Alvesson & Kärreman (2011) point out, an observer may be experienced as a distraction, and the informants' consciousness of being observed can make the situation more constructed and unnatural. My plan was to meet the clients when they came to therapy, just tell them I was researching in the family therapy field, and ask for their consent but wait to tell what I was particularly interested in, so that it did not influence the therapeutic process. Before I got the permission to interview the clients, I would give information about the research project. If the family accepted, the family therapists could film the conversation.

The idea was then to interview the clients, not immediately after the session, but after a short time, so that they had time to reflect over the therapy meeting. Later, I wanted to take a second interview with the therapist, and discuss the therapy session. It should also be possible to have a second interview with the clients.

The pilot project had the following design:

**Table 1:** Design of pilot project

1.	Interview with a therapist
2	Video-session/observation of a therapy session with the therapist (Thematic analysis)
3	Interview with the clients from the therapy session
4	2 <sup>nd</sup> interview with the therapist
5	Eventual 2 <sup>nd</sup> interview with the clients

Initially, I contacted three therapists for interviews. It was not easy to find therapists, because I did not know anyone who advertised by drawing in spirituality. However, I remembered some years earlier a therapist who attended a workshop told about a “little” client of his who wrote a letter to God. He used a lot of time talking about this, so I thought he might be a therapist who talks with clients about spirituality. He works in a preventive service for children and teenagers and their families. I sent an email to the therapist, and he accepted an interview.

The second therapist I chose was a couple therapist with a private practice. I did not know anything about her work; I just knew her name through the media. She also accepted an interview. The third therapist was a theologian who worked in the Family Counseling Service. He had been suggested by some colleagues, and also he accepted an interview.

It became apparent after a short time that the design was difficult to implement. With the first therapist, I completed the design up to point 4. However, what I discovered through the client interview was that the clients had no more experience of therapy than this first call, and they found it difficult to have any opinions about the topic after the first interview. The couple had many important reflections on spirituality in general and about their own lives in particular, but there was very little related to therapy. I felt I came too far away from my issue and research questions.

In the observed video session, the therapist and the couple almost did not mention spiritual perspectives. The man in the couple told that he was working in a church context, and told a story from a confirmation camp with their son. The couple contacted the family therapist because of problems with their son, but the therapist did not go further in the man's story about their connection with the church. He explored the positive and negative aspects of the problem and spent a long time on an exception to the problem, which was about the woman's relation to her sister.

In the next interview with the current therapist, he said he had to follow the couple, be open and see what's happened, and felt it was wrong to be ruled by this theme. Apart from the conversation about the current therapy section, the second interview was more of the same like the first interview. I felt it would be better to return to the therapist at a later stage in the study, based on the categories that had begun to grow.

I interviewed the second therapist, but she had no experiences talking about spirituality in therapy. She was very concerned about sexuality and communication, which she always asked about when she met couples, so the interview was about much more than my research topic. In addition, she was not willing to ask if her clients would be included in the study through observation or video recording.

The third therapist was very interested in the topic. He had some experiences and many ideas and hypotheses about spirituality in family therapy practice. He also said he was willing to ask clients for video recordings of some therapy sections, but from my time frame, he did not record any conversations. It seemed a bit difficult to get this done.

To sum this up, I understood that I had to think differently and change my research method. I knew I wanted to interview *both* therapists and clients, and I wanted clients who had some experiences or perceptions about my research topic. Listening to therapy sessions could be a good way of collecting research data, but my frame of time became crucial. I decided to use a semi-structured interview for my data collection, and to interview clients and therapists who were not necessarily in relation to each other. From this pilot study, I chose to include the first interview with the first therapist and also the interview with the third therapist. The other collected material was not included in the study.

### **5.3.2 The participants and the research context**

#### ***5.3.2.1 The therapists***

After the pilot study, I now had two therapists in my data material and they had given me important reflections. I transcribed and coded the material. This helped me to better focus the interview questions. I had made my interview guide comprehensive and I felt that I wanted to be more open. For example, I had questions about personal spiritual practice, image of God and experiences of holiness, which had a language that seems not naturally for all the informants. With a more open approach the informants could use their own language, and several of the above-mentioned perspectives could still be implicit in their stories.

I also felt I needed to expand my material, and I wanted to interview therapists with different views of life / spirituality / religion, gender, work experience, nationality and geographical location. I also wanted to interview therapists who worked with minorities, to highlight a variety of clients.

It was not easy to find therapists. I think this is a reflection of the fact that the subject in many ways is hidden, and it does not seem normal to promote oneself as a therapist with spiritual perspectives. I searched on the Internet, talked with colleagues and really tried to find variation in my sample of participants, in line with the GT theoretical sampling. I ended up with 15 family therapists from a systemic tradition, ranging in age from 35 to 62 years. All have more than five years of experiences in therapeutic work. I interviewed 7 women and 8 men. The therapists had different educational backgrounds, such as psychologist, social worker, theologian or social scientist. Two of the therapists were immigrants. All therapists were interviewed separately except for three of them, who wanted to be interviewed together. There are long distances in Norway, so this interview was conducted via Skype. I have analysed their statements as if it were one person, and refer to them as “the therapy group” (TG). These three therapists worked at the same working place. Also, two other therapists worked at the same working place. Besides the interview on Skype, I interviewed most therapists at their working places, three were interviewed in their homes and one at a university college.

I interviewed therapists from different parts of Norway, but for ethical reasons of anonymity, I have chosen not to identify which part of the country the therapists are living in.

Table 2 lists the therapists with their fictive names, gender, working places, ages, and years in practice.

**Table 2:** Overview of the participants – family therapists

	<b>Name</b>	<b>Gender</b>	<b>Working place</b>	<b>Age</b>	<b>Years in practice</b>
1	Edwin <sup>18</sup>	Man	Preventive work with children, youth and families, private organization	45	12
2	Nils	Man	Family counselling services (church)	60	25
3	Nina	Woman	Children and adolescent psychiatry, institution	37	8
4	Siri	Woman	Children and adolescent psychiatry, specialist health service	45	15
5	Frode	Man	Private practice	43	10
6	Tor	Man	Children and adolescent psychiatry, outpatient	63	27
7	Terje	Man	Family counselling services (public)	57	6
8	Magnus	Man	Children and adolescent psychiatry, outpatient	46	12

<sup>18</sup> All names are pseudonyms, and because of anonymity, the geographic location is left out.

9	Tomas	Man	Children and adolescent psychiatry, outpatient	61	29
10	Kari	Woman	Private organization, Municipal agreements, mostly with immigrants	56	16
11	Grete	Woman	Private practice	39	7
12	Ada	Woman	Family counselling services (church)	35	7
13	The Therapy group (Tom, Nora and Lea)	Man, woman, woman	Family counselling services (church)	56 57 60	

### 5.3.2.2 *The clients*

Since I did not use the client-interview from the pilot project, I had no informants in this group, and had to start searching. Since I initially found it difficult to attract clients, I now chose to hunt wider and so searched among my contacts and also through leaders in family counselling services. I did not want to use clients from my own therapeutic experiences. There would be some ethical implications, and I wanted to interview clients who were new to me. I contacted a great number of family therapists and leaders in the family counselling service, yet it turned out that there were very few who could assist me in getting in contact with clients. I had so many failed requests that I think it is an important finding in itself. What makes it so difficult to recruit clients for this particular study? Or would it be difficult to recruit clients through therapists no matter what topic I had chosen to research? It went so far that I advertised on Facebook, which meant that I got two new informants.

In relation to the interview with therapists, I previously wrote that I was concerned with different variables. On the other hand, it became difficult in terms of interrogation of clients,



as the recruitment process became so difficult. I failed to get hold of some minorities, and I had wished for a greater breadth in relation to religious affiliation.

I interviewed 12 clients, who had used different kinds of family therapy; 8 women and 4 men. Three heterosexual couples were part of the study. All informants were interviewed separately except for one couple, who were interviewed together. These were the first client informants after the pilot project. I understood that the individual voice could be enhanced by intervening individually, the informants could be freer to say what they wanted, so I then chose to interview separately. However, the interview with the couple was so comprehensive and rich, I chose to bring it along. The couple were coded separately, they were given an individual number and pseudonym, and were presented an independent voice. This is not optimal, but I found it difficult to go back to interview them once more separately. Although the clients were recruited from one place, it was found that many had different experiences of therapy and public health care. The informants were in the age range between 35 and 67 and lived in the southern and eastern parts of Norway.

The next table (Table 3) gives an overview of the clients, how I got in contact with them, why they had contacted family therapy and also their other experiences related to mental health. All names are fictive, and the client's geographic location is left out.

**Table 3:** Overview of the participants – clients

	<b>Name</b>	<b>How I got in contact:</b>	<b>The therapy-context:</b>	<b>Other experiences with mental health:</b>
1	Ewa <sup>19</sup>	By a colleague	Children and adolescent psychiatry	Psychiatrist Psychiatry Child Welfare Family counselling service
2	John	By a colleague	Children and adolescent psychiatry	Psychiatry Family counselling service

<sup>19</sup> All names are pseudonyms, and because of anonymity, the geographic location is left out.

3	Tone	By a family therapist	Family counselling services	Child Welfare Children and adolescent psychiatry
4	Stian	By a family therapist	Family counselling services	Psychiatry
5	Anette	By a family therapist	Family counselling services	Psychiatry
6	Lisa	By a family therapist	Children and adolescent psychiatry	Family counselling services
7	Lisbeth	By a family therapist	Family counselling services	Psychologist Child Welfare
8	Maja	By a supervisor	Family counselling services	
9	Henrik	By Facebook	Children and adolescent psychiatry	Psychologist
10	Bjørn	By a supervisor	Family counselling services	
11	Ingrid	By Facebook	Family counselling services	
12	Tuva	By a family therapist	Family counselling services	Child Welfare Psychiatry

### 5.3.3 Recruitment of the participants

In GT, it is not an aim to randomly find participants, but actively and strategically seek for participants who have perceptions or experiences of the research theme, and which can contribute to rich data material. This is theoretical sampling (Charmaz, 2014). This is characteristic of qualitative studies; chosen participants who have characteristics and qualifications that are strategic in relation to problem-setting and method selection (Thagaard, 2013).

However, a key word is variation, which arises as a result of the ongoing analysis. In relation to the family therapists, I wanted family therapists with a systemic approach and who each had some years of experience working as a family therapist. The variation had to be in relation to their working place, personal spirituality/religion, gender and geographic location. During the analysis, a need arose to interview therapists with experiences of minorities and also about culture-aspects.

The family therapists were recruited during my network seeking on the Internet, and through ideas from colleagues and also one student. I also contacted a lot of family counselling services who were looking for clients, and one of the therapists answered absolutely *no* in terms of whether spirituality was something with which they were concerned at the office. I was a little surprised by his absoluteness, so I called him back to ask more, and he told me by asking about spirituality he thought I meant Spiritism, which is something quite different. With further reflection, he said spirituality was not either something they were particularly concerned about, but from my focus on variation, this man could be a “disconfirming example”, someone who appears to contradict the direction of the main hypothesizing. He accepted my request for an interview.

I tried for a long time to get therapists with a minority religion, but it turned out to be very difficult to find someone. Only an ex-Muslim is a part of the study.

Most of the therapists were contacted by mail, by which they responded and wanted to participate in the study. I sent an information letter in the first or second letter (Appendix 1), and several of the therapists also wanted to receive the interview guide before the interview (Appendix 2). Some were unsure of their own contribution, but most of them found the study important or meaningful.

The strategy of theoretical sampling was less successful in the recruitment of clients as participants. I was dependent on help from practicing family therapists, but also got help from supervisors and Facebook. Except for the clients from Facebook, the clients were contacted by mail or telephone numbers I had received from their therapists. They got the information letter from me or from their family therapist. I asked the clients if they wanted the interview guide before the meeting, and some accepted (Appendix 3).

All informants signed a declaration of consent, which was part of the information letter. The informants signed for one or two interviews, and most of the informants accepted two interviews. I wanted to have the opportunity to come back if I felt that I needed to explore their experiences further.

#### **5.3.4 The interview as a data collection tool: Its strengths and limitations**

Interviewing is the most widespread research practice in qualitative research, and is a way to acquire knowledge of people's life situation, its meanings, their attitudes and experiences. It is one of the most important and most effective ways to go in depth with people's experiences. Here you have the opportunity to concentrate on individuals, and interview research is especially suited for highlighting relational, conversational, linguistic and narrative areas of human experience (Brinkmann et al., 2012).

As a family therapist, it can be a strength to use interviews as a researcher. I have years of experience talking with people, and I am trained to meet different kinds of people and try to tune in to the individual person. In my study I interviewed a couple and a group of therapists, but I have also a lot of experiences with several persons in the therapy room. Brinkman & Tanggaard (2012) state that the *"interview can be seen as an active interaction between two or more people looking for socially negotiated, contextually based responses"* (p. 45.).

One limitation is that you as a researcher concentrate on what people say and in practice cannot know what people actually do. You must trust what people say, whether it is accurate or not. The focus is on people actually *talking* about experiences. In any case, an interview is still a social construction between the interviewer and the interviewed, and both can begin to think about aspects of their understanding and knowledge in a new way through the interview. I had a specific experience with one of my family therapists, who during the interview was so concerned about my research topic in a new and positive way. I was worried if I had influenced her too much, or if she just said it to please me, but I still realized that it was real and felt she had an experience about the importance of the research theme during the interview.

Another limitation of interviewing is that there is a risk that you get informants who like talking in an interviewing setting or who have a special interest in the research topic. Not all

people are equally articulate and perceptive, and this can give an inequitable distribution among informants (Brinkman & Tanggaard, 2012). This may apply especially to clients, given that therapists, because of their work, can be more familiar with an interview situation. It is not always easy to articulate all aspects of our experiences, or even to know what to talk about.

An interview is also affected by the researcher, the researcher's personality, values, interest in the topic, and the way the researcher asks the questions. In this study, the questions are made by me. Even though I always try to follow the informants and also look for things they are concerned with, still the researcher will affect the study (Creswell, 2014; Charmaz, 2014).

### **5.3.5 The interview guide: The semi-structured interview**

A semi-structured interview guide has to be prepared and decisions have to be made. Besides recruiting informants, I have to think about the questions, what kind of interview style I want and how to record the interview (Willig, 2013). Charmaz (2014) used the concept "intensive interviewing" which means "*a gently guided, one sided conversation that explores a person's substantial experience with the research topic*" (p. 56). My focus as a researcher is to get alongside the informants and do the best to represent them. However, Charmaz notes; "*Both interviewer and interview participants bring their own priorities, knowledge, and concerns to the interview situation, which may not be entirely compatible*" (p.58). Charmaz recognizes that the researcher has to go into an in depth exploration of the participant's experience and situations, and must encourage the participant(s), listen and learn (Charmaz, 2014).

In this study, two different semi-structured interview guides were developed; one for the clients and one for the therapists (Appendix 2 and 3). The questions have also evolved through the study because of the process of theoretical sampling and development of the research questions.

In making an interview guide, the work was based on my research questions and I had the following strategy. Here follow some example questions from the version to the therapist:

1. Getting to know each other. (I presented myself and the project, the therapists introduced themselves, etc.)
2. Spontaneous reflections about the research topic.
3. The therapists' personal experiences and perceptions about spirituality

- a. The concept
  - b. Personal background/childhood
- 4. Practice
  - a. What is family therapy? Views of humanity?
  - b. How to discover the spiritual client?
    - i. Language, issues
  - c. How to work?
  - d. Personal triggers?
  - e. Gender differences?
  - f. Culture and religious differences among clients?
  - g. Resilience/spirituality resources in therapy?
- 5. Education
  - a. Knowledge
  - b. Need for competence

Here follow some example questions from the client interview guide:

1. Getting to know each other. (Could be personal information, information about the project, earlier experience of therapy, etc.)
2. Spontaneous reflections about the research topic
3. Personal experiences and perceptions about spirituality
4. How it affects life and couple/family life
5. Experiences about spirituality in family therapy
6. Advice to family therapists

Even though I had a semi-structured interview guide, I did not follow it systematically. I knew my topic of interest, and wanted to follow the informants. Research participants are, of course, different. Some have much to say, and others do not have the same vocabulary. I tried to use different ways of asking both systemic and reflective questions, and tried to be open and not too leading in my asking style (Tomm, 1985).

There have also been some challenges, mostly about the word “spirituality.” The word spirituality seems not to fit very well in a Norwegian context; either the word “spiritualitet” or the word “åndelighet”.<sup>20</sup> I introduced spirituality already in the information letter, and it had to be mentioned in the introduction of the interview. However, I initially offered the informants a lot of words as a starting point (Text Box 1), and I felt this open approach helped

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<sup>20</sup> Both the Norwegian word «spiritualitet» and «åndelighet» mean spirituality in English. The Norwegian word “åndelighet” seems more in use by the clients.

the participants to find their own words. Some of the participants came up with new words, like life-philosophy, heart-language, “child-faith”. As a constructive researcher, it is important to be open to amendment, and there is no wish to determine what is the best or “right” word to use. My wish was to give space to these different words, ideas and stories (McNamee, 2010).

<b>Spirituality:</b>
Meaning of life
Religion
God/god
Life view
Existential themes
Values
Spirituality
Faith
Vitality
Soul
Sacred
Moral/ethics

**Text Box 1:** Words for starting point

With hindsight, I had asked too detailed questions about the therapist's spiritual life that was largely influenced by my religious background and ongoing journey. It has been important to me to explore both a secular and a religious spirituality, so I have continuously worked with myself in supervision and through diary and memo writing to be as open as possible.

### 5.3.6 Focus on the Data Collection Process

The interviews were conducted in the following places: in the therapist's working place, in the therapist's home, in different university colleges, in the client's home and in the client's working place. One interview with a client was made by telephone when the client was at home, and the group interview with the therapists on Skype was from their working place. I was open to meet the participants at different places, and tried to accommodate their wishes.

All interviews were conducted in Norwegian, apart from one that was a mixture of Norwegian and English. The length of the interviews ranged from 20 minutes to two hours, but most were over an hour. All interviews were recorded with permission. In the interview situation I tried to write as little as possible, but took down a few key words for memory. I did not, for

example, want to interrupt if the client was telling a story, but with my small notes I could go back to my new questions afterwards. The interviews were conducted in the period from August, 2014 to April, 2016 (including the pilot study).

During the coding process I developed some new questions which I sent to some of the informants. Because of the limited time, I used email. Some answered me, some did not, and one of the therapists wanted to have a new interview. This was made by phone. One of the therapists sent me a letter to clarify his answers from the interview, and this letter, the second interview with the therapist and the texts from the emails are all included in the analysis. In summary, three therapists and two clients participated twice.

### **5.3.7 Transcription**

All interviews were recorded with a Sony digital recorder. I inserted small words, like “ah”, and also marked breaks with points. I could also put “laughter” in brackets. I translated the interviews in the pilot study, and also half of the interviews. I found it important to translate the first interviews myself. It was a good way to listen to the interviews, focusing on my interview style and listening to how my questions were received.

Due to limited time, the rest of the interviews were transcribed by a paid research assistant. She signed a confidentiality statement. Of course, there is a risk that something can get lost, but the person I chose is very experienced with transcripts, and since I also had participated in the interview, the interviews were well recognizable. I checked them for record accuracy against the actual recordings. I received about 650 pages of transcribed material, and all identifying information was left out.

All recordings worked relatively well, even those recorded over the phone or via Skype. It also seemed as if the informants were comfortable with the conversation being recorded. However, one therapist used his one mobile to record the interview for his own part. It was this therapist who sent me an explanatory letter afterwards.



### 5.3.8 The development of the research questions

Research questions do not come out of nowhere. There is a plan, some research aims and intentions, and also a hope that this research project will be both informative and useful for a special audience (Dallos & Vetere, 2005). Primarily, I wanted my project to be a contribution to the family therapy field, but I also hoped it could be relevant for other forms of psychotherapy and also social work.

When I started this project, I wrote a project plan. Some years back, I had written a master's thesis when interviewing family therapists about the same topic. However, it was a while ago, and this time I also wanted to include clients. I knew the clients' voices about spirituality was absent in the research on family therapy; therefore, I found it important to integrate them into the study. From my experiences with the master's thesis, but also my experience as a family therapist, I knew spirituality was an under-communicated topic in the field.

My overall issue has all the time been: **What does spirituality mean for family therapy practice?** I will now show you which research questions I started with, and which ones I ended with, and will explain what has happened during the journey.

1. How can we understand that so little research has been done in Norway on spirituality in family therapeutic practice?
2. What are family therapists' own stories of faith, religion, values and spirituality, and how does therapist's relationship with these subjects affect therapeutic dialogue?
3. What is the family's spiritual life and what language forms of expression do families experience promoting spirituality in therapy?
4. What are the similarities and differences between therapists' and families' experiences of spirituality as an essential theme in family therapy?

**Text box 2:** Research questions: January, 2013

1. What are family therapists' and clients' understanding of spirituality?
2. What are family therapists' personal and professional experiences of spirituality and how do they think their experiences affect them as therapists?
3. How do family therapists include spirituality in practice?

#### 4. What are clients' experiences and perceptions about spirituality in family therapy?

##### **Text box 3: Research questions: June, 2017**

For me, this change is educational and important. I wanted too much initially, and I had some prejudices that ruled me. In addition, I knew very little about grounded theory, and soon I understood how important it is to be as open as possible, to see what practice could give me.

I also knew that spirituality could be multifaceted and also difficult to explain, so in making my interview guide I found it was important to explore the theme: what actually were we talking about? (See 5.3.5) How do family therapists and clients understand spirituality?

In the first interview of the pilot study, I got a surprise. The therapist had a lot to tell about how he included spirituality in his practice. So I realized that, although I experienced it quietly on the surface, many things could happen in the individual therapy rooms. I found it relevant to explore how the therapist who included spirituality in practice actually worked.

My most important lesson has probably been to be as open as possible. Constructivist GT is a reflexive and dynamic research method, and it is important to remain open, and not let preconceived attitudes control the work (Birks & Mills, 2015).

### **5.4 Continuing with the Grounded Theory Analysis Process**

The interviews of the clients and family therapists were initially analysed separately. In this way, I had a better overview of the different perspectives of clients and therapists. However, because I did the interviews concurrently, there were influences from a constructivist point of view. In the end I developed five different main categories based on my research questions, and the middle range theory was developed from these categories.

Ideally, in a constructivist GT process, the analysis of each interview should be extended before a second interview is conducted. However, in this study the need to modify this process became evident. There were geographical distances, the therapists had a busy schedule and when I obtained participants from the therapist, I did not want to wait too long

before meeting them. The fact that I interviewed both therapists and clients with two different analysis processes made it a bit more complicated. Thus, the fact that GT involves flexible guidelines rather than rigid prescriptions was significant to the research process (Charmaz, 2014).

I will now further describe the analysis process.

#### **5.4.1 Line-by-line coding**

Constructivist grounded theory describes two stages of coding: initial coding and focus coding. This is the process for finding out what data are about. Charmaz (2014) explains, *“Coding means categorizing segments of data with a short name that simultaneously summarizes and accounts for each piece of data”* (p.111). This is a way to select, separate and sort data and begin to analyse their content. Line by line coding helps the researcher to stay grounded and close to the data. The process forces the researcher to interact with the data, stay close to what participants say and to inhibit over-interpretation. Therefore, initial coding is largely descriptive (Willig, 2013).

Initial coding can be implemented in different ways (Birks & Mills, 2015), and I have used a form of initial coding which is called “line by line coding”. That means for me that almost every line in the transcribed data material was coded in a descriptive way. A code could be a word or a short sentence, and I focused on human’s feelings, actions and meanings. A copy of an interview with line by line coding is attached (Appendix 4). This is a way to go deeply into the interviews and to remain open. I used the participants’ own words in the codes so that I could be as grounded as possible. It is important to stay close and interact with the data, and keep the codes simple and precise. It generates fresh ideas, and gives some ideas for new codes.

After this initial coding process, I made a summary of the codes, a kind of memo writing formed by a story. The aim was to grasp the essence of the interview, look into details, and a help further the analysis process (Appendix 5).

### 5.4.2 Focused coding

Focused coding is the second major level of the coding process. A lot of codes were generated initially, some more significant than others in relation to my research questions. Focused coding is a way to sift, sort, synthesize and analyse the material in a more analytical way (Charmaz, 2014).

However, I performed this focus coding on two levels. First, because of the large number of codes from the initial coding, so as to get a better overview, I chose to use NVivo, a computer assisted qualitative analysis software, in the next step of the analysis. The aim of using NVivo is often to make the coding process efficient and support the data analysis, and NVivo can be used at various stages of the coding process, including memo-writing. NVivo is designed especially for GT (Welsh, 2002). In this stage I made some umbrella terms, some overall headings where I incorporated the quotes from the informants. This was made in two different analysis processes; one for the therapist and one for the clients. In each group, I started with informant one, tried to look at the interview with fresh eyes, and named the codes as close as possible to the quotes from the informants. In parallel, I wrote memos; different reflections about the codes. When the next informant was incorporated, I looked to see if the text could fit under one of the headings. If not, I made a new heading (Appendix 6 and 7). When all the interviews were included in the coding process, I sorted the codes; some were merged, others were expanded. A copy of NVivo is attached (Appendix 8). Finally, I ended up with 17 main codes from the therapists and 18 main codes from the clients, with a lot of sub-codes (See Appendix 9 and 10). However, working with NVivo was not a good tool for me. I saw the headings of the codes had been too thematic with too little focus on action and meaning. I remembered Charmaz' advice from a course with her at Dublin in 2015: to thematise the codes, there is a risk you can close yourself too early. Working with the computer, I also found it difficult to get an overview of the whole material while working with constant comparisons. So I decided to go into the different codes, be as open as possible, and have even more focus on action, meaning and process.

From this point, I started constant comparison, which is a method of analysis for successively generating more abstract concepts and at last a theory. When engaging in focused coding is a way to go further into the process of compassion. In practice, it is to go further with the codes which is of most interest and they became to tentative categories. Constant comparison is an

inductive process when comparing data with data, interview with interview, codes with codes, codes with emerging categories and categories with emerging core categories and concept. This is a way to reveal the properties and range the emergent categories to a level of abstraction (Charmaz, 2014).

So what did I see? What became informative for me was, on the one hand, there were many obstacles by the therapists toward integrating spirituality into therapy, but on the other hand, there were still many therapists who included this dimension into their practice in different ways. Out of this research process I developed 40 codes from the therapists (See Appendix 11), which I, at that point, divided into five tentative categories.

1. Perceptions about spirituality
2. Personal and professional experiences of spirituality and how it affects them as therapists
3. Obstacles to integrate spirituality in therapy
4. How to work with the spirituality of clients
5. New thoughts

Comparing the clients, one surprise was that so many clients were leaning on God, and that the relationship with God was so crucial in their lives. I also saw that the clients' spirituality was vulnerable, and that the therapeutic relationship and dialogue were crucial for including this dimension in therapy. I ended up with 55 codes (See Appendix 12), which I gathered into seven tentative categories.

1. Perceptions and experiences about spirituality in therapy
2. Positive experiences compared to the theme
3. Perceptions about the theme spirituality
4. The word spirituality in a Norwegian context
5. The entrance to the theme
6. Clients experiences of their own spirituality
7. Challenges in Norway compared to spirituality

This process became a starting point for further categorization. The categories were still broad, and I needed to make them more descriptive.

### 5.4.3 Memo-writing

Memos are informal analytic notes and a major analytic phase in the research journey. Writing memos has been important from the very beginning of the study and during the analysis process. It involves recording of process, feelings, thoughts, analytical insights, decisions and ideas during the Ph.D. process (Birks & Mills, 2015), and tries to delay interpretative activity in the initial coding phase.

The memos help to explore, check and develop ideas. Memos are the researcher's own reflections and emotional reactions, whatever comes through his or her mind during the process. Charmaz (2014) writes that “*memo-writing is the pivotal intermediate step between data collection and writing drafts of papers*” (p. 162). Writing memos is to reflect upon and analyse your ideas during the whole process. I started writing about my codes, and it is a help for me to analyse codes and data early in the research process. On the basis of the memos, I created new questions for subsequent participants. It helps me to develop ideas with theoretical sampling, and to be critical of my own project (Charmaz, 2014). I have written memos through the whole analysis process: after interviews, when transcribing or coding interviews. I always have had a book in my bag so that I could write down ideas and reflections. Even sometimes at night I have gotten up and written down ideas so as not to forget them. In the memos I incorporated sentences or quotes from the informants, my own reflections, references to relevant literature and also sometimes clips from the Internet.

Here is an example of one memo from the therapist interview 9-1:

*This therapist is also talking about this, like the therapist 8-1; What do you do when you feeling you are crashing ethically with the clients? What about acknowledgement in a situation like that? They both say they are striving. They say it is difficult, gets provoked and becomes more silent. Simply choose not to talk about it. Does not provide much of themselves (“Ethical collisions”, January 2016)*

Another memo is from the client 7-1:

*The client say the treatment of the psychologist does not give the depth she in longing for: “.... It is not part of the treatment. It is not. And maybe that's why I feel I does not come so far either”.*  
*Is it a must to get in the depths? One of my therapists (6-1) said it was not. Are family therapists easily a little practical, and concerned with interaction and communication, without going into the depths of the individual, or in the depths of what they have in common? (“Get in the depths” –February 2016)*

Working with categorizing, I printed out all memos from my computer, read through them all, and sorted the memos in groups. It helped me to refine the categories. In this process, I could see if I had, for example, overlooked something in the material. It helped me put focus on details. For example, I suddenly discovered that many clients talk about cultural and spiritual differences in their cultural relationships, which at times could be very challenging. It could be about a need for different spiritual practices, which could be strange to one part in the couple or lead to disagreement with child raising. Some could feel spiritually lonely in their relationship.

Later in the analysis, the memos were used more actively toward theory development and the discussion of the theory.

#### **5.4.4 Constant comparative analysis**

Constant comparison is in many ways a systemic process (Burck, 2005). It started in the focus coding process, and the primary aim is to move back and forth between the identification of similarities and differences between the interviews and emerging categories. A category may contain different perspectives, and there can be a need to identify and emerge subcategories (Willig, 2013).

From the beginning, the categories were tentative, and I went back to the material and the different codes again and again, and tried to look through my data material at different levels. It took a lot of time, but it was necessary to stay as close as I could to the material so that the categories could emerge. The aim was to strengthen the categories as much as possible. Charmaz (2014) talks about this process as a puzzle; which puzzles fit together, and which ones do not?

Charmaz advocates the use of gerund in the coding process. In the beginning, I operated with large groups, named “experiences and thoughts about the topics” or “what obstructs the theme”. Gradually, when I pointed the material through categorizing, I saw gerunds could be a great help for me in the process toward better focusing on meaning, action and process. Using the English language, when I translated the material, I consistently tried to use gerunds.

### 5.4.5 Theoretical sampling

When some tentative categories are developed, they are often thin and need to be strengthened. Charmaz (2014) explains that there will be a need for “*seeking and collecting pertinent data to elaborate and refine categories in your emerging theory*” (p. 192). This process is theoretical sampling, and is a way to sort and saturate the emergent categories to integrate the emerging theory. It is a strategy to mirror the focus on emerging categories, and to specify the boundaries and relations among categories. There can be pieces in the puzzle that do not seem to fit together; I had to go back to the data to find some answers. The categories emerge through coding and also memo-writing, and the data will help to explicate the categories (Charmaz, 2014).

Because of the research questions, some quotes became of special interest to me. For example, I found it important to explore how clients had felt when faced with this topic, and their meaning about how therapists should relate to this theme in therapy. I marked some of the quotes in bold, or put them into my memos. The quotes led to new questions, and working in this process, the heading of the categories changed several times. The process of writing memos helped me to find incomplete categories and gaps in the analysis. It is important to be open to all possible theoretical understandings. The point is to develop the properties of the categories until no new properties emerge. This is called saturation (Charmaz, 2014).

The important thing, but also the difficult thing, is to stay in the data. Working with the material for so long, a lot of my own ideas came up, and also different theories, but I really tried to be in the material and use my reflections to strengthen the categories. I also know that I had the opportunity to go back to the informants for more questions. Based on my final research questions, five main categories were developed.

In this study, the analysis with the therapists and the clients have been two different processes technically, but both processes are made by me and will thus have mutual influence. It could be informative to merge these processes together or analyse the differences between the therapists and the clients. However, since the focus of this study has been making a middle range theory, I have merged the categories in the end and out of that, reached five core categories.



#### 5.4.6 Theoretical categorizing

As I have mentioned already from the focus code process, I had 40 codes from the therapists and 55 codes from the clients. Now was the time to try to categorize these codes. Categorizing is the analytic step when “*selecting certain codes as having overriding significant or abstracting common themes and patterns*”, and raise them to a more analytic concept. “*A category may subsume common themes and patterns in several codes*” (Charmaz, 2014, p. 189). A category also includes a number of sub-categories and also some sub-sub-categories which together explain the broader concept (Birks & Mills, 2015).

This process requires a theoretical sensitivity, which means that the researcher interacts with the data, asking questions, making comparisons and looking for different opposites (Willig, 2013). Theoretical sensitivity is a multidimensional concept which has to do with the researchers' level of insight into the research area, the ability to see nuances and complexity of the participants' words and actions, and construct meaning from data and separate what is the most significant (Mills et al., 2006). I have to establish connections, seeing possibilities and conceptualize relationships between experiences and events (Charmaz, 2014). In this phase, I translated my material into English, as Charmaz advocates, and it helped me, being more theoretically sensitive, to stay in the participants' meaning, action and processes. I needed to merge and systematize my codes even better (Appendix 13). With my research questions as a background, I developed five main categories (Text box 4).

1. Family therapists' personal and professional understanding and experiences of spirituality
2. How personal and professional experiences of spirituality influence therapists
3. The inclusion of spirituality in practice
4. Clients' understanding of spirituality
5. Clients perceptions and experiences of spirituality in family therapy

#### **Text box 4:** Main categories

The categories included a lot of sub- and sub-sub-categories, and formed the basis for the development of the core categories. This will be described in the next section.

#### **5.4.7 The core categories**

In the early days of GT, identifying a core category was a central idea (Glaser, 1978; Strauss, 1987). In later versions of GT, also constructivist GT (Charmaz, 2014), there is a more flexible approach to the need for identifying core categories. A core category is a concept or a category that encapsulates a phenomenon in the earlier constructed categories and sub-categories and also the relationship between them (Birks & Mills, 2015; Holton, 2007). Birks & Mills (2015) says the language used to identify “concepts”, “codes” and “categories” may seem confusing until you realize the terms mean the same or similar things. However, making core categories was an important step in this analysis, because in that way I linked the categories from therapists and clients together. It was a closer step to the emergent theory. Therefore, what I actually did was to split up the five main categories, with their sub- and sub-sub-categories, and make new groups out of them. I obtained five core categories (See Text box 5).

Here are the five core categories which form the basis for my middle range theory (see chapter 7).

1. Spirituality as part of human relations and culture
2. Therapeutic awareness and competence
3. Recognition of clients' spiritual and religious life
4. Experience spirituality as linguistic ambiguous and difficult to put in words
5. Experience spirituality as not included and accepted in the family therapy culture

#### **Text box 5: Core categories**

The final part of the analysis, the development of a Middle Range Theory, will be presented in chapter 7.

#### **5.4.8 Links to existing research and theories**

One of the main criticisms of GT methods is that it produces low-level theories with detailed insights in one particular area, but that it is difficult to scale up the theory. Several GT studies

provide detailed insights about a substantive area but do not engage with the literature in a meaningful way. It is therefore recommended to generate GT theories that can be engaged with other theories and find a form of that engagement (Urquhart, 2007).

In the discussion, the findings are related to existing literature and research. In which way can this study contribute to the theoretical development in the field, and what kind of studies can be needed to build upon this study? What implications can this study have for family therapy education and for the group of clients' therapists actually work for and with (Willig, 2013)?

However, it is important not only to find theories that “fit”, but maybe the data will challenge and perhaps cause a reconsideration of existing theories (Alvesson & Kärreman, 2011). Data can be a critical dialogue partner to the existing and dominant theories in the field of family therapy. What is the reason for why spirituality is not put forward as an essential theme in family therapy? Is something missing in the existing theories? Can the obvious perhaps be reconsidered? The intimate relationship between data and theory makes the theory reflections close to the realities. The empirical material can encourage the challenging and force a rethinking of established theory, inspiring novel lines of theory development (Alvesson & Kärreman, 2011).

#### **5.4.9 Saturation**

When I experience my categories as robust and there are no new properties to find, then I reach saturation. Categories are “saturated” when fresh data no longer give new theoretical insights or new properties of the theoretical categories (Charmaz, 2014). This is the point when I have rich enough material to address my research questions.

However, saturation seems to be a function of the data rather the interpretation we make of it. Dey (2007) refers to Glaser & Strauss (1967), who write, “*the published word is not the final one, but only a pause in the never ending process of generating theory*” (p.73). Charmaz (2014) states that we may claim saturation without being able to prove it, and saturation became a metaphor for the density of the categories rather than its parsimony (Dey, 2007). Breckenridge and Jones (2009) says saturation is not mere descriptive redundancy and do not aim for full descriptive coverage, but systematically focuses and narrow data collection in the service of theoretical development.

A PhD process is affected by time, and there could always be some new nuances to reach. How many participants I would need could not be predetermined in advance. However, I

found that my 27 informants could provide me with robust categories with great variety. I did want more variety among clients, but these were the ones I had available in this study. And each one still has its uniqueness based on life stories, experiences and culture.

## **5.5 Critique of Grounded Theory as a Methodology and Method**

Making a constructivist grounded theory has been an informative, educational, but also demanding journey. This methodology had many similarities with the family therapeutic paradigm I was educated in, the social construction approach, and I think it was helpful to get an overview of the methodology. However, how much is this study affected by me as a researcher? This is not so clear in this methodology. Having a particular interest in a research topic, it is extremely important to be as reflexive as possible, so you do not look for what confirms your own knowledge in advance. I really tried to be as open as I could, writing reflection notes and discussing my study with colleagues, students and other researchers. I also experienced some surprises along the way. For example, I did not think there were so many therapists that included spirituality in their practice as there actually were, and I saw there was a lot of interest in this theme, both among therapists and clients.

The analysis process has been time consuming, and the coding process took a lot of time. Methodically, Charmaz presents flexible guidelines and the researching process is quite open. The researcher has to find his or her “own” way. To be a new researcher, this can be difficult. You also have to handle a great amount of data, and it can be difficult to keep track. There are no standard rules for identification of categories. To build a theory is a subjective process, and is based on the researchers’ ability.

The analysis can be experienced as fragmentizing, with quotes from a greater story put into codes. The whole picture can be left out. In any case, it has been a learning process comparing informants with each other, and grounded theory acknowledges areas of contradiction.

## **5.6 Ethical Issues**

In a research study, it is important to show accountability and integrity throughout the whole process, and I have a special responsibility for my informants. Written information and informed consent are a prerequisite for research (Malterud, 2011), and an information letter was sent to all the informants in advance. It was voluntary to participate in the project, and the

participants could at any time withdraw their consent without giving any reason. If an informant chose to do so, all information about the participant would be deleted.

I received permission to record the interviews, and it was important to safeguard confidentiality and guarantee anonymity. All information about the participants was stored in a password-protected computer, and personal details about the participants were removed. The informants were anonymized with numbers or pseudonyms. The recordings were deleted as soon as the project was completed. The research assistant who translated some of the interviews signed a confidentiality statement.

The principle of confidentiality is about human privacy and is often linked to how sensitive the information is. According to section 2 of the Norwegian Personal Data Act (Datatilsynet, 2017), personal information about philosophy and religion is regarded as sensitive information, and I have to be particularly concerned about this in my study.

It is important to have a clinical discretion in relation to obtaining consent. Because clients were part of this study, I chose to collaborate with family therapists and rely on their assessment of the choice of informants. The clients also had the opportunity to contact the therapists in retrospect if the interview created a need for new reflections.

The interview guide was discussed with the supervisors and, if wanted, a copy of the guide was sent in advance. Meeting the informants, two of the family therapists were interested in knowing my opinions about spirituality before interviewing. I felt they needed that as security to be open about their own reflections.

I was also concerned about creating a pleasant atmosphere around the interviews. I met the informants wherever they wanted to be interviewed, and I tried to remember to bring a symbolic gift, such as a candle or flowers. I got both breakfast, lunch and cakes, and when informants wanted to talk about other aspects of life, I found it important to listen. For example, one of the clients had prepared by making a long written list of her experiences with mental health care, and I would have felt it unethical not to listen to it. I tried to protect the autonomy of the informants and be respectful in relation to the informants' borders. All the participants had my email or mobile number, and had the opportunity to call me if they wanted.

The study was reported to NSD, Norwegian Social Science Data Services, and also a submission assessment was made to REK; Regional Ethical Committee was made (Appendix 16 and 17).

## 5.7 Credibility of the study

Different scholars have developed guidelines for qualitative research (Coyle & Tickoo, 2007; Creswell, 2014; Elliott et al., 1999; Henwood & Pidgeon, 1992; Urquhart et al., 2010).

Charmaz (2014) developed comprehensive guidelines to make such studies as credible as possible. These guidelines naturally vary in their use to some extent, but Creswell (2014) says today there is some common agreement on the core characteristics that define qualitative research. This is about studying in a natural setting where the researcher becomes a key instrument, open to multiple sources of data in an inductive process. Qualitative research develops an emergent design and there is a focus on learning the meaning the participants hold. There is also a need for reflexivity, both in relation to the role as a researcher and the researcher's personal background. Finally, it is also important to adopt a holistic perspective, because qualitative researchers try to develop a complex picture of the studied phenomena. Cole (2007) is concerned to what extent the study catches the complexity and fluidity of the participants, researchers' reflections of their speaking position and how it influences the analysis, as well as concerns about the detailed account of the analytic process and the consistent grounding of interpretations in research data.

I will here follow the guidelines from Elliot et al. (1999), which aim is to contribute to the process of legitimising qualitative studies for others to encourage better qualitative control in qualitative research. A credibility check is one of these guideline points.

To achieve credibility, several measures were taken. First; the entire research process was discussed with the supervisors, and they had access to all material along the way in the process. I have submitted my study with four workshops, two overseas, and received valuable reflections like;

- *I have not heard any therapist talk about this.*
- *I think there is a room for including of spirituality.*
- *I actually do not know what is going on in the therapy?*
- *Why do you think spirituality is important in family therapy?*

I have also been part of a local family therapy group where I have presented my study several times. Last time, my categories were presented, and the family therapists gave me valuable comments. One example is from a male family therapist (45);

*The health service is good at making templates, mapping forms and questions. We ask for everything from personal information to sexuality, violence, alcohol and general functioning, but few of us show interest and curiosity for philosophy of life, religious beliefs, faith, and other more extensive and "outside a form" questions. We may do that because we are not being taught to do that, or because other "know-it-all" mean we are going to do the job in a certain way and that is not important? Perhaps it is because there are no "truths" about these themes, and therefore it is difficult to be able to be advising, guiding and helping? And there is no (evidence-based) research to show.*

*On the other hand, these themes are so fundamental in human life that we all have made up one or more opinions and thoughts which help shape our lives. We are often talking about it, and it is easy to have dialogue about it, either with friends, in the family or with colleagues back stage. And then it is interesting that someone thinks that this is not an important part of mapping, investigation and treatment in therapy, when it is the living life the patient wants to get help to change / explore?*

During participation in RVS research school<sup>21</sup>, the local PhD program at VID specialized University and membership of three different research groups, I have presented my study repeatedly. Here, experienced professors have also given their comments on the study. I received questions/reflections like;

- *What place has spirituality in the family therapy field? Is it or is it not? What will you make a theory about? What do they call the phenomena? See how they talk about it. Be more open.*
- *There are few combinations of social construction and spirituality.*
- *How would a therapist recognize a spiritual/ existential theme?*
- *Why do you believe spirituality is under-communicated?*
- *What can psychotherapy learn from other professional areas?*

I have also submitted the study for family therapy students several times. There are students who already are part of professional practice, mostly from social work, nursing or education. Besides presenting the study, I would also like them to reflect on these themes in their own lives and share their personal and professional experiences in groups. Here are some of the reflections from the students:

- *From special to interesting*
- *What is the therapist's mandate?*
- *Be conscious*

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<sup>21</sup> The Research School Religion-Values-Society (RVS) is an initiative by the major Norwegian academic institutions, as well as important institutions in Sweden and the United States, to bring together PhD-students and established scholars who are making empirical studies of religion, values and society, in order to develop better research and foster national and international cooperation, primarily through a strengthened and more comprehensive PhD education (RVS, 2017).

- *Reflect on oneself*
- *We are private to each other and it leads to resistance*
- *Unknown*
- *Vulnerable theme*
- *Did me well*
- *Many equal perspectives on life despite different religion*
- *What do I do when discomfort occurs?*
- *Clients may also have an unclear relationship with spirituality*

These reflections were noted in my research diary, and have influenced my research questions and the meeting with the informants. One example is spirituality as a “vulnerable theme”, which made me more aware that this could be a fact for some of the informants.

I have also tried to make my analysis process as transparent as possible, so it will be possible to follow. I also believe that it strengthens the study that both clients and therapists are participating, and I have given a detailed overview of the participants.

Elliot et al. (1999) are also concerned about the authors’ theoretical orientation and personal anticipation of the research theme, and this will be described further in the next section about self-reflexivity.

### **5.7.1 Self-reflexivity**

In qualitative research, the researcher influences and shapes the research process, both as a person (personal reflexivity) and also as a theorist (epistemological reflexivity). This invites us to think of our own reactions to the research context and how the data have given new insight and understanding (Willig, 2013).

Reflectivity is the researcher’s investigation of her or his own research experience, decisions and interpretations and also the examining about how the researcher’s interests, positions and assumptions influence his or her inquiry. Taking a reflexive stance, we have to increase our awareness of the relativity in the empirical world and in the analysis (Charmaz, 2014; McNamee, 2010).

There are many reasons that make us interested in our research theme, and there is a certain kind of normativity in all studies. Our history, our interests and experiences influence us, and it is important to have an awareness of that, and be as transparent as possible about our



reflections. It will also be important to adopt a reflexive distance to the research topic (Henriksen, 2011).

The concept of reflexivity contains both an interpretation and thinking. The reflections that the researcher may have represent a meta level; interpretations of the researcher's interpretations (Haynes, 2012). Reflexivity is not only on a cognitive level. The researchers' ontological, social and epistemological level affects all the choices they make through the research process, and this is closely related to an emotional level. As a researcher, it will be important for me to work continuously with my own understanding and basis of values, have self-critique, visit various environments, and study literature to extend my frame of references (Charmaz, 2014).

How is it doing research in one's own field? I am a researcher, but also a family therapist. There can be a risk taking things for granted, to lose academic distance, and be more concerned about evaluating practice than providing precise descriptions. However, on the other side, my professional background can give me another understanding of the field, to help me to find little nuances, and also be a possible source of endurance and motivation (Repstad, 2007). From my own point of view, I found it enriching researching in my own field, but I think it is important having a conscious and reflective attitude toward these challenges.

## **5.8 Conclusion**

This chapter has presented the methodological approach, my research procedure, a critique of the method, ethical issues and finally the study's credibility. In the next chapter I will present the findings of the study.

*We have to have in mind not an orthodoxy but a  
wide and compassionate recognition of the  
storms of ideas in which we all are living  
an in which we make our nests –  
find spiritual rest- as best as we can.*

Bateson & Bateson (1987), p. 178-179

## **6 THE RESULTS – PRESENTATION OF THE GT CATEGORIES**

### **6.1 Orientation to chapter**

In this section of the thesis, I present the categories of my grounded theory analysis. I interviewed 27 participants – 12 clients and 15 family therapists. The aim of the study is to explore what spirituality means for family-therapy practice from both the family therapist and the client perspective. The study has the following main research questions:

What does spirituality mean for family therapy practice?

The sub-research questions are:

1. What are family therapists' and clients' understanding of spirituality?
2. What are family therapists' personal and professional experiences of spirituality, and how do they think their experiences affect them as therapists?
3. How do family therapists include spirituality in practice?
4. What are clients' experiences and perceptions about spirituality in family therapy?

The analysis of the interviews resulted in five main categories with several sub-categories. The three first categories are from the therapist data, the remaining two from the client data. Based on my research questions and my analysis, these five GT categories appear below.

- 1. Family therapists' personal and professional understanding and experiences of spirituality**
  - a. Experiencing spirituality as ambiguous and difficult to grasp
    - I. Seeing spirituality as relational
    - II. Looking for clients' personal constructions of spirituality

- b. Feeling spirituality is unacceptable in the family-therapy culture
    - I. Being excluded in family-therapy education
- 2. How personal and professional experiences of spirituality influence therapists**
  - a. Recognizing personal hindrances
    - I. Lacking language to meet the spirituality of clients
  - b. The silence in the public space creating an uncertainty about the importance of spirituality
  - c. Seeing spirituality as a part of life
    - I. Reflecting on one's own spiritual journey creates openness and sensitivity
    - II. Being touched by spiritual conversations with clients
- 3. The inclusion of spirituality in practice**
  - a. Acknowledging clients' spirituality and religiosity
    - I. Including God as a contributor and as a relationship
    - II. Seeing spirituality as a resource
      - 1. Working with supernatural experiences
      - 2. Being open to including elements of spiritual practice
  - b. Seeing spirituality intertwined with other perspectives
    - I. Working with cultural perspectives
    - II. Exploring clients' values and intentions
  - c. Introducing spirituality on their own or through client narratives
    - I. Using the language of clients
- 4. Clients' understanding of spirituality**
  - a. Seeing spirituality as universal and part of human life
  - b. Expressing spirituality in different ways
    - I. Leaning on God
    - II. Including supernatural experiences
- 5. Clients' perceptions and experience of spirituality in family therapy**
  - a. Making room for spirituality is mostly desired
    - I. Wanting the therapist to include spirituality
      - 1. Wanting a self-reflecting and competent therapist
      - 2. Wanting a transparent therapist and also a replaceable therapist
      - 3. Wanting the therapist to sense the vulnerability of spirituality
    - II. Wanting therapists to tune in to the language of clients

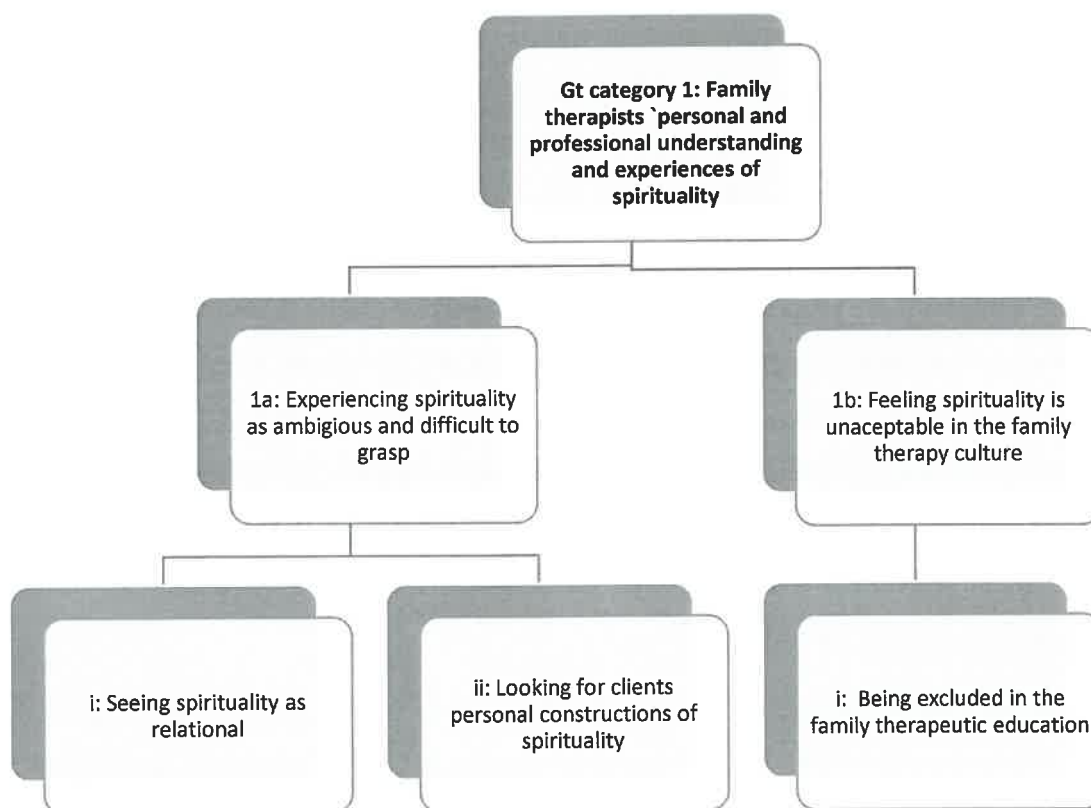
- III. Keeping silent or ending the therapy if spirituality is excluded
  - b. Seeing spirituality as a resource
  - c. Feeling spirituality does not fit in therapy
    - I. Experiencing religiosity as a disturbing element

These categories are presented with different supportive quotes from the informants and also with some summaries from the researcher, myself. All quotes use pseudonyms and the interview number is added in brackets. The sentences were numbered during the translation of the interview and are attached to the thesis. All quotes are translated by me. I have chosen to use a narrative style, where the text is intertwined with the quotes along the way. Some of the informants' reflections will be repeated in the different sub-categories because the statements can be important in several categories.

Three therapists were part of the group interviews, but are represented as one entity, termed the "therapy group" (TG). I have tried to give space to all the informants, although not all informants are presented in each category since the informants had a different focus, and the changing of the research questions during the course of the study. I have endeavoured to be as conscientious as possible in my choices, based on my research questions.

## **6.2 Category 1 – Family therapists' personal and professional understanding and experiences of spirituality**

When researching spirituality in family-therapy practice, it has been important to me to explore what spirituality means for both therapists and clients. What are we actually talking about? I will first start with the therapists. The word "spirituality" does not feature commonly in Norwegian contexts, and particularly not in family-therapy culture, so it is important as a starting point to explore what the concept means for family therapists. Since this is a study on the meaning of spirituality in family-therapy practice, the concept is also linked to the therapists' professional understanding of spirituality in the framework of family therapy. Category 1 follows below.



**Figure 2:** GT category 1: Family therapists’ personal and professional understanding and experiences of spirituality

### 6.2.1 Category 1a: Experiencing spirituality as ambiguous and difficult to grasp

A multifaceted word, in Norway, the English word “spirituality” is often translated to “åndelighet” or “spiritualitet”. The latter, “spiritualitet”, is not commonly in use in Norway; rather, as some of the informants point out, this word is often connected to the concept of “new age” or “the alternative movement”. Most therapists find the word “spiritualitet” difficult and unnatural to use. Ada, who works with a lot of immigrants, says clients use the word spirituality (spiritualitet) “*not so often, not at all*” (Ada, T12-1, 100). Nina was the only therapist who expressed herself as “spirituell” (spiritual). This distinction is important to keep in mind. The word “åndelighet” (spirituality) seems more grounded in Norwegian culture<sup>22</sup>, and for several of the informants, a well-known word. In this study, the therapists used a lot of

<sup>22</sup> In this thesis, I use the word spirituality as a common word. If it is important to emphasize distinction, further details will be provided.

words to explain spirituality, such as faith, values, religious/religion, life-philosophy, reflections about life, the soul, “childhood faith”<sup>23</sup>, existential themes, worldview, relationship with God/Allah, life-meaning and ethics. Some words seem more natural to use than others. The words can be part of a non-materialistic sphere, but at the same time, a part of everyday life.

Siri sees different reflections in spirituality and religion.

*Spiritually, I think it may be that you are open to the fact that there are things that you do not fully understand, or have answers to, maybe do not need to have it either, or, yes, ah, yes, [pause], and religion perhaps more something that you have, where you also have some kind of belonging, then, to others, maybe. (T4-1, 126-129)*

Siri thinks spirituality is a wider and more open concept and says not everyone defines themselves as religious. She thinks values and beliefs can be good words to use in therapy.

Nils does not want to differ between secular and religious spirituality.

*It is about the meaning of life and interpretation, where to wonder and question is “a journey” and not an answer. There is something greater and something outside, whether it is about values or God. (T2-2, 8-10)*

Tor is an atheist and a materialist, who has no experience of using the word spirituality, neither privately nor professionally. Even words like “values” and “meaning” are difficult to explain for him. He thinks they are academic words, and for him, it is better to ask clients what is important in life, what principles they have in life, what they believe in. He says, “*I have struggled a lot with the word meaning, but I like the word’s existential themes*” (T6-1, 418-419). He says that our traditions and background decide what we fill a word with. He thinks it is important to unpack words and find out what they mean for each human. Ada, a rationalist and humanist, also says she is not spiritual. She believes spirituality means believing in something greater than oneself, believing in a higher power. There is an element of power and control which she cannot relate to.

For Edwin, it is not natural to use the word spirituality in his personal life, nor with clients – other words fit better. He uses words like “values”, “purpose of life”, “meaning” and “life philosophy”. In his work, he says that people can rediscover dignity, hope, love and meaning, and through this, it can give them a spiritual experience, even if you do not use the word

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<sup>23</sup> This is a concept which is well-known in Norway, and also Sweden. People can, for example, say that they have a “childhood faith” without being Christian. This can mean that people believe in God in a way, but it doesn’t mean anything in their regular life. When people face crises, often this dimension activates.

spirituality. He says, *“Although I no longer profess to a particular religion, I often experience an almost divine presence in what you can call healing moments”* (T1-2, 27-28). He found it amazing what lives in humans and says the core of his involvement is about justice, solidarity and human dignity.

### ***Spirituality: difficult to grasp***

As described above, for the therapists, spirituality can be difficult to grasp and put into words. It can be diffuse and unclear, not natural to use. It can be everything and nothing. Terje says the concept needs to be narrowed. For example, talking about “questions of life”, existential questions, it is easier to understand and relate to. He also thinks that the word “religion” is easier to understand and is deeper: *“Then you come further down a tunnel in a way... it makes some other contexts... I think of other things”* (T7-1, 109-113). He also says that the existential part of humans does not need to be related to religion. He is not so concerned about distinguishing between the religious and the secular, believing there are many common touch points.

Magnus says spirituality can be an indefinable and distant concept, not grounded in reality. I asked him if they use the word spirituality. *“We do not. No. No, to me it's a completely foolish term”* (T8-1, 463). Magnus says he likes the word faith but does not like the word religion: *“That's a terrible word”* (T8-1, 471). He likes the word “Christian”, but thinks all words can be charged. He can use the Norwegian word of spirituality, “åndelig”, and says for him, it is practical oriented, connected to his everyday life. His spiritual part of life affects his other perspectives in life.

#### ***6.2.1.1 Sub-category 1a-i: Seeing spirituality as relational***

Nils says humans are spirit, body and soul. Even if the soul is not a physical thing, the spiritual part of humans connects people's life and relational story to each other and sometimes to God. *“The spiritual ties us together... and says something about belonging... There is a bond between people... we can talk about attachment”* (T2-1, 127-131). He also says that, in our post-modern times, these perspectives are challenged. He thinks many people are lonely; their project of life is not a part of the “big story”.

Nils also says that to be spiritual is to look into your “relational I” and *“find some new rooms inside yourselves, and look at yourselves in a new way”* (T2-1, 352-353). What really touches

us deeply? As humans, we are all connected and have a responsibility for each other, such as in tough crises. He says that when couples are struggling in their relationships, it can be important to find their “soul connection”, the foundation that can help them work together. As a therapist, Nils says it can be easier to look for communicating styles or different patterns in life than asking about the couples’ spirituality. Maybe clients have a common spiritual ground which is important to catch?

Nina also talks about the soul and says the soul can be *one* word to express spirituality. For her, the soul is part of a relational being.

*I think the soul, if that what I should call it, is just as important as the body or the cognitive; it is all connected, and my experiences in our Western society are that we still separate these things. The soul can we put aside, and we only talk about the rational, the cognitive..., we put aside the soul. In other cultures, it is more integrated, a bit more natural, and I think it may be difficult for someone with psychological challenges if the soul is not a part of the treatment. (T3-1, 90-97)*

### ***Relationship with God***

Tomas says that God is a relationship to many people, including himself. For his own part, he has had a long spiritual journey. He was raised in a Christian home but he had a long period in life where religiosity was not part of his identity. In recent years, though, he has become much more aware of how important God and faith really is for his life.

*To be a believer, to maybe be a non-believer, to be doubtful, to acknowledge in my own life that it is a question that always is going to be there, and never will be resolved. It has a deeper sound that I was aware of, and it makes me more sensitive (with clients) than before... If you had presented the dogmas, I would have denied most of them, but when you come to this little strange, an urge for a God... I feel a belonging... There is a religiosity which is a part of my life. I just have to accept and reconcile myself with it. It has been a journey of reconciliation which has taken time. (T9-1, 1330-1370)*

Nina has a different story. A spiritual person, she believes in God and calls herself a seeker. God is in everything; she thinks people have a need for God. This divine dimension is important for humans, but she is not sure actually what it is. She has a Christian “childhood faith”, and uses the church related to rituals in life. More important to her is yoga and meditation, and she also uses nature as a place for meditation.

*Perhaps especially when I’m in nature, I feel I am coming close, so to speak, I’m close to some force that is much bigger than me. I can feel it, right, it is there. I think God is in everything, it is the energy of God in everything. It sounds a bit Buddhist again, but*



*I do not actually think there is any contradiction between the Christian and the Buddhist; you feel in a way that power exists in everything. In nature, I do not get other disruptions, I am closer and then I can pray. (T3-1, 461-466)*

She normally travels to southern Europe every year and often visits some of the great cathedrals in the area. In these cathedrals, she often prays to God.

*I can get a very strong spiritual feeling, very strong, in these churches. Some of them are incredible, you can be completely knocked out. I think I am very sensitive to this force, this power of God in a way. I have no permanent rituals of praying; it is more sporadic. It is more when the sense of God's presence is there, then I pray. (T3-1, 471-475)*

### ***Spirituality in relation to bodily experiences***

As we can see in Nina's story, her experience of the presence of God is closely connected to bodily experiences and feelings. Spirituality, which can be difficult to put in words, can sometimes more easily be expressed through bodily experiences and action, both secular and religious.

Several of the therapists pray regularly, read the Bible and sometimes join different churches. Magnus says, "*I start every day by reading the Bible and praying for my colleagues and everything that's happening here*" (T8-1, 508-509). He says that your values, thoughts, behaviour and how you act are all about faith. Deeply existential themes are reflected in everyday practice.

Nina says that in Norway today, we can see an increasing interest in eastern philosophy and eastern spiritual practice. Yoga and mindfulness are becoming very popular today.

Traditionally, these activities connect the soul and the body together, she says.

*More and more people go this way, and I think it is a sign that we are searching for something more, not only to be intellectually stimulated, so to say, we need something more... but it is difficult to talk about it. It is a little bit strange. Actually, it is a paradox; people are searching more, but it is more difficult to talk about it. (T3-1, 430-435)*

### ***Spirituality and culture: a relational aspect***

Spirituality is often connected to culture. People have systems of faith and spiritual values connected to their culture and traditions. Culture can have an oppressive and limiting effect on humans, but it can also be a help and strength. Tom, Nora and Lea, who make up the TG, say it is very important to be culturally sensitive.

*Culture also has thoughts about the meaning of life. Spirituality is about explaining what is happening around us and giving it a meaning. Then spirituality also becomes important to us. We know there are different belief systems. (TG1-1, 56-59)*

The TG sees culture as ideas, values, rules and norms transmitted from one generation to another. You learn what is important, how to live, to find meaning in life. In this, folklore and traditional religions are mixed together in different local ways. This mix is an unwritten rule; many people are influenced by this thinking. The TG therapists say it is important to have a conciseness about these perspectives and to know that clients' spiritual lives are affected by different cultures.

The TG therapists normally do *not* use the word spirituality initially; they talk about themes during client stories. They always use a genogram, with three generations, and stories about spirituality automatically appear. *"So you think, and so you live. These two things are automatically connected"* (TG13-1, 837-838).

Edwin has another aspect of culture. He believes culture may be a negative factor of power and is concerned about helping people to become free. *"When I look around, I see there are so many elements in our culture that have an oppressive and limiting effect on humans"* (T1-1, 981-983). He wants people to believe in themselves and their own wisdom of life. He does not want clients to be obedient and disciplined and submit themselves to authority. Edwin says all problems in the life of clients are affected by the culture they are part of. If clients are part of a religious culture, he explores how that culture can be helpful for them. He wants them to be curious about their own lives. New stories can break destructive patterns.

#### ***6.2.1.2 Sub-category 1a-ii: Looking for clients' personal constructions of spirituality***

For most of the therapists, spirituality includes both a secular and a religious understanding of reality. It is part of being human. The therapists have had different spiritual journeys and have different worldviews, and even if some of them do not have a connection to the word spirituality, they are still concerned about ethics, values and meaning in life. They also know religion can be an important aspect of human life.

Edwin says that spirituality is an aspect of living and is closely connected to existential questions. People navigate their lives on the basis of what they believe in. Everyone knows what is good or what is bad in life, he says. People are different; some adhere to a specific faith, others are more alternative in their thinking and have an open mind to many different

things. He has never met anyone who has an indifferent relationship with this theme. He believes that people are intentional, that there are always values and a sense of meaning behind our actions; values may be absent, but nevertheless implicit.

*I think if people, if we all see that there is a relationship between the things we do and values that are deeply ingrained in us... then I think we live much better lives. I often think that the cases where we are in pain are because there is disharmony between our practices, the actions we perform and the essential values that we have with us. (T1-2, 613-617)*

Tomas has similar assumptions. He says that talking about values is extremely important, and he also tries to understand which values people build their lives on. However, he is not sure that people are able to live in relation to their values: “Values can often be a dream or a hope for something that should have been there” (T9-1, 593). He believes questions about values are under-communicated.

*What do you hope? What are your dreams? What kinds of values have you with you? What do you think is good for you and your children? What kind of guidelines have you from your childhood? What do you bring from home that you think is a strength and might be a ballast in life? (T9-1, 598-602)*

Tomas believes those kinds of questions bring clients closer to their spirituality, closer to a divine reality.

Kari also talks to clients about their values, but it has been difficult for her to link clients’ values to their faith. She asks herself why she struggles to do that. She says that, although faith is a natural thing for some clients, it is often left out in the therapy sessions. She feels she may have lost something.

*So what I really want is to explore, to be a bit curious and link faith in relation to core values. For when we talk about core values and what’s important for man... faith is pushed away, it is reflected but still separated. (T10-1, 93-97)*

She feels they are talking about spirituality in a secular way.

Values also seem to be linked to the concept of meaning and people’s meaning of life. Ada says everyone is searching for meaning, that it forms the basis of life. You can feel safe in your values. Ada believes values and meaning are in all therapeutic work, but perhaps on different levels.

*Usually, when couples come to therapy, it is escalated between them, but if we end up with good therapeutic works, we definitely come to the point where we talk about their*

*values, meaning in life, their relationship, love, attention, care, all these things, yes.*  
(T12-1, 387-391)

Nils also thinks the question of meaning is for everyone: *“Questions and wondering of the significant and the interpretation of life become ‘a journey, not an answer’”* (T2-2, 8-9).

Tor is struggling with the *word* spirituality. He says he does not believe in a divine or a supernatural reality, so for him, spirituality is connected to emotional reactions, everyday events and social life. Words like “meaning”, “wholeness”, “faith” and “spirituality” must be linked to people’s everyday lives. He is concerned about clients’ values, what is important to them, but has little experience of relating to a spiritual or a religious language.

### ***A subjective spirituality***

Most of the therapists were educated in a social constructionist view of reality, and it seems for some of the therapists that this has formed their perspectives on spirituality. One example is Edwin, who was raised in a more conservative Christian home but says his meeting with theories of social construction has changed him. He sees many elements of our culture that have an oppressive and restrictive effect on humans. He wants people to be free and call himself a “freedom supporter”. He feels a strong connection to many stories from the Bible, especially the parables of Jesus about freedom and justice.

*I have no trouble finding a lot of parables and things in the Christian faith that I have grown up with, which I have a strong connection to, which really is about freedom and liberation, rather than coercion and authoritarian religious indoctrination and limitations and, ah, yes, criticism and so on. So I have, in a way, rather than thinking that I have put the Christian faith on the boat, I think it is much more exciting to think about which way I have been shaped by it and what kind of relationship I want to have, ah, to the experiences I have, the story I have, in relation to my own Christian upbringing and to my own parents.* (T1-1, 1148-1156)

However, he finds it exhausting to constantly take a position for or against. For Edwin, everything is constructions.

Even if people are part of a specific church, Edwin thinks it is important to understand that everyone has their own subjective understanding and preferences. Talking about God, he says that there are so many explanations and understandings, and it is important to realize what kind of God people are talking about. It is more relevant to find out what God means for

people and what kind of effect God has in the specific client's life, or to discuss what God really is. It can be difficult to put into words.

Frøde also thinks all talk about construction<sup>24</sup> in education has affected him: *"For me, it was a great idea that we have a great responsibility"* (T5-1, 912). He agrees that we all have a responsibility for our thoughts and must take a standpoint in life: What should we aim for? What will we believe in? What values do we have? These ideas make it easier to connect faith and therapy.

From the beginning of his family-therapy education, Magnus struggled with social construction. He has a strong Christian faith and heard that no truth exists. Everything can equally exist. But reading Gergen and Foucault made him calm. He was concerned with narrative thinking and remembered a story from his youth where he and one of his siblings had their own truth in relation to a special event. This showed him meaning, that we can choose our stories – the way we tell our personal truth. Magnus says this is connected to his faith; we have choices, it is about what we chose to read, what we do for ourselves, what we do for others, how we meet people. He says it is about *"existential, deeply important topics that appear in practical everyday life. Everything is connected"* (T8-1, 178-179). He also believes that while maybe there is a truth, we struggle to describe it. This is the issue with social construction: we see something but describe it differently.

Tomas says it is important to make spirituality general; it is a part of *every* human being. Life is spiritual in itself. Nils supports that and says that *"in my reality, all people are spiritual. It is a part of the human being, people are spiritual, and it is something bigger"* (T2-1, 67-68). He also thinks that people can lose their spirituality and that not everyone has contact with that part of life. But to meet clients without any perspective on spirituality, he believes, promotes a reductionist view of humans.

### ***Religion vs. spirituality***

When talking about spirituality, the therapists often relate spirituality to faith and different kinds of religion. Siri says that spirituality is a broader and more open concept than religion. To be religious is to find answers and to belong to a community. She says that not everyone is religious but can still have faith. Everyone believes in something.

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<sup>24</sup> In his family therapy education, social construction was presented as a basic scientific understanding.

Edwin says that religion can, as all things, be positive or negative. It can be a source of life, a help in crises, but it can also have an oppressive effect through different cultures and manmade dogmas.

Nina thinks all religions are really a matter of the same but with different traditions. *“It is a need for a God, a spiritual approach, and a need for a power of God”* (T3-1, 495-496). She thinks every human is spiritual but says many do not reflect on it. She believes humans have a need to express their spirituality, and they do, even if they call it something else.

Tor, an atheist, thinks to be religious creates certain feelings and he points to some experiences: *“If you, for example, believe in God, it will create certain feelings inside you, which I don’t have; but I guess I have similar feelings when I see a sunset or a starry sky. I can think how I am a small part of something bigger”* (T6-1, 275-278). For Tor, this is related to his materialistic worldview and his great faith in the evolution theory. *“I know very well that I am a believer; I believe in evolution”* (T6-1, 164-165). He thinks that humans, as art, are equipped to believe.

### **6.2.2 Category 1b: Feeling spirituality is unacceptable in the family-therapy culture**

Almost every therapist I interviewed expressed that spirituality is an under-communicated theme, having no obvious place in Western therapeutic culture. Looking from the outside, it apparently is not an element in serious therapeutic work. Most of the therapists do not talk with their colleagues about spirituality, and several are unsure about other therapists’ thoughts on the theme. They also say spirituality is not a theme in supervision and seldom in professional meetings with colleagues. Nils says it is a topic for “the enthusiasts”: *“Therapists can say, why talk about it? It feels sometimes quite narrow when talking about spirituality in family-therapy circles”* (T2-1, 712-713). Therapists say there are hardly any professional articles on spirituality, nor a theme at conferences. It seems to be a politically incorrect theme. Some therapists feel that family-therapeutic methods make it difficult to bring in spiritual perspectives. When clients come with their problems, a larger interpretative frame of life is seldom part of the session. To talk about values or what is important to clients forms the important basis for most of the therapists; for many, spirituality is not explored in a deeper way related to clients’ spiritual life and spiritual needs. Tor says, *“I see this is an area that one should perhaps explore more, ask people more and see what you get”* (T6-1, 862-863).

Tomas believes that spirituality is a non-topic; you simply do not talk about it. For him, it goes back to the 1960s when he was a young and newly graduated. Both psychologists and social workers were radicalized, and there was a revolt against authority. Tomas says religion and Christianity were regarded as a form of oppression, and thinks in many ways there were different forms of oppressions. He says it was necessary to revolt, even though it was more a rebellion against religious practice and dogmas than faith. He feels that today, the pendulum has swung back in society. One may be concerned with spirituality, even though you do not engage in church politically. Tor also thinks the old split between the religious and the material part of humans is one reason why spirituality has been an under-communicated topic. He says psychotherapy research encourages the taking into account of the spiritual part of the being, although spirituality and religiosity are not included in social science.

Edwin thinks spirituality is still politically incorrect among leading family therapists. It is not a theme whose parameters one should stay within, that it is not spoken about in respected secular professional communities around, and he thinks spirituality is not part of social science.

Nina believes that secular society affects humans. The discourses of society manifest themselves in people's lives. Religion and the soul are not part of the conversation. She says people are afraid of it meaning something, being categorized or afraid of offending someone. Nina thinks that people of today have to be open to everything and be religiously neutral, the current state being that you do not dare to acknowledge your own feelings.

Terje, who works in a public family-therapy office, was very sceptical to the theme of spirituality when I contacted him. With further discussion, he thought I was interested in *Spiritism*<sup>25</sup> and family therapy. "*I wondered what this actually was about*" (T7-1, 19). He says the word "spirituality" is not used in a family-therapy context and is not crucial in their work. He might ask about clients' values but says he has no experience working with spirituality. Terje has worked at this office for six years and cannot remember any client who has introduced this topic in any session, nor has it been a focus at professional meetings or in supervision. He can remember once when religiosity was mentioned in a case when a client's faith was linked to psychiatry and the client was part of a religious sect, but it was more information than a perspective in working for change.

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<sup>25</sup> Believing you can get in touch with the spirits of the dead.

Magnus says that mental health care and psychiatry have a reductionist view of humans and are negative to spirituality. He has worked in child and adolescent psychiatry for many years, and the attitude makes him uncertain and careful. He says; *“Well, we have a system... at least in the world I am in, mental health care, which is controlled... In a way, it is top ruled by psychiatry, which is quite negative”* (T8-1, 1673-1675). Magnus says he needs clear signals from clients if they are going to talk about the topic. Initially, clients answer a questionnaire in which questions about faith, religion and worldview are included. He is still unsure how to include the theme in the session, and he believes the clients do not expect to talk about spirituality in a psychiatric context.

Siri, who also works in a child and adolescent-psychiatry context, says it has never occurred to her to talk about spirituality with clients. She says she works together with two Christian family therapists, but neither asks about the spirituality of clients in sessions. She says they can talk about spirituality and religion at private parties, with a lot of alcohol imbibed, but never in professional settings. *“Nor it [spirituality] has been an issue when we are drunk. It is actually a bit interesting”* (T4-1, 574, 587). However, she thinks systemic thinking opens up a holistic way thinking; clients are affected by many systems. She thinks the spiritual part is implicit, though still not themed.

Kari has some similar experiences. She has worked together with a Christian therapist for a couple of years. Kari is not a Christian but discusses faith and values with her colleague when they are in private. In therapy, they never talk about spirituality. Kari says her Christian colleague has never invited clients to talk about their spiritual life but she knows a lot about her colleague's spiritual life.

*She listens to the morning prayer on the radio every morning, reads the Bible and other Christian texts and so on, but still, when we work together, this is never a theme. It is just between us privately. It is strange.* (T10-1, 864-866)

Ada had her family-therapeutic education outside Norway, and spirituality was included in one of her courses. Her therapy education was among others based on a bio-psycho-social approach. I asked her where spirituality is placed in this model; this was difficult for her to answer. *“Maybe psycho, or maybe social. Good question. Where would I put it? [Pause] Maybe social, that was hard...”* (T12-1, 580-581). However, she thinks spirituality is included in the other perspectives. Tuva has now worked in Norway for some years but has never talked with her colleagues about spirituality.



In some parts of Norway, there is a stronger connection between folklore and different religions, and the therapists from the TG are very concerned about including spirituality in therapy. However, they face a lot of resistance from other family therapists.

*Usually, when we come with such interpretations, we are seen as a little exotic, sometimes perhaps that we are not completely healthy. Some think this is nonsense and, especially, many regard it as not professional. (TG1-1, 125-128)*

The therapists have experienced being rejected by other family therapists in a disrespectful, somewhat arrogant and uncurious way.

### ***Christianity: More excluded in therapy than other religions***

Some of the therapists provided some reflections on the treatment of Christianity in therapeutic culture. One, Frode, talks about how he has experienced several Christian believers investigating his relationship with faith before coming to him for therapy, as they were afraid of not being taken seriously in the public health system. Their faith is important and sometimes a precondition for recovery, he believes. *“The question is whether it is professional to write off this mind-set as ‘magical thinking’, irrelevant to treatment”* (T5-2, 61-62). For him, faith and subjects are not opposites. His impression of society today is that anything resembling Christianity is rejected, while Buddhism is embraced and forms part of acceptable psychology. *“I think to ignore certain forms of faith is not professional. It shows a lack of interest and respect for the individual universe; a universe of pain but also opportunities”* (T5-2, 31-32).

Magnus has had some similar experiences. He says some of the clients say initially that they want a Christian therapist. This does not mean that the theme has to take much space, he believes, but they want the confidence to express themselves the way they want to and meet a therapist who they believe has an understanding of their faith. He also thinks a psychological form of Buddhism is more accepted in psychiatry today: *“Talking about spiritual phenomena is okay. Talking about faith, Christian faith, is not okay”* (T8-1, 1556-1557). He says mindfulness, yoga and qigong are becoming popular, and that affect consciousness is linked to Buddhist expressions. He feels a Christian understanding of life is not of interest in the same way, that Christian meditation is about communication with God who gives peace and love, while Buddhist meditation is to clear the mind. It is a different way of thinking, but he

thinks it may have the same effect. He says that since we live in a Christian country, he wonders what this new trend is conveying.

Grete says it is easier to talk with Muslims about their faith than with Christians. For Muslims, it is a language, their whole existence; they are more open. It is much easier for her to be curious and inquisitive.

*Muslims want to show the whole man, and it is in a way accepted. But it is not in the same manner acceptable when you are Christian... You are a Christian THERE and something else HER. (T11-1, 923-924)*

Grete feels much more uncertain about including spirituality with Christian Norwegians. If she encounters resistance from the client or they hesitate, it is easier to discontinue the thread, not to be curious or inquisitive. Then there is nothing, the room is just closed. She thinks she has been too sensitive and has thus dismissed the subject.

#### **6.2.2.1 Sub-category 1b-i: Being excluded in the family therapeutic education**

The therapists in this study have no or very little experience of including spirituality in their education. The exception is for two therapists who have studied abroad, where was included in some way during the education. Tomas is one of these therapists and who, at that time, had left his Christian faith and was critical of established religion. It was a big surprise for him encountering education that talked about grief and included singing a Christian psalm. Tomas says it was a beautiful psalm, “*which also communicates some of the divine in the pain, in the sorrow*” (T9-1, 269). He was surprised that the psalm was included in the programme in a natural way, and for him, it became “a door opener” to his own spiritual life.

When Nina studied family therapy, spirituality was not a part of her education. She considered this to be a lack since the spiritual part of human was left out, feeling her learning was narrow with spirituality reduced to psychology. An exception in her education was an optional course about culture and family therapy. Only a few members of the class attended this course, in which a religious dimension was included as a part of culture; however, she did not learn how to include spirituality in therapeutic work as it was about becoming aware of one’s own cultural baggage and how it can affect therapy.

For Siri, spirituality was also not a theme in her family-therapy education. Because she has no experience and training in how to include spirituality in therapy, she has no thoughts about its usefulness. It makes it difficult to find motivation or direction.

*Then I think, I do not know why I should talk about it because, ah, when people come, we accept an order, we ask what they want to change in life and that is what we are talking about then, so I do not know in what context would anyone have wanted to talk about it. (T4-1, 446-449)*

Frode had a slightly different experience. His study was not explicitly concerned with the spiritual, although, through the theory of constructivism, he learned that it is important to take a stand and challenge clients about their beliefs and thoughts. He thinks professionalism is affected by time and says existing discourses can prevent family therapists and other professions from developing their work. Spirituality seems to be a taboo, even if he thinks the therapists' worldview and faith affect the therapist's work.

Nils and Magnus both missed out on spirituality in their family-therapy education. The "major life stories" were absent and spirituality was definitely a non-topic. For Magnus, this was surprising. He studied at a diaconal Christian university college and had expected that spirituality would be internalized in his courses. He also found it difficult to talk about his Christian faith in the class and with his teachers; he had to choose his words. He *wanted* to say it was God who led him to study, helped him through and also gave him his job, but he did not think it would be wise. *"You become an idiot... I'm in the middle of life, relatively well educated and should have 'the backbone' to choose my own words; but I do not"* (T8-1, 333, 338-339).

For Kari, spirituality is a difficult theme, and she thinks this is because spirituality was not included in her family-therapy education. You should be neutral, she feels, and including spirituality is not professional, not a theme for therapy.

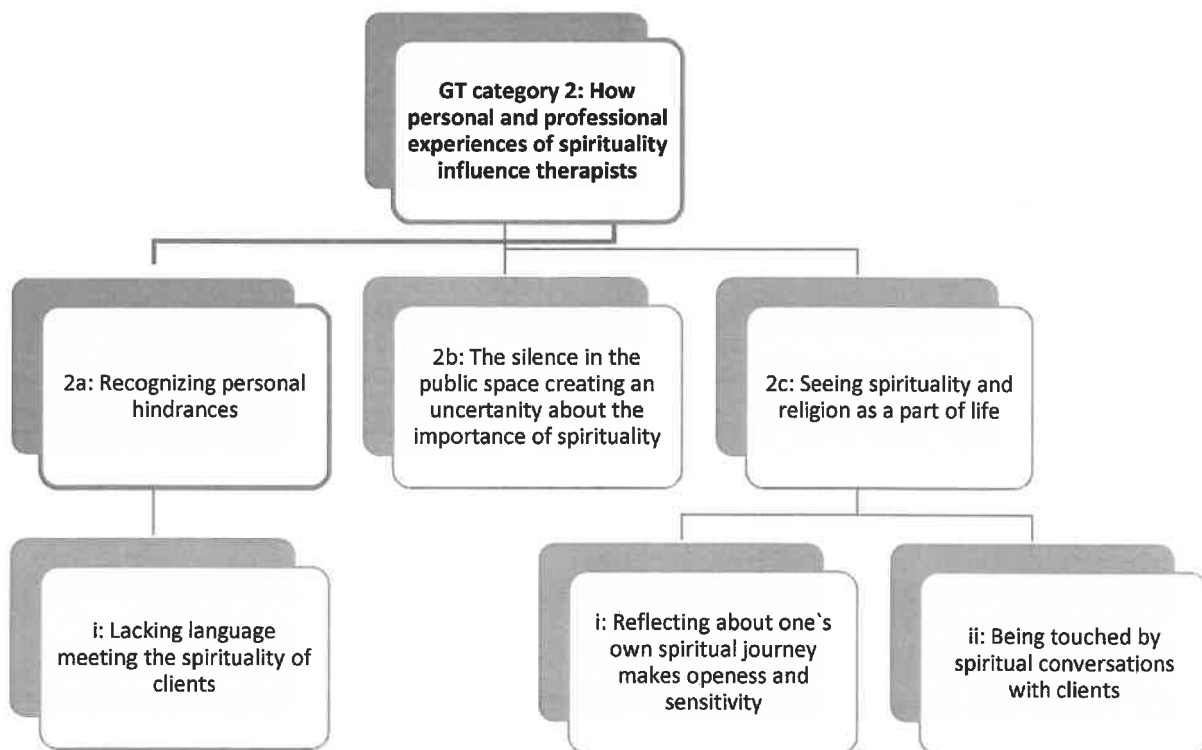
*I think it is strange that spirituality was not reflected in the education. People are so different, from Muslims to Catholics, to Buddhist and other things. It should be important to talk to clients about such things... (T10-1, 624-631, 642)*

Kari wants spirituality included in education. It would help her to reflect about the spirituality of clients. She asks whether we think spirituality is too private for therapy, too sensitive for therapy. What kind of emotions emerge when spirituality is included? She thinks this would be important to reflect on during education.

### 6.3 Category 2 - How personal and professional experiences of spirituality influence therapists

I will now go a step further and describe how personal and professional experiences of spirituality influence therapists. In GT category 1, I concluded how family therapists find the concept ambiguous and difficult to grasp. However, there were still many explanations and confusions about spirituality, and the therapists were concerned about clients' values and finding the clients' own constructions in a relational framework. At the same time, the therapists felt spirituality was not accepted in family-therapy culture and most had no experience with talking about spirituality during their family-therapy education.

GT category 2 is below.



**Figure3:** GT-category 2: How personal and professional experiences of spirituality influence therapists.

### 6.3.1 Category 2a: Recognizing personal hindrances

Working with the analysis, it was informative to see how many obstacles the therapists had to including spirituality in family therapy. The obstacles could be both personal and professional: they have thoughts about the clients that prevented them from talking about it or thoughts about the discourses of society today. In this category, I will discuss the therapists' personal hindrances and, in category 2a-I, their experiences of the lack of language in the face of clients' spirituality, and finally, in category 2b, I will go into the professional and discursive barriers.

Many of the therapists have a lot of personal hindrances to including spirituality in practice. It may be embarrassing, for personal reasons, or it is not relevant to the subject, or they are afraid of getting involved with clients' conflicting religious experiences.

Siri has been both Muslim and Christian, but nowadays her faith has no special significance to her. She does not include spirituality in her practice, and she says she has no interest in doing so. It is difficult for her to explain why she feels this way, and in many ways, it does not feel logical.

*Concerning religion, it is perhaps more that it is a little embarrassing to talk about, it is a bit private perhaps... I'm not sure when it comes to the knowledge... but of course... it is about what you are used to asking about. (T4-1, 651-653)*

She has no experience where clients have talked to her about this subject and therefore no thoughts about benefits. She has no knowledge about discussing spirituality in therapy, no habit of ever talking about it, so she cannot find motivation or direction to take this issue seriously. Siri says she does not know *how* to talk about it or *why* to talk about it. She follows the initiative from the client and asks what they want to change in life. She says, "*If people were concerned about it, they would probably bring it up by themselves*" (T4-1, 462).

However, she admits it is easy to take for granted that clients are talking about what they really *want* to talk about. She says she sometimes asks from where clients get their strength, but clients never mention spiritual perspectives.

Nils is a theologian and a priest and has worked as a family therapist for many years. He feels untrained to talk about spirituality in his practice, that he has no good tools. He compares it with sexuality and says that both faith and worldview are like sex – in that they are private and personal issues and are not often talked about in public. I asked him if chooses to ask about sex and worldview, and he immediately mentioned sex. "*Yes, I have more experience of*

that” (T2-1, 296). He feels uncertain about how to meet people’s worldview and feels unsure about what clients would think if he asked about their spirituality. He is afraid clients feel it might be inappropriate. He also feels a bit scared about clients’ potential challengers in the dialogue: *“It’s a little scary black hole”* (T2-1, 384). How much would he say about his own faith? He *would* like to be more open but he is afraid that his background as a theologian and a priest will influence the therapeutic dialogue negatively when including spirituality.

Tomas considers not talking about spirituality can become a habit and as he feels it is a taboo, is thus easy to hold back on. He also says that, in his part of the country, many clients have traumatic experiences from their younger years about participating in different churches, and, because of his own struggles in the church, he finds it sometimes difficult to get involved with their conflicts. *“I see clearly that I sometimes avoid asking questions”* (T9-1, 765-766).

Afterwards, he might ask himself why he did not get involved, but he feels he does not want his own views to become conflicted.

Tor calls himself a materialist; he does not believe in God or anything supernatural. Religion has an aspect of power and causes discrimination among people, which has made him sceptical. Words like “spirituality”, “values” and “life-meaning” have no connotation to him. He thinks the words should be “unpacked” and understood in an everyday context. He has worked as a family therapist for several decades, but still has little experience talking about clients’ spiritual life. Tor considers therapy *“a liberating unification with new experience and opportunities for action,”* (T6, 1, 3-6) yet he does not include spirituality in sessions. He wonders what would trigger him to ask about the spirituality of clients. He can ask what is important for clients, and basically, he works with what clients want to talk about. *“I cannot see any point asking whether people believe in God. But if they refer to it, I am not sure what to do with it”* (T6-2, 45-47). Tor does not think he has explored it any further. However, he does not think he would have problems talking about clients’ religion or worldview. But not sharing their faith, he would have to talk about it from a different angle.

Kari says her own uncertainty of spirituality makes it more difficult to talk about it in therapy, especially with Christian clients. It feels easier with clients who think and act differently, for example Muslims. Then she feels she is more open and curious. She feels very sensitive with clients who are closer to her own faith. She says it is easy to take the slightest signal and conclude that they do not want to talk about it. However, she really thinks it may be about herself: *“Maybe you can fumble around it a bit... in other words, how do you talk about it?”* (T11-1, 914-915).

Another one who was concerned about the clients was Ada. She was born in a Muslim country but did not want to be associated with the Muslim faith. It makes her more careful, holding spiritual perspectives back: *"It is definitely an obstacle; it can be a bit difficult"* (T12-1, 444-445). She is afraid of distracting clients or letting them think that she is concerned with these questions.

#### **6.3.1.1 Sub-category 2a-i: Lacking language meeting the spirituality of clients**

Several of the therapists lack language in the conversation about spirituality. The silence in the public domain and in family-therapy education, as well as their general disinterest or limited experience, causes a difficulty in incorporating spirituality in an appropriate manner. For many therapists, it is a non-issue, or it is rarely incorporated.

Both Tor and Grete say they have no language for talking about spirituality. For Tor, talking about religion and God can be a challenge. As an atheist, he has no personal relationship with this issues and says that *"with my starting point, I do not even think about asking the question"* (T6-1, 589-590). He wonders if the spirituality of clients could give them some strengths and opportunities that he has overlooked. He believes clients may have experienced not being considered as spiritual beings in his practice and says it may be better for clients having a therapist with similar faith or worldview.

Grete, who has a "child faith" but is not a practicing Christian, says spirituality feels too private and sensitive and she does not know how to handle the issue. It also creates some emotions in own life. She does not really know why she feels uncomfortable but is afraid that the conversations on it might be unnatural, difficult or strange. She does not think this is about the client, rather about her: *"I have been too sensitive... and how to talk about it?"* (T11-1, 910, 916).

Tomas thinks his habit can be a barrier to not talking about spirituality: *"Maybe it is a habit... one is accustomed to one way to act and think"* (T8-1, 631). He says religion has been a taboo in the field and the questions about values are under-communicated. It is easy to be concerned about the story and the plot but forget the underlying basic values. What are clients' hopes and dreams for their lives and relationships, and what are clients' strengths and foundations in life?

Terje has had, during his years as a therapist, no experiences of talking about existential or religious issues with clients. He says it does not fit in relation to his office's methodological

approaches and thinks it is outside the mandate of his workplace. When couples want to divorce, he says:

*That is in a way our mandate... to get these two people who have made children together and who are in charge of their children...to create some practical frameworks... try to help it develop a best-possible collaboration climate so that they can raise their children in the best possible way... We are very practical. (T7-1, 811-818)*

Terje says they never explore clients' worldviews. A relevant distinction is that the therapists in the Family Counselling Office used to ask couples about their sex lives. I asked him why sex is important but not worldview or religion. He has no good answer to that. He thinks spiritual issues in one way are a taboo; they say they are more concerned about practical solutions for getting parents to cooperate with each other. They do not want to promote a certain view of humans.

Magnus feels insecure about what kind of language he can use in his therapeutic practice. In a Christian context, he can use words that fit in, that seem normal to him, but in a professional context, they are often left out. He feels unsure whether he is allowed to ask about clients' spiritual side and so does talk about it in his practice.

### **6.3 2 Category 2b: The silence in the public space creates an uncertainty about the importance of spirituality**

Whether the therapists include spirituality in their practice or not, many have the feeling that spirituality does not fit into family-therapy practice, that it is not part of acknowledged professional work. Terje, for example, says that including spirituality and existential themes is beyond the mandate of his office. They are, in the Family Counselling Office, service providers. *We are based on short interventions... not long-term treatment... and then it is limited how much one goes into lesser or greater life themes*" (T7-1, 183-184, 186-187).

Compared with relationship problems, the Family Counselling Office not only works systemically but also provides psychoeducation and cognitive therapy. Terje says the office does not want to appear moral; rather, to help couples working together with their children in everyday life., also if divorce is the fact. He thinks it is a risk to be normative when talking about spirituality. The therapists delve straight into clients' issues. If spirituality is included, it must be a part of a client's story, which has never happened during Terje's six years as a therapist. To include God in therapy is out of the question.



*I: If we are thinking systemically, if one has a relationship with God, can God be part of the therapy? If you have an empty chair, can God "sit there"? What would God say?*

*T: Yes, but I do not think we could take him in here... I think this is a job for the priest or a psychologist or something like that. (T7-1, 887-894)*

Terje says that spirituality has never been a topic at academic meetings or in supervision. He added that one of his colleagues asked him yesterday if they should work to keep marriages together; thinks there is not a good answer to that nowadays. Previously, it was a matter of course, that people should live in harmony with the ten commandments of God. However, he thinks we still have the Christian value foundation in our society and believes many clients would benefit staying together. Yet, this is not something he wants to promote in therapy.

Magnus has worked in child and adolescent psychiatry for many years and has struggled to find a place for clients' spirituality and religion. He feels that both mental health and psychiatry are negative towards religion. *"I am in the world of psychiatry... where there are many negative experiences of... of faith"* (T8-1, 643-644). Magnus thinks they have a reductionist view of humanity and build their theories on atheistic philosophers. His experiences in psychiatry have made him careful and uncertain about how to handle this topic in therapy, and he needs clear signals from clients if spirituality is to be included in therapy. It makes him feel limited and he has to choose his words. He also misses some guidelines on this topic from his employer. They have guidelines on many other themes, but spirituality is left out. Before starting therapy, clients must fill out a questionnaire which also includes questions about their faith and worldview. If the client ticks that these perspectives are *not* important, Magnus never brings them up. Clients have also told him that they do not expect to talk about spirituality in a psychiatric context. *"Well, everyone is uncertain about what is ok and what is not ok to talk about... at least... that is what people have said"* (T8-1, 680-682, 686). If the client ticks this question on the questionnaire, he sometimes asks what it means for them; yet, spirituality is rarely a theme.

### ***Reflections of colleagues***

Both Siri and Kari say they have worked in teams with Christian colleagues for many years, but they are not used to talking about spirituality, neither in the therapy nor in their academic conversations. *"There is no room for this theme, even if it is important"* (T10-1, 585-587),

and further, *"It is just lost... in the therapeutic meeting"* (T10-1, 724, 726). Siri says she just follows the practice in her workplace. If the spirituality of a client was normally part of the therapeutic session, she probably would talk about it, but her workplace has no convention of doing that, and she says it is not in her mind during sessions. *"No one talks about it, and then it does not exist"* (T4-1, 422-423). She also believes Christian clients think faith is too private for therapy.

The TG therapists describe how it is difficult to cooperate with other therapists who look at spirituality as something not professional. Initially, they use to throw out some keywords, and if the therapists give a positive response, they would continue to talk. If not, they would close the door on it.

*I cannot present something to a person who does not know what I am presenting. I also think clients think in that way too. In the same way as a therapist, I do not want to present something to a colleague that I immediately see will not understand it. I would stop presenting at once.* (TG1-1, 210-214)

They often feel the spiritual part of humans is left out. Therapist colleagues do not normally ask either them or clients about spiritual topics.

Talking about colleagues, several therapists mention the importance of who they work with. Tomas feels he has a lot in common, in terms of spirituality with his co-therapists, and so it easier to talk about the concept in therapy sessions. Working with different therapists, though, it can be much more difficult.

Grete thinks that what actually happens in the therapy room or what therapists are talking about when they come together can be different. She says, *"It is quite normal for me, not talking about the topic [with colleagues], it does not mean that the therapists do not talk about it with their clients"* (T11-1, 71-72). Grete has no experience of spirituality being reflected on among colleagues, in supervision or conferences but knows, from her own experiences that spirituality can be a topic in therapy sessions.

### ***Reflections of clients***

Both Kari and Nina think clients are affected by society and by science. For many years, there has been a split between science and religion, and Kari says clients do not expect to talk about spirituality in therapy. Nina says, *"I think this is discourse in society, which becomes*

*applicable in human life, thus, religion and spiritual aspects... in a way. We do not talk much about it, it is not on a current level anymore”* (T3-1, 407-410).

However, for Kari, it is easier to talk to clients about values and meaning than religion and faith. She believes clients have an idea that the world of psychology is sceptical about faith. Nina says our society has become more secularized and it can make the clients both afraid and unsure of how to include spirituality in therapy. She works at an institution that is religious grounded, yet this is not raised in the treatment; nor is religious affiliation queried in admissions interviews. Employees must sympathize with Christian values, but Nina says it is important not to offend people. Usually, spirituality is not a topic in professional meetings with the institution.

Frode is a Christian and has a private practice but feels it is unthinkable to promote outwardly that he is open to spiritual perspectives. He says that there are several who profess to be “Christian therapists” but believe that the quality of the professional work can be mixed. *“When one works privately, that is why I do not talk about it...so you have to choose... And I want it open here, right. I am always me, but for many, it would be difficult if that was on the sign”* (T5-1, 11, 17-19). He thinks clients who need to know will understand he has a Christian faith. Frode wants to be professional, so promoting spiritual perspectives may not be a suitable thing to do. He wants people to relax and be present, and he does not talk about the spirituality of clients if they do not want to. His experience from professional practice is that spirituality is something you do not talk about, and he wonders what therapists really think about it.

However, Nina says that clients can also shut down spiritual dialogue. There can be many reasons, such as there being serious problems that overshadow spiritual themes. Time in therapy can be very short and it can take time to get close. She also thinks parents might be afraid of being criticized for having done a bad job if their children are placed in institutions. Grete says clients can also feel unsure about whether they are allowed to talk about spirituality in family therapy: *“I have also had clients who have said, ‘Can I mention it here?’”* (T11-1, 78-79). She says it is easy to take for granted that clients can talk about everything.

### 6.3.3 Category 2c: Seeing spirituality as a part of life

In spite of the fact that most of the therapists think spirituality is an under-communicated and non-professional theme in family-therapy culture, several therapists still include spirituality in their practice. Without curricula, professional guidelines and training, they find their own way through curiosity and creativity within established methods. Mostly, though, they do not talk to other therapists about it.

Edwin says he regards his therapeutic work as a philosophical activity. He believes all problems in clients' lives are connected to existential themes.

*I think people will notice very soon in conversation with me that the conversations are exploring what they think of life and what they want with their lives. It's unthinkable that those conversations do not appear; it's hard to imagine that you can have a problem in life that is not linked to the topics in a way. (T1-1, 115-119)*

He says that clients have hopes and dreams in their lives and long for meaning. Existential themes are linked to their values, which are formed partly from religious and spiritual experiences. He says clients' lives can be quite different from what they really want and they can form negative identities as a result. For Edwin, therapy is closely connected to human dignity, justice and solidarity and so it is impossible not to explore existential or spiritual themes.

Nina says she wants to take a holistic perspective to include the body and soul.

*For me, I think it is about seeing the person here, it is about taking into account the fact, without judging, the entire history of man, to be able to accommodate... all pieces of a human. Maybe you think about the soul and the body or something like that, but this is also part of the holistic perspective. (T3-1, 50-57)*

Nina says a spiritual and divine dimension is important for people. Her experience is that many clients use yoga or mindfulness, where the body and soul are connected. She says humans need something more than the intellectual. Clients may feel insecure and a little embarrassed to introduce spirituality in therapy, but she adds that she believes in something more.

*I can also say, for some are embarrassed, you know, to talk about those things, and then I can say that I also believe in something more... then I find it easier for them to open up... I believe in more, too, so it is safe, you can talk about it here. You are not judged by me, I do not say so, but I **think** so, and give some signals that I understand what they mean and that I have similar thoughts. (T3, 384-393)*

Her experience is that clients seem relieved and they open up.

Frode, who has a private practice, feels free to work in the way he thinks it helpful and useful. Sometimes he includes the spirituality of clients, sometimes not.

*Whether I am a Christian or not, it should not have any significance in how I look at it [spirituality] in a professional way, because I might block a very important availability for the client – help and support, a possibility. (T5-1, 287-289)*

For Tomas, his own spiritual journey has made him more open to including spirituality in his practice. He has, in recent years, become more concerned with how important spirituality is in life. It makes him more open to including spirituality in therapy. He also thinks that it's Muslim clients that have reminded him. They often talk freely and openly about how important God/Allah is, both as a supervisor and protector. This has helped him to ask about clients' faith and life values, and, too, with ethnic Norwegians. He believes it is important to talk about spirituality as a natural part of life.

For the TG therapists, it is very important to be sensitive to people's culture. Folklore and religion are often included in this. Through a "generational family map" (genogram), family culture can be explored. Through client stories, they understand that "something" is implicit. Problems, concepts, vocabulary and different explanations may give an indication of this.

*When you talk about people – it can be a grandfather, grandmother, something like that – they tell you what they did... what was important for them. "He was so strict, you know." Ok, he was strict, but how was he strict? "You know, he was a very strong believer in [mentions a specific faith]." Ok, there we are. It is part of the conversation; it is quite natural. (T13-1, 611-619)*

Clients' stories provide an opening for asking, also for spiritual issues. The TG therapists think therapist must have curiosity, respect and humility, not be shocked or reject anything.

Ada was educated in family therapy abroad, and spirituality was included in her education. She says the theme is not taboo for her but she is not proactive about it. She works with the clients' narratives. She says all therapeutic work is about values but on different levels. Initially, relationship issues between couples can escalate, but after a while they can work with values, meaning in life, love, attention, care and so on. Maybe they need to redefine their values? Ada says this is analytical work; it is about reflection and thinking.

*I am very analytical, it has a big impact on my work regardless of the therapy approach I use... I really think it is helpful and gives a sense of empowerment when clients use their critical reflection to solve their problems". (T12, 1, 315-319)*

Grete says she is looking for anything that can support and help clients. Her study in philosophy, together with her own faith, helps her to be open to the spirituality of clients. She feels they understand her openness about spirituality. She often asks clients about their faith and knows spirituality can be a great support in crises.

*I cannot use the same recipe for everyone. I cannot say just, just go out in the evening and enjoy yourself a little... because it might be good for one; for the other, it might certainly be wrong. Then I check out where they are ... then God can be included, or other philosophies of life, to find some energy to connect with; ok, then there is a way forwards. (T11-1, 383-387)*

Grete says people are vulnerable and can be going through a process of mourning, without hope or meaning. She is concerned that clients should find comfort and an experience of not being alone.

#### **6.3.3.1 Sub-category 2c-i: Reflecting on one's own spiritual journey creates openness and sensitivity**

Tomas thinks the therapist's personal relationship with spirituality is important. His own spiritual journey has made him more sensitive to clients, and he feels he can sense their spirituality better than before.

*From being a believer to perhaps becoming a non-believer, to be doubtful, to acknowledge in my own life that there is a question that always will be there, and never resolved...and... and have a deeper sound than I realized. Then I think it... it makes me better sensing it now. (T9-1, 1330-1337)*

Tomas was raised in a Christian family. In his youth, he rebelled, but he says it was more a rebellion against the practice of religion than actual faith. Later, he discovered that his faith is an important part of his life. He has become more aware in recent years how important it is, and, as mentioned above, says it is Muslim clients who have reminded him because of their openness about their faith. Tomas also thinks his personal reflections and spiritual journey have made him more open to clients' spirituality: *"I am not afraid using myself anymore"* (T9-1, 407). If faith is something they are sharing, he says faith themes also are important to him and he may have similar experiences as his clients. This resonance can provide golden moments in therapy. He believes it is important to have respect and humility for what others might believe or not believe. No faith is truer than others, he believes.

Nina says she is a spiritual person. She believes in a spiritual dimension, a divine dimension, which is important for people. She believes in God and calls herself a seeker. Nina meditates

and practices yoga. She is inspired by Buddhism and the teaching about presence. Sometimes she uses breathing techniques for stressful mothers in therapy.

*I have carefully examined, for example, whether it is a very stressed mother who has her shoulders "up there" and is butterfly breathing...Have you tried breathing techniques, I asked? Then they become a little curious, right, and, and I do not call it meditation, I just say, "Do you know what? There are possibilities to breathe in a way to let it go." It is mindfulness, but I do not call it that, but they find that they get rid of something and they get a little more in touch with themselves, and then I think they come into contact with their spiritual dimension. (T3-1, 724-730)*

Nina feels "the not knowing position", being curious and not being biased enhance and complement her focus on mindfulness. She is concerned to be present, open and curious and thinks therapists should help clients to greater awareness of their own spirituality. She thinks it has a healing effect.

When Frode was eighteen he became a Christian. His says his experiences of his relationship with God affect him as a therapist and he remembers his first strong experience about God when he expressed remorse and found forgiveness. In therapy, he says the most important thing is to be welcomed just as you are. He acknowledges everyone and everything they say. *"I want to behave in the way I experience God; whatever I have done or not done, I can always come back"* (T5-1, 941-942). He wants therapy to be like a community, a feeling of *us*, being together. Working with clients, he thinks that what he says and does convey knowledge, intuition and maybe sometimes thoughts from God. For Frode, it is important to be professional but he still thinks faith affects his work. *"Faith is something that comes along the way. If you have confidence, it comes to you"* (T5-1, 957).

Grete has always been a Catholic and thinks this means she is more concerned than others with spiritual perspectives. She believes therapists are influenced by their knowledge and thus pose questions in terms of what is relevant to them or about what they have encountered in their own life. For Grete, the concept of God has changed over the years. She studied philosophy, giving her new perspectives and extending her faith. As a therapist, she is open to philosophical, religious and spiritual realities, regardless of clients' questioning such perspectives. *"It is a natural theme for me...and for me, having faith, thoughts on life, or something, it always contributes... The faith can be a help so I use it when I can"* (T11-1, 177-180). Grete says she has good experience of including spiritual perspectives in therapy.

The TG therapists say what kind of religious community you are raised in will affect you all your life. A part of your child rearing, faith is used in different situations throughout life. One therapist describes this.

*In a therapeutic context, I use my experiences from my own traditional culture, of living experiences in a family of three generations. Of course, I include this when I talk to people, sometimes consciously and sometimes unconsciously. It is visible in therapeutic contexts, that's for sure. (TG1-1, 450-454)*

Another therapist in the TG further elaborates.

*My experiences are built on stories from generations back in time. My empiricism is stories told by my ancestors. I do not have a Bachelor's in spirituality, it is not something I have read; it is experientially based stories". (TG1-1, 231-235)*

The TG therapists think their consciousness provides an opening to ask about clients' spirituality but also provides ways to ask. Through your consciousness, you show that you have knowledge but that you also show respect. The GT therapists think it is important to use personal spiritual experiences as a resource in therapy. They also share personal and spiritual thoughts and experiences in response to clients' stories.

Ada is sure our upbringing affects us as therapists, consciously or unconsciously, and she says this is visible in therapeutic contexts. Ada, who is an atheist, says her personal worldview has a great impact on her therapies. *"Who am I, what is my philosophy of life, it always plays a role"* (T12-1, 321-322). She calls herself a humanist rationalist and is very analytical. She often uses her analytical thinking in therapy and thinks it gives a sense of empowerment when clients use their critical reflection in order to solve their problems. Her appearance may seem like she is a Muslim, which makes her more careful when highlighting clients' faith and religion. She does not want to be associated with Islam.

Kari nowadays calls herself a "child believer" but still not a Christian. She was raised in a secular home but went to Sunday school and a youth choir in her teens. She has very little experience talking with clients about spiritual issues but feels it is easier with Muslim clients. She is very concerned about values but finds it difficult to link values to faith or religion. She thinks this has to do with her own experience about the themes and says, *"I think, if you can break the barrier with yourself, because it is often about yourself, then I think as well that will give the client much greater security"* (T10-1, 562-564). Kari was very inspired by our



interview and found the topic very exciting. She says she wants to explore clients' spirituality in a natural way and thinks it is about a greater awareness on her part.

Edwin was raised in a Christian home. His parents were missionaries and he lived abroad for many years in his childhood. He defined himself as a Christian until he was in his teens. Something changed when encountering family therapy and especially the theory of social constructivism. Edwin now sees many elements of Norwegian culture that have an extremely oppressive and restrictive effect on humans. Working with clients, he wants people to be free. *"People have problems that are necessary to have; the problems have been imposed on them"* (T1-1, 1012-1014). He does not call himself religious today. Nevertheless, he is open to the fact that God can exist but is tired of all categories, including religious categories. He has been in a process of critical questioning of his faith and the effects of it. He believes that all the therapeutic dialogues he has had over the years have affected his faith. However, the way he works and his worldview are closely connected. Edwin thinks everything is about constructions and does not limit spirituality to whether one believes in God or not. He defines himself as open and believes that his philosophy is consistent with his therapeutic conversations.

#### **6.3.3.2 Sub-category 2c-ii: *Being touched by spiritual conversations with clients***

Every therapist in my research sample apparently has their own personal spiritual story, formed by traditions, culture, relationships, life events and their employment. Many have a relationship with God and/or spiritual practice. Some talk about spirituality more in general, others have stories from their practice. Being a therapist brings you close to people's lives, affecting the therapists in different ways, sometimes their spiritual point of view.

Tomas and Grete work with Muslims, and the Muslims way of life has influenced them both. Tomas says Muslim clients have reminded him how important the spiritual parts of humans is. In his work with unaccompanied minor asylum seekers, he asks them what gives them strength during the journey and through difficult situations.

*Without asking directly, nearly everyone says that God or Allah is an important guide in life. God holds a protective hand over them. Many adhere to the concept of "inshallah", meaning "if God wants"; there is a lot of fate-orient thinking among them, but still, when they talk about escape, crises, war, I notice that God or Allah has an important function in their lives: God is a helper or a protector, a way to handle adversity and pain. (T9-1, 346-355)*

Grete feels that something happened in her own life when working with Muslims. Her experience is that their faith is very important to them, related closely to everyday life; they express it much more clearly than ethnic Norwegians do. This makes her curious and she feels it is easier to talk about spirituality with Muslims. A weekend course with some Muslims gave her a very strong emotional experience.

*It was amazing. We had a course where we talked about dreams, hopes, how life has been, and so on, the entire journey, in a way. And he (the leader) stood there behind me, reading and crying. I could not understand what he was reading, but it was with such compassion that my tears were streaming. It was an amazing experience... very strong... They invited me into their prayer, they made room for me, among all the boys. (T11-1, 298-307)*

This emotional experience awakened her childhood faith. She does not call herself a Christian, but something changed that weekend.

### ***Therapy: a spiritual moment?***

Some of the therapists emphasize how their meeting with clients forms spiritual moments, giving them a spiritual experience. It can be a “moment of meeting”, an emotional meeting, when therapist and client meet on a spiritual level.

Edwin says that therapy is an interpersonal meeting, where something important is happening. Clients can rediscover their dignity, self-respect, love for their fellows and reconnect a form of meaning/purpose in their lives. For him, this is absolutely essential when being a therapist. *“When you can see people lift their head, to regain hope, find a future when you, as a therapist, can mean something for somebody, make a difference, it is a kind of “spiritual” experience”* (T1-2, 14-16). Edwin feels these meetings touch him and help him to change for the better. Therapy is, for him, a question of justice, solidarity and human dignity and he says he *“often feels a divine presence in what you can call a healing moment”* (T1-2, 27-28).

Nina works with teenagers with mental-health problems. She says existential themes are often part of the conversation. A suicide attempt, for example, may be the gateway to topics like death, God and religion. *“These are the most demanding but also wonderful conversations with humans”* (T3-1, 292-293). She feels something dramatically happens: *“It’s like some ports are opening... You look into people’s souls... Anything else is irrelevant”* (T3-1 294, 298). *“To be able to be there for people in those situations enables talk about these things; it*

*makes something very special*” (T3-1, 298-300). Such vulnerable moments open up for something more and give new energy. Even if these conversations contain a lot of pain, these moments are some of the greatest therapies she has been through. To meet clients in their vulnerability, do something with her.

Working many years as a therapist, Tomas is now comfortable sharing examples from his own spiritual life in dialogues. *“If a client says he or she uses God in a situation, and I have similar experiences, I am not afraid to say I may feel about it in the same way”* (T9-1, 436-439). He thinks as a therapist he has to be curious and has to explore what is common or what is different. A client can say, *“I was sitting in desperate need, but now here was a way to go, and I folded my hands and prayed to God”* (T9-1, 451-452). If Tomas has a similar story from his own life, he can bring it: *“But I do it not often. There must be an echo, where I notice that there is something we have in common as human beings”* (T9-1, 456-457). For Tomas, these can be golden moments in therapy.

### ***When values crash***

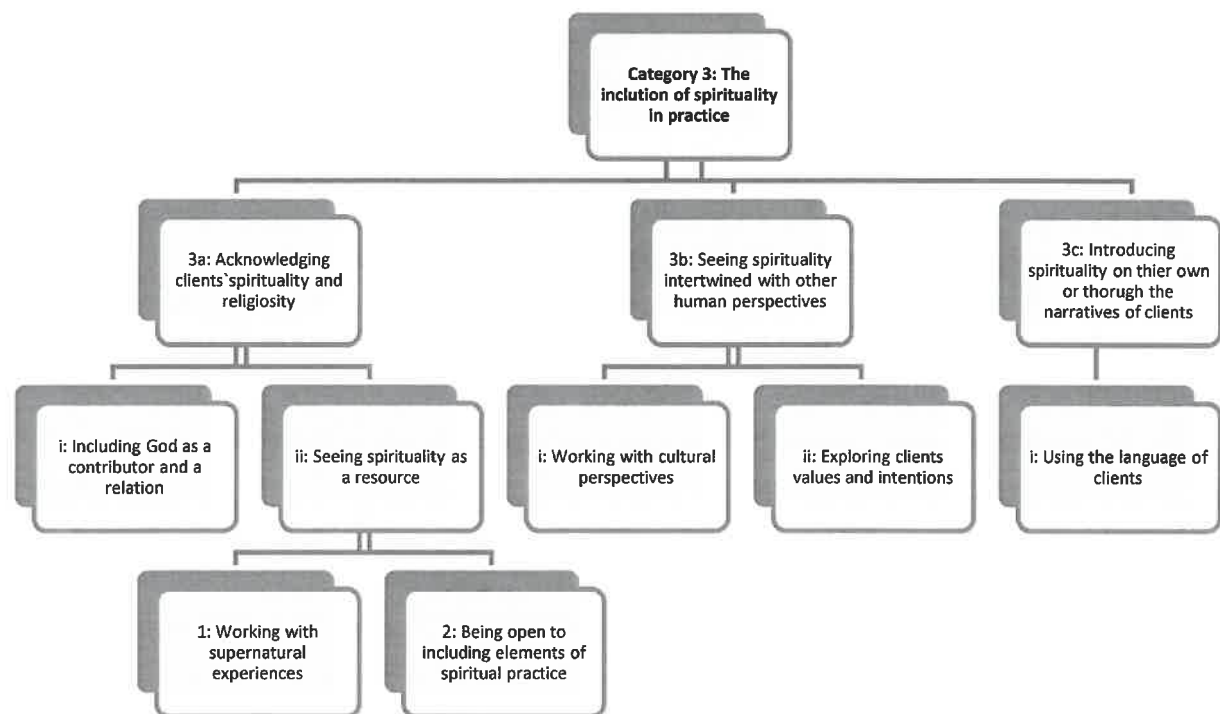
Through his life as an adult, Tomas has also struggled with his faith and his relationship with the Church. This makes him reluctant to get into other similar conflicts. He also thinks it is difficult to meet Christian clients who are very fundamentalist in their faith. Their faith challenges his own core values, and he struggles with the dialogue. *“It is like I have an ‘outside glance’ looking into something”* (T9-1, 837). It is easier to be interested in clients that do not trigger his personal reflections and frustrations.

Magnus has similar experiences, saying that it can be difficult to work with clients who live contrary to his way of life. It may concern a relationship with alcohol, unfaithfulness or a seemingly good relationship that is no longer exciting enough. *“I remember I really struggled to listen so she could feel understood. I really think I never understood her. It completely broke my mind about what is important”* (T8-1, 1149-1152). Magnus believes there is a risk that clients do not feel acknowledged.

## **6.4 Category 3 - The inclusion of spirituality in practice**

Even if there are a lot of obstacles to including spirituality in family-therapy practice, still many therapists find the topic important for life and/or practice. It was a surprise to me that so

many family therapists were concerned about spirituality in their practice, given there is a superficial silence on the matter. During this analysis, I noted that the therapists worked in different ways, and it became natural to have a category including *how* therapists include spirituality in practice. This is represented in category 3.



**Figure 4:** GT category 3: The inclusion of spirituality in practice

#### 6.4.1 Category 3a: Acknowledging clients' spirituality and religiosity

Some of the family therapists talked about how important it is to acknowledge clients' spirituality and religiosity in therapy and not to judge their faith, values and meanings, as Frode says.

*I think acknowledging and accepting makes it possible for people to be present in their own lives. I think good onward paths for clients are about to being able to be yourself, here and now; the best opportunities are from there. (T5-2, 380-382)*

Frode wants to provide understanding, acknowledgment, support, possibilities and acceptance to open up inner dialogues and make the situation more harmless. He hopes clients can sense his acknowledging approach through his language and ways of acting. He wants all kinds of religious faith to have a place in the therapy room. *“A professional approach to faith is being open; a mission is being closed”* (T5-2, 53) He says it means, for example, that a Christian therapist can help Muslims to a safer faith.

Both Nina and Grete say they want to hear clients’ life stories whatever they are. Grete says she wants to be creative, check out how they think and work from there. Nina says she wants to be open and present and not put clients in boxes. *“I can accommodate it. I can recognize things they say, you know. I think they understand I am a spiritual person, from the way they react”* (T3-1, 380-382). She wants clients to feel confident about her so they have the opportunity to expose themselves and talk about difficult things.

The therapists talk about different ways to show acknowledgment. Magnus says that if clients admit they are part of a church, he thinks it is important to show interest. He thinks it can be difficult to talk about faith and religion in psychiatry, so he wants to show his acceptance.

Nina says she thinks it can be embarrassing talking about spirituality, so, to help clients, she often says she also believes in something more. She wants to show that she feels the same way. Clients can be insecure about whether they are allowed to talk about such issues in therapy. For example, they might say, *“Maybe it is not appropriate to talk about such things here?”* (T3-1, 398-399). Her experience is that her transparency and acknowledgment make it easier for clients to talk. Nina wants them to know they can safely talk about spirituality with her.

For Tomas, it is important to respond when clients include their spirituality. This was unthinkable for him previously, but now he is not so scared any longer. He has changed after having a more reflected relationship with his own spirituality. However, when responding, he feels it must be something they are sharing as humans and says, *“it has to be something that resonates”* (T9-1, 456). Tomas says he is sometimes telephoned by a young man with significant mental problems. Several times he said he had anxiety and wanted Tomas to pray “Our Father” with him. Tomas agreed and remembers once, in the middle of the prayer, the client asked him if he had folded his hands. Tomas said no, and the client said they had to start over again. I asked him what happened, since this would have been unthinkable a few years ago.

*Well, he called me. His great wish in life was to find security. He needed someone to have peace of mind together with, and for me, it was **his** prayer more than mine... He asked me about it [praying together] ...He needed an anchor in life, and this was his only salvation. And I had to accept it... I had to be able to share it and, to some extent, participate in it. (T8-1, 496-505, 514-519)*

Tomas also thinks it would be no problem for him to pray together with a Muslim, but he can understand therapists who have refused this in a friendly and tender way. He thinks it is important to be respectful and humble towards different kinds of faith and that therapists should not think they have the only truth.

Grete says the most important tool a therapist can have is love formed by respect. She says you have to meet the clients in terms of whatever they think or are concerned about, and you have to highlight their values and beliefs. If you feel you do not match the client, this is a good opportunity to work on yourself. However, Grete thinks it is not easy to talk about spirituality if you do not believe in it.

*How easy is it to sit there and talk about the spiritual... at least the Christian spiritual dimension, in the therapy context, if you do not have an own relationship with it...? And maybe you should say, if someone says they would like to talk about it, maybe they should change therapist? (T11-1, 666-668, 676-678)*

Ada talks about a Buddhist couple who initially wanted to know that their sacred ideas and values would be respected in therapy. Acknowledgment was a precondition for continuing therapy. They told Ada about their journey of how they became Buddhists. They both had traumatic backgrounds, and for Ada, it seemed that their faith was blocking their growth.

*His view was 'I must be good, I have to accept things, accept things, accept things.' And this was their source of trouble. Because just by accepting, nothing could be done for them, so it was an example of something that creates their challenges... And then they became violent, you understand what I mean? They become very aggressive to each other, which is not close to Buddhism...as you know; it was quite challenging to work and to use this to help them therapeutically, because their faith in itself was a block. (T12-1, 132-141)*

Ada tried to be as respectful as possible to their faith, but she also tried to work with the husband's reasoning with analytical thinking. She says she helped the husband to see the situation from different perspectives. His sacred convictions could still be a part of him, but in this particular situation, they were not helping. Working with other perspectives together with their religiosity, the couple were able to be helped to expand their understanding.



Being acknowledging and meeting the spirituality of clients, Tomas believes it is crucial that therapists reflect on these issues in their own lives. Where you are as a therapist shapes the conversation and influences the questions we ask. He thinks therapists have to be open to the diversity of faiths and different spirituality.

*There is no faith that is better than others. There are different ways to relate to the religious or systems of faith based on where you live and what culture you are a part of. Being a Muslim is just as "right" as being a Christian, a Buddhist, and yes, also an atheist. A prerequisite for being able to talk about it is that there is no battle for truth or a fight for the right faith. (T9-1, 705-718)*

Grete says therapists have different preconditions going into this subject if they have some understanding of it. You can respond to clients in completely different ways. She also believes therapists in many ways lead the conversation from their area of interests. *"I think you ask clients about what you are concerned about or encounter in life"* (T11-1, 298-299). She says therapists have to be honest with themselves and also ask the clients if the collaboration is sufficient. Maybe clients should see a different therapist.

#### **6.4.1.1 Sub-category 3-i: Including God as a contributor and a relationship**

If clients believe in God<sup>26</sup> or have a relationship with God, Frode says therapists have to deal with God as a reality. He says, *"there is a risk that the client may end up in a negative position and end the therapy because of shame"* (T5-2, 149-150). *"Believing in ghosts is more accepted than believing in God; it would be an advantage if clients come to someone who opens up...doesn't think they are 'mad'. That's something we should look at and take seriously"* (T5-1, 297-300). Frode says clients' ideas of God, or learned ideas about God, can be a big problem in life and influence them in different ways. Working with constructions of God can be the main source for finding solutions. He also thinks a safe relationship with the therapist is crucial and clients' feelings and needs have to be acknowledged, understood, accepted and generalized.

Grete says that, even if clients believe in God or are Christians, many do not think about God as a helping factor in crises. She says clients can go to church for dogmas and rituals, but that can be all.

*When they are so desperate, they do not always think they can get help through their belief, right, they do not get that link... I think many people have an idea it has to be in*

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<sup>26</sup> God or "Allah".

*that way – we have rituals, we go to church... But I think in times of crisis, they do not manage to get help from this. (T11-1, 185-190)*

Grete asks clients about their relationship with God, how they talk to God and how God can help. This can be valuable in looking forward and finding new ways to move forward in life. Grete says this relationship can be something positive, a certainty that you are not alone. She also says God can give comfort, so she encourages clients to have conversations with God. If God has been part of a session, she follows this up in the next session and asks clients what God has provided. She often uses a blackboard, where she draws God as a figure, a symbol, or writes the name. It depends on how clients describe God and what role he<sup>27</sup> has.

Grete says clients have different ideas about God, often culturally related. She can challenge clients and ask if it is the church system or personal experiences which form their picture of God. She wonders if it is possible to expand their thinking, to move forward in new ways.

Grete has also experienced God as a correcting factor. She can remember once working with a couple from Africa. She asked them what kind of faith they had, and they replied they were Christians. Grete says they argued a lot in their daily life, but introducing God into the therapeutic session, something changed. *“God ‘came in’; I realized that God had something to say in their life, and then I simply felt each could pull themselves together, because there was a lot of arguing”* (T11-1, 248-250). Reminding him of God, the man calmed down considerably, and the therapeutic work went in a new direction. Grete thinks foreigners have a much closer relationship with God and she also thinks it can sometimes be a relief for these clients talking about God in therapy.

Working with unaccompanied minor asylum seekers, Tomas says almost everyone admits God is an important guide in life. He says some adhere to the fatalistic “inshallah” (meaning, if God wishes it), but still he notices God has a vital role in their lives. Through war, flight and crises, God is a helper, protector, a way to handle adversity and pain. God is a source of power who leads the way.

*I notice when they talk about escape, about crises, about war, I notice that... that God or Allah has an important function in their lives and becomes a helper and a protector and a way to cope with adversity and pain. (T9-1, 352-355)*

Because of this, Tomas says God is included in a natural way in his therapeutic work.

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<sup>27</sup> God is here described as a man but may also be described as a woman or no gender at all.



Some of Ada's clients are Muslim women divorced from violent marriages. They often feel anxious and depressed. When the women say "inshallah" (if God wishes it), Ada tries to turn this faith into hope, which she calls "therapeutic hope". She can ask, "*How do you become calm? How do you find a feeling of peace?*" (T12-1, 264-265). If clients speak to God, Ada explores what they say or what kind of relationship they have with God. She feels the God relationship is helpful for women.

### ***God as a concealing factor***

Frøde says some clients can explain their whole life in spiritual terms, which may cover up other perspectives in life. An example is when clients talk more about Jesus than about themselves. Frøde says he has asked clients if Jesus can "wait outside in the hall". He can tell clients that he and Jesus have different jobs, and some of Jesus' jobs he cannot touch. He might ask: "*Is it possible that we can have a real human meeting and have an experience of sitting here and sharing things?*" (T5-1, 635-637). If the client says yes, he opens the door so Jesus can "walk out", and then he closes the door again.

Frøde also believes that clients can turn their problems into spiritual battles, perhaps as a way to avoid responsibility. He says charismatic Christians can use very strong religious language and notices that when people are scared, they use stronger religious language. Some say they hear the voice of God, but if you probe further, they cannot account for it. Frøde thinks this makes people unhealthy.

#### ***6.4.1.2 Sub-category 3a-ii: Seeing spirituality as a resource***

Frøde says something deep emerges in humans when they are at their outer limits, of their existence, on the border of madness or collapse. He wonders if this is faith.

*Maybe psychology and Darwin explain faith in crisis situations like the kind of ideas that provided the best survival in a godless random world. Maybe it is the opposite, that life and the eternity of realities become clear in these situations... We are finally not only dependent on love in relationships in the ephemeral life but on the great drama in the eternal; it is only God who can help. (T5-2, 184-188)*

Frøde says when clients are in the middle of chaos, it can be a good that they find their own values and sail through the storm with the values as the compass. His experience is that clients with strong faith seem to endure great pain with patience and perseverance as they can

see possibilities beyond the darkness. *"I relate to faith because it gives access to resources like friends in 'higher places'... and, for some, truths to keep them in the middle of the storm"* (T5-2, 50-52).

Edwin thinks clients' spiritual thoughts and spiritual lives can be a good resource in therapeutic work for change. Even if he knows these perspectives can also be a source of self-criticism and anxiety, he tries to listen to what is helpful and brings joy and what spirituality actually means for them.

*I think, very often, it has great value for them, and my point is that this is not a static opinion... It depends on what aspects of religious beliefs are being discussed, and I am interested in hearing about the aspects that have been helpful to them.* (T1-1, 257-263)

Edwin believes clients find it important and says they often rediscover what they think is really important in life.

Nina says to be spiritual is a big part of being human. If you lose contact with your spirituality, you lose a part of yourself. Having contact with your spirituality can offer new openings for change. She says this can help to get in contact with changing creative mechanisms. When you are in a dramatic situation, you are close to your existence. Clients' spirituality can provide resources that enable them to grasp life in a different way. *"To open up such a perspective, I think could have a healing, a healing effect"* (T3-1, 718-719).

Nina meets teenagers and parents who have experienced professional help for years, and they have almost lost their faith in the therapy system. Her experiences are working with exceptions in narrative practice and solution-focused therapy to help clients find meaning in life. She says that teenagers' feelings of meaning-making have often been upset and it takes a lot of work to help them back to becoming meaning-searching human beings. She likes to use a flip chart or drawing and a method called "the river of life" – playful activities not heavy and invading. Nina says, *"I believe it is art, you have to treat these themes in a wise way because you can re-traumatize them"* (T3-1, 584-585). She thinks, for clients, talking about these topics can be very vulnerable.

Working with clients' life stories, Tomas thinks it is important to ask clients how they manage to come through crises and to explore who was there for them. Tomas works with refugees, who have often had traumatic experiences in their home country and during their escape to Norway. Tomas says almost everyone says God/Allah is an important guide in life. He is a

helper, a protector a way to handle adversity and pain. When he works with ethnic Norwegians and ask what has helped through the storm, they do not immediately talk about their religious or spiritual life. It can be other things, like family or friends. Tomas says his meeting with the refugees has helped him to be more open, and he can tell ethnic Norwegians that Muslim families say God is an important factor.

*There are several who say they feel the same way... They dare to open up when I use others as an example. And then it can be anything: from a strong faith in God to anything that has a meaning to the meaningless to 'I have my child faith.' Some say, 'It is there when I have no other way to go, like an anchor, a lighthouse.' Many confirm that this is a part of life. (T9-1, 372-393)*

Asking clients what their spirituality really means can help them to find resources in life, even if, as Tomas admits, he could be better at asking about clients' religious aspects.

After divorce, many go through great crises, so, through therapy, Grete tries to help them to find reassurance and new ways of dealing with life. She explores clients' worldview, their life philosophy different ways to find energy. For some, God can also be an important relationship. The feeling that you are not alone can be of great help.

Grete also says that when working with death and serious illness, she asks clients if they believe in life after death. She thinks the idea of life after death can be a great comfort during life. Clients can talk about meeting people again, and Grete encourages them to talk to their loved ones even if they are dead. She says it can be a good help in crises.

### ***Spirituality: an overlooked resource?***

Tor says he is concerned about what is important in life and has, through narrative practice, learned to explore human identity and find out what is important and meaningful in life for clients. However, this is not connected to human spirituality or religion – he does not use those kinds of words. He even thinks values can be a difficult concept for clients. Tor wonders whether he has overlooked some clients' strengths and resources. *"Should I have asked more about it? Should I, for example, have included clients' faith as a resource?"* (T6-1, 802-804). He says that, as an atheist, he does not have the same experiential association with the term "spirituality", and especially not with "religion", and admits that clients may have felt excluded.

#### **6.4.1.2.1 Sub category 3b-ii-1: Working with supernatural experience**

Therapists talk about how many clients have supernatural experiences, which affects them physically, psychologically and relationally. Supernatural experiences can be both positive and negative in life. Therapists say it is important to go into these stories with respect and openness.

Some clients report experiences of contact with dead family members. One story is from one of the therapists in the therapy group (TG), who previously worked in a psychiatric youth team. A young client, who had lived his whole life together with his father, had, after his father's death, started using drugs. He related how his father came back to him: he saw, experienced and smelt his father. Some of the therapist's colleagues in the team gave some biological explanations and considered he was mentally very ill. The therapist considered this was only one way of understanding the problem, that there might be others. Maybe the father-son relationship had been difficult and something bad had happened in the young man's childhood? In the next session, the therapist asked the client to talk about his childhood relationship with his father. The client told him that when he was young, his father abused him; when he got older, he then abused his father. Now he was convinced that his father had come back to take revenge on him, not to give him peace.

*And then the therapist and the client...were suddenly speaking the same language. This relationship became the basis for their dialogue, and the father's activities in the house disappeared more and more. (TG1-1, 206-208)*

Frode has had similar experiences with clients who have lost their family members from, for example, murder, accidents or other forms of unexpected death; they still have living experiences with their family members. Frode remembers a mother who spoke to her dead adult daughter. She appeared in different places, and relatives also had similar experiences to the mother. Frode says therapy with the mother was based on these experiences. He helped her with her entrenched grief and shock in different ways: he listened carefully and slowly, asked the mother what she wanted for her daughter after death, what she thought her daughter would like and what she should pass on from her daughter to her grandchildren. He encouraged the mother to write a letter to the daughter, organized a commemoration at the graveyard and also invited her network for conversation.

*In that way, one takes both perspectives seriously – both the revenant as spiritual **and** grief, shock and trauma as psychological. At the same time, I have to relate to the fact that there may be neither one nor... it could be anything... forgiveness,*

*acknowledgement, security, belonging, and above all... what I have not come across or had thoughts about. (T5-2, 93-96)*

When clients have “living experiences” with dead people, Frode thinks it is important to acknowledge the experience, the feelings, histories and the context. His experiences are, after systematically working with the grief, that the voices and visions disappear. He has also met children who have had terrible experiences seeing their parents being murdered but had a vision that Jesus helped them at the last moment and led them to safety. Their faith is a refuge later in life and helps them not to lose their mind. Frode says, *“Is this psychology or spirituality? For therapists, it can be useful to think it’s both or either. My aim is to help psychologically, spiritually and relationally”* (T5-2, 124-125). He says that when clients talk about their faith, it can also be useful to look at their statement through psychological perspectives, although it can also be the opposite: *“When believers talk about life and psychology, it may concern faith, values, and spirituality”* (T5-2, 78-79).

Grete says that, as a therapist, she is curious. She believes while other therapists stop, think it is too private or consider the client needs to talk spontaneously, she looks for openings and probes further. She is not afraid to speak about supernatural experiences. She thinks it is important to explore because experiences can intimidate and interfere. The exploration can also be something useful for the client and can be used in other contexts.

Tomas tells a story about a mother, who had visions in which she sensed “something” spiritually. *“She linked it to spirituality, which had nothing to do with my perception of God or my understanding of it”* (T9-1, 1255-1256). In such situations, Tomas thinks it is very important to go into the issue, be curious, and he is especially interested how this can affect family life. He can see strengths in supernatural experiences, but also fear, and thus likes to explore what a vision actually means for the client and the family. He thinks it is important to ask critical questions and help the client to reflect.

#### **6.4.1.2.2 Sub-category 3a-ii-1: Being open to include elements of spiritual practice**

The therapists talk about different ways to include spiritual practice in therapy. It can, for example, be using rituals, praying or talking about praying, telling Biblical stories or using mindfulness.

Frode uses Biblical stories in his practice, believing a connection to religiosity can be one way to help people open up. He knows many Biblical stories that can be helpful in therapy. He

also says Biblical stories are old, and often honest about the nature of humans, which helps people accept themselves and relate to something greater.

*In serious moments, biblical texts are useful, especially for people who not are Christians. For them, the texts are not a compulsion. Often, I think they perceive them as fables, anecdotes or good perspectives that connect them to major concepts like life, a generation's time, context, hope, forgiveness, reconciliation and peace. (T5-2, 364-367)*

Frode also says he uses other sources like films, poetry and political events, which can give bring similar results.

### ***Rituals***

Using rituals can help people to move on in life. Frode says his belief in rituals is about his faith. He says he is extremely concerned about ongoing conflicts between divorcing parents and how it affects their children. He thinks it is difficult to feel grief and accept breakups that have not really ended. He organizes commemorations at his office with a white tablecloth and lights, and the couple must give a bouquet of flowers to each other. The hope for the relationship is gone, but he wants each of them to thank the other for the good things they had in life, like good memories, say what they are sorry for and to give best wishes to their ex-partner, and collaborate with each other for the sake of their children. He says it does not fit in cases of violence and abuse, but his experience is that this is a kind of formal opportunity to release the other from their promises, leave the road of life together, but still share their parenthood. *"I want them to have some pain because I think it makes it easier get on... I want presence and, in the end, I just blow out the light and say thanks for today"* (T5-1, 1119-1120, 1139-1140). In this situation, he does not speak about religion at all, but in a similar ritual, when couples want to renew their promises after unfaithfulness and therapy, he might invite a priest to speak with them and to share a prayer.

The therapists in the TG group say that when there have been conflicts in families and someone has died, the therapists go together with clients to the churchyard and say goodbye. They say this is a way to cope with grief, a kind of reconciliation. This is an allowable practice, something they just do.

### ***Praying***

Nina says it is not a problem for her to pray together with her clients. She has yet to do it, however, but has talked to clients about praying. She says she is open to many things that can reinforce the presence of something spiritual for her clients. She meditates and she prays together with Muslims, if desired. Even if, in her own life, she feels more comfortable with Christianity, she basically she thinks it is about the same thing. *"It is a need for God, a spiritual connection and a need for the power of God. I think this is common in every religion, and that's why I could pray with clients whatever religion they may have"* (T3-1, 494-497).

Frode does not use prayer with clients in sessions, but in situations where they are stuck, he asks clients what they are used to doing in similar situations. He can ask if they have friends "in high places" who can help.

In category 3a, "acknowledging clients' spirituality and religiosity", I told about Tomas, who several times shared the "Our Father" prayer via the phone after a wish from one of his clients. He says it would have been unthinkable a few years ago, but now he feels it is fine to do, even good. He says that he has no habit of praying together with his clients but has no immediate obstacles to doing so. He thinks he could also pray together with a Muslim. He thinks it is important to be humble and respectful of others' faith, whatever it is. *"If you have a thought that your faith is more right or better, you have to keep it neutral"* (T9-1, 701-702). He believes therapy should not be a fight for the truth or the right faith. Therapists must be aware of this in the face of others.

The TG therapists say they can talk to clients about their prayer. If clients say they pray in despair, they ask how clients use their prayer and how it affects them. They also ask if other people in the clients' environment, like parents, friends, priests or others, join their prayers. They want clients to use their faith, whether Muslims or Christians, in their specific situation.

### ***New Age and mindfulness***

Greta has met couples who are interested in astrology, and for her, she has no problem with including astrology in therapy. Through this thinking, you can find explanations that you otherwise might find problematic, she feels. However, including astrology, she thinks it is essential that each partner is interested.

Nina has tried to meditate with a few of her female clients who have been very stressed. She does not call it meditation, though, rather breathing techniques. She helps them to lower their

shoulders, let go and get in touch with themselves. *“I think through this they get in touch with their spiritual dimension”* (T3-1, 730).

Frode also uses breathing techniques together with clients. He helps them to relax, connect feelings and be present in the moment. He says many clients are afraid to feel. He believes it is important to keep up with clients’ breathing. *“It is hard to say anything or ask people about something if they have stopped breathing, if they do not inhale. Then you have lost, no matter what kind of words you use. You have to wait”* (T5-1, 973-974).

Frode wants to change feelings *with* feelings, to be in the moment. He thinks many people are afraid to feel but says, if we are connected to our feelings, it is easier to find new ways in life.

#### **6.4.2 Category 3b: Seeing spirituality as intertwined with other human perspectives**

As we see in category 2c, most of the therapists mentioned they think spirituality is a part of human life. Nils says, *“My understanding of reality is that everyone is spiritual... there is something bigger... everyone anchors their life in something around them and must have something greater than themselves”* (T2-1, 67-68, 244-245). Human spirituality affects or is affected by other perspectives in life, Frode thinks.

*If people talk about faith, maybe they really are talking about faith. But it can also be useful to see what they say from psychological perspectives. The opposite may also apply; when believers talk about life and psychology, it may concern faith, values and spirituality.* (T5-2, 77-79)

Frode thinks spirituality availability is very important, providing help, support and possibilities that should not be blocked by professionals. *“When I took a Bachelor’s degree in social work, we were whole humans – spiritual, psychological, social and also material... But since then, spirituality has not been in the professional realm”* (T5-1, 277, 282). He says it is more accepted to believe in ghosts than God, and he thinks professionals must include spirituality in a serious way. *“I think to overlook certain forms of faith is unprofessional, shows a lack of interest and respect”* (T5-2, 31-32).

For the TG therapists, including spirituality in clients’ life situations is natural in therapeutic work. One says, *“It is so integrated in what we do, in our thinking, so I think many times we do not think about it. We do it automatically”* (TG1-1, 278-279). They say therapists have to take into account how systems of faith and spiritual values affect clients personally and relationally.



Edwin says spirituality is an aspect of human life. Everyone has an idea of a good or a bad life. When working as a therapist, it is natural to get in tune with humans' philosophy of life.

*I find it much more special not to talk about it, not to take into account the fact that all people believe in something, a belief they navigate their lives from. When one thinks about the future and one's own actions, it is strange talking with clients without this being a completely natural part to talk about. (T1-1, 201-206)*

He says values are essential in people's lives, and values and faith are connected to meaning. Grete is also concerned about life philosophy: "*When we have to find solutions, have hope, live further, what kind of philosophy of life people have in their lives is very central*" (T11-1, 714-715). She thinks therapeutic practice must be put into a larger context and believes a good conversation to have is between the existential and the concrete.

#### **6.4.2.1 Sub-category 3b-i: Working with cultural perspectives**

The spiritual life of clients is connected to culture and traditions. Edwin thinks it is important to explore where clients took their ideas from, how these ideas affect their lives, and explore whether clients' worldviews are helpful or not. Edwin thinks spiritual ideas can be a resource but also a source of self-criticism, anxiety and oppression. He says clients have different philosophies of life, and he wants to open as many "doors and windows" as possible. Edwin thinks cultural norms can be problematic and is very concerned about how culture controls people.

*I have a view of life that people should be free to live as they want to live and to be free from the charged norms and expectations that other people, other societies or cultures and systems of beliefs set up for people. Not without boundaries, understand me right, but within ethics frames, which talk about not abusing power and oppressing other people. (T1-1, 974-981)*

Edwin says people must be set free and rediscover their self-belief and their own ideas.

Some parts of Norway have a special tradition where folklore is closely connected to other religions in the area. For the TG therapists, it is very important to include cultural perspectives and be culturally sensitive in their therapeutic practice. They say culture is made up of ideas, values, rules and norms taken from previous generations. Culture is what you learn about, right and wrong, nasty and nice, useful and useless, the daily behaviour and the meaning of life. Meaning in life is connected to people's spirituality and therefore spirituality is a part of culture.

The TG therapists say people have different systems of faith. What is important is to “*be aware of how systems of faith and spiritual values affect people and their lives*” (TG1-1, 412-414). They feel it is important to be curious, respectful and humble, no matter what culture clients may belong to, and it is important to remember internal cultural differences in the same common group, that therapists must ask for stories from each client’s context. They also say it is important to remember possible cultural differences between couples: people bring different faiths and traditions into their relationships and for couples, it is not always natural to talk together about it. With one couple, who had great disagreements, the man admitted in therapy his insecurity about the folklore “*And his wife, her chin ‘stuck down on her chest.’ ‘What, do you believe in that?’ ‘Yes, y-es, yes, maybe a little...’ And this revelation directly affected this couple*” (TG1-1, 517-518, 523).

The TG therapists say clients’ religious culture can also be a help in crises in life. When someone has been ill for a long time and then die, people say it was predestined. The therapists say the belief that something is predetermined creates a meaning of something which is basically meaningless. This belief also helps with feelings of guilt: there was nothing that could be done. This can be positive when working with grief, and it helps the clients to live on.

### ***Working with spiritual leaders***

There are many religious movements in Norway, mostly Christian. Some are more conservative than others and affect clients in different ways. The TG therapists have clients who are influenced by conservative beliefs, which has created certain obstacles in their therapeutic work. The therapists have looked for advice from local preachers in the congregations, who provided guidance to clients in how to relate to theological questions. The therapists say that getting help from religious leaders can be one way to help clients.

*When we [therapists] feel we’re falling short, we seek help from more elderly people. It can be old pastors, it can be anyone we feel we can discuss with and who gives us even more competence. We have no bibliography we can go to and read about spirituality. We have our experience, and what we have heard from our ancestors, and when our knowledge is lacking, we continue to seek. Our [therapists’] lack of knowledge will not stop us helping the clients. This is also how we think in ordinary therapeutic practice... If I cannot work with the clients, I seek out colleagues. We have to think similarly about spirituality. (TG1-1, 337-348)*

Magnus recalls a family in therapy when they worked together with a local pastor. The mother was a member of the church, though her husband was not religious. The wife received pastoral care and, together with her husband, she participated in couple therapy.

### ***The therapists own professional culture***

Nina has some reflections on how therapists' own culture can affect therapeutic work. When she took her family-therapy education, she did an elective course in "culture and family therapy". The main aim of this course was to reflect on one's own pre-understanding. Nina says as a therapist, you have your cultural heritage with you into the therapy session. *"You will always filter everything you hear through your own understanding; you cannot avoid it, you just have to be aware of it"* (T3-1, 666-667). Nina says it is important not to try to understand too quickly and not to put clients in boxes. She says there is a risk you can be invasive.

### ***Including folklore***

Family therapists in the TG have met different religious belief systems in their work with clients and have found that local folklore is strongly implicit in culture. The therapists feel that, even if you are a Christian, you are not "silly" and take no chances to neglect folklore. Therefore, it is important for therapists to know that folklore is a reality for many clients and also to know different local expressions. Therapists must also dare to ask how folklore affects clients' lives: *"What kind of imaginations are there in **this** area? What kind of history is there in this place? Different places have different stories... we must be aware of that or dare to ask"* (TG1-1, 264-268). The therapists say that clients' spirituality is a part of culture: values, norms and meaning in life are transmitted from generation to generation. They believe it is important to show an interest in clients' spiritual culture. You must be aware of how clients' belief systems and spiritual values affect them and their relationships.

One of the therapists met a client who lived at a psychiatric institution. He told them he was born "under a stone". The staff at the psychiatric team told him that he meant he had heavy burdens on his shoulders. The TG family therapists knew this was a metaphor from traditional folklore, which meant he considered himself "subterranean". That meant he had been accidentally swapped with his parents' *real* child at birth, and this had terrible consequences for the client, who was seriously abused by his parents hoping they would get their *real* child

back. The treatment at the psychiatric institution did not succeed, but when the family therapists included traditional folklore in sessions something changed. The client knew the language and the therapists could grasp what affected him. The therapists say clients can speak in code, so if they know anything about the folklore connection, it should not be considered nonsense. The folklore will affect the client, but not having knowledge about folklore, the therapist will not obtain what is affecting him.

Another example working with folklore concerns a family in which one of their sons was diagnosed as schizophrenic. No one in the boy's family wanted to send him to a psychiatric institution. In this family, they wore traditional clothing, and one of the therapists discussed with the boy's father whether there could be something "evil" in the jacket. They discussed whether the jacket should be burned, drenched or buried. If the jacket was burned, the smoke would ascend, and the "evil" could come into others. If the jacket was drenched or buried, someone could fish or dig it up. The father and the therapist decided that the father should go to someone who had had an ability to "see". *"We made an agreement that the father should go to two different spiritual persons who had the ability to "see". He gave the jacket to two "seers", and they concluded there was nothing wrong with the jacket"* (TG1-1, 173-174).

The language used was an opening for the boy to get adequate treatment. The therapists said that since they treated their belief system seriously, the family could finally understand the boy was ill.

The TG family therapists say that working with clients' folklore has a transfer value to other cultural aspects influenced by the spirituality of clients. They say therapists have to be aware of how belief systems and spiritual values affect clients' lives. For the clients, it is about how open they can be or if they need to hide their spiritual life from the therapists. The therapists ask, *"Do the therapists dare to use "the whole keyring"?"* (TG1-1, 433). The TG therapists think it can be an advantage if therapists and clients have something in common on this level. But the most important is that therapists have an awareness that folklore exists. It provides an opening for asking questions. *"You show you know something about it, and secondly, that you respect it"* (TG-1, 468-469).

However, the TG therapists point out that culture cannot surpass Norwegian law and this can be paralyzing for professionals, who cannot allow illegal actions to be hidden behind cultural rationalizations.

#### 6.4.2.2 Sub-category 3b-ii: Exploring clients' values and intentions

Many of the therapists work with the values of their clients, as Edwin points out.

*If everyone sees the connection between the things they do and values which are deeply ingrained in us, I think we would live much better lives. I often think in cases when we feel pain it is because of disharmony between our practices, actions that we perform, and our essential values. (T1-1, 613-617)*

Edwin thinks human values can be absent but still implicit. Therefore, he thinks it is important to grasp the clients' philosophy of life as a starting point for problem-solving.

*I like to think people are intentional; we do things because we have some thoughts about them. There are some values that guide us, there are some attitudes that do not appear totally random – they have a history... Then you embark on an exciting journey together with people. (T1-1, 448-453)*

Frode has similar reflections. He says that when clients have great crises, it can be a great help to find their values and sail through the storm with the values as a compass.

For Ada, values and meaning-making is part of all her therapeutic work, but says she works with these things on different levels. It can be more or less pronounced. When people come to therapy, things have often already escalated by this time, but over long-term work, she often works with themes like values, meaning in life, love and so on.

Nils says the research does not take into account the clients' values, which are something larger than what embraces us. *"Perhaps there is something in their minds, a connection in souls..., which is an understanding of another's values, which is something greater than, which embraces us"* (T2-1, 421-423). Nils thinks couples can have a fundament, even if the conversation is not always the most productive. He says it is a kind of reconciliation which also provides an opportunity for reorientation: What can we live with or what do we need to change? He says this is also related to forgiveness, which can help people stand together.

Nils also says he normally does not use the word "values" but asks clients what is important for them, although he feels that when clients talk about what is important, they do not always talk about values. He says values are something deeper, something that really touches us, and thinks that kind of conversation is not popular in the society today. Tor has similar reflections, saying that for many of his clients, values are an unfamiliar concept. Still, he works with the values of clients and is used to asking what is important to people, what kind of principles they have.

Working with narrative practice, Magnus says you can easily reach clients' values. Therapists ask a lot of "why" questions, seeking out clients' intentions, for example the reason for their choices. I asked him if "why" questions help to create a depth in the conversation. *"Yes, if they are positively wondering about something... If the question is asked so people feel they have to defend themselves... then it is not a good question"* (T8-1, 1536-1539). Magnus says everything has a root, and during practice, trivial perspectives can quickly lead to the more serious, to the core of life.

For Tomas, working with values is very important, to capture what kind of values people are building their lives on. *"I think questions of values are under-communicated. It is easy to be occupied by aspects of action or the story itself"* (T9-1, 595-596). He also says it is important to know that clients have values, though not always managing to live by them. Values can be dreams and hopes for what they want. He believes that therapists should ask clients about their dreams for themselves and their children, what kind of guidelines they follow in life. He says these questions make it natural to move into divinity. Clients can, for example, talk about a sense of security and belonging from their childhood, which both God and Jesus may represent. He thinks it is valuable to explore what these perspectives mean in life.

Grete says client *sources* of values, their faith, can often be lost. She says it is easier to talk in a more secular way, separating their faith. She wonders why it is so difficult and thinks clients' core values and faith are closely connected.

### ***When values are challenging***

Magnus thinks that Muslim refugees are very concerned about talking about their faith in therapy. Coming to Norway, they often get into value conflicts, existential crises, as Magnus calls it. What they learned at Koran school often does not fit here and they become uncertain about how to make their lives to work. Magnus says it is important to bring these perspectives into therapy.

Therapists' *own values* can also be challenged in therapy sessions. Tomas remembers he met a very fundamentalist Christian family whose ideas clashed with his values and thoughts. For him, it was difficult to really listen and he felt, in a way, provoked. *"It became almost a non-theme, at least... no, it was a theme for them but I failed to bring myself in. I think it was, I failed... I hear what they say, but I will not confront my own life view"* (T9-1, 814-823). He tried to put aside their religious faith, and focus on their relationship. Where he sometimes

can experience the dialogue as a golden moment, this is something different; He feels he is looking in from the outside. Something fundamentally is clashing and thus the conversation becomes more difficult.

Magnus also has similar experiences. He has met couples who live in completely different ways from him, for example with substance abuse and unfaithfulness, and says it can be challenging. He says his values make it difficult to listen, but he tries to hold back his own biases.

#### **6.4.3 Category 3c: Introducing spirituality themselves or through the narratives of clients**

For those therapists who include spirituality in their practice, spirituality is introduced through the narratives of clients or through the therapists' own initiative. For many of the therapists, it is not natural asking about spirituality without an initiative from the client. It is easier to go into clients' values than talking about faith or religion.

Nina is not used to asking about religious affiliation, she needs to be invited. But through the clients' stories, she can choose to probe spiritual aspects. If, for example, someone has had a very pietistic religious father, she might ask how this affects the client's spiritual, personal and relational life. She wants to be natural, and for her, this means being open to whatever the clients want to talk about. *"I want it to come naturally out of the things we are talking about and find out how they want to talk about these things"* (T3-1, 284-285). However, in her experience, not all clients want to talk about spirituality – it can be too personal. She also thinks the therapeutic context is crucial to the discussion: some contexts are more suited than others to go into these issues.

Magnus works in the child and adolescent psychiatry, and the clients normally fill out a questionnaire before starting therapy. The questionnaire contains some questions about clients' faith and worldviews. If they indicate this as important in their lives, Magnus says it affects his therapeutic approach; it makes it easier for him to respond to spiritual perspectives and also ask about them directly. *"I have been aware of, ok, here they have ticked it is important, or it is not important. It gives me an idea in advance when I meet people"* (T8-1, 706-711). If the client indicate spiritual perspectives is important, he wants to appear positive and show interest.

Ada also says she is not proactive about bringing up spirituality, but she will never block the issue if spirituality is an important part of her clients' lives. She thinks it is important to get to know the clients from a broad perspective, not only from a narrow focus on their problems, so she thinks clients should have the opportunity to talk about their spiritual lives if they find it useful.

Siri says that some of her clients' religious life is implicit in their stories, for example that something has happened in relation to the church. However, this is nothing she uses overtly. *"Well, if I had started in a job and everyone else was using it, but... it has not been on my mind. Personally, I don't have anything against it, but it has not been in my mind, no"* (T4-1, 408-409, 413). Siri asks clients what is important in life, but it is not related to their religious or spiritual life.

### ***Initiating by the therapists***

Some of the therapists are more active in bringing out the spiritual life of clients. One is Grete, who believes therapists are generally waiting for clients to introduce the topic, but say many hesitate. As a therapist, she looks for anything that can help clients get on in life.

*Colleagues say I get more responses than others. Perhaps it is because I do not stop where others think it is too private or clients have to bring it up themselves. If there is an opening, I ask questions.* (T11-1, 307-310)

The openings can be a special theme, an experience or just a sentence. She thinks her curiosity helps her to find underlying themes that can both disrupt and explain a person's actions. She says the clients' faith is "an assistant" in therapy.

Tomas thinks it is crucial *how* therapists question the topic. He might say to clients, *"This is important for many people, how is it for you?"* (T9-1, 401-402). He says it is important to generalize spirituality, make it natural, to explore what the theme means in family life. If he feels a response, if he has something in common with the client, he might share some stories from his own life or share similar thoughts.

The TG therapists use a family map with three generations as an entry point to their therapeutic work. They use different symbols on the map, which includes religion. The family map changes during the sessions and lie on the table throughout the course of therapy.

Through the family map, they hope to connect to the spirituality of the client through curiosity, respect and humility. *"And by drawing a family map, we get as much information*



*as we... we do not have to ask many times about things, because this comes automatically"* (F1-1, 818-819). However, one of the therapists says this is not an easy theme for clients, and often several sessions are needed before clients start talking about their spiritual lives. Sometimes the therapist can initially sense spirituality as an underlying affecting theme but feels the client will go more deeply into it when feeling ready.

#### **6.4.3.1 Sub-category 3c-i: Using the language of clients**

Using the language of clients is an important aspect for many of the family therapists. Frode says, "*Professionalism is to grasp clients' belief systems, experiences and their language universe*" (T5-2, 45-47).

For Edwin, using the language of clients is essential. He says his own concepts don't have a place in therapy: "*I am incredibly keen... to ask, what words they think are comprehensive for what they want to talk about*" (T1-1, 472-473). He says language is power, and he is concerned about the balance between the therapist and the client.

*If you do not look critically at what you are saying, what you ask for in the conversation and what kind of words you actually use when talking with people, then you will be... pushing people, even if you do not even want to.* (T1-1, 886-889)

Sometimes clients use words Edwin thinks are professional, words which do not feel natural to the client, so he then encourages them to find their own words, words that fit better for the life situation. He says clients can fumble for words, even that the therapist and client can fumble together. He is concern about exploration, so he asks clients: "*What do you call it? Is it a life philosophy, or is it religion or values, or what do you call it?*" (T1-1, 642-643).

Edwin says therapists have to delve into the language of clients. Words have to be explored. Language is saturated and charged with values and says a lot about the client. Sometimes he makes suggestions for words and explores which ones resonate best in the life of the client.

Tomas also says that he connects to the language of clients. During his life journey, he has been well-known in the "spiritual landscape" and has a relationship with many of the spiritual words clients use in therapy. He also likes to use humour, and I asked him if he can have some fun with God. "*Yes I can, He can tolerate it*" (T8-1, 1229-1231).

Ada also says the language of clients is the most effective door opener. She wants to explore what is in the language of clients. To use the language as they do is a way to meet the clients where *they* are. She will not force her own discourses on the clients.

The TG therapists say they do not ask clients directly about their spirituality. When clients talk about their life, spirituality and religion are often included. When clients talk, the therapists seek to acknowledge their language and try to use their words. To strengthen this focus further, the therapists sometimes say they recognize themselves in the clients' thinking. They also say how in culture, it is natural to use metaphors – people often use metaphors from nature to explain human situations, for example. They say it is important that therapists have knowledge about it and act respectfully and have to ask and find out what is specific for each client.

Nina uses different words with different people, trying to sense what is ok and what is not. She wants to create a room where the client is allowed to be vulnerable. She says there is much power in the vulnerable, but often it takes some time. She has, for example, conducted therapy with teenagers who have tried to commit suicide, during existential themes, she come close to the teenagers.

*You really meet people when they are most vulnerable... There is a lot of power in it. Because when you are vulnerable, you expose yourself in a way. I have several experiences of that; there are also some possibilities for change that can take place. So being a therapist in such a situation is really amazing, even if the situation hurts.*  
(T3-1, 300-304)

Nina says this situation then opens up more and that the therapist can reach the core of the situation more quickly. Everything else – all the roles, the masks – is gone.

### ***Negotiating with words***

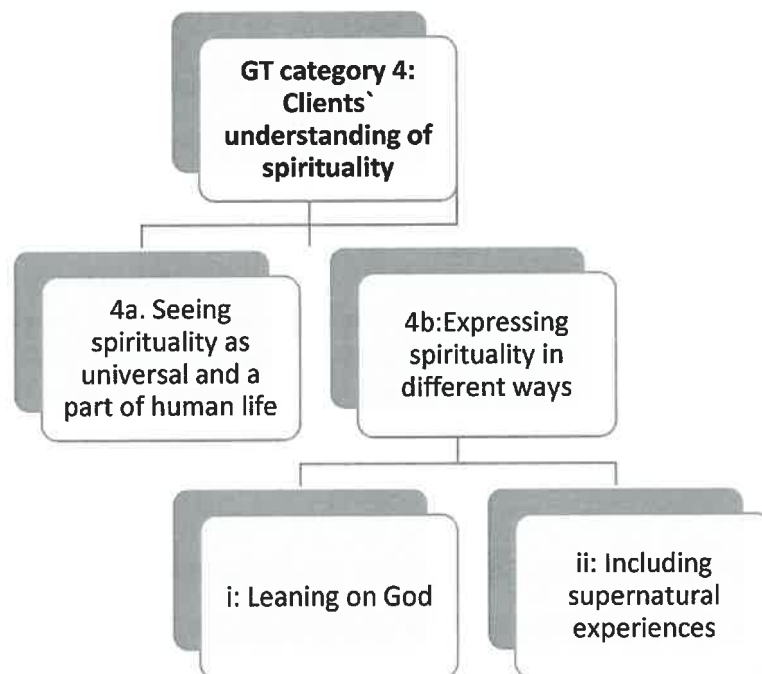
Magnus thinks therapy is negotiating with words. He believes clients may hold back words they normally would have used if they are not confident with the therapist. If clients had any idea that the psychological world is sceptical of faith, it would limit and determine what kind of words they use. Personally, he has the same experience and he does not think clients are different. *“It is kind of an uncertainty: what can I say? It's like a grey zone. Am I allowed to ask about such things?”* (T8-1, 424-428). In his professional life, he chooses his words according to who he encounters in therapy.

To go deeper into client's stories, Magnus uses “why” questions. He says narrative practice is the only approach where you can use “why” questions in a systemic way, but you have to use it in a wondering manner, and not be normative.

## 6.5 Category 4 – Clients' understanding of spirituality

I will now turn to the clients and start to explore their understandings of spirituality.

Researching about spirituality in family-therapy practice, I find it important to include clients' reflections on the topic, and how it affects life in different ways. Hopefully, this category can be of help to therapists in finding ways to include spirituality in their practice. What follows is GT category 4: clients' understandings of spirituality.



**Figure 4:** GT category 4: Clients' understanding of spirituality

### 6.5.1 Category 4a: Seeing spirituality as universal and a part of human life

Almost all the clients believe that every human is spiritual. People are more than just physical and psychological; people can be spiritual even if they do not think they are. Lisbeth thinks that everyone has a spiritual part but feels that some deny this perspective, while others do not reflect on it particularly. Some are more spiritually sensitive than others. She thinks that the reason why we are here in the world is *“to grow and develop spirituality”* (C7-1, 643). For her, spirituality is being turned towards her creator, God. Maja has similar reflections:

*I think all humans have this spiritual part of themselves but some deny it and some use it only a little. And some are extremely pious... and some are particularly sensitive. I have a very spiritual friend who is very in touch with God, God's voice or the spirit of God. But I am not... like that. I'm not hyper-sensitive like some. For my part, being spiritual means simply being in contact with my spiritual origin. (T8-1, 306-312)*

Another client, Stian, says, “Everyone is spiritual. Humans fill their spirit with what becomes important to them” (C4-1, 335-336). He refers to the Bible, which says, “Also he hath set the world in their heart.”<sup>28</sup>

Ewa says that “everyone believes in something” (C1-1, 875). She does not think a person is neutral; she believes there is a greater openness to spiritual and the existential questions of our time. Maja also thinks people nowadays are more interested in spirituality. She thinks humans are searching, longing for something “more”. It is easier than before to talk about faith. She thinks it has something to do with immigration. Maja thinks people are mixing religions in “a delightful buffet” and combines it to suit the individual.

Several of the clients say spirituality includes a person's values. Anette thinks everyone has some thoughts about what is right and what is wrong and what is really important. She says everyone has some “driving rules” in life that they want to pass on, connected to their values. Ingrid says her values and faith guide her through difficult periods. “Values in life are the clues that enable you to stay on your feet, and my spirituality is part of it in a way” (C 11-1, 88-90). However, linking values to her faith has been difficult in therapy, at least initially when the therapeutic relationship is new. Her faith is very personal.

Tuva says that, because she is not religious today, she can express her spiritual feelings more like aesthetic feelings. For her, spirituality is more connected to religiosity, so she likes to use words like aesthetics and values. She describes beautiful nature experiences, like standing on a top of a mountain, walking around a lovely lake, and going out in the middle of the night and looking at the stars in the sky. I asked if this is spiritual in a way “Yes, I feel it is the same piece of me, a feeling of connectedness and unity, something like that” (C12-1, 796-798). I also asked her if she feels she is part of something bigger. “Immediately when you say it, then it stops, because no; I do not want to be invaded by anything bigger than me” (C12-1, 802-803). Tuva has had many difficult and painful experiences of religion and feels it has been a ribbon that has tied her. However, she is very concerned about values: “Values and ethics are very important to me ... almost too important... Maybe I should define ethical values as a kind

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<sup>28</sup> Ecclesiastes, 3.11

*of religion in a way*” (C12-1, 1145-1146, 1149). Tuva also says she has faith but not a religious faith. *“When you believe like me, it may seem like you have no faith. But it is not that you do not have faith, it’s just that you do not believe... you do not believe in religion”* (T12-1, 1076-1078).

For many of the clients, spirituality is connected to faith and religion. Bjørn says that everyone has faith. *“It is nonsense that only Christians have a faith... It’s not that Christians believe more than others, it’s just that they’ve put their faith a little more in a system, right, have a structure in it”* (C 10-1, 495-501).

Bjørn says everyone has faith even though they do not have any superstructure over their faith.

### **6.5.2 Category 4b: Expressing spirituality in different ways**

The clients use different words to explain the spiritual part of their life. Repeated words are “faith”, “values” and “God dimension”. Most say they are Christian; thus, “Christian” is a natural word to use. Several do not like the word religion, though. Lisbeth says the word is cold, distant and academic.

As described in category 4a, above, several of the clients like to talk about values. Bjørn thinks values are more neutral and feels that clients’ values can be a good entry point to the topic in therapy. He says, *“You cannot come in bursting out ‘Are you a Christian? Do you have any spiritual beliefs?’ I think it would quickly become a bit clammy”* (C10-1, 35-37). He also thinks “faith” and “worldview” are good words, and also the Norwegian word “åndelighet” (spirituality) can be a good word when clients and therapists have become familiar with each other.

Most of the clients use this Norwegian word when they talk about spirituality. The Norwegian word “spiritualitet”, which is close to the English word spirituality, feels more distant, artificial and a “not-Norwegian” word. Anette says “spiritualitet” is *“fanciful, impersonal and not so close... far from my everyday vocabulary”* (C5-1, 12-15).

Tuva and Tone, as the therapists Terje (See category 1a), associate Spiritism with the word “spirituality”. Tuva says, *“I can say ‘åndelighet’<sup>29</sup>, but when I see the word ‘spiritualitet’<sup>30</sup> I*

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<sup>29</sup> A Norwegian word for spirituality

<sup>30</sup> Also a Norwegian word

*think, no, this is nothing to me*” (C12-1, 760-761). She feels the word gives her two different associations.

*From my earlier part of life, it gave me some associations to Spiritism or something like that... Nowadays, I think about the alternative movement... remedies and trickery, where people take a lot of money from others and make them part of a small group.* (C12-1, 767-772)

And Tone says, “*For many, I think they will think of Spiritism. I think it is more genuine Norwegian to say ‘den åndelige’ [the spiritual] dimension*” (C2-1, 707-708).

Bjørn is also unfamiliar with the word “spiritualitet” (spirituality).

*It told me not very much at first. I did not know where you would go. But if it is right that I have understood it as the extent to which the ‘åndelige’ (spiritual) dimension is included in therapeutic contexts, then I realize what it is all about.* (C10-1, 15-18)

The Norwegian word “åndelighet” (spirituality) seems more natural to use, even if the concept can be difficult to grasp. Lisbeth says spirituality is not tangible. “*This is a part of the matter or the core, you cannot pick up the spiritual like a book. Look, this is spirituality... it is indefinable, in a way*” (C7-1, 475-477). She says people have different experiences of spirituality, which creates different emotions, only through naming spiritual perspectives.

Several of the clients use the word faith. Ewa uses “stone” as a metaphor for faith.

*Yes, we have a faith like a stone. We both love stones, as a symbol in relation to faith, because this is not a faith about to be good or kind enough, no, it is a fundament. Whatever happens, we will not fall to the bottom, God is the fundament. Stones are solid.* (C1-1, 350-353)

Lisbeth has a good connection to the word “soul”. She says it is the part of us that lives on after death, and she thinks we have to take care of the soul and keep it strong. She says the soul is the inner of man, both psychologically and spiritually.

### ***Linking spirituality to relationships, emotions and bodily experiences***

As we already have seen, spirituality has a relational aspect, in the relationship with itself, with other humans, with nature and with God. Tone says her spiritual part infiltrates her whole life, including her relationships. She uses the word “room” as a metaphor. “*For me, it is quite big, it infiltrates everything, it infiltrates who I am as a person...*” (C3-1, 50-51). I asked her if it affects all her rooms.

*Yes, it does...when I raise children, meet people, it is a great part of my motivation. I work a lot among immigrants, marginalized people. I do it because I love it, and I think about who Jesus walked together with. So for me, it is part of everything. It is a room, in which it is impossible to lock the door. (C3-1, 53-57)*

For Tone, spirituality is connected to her practical life. She also likes to go to church, sing together and be part of a bond. She says spirituality has to do with belonging – it is a big family. She thinks action is more important than sayings and says we need to care for each other. Many clients link spirituality to their spiritual practice. It can be praying, singing and going to church, but also caring for others, people who are in need.

Talking about spirituality in therapy, Maja says “the voice of the heart” can be a good metaphor. *“For everyone, there is a form of conscience and a voice that says what is good and what is bad for yourself and the couple’s relationship and children and finances and... such things”* (C8-1, 375-377). Maja is concerned about existential questions and wants people to listen to their conscience to find the right thing to do in different situations. When she had a handicapped child many years ago, something changed her. *“Previously, ethics were in my head. But when my child was born, ethics went into my heart, more than more”* (C8-1, 736-737). Lisbeth also has some reflections about the heart, which she learned from her grandmother. *“It does not depend on which religion you are a part of; it is about your heart in relation to God... even if not everyone calls it God”* (C7-1, 59-61). John also relates his spirituality to God. *“Spirituality is, in a way, what lies beneath. It is fervency, a relationship, a heart, a heart-relationship, or what you might say, a willingness to dare to stand in a relationship even if you doubt”* (C2-1, 439-441).

But John has also known the anger toward God.

*I have had an awful amount of “angry” faith because of everything we have got through – crises; it is enough now, God...! It is strange... it is strange every time, because I might think everything is hopeless, but still it works out, it works out in a way, and then I have to say afterwards, maybe God was there. Yes, this is my experience several times. (C2-1, 341-342, 345-348)*

And John sums it up by explaining how this relationship with God is for him today. His relationship with God, *not* his faith, is his foundation whatever happens in life: *“a relationship with God I can trust”* (C2-1, 370). In next sub-category, I will describe the clients’ relationship with God in more detail.

#### 6.5.2.1 Sub-category 4b-i: *Leaning on God*

This category came up later in the GT analysis process. Reviewing the material again, I suddenly saw that God is very important for most of the clients. Regardless of what kind of faith they have, the fact that they can lean on God, that God is an important relationship, became very clear to me. Although many are not regular churchgoers and some have even rejected their religion, God is still a very important foundation in their lives. In difficult periods, God is a source of power.

One example is Tone. She has gone through extremely tough periods in life, and sometimes she has no strength to pray or go to church. But for her, spiritual life is connected to her breathing. God is in her breathing, which gives her peace. God is part of her all the time. *“I just say, God, I breathe out my powerlessness and breathe in your peace... so easy, banal and basic, maybe, if you can call it that”* (C3-1, 769-771). Through all, God is her great strength.

*I can relate it to the picture of my father. I have always been a “daddy-girl”, maybe that’s why I relate in this way. My father has always been there for me... It has also affected my picture of God... he never hurts me. Bad things can happen, but he still loves me... God loves me just as I am, he does not punish me because I was stupid and chose the wrong man.* (C3-1, 240-247, 389-390)

Without God, life would not work out for her, she says.

*It is **because of** this ballast that I have come through. I had become a psychological or psychiatric case, considering suicide... Without this ballast, I think I would not have come through.* (C3-1, 872-873)

Stian has another story. He has a handicap in life, which has made him shy and withdrawn. He has become much more open in recent years, though, having individually and together with his wife worked through many issues. For Stian, God is the most important assistance in life and the reason why his life is working out well today.

*Life has some ups and downs. And when you get your downs and have nothing to hold you, to use that kind of expression, I think not having something outside myself, only trusting entirely to my own existence, no, it wouldn’t work out, it wouldn’t work out.* (C4-1, 91-94)

Stain’s wife, Anette, has some similar reflections. She says their common faith is the foundation of their marriage. They may argue, misunderstand each other and be tired, but faith holds them together. Through their faith, they have also learned to forgive each other



and start over. Ewa, who is married to John, also has similar experiences. *"We have this dimension of God, which has carried us and kept us all the time"* (C1-1, 393-394).

Bjørn and Maja have been married for over thirty years. They come from different cultures and traditions, also religious, but have been struggling to create common religious traditions in their family. But overall, to find rest in the presence of God has been a way to meet each other. Every night for thirty years, if they have gone to bed together, Bjørn says they have prayed "God's blessing"<sup>31</sup> together.

*I think we have been blessed through praying every night... even if we have had rough times in our marriage... My experience is that we have had a rich and great relationship in many ways... I think the word "blessing" in itself is a very good word... Actually, this is one of the few times when I am praying and THINKING of every word when I am doing it... I think it has had a positive impact on our marriage.* (C10-1, 450-463)

For Bjørn, it has given him confidence and trust that God is with them through different periods of life. He also remembers in one of his darkest periods in life, he felt that God was his last chance.

*"I just said to God, 'Right, you need to help me come through. I do not think I can handle it alone.'" This is a great strength and I think that is the point with Christianity. I think many have the experiences that Christianity is following rules and you have to live life in a special way; but for me, it has been the opposite. I am not so good following the rules and living right and proper, but forgiveness and support from God are with me all the time.* (C10-1, 945-6, 947-952)

Lisa met her husband at church in her youth. They are no longer church workers and they do not talk about faith and religious issues at home. For Lisa, this is something she misses in her marriage. Although they have gone to couple therapy in two periods, they have not worked on this issue. Yet, Lisa often talks to God when she is in difficult situations. She really feels it helps her a lot. God is a relationship, and it is natural to talk to God and ask for help.

Lisbeth has lived with a violent religious husband for many years. She does not define herself within a religious context. She finds inspiration from several different religions. However, her relationship with God is very important to her and is part of her everyday living.

*Yes, it gives me great strength, but I cannot be put into a cubicle. At least not after having lived in a marriage with violence for sixteen, seventeen years or something like*

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<sup>31</sup> Fourth Book of Moses 6.24-26: "The Lord bless you and keep you; the Lord make his face to shine upon you and be gracious to you; the Lord lift up his countenance upon you and give you peace."

*that. If someone says, 'Come to this church here, and you have to believe what we believe,' I couldn't handle it. (C7-1, 360-362)*

Tuva will end this category. She has left God. She has had terrible experiences with a violent, fundamentalist religious husband and also unwise church leaders. Nevertheless, she still thinks it would be good to have a *kind* God to lean on.

*It would be wonderful to believe in someone greater than oneself. But I do not believe in it. But it would be wonderful if it was true. But it has to be a kind God; otherwise, he would have to manage without me. I would not support him, no matter how strong he was. (C12-1, 1161-1164)*

Tuva says she has left the door ajar.

#### **6.5.2.2. Sub-category 4b-ii: Including supernatural experiences**

It seems a spiritual life also can include supernatural experiences. When interviewing the clients, two of them talked spontaneously about their near-death experiences. Lisbeth had an accident in her youth. She was clinically dead and felt she was out of the body. This experience has strengthened her spiritually. *"The spiritual dimension as I experienced, I know you cannot prove it, but anyway, I know it is there"* (C7-1, 377-378). The experience has given her an understanding of life after death and an experience of a spiritual reality.

Secondly is Henrik, who told me about when his mother was dying. When she stopped breathing, an incredible light shone from one of her eyes, a beam of light that disappeared out the window. He asked the other people in the room if they had seen anything, but nobody had, and they did not understand what he was talking about and were not interested in the idea of a supernatural experience. I asked him what he thinks this experience was about. *"I think it was something that took my mum further... If it was spirit or soul, I don't know. But something disappeared... It was a connection in a way... it was very strange"* (C9-1, 70-73).

He also tells me that twice in life he has experienced someone "saving him". Once was in a terrible session in child/adolescent psychiatry. One of his children was in psychosis, and the whole family was in crisis. Suddenly, like a lightning strike, he had a revelation that his family would rise above this situation. He says he told the therapists that he'd had a revelation, but they did not understand the spiritual dimension. The therapists met him on a psychological level and asked him about his feelings. But he did not want to talk about those.

*I would like to have had a priest there. I needed it... I needed someone who could put their arms around us, all together. A hand or something like that, something good to hold, something safekeeping, instead of thinking of therapy. (9-1, 147-148, 155-156)*

Henrik thinks therapists try too quickly to put experiences in words. He thinks supernatural experiences can be destroyed by words. However, this revelation made a change in him. It gave him strength, an insight. He *knew* this terrible family situation would not appear again.

Other have experiences messages from God. Tone told me about a terrible situation with her ex-partner, and she went to the Bible to find some support. She started to read about the judgment of King Solomon, where two women wanted the same baby<sup>32</sup>. The story was like a greeting from God.

*It gives me goose bumps every time I talk about it; these words gave me a spiritual experience... The child would not be split into two. I should stay in it, I should tolerate it because I know my child cannot tolerate more fights. (C3-1, 481-484)*

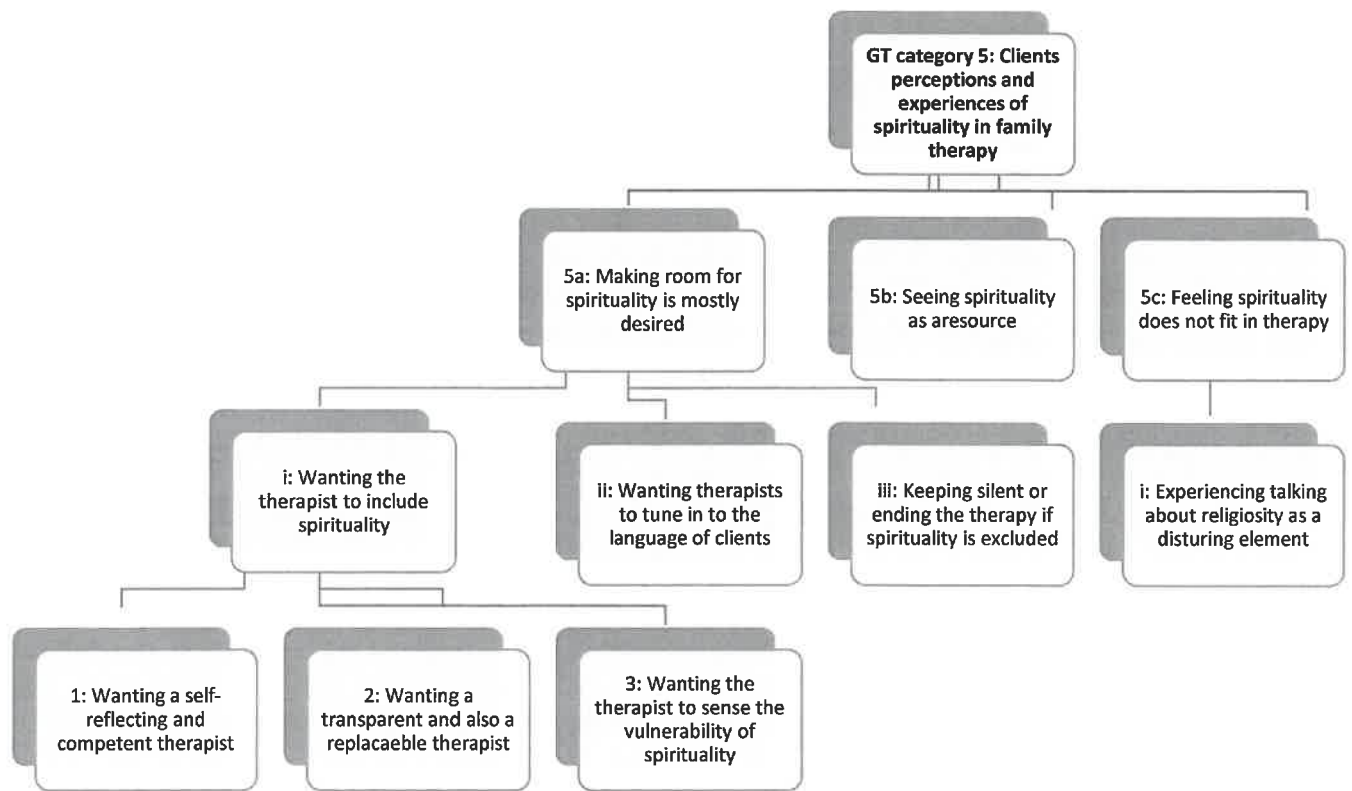
Anette says she gets “images” in her mind. “*I think images are a way God shows me different things, concretely*” (C5-1, 586). She says that throughout her entire life she has felt rejection, but through her faith, she has learned about the unconditional love God gives to her. No therapy can compare with it, she says. She is learning to live as a wanted and beloved child. It gives her a totally different foundation.

## **6.6 Category 5 - Clients’ perceptions and experiences of spirituality in family therapy**

In category 4, we saw clients’ understandings of spirituality and how their understandings affect their lives in different ways. The clients have different experiences if their spirituality has been taken into account or not in family therapy. Some have had positive experiences, while others have felt rejected or overlooked. However, all the clients have numerous perceptions concerning how to include spirituality in therapeutic practice. Both the clients’ perceptions and experiences are explored in category 5.

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<sup>32</sup> 1 Kings 3:16-27



**Figure 6:** GT category 5: Clients perceptions and experiences of spirituality in family therapy

### 6.6.1 Category 5a: Making room for spirituality is mostly desired

To include spirituality in family therapy seems to be important for most of the clients. They want it to be something natural, being a part of the human being, relationships and everyday life. For Lisbeth, it is very important that humans are acknowledged as spiritual beings in therapy. I asked her what she meant. *“The therapist being very open, giving me feedback, like it, understand it has a strength, ask me a little bit, say something, tell me a little about himself”* (C7-1, 104-105). She feels that spirituality of humans is part of being whole: physically, psychologically and emotionally. Clients have experienced that therapy can often be practical-oriented, lacking spiritual perspectives. But human spirituality affects relationships, crises and conflicts. Bjørn says it is very difficult to cut off his Christianity in relation to his couple-relationship so just lets it *“flow freely... You do not live in a vacuum in relation to your faith”* (C11-1, 896-897).

For Tone, her spirituality influences her whole life. It is like an inner “room”, and it forms a “cross draft” with all the other “rooms” in her life. *“There is world of difference where this also may be spoken of... my life is a whole”* (C3-1, 334-335, 339). She says history tells us

that professional practice has split between the body and the soul and that treatment has become very specialized and divided. Maja also has similar reflections.

*I am a whole person; all my parts are one. The spiritual part and the bodily part affect each other... My mind, what I am doing and reading, what I am eating. I think everything blends together in a way, has a very holistic thinking. It is impossible to avoid the part of the brain that has to do with the big questions. If you do not include value-related reflections, then the therapy fails. You know, on the top of the cake, there is the glaze. Under, you find the big questions. (C8-1, 394-397, 476-478)*

Maja talks about helping humans to be conscious of their beliefs and meanings.

*To make people aware of what they think, their meanings and thoughts about the big questions...is a value in itself. Hopefully, it will have positive effects on others, your partner and your children and... and others you meet. Getting conscious, it's a part to develop as a human being. Yes, get more and more conscious. (C8-1, 686-690)*

Maja thinks this is a duty for every human. We have minds, emotions and spirit. *"And although we do not believe in the spirit as something divine, it is still very important to reflect upon our values and view of humanity"* (C8-1, 703-707). She says people are thinking beings, and therapy can help you to think even more. It can be a trigger. *"Whichever way you choose has to do with the spiritual life... The spiritual is part of our development"* (C8-1, 833-834).

Tuva was raised in a very fundamentalist church community. She learned to keep away from public health care. In the church, they said that psychologists and psychiatrists deprived people of faith. It was expected that church members should rather speak to the priests. Her need was to talk to someone outside of the church, but it took many years before she dared do that. Now an adult, it is important for her to be a "whole person" when she looks for help.

*Since I have grown up with some sort of barrier against it, it was really scary, now it is important for me "to glue" these pieces together. And to be able to come with the "whole me" is important. I do not want to go somewhere with one part and another place with a second part. I really think that is important. (C12-1, 611-615)*

Lisbeth has met many different therapists, but not until recently has she met a family therapist who includes the spiritual dimension in a helpful way. She is absolutely sure that she receives poorer help when the spiritual dimension is not included. I asked her to explain further.

*You know humans are much more than the physical body, much more than their own psychology. I felt I was met at every level. Of course the practical things, how to live life with a violent husband and two children, it was the main emphasis, but the*

*spiritual dimension or the spiritual openness was always there, so I became completely relaxed and completely naturally with myself. (C7-1, 45-51)*

Lisbeth says that her therapist has given her questions like, “Does your spirituality grow during these times, or are you spiritually broken? Why does it happen? Do you think it has something to do with God?” Lisbeth says that if her therapy is at a deeper level, it is quite natural to include the spiritual dimension. She also tells me that, because of her disability benefits, she needs to visit a psychologist regularly. But the spiritual dimension is not part of the treatment there and she thus feels her therapy doesn’t touch her deeply. Her spiritual life has been crucial in how she acts as a mother and how she handles life in general throughout all the years of the violence. To get real help, this dimension cannot be left out, she believes.

Lisbeth’s current therapist has helped her to find balance in life and also challenged her in that she puts too much emphasis on the spiritual part. The therapist wants her to place a greater emphasis on the body and the physical and has taught her to take care of her body and include it in the overall picture.

*Because she said, “Lisbeth, you are so... you pay so much attention to the spiritual,” and I probably have, because... I think the spiritual is very important in life. She also says, “You must put more emphasis on your body and the physical”. (T7-1, 754-756)*

Lisbeth says that the relationship or connection between the physical, psychological and spiritual is very important. She says this is also part of the therapist’s understanding and life. “These connections, she knows...are part of her life” (T7-1, 769-770). Lisbeth really feels the therapist has understood her.

### ***Human beings: A well-functioning machine?***

Tone says that if a therapist cannot handle spiritual reflections, like doubting and wondering, God and maybe anger towards God, the session is likely in big trouble. “I would say that they have a handicap” (C3-1, 837). She says that we all have our strengths and weaknesses, but to be a professional therapist you should rework your spiritual “room” to meet the clients.

For Lisbeth, therapeutic work is at a deep level, and for her, it is obvious that the therapist should meet the client as a spiritual being. She says the therapist needs to understand that people’s different perspectives influence each other. We cannot be reduced to a well-functioning machine with values. All perspectives in human life are connected.

Henrik says that it seems like the spirituality of the client has no obvious place meeting therapists. *“Therapists need to quickly rationalize this in a ‘classic western mind-set’ ... with a reaction that says it is not a good idea to move on (C9-2, 4-5).* In this mind-set, spirituality is left out. Therapists ask about feelings, what is difficult, but dare not reflect on a person’s spirituality.

### ***When spiritual perspectives have to be left out***

Bjørn thinks being professional is being aware of the clients’ “baggage” and being able to reflect on when including client spirituality does not fit. He also says therapists need to be aware of possible spiritual differences between couples. There must be an interest from both parties to get into it. *“When you get to the core of yourself, you are very vulnerable” (C10-1, 562).* Bjørn thinks that if couples not are in tune together, or have problems with listening to each other, it is better to put these issues aside. He says you can’t get everything you want; becoming wiser over the years, you learn to live with differences. But he still wonders what kinds of reflections therapists have when working with clients with very different core values.

Spirituality can be a vulnerable topic when the balance of power in relationships is out of sync. Then it can be better to address these issues individually. Both Tone and Lisbeth have experiences with a violent husband influenced by religiosity, and for them, it was necessary to leave out their spiritual life in couple therapy, as Tone says: *“Actually, I would not call it therapy... In fact, it was more a matter of survival, of keeping your wits, yes, it would be unwise [to include spirituality]” (C3-1, 256, 262-263).* Similarly, for Lisbeth.

*That was my experience. She [the therapist] left it out... I remember he [her ex-husband] talked about God, how spiritual he was, and how terrible I was in the eye of God, but it was just left out...And this is very important, it just would be another thing to be attacked about. (C7-1, 726, 730-735)*

Lisbeth says that, when working with the therapists *alone*, they can deal with the relationship between the spirit, mind and body. For Lisbeth, love is essential, and she says she can love her ex-husband spiritually, but that does not mean they have to be together psychically or have to be married. God loves her ex-husband, and she says the therapists accept this kind of thinking. Lisbeth says love arises from spirituality. In therapy, to embrace the spiritual, psychological, emotional and physical, this is therapy with love.

#### 6.6.1.1 Sub-category 5a-i: Wanting the therapist to include spirituality

Many of the clients want the **therapist** to introduce spirituality. They say that they do not want to introduce the topic themselves. *“You do not cross the border, you do not force in the door; you wait to be invited”* (John, C2-1, 772-773). Tone says it is easier for the client if the therapist initially says that there is also room for spiritual perspectives. Tone feels the therapist should say something like, *“With me, you can talk about all aspects of life”* (C3-1, 685-686). Therapists can also initially ask directly what kind of faith or religion clients might have. It can also be important to reflect on cultural differences and similarities between couples and to ask in what ways these aspects affect their relationship.

Several of the clients find it difficult to talk with their partners about spiritual aspects of life, even though they would like to do it. Lisa says she wanted help from her therapist but found it difficult to ask for it in therapy; she did not know how to handle it. The result was that the theme was left out. She really wants a more active therapist in relation to these topics.

Henrik has a similar reflection. He feels a bit lonely as a Christian in his family. It has almost become a “family secret”. He thinks it would be a good for him and his family to get some assistance with the topic. *“Just ask about it. Mapping different faiths... Someone could help me to talk about what I might find difficult to talk about by myself”* (C9-1, 438-442). Henrik also says that many children are raised in homes with parents who have different spirituality, which can influence their situation. Therapy can be a place where family members can listen to each other, helping respect and tolerance to grow, but also to reflect upon differences that affect life in different ways.

Her experiences of differences in her marriage have been difficult for Maja, and she really wants the therapists to get into it.

*We have a long experience of therapy, which is still continuing. It is obvious that we have greatly benefited from therapy, but it could give us much more if the therapist was more proactive in questioning, wondering and insisting on exploring the differences between us, not least when it comes to our spiritual needs..* (C8-2, 8-13)

Maja thinks answering a questionnaire before starting in therapy, where questions about faith and beliefs are included, would be helpful. She says a questionnaire would give a better structure in therapy and a foundation for the therapist to get into spiritual reflections. Maja’s experience of family therapy over many years is that the therapy sessions are often random – just come and talk. She thinks it is difficult to criticize the therapists, though. Even though she would like something more, it is better than nothing. Family-therapy counselling offices often



have many therapists, so a questionnaire would be more helpful in finding a therapist who fits the client well.

Bjørn thinks that one way to get into spiritual issues is to ask about clients' values. Everyone has values, and maybe clients have certain core values that influence their conflict or situation. It might be relevant and important to explore these. Talking about his own situation, he is concerned with integrity; what he sees as right must shape his choice.

*In many ethical situations, it is about lust or feelings in the moment. You are not a person with integrity if you always choose the easiest solution... For me, integrity is important. Christianity and the faith are the base, pillars of values. How do I relate myself ethically, moralistically and as action-related to what I think is my base? This thought about indignity is a trigger, helping me to do the right things. (C10-1, 398-407)*

His wife Maja is also concerned about how the therapist links their problems to their faith and values. When they nearly divorced many years ago, she would have liked the therapist to ask them to talk about their wedding day and ask about what makes for good days and bad days, as well as about the promises they made to each other, where God comes into it and what God and the Bible say about divorce.

In therapeutic dialogue, it is important for the clients that therapists also include questions about their spirituality. These dimensions affect different aspects of life. Spiritual life can also be difficult. Tuva says, *"The therapist can ask questions about a client's worldview and spirituality. Clients can struggle with such questions, and they can also be painful, just as painful as other things"* (C12-1, 1182-1186). Tuva thinks including spirituality is about preventing the spiritual and religious life of humans from becoming a burden.

### ***Reflections about spirituality – not a "one-off occurrence"***

Several clients do not want spirituality to be a "one-off occurrence", rather a perspective that is included in the therapeutic process. Many have had experiences with therapists not following up spiritual perspectives in subsequent sessions. They might, for example, have told the therapist they were Christians, maybe worked in a church, but the therapist did not take real notice of this.

Once, Maja actually tried to raise the issue herself by saying that their common spiritual life was difficult. *"I am not sure which therapist it was... I just remember that I had to take a deep breath and say that this is something I think is difficult. And of course, for my husband,*

*it did not seem to be so difficult*” (C8-1, 76-78). She said a few sentences and then stopped. Her husband replied that he didn’t agree, and she felt he trivialized it. The therapist didn’t follow up, and the dialogue came to nothing. The therapist did not then raise the question in following sessions.

Maja feels somewhat resigned to this perspective in therapy. After all her years in therapy, she has never had a dialogue about spirituality with any of their therapists. No therapist has ever raised these issues.

Working with the spirituality in therapy, Lisbeth says it helps the client to grow as a human. She is very concerned about her soul, saying it is important to take care of the soul before death. *“It is the part of you that will live on when the body, your psyche and your mind no longer function”* (C7-1, 380-382). The soul is the inner core of man. She thinks the development of the soul in this life will affect life after death.

Tone says that spirituality can provide an opening to even deeper and more reflexive sessions. She does not want to put her faith away when talking with a therapist. The crucial point is whether *there is room or not* in therapy, not necessarily talking about spirituality every time. Tone says, *“When I have felt there is room to talk about it, I can talk about everything, right. But when I have felt there has not been room...”* (C2-1, 411-412). Tone says you need to feel that spiritual perspectives are accepted.

#### **6.6.1.1.1 Sub-category i: Wanting a self-reflecting and competent therapist**

Many clients think it is important that the therapists have reflected a lot on their own spirituality and feel confident on the basis of their own standpoint. Bjørn says, *“If it is difficult for yourself talking about it, you will not be open for others to talk about it”* (C11-1, 392-393). The clients think it can be difficult to recognize and explore their spirituality if the therapist does not have a relationship with his/her own spirituality. It can also be difficult to understand its level of importance to the client, as John says.

*It is difficult to get into the issue if you do not have a clear relationship with it... You need the competence to meet it; you need to clarify what relationship you have with religion, faith, with “åndelighet”, with spirituality, or whatever kind of word you want to for it.* (C2-1, 795-800)

John thinks that if you are struggling with your own history, it can be difficult to understand clients.

Bjørn thinks therapists' own self-reflection can help in their being able to listen without transferring their own viewpoints.

*I think it certainly is important to clarify for themselves. Yes, like we talked about in the beginning, spirituality and faith and so on are so private. But maybe they have a job to do, to expose it for themselves. So that you know where you stand and are confident in it before you can... go into someone else's problems. And it is also about knowing what kind of understanding you have. So you know your own view on the matter, which I must try not to transfer to others, because you must be available for the person you will help. (C10-1, 380-386)*

Several of the clients also think that therapists need to understand spirituality in family therapy. It helps the therapist to be secure and open. It is easy to close the conversation if you not are used to talking about spirituality. Bjørn says competence can help the therapist to get a better clarification on his own relationship with this theme and also be more relevant in dialogue with the clients. "You need to be able to ask some relevant questions. I think that would be important for me" (C10-1, 619-620). Bjørn says it might be fair to ask the clients if they want to talk to someone who has a similar faith, even if it does not mean that the client necessarily wants to change therapist; but the opportunity should be offered, he feels.

Ewa thinks a key to this issue is a confident and competent therapist.

*The therapists have to be open to it, be confident in meeting the spirituality of clients, and to be open and confident, they also need competence of different kinds of spirituality... because, habitually, clients easily close the door. (C1-1, 392-393)*

To be part of a congregation can give both negative and positive experiences. For Tone, it has been important to have a therapist who has an understanding and "inside information" about this. She says that with her current therapist she has been able to make fun and laugh about the church, even if the church is very important to her. But she would not be able to do that with a therapist with no experience about church life. She does not want to defame the church.

*It was lovely to be able to be a bit sarcastic, where I could make a little fun of the experiences of the church. I could do it because I felt that we had something in common, in some way a similar background. (C3-1, 292-293)*

Tuva has similar experiences with her current therapist, who has a similar background to her.

*It makes it very easy to talk about. I do not need to say much before he understands it, and he can very easily provide relevant feedback. It makes it much easier. If I had met someone who was very religious, part of some congregation, I maybe would have felt*

*it was a bit frightening, and maybe thought we could just put this part of me away and maybe just talk about other things. (C12-1, 1237-1241)*

Tuva's experience makes her confident. She says a sense of security is essential for her for open her spiritual perspectives. The therapist should not proselytize but have knowledge and experience he can include in a good way in therapy.

#### **6.6.1.1.2 Sub-category 5a-i-2: Wanting a transparent and replaceable therapist**

John says it is difficult for clients to know that therapists can handle talking about spiritual issues and spiritual practice. He says, *"This is about lack of language, that you are afraid of mentioning, talking about and using spirituality because you will not make people embarrassed"* (C2-1, 900-901). Several of the clients say they want to know something about the therapist's own spirituality. It is an important precondition for daring to talk about these issues. It may give confidence to know that the therapist has similar beliefs. It can provide a mutual trust that makes some question superfluous and an understanding of the strength of a spiritual life. However, sharing one's own life must be balanced and not be invasive from a therapist point of view. Clients have different worldviews, many are not religious and the therapists have to be able to work with different kinds of people.

Maja says, *"It does not matter to me if the therapist talks a little about his own life, but it should not get so stern; it should be very nice"* (C8-1, 791-792). She would like the therapist to share their experiences with her as maybe they had some experiences she might benefit from.

Several of the clients would like the opportunity to change therapists if the person does not match their own spirituality or if the therapist finds it difficult to talk about these subjects. Bjørn says, *"I think it may be difficult to impose therapists... and maybe if someone says that they would like to talk about it [spirituality], then maybe they might need to change therapist"* (C11-1, 676-672).

Some clients say therapists need to be more transparent, show their interest and initially mention something about the inclusion or exclusion of spirituality. Tone thinks that if spirituality is a difficult theme for the therapist, the therapist should find a colleague who can better fit the client. That also means the therapists need to know about each other's spirituality. She compares it with doctors who sometimes send patients on.

*If a therapist feels spiritual issues are difficult to talk about, I think it is better the therapist suggests another therapist, because they know someone else who can handle it well. Not knowing enough about joints, general practitioners would recommend an orthopaedic surgeon. (C3-1, 829-833)*

Tone thinks a similar practice should apply in family therapy. She also says that, since she filters God into everything, it would be difficult for her to work together with an atheist. For her, it is important that a therapist is open to spiritual perspectives and encourages the client to talk about all facets of life. She also thinks therapists should be prepared for questions about their own spirituality.

Lisa also thinks it is important to have the opportunity to choose therapists because of their worldview. She says she would not mention her faith if she did not know the therapist's standpoint, it would be very difficult for her if she senses the therapists' negativity. *"I would have felt a little bad about the chemistry then... It is about reassurance"* (C6-1, 839-840). The last time that Lisa and her husband went to couple therapy, she looked for a Christian therapist on the internet. She was happy to find one.

Anette has similar experiences. She has met different kinds of therapists and she does not like to put her faith aside.

*For me and many others, I think that faith is the most important thing, so if it [the therapy] clashes with your main ideas, then the therapy will actually fall into the ground, in a way. If you get a match [with the therapist], it will be much more solid. (C5-1, 190-192)*

Bjørn says that in therapy he is more direct. If spirituality was raised as a topic in therapy, it would be necessary for him to know the standpoint of the therapist in these issues. He would ask the therapist directly as this is necessary to continue with the topic. The therapist must be able to give him something. Common frames of reference make him relaxed and confident. A common faith gives a confidence.

Lisa feels her marriage is sacred, and she wants a therapist who is willing to fight for her marriage. She thinks Christian therapists have similar values to her, and the values of the therapist will affect the therapeutic work, she thinks. Before she went to therapy she read an article in the newspaper with the following heading: "Do not stand together because of the kids!" For Lisa, though, an important value is to stand together *because* of the kids, and she feels safer if she knows the therapist has the same idea.

### ***Wanting input from therapists***

As previously mentioned in this category, several of the clients find it useful if the therapist can share some of their own meanings of spirituality. Maja says about their current therapist: *“He just repeat what we are talking about. All therapists just wait for our input”* (C8-1, 174-175). Maja says she wants tasks and questions that make them think together. Ten years ago, they had a therapist who she felt he formed an alliance with her husband, and she says they spent thirty minutes initially talking about her husband and the therapist’s common interests.

*I think he thought it was a bit interesting himself, and also that he did not know exactly what we should talk about because he was such a recurring therapist who really wanted us to talk. And I asked for tasks... we [as a couple] had a lot of problems that went deep. (C8-1, 199-201, 206-207)*

Maja says she is tired of superficial conversations. Yet, she finds it very difficult to say that she wants another therapist. She thinks therapists have to be neutral but says it is impossible.

Tuva says she wants the therapist to fight for goodness, and therapists must not be afraid of sharing their own values and clearly taking a position for clients’ good life. Sometimes clients can be very exhausted; it can be too tiring saying what one really thinks about things. There can be too many questions. Tuva’s experiences are that it has been very valuable for her when the therapist has said, *“No one should treat you like that! This is not right!”* Her current therapist shares experiences from his own life, from similar church experiences. She feels they have been more equal and this has been a very good experience for her.

Lisbeth also has a therapist nowadays who shares her own spiritual life. Lisbeth likes it, feeling that her therapist can bring something new to the conversation and give comfort and encouragement. She says, *“That’s what fellow people do, and the therapist should also do it. And maybe not be afraid... It’s not so acceptable being a spiritual therapist”* (C7-1, 612-614). Anette has similar reflections and thinks that, regardless of the faith clients may have, the Christian worldview and its core values can be a force for people who are struggling.

#### **6.6.1.1.3 Sub-category 5a-i-3: Wanting the therapist to sense the vulnerability of spirituality**

For all the clients, it is important that the therapist has respect for each one’s spirituality, whatever it is. It helps them to be open, and it provides a support and an assurance that the reflections of the clients are accepted. The therapy room is not the place to challenge other spiritual directions. Clients do not want a “preaching style” from the therapist; they want the

therapist to be professional. When clients express what is important to them, they do not want to be judged because of different opinions.

The therapy room, too, can say something about spirituality and respecting different kinds of worldviews, as Ewa says.

*I would probably be anxious if I came into a place with a lot of incense, “a Jing-Jang place” where it smells like New Age, spiritual stuff... It is not for me, if you know what I mean. (CT1-1, 853-856)*

When Lisbeth first came to her current therapist, the room had a great significance. The therapist had a picture of an angel and also pictures of hearts. It made Lisbeth feel good; she felt the room formed a means for sharing spirituality. But she also points out the therapist’s charisma and kindness: *“I think it was in the room and also the person herself. I just felt it”* (C7-1, 174-175). Lisbeth feels that the therapist has an inner joy that makes her able to give love to her clients. She thinks love is a force, grounded in the therapist’s spirituality. Love makes the therapy better; she feels received and greeted.

Tone says the language of the therapist affects her. If, for example, the therapist swears, it can be difficult to talk about something religious as it may be natural to think that the therapist is negative towards religion.

### ***Spirituality – a vulnerable theme***

Spirituality can be a vulnerable theme and lead to many different feelings when life doesn’t work out. Tone, who was raised in a pastor family, felt a lot of guilt because she wanted to divorce her husband. In the church, her husband seemed kind, ambulatory and spiritual, but back at home, he abused her – both sexually and psychologically. *“I had a bad conscience because I knelt and prayed that he might soon die a painless death. If so, I would never tell anyone how my life with him had been. (C3-1, 122-123).* Even if divorce was almost unthinkable for her, Tone wanted to talk to someone about it, and she needed a “blessing” that it was ok to leave her husband. She wanted to be free and save her children. She told the therapist, but he did not understand her frustrations.

*The therapist did not understand. He said, “So what?” For me, it was very strange, and I felt that he couldn’t understand my Christian background, that even such a cruel man is hard to leave because it is wrong in a way... And I felt it was something about our connection, because this “room” was so big in my life, and with the therapist, I needed to close the door. I could talk about everything else, there were thousands of*

*things, but I felt it wasn't fruitful to continue... I just felt that a door was closed, yes; he didn't understand me at all. I felt it was a problem. (C2-1, 42-48, 90-91)*

I asked her what the therapist could have done in this situation, and she says she wanted him just to listen to her, reflect and wonder together with her. He could have explored her “baggage”, included her spiritual part and her relationship with their church, what kind of reactions she would suffer through divorce and if she thought maybe God was angry at her.

Tuva has experiences from a conservative Christian environment that were not healthy for her, which, she says, have made her vulnerable to life issues outside of the church. For her, it is important that the therapist listens to her, asks reflecting questions and just lets her talk. *“If you are part of one reality in one coordinate system and put into words something from another coordinate system, suddenly comes in a new light”* (C12-1, 1096-1097). She feels she has gone from shame and guilt to pride because of her current family therapist recognizing her. Her life-situation has given her a disability, but overall, she has handled what is most important: taking care of her children. To show how vulnerable her spiritual life is, she compares it to fragile greenhouse plants.

*Religiosity is very sensitive or fragile, or how to say. It is deep in the soul. You must treat it with care. There are so many tough and strong opinions so it is almost like taking small greenhouse plants out in a strong wind in a way... You have to keep them warm so they do not break... so you can be assured that you will not be invaded by someone else's opinions, but you can let your own statements stand like fragile plants. (C12-1, 1197-1200, 1205-1206)*

Ingrid has gone through a divorce, and in her and her ex-husband's family, divorce is not accepted. For her, it was very important to get support from the therapist so *“that you do not experience condemnation, like you do everywhere else. It makes you tired and feel little... The therapist should accept my experience of the situation”* (C11-1, 274-275, 285). She continues to talk about the feeling of being met. *“I think it is fundamental for therapy. If you do not feel acknowledged, you have no advantage of being there... The therapist must listen to what the client is actually saying and take that advice to heart”* (C10-1, 330-331, 351).

### ***Sensing the therapist's relationship with spirituality***

Several of the clients say they can sense whether the therapist is open or not to spirituality. If the spirituality of the therapist is closed, it is easier to close their own spiritual “room”.

Lisbeth have reflections about her current therapist.



*It must be something in the radiance or something... there must be something about the way of being... She is so good in a way that you notice that there must be something deeper... or perhaps a picture of an angel or... She had many hearts in her office. Lots of hearts that hung on the wall. I think it was the room, and the person, I could feel it. (C7-1, 140, 145-146, 165, 174-175)*

When the clients feel recognition, if their spiritual life is allowed in therapy, it brings them good feelings and the body can relax. The feeling of safety makes a difference. Tone, who has experience of both including and excluding spirituality in therapy, says that in a recognition approach she feels safe; she can be the soul, the spirit and the body.

Therapists show their relationship with spirituality through physical reactions. If the therapists appear to be relaxed talking about spirituality, this gives a knock-on effect on the clients.

Henrik says meeting a spiritually relaxed and open therapist has made him stronger. *“He was open in a way... and seemed very safe... I become strong, much stronger... I become very strong by going with him”* (C9-1, 399-402). He felt the therapist was able to hold him.

Lisbeth says, *“It was wonderful for me to be understood as a spiritual being... They were completely open to that point of view. That’s why I have gone for so long to family counselling. It has been incredibly helpful”* (C7-1, 22-23, 35-36).

Talking about sensing, Ewa says it is strange that therapists do not catch the spiritual part of humans. She says it cannot be difficult to sense what people are concerned about; it is implicit. *“When you talk to people, you get a feeling”* (C1-1, 785). She says all humans have a view of humanity, and behind that, it is rooted in a belief, faith or an ideology.

#### **6.6.1.2 Sub-category 5a-ii: Wanting therapists to tune in to the language of clients**

John thinks that Norwegian people are very shy talking about spiritual life, especially religious. His feeling is that people need to develop their language. He says humans are *“simply out of tune”* (C2-1, 174). He says that in the face of other cultures, believing is an integral part, but Norwegians, for their part, are solid and shy in spite of the fact there is much more spirituality in society nowadays.

In category 4, I described different experiences of client’s spiritual lives. Clients use words like “values”, “faith” and the Norwegian word “åndelighet” (spirituality). Most of the clients have a Christian faith, so spiritual life for them is often connected to their faith. Many also express that God is a very important relationship in their lives, a point of resilience in crises and difficulties. Some of the clients use metaphorical expressions like “faith like an anchor”

and “the voice of the heart”. Others have had supernatural experiences that have been crucial to them. I did not ask specifically about spiritual experiences in the interviews, but it seems they had a need to talk about them. They talked about them in a spontaneous way.

The clients have had different experiences about how family therapists have addressed their spirituality, both positive and negative. Both Ewa and Tone struggled with conflicts about their values in connection with eventual divorces. They say they are both Christians and for them, marriage is holy, a commitment to God. An important aspect is that their values have a source in their faith. Their faith and the Bible is a guideline through life. Ewa, who works in the church, has many reflections on this. *“Can I be a believer and believe in marriage and not be part of it myself? I think we talked like that, what colleagues say, people around say. I think this was an issue we talked about”* (C1-1, 193-195).

Tone, who, as previously mentioned, was married to a violent man and lived in terrible circumstances, needed someone to reflect together with, someone to wonder together with. Both women wanted to talk about their values connected to their faith in relation to their eventual divorce but had different experiences in how they were met by their therapist. Tone says, *“He did not understand why it should not be okay [to divorce] ... The therapist did not understand.”* (C2-1, 40-41).

For a period, Henrik’s daughter had mental health problems, and the family received help through child and adolescent psychiatry. Henrik says she is very spiritual. She wrote a letter to his late grandfather and laid it on his grave; the letter contained words like “love”, “hope”, “longing” and “spirituality”. But Henrik says that these words were not a language for the family-therapy team. *“Now I notice that when these words are coming, I wish I could talk about it in the therapy room”* (C9-1, 667-668). Since his daughter was suicidal, he also wanted to talk about death when he and his wife met the therapists alone. He wanted to reflect on their relationship with the death, but he felt the therapists did not respond. *“I expected that when my wife and I were together in therapy, they could have gone a little deeper into where we are ... in relation to death”* (C9-1, 584-587). Henrik thinks the reason can be lack of time.

*I am quite sure that we had to regulate our time in relation to our daughter’s focus. So we pretty quickly moved back to focussing on our daughter in those conversations. And that meant we could not get in it.* (C9-1, 629-623)

Henrik believes talking about death can be a help in life-threatening situations.

Maja says the voices that best touch her inner life come from movies, pictures, novels, poems, sayings, songs and music. The way the therapist talks is also important.

*Having a voice which is open, wondering, someone who insists that the invisible, spiritual and religious values exist, and who knows this is crucial for couples are going to develop as humans (C8-2, 72-74).*

For Maja, it is important to have time to reflect, feel free to write and gladly listen to some calm music in the session. She wants the therapist to get into words or values that are important for the couple. For her, it might be words like “humility”, “mildness”, “compassion”, “moderation”, “kindness”, “joy”, “peace” and “mercy”. Maja wants them to share their thoughts and experiences and together find ways how they can encourage each other to common values in everyday life. It is important to find what gives power, spirit and unity. She says, *“Through developing these invisible values we develop the visible bond between us... Spirituality is inextricably linked with what is concrete”* (C8-2, 56-57, 59).

John and his wife Ewa come from very different religious cultures, and they have struggled to understand each other. Ewa says, *“We come from different cultures and traditions, and religion is a very important part of our life... so obviously difficulties occur, about everyday things, but also the spiritual”* (C1-1, 443-446). Ewa was raised in a more dogmatic tradition where her father always read the Bible and prayed at breakfast. John, on the other side, was raised in a rough society, where nature was often used as a metaphor for the spiritual. He does not like the split between the secular and the spiritual and believes everything is part of a whole. John says that in couple therapy they talked a lot about values, but not in relation to the spiritual dimension. Ewa thinks linking those two perspectives together would be a great help for them. *“I think it would be very useful since we are very concerned about it”* (C1-1, 735-738). They would like therapists to introduce these aspects in therapy.

#### **6.6.1.3 Sub-category 5a-iii: Keeping silent or ending the therapy if spirituality is excluded**

One important reflection in this material is that not one of the clients gave feedback to the therapists if they felt therapists excluded talking about spirituality and religion. Many of the clients want to include this dimension but they find it very difficult to express it to their therapists. It seems like clients are polite: they either hold their feelings and thoughts inside or just end the therapeutic relationship, as Tone says.

*I become very silent when someone does not understand me, sitting with my questions. No, there is no point talking about it. It only becomes a non-issue. So the only thing that I did [in response] was to quit, yes. I realized there was no significance in continuing. (C 3-1, 70-73)*

Maja says she is resigned in relation to spirituality in therapy. She has tried to bring it up, but the therapists do not follow up the issues.

*We have a long experience of therapy, which is still continuing. It is obvious that we have greatly benefited from therapy, but it could give us much more if the therapist was more proactive in questioning, wondering and insisting on exploring the differences between us, not least when it comes to our spiritual needs. And help us with it; friendly exploration of lasting differences. (C8-2, 8-14)*

She longing for therapists' friendly exploration of their enduring differences.

#### **6.6.2 Category 5b: Seeing spirituality as a resource**

Lisbeth says that clients need strength, help and support to handle life and thinks it is important that therapists explore how the spirituality of clients can help.

*I think if you go deep inside yourself, you can know the power, which is God in one way, and much bigger than yourself. And it has carried me through all those years of violence and all this. And it also gave strength to the children. (C7-1, 78-81)*

While Lisbeth is concerned about other aspects of life, she says it is important that therapists do not forget clients' spiritual life.

The clients have revealed that their spirituality can be a great help in dealing with life. Anette talks about her faith: *"For me, faith is the most valuable thing I have, so I think it is important that spirituality is a resource in family therapy"* (C5-1, 178-180). For her, faith and family life are closely linked. Faith is a cornerstone of relationships. It helps them through difficult periods. It includes forgiveness and restoration; they can take steps together and have a common foundation. After joining a course, she had an experience of God's unconditional love, that she is wanted and loved. It gave her an experience of freedom and has been a great help in her marriage. She wants her faith to be part of therapeutic work.

Another example is Ewa and John. They asked for help in child and adolescent psychiatry because their youngest son was bullied at school. They have experience with couple therapy

and individual therapy, and both work in a Protestant church context. It was the first time ever they met at therapist who included spirituality in therapy, and they were really surprised.

*No, it's the first time I have met, he actually used it, ah, for our youngest son, who had very low self-esteem; I am ugly, I am not worthy, and you know, very destructive. And the therapist said, "But what do you think God is saying about you?" He knew that we used to go to church, he knew that. "What do you think God says about it?" Peter [the son] had heard many times that God loves and cares about everyone. So we could use it in a way, to lift him [the son] up. (K1-1, 96-102)*

Ewa says she hesitated to talk about spirituality because she was accustomed to therapists who quickly went over to other themes. The bold way the therapist dealt with them was why they dared to talk about it; they had never done so before: religion had been a non-topic. But with this therapist, their faith could be a resource, could add something new to the situation. *"It was a very good resource. He used it several times" (C1-1, 104).*

It was difficult for the son to answer the therapist's questions, so the therapist asked the mother, what she thought God would say to his son. She said that God loved him; he was created by God and was perfectly good enough. Ewa was impressed that the therapist in the next session used *her* words when he talked to her son. Her thoughts about God were a help in the therapeutic situation, and Ewa experienced how this therapy was able to help build up the son's self-esteem. The therapist also explored how their relationship with the church and their religious life influenced them because he knew that those experiences also could be negative. *"Have these thoughts come because of being in a religious setting that has created something negative?" (C1-1, 625-626)* The spiritual and religious perspectives were part of the changing process and were used in a positive and respectful way.

Tuva has also positive experiences with her current therapist: *"I feel it is a strength that I can come with all of myself. We've talked about things from a religious point of view, based on the practical, psychological, very broad spectrum, really" (C12-1, 947-951).*

Tuva feels this therapist's acknowledgment makes her less ashamed and more proud of herself. She feels is dealt with in a holistic way.

### ***Knowing the strength of God***

As we also saw in category 4a-i, a lot of the informants' lean on God. God seems to be a relation, an important fundament in life, a rock in the storm. However, God, as a resource, seems more absent in therapy, but like Ewa and John's story (5b), there are some exceptions.

Lisbeth says that her meeting with her current therapist has strengthened her faith in God. She is not a Christian, but still God is very important to her. She says she had not managed without God. God gives her the strength she needs. She says this power is much bigger than her and has carried her through difficulties. It has also strengthened her children. Her therapist has included her spiritual perspectives and her relationship with God in the sessions. The therapist might say, *“Do you grow spiritually from this? Does it break you down spiritually? Do you feel this has something to do with God or is it his control?”* (7-1, 348-350).

Tone says her faith is nowadays a part of her therapy. Her relationship with God, her image of God, says that He just wants her well. She does not feel God punished her in any way because she was stupid and chose the wrong man. God has been and is a tremendous strength through all. She thinks God loves her and is very satisfied with her.

#### **6.6.3 Category 5c: Feeling spirituality does not fit within therapy**

Several of the clients have experiences from family therapy where their spirituality is left out, and many have the feeling that their spiritual life does not play a natural part in the therapeutic conversation. Some even feel their religiosity can be a disturbing element.

Ewa and John have been in family therapy several times, but with one exception, their spiritual life has not been talked about in a reflective manner. In couple therapy, they have talked about values but not linked to their religious life, *“because it has been such a non-theme, you know, the religious”* (C1-1, 599-600). Ewa says that, because of their cultural spiritual differences, they really needed to reflect on it. Their faith and values affect family life, child rearing and their meaning-making in different ways, and she thinks therapists need to explore clients’ spiritual desires and expectations.

As Lisbeth pointed out in category 4, she thinks there is a *need* for clients to speak about spirituality in family therapy. She thinks the problem is, though, that therapists seem to be afraid of talking about spirituality.

*Perhaps they are afraid to offend anyone. You think that you should not step into someone’s area when it comes to religion. At the same time, it’s a very big part of everyday life for many people, and I think a lot more... than you might think.* (C7-1, 454-457)

She says family therapy is an offer to everyone, regardless of religion, worldview or faith, yet it seems easier to leave out the spiritual part of humans.

For Lisbeth, her current therapist has been of great help, including spiritually, although initially. Lisbeth received the following comment from the therapist about their therapeutic work.

*This is not within the approved context of family counselling, but you are a spiritual human, so am I, therefore, we agree, right, that this is an important issue in your life. That's why we talk about it, right?* (C7-1, 618-621)

I asked her if she knows why spirituality is not found in the context of ordinary family counselling, but she has no answer about that. Her experience is that they have to be “faith-neutral”.

Henrik also thinks therapists are afraid of talking about spirituality because spirituality does not fit within the idea of what constitutes “professional” therapeutic work. It is culturally determined. He says God and the religious could have been of great help to him, but it was left out of his therapy. *“It was pure psychiatry, observations and a large resource team... Nothing spiritual they could lean on. It was cognitive “pegs”; awareness of their own strengths”* (C 9-1, 749, 754-755).

Henrik thinks therapists are afraid of what colleagues might think about them. The more power you get, the higher you go in the hierarchy and less leeway there is for such things. *“I feel they are afraid of talking about such things, which is a little indefinable in relation to spirituality”* (C9-1, 523-524). He thinks it is easy to get on a track and not be open to new reflections. As spirituality can also be difficult to define and put in words, Henrik does not think the therapy environment, as a whole, is open to including spirituality. If a therapist has such ideas, he says the therapist can, in the worst cases, feel like they are frozen out.

Anette, who has been in couple therapy, as well as child and adolescent psychiatry, does not think therapists are allowed to talk about religion in this system. She says it is not part of makes up “professional” work. I asked her if she thinks it is not professional to include God in therapy. *“No, not really, but...it is another dimension in a way”* (K5-1, 1210-1211).

John says spirituality is a part of wholeness, a part of all dimensions. He says that in Norway, there is a distinction between the religious and the secular, but experiencing this distinction might not be useful: *“This distinction is not very adequate for how life is”* (C2-1, 519). John does not think therapists have learned to include spirituality in their practice and believes clients may be unsure whether therapists can handle it or not. Learning about spirituality also

includes personal and private reflections about the theme, and he believes therapists must have a reasonably clear view of their own spirituality.

#### **6.6.3.1 Sub-category 5c-i: Experiencing talking about religiosity as a disturbing element**

As already mentioned, many of the clients have been in therapy without talking about their spiritual life in a reflective manner. However, this is mainly involuntarily. Special religious aspects, like faith, their relationship with God and supernatural experiences, are difficult to put into words. Even if these aspects have a great influence on the clients, both positive and negative, it seems they are often left out of sessions.

Maja and Bjørn are both Christians but were raised in different Christian traditions and culture, which caused problems in their common spiritual life. The couple has been in therapy in different periods over nearly three decades but they have never had a dialogue about their spirituality and religiosity with any of the therapists. Maja feels a bit resigned about this.

*I believe it really is about time. I have been ready for years. I think it is completely strange those questions haven't arisen before, not a single question for 27 years: What does your faith mean within this context? (C8-1, 39-41)*

She says therapists think it is professional to exclude spirituality. They will be neutral, even if this is an impossible position. She also thinks they feel embarrassed, especially when talking about religion. Religion is private, too private for therapists, she feels.

John and Ewa, also Christians, work in the church and have been in therapy several times, both individually and together. John says, *"I have the feeling that if spirituality and religiosity are an influence in a way in therapeutic situations, it is more a disturbing element than a positive resource"* (C2-1, 133-134). John also says that, as a spiritual practicing human, you easily learn to hold back. *"You will not put the other in embarrassing situations"* (C2-1, 745-746).

Ingrid, who has a Christian faith, wanted to divorce her husband. I wondered if she had any doctrinal or value-related hesitations. *"Not that I shared with my therapist"* (C11-1, 195). I asked her if she still has such reflections when she goes to therapy. *"Yes I have, yes. I have prayed a lot for help"* (C11-1, 196-197). However, she has not discussed this with any of her therapists.



Several of the clients say that if they have spiritual or religious problems, they would not think that family therapy would be the right place for help. One reason is that clients do not know what kind of relationship therapists have to spirituality, as Anette says.

*I do not know what kind of worldview the therapists have. Because of my experience in psychiatry, I am not sure how the Christian faith will be perceived and accepted. In some contexts, it is not seen as a resource or something positive. (C5-1, 154-157)*

She also says that Christianity is not so well respected in society today. She thinks it can be difficult for therapists to understand that clients can believe in the Bible, but she still hopes for understanding and respect from therapists. She says that her faith “*will influence choices, life in a large way, compared to the joys and sorrows*” (C5-1, 473-474).

Lisa had the opportunity to choose a Christian therapist. “*It felt safer in a way that we had... that I knew we had it in common*” (C5-1, 698). However, even if they had good experiences of therapy, the clients’ spirituality was not part of the sessions in a reflective manner. Lisa and her husband were both raised in Christian homes and met each other in a Christian youth group. As mentioned above, they left the church and do not talk about religion at home; however, Lisa still longs for a common religious life. They went to therapy, but Lisa has remaining questions she did not dare talk about in therapy. Her experience was that the therapists did not ask her about her religious life and how religiosity affected their relationship. They have now ended the therapy, but she still does not talk to her husband about these questions at home. She feels the topic is very vulnerable.

### ***The Church family counselling***

One important aspect is the clients meeting with the Church Family Counselling Office. Even if some clients have good experiences dealing their spiritual life there, there are many who have not talked about their spiritual and religious life during sessions. The clients had different reflections on this.

Bjørn and Maja, who, as already mentioned, went to couple therapy over the course of nearly three decades, went to the Church Family Counselling Office, Bjørn says.

*In a way, you come to the church. What can you expect of the church in such circumstances? It is a ticket for the therapist. I think many would not have found it provocative. You can capture those things related to the spiritual in a legitimate way, so to say, without people being provoked. You can ask if it is interesting or important. (C10-1, 650-653)*

Maja says that she and her husband have met three different therapists in the Church Family Counselling Office. All were good listeners but none followed up the spiritual part. *«The problem is just that they do not follow up... next time. So one thing is to listen once, then you are only on the surface again of a new series of thoughts and feelings»* (C8-1, 537-539). Maja thinks this has to do with the zeitgeist. You have to be professional. You have to be neutral, which isn't really possible. It is a little bit embarrassing. *“It is a private matter. You should not interfere too much with it, and do not think the church's family counselling is anything different”* (C8-1, 547-548). Maja thinks they have directions from the government, a precondition for getting financial means. Faith and religion are totally private.

*I miss the questions, right? Questions like, what is your faith? Or, what do you believe in...? Do you talk about these things? What does it mean for you... in your relationship? Both practical and theoretical... in the hearts, in a way.* (C8-1, 166-168)

The first time Tone went to therapy was to the Church Family Counselling Office. She was twenty-five, was a Christian and had great problems with her Christian fundamentalist husband, who abused her – both sexually and psychologically. She chose the Church Family Counselling Office because God and her faith were very important components of her life and she remembers she saw a sign on the wall: “Church family counselling”. She also remembers she was completely choked when her therapist told her that she had to leave out her spiritual life in therapy. *“It was not in my mind that I couldn't talk about it”* (C2-1, 669-670). This therapist was unable to enter into the client's spiritual world, to include her spiritual life in the therapeutic work. *“I had to lock a door to a room; it was impossible to close,”* Tone says (C2-1, 56-57). Consequently, it was not fruitful to continue so she stopped seeing the therapist and used her friends and family to talk about her frustrations.

Stian and Anette have twice been in couple therapy with the Church Family Counselling Office. They are both Christian and told the therapist that their faith is very important for them. The therapist could have treated them in a positive way by recognizing their experiences, but their faith was not featured as part of the therapeutic work. The therapists did not ask further about their spiritual life and it did not play a part in the work for change.

Now, Lisbeth sees a therapist at the Family Consoling Office who really treats her as a spiritual human, but she says this is an exception. Her other experiences say something else.

*When I think about the Family Counselling Office as a whole, I wish it was more attended. I really would like that. Not my current therapist, but I really think there is a “gaping hole” in relation to meeting people as spiritual beings.* (C7-1, 438-441)

She thinks many therapists have a long way to go in meeting the spiritual client.

## **6.7 Summary of the GT categories**

This chapter gives the reader a comprehensive picture of 15 family therapist and 12 client experiences and perceptions of spirituality in family-therapy practice. I have, in this grounded theory study, recounted many stories, and illustrated the text with different quotes.

This chapter described the findings from the family therapists and clients and divided the analysis into five categories: three from the therapists and two from the clients. It focussed on the participants' meaning of spirituality, how family therapists' personal and professional experiences affect them as therapists, how family therapists actually work to include spirituality in therapy and finally, the clients' perceptions and experiences of including spirituality in family therapy. The clients had a range of both good and bad experiences of the topic, but all had different, reflected and valuable ideas about how spirituality can be included in a meaningful way for clients.

As part of my GT analysis, and described in the method chapter 5.4.7, core categories were developed on the basis of the presented main categories. These core categories form the basis of my "middle range theory". In the next chapter, the development of the middle range theory will be presented.

*“Man is like a script, whose content is open only for humans with literacy.”*

(Anders Piltz)

## **7 THE MAP OF SPIRITUAL AND EXISTENTIAL LITERACY: A MIDDLE RANGE THEORY FOR SYSTEMIC FAMILY THERAPY**

### **7.1 Orientation to the chapter**

In this chapter, I will present the development of a middle range theory called “the map of spiritual and existential literacy”. I will here describe the analysis process from core categories to the middle range theory. A middle range theory is a substantive theory, which means it is a theoretical interpretation or explanation of a delimited phenomenon in a particular area (Charmaz, 2014).

As described in the method chapter (5.4.6), the material was developed in five main grounded theory categories, three from family therapists and two from clients. I now want to link these categories together and looked for theoretical connections between the therapist and the client categories. The different main categories from the therapists and the clients were separated and grouped together in a new way. In appendix 15, I provide an overview of how I split up the main categories and grouped the categories from both therapists and clients together. I ended up with five core categories (5.5.7).

#### **Core categories**

- Recognition of clients’ spiritual and religious life
- Spirituality as part of being human, relationships and culture
- The need for therapeutic awareness and competence
- Experience of spirituality as linguistically ambiguous and difficult to put into words
- Silence in family-therapy culture and education creates a feeling that spirituality is not accepted

These core categories were based on the relationship between the chosen GT categories and my own interpretations. A grounded theory from a constructivist approach “states a relationship between abstract concepts and may aim for either explanation or understanding” (Thornberg, 2012, p. 41). The theory tries to answer questions, offer an account of what is happening or account for why it is happening. Charmaz (2014) says, “interpretive theories aim to understand meaning and action and how people construct them” (p. 231). The subjectiveness of the participants, and sometimes of the researcher, will be recognised. Facts and values are linked together.

Before I go further and present my theory, I will give a brief history of middle range theory.

## **7.2 The history of middle range theory**

Middle range theory was proposed by Robert Merton in the 1950s at Columbia University. The aim was to find abstract renderings of specific social phenomena grounded in systematically analysed data, indicated by their labels (Charmaz, 2014). Middle range theory comes from the field of sociology. Even if the theory includes abstractions, it is still “close enough to observed data to be incorporated in propositions that permit empirical testing” (Merton, 1968, p. 39). Middle range theories contrast the all-embracing theory of social systems and compromise a set of assumptions from which empirical generalizations have been derived. Merton (1968) says, “the logic of analysis exhibited in this sociological theory of the middle range is developed wholly in terms of the element of social structure rather than in terms of providing concrete historical descriptions of particular social systems” (p. 44-45).

Middle range theory begins with a concept and is in the middle range between the nomothetic and idiothetic, the general and the altogether particular, between generalizing theory and historicism (Calhoun et al., 2007). It is a set of related ideas on a limited dimension of professional practice. The main concept is composed of other concepts in relation, formed in a model at the intersection of practice and research to provide guidance for practice. This theoretical model is a pattern of ideas viewing a phenomenon in an organized way (M. J. Smith & Liehr, 2013), which Merton (1968) says “lie between the minor but necessary working hypotheses that evolve in abundance during day to day research and the all-inclusive systematic efforts to develop unified theory” (p. 9).

There are different levels of theories and middle range theories are more circumstanced, elaborating more concrete concepts connected to the meaning of the phenomenon (Smith & Lier, 2013).

### **7.3 “The map of spiritual and existential literacy”**

I will now present a substantive theory, which summarizes my findings of therapists’ and clients’ reflections and experiences of spirituality in family-therapy practice. A substantive theory can be explained as a theoretical model that provides a “working theory” of action in a specific area (Gasson, 2009). Middle range theory is based on the relationship between the GT categories and my interpretations, with the core categories in mind. This theory, called “a map of spiritual and existential literacy”, has a focus on action and activism (Freire, 1979), and offers a constructive and critical perspective on family-therapy practice.

The core categories indicate a need for recognition of clients’ spiritual, religious or existential lives, an acknowledgement of humans as spiritual beings. Findings say there is a need for therapeutic awareness and competence in relation to these issues. However, there are several hindrances, for example linguistic and cultural, and this theory points to elements that can bridge these hindrances and highlight a theme that, in many ways, seems to be under-communicated in the family-therapy field in Norway today.

Working with the core categories, I looked for an overall concept that could cover these categories in a useful way. This led to a hypothesis that “spiritual and existential literacy” could be conceptualised and used as the main concept based on the categories grounded in the data analysis.

The concept of spirituality seems to be ambiguous, and the participants have different relationships with the concept. Several of the clients use the Norwegian word *åndelighet* (spirituality), but it seems often to be directed towards faith and religion or the alternative spiritual movement like New Age. Tuva, for example, who is not religious, finds it difficult to define herself as spiritual. However, she is very concerned about values, ethics and meaning in life – but the word *åndelig* (spiritual) gives her negative associations. This also appears among therapists: Ada for example, who is an atheist, does not call herself a spiritual person; however, she acknowledges that many clients are religious, and she thinks all therapeutic works has to do with clients’ values. She is also concerned about finding hope in times of

crises. The therapist Tor is another example. He is also an atheist and, while he himself has no natural relationship with the term spiritual, he still thinks humans need something to believe in. He says he is a believer because he believes in Darwin's development theory.

Most of the therapists seem to be concerned about client's values in different ways and use different words to express the spiritual life of humans. As I have described in the chapter about spirituality (2.5.2), from my point of view, spirituality includes both a secular and religious view of reality. However, the informants in the study seem to have different opinions about that, and as a consequence of the linguistic distinction, and also an acknowledgment that spirituality can be an unclear and unfamiliar term, I have in this theory not only used my starting concept of "spiritual" but also used the word "existential" as a main term for the theory. Existential is often used interchangeably with spiritual but seems to be more useful in a secular and humanistic context. Several of the therapists use the word existential when they talk about spirituality, and Nina says, *"You can talk about existential themes because everyone can talk about it. It is an easier word"* (C3-1, 223-224). Existential seems to be a broader concept than spiritual, even though I think it should be up to the individual to consider what is in the individual term.

#### **7.4 The background for spiritual and existential literacy**

I discovered the literacy concept through some colleagues in social work. They use the concept of religious literacy and say it includes faith, belief, the spiritual and all "possible sobriquets for the task at hand" (Dinham & Francis, 2015). I found the concept of existential literacy from Arman (2013), who sees it as being synonymous with spiritual literacy and who links the concept to existential themes like questions about life, death, and meaning and also love, vulnerability, responsibility and dependence. Arman (2013) was inspired by the work of Piltz (1991), who says human life, history and apparent reality are like a text or book whose contents are open only for those who are able to read. Before I go further with spiritual and existential literacy, I would like to briefly digress with the concept of literacy.

## 7.5 What does the concept of literacy mean?

A general definition of literacy is the ability to read and write. It is to be literate, having knowledge or skill in a specified field (<https://en.oxforddictionaries.com/definition/literacy>). The usual meaning is strictly verbal, cognitive or mental; we may think it has to do with words and the verbal skills of reading and writing. In this study, we need to consider a deeper meaning of the concept. A more inclusive definition can be to recognise the meaning in certain shapes, signs and marks. It is the ability to pick up meaning and intention through tone of voice, facial expression and body language. It is the ability to “read” and sense in human relations, it is about being present and awake bodily, the ability to reach deep levels in the humans (Dictionary.com). In my sense of the word, literacy is a relational concept because humans are relational and learning occurs in relationship with others. In addition, just as you need letters to learn to read and write, you also need some general knowledge to be a literate therapist. It does not mean that this general knowledge applies to everyone, but therapists can need knowledge of different dimensions in human life.

A human, including the body, can be compared to a text, and this metaphor is used in different contexts. Pär Lagerkvist (1959), a Swedish author, compared the face of a human with a book;

Wondering and searching, he entered into this dark, furrowed face, as he wanted to read in this ancient book, which despite its clear signage was difficult to read. It looked like it was written in an old-fashioned language, which no one talked anymore. (p. 10 – my translation)

There are multiple varieties of humans as a text, varieties of styles and language. To read the human is about exploring its meaning and deeper motives. The text becomes a metaphor for a deeper context of meaning. Piltz (1991) says, “There is a tension between the author and the text; the letters can be killed by humans; the text may become a paling (fence) of letters that block communication” (p. 55). In each meeting, we must seek the unique, be awake and open to the individual client. There is a connection between the text, the story and the reader, and in the dialogue, the text can be framed and rewritten (Eriksson et al., 2003).

Words and language are fundamental to human beings; they are how we think and relate to others. Words, texts and language enable us to find a meaningful way in life. In the spoken word, humans turn to each other; in speech, words become alive (Eriksson et al., 2003).



The concept of literacy is used in different areas. I have already written about religious and existential literacy, but we can also talk about democratic literacy, economic literacy, methodological literacy and spiritual literacy. As far as I can see, the word literacy is not much used in the family-therapy field, but I find it relevant because of the field's great concern with language and communication (Bateson, 1979, 2000; Gergen, 1999; Watzlawick et al., 1967), collaborative practice and the focus of meeting clients with respect and acknowledgment. The concept "not-knowing" broke through in the 1980s through a more socially constructive approach (H. Anderson et al., 1992). However, Rober (2005) says a "not-knowing" approach has to include both receptivity and reflection. He is concerned about the dialogical self and says therapists have to be aware of their experiences and inner conversations so they can inform and enrich the therapeutic conversation.

## **7.6 Spiritual literacy in the field of psychotherapy**

Looking for the concept of "spiritual and existential literacy", I found two contributions from the field of psychotherapy. Both come from the US and use "spiritual literacy". Because of my research in the family-therapy field, I find it relevant to relate my study to these theories. The first contribution is from the family-therapy field. It is from Haug (Haug, 1998a, 1998b), who says spiritual literacy is a non-judge mental and respectful attitude to clients' spiritual and religious issues, tuning in with the language of clients and working for change through the inclusion of clients' beliefs and values. She says this depends on therapists' sensitivity, spiritual knowledge and self-awareness of the topic and the ability to cooperate with the clients and see their right to self-determination. Haug's reflections fit well with the second theoretical contribution from psychotherapist Kenneth Pargament (2007), who says spiritually integrated psychotherapy is grounded in spiritual literacy and competence on the part of the therapist, and it goes beyond personal spirituality to a well-integrated professional spiritual perspective. Pargament says it includes spiritual knowledge, openness and tolerance, self-awareness and authenticity. The key is not only having knowledge of spirituality but also having the wisdom how to put this knowledge into therapy in collaboration with clients (2007).

Both Haug's and Pargament's theoretical contributions have several similarities with my own middle range theory, something I now will go into further detail.

## 7.7 From core categories to middle range theory

I will now present how I developed the middle range theory. I have already described how spiritual and existential literacy was developed as the main concept. I then went back to the core categories and looked for what they say is needed for developing spiritual and existential literacy. As I already mentioned, I wanted to have an element of action, a more solution-oriented focus, and I used the categories to find a direction. I also looked for whether there were any similarities between therapists and clients – some perspectives from the sub-categories that both were concerned about.

I ended up with seven perspectives of spiritual and existential literacy, and here I show an overview of how I used the core categories to develop the seven perspectives in the theory (Figure 7).



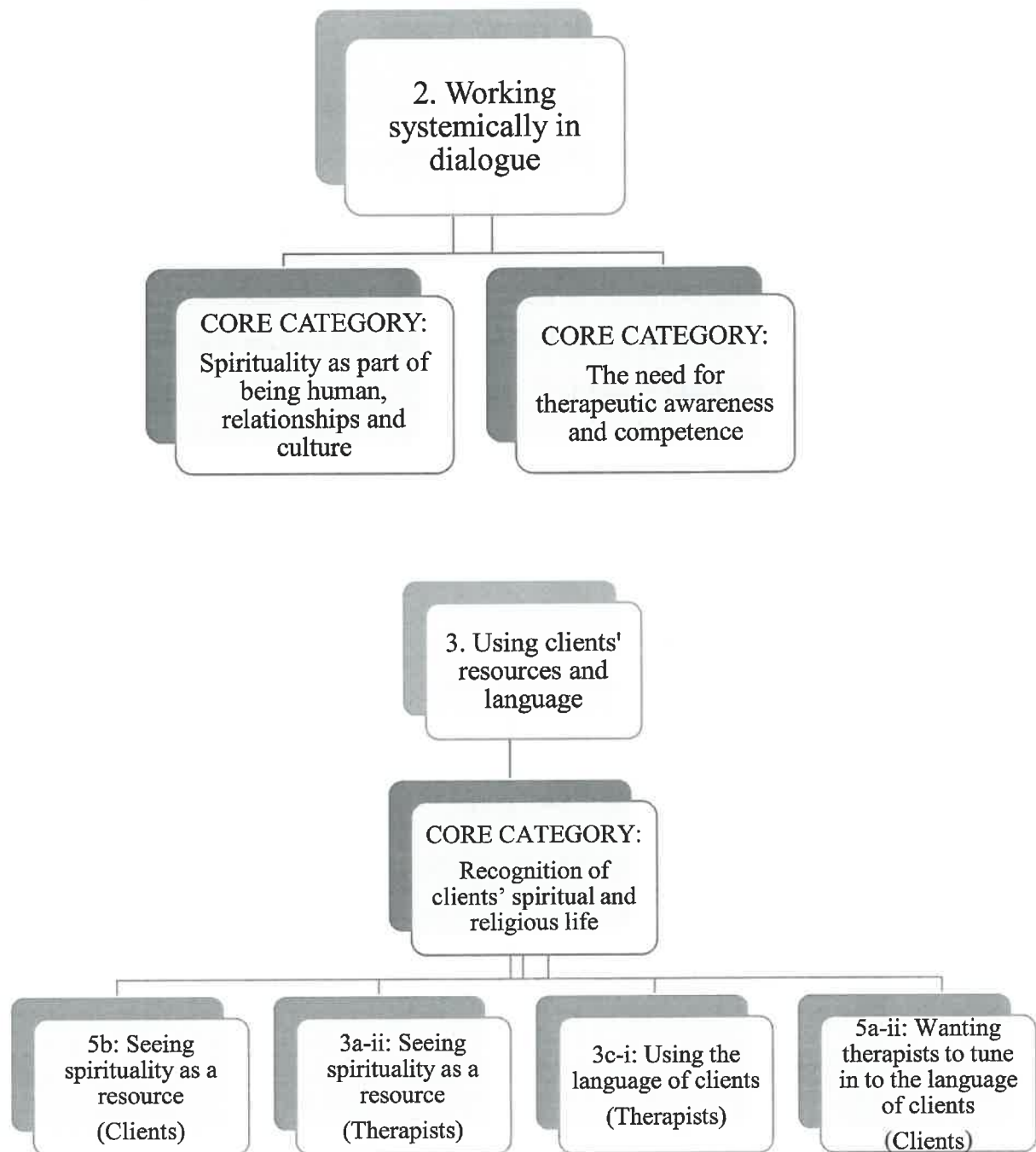
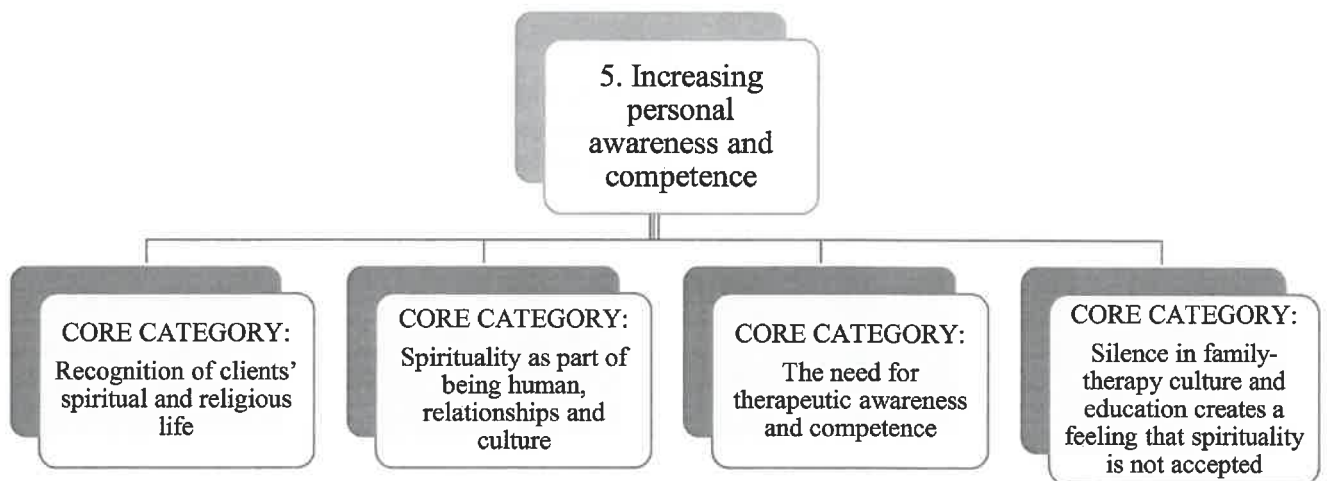
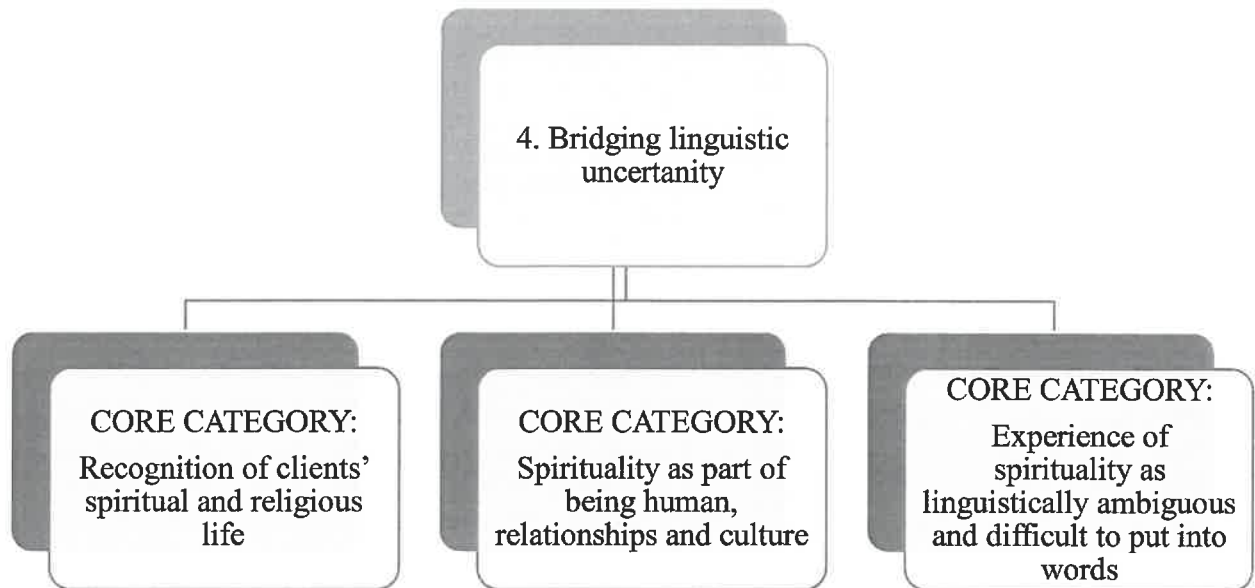
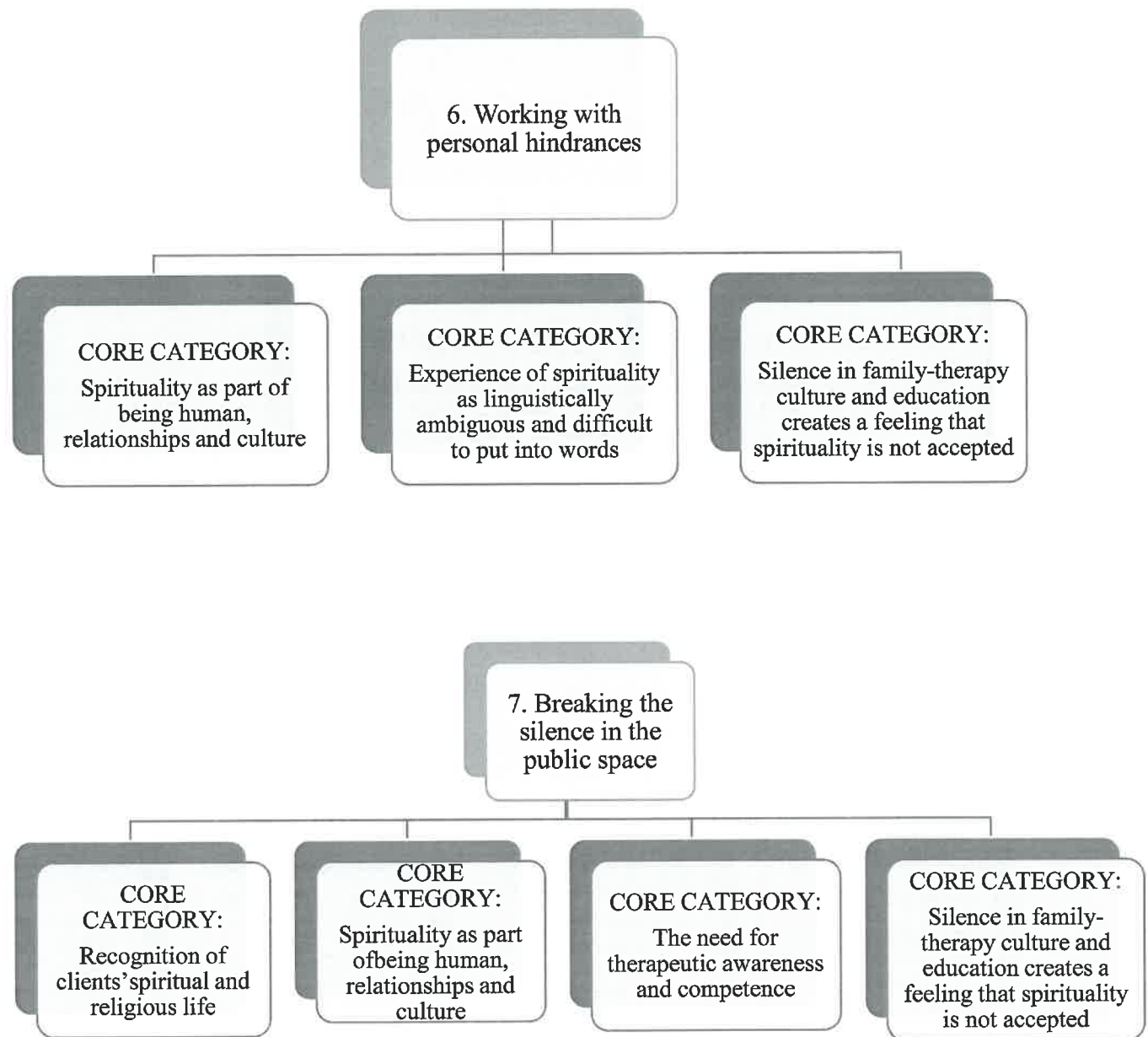


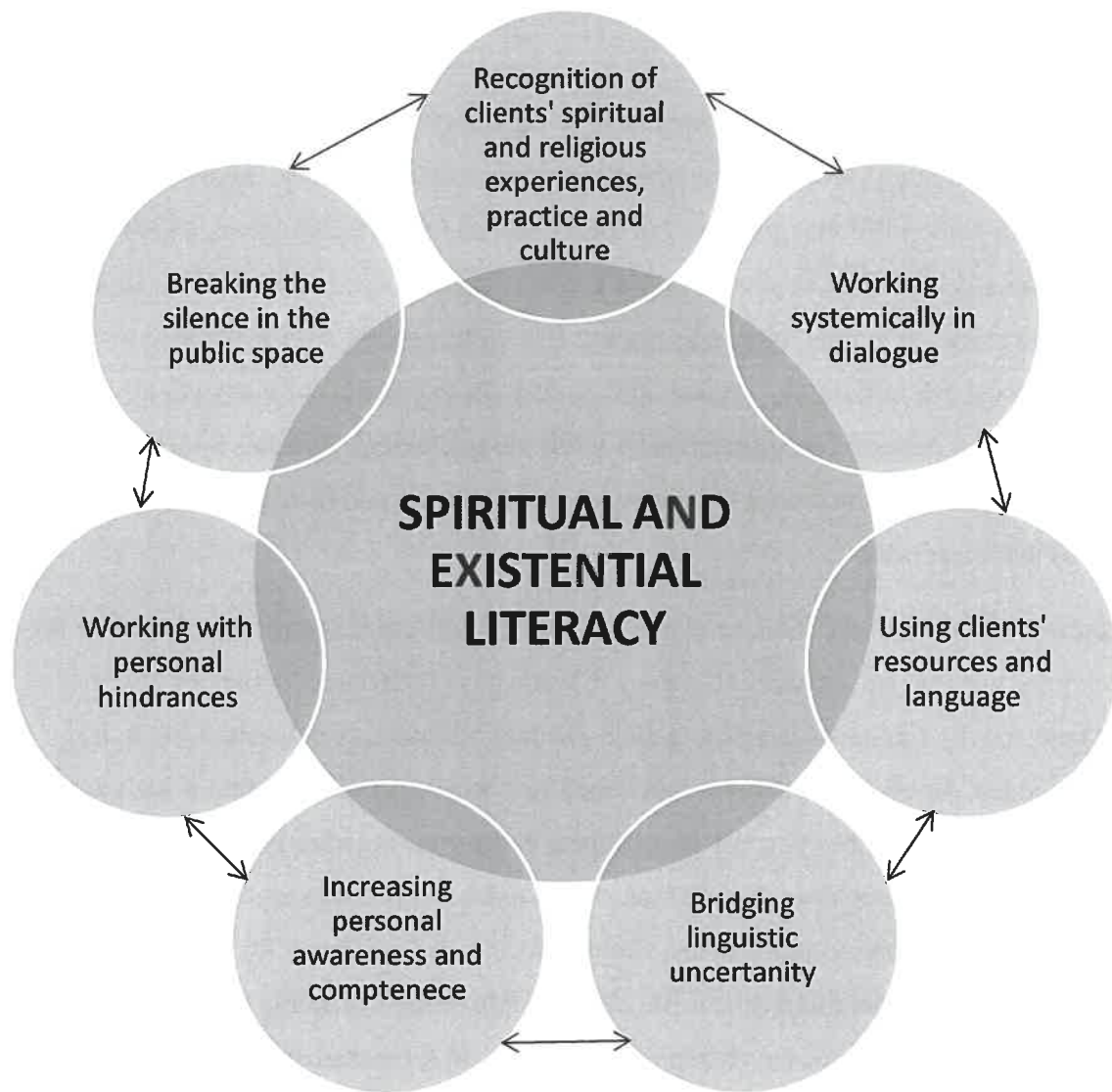
Figure continues..





**Figure 7:** Perspectives of spiritual and existential literacy.

Below, I present a model of the middle range theory (Figure 8).



**Figure 8:** The map of spiritual and existential literacy.

## 7.8 The seven perspectives of spiritual and existential literacy

The seven perspectives of spiritual and existential literacy are interconnected and will naturally influence each other. Spiritual and existential literacy includes items considering the therapist, the therapeutic dialogue and also the therapeutic culture. I will, in the next section, present the seven perspectives more in detail.

### 7.8.1 Recognition of clients' spiritual, existential or religious experiences, practice and culture

Recognition of clients' spiritual, existential and religious life emerged as one of the core categories in this study. Despite language distinctions and ambiguities, there seems to be a dimension in human life that goes beyond the mental and the psychological, which deals with perspectives like meaning, hope and values and existential questions in life. This dimension can also be linked to human faith and religious life. In this study, spirituality also includes religion but is here particularly emphasised because the experience of many clients and some therapists is that religion can sometimes be a disturbing element. It makes both therapists and clients uncertain about including the theme, even though religion is of great importance to many of the informants.

Recognition of clients' spiritual, religious and existential lives is seen as a prerequisite for developing spiritual and existential literacy. Clients have different experiences of how they have been met by therapists in wanting their spiritual, religious or existential life to be acknowledged. Several of the clients talk about how what is most important is *knowing there is room*, no matter whether you talk about it or not. Spiritual, existential and religious perspectives in people's lives seem in many ways to be a vulnerable topic, and many have both positive and negative experiences, which affect them in different ways. These experiences can be from the practical life, for example in their coupling and in other relationships, and several of the clients talk about ethical dilemmas and value conflicts they may need help to process. One example is Tone, Lisbeth and Ada, who have been married to fundamentalist and violent husbands; they wanted to include their spiritual and existential life in their work for change. Several clients say they want to be met and acknowledged as a *whole* human, which includes the spiritual, religious and existential dimension. It also assumes a sense of security within the therapeutic relationship.

Family therapists also talk about how important it is to acknowledge clients' spiritual and religious life. This can mean showing an interest, curiosity and acceptance but also acknowledging that this may also be important for the therapist, or giving responses from their own lives.

Several of the clients lean on God<sup>33</sup> in their crises, and many of the therapists think it is important to include God in therapy both as a contributor and a relationship. Clients can have

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<sup>33</sup> God can also be Allah.

very different pictures of God – both difficult and easy, and often culturally related – and it is important to explore whether these pictures can be a help and strength in crises. The God relationship can also be a concealing factor, preventing clients from processing other perspectives in life. To lean on God does not have to mean that clients define themselves as religious. Lisbeth is an example of that. For her, the relationship of God is very strong, even though she is unable to relate to a religious framework.

Clients' spiritual and existential experiences can also be supernatural – both therapists and clients have stories of this. It can be stories that create benefit and strengthen their lives but can also be stories that are difficult to live with. It is important that therapists also accommodate these kinds of experiences and not “talk them away” into psychological explanations and frameworks.

Several of the therapists are also open to including spiritual practice like prayer and mindfulness in the therapy session if this seems desired and useful for clients. However, it seems like religiosity, and especially Christianity, are, for some of the therapists, more difficult to include in therapy than a more secular version of spirituality. Almost every therapist is concerned about values, but it can be difficult to relate clients' values to their faith and deeper spiritual perspectives. When Ewa and John went to church family-therapy counselling, they talked a lot about values, but they were not connected to their faith and religion, although this was both an important and challenging topic in their common life. Couple and family life seem to be influenced by faith differences and cultural differences among the members, which can create distance and be a source of frustrations within the family.

Culture seems to be an important part of human spiritual and existential life and practice. Working as a family therapist, several of the informants talk about being culturally sensitive – to the differences in couple and family life and also the traditions connected to different faith systems. Culture can be oppressive and limiting but can also be of help and strength in crises and difficult situations in life.

### **7.8.2 Working systemically in dialogue**

Meeting spiritual and existential clients, it seems important to work systemically in a dialogical approach. Both clients and therapists say human spiritual and existential life is intertwined with other human perspectives. Humans can be a system in themselves, and as



Frode, one of the therapists, says, psychological, physical, social and spiritual aspects influence each other, and sometimes it can be difficult to know what is the one or the other. However, it may not be so important to *know* but rather be *open* to exploring how spiritual and existential perspectives affect and are influenced by other perspectives in human life. Spirituality seems closely connected to feelings and bodily experiences and affects humans in both a negative and positive way. Nils talks about being human in terms of the “relational I” with spirit, body and soul.

Relational clients are also part of different systems like couple and family life, churches, mosques and different systems of faith, nature, and several are also influenced by earlier experiences from professional mental-health systems, their culture and discourses in the society, and they also have a relationship with God. When working with cultural perspectives, it is important not to forget that spirituality and religion can be an important factor in human culture and is closely connected to aspects like values and meaning. Some of the therapists also say they can cooperate with spiritual leaders if necessary, and the “therapy group” (TG) talks about such experiences, which have been crucial in the treatment.

Many of the therapists seem to be concerned with exploring clients’ constructions of their systems and relationships and not imposing their own ideas upon the other. Edwin and Tomas believe people live better lives if they live in harmony with their values, and Tomas uses systemic questions to connect with clients’ spiritual and existential issues in life. He is concerned about connecting with human hopes and dreams. Grete says she looks for anything that can help a client move in a new direction and the therapists in the TG use genograms in their work to better explore the system around clients.

Including spiritual practice can also be a way to work systemically. For example, biblical texts, rituals and praying include relational aspects and can make a difference. New information can in turn create change (Bateson, 1979). Mindfulness is also a way to connect with bodily experiences and helping clients to be present in the moment.

Some of the clients have tried to introduce spiritual and religious perspectives into therapy, with some being received, others rejected. Some have ended family therapy because they felt they were connected to on a spiritual level; others have continued without saying anything, even though they found there was something missing. It is important when evaluating the therapy session to also include questions about the satisfaction of the inclusion of the spiritual and existential dimension.

Several of the clients also talk about the opportunity to change therapist if it is difficult to cooperate because of their faith or religion. Clients want therapists to be transparent about their own spiritual or existential life and say they can easily sense if the therapist is open or not. Some of the clients also say they want input from the therapists' own experiences and meaning of spiritual and existential life. During the dialogue, clients can find out if they want to continue with the therapist, and several argue that therapists should, on their own initiative, ask whether what they are contributing is sufficient or whether clients prefer another therapist.

### **7.8.3 Using clients' resources and language**

The spiritual and existential life of humans seems, for many, be a great resource. I have already mentioned God as one important relationship, and for many, this is crucial to get through crises and difficult life situations. Both Stian and John say that they have been close to committing suicide but say that their relationship with God helped prevent it.

Several of the therapists say client's values and meaning can be a compass in times of crises, to connect with what really matters, and connecting with their spiritual life brings new possibilities for change.

As we have seen in this study, spiritual and existential issues can have multiple expressions and are closely connected to feelings and bodily experiences. Many therapists say it is important to use clients' stories and languages as a starting point. Edwin says words are value-laden and have to be explored. Instead of adopting a professional language, it is wise to hear what kind of words clients want to use. Having a spiritual and existential literacy seems to be open to the different language of clients and involves being keen to learn from the client. Therapists can also negotiate with words, try out and see which words clients prefer to use.

An important key is to ask questions about what has been (or can be) a helpful factor in life and to also ask directly about spiritual and existential perspectives. Clients say they want therapists to include spiritual issues, not wait for clients to introduce it. Clients say they can be unsure whether it is appropriate to include spirituality, and they want therapists to take the lead and be curious and actively inquiring about spiritual and existential perspectives. John, for example, says that in Norway, spirituality and religion are very private, and thus people can be untrained in talking about these parts of life and can need help developing a language.

#### 7.8.4 Bridging linguistic uncertainty

Spirituality is difficult to put into words. People can be untrained, as mentioned in the previous section, and both therapists and clients can feel it is inappropriate to include spiritual and existential perspectives in therapy. Several of the therapists say they lack language about how to meet the spirituality of clients, which means they do not go into the theme in a particular way. Spirituality seems to be expressed in multiple ways, and different feelings are associated with these words. Words like “beliefs” and “values” are widely used among the informants. Tor says he tries to use a very simple language and, for example, asks “*What matters to you in life?*” However, there is a danger that something can be lost on the pathway, not least because it is a subject that can be experienced very privately. In addition, if therapists do not expect the spiritual and existential dimension to be relevant to therapy, these perspectives can be left out of reflection. Tomas says he often takes an active role in exploring whether clients have religious beliefs or a God to relate to. His experience is that immigrants are more open about their religious beliefs, and encountering them has helped him become bolder in how he meets ethnic Norwegians.

Edwin says that people can struggle quite a bit to put into words the spiritual and existential part of life, and says he “*looks at it as a common concern*” (C1-1, 562). He is concerned whether clients should form their own words about all aspects in life, but if clients want to struggle to find their own words, he will go along with them.

There seem to be many different linguistic tools to reach clients’ spiritual dimensions. Clients use metaphors, and Maja suggests, among other things, having clients listen to music and poems, writing and making time to reflect and wonder. Clients may also have “inner” pictures and supernatural experiences they could share. Therapists talk about the meaning of being open to including elements of spiritual practice, for example sharing prayer, scriptures from the Koran or the Bible, using rituals or sometimes mindfulness. Both analogical and dialogical language can be important in developing spiritual and existential literacy.

Language seems to be connected to culture, and several of the clients talk about spiritual language differences in their couple relationships. Both couples and family members can have different linguistic expressions, which can be frustrating and difficult. These can be important perspectives to process in therapy.

To develop spiritual and existential literacy, therapists need to bridge their own linguistic uncertainty. The elements in my presented theory can be a pathway for change.

### 7.8.5 Increasing personal awareness and competence

One of the core categories is “therapeutic awareness and competence”, an important indicator for developing spiritual and existential literacy. Research says therapists’ personal experiences affect professional life (Jensen, 2008), and we also know from meta-studies that the therapeutic relationship is the most important aspect for change in therapy (M. J. Lambert, 1992; Wampold & Imel, 2015).

For clients, it is significant which therapist they meet in the therapy room. In relation to spiritual and existential themes, clients want therapists to be competent and self-reflective. Several of the clients believe that, in order that their spiritual and existential lives are recognised, therapists should also acknowledge, process and be confident in their own spirituality. Ingrid, however, feels it is important not to transfer her own spirituality to others, but she agrees that therapists are more accessible if they are confident in their own view of life. This is also supported by therapists who believe reflecting on their own spiritual life and journey makes them more open and sensitive to meeting spiritual clients.

Several of the therapists say they lack “tools” in meeting spiritual clients. They do not know how to handle the issue, which makes it easier to leave the theme alone. Several therapists also say that they do not even think this topic may be relevant in therapy.

Many of the clients say they want therapists to have competence in meeting their spiritual and religious life. When Tone, in her young years, struggled with ethical dilemmas in relation to her faith, it became untenable that the therapist failed to meet her. *“From my experience, I needed someone who had worked more with it”* (C3-1, 689-690). Her suggestion is that if therapists feel inadequate, they should be familiar with other therapists they can refer clients to. Several of the clients would also like to know something about therapists’ faith or religiosity. Many say they can sense whether the therapist is open to spirituality or not. How they experience the therapist will be crucial if they open or close these topics.

Several of the clients say spirituality and religion is a vulnerable topic, and many feel unsure about whether these perspectives are acceptable in therapy. Many want the therapist to actively include spiritual and existential aspects in therapy.

It seems that, when therapists are working with their own spiritual and existential issues, they are more conscious and sensitive in meeting spiritual clients. This gives the therapist a level of competence. Even if they cannot generalize experiences, therapists still have some kind of

knowledge of what this aspect is and can help them to ask more relevant questions even if spiritual and existential aspects were not formally included in their education and training.

Tomas, for example, says his long spiritual journey has made him more conscious, curious and bold, and Nina says, as a spiritual seeker with an interest in mindfulness and yoga, this makes her more open to the mysteries of life, for spiritual and existential perspectives. Ada has grown up in a tradition where religion has been very important. Even though she deliberately removed herself from religion, she still knows that this can be very important to many people. For the TG, spiritual and existential perspectives are woven in culture, also for themselves, and they are quite naturally inclined to integrate these perspectives into working with people. *“It is part of... it is also a part of us. Because we know it. We know it... and... it is almost strange that others do not understand it”* (TG, 1-1, 292-293). The therapists say it is important to allow clients’ own frames of references and their bases for opinions.

One way to increase personal awareness and competence is to learn from clients and to position oneself where one can really listen and take in clients’ spiritual and existential lives. Several of the therapists say meeting clients has influenced their own spiritual and existential lives and can even be perceived as a spiritual or healing moment. This can, of course, be more difficult when values are crashing but can still be an opportunity to become more familiar with it themselves and increase spiritual and existential literacy.

#### **7.8.6 Working with personal hindrances**

Most of the therapists face numerous obstacles in including clients’ spiritual and existential issues in therapy. These hindrances are both personal and professional. On a personal level, some therapists, for example, feel embarrassed by the topic, feel it is too personal, or do not have a relationship with spirituality or religiosity. On a professional level, some feel inexperienced, lacking knowledge or tools; they feel it does not fit in family-therapeutic work, they do not have time, or they fear of not being neutral enough. The therapists also had a lot of thoughts about the clients, for example that some clients did not find it important to include spiritual aspects in therapy. If clients do not say anything themselves, that means they do not want to talk about it, it is too private for therapy.

Edwin says, *“A good conversation moves between the existential and the very concrete”* (C1-1, 594-595). In order to be situated within this range, it is important that therapists work

through their own obstacles in order to develop spiritual and existential literacy as well as possible for the individual clients and families.

#### **7.8.7 Breaking the silence in the public space**

The findings in this study show that clients mostly want to include spirituality and existential issues in family therapy and that many family therapists do include the topic in sessions. However, there seems to be a gap between what is wanted and what is actually being done, in relation to how the theme is reflected in the public space, including family-therapy culture. Nearly all therapists say spirituality is under-communicated and has no obvious place in Western family-therapy culture. Edwin says this is not an appropriate theme if one stays within oneself. Apart from some close colleagues, it appears that therapists generally do not talk with other therapists about this topic. The TG members say that they have tried on several occasions but mostly feel rejected and almost ignored. They also say spirituality is not a theme in supervision or in conferences, and relevant literature is missing. Lisbeth says that while her family therapist really has met her on a spiritual level, her therapist has told her it is actually outside of the framework of family-therapy counselling.

For all therapists educated in Norway, spirituality and existential issues have not been part of their education in a formal sense, and this silence, both in the public space and in education, seems to create uncertainty among therapists about the relevance of the subject.

To develop spiritual and existential literacy among family therapists, it is thus important to break the silence in the public space. Since clients wish to include their spiritual and existential issues, this becomes a responsibility for all family therapists; there might even be a greater responsibility for family-therapy education and leaders of current journals and conferences. Magnus says he wants clear guidelines how this topic can be included in mental health care and thinks in relation to spiritually and existential issues, it would make him more confident in using spiritual language.

Since more therapists find it easier to meet secular spirituality, and both clients and therapists find that religion and Christian faith are more marginalized, it is important to also elevate religiosity as an important perspective of human spiritual and existential reality. Frode feels it is unprofessional to exclude certain forms of faith, and it is important that clients feel acknowledged, including as being religious.

## **7.9 Conclusion**

I have in, this chapter, presented a middle range theory called “the map of existential and spiritual literacy”. The middle range theory is based on the core categories in the study from 15 family therapists and 12 clients. Based on the analysis and my own interpretation and hypothesis, “spiritual and existential literacy” was highlighted as the main concept, and seven perspectives of spiritual and existential literacy were found grounded in the data analysis.

The word spirituality seems to be ambiguous for many of the informants and difficult to grasp. It also seems to be more related to the religious aspect of humans and does not capture secular spirituality to a large extent. Therefore, the word existential is included in the theory with the aim of creating a wider and more inclusive space.

The study shows that clients and many therapists think it is important to acknowledge the spiritual and existential part of humans, that spirituality and existential issues are part of humans’ relational and cultural life. There is a need for therapeutic awareness and competence, so therapists can develop spiritual and existential literacy. Therapists recognising both personal and professional hindrances, as well as a silence on the topic in the public space, including family-therapy culture, creates an uncertainty of the importance and relevance of the theme. To help therapists develop spiritual and existential literacy, there is a need to break the silence in the public space and include spiritual and existential issues in education, journals, supervision and conferences.

The focus of the next chapter will be to discuss the theory more in detail. I will point out perspectives based on the aim of the study, the issues and the outcomes of the study. I will also discuss consequences for both family-therapeutic practice and family-therapeutic education.

*“Because love is an act of courage, not of fear,  
love is a commitment to others.  
No matter where the oppressed are found,  
the act of love is commitment to their cause  
—the cause of liberation.”*

(Paulo Freire)

## **8 DISCUSSION OF IMPLICATIONS FOR PRACTICE AND EDUCATION**

### **8.1 Orientation to the chapter**

The overall aim of this research study has been to explore family therapists’ and clients’ understanding and meaning of spirituality and their experiences of what spirituality means in family therapy in Norway. Furthermore, the aim has also been to explore how family therapists’ personal and professional spiritual experiences affect family-therapeutic practices. Finally, the study also wanted to develop knowledge and theory in what seems to be an under-communicated theme in family-therapy education and practice.

The main research question was: What does spirituality mean for family-therapy practice?

The sub-research questions were:

5. What are family therapists’ and clients’ understanding of spirituality?
6. What are family therapists’ personal and professional experiences of spirituality and how do they think it affects them as therapists?
7. How do family therapists include spirituality in practice?
8. What are clients’ experiences and perceptions of spirituality in family therapy?

During the analysis five main categories were developed with many sub-categories, and the analysis concluded with five core categories.

The core categories are:

6. Recognition of clients’ spiritual and religious life
7. Spirituality as part of being human, relationships and culture



8. The need for therapeutic awareness and competence
9. Experiencing spirituality as linguistically ambiguous and difficult to put into words
10. Silence in family-therapy culture and education creates a feeling that spirituality is not accepted.

Based on these categories, a middle range theory was developed, named a “map of spiritual and existential literacy”.

On the basis of the core categories, I will here discuss implications for practice and education, including supervision and personal and professional development<sup>34</sup>. I have chosen to gather this into five sections, based on spiritual and existential literacy.

1. Spiritual and existential literacy: a need for recognition of spirituality/existentiality in the family-therapy culture
2. Spiritual and existential literacy: a need to work with linguistic ambiguity in a world of language
3. Spiritual and existential literacy: a need for therapeutic awareness and competence
4. Spirituality and existential literacy: a need to see spiritual and existential resources for change
5. Spiritual and existential literacy: a need for critical literacy

## **8.2 Implications for clinical practice, supervision, education and personal and professional development**

### **8.2.1 Spiritual and existential literacy: a need for recognition of spirituality/existentiality in family-therapy culture**

Recognition of clients’ spiritual and religious life is one of the core categories in the study and has become an important perspective through developing the map of spiritual and existential literacy. The map highlights what is needed to be a therapist with spiritual and existential literacy, and recognition of human spiritual life reflects the different perspectives on the map.

The term “recognition” is used by Hegel, but has been further developed by Honneth, one of Europe’s critical moral philosophers (Honneth et al., 2003). He believes we all have a moral

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<sup>34</sup> Supervision can be part of both education and practice. Personal and professional development can be part of the training in the family therapy educations, but is of course important for all family therapy practitioners.

responsibility to meet people in a way that perceives their integrity, and recognition becomes both a universal duty and a virtue that should be developed from a consequential ethical perspective (Helgeland, 2013). For Honneth, acknowledgment is connected to intersubjectivity and is concerned with the private, the legal and the solidarity sphere. He thinks recognition at all levels is necessary if humans are to experience self-confidence, self-respect and self-esteem. Recognition also protects against violations (Honneth et al., 2003).

Recognition can, in a therapeutic context, mean listening deeply and showing understanding, acceptance, tolerance and confirmation. The other's world of experience becomes focused and appreciated. This is an attitude, not a technique, and at its deepest, it seeks to bring forth the love of the other (Schibbye, 2009). Thus a therapeutic conversation becomes existential in itself; the conversation can be liberating and love can be a power (Schibbye, 2006).

I think Nina in my study provides a good example of recognition.

*I can hold it, I can in a way recognise things they say, right; I think they understand that I am a spiritual person, I think they understand, in the way I get response... you know, some are embarrassed talking about these things. And then I can say that I also believe in something more, right... I feel it makes it easier for them to open up... I can say I believe in more, so it is safe, you can talk about these things here. (T3.1, 380-391)*

Recognition is connected to the ability to build a therapeutic relationship, which, as we know, is essential for significant therapeutic work (Wampold & Imel, 2015). Several of the studies in my literature review confirm this. For example, Gockel (2011) says clients wanted counsellors who can "tune in" with warmth, empathy, love, openness, acceptance and genuineness in relation to spiritual issues; clients have experienced distance where counsellors were unable to respond to their emotional or spiritual needs. The clients in Post & Wade's (2009) study say talking about spiritual and religious issues requires a trustful therapeutic relationship.

However, although several therapists include spiritual and religious perspectives in their practice, and some clients have good experiences with this, there is nevertheless an extensive experience among therapists in this study that spirituality is seen as a topic not recognised in practice, education and the therapeutic culture at large. This causes therapists to become silent on spiritual and religious perspectives and experiences in the public space. Religion, especially Christianity, can be felt to be a negative factor. There is an experience of negativity to religion, which, in turn, can prevent therapists from talking freely about their faith.

Based on the findings in chapter 6, I have noted the therapists have different strategies for how to include spirituality in their practice and/or in therapy culture.

1. They talk with clients about the topic but never talk about the theme outside of its nearest therapeutic circle.
2. They actively contribute to clients' spiritual issues and resources in therapy.
3. They talk with clients about the topic and also try to introduce the topic outside of its nearest therapeutic circle but are rejected.
4. They do not talk about spirituality if clients do not introduce the theme.
5. They do not have relevant or worthwhile experiences to contribute.

*All* therapists in my study, whether they find the theme important or not, have experienced that spirituality—and particularly religion—not being accepted and included in family-therapy culture in general. This experience was also related to education, mental health and professional practice at large. Many therapists in my study talk to their clients about spiritual and existential themes, but on the surface; in the culture, there seems to be great silence. Both therapists and clients find the topic is not a legitimate one, not readily included in professional practice. These findings fit well with Ulland and DeMarinis's (2014) study in an outpatient context in southern Norway, where the informants stated that cultural and existential issues were lacking in educational institutions, and they saw a gap between the philosophy of care, fundamental theory and practice. Crossley and Salter (2005), in a British clinical psychology context, found spirituality regularly overlooked, and my own Master's study, 10 years ago, also suggests this (Holmberg, 2012). A recent study on mental health in Norway (Borge & Mæland, 2017) shows that topics related to religion, spirituality and faith still have little legitimacy, which can lead to the aspect being hidden practice.

There can be several reasons for the apparent silence. As described in chapter 2.5.3, spirituality was initially a religious term, and in psychotherapeutic infancy, there was a resistance to its influence and it was often pathologised. Freud, for example, believed that religion was a collective neurosis, that religious dogmas and practices were part of an illusionist protection against human frailty (Freud, 1927/61). The psychotherapy field was also influenced by natural science and took a significant interest in the Enlightenment and beyond. Science became a model of how we should think, a kind of undeniable understanding of truth. As the focus became more and more on specialization and biological perspectives, spirituality and existential issues gained less space. These perspectives did not fit into the

positivistic paradigm and were regarded as speculative. Science is a hugely powerful factor, with its own set of scientific standards. Personal values, spiritual insights, involvement in other traditions are largely diminished (Gergen, 2009b). The belief in a professionalism free of values meant that issues with values should be kept outside professional rooms (Leenderts, 2014).

In Norway, there has been and is still a paradigm debate. In psychotherapy, there seems to be a key question that to understand therapy, we must know what works and the effect of it. It is called evidence-based research or practice (Ekeland, 2009). The problem with the “effect discourse” is that it is not certain that the method that works in one works in the next. Skjervheim (1992) called it “the instrumentalistic mistake<sup>35</sup>”. He questioned educational practice that became technical practice with a naturalistic view of science. Humans became things, and he referred to Kant’s categorical principle where a moral constitutional society must be built on mutual respect. Skjervheim says phenomena such as trust cannot be “created”; trust, for example, is beyond a technical presentation. The mistake is that one absolutizes a certain kind of theory.

Evidence-based thinking has been criticized by several authors (Bøe, 2007; Ekeland, 1999; Falkum, 2000). Wampold and Imel (2015) say, after extensive meta-studies, that there is no evidence that some methods work better than others. Instead, they have developed a contextual model which says that the relationship between the therapist and the client is the bedrock of psychotherapy effectiveness, and both the client and the therapist have to believe in the treatment. A “real” relationship has to be developed, with trust, understanding and expertise (Wampold & Imel, 2015). This is also confirmed in my study, that recognition of clients’ spiritual and religious life requires a trustworthy and respectful relationship. This also shows that studies like this are important for developing clinical practice in relation to spiritual and existential issues when researching therapists’ and clients’ stories about their experiences of the therapeutic relationship and practice.

The Lutheran church has participated in the distinguishing between the spiritual and the worldly through Luther’s 500-year-old two kingdoms doctrine. Even though this idea was about resistance to the confusion of religion and politics, it seems to have contributed to a further specialization of professional practice and an elimination of the holistic perspective on the human race. Humans can visit priests and pastoral counsel when facing spiritual

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<sup>35</sup> In Norwegian: “*Det instrumentalistiske mistaket*”.

challenges, go to psychologists for mental issues and take medicine for the physical. This creates an environment where it is not natural to talk about spirituality in therapeutic contexts (Sheehan et al., 2007).

The church was probably also influenced by Descartes' dualism (Descartes, 1971). He distinguished between the body and soul, with a belief in a soulless, physically material body. Kirkengen and Næss (2015) introduced the concept of "mindful bodies", which highlights that humans' meaning and bodily experience must be emphasised and integrated into treatment. Recognition of clients' spiritual and religious life also includes recognition of the "lived body" (Merleau-Ponty, 2012) experiences, which requires a holistic view of humanity and knowledge. Spirituality and religiosity are connected to spiritual experiences and practices, which are highly bodily, and can also, as some of the clients in my material said, also include supernatural experiences and a relationship with God. The clients also say spirituality can be a vulnerable theme; therefore, recognition of clients' bodily experiences also is important.

Koslander et al. (2009) challenged the biomedical view of man in mental health care, advocating an ethical and holistic care. Their argumentation is based on human rights where health is a human right that should also include existential and spiritual needs as part of the recovery process. They also refer to extensive research (H. G. Koenig et al., 2001), which found that the majority of the world's population feels and recognises spiritual needs and the meeting of these needs positively influence human health.

Family therapy presented a shift in a scientific paradigm, which includes systemic theory and later, the social construction approach. These perspectives *could* naturally adopt a spiritual focus (Larner, 2017), but the focus on multiple realities (Burr, 2015) and ecological frameworks lack spiritual and religious dimensions. Bateson, one of the major contributors in communication theory in family therapy addressed this by encouraging therapists to be humble and wonderingly in the presence of people and to look for what is beyond "structures", look for the pattern that connects and to see mind and nature as a necessary unit (Bateson, 1979). Bateson and Bateson (1987) think all health practitioners in a way are religious: they necessarily have to accept some system of ethics and must necessarily subscribe to some theory of body–mind relation, a mythology, for better or worse (p. 177). This holistic thinking requires an attitude, a way of seeing and acting, that allows for contemplating the whole and acknowledging the complexity (Telfener, 2017).

Another aspect in a Norwegian context, which can make it more difficult to include spiritual aspects in therapy, is the lack of ethical guidelines for family therapists. There are in Norway no general guidelines for how family therapy work should be conducted<sup>36</sup>. The Family Therapy Association in Norway is part of the European Association of Family Therapy, which does have codes of ethics<sup>37</sup>, but these do not appear on the Norwegian Association's website and, in addition, far from all family therapists in Norway are members. Practically, family therapists can work very differently, and it depends on the individual therapist whether spirituality and existential topics are included. This can create an uncertainty for both therapists and clients about the therapeutic "rules", and as Lisa in my material says, "*I think they probably not are allowed to do it*" (K5-1, 1059). There seems to be an expectation that family-therapy students bring ethical guidelines from their respective professions into family-therapeutic practice.

A study on family-therapy education by VID Specialized University included 192 informants, of which 144 were social workers, child welfare counsellors, nurses and from the Norwegian education *vernepleiere*<sup>38</sup>. Also, 28 of the participants were educators, while the remaining 20 had different educational backgrounds, such as sociology, theology, and physiotherapy (Flon & Jensen, 2015). The majority of this group had a framework plan from their professional education, which states that education should emphasise knowledge and attitudes towards humanity, human dignity and human rights. Emphasis is placed on educating professionals with respect for users' own knowledge and personal choices, and to use a language but also to meet clients' language. The framework is concerned with the ethical dimensions of professional work and meeting users from a holistic perspective, with a philosophy of care, in collaboration and interaction. The framework plan emphasises that a comprehensive view of users is critical for good professional work and says the individual service provider should relate to the whole human being and the physical, mental, social, cultural and spiritual sides. This shows that many family therapists in Norway have a value foundation based on human rights and an understanding of humanity as a whole. However, it

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<sup>36</sup> For example in the USA, the American Association for Marriage and Family Therapy has a code of ethics, as does the Association for Spiritual, Ethical and Religious Values in Counseling – ARCERVIC. The UK also has ethical guidelines: <http://www.eapa.org.uk/wp-content/uploads/2014/02/UK-EAPA-GUIDELINES-DOCUMENT.pdf>.

<sup>37</sup> From EFTA's code of ethics: 2.2 Family therapists should recognise the need for ethical vigilance and the need for sensitivity to issues of culture, class, race, gender, religion, age, sexual orientation, health and disability in interpreting and applying this code. Therapists should avoid all kinds of discrimination.

<sup>38</sup> A Norwegian Bachelor's programme, which is a mix of health and social worker.

would be preferable for these guidelines to be stated at the family-therapy level to include all legitimate family therapists. Based on my study, these guidelines do not seem clear enough in family-therapy practice today.

Institutions like colleges and universities, and also authors of textbooks and articles, play a great role in determining the constructions we live with (Gergen, 2009). My hope is that educational institutions and senior family therapists will clarify these perspectives. By “taking off the lid”, the knowledge in the field can be visible and recognised, which will be a help for therapists in becoming bolder and more confident to share their knowledge, experiences and personal reflections with each other. It will also allow therapists who are less reflective of these perspectives to gain new knowledge and hopefully greater awareness, which in turn will benefit therapeutic work.

For many of the therapists in my study, spiritual and existential perspectives are very important on a personal level, but they feel that they have to play a role where this is suppressed. To use Goffman’s (1969) dramaturgical perspectives, they have to create a social identity that fits an ongoing act. Some therapists have tried to break this “game” by bringing in spiritual perspectives, but are quickly put into place by other actors in therapeutic culture. *“The therapists either shake their heads or ‘roll their eyes or in some way shows this is not interesting and barely professional. ‘Let’s be professional!’ Then we stop talking about it”* (TG-1, 132-134). The TG has had negative experiences, and in the public space, they have thus settled into the ongoing game.

Yet, society is changing: today we have a more multicultural society, and there seems to be a greater openness to spiritual, existential and religious values and questions. We can see a new generation of spiritual seekers, and there are reflections and discussions in journals and magazines, in cafes, in books and so on. These will hopefully form new paths.

Spirituality can be an important part of peoples’ lives and, as shown in this study, a source of vitality, meaning and hope in difficult life situations. Even if spirituality can also be negative, individualistically or relationally, it is still of little help pretending the dimension does not exist or to explain it merely from psychological perspectives.

The word health comes from the word “whole”, and the World Health Organization, human rights and public documents include a spiritual and religious perspective as part of a holistic view of humans. There are exciting and important opportunities ahead by promoting a systemic perspective that includes spiritual and existential perspectives.

### **8.2.2 Spiritual and existential literacy: a need to work with linguistic ambiguity in a world of language**

One important aspect of this study is the linguistic ambiguity around the word spirituality. Despite the fact that most therapists and clients agree here that humans also have a spiritual perspective, there is still a great ambiguity in terms of the word. It seems to waken many different feelings, and for several, it seems a concept completely alien, which can, of course, prevent conversation; it can be difficult to deal with this in a linguistic way. More clients than therapists used the Norwegian word *åndelighet* (spiritually), but it seems easier to relate to words like beliefs and values. Spirituality was easily associated with religion.

Sinclair and Chochinov (2012) say that language is perhaps the greatest barrier in the communication of spiritual and existential issues; they refer to a study where there were 92 different definitions of spirituality and point to a great confusion in determining the relationship between the existential, spiritual and religious issues. Sinclair and Chochinov say some researchers treat them as distinct concepts, while others see them as inseparable. They distinguish between spiritual, religious and existential issues but think all perspectives are associated with individual beliefs, values, behaviours and experiences related to ultimate meaning. The difference is in relation to religion, which often involves deities and dogma associated with religious fellowship over time, while existential issues are more directed towards subjective experiences and contemplation of the nature of human existence, formulated through a secular and humanistic perspective. Sinclair and Chochinov see spirituality as a universal dimension of human health that encompasses both existential and religious perspectives and considers spiritual issues to include religious and existential issues (2012).

As a result of my study, in the middle range theory, I have chosen to expand the spiritual with existential. Since spirituality is often linked to a divine or religious dimension, I think it is important to find language that also includes those who are secular. One answer may be to use the word “existentiality” instead of “spirituality” (Stifoss-Hanssen, 1999). My personal opinion is still that spirituality is part of humanity, but it should be recognised that this word can be difficult and easily associated with a religious understanding of reality. What we actually call this dimension is subordinate to me: it is important to be open to many different linguistic nuances. At the same time, humans live in language, so it may be important to find some unifying concepts. A collection of concepts will also make the topic more accessible to



research. It is important that the use of concepts do not limit the relevance and the topicality of the theme.

However, in therapy, we must be open to people's various linguistic terms, both at a digital and analogue level. Perhaps the most important is not what kind of words we actually use, rather the recognition that a spiritual dimension exists in different forms and language, and therapeutic practice can be a place for discovery, wondering and reflection. By focusing on tone, breath and body movements, the therapist will be able to sense which words affect people (Andersen et al., 2005). So the question is whether therapists' sensitivity can also accommodate clients' spiritual and existential lives, and in dialogue see and create connections (Wittgenstein & Stigen, 1993). Deep listening can help therapists to listen at an existential level. Maja says that if therapists do not go into value-related themes, the therapy is unsuccessful. It is like the icing on a cake, "*on the surface again by a new series of thoughts and feelings*" (K8-1, 539).

One difference between the word spiritual and the word existential is the connection between spiritual and spirit, which can be explained as human vitality. It may include a religious belief but does not have to. People can be religious but lack spirituality. To me, spirituality is a power which is about opening your heart to a dimension that stretches beyond the material and the mental. It also surpasses human circumstances and can help people to greater harmony, comprehension and overall meaning. This life power can make people more open to and caring for each other and more grateful. In this way, spirituality promotes health (Elkins, 1999). It also seems that people long for something that is vitalizing; here, there are endless variations that nourish the vitality of humans. Others will say the word existential fills the same function and mix these concepts together (Van Deurzen, 2013).

McGrath (2005) says metaphysical or theological beliefs inform many people and explored the language for nonreligious spirituality in patients with serious illness, using the concept "existential spirituality". She found that the non-religious had transcendental values like respect, wonder and reverence but also uncertainty and contradictions. For example, life has meaning but it is not possible to understand the meaning of life. An informative aspect, which I also found in my own study, was that a distinction was made between religion and a belief in God: humans can still believe in God even if they do not belong to a particular religion.

Swinton (2001) says, in his context of mental health, that therapists need to learn two languages: the language of psychiatry or psychology and the language of spirituality. It is

much easier for therapists to translate clients' spiritual and existential experiences into a psychological language than to empower their therapeutic language and room for new opportunities and forms to take the needs and desires of the clients seriously. Mæle (2003) talks in his study of a "therapy internal" and a "therapy external" language, and says it is relevant to ask who decides what is part of a "therapy-internal" language.

All cultures contain certain language rules. Wittgenstein (1993) called the language and its actions a "language game". Words become significant by virtue of the requirements of the game. Gergen (2009) says we develop patterns of coordination when we relate to each other. These patterns state what is acceptable and what is not. This is a way to make life work together. What Wittgenstein called "life form" – an overall spectrum of relationships, words and actions – we can call cultural traditions (Gergen, 2009). As a culture, we gather around certain concepts that seem recognisable and unifying, while other terms are eliminated. This can also mean that a culture can be perceived as limiting. If, for example, the discourse "religion is not part of family-therapy practice" becomes prevailing, this discourse could bring group members to silenced, with the result that clients do not get adequate help when seeking family therapy. Hegemonic discourses or patterns of practice can be challenged, though; therefore empirical research is of great importance. Reality shapes the way we talk about phenomena. Speaking in a different way, things may change (Burr, 2015).

The map of spiritual and existential literacy says it is important for therapists to bridge linguistic uncertainty and work with personal hindrances. It should be expected that therapists also meet and integrate clients' spiritual and existential perspectives. In our multicultural society, there is a wide variety of spiritual beliefs and practices, which creates an openness to many different expressions and languages. As we have seen in this study, clients use many different words in this dimension, and so it is important that therapists give clients a sense of openness and a confirmation that their words are valid in what Gergen (2009) calls "the linguistic game". He refers to Wittgenstein (1993), who says humans are raised to act in specific ways and follow the rules of the game. However, therapists can, in relationships with clients, expand the "linguistic game", concepts and grammar to include spiritual and existential perspectives in practice. This may provide new opportunities useful for clients.

When I introduced this study to my informants, I included many different words for the term spirituality, for example "faith", "worldview", "meaning" and "values". I wanted to find out which words had the most resonance. I was also open to new concepts that clients are

concerned with. This can be a starting point for further reflection, for therapists to acknowledge the clients, and with curiosity explore differences among family members. In a framework of social construction, new meanings of concepts can be developed. Everyone has their own spiritual or existential journey developed through life in relationships, and the language of the individual should be highlighted.

In systemic family therapy, subjectivity is proposed as a relational and narrative self (H. Anderson, 1997; Gergen, 1991), and the relational self is a discursive construction (Roy-Chowdhury, 2010). The focus has been on interactions between individuals rather than only the individuals. However, this thinking has been criticized in that there is a risk that identity questions get squeezed. The narrative approach, on the other hand, has a stronger focus on identity construction and meaning through the stories we tell about ourselves and thus has a strong focus on the understanding of self. A social construction of personality says that our identity is never fixed but always in process and open to change. Humans create language in different contexts, cultures and traditions (Burr, 2014).

Nevertheless, spiritual and existential issues can be difficult to capture in language, so therapists must allow for linguistic uncertainty. Linguistic uncertainty can create a meeting room where one can look for language that makes sense, also at a deeper level. Spirituality and existential issues can be closely related to emotions and bodily expressions, and thus, for example, metaphors can be very helpful. Gergen (2009) says that words, in themselves, do not reflect the world – no words match the world better than others. Words gain truth value by virtue of their use in a community. By using metaphors, words can be recreated – when we free ourselves from their original meaning, we can look for other possibilities; imagery can formulate some of what we may not understand (Andersen et al., 2005).

### **8.2.3 Spiritual and existential literacy: a need for therapeutic awareness and competence**

Humans can be explained in terms of language only available for humans with literacy (Piltz, 1991). In relation to the spiritual and existential part of humans, what kind of literacy do therapists need to meet spiritual and existential humans? One core category in this study is “therapeutic awareness and competence”, born from clients’ need to meet self-reflecting, competent and transparent therapists able to sense the vulnerability in of spiritual life.

Therapeutic awareness means we need to reflect on our own journey, from a spiritual and existential perspective. As therapists, we are shaped by theories and methods, our personal

experience and competence, but we are also influenced by our values, beliefs, human perceptions and our opinions about life (Aponte, 1985). Every therapist brings their own personal spirituality to the therapeutic relationship, which includes their own joy or peacefulness, pain, conflicts, acceptance and their need for relationships. Therapists are not value neutral. When asking questions, values are always included. Often therapists are not aware of the spirituality, from both their professional and personal life, they bring to bear on clients' issues (Aponte, 2009). Therapists live in their own social construction of life and the clients in another one. In dialogue, new constructions can emerge. Through self-awareness, therapists are in a better position to identify their biases, blind spots or strengths so power is not used to push clients into something they do not want (Aponte, 2009). Freire (1979) says: "The more active people take part in the examination of their themes, the stronger they deepen their critical alertness to reality" (p.92 – my translation). Reflections on our own lives help us to adopt a professional attitude in the face of clients' lives.

Pargament (2007) talks about therapeutic awareness as a part of spiritual literacy and says it is about insight into therapists' own spiritual worldviews and how they may shape the therapeutic process. This also is supported by Haug (1998a), who says, besides theoretical orientation, therapists' spiritual and/or religious and secular beliefs and values organize the way they interact with clients, interpret clients' dilemmas, see resources and strengths and how they look for treatment options. Several of the therapists in my study believe that they use their beliefs and philosophy of life actively in the therapeutic dialogue, consciously or subconsciously, which means a spiritually reflective therapist has a better precondition for meeting the spirituality of clients.

*If you have a little more understanding of yourself, you can answer differently. That is what it is about; if anyone comes with a theme which I have not been concerned about at all, I have not enough foundation talk about these things, right. I might not ask the questions they had expected or were concerned about (T11, 1, 852-856)*

Religion, however, seems to be a more sensitive topic, and therapists also need to reflect on their relationship with religion. Even if therapists do not define themselves as religious, working with religiosity helps in developing language for meeting religious clients. If they do not have language for a theme, the theme simply does not exist. Erickson et al. (2002) say religion is more difficult to talk about for clients than spirituality, in general, and think therapists have to take that into account.

Clients want therapists who can go beyond their own personal spiritual or existential life and have developed a well-integrated professional attitude (Pargament, 2007). It does not mean that therapists cannot share personal reflections, but clients do not want therapists with a “preaching style”; they want to be met with respect for their own convictions.

We know that research shows the relationship between therapist and client plays a crucial role in therapy. This is an important aspect, regardless of therapeutic approach. The therapist is part of the therapy (Wampold & Imel, 2015), and it seems to make a greater difference who the therapist is than what kind of method is being used (Jensen, 2006). Since the postmodern turn in family therapy, there has been more focus on the therapist him/herself in the therapeutic relationship, but where is the focus on the spiritual family therapist? Haug (1998a) says this dimension has been excluded. Therefore, it is essential that therapists work consciously with these themes in their own lives so they do not become obstacles to spiritual and/or existential dialogue. By developing their own confidence in relation to these topics, therapists can build greater emotional courage in facing clients’ spiritual lives. Many clients say spirituality is a vulnerable topic, so it is of great importance that they feel acknowledged and respected. Johnson, Hayde and Wade (2007) say sufficient trust has to be established.

Carlson et al. (2014) showed that therapists who value spirituality in their own lives are more engaged in integrating spirituality into practice. However, it is still important to be reflected in a professional manner. Jensen’s (2008) study was on how therapists’ personal and professional experiences and life influences therapeutic practice. They found that therapists must constantly be observant in therapeutic relationships so they contribute to a mutual resource and not a dissonance or “professional colonialization”. It is not enough being interest in a theme; it should be professionally founded.

There are normative requirements and expectations for the profession, which means that the profession has a trusted knowledgebase and is a servant of generally recognised social values (Molander & Terum, 2008). Professional practice is part of an organizational context where research and theory, experience and discretion constitute an important framework. In addition, user involvement is seen as an important principle in professional practice. This is about empowerment and view of power (Jensen & Ulleberg, 2011). Based on my study, it is important that spiritual and existential themes be highlighted in both theory and research in the family-therapy field, and that the therapists’ experiences can be visualized. Since user involvement is also an important principle in professional practice, it is important to explore

client's experience of this topic and how clients want their spiritual lives to be integrated into practice.

#### ***8.2.3.1 Reflections on competence***

Clients in this study say they want therapists who have competence in meeting their spiritual and religious lives. As I see it, therapists need general knowledge of what this might mean so they can be prepared. This may also apply to other themes, like violence, sexuality, theories about crises, attachment theories etc. It does not mean that this general knowledge is suitable for everyone, but it would be a better starting point for dialogue. Sundet (2009), in his thesis, found that clients also want therapists' professional knowledge, not only a dialogue partner. Being "not knowing", therapists could well benefit from general knowledge to ask relevant questions, to find the uniqueness in the general. It can help to be a "wondering" and "curious" therapist. If, for example, religion is absent in one's own life, it may be easy to overlook the religious client. General knowledge can help therapists to counteract a reductionist approach.

A competent therapist may need to know differences between religion and spirituality, the bases of various belief systems, major world religions, agnosticism and atheism (Cashwell & Watts, 2010; Shaw et al., 2012). It may also be important to know that spiritual aspects both affect and are affected by physical, psychological, social and cultural aspects of life. It is also important to know that human belief can be central to worldview and culture and can influence humans in various ways (Shawn et al. 2012). Including human values and beliefs needs to be part of therapists' multicultural competence (Arredondo, 1998).

However, what seems even more important is knowledge concerning how spiritual and religious issues and therapeutic competence can be put together (Pargament, 2007). Some clients want therapists to actively include spirituality in therapy, and so therapists should learn how to do it in practice. "Social GGRRAACCEESSS" in the UK is a good example that "assist[s] practitioners in being mindful about a range of differences, and generating a desire to extend their practice beyond their current abilities" (Burnham et al., 2008, p. 530). The strange title includes, among other things, religion, culture and spirituality with the aim of helping practitioners to promote inclusion and avoid staying in their "comfort zone" (Burnham, 2012). Bourdieu (1990), with his concept habitus – relevant to this connection – posits that humans need to be socialized in practice so competence becomes bodily and not a mental consciousness; if we have not learned what to do, then this will not have a physical

anchorage in us. Then, perhaps, when a topic comes up, we only know resistance, which is really about the fact that we do not have a relationship with a given topic. The body holds meaning, culture, rationality and tradition. People experience their world through the body, and the body also has a social influence on our surroundings. Bourdieu says we get a bodily repertoire that we automatically express (Bourdieu, 1990).

According to these issues, supervision can be of great help. Both training, as part of education, but also supervision when working as a therapist. In education, students actively should work on this type of theme while working on developing greater personal awareness. It is necessary to include spiritual and existential issues in family therapists' personal and professional development, both in education and further in therapeutic practice. Learning should be connected to thought, emotion, intention, action and consequences for therapeutic work (Vetere et al., 2016).

Meaning-making seems to be something deeply human (Burr, 2015); humans relate to both meaning and ethics. We all have attitudes, ethics and values related to the events and relationships that we are part of (Holmgren & Hansen, 2010). When asking for human values, hopes, longing and beliefs, therapists need to learn how to link these themes to clients' spiritual and religious realms. For example, if a client is religious, secular and/or atheistic therapists should be able to face a religious reality (Wikström, 1999). My study shows that this is possible, as Ada, who is an atheist, for example says.

*If it is part of the client's, or the patient's, or family's narratives; if it is something they are concerned with, then the therapist must give this room... and not be afraid of this... If it is important to that person, the therapist must face it and be open and willing to go deeper. (T12, 1, 50-54)*

Even though Ada has chosen to be an atheist, she has a good knowledge of religious practice and knows how important religion can be for people.

In this study, *all* the therapists, apart from those who graduated abroad, say spiritual and existential perspectives have been absent in family-therapy education. These are also results from other studies where therapists and students say they lack training (Balmer et al., 2012; Carlson, Kirkpatrick, et al., 2002; Prest et al., 1999) and where this creates an uncertainty in how to meet the spirituality of clients (Carlson et al., 2011). In this case, teachers in education have a job to do, to integrate spiritual and existential issues in a clearer way so therapists gain an understanding that these themes are acknowledged as part of professional family-

therapeutic practice. The theme should be integrated into teaching, curricula, and supervision, as well as part of the personal development process of becoming a therapist. Developing research projects to bring new knowledge should also be encouraged. Spirituality should be included in an intentional way so therapists also can grow spiritually while paying attention to their spiritual self (S. M. Harris, 1998).

Spirituality and religion play a major role for people all over the world, so educational institutions should take this into account, as Gergen (2009) says.

It is not enough for the scholarly community to smugly view religious traditions as havens of mythology. If scholarly work is to make a significant contribution to the culture that sustains it, open dialogue is imperative. Failing to take up such dialogue is to establish yet another island of practice, separated from others by an ocean of alienation. (p. 352)

From a relational point of view, dialogue can counteract bound beings and open up valuable learning processes.

Behind our professional theories, we will always find basic philosophical ideas that affect what we perceive as knowledge, truth and reality and how we perceive the relationships between them (Haugsgjerd et al., 2009). The philosophical underpinning for family therapy is systemic theories and the ideas of social construction. The question is whether this is sufficient to allow for spiritual and existential perspectives. Public documents clearly clarify an overall human view, with humans being described as physical, mental, social and spiritual<sup>39</sup>. How do family therapists relate to this based on their philosophical thinking? It seems important to have a foundational philosophy of care so therapists are consistent in their clinical decision-making, which also includes spiritual aspects in therapeutic work for change (DeMarinis et al., 2011).

I have previously written that systemic perspectives can integrate spiritual and existential perspectives (Larner, 2017; Telfener, 2017), and based on this study, it is important to acknowledge and include these issues as part of systemic thinking. This will hopefully create dialogue in a framework of social construction that can be more open, reflexive and in which spiritual themes are not suppressed.

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<sup>39</sup> For example, "Framework Plan for Health and Social Workers":  
[https://www.regjeringen.no/globalassets/upload/kilde/kd/pla/2006/0002/ddd/pdfv/269389-rammeplan\\_for\\_sosionomutdanning\\_05.pdf](https://www.regjeringen.no/globalassets/upload/kilde/kd/pla/2006/0002/ddd/pdfv/269389-rammeplan_for_sosionomutdanning_05.pdf).



However, for me, social construction and systemic thinking are together *one* understanding of reality; this does not prevent me from taking other perspectives as a therapist. These perspectives are not belief systems but attitudes to life and ways to meet people. Just as the systemic and social constructionist family-therapy field can be enriched by attachment theory and development theory, I believe that, for example, existential psychology can provide important contributions and help to expand the family-therapy field. Existential psychotherapy can be explained as systemic therapy very concerned with relationships. Van Deurzen (1997), an important contributor in existential therapy in Europe, says “We are always in relation, always in context, always connected to what is around us, always defined by what we associate with. Relationship are essential to our very survival and inspire everything we do” (p. 95).

Another important contributor is Yalom (1998), who says, in the basic pillars of humanistic psychology, that humans are more than the sum of their parts; they are part of interaction and context – an important part of existential psychotherapy reference-framework. This also says that man is conscious, has the freedom to choose, is intentional, which means that man has values and meaning and focus on the future.

Yalom says existential psychotherapy is a dynamic approach focusing on issues grounded in human existence. The word “dynamic” refers to the “power of man” and how people may be in conflict with the basic conditions of existence. To be in a position to reflect on basic conditions in life, humans need time, silence, seclusion, as well as the ability to go in-depth with their life situation, existence, limits and possibilities. Yalom has chosen four, what he calls, “final terms”: death, freedom, isolation and meaninglessness. In short, this is about the inevitable reality of death but, at the same time, the wish to continue to live. Freedom is about the absence of external structure, which can trigger fear, where man is ultimately responsible for lifestyle, choices and actions. Existential isolation is about the fact that humans come into the world alone and leave the world alone, and, finally, meaninglessness is about finding meaning in life when we know we are going to die. How can man find meaning, large enough to carry life?

What place do such issues have in systemic family therapy? Or said in a different way, is it possible that these topics are relevant to systemic, social-constructionist therapeutic work? To be clinically relevant, it is important to be able to work with clients’ worldviews, values and belief, and with how we create our meaning in relation to the world.

Deurzen (2013) refers to Husserl's concept of *epochè*, which means trying to meet clients with curiosity, openness and questioning and not letting our own biases and interpretation destroy this. The wish is to find clients' meaning and explore each client's social, cultural and ideological context. In this approach, dialogue is fundamental (Bachtin & Öberg, 1991; Buber et al., 2003), and the conversation about clients' challenges is based loosely on the framework of four words: a physical, social, personal and spiritual dimension. Put in another way, clients' problems and challenges are explored with these four perspectives as a framework. In relation to the spiritual dimension, it focuses on clients' sense of meaning, their values, assumptions, ideals, beliefs, hopes and trust in the word. There can be questions about what they think of life after death, whether they have a religion, spiritual practice, and how a decision determines what is significant or unimportant in life, and what they think it is all for (Deurzen, 2013). A systemic dialogue with these perspectives as a background can help therapists to include spiritual and existential themes as well as having the body as an important source of knowledge. Human language can be bodily, linguistic, psychological and social and the spiritual human can be infiltrated in all perspectives.

My hope is also that the map of spiritual and existential literacy can be a contribution for developing new knowledge and forms for learning in both education and practice and create an interest in further research within the subject.

To develop the therapeutic room, the therapist map can be more effective in meeting different kinds of clients. Dialogue can be music where different voices can fit together. The therapist's voice can affect and create dynamics. The therapist's approach will be able to be closed or open for contact and interaction (Haram, 2004).

The present study suggests that the therapeutic relationship is important for addressing spiritual and existential perspectives in the conversation. Therapists' sensitivity, awareness and knowledge are crucial in relation to how this theme is treated in therapy. This study also shows that if clients are dissatisfied with how their spiritual and existential dimensions are taken care of, it is difficult to give feedback on that. Therefore, when the therapist asks for evaluation of the clients it is also important being able to include clients' spiritual and existential perspectives. Therapists can ask for what is most or least helpful in terms of spiritual and existential issues and thus expanding their awareness and base of knowledge.

Freire (1970) says language must be in harmony with the specific situation that human beings are in. If the language is too tight, the room we live in will be too tight. Sometimes we may

need to expand the linguistic space, so our spiritual and existential, social, bodily and emotional perspectives can be in the room. The room becomes bigger when there is space for more linguistic shades and can be a help for clients to find recognition of and names for their experiences.

#### **8.2.4 Spirituality and existential literacy: a need to see spiritual and existential resources for change**

Spirituality can be both healthy and unhealthy, part of the problem or part of the solution (Pargament, 2007). It can make us more fully alive, more whole and authentic, but it can also make humans more narcissistic, for example having one's focus on belief rather than being. It can move humans *away from* life (Benner, 2011). Do family therapists' meet clients' spirituality with a "laid-back attitude" or can they challenge what they find to be unhealthy? Ada, in my study, found that a couples Buddhist faith and practice was a source of their problems, and Edwin perceived that religious traditions could be suppressive and inhibitory to life. Johnson, Hayes and Wade (2007) found in their study that therapists find some spirituality healthier than others, but Miller and Sheppard (2014) found that the postmodern influence on family therapists led to them not wanting to offend anyone. This is also supported by Helminiak (2001) who asked whether all constructions of spirituality are considered as healthy and virtuous. In my opinion, working ethically is to have a cooperative practice in line with Norwegian law and public policy and with human rights, and help clients develop their spiritual and religious values to the best of themselves and their relationships (B. A. Griffith & Rotter, 1999). Therapists have an ethical responsibility to challenge injustice, abuse of power and harmful behaviour and to try and help clients with relational justice and mutual respect (Walsh, 2009b).

However, in psychiatry, spirituality and religion have often been viewed as pathological; my own experience is that it is easier to draw negative stories around spiritual and religious issues than positive stories. Hodge et al. (2006) say it is easier to focus on narrow-minded religious environments and the oppression of women than to reflect on positive experiences about human spiritual life. Johnsen and Torsteinsson (2012) say family therapy should focus on resources and possibilities. The question is whether these resources and opportunities are also about the spiritual and existential perspectives of clients.

With the core categories in mind, “recognition of clients’ spiritual and religious life” included clients’ and therapists’ perceptions and experiences of spirituality as a resource, and I found it important to highlight spirituality as an important resource for change.

The findings in this study suggest that several therapists and clients experience spirituality as a resource, and for many of the clients, has made a great difference in times of crises and other difficulties. There are, of course, also contrasting examples, where spiritual and religious experiences have been destructive and not healthy. However, spirituality can still be a resource in life, and as professionals, it is important to explore in which way clients’ spiritual and existential life can be a resource and a way to resilience. Walsh (2003) claims resilience is the ability to overcome adversity and be strengthened and more resourceful. It is a way to grow from crises or persistent life challenges. She also states how personal faith, contemplative practice and congregational support can help people to heal from painful wounds and take charge of their lives (Walsh, 2009a).

There are numerous studies that connect religion and spirituality to psychical health (Hill & Pargament, 2003; H. G. Koenig et al., 2001) and also many studies from mental health which say religious belief and practice may be an important resource for coping with illness (Koenig et al., 2012; W. R. Miller & Thoresen, 2003).

Froma Walsh (2009) says spirituality is a powerful dimension, fostering meaning, well-being and connectedness and orienting humans and families over their life course and across generations. She also says spirituality “provide[s] larger values and purpose, guide[s] daily actions and relationships, and strengthen[s] resilience in overcoming adversity” (p. xi). She refers to extensive research showing what a belief and a community of fellowship, prayer and meditation can mean for physical, emotional and relational well-being and recovery from illness and trauma. When people are in crisis, they may be pushed to their utmost limit, and life can be heavy and dark. Meeting the clients, Walsh says it is important to have a bio-psycho-social-spiritual orientation, a holistic approach. She thinks it is also important to remember that clients can be in spiritual distress, even if they are seeking help for psychological, emotional or relational problems. When eliminating this side of human life, we thus deprive an important resource factor, a help, a hope in storms and crises. Religion and spirituality can offer humans comfort and meaning (Walsh, 2009). We have also seen in this study that spiritual interventions in therapy can be a great help for clients, and daring to include supernatural experiences may be the difference, which in turn makes a further

difference. The spiritual dimension can solve mental and emotional bonds that prevent the life force from emerging.

Life circumstances cannot always be changed, but humans *can* change attitudes about themselves and about life, and this can bring hope to the most hopeless (Aponte, 2009). Therapeutic hope, to look for what gives hope, is an important resilience factor for people in crisis and difficulties. In that case, it is important not to forget the spiritual aspects and life of clients.

Aponte (1994) believes an ethical concern for therapists is to help people strengthen their value systems. Humans, tending to be unreflected about their values, also tend to lack a strong sense of identity, self-worth and life purpose and are more vulnerable to the imposition of values by agency workers who have legal authority and may control access to resources in the society.

#### ***8.2.4.1 The power in a God relationship***

An informative and surprising finding in my study is clients' experience of a relationship with God. For most of the clients interviewed, the relationship with God was a healing factor. Even though one of the clients has surrendered their faith to God, for most of the clients, God is incredibly important as a foundation, a source of vitality and meaning; and for some, this is absolutely crucial when life is at its darkest. God is also important without a specific religion. This is, in many ways, a relationship in love, a belief and experience that one is loved just as one is, despite the circumstances. There is someone who wants the person to live and also have a good life. This can be a kind of healing power in love, which can make the impossible possible (Aponte, 2009). God has different names, for example Jesus and Allah, God can be without gender, a father or a mother, and I think there are as many experiences of God as there are humans. Participation in a congregation does not mean that people experience God in the same way. It is important to remember that God may be important to clients even if they have broken with a church community, not are regular church walkers, or do not confess to any particular religion at all.

Does God thus have any place in therapy? The therapists are divided, but surprisingly many do take into account clients' relationship with God, whether the clients are Christian, Muslim or not attached to any specific religion.

When working systemically, the God relationship can be included like any other relationship and in the language, the relationship with God can be explored in whatever way God can be a help in the individual's life situation. This may also appear quite diverse to different family members, but through therapy, openness and reflection can be created from each other's perspectives. Therapists should also be careful about transferring their own God image to the clients through verbal convictions (Elliot, 2009). The informants in my study did not want to use a "preaching style" – important for both secular and religious therapists. One must try to put one's own prejudices aside and be curious about clients' experiences of God, clients' images of God. Anything else can easily become unprofessional.

Bateson (1987) encourages us to be humble and wondering in the face of people, and look for what is beyond the "structures".

#### **8.2.5 Spiritual and existential literacy: a need for critical literacy**

Bateson (1979) says we can never understand a social reality; we only have a map of the territories. I think one important question is thus, is the map we have of reality good enough? Is it updated? Is it useful? Being a map reader requires some basic knowledge. One needs some understanding of language, signs and metaphors, a certain repertory to reach unknown lands. I believe we must all critically reflect on these perspectives in relation to spiritual and existential issues. Critical literacy is, in this context, actively to evaluate therapeutic practice – whether our understanding of language is sufficient in the face of the spiritual, religious and existential client. It focuses on social justice, promises marginalized voices and is critically reflective of dominant ideologies and discourses (Luke, 2012).

Based on the findings in this study, it does not make sense to continue to undermine spiritual and existential issues in family-therapy practice. As many of the therapists in this study confirm, it is necessary to provide forms of language and action that acknowledge and include spirituality in practice. The culture of silence in relation to these issues needs to be changed. The map of spiritual and existential literacy is an attempt at this. As the theory shows, this is a work for both the single therapist and the family therapist.

As humans, we are part of systems in movement. I think we all have a responsibility to help improve and change the systems we are part of. Therefore, it is important to have a meta-perspective of what is happening so we can try to free ourselves from oppressive habits and



roles (Freire, 1970). Honneth et al. (2003) say values and norms are culturally imparted, so, in order to acknowledge spiritual perspectives, this should be recognised even at a cultural level.

Andersen (2005) believes that we, as therapists, must actively observe our own contribution, just as clients will always observe us. “He [the client] makes a picture of me, an image in motion, and he gives that picture an explanation that tells him what he can expect from me. That declaration will govern what he says and does in relation to me” (p. 50-51, my translation). Andersen believes that clients are committed to maintaining their integrity and says our bodies work without noticing it (2005). This is also confirmed in my study, where clients say they can immediately sense the therapist’s relationship with spiritual and existential themes. This will, in turn, affect how they relate to the subject in the therapy situation.

In this study, many of the therapists include the clients’ spiritual and existential lives, but for the clients, this inclusion will be very random depending on which therapist they meet. Is it sufficient? The study also shows that the therapeutic culture has to raise this issue in a clearer way and recognise and legitimise people as spiritual and existential. It will make the individual family therapist better able to work with this theme, through education and supervision, and thereby develop awareness of the theme, in both personal and professional aspects.

Aponte (2009) says, “All therapy rests on a spiritual platform of values and a philosophical outlook that reflects the spirituality of clients and the clinician’s therapeutic philosophy” (p. 130). Therapists are not value-free or value-neutral. Therapists’ questions say something about their values, but many therapists are not aware of how their spirituality (or lack of focus on their spirituality) influences their therapeutic approaches Aponte (2009). Ulland and DeMarinis’s (2012) study says cultural and existential issues are lacking in mental-health therapy and the discourse of “not knowing” creates an uncertainty among therapists.

Critical reflection will be necessary to develop family-therapy theory and practice, and students and therapists need to actively reflect on how different therapeutic approaches promote hindrance or possibilities for the spiritual and existential client to arrive. “The map of spiritual and existential literacy” will hopefully contribute to this reflection. It is serious that both therapists and clients find that spirituality not are accepted in the family therapy culture, when it is both a wish and for many therapists actually part of their practices. This can have an oppressive effect that helps to bury therapist’s consciousness (Freire, 1970). Systemic

thinking is basically not reductive but becomes reductionistic when aspects of human perspectives are not recognised or counted. This is of course very serious, if relationships, networks, contexts and culture are overlooked, reduced and/or interpreted as insignificant. Burr (2015) says reductionism is about describing a complex phenomenon in terms of simpler elements, especially when it is said to provide a sufficient explanation of a phenomenon (p. 7). The opposite of reductionism is holism, where the whole is more than the sum of the parts, and I think Bateson's ecology of the mind (Bateson, 2000) can be called holistic, where the characteristics of the whole cannot be derived from the characteristics of the parts (Ølgaard, 2004). It is therefore important to understand patterns that connect, which include spiritual, existential and religious perspectives in the systemic work for change.

Hefti (2011) found that patients fear professionals might trivialize or reduce their beliefs, or see them as a sign of pathology. I found similar uncertainty in my own study, with many clients wanting therapists to promote a holistic view of humanity where spiritual and existential perspectives are included.

*I am an entire human being, all my parts are one. The spiritual part and the bodily part work on each other, the mind, what I do, what I read, what I eat; everything is interfering in the body and my mind in one way or another. (K8-1, 394-397)*

Change can happen through reflection and action, and theory development from practice can be a help in dialogue and action. Dialogue promotes awareness. We have a responsibility to expand the subject to the best of our ability. When reflection disappears, there is a risk that the necessary activism will be lost (Hefti, 2011).

As therapists, we have different worldviews and different spiritual and existential lives. Freire (1970) says an important premise for dialogue is love. That means to be humble, bold, have hope and faith for the people in the dialogue, as well as practice critical thinking. Love is a power in relationships and can help people to liberation, to openly share what is experienced as being important. Intersubjectivity is a prerequisite for recognising this (Honneth et al., 2003; Schibbye, 2009). Andersen (1986) emphasises therapeutic reflection on the basis of a friendly, positive and affirmative attitude in which a "both/and" attitude is highlighted. In dialogue, people learn from each other and create new constructions. Relationships are thus groundbreakers for learning, and new knowledge can lead to new actions.

Production of meaning requires action coordination. Gergen (2009) says that words and actions are important because of their functions in our relationships. Education can be such a



coordination process, where we have the opportunity to reflect together and help each other to recognise and expand our linguistic repertory. Education is a place for emphasizing different perspectives and is training arena to develop a reflexiveness and openness in the face of inequality. The map of spiritual and existential literacy says therapists should work with personal hindrances, bridge linguistic uncertainty and increase personal awareness and competence. Working with self-awareness, therapists should critically explore their own attitudes, beliefs and values concerning spirituality, existentiality and religion and how it affects therapeutic dialogue and relationships. However, it is not easy to see one's own biases. One idea may be to record therapy sessions and bring them to supervision. An aim for education, training and supervision must be to create a non-judgemental environment where participants feel free to express different attitudes, values and beliefs (David R Hodge & Derezotes, 2008).

There are different pedagogical methods working with spiritual, religious and existential issues in family-therapy education, training and supervision, and besides what has already been mentioned, case scenarios and one's own spiritual genograms can be used (David R. Hodge, 2005). Working with one's own spiritual history can put therapists into better positions of understanding, helping to see the benefit of exploring clients' experiences of this topic (Shaw et al., 2012). From a dialogical perspective, change and human existence emerge constantly in the interplay with others in our world, and our experiences feelings, thoughts and ways of acting are constantly changing (Bøe et al., 2013).

Spiritual and existential literacy is about making a dialogical room for clients' spiritual and/or existential issues and language related to their relational problems. It is about making room for values, faith, the meaning of life and the vitality of humans as help and resources in human work for change. As stated above, spiritual and existential literacy is also about working with personal hindrances, bridging linguistic uncertainty and increasing personal awareness and competence.

However, there is a need to break the silence in family-therapy culture and in the public space. This is a responsibility of all therapists. Nevertheless, my wish is that this topic will be more widely recognised by the therapeutic community as a help for therapists to expand their therapeutic rooms and more boldly share experiences and reflections of enrichment and mutual learning in therapeutic culture. We all have a responsibility to create a meaningful therapy room, where there is a space also for clients' spiritual, existential or religious life.

### 8.3 Concluding remarks

The overarching aim of this study was to explore what spirituality means for family-therapy practice, from both a therapist and a client point of view. That included the therapists' and clients' understanding of spirituality and their experiences of spirituality in the family therapy field. I also wanted to find out how therapists' personal and professional experiences affect their practice and, finally, due to the absence of the theme in the family therapeutic culture, I wanted to develop new knowledge and theory about spirituality in the family therapy field.

Based on the aim of the study, the research question was: What does spirituality mean for family-therapy practice?

The sub-research questions were:

1. What are family therapists' and clients' understanding of spirituality?
2. What are family therapists' personal and professional experiences of spirituality and how do they think it affects them as therapists?
3. How do family therapists include spirituality in practice?
4. What are clients' experiences and perceptions of spirituality in family therapy?

Fifteen therapists and 12 clients were interviewed during a comprehensive analysis process, and the findings were compiled into a middle range theory. This theory "a map of spiritual and existential literacy" was developed in response, to create new knowledge and theory about an under-communicated theme in family education and practice. The theory is seen as a substantive theory, a "working theory" for action in a specific context. Spiritual and existential literacy was used as a prime concept, and seven perspectives were promoted to achieve this. The word existential is included because spirituality seems, in this context, mostly to reflect a religious aspect, and the aim is that the map can be relevant for both religious and secular groups.

The findings say that both clients and therapists think spirituality (in a wide perspective) is part of being human, relationships and culture and there is a wish for recognition of clients' spiritual and religious life in the family-therapy context. However, spirituality is experienced as being linguistically ambiguous and difficult to put into words. The word spirituality is a word that many do not use, even if they are concerned with words like values and meaning. Both groups also experience spirituality as not being accepted and included in family-therapy culture, and most of the therapists said spirituality was excluded in their education. This

creates an uncertainty among therapists, and, together with personal experiences, this contributes to many obstacles to including spirituality in therapy. The findings suggest there is a need for therapeutic awareness and competence in those issues. However, several therapists do include spirituality and existential themes in their practice, and these experiences, together with the clients' experiences, have helped to shape the basis for this theory.

The map of spiritual and existential literacy is intended to contribute to how family therapists can include spiritual and existential issues in therapy in better ways. The map indicates this is something therapists need to do at a personal level, in the therapeutic dialogue and also in the therapeutic culture and in the public sphere at large. The map takes a position of activism, with a call for critical reflection on practice because spirituality seems under-communicated and there seems to be a need for greater awareness among therapists in relation to these issues.

Systemic family therapy is in a position to promote a more comprehensive view of humanity, be open to different realities and counteract a reductionist view of human life. Spirituality, religion and existentiality are vital perspectives in many people's lives, and an ethical professional practice requires inclusion, not exclusion. This study shows that this is something many clients want and long for. They understand that the spiritual can be an important resource in life and thus also an important part of therapeutic work for change. *"There is a word of difference in a room where also **this** can be talked about... I am a whole"* (K2-1, 334-335).

The map of spiritual and existential literacy is, like the term implies, only a map, but it is still an attempt to show how literacy in these issues can be developed in the family therapy field. My hope is that this map can be a basis for reflection and action in education, supervision and practice and that the term, in the long run, can be extended when new research emerges.

I will, in the next chapter, give some closing reflections of the study outlining its strengths and limitation, discuss the originality of the research, and finally present some suggestions for further research.

*“If you want to talk, do not set yourself up  
as the one irreplaceable. You’re just a part...”*

(Don Helder Camara)

## **9 CLOSING REFLECTIONS**

### **9.1 Orientation to the chapter**

I will, finally, present some closing reflections of the strengths and limitations of the study, discuss the originality of the research and also give some ideas for further research.

### **9.2 The Study: strengths and limitations**

Throughout the research process, it has been important to be as conscientious and credible as possible in relation to my material and to follow guidelines for good qualitative research with particular focus on grounded theory studies. Willig (2013) says “good practice” in qualitative research requires a systematic and clear presentation of analyses, with an awareness of contextual and theoretical specificity, as well as limitations the analyses can impose on its relevance and applicability.

The research journey has been a demanding and comprehensive process, but has, at the same time, also been educational and exciting. For me, it has been a process of formation from being a family therapist and teacher to also be becoming a researcher.

I think that I chose to include both therapists and clients has strengthened the study, providing a bigger picture of the current topic. In a period in the project, I considered interviewing only therapists, but I am satisfied holding onto both groups. Both therapists’ and clients’ voices need to be heard in the development of current family-therapeutic practice.

The study has a relatively large variation among therapists, in relation to age, workplace and worldview, but I had wished for a greater variation in the clients. Ten of the twelve clients were Christian, even though only three of these were regular churchgoers. This may have

limited the study, and I would like to have also interviewed Buddhist, Muslims and clients with a more secular spirituality. I gained access to clients through therapists, and it proved to be a difficult process that required a lot of time. I received clients who were initially positive about the subject, although they still had different experiences regarding the relevance of the subject in family-therapeutic practice.

The data material became extensive, and at times I was afraid that little details would disappear. It might have strengthened the study going deeper into some of the themes, but since this is one of the first studies in Norway on spirituality in the family-therapy field, it felt important to give a width based on the findings I received. This may be a beginning, and I hope, based on this study, many new research projects can see the light of day.

A grounded theory method considers a specific philosophical stance, a particular logic of inquiry, a set of procedures or flexible guidelines (Charmaz, 2014). The philosophical framework of this study was recognisable because these ideas infiltrate my professional identities as a family therapist. More difficult was to find my own way with GT's flexible guidelines. This method was new to me, and I felt it was easier in theory than in practice. The constant comparative analysis was a demanding process when making comparisons between data, codes and categories, and perhaps, first and foremost, because of having to work with the data for such a long time. It was really a test of patience.

I saw there was a need to repeat some quotations and stories in different categories. That's because many of the codes could fit together in different higher order categories. Is this a limitation of qualitative research method that attempts to reduce complexity to processes that can capture the range of experiences? Nevertheless, this also show the complexity of the data and many of the informants had a complicated relationship with the notions of spirituality and religiosity.

In constructivist GT, there are some guidelines to follow, but you still have to find your way through the process. This can be both a strength and a limitation. As a new researcher, it is easy to be unsure if this is done in a timely enough manner or not. However, I still knew, if the steps could be explained and visualized, there was an opening to effect this process in different ways.

I have tried to give a detailed account of the analytic process and describe the steps in detail linked to examples in the appendix. This strengthens the study by making the research process as transparent and open as possible. The results are presented in a narrative style; the wish

was to be as descriptive and complementary as possible in relation to the participants. The analysis process ended in a middle range theory, grounded in the findings from family therapists and clients.

The English language has been a challenge, my not having much used it for decades, and was naturally more limited than Norwegian. Both initial coding and focus coding were done in Norwegian, and in the process of making categories, I switched to English. Maybe it would have been better to translate the interviews into English from the beginning because I found Charmaz's (2013) focus on gerunds easier to manage in English. However, even if there was an opportunity to write the thesis in Norwegian, English is an international research language, 'and there was thus a good opportunity to develop the study for a more widespread audience.

In my research culture, including the research groups I have participated in, no one has used constructivist GT; I have wanted to focus more attention on system theory and social construction as a research paradigm. Charmaz (2014) says the local academic culture in the local environment is important for the development or transmission of a method and says can be left alone with any consequences that may ensue. This has been a limitation of the study, I have missed out on a larger environment regarding these perspectives.

I have more than once regretted that I used the word "spirituality" as a starting point for this study. Although I introduced many different concepts that could *mean* spirituality, the term continued to be used, mostly because it was part of the issues of the study and was also used in the letter of information. Initially struggling with the concept, I read different books and journals and had conversations with professionals. Further, as I have previously mentioned, there is a linguistic dissonance between the word spirituality and the Norwegian word *åndelighet*, which has verbally but not necessarily *semantically* the same meaning. It also seems in a Norwegian context that spirituality easily relates to religion. The focus on the spirituality concept may have limited the study, for example for secular therapists to recruit clients.

So what kind of word would fit better? Maybe words like "existential", "meaning of life" or "values" would function as better openings to spiritual issues in family therapy, as well as create a greater openness for secular therapists.

As an answer to this, I have, in the developed theory, chosen to use both the words spiritual and existential. Spirituality has been the overall term, which also includes religion, but in my

terminology, spiritual and existential can be used interchangeably. It becomes a matter of taste which word gets the best response.

### **9.3 The originality of the research**

This study provides a unique insight into some family therapists' and clients' experiences and perceptions of the topic of spirituality in family-therapeutic practice. Internationally and nationally, there are very few studies on spirituality in the family therapy field. Especially from the client point of view, there have been very few studies in a family-therapy context. Given that spirituality seems to be an important issue in many people's lives, much more research is needed.

Since the family-therapy field is concerned with both language and metaphor, I chose, based on my findings, to use the concept "spiritual and existential literacy" as the main concept of my middle range theory. I think that may be a term that communicates the point, although an objection may be that the term "literacy" is difficult to translate into Norwegian. Literacy is translated into Norwegian as the ability to read and write but is primarily a narrow, pedagogical term. In this study, literacy is used metaphorically: family therapists' ability to sense, meet and explore spiritual and existential clients. In any case, the family-therapy field is concerned with reflection, both on a professional and personal level, and I think that this little "diffused" term can be useful and relevant in this context. My wish is that spiritual *and* existential literacy can open up a window for reflection.

I have developed the theory from a solution-oriented, activist focus: what is needed to promote spiritual and existential literacy in the family-therapy field? Both this study and other mentioned studies suggest there is a need for competence that includes clients' spirituality in family-therapy practice. However, spirituality seems to be under-communicated in education, literature, supervision, and in the family-therapy culture in general. Therefore, my hope is that this middle range theory can be used in education, research and practice, as a basis for further reflection and action.

My research journey has relied on an interpretive interaction from my own worldview, standpoints and environment, arising from the research sources, developed between myself and the data and emerging ideas, and moving to a conversation within the substantive field (Charmaz, 2014). I tried to take a reflexive stance during the whole process, with the

perception that all statements are provisional and rely on the reciprocal influence between the researcher and the participants.

## **9.4 The way forward: ideas for further research**

While completing this study, several ideas for further reach emerged: first, this study has used interviews as its research method, but it also would be relevant to observe therapy sessions and see, first hand, how therapists include spirituality in practice. Observation was included in my pilot study, but I found it difficult to implement it within the framework of this study. An ethnographic study could be informative in exploring the similarities and differences between what therapists *say* and what they *do* in practice.

Second, based on this study it could be informative to conduct a quantitative survey of spiritual and existential literacy among family therapists in Norway. No quantitative study of this kind has been done; a quantitative study can give an overview of a larger sample.

Third, one perspective that emerged through this study was cultural differences among couples in relation to spirituality. This issue turned out to be challenging, and I think it would be informative and important to go deeper into this. How are couples affected by their spiritual cultural inequality and how do they handle this issue in couple and family life?

Fourth, the map of spiritual and existential literacy is a result of this research. If this theory could become part of family-therapy education and practice, it would be important after a few years to explore how this will have affected family-therapeutic practice.

And finally, in order to gain new knowledge on this topic, it is especially important to provide clients' voices; I believe it is important to conduct research together with clients. Through close collaboration between researchers and clients, new forms of knowledge development can be successful, with a focus on research *with* people rather than *on* people. If therapists want to develop their practices successfully for clients and challenge the aspect of power, it is important that clients actively contribute to the development of knowledge.



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### Diakonhjemmet Høgskole Senter for Diakoni og profesjonell praksis

#### **INFORMASJONSSKRIV TIL FORSKNINGSDELTAGERE**

##### **Forskningsprosjekt:** Hva betyr spiritualitet for familieterapeutisk praksis?

Mitt navn er Åse Holmberg. Jeg er stipendiat ved Diakonhjemmet høgskole i Oslo. Forskningsprosjekt mitt er en del av en ph.d studie i «Diakoni, verdier og profesjonell praksis» ved Diakonhjemmet Høgskole.

##### **Målet med studien:**

Spiritualitet er et ord som ikke er mye brukt i en norsk sammenheng, og det er mange ord som kan brukes i forhold til dette temaet. Andre ord kan være åndelighet, verdier, livssyn, sjel, eksistensielle temaer, forholdet til Gud/Allah og lengsel etter det hellige, noe som er større enn en selv. Det handler om livsmening og tro, og kan også være knyttet til religion. Målet med studien blir å utforske hvordan disse perspektivene får plass i en familieterapeutisk praksis, og hvordan temaene kan integreres på en hensiktsmessig måte for klientene.

##### **Studien har følgende mål:**

- Å utforske terapeuters forståelse av spiritualitet, og hvordan terapeuters personlige spirituelle erfaringer kan påvirke praksis.
- Å utforske klienters erfaringer og opplevelser med å integrerer spiritualitet i terapi.
- Å utforske hvilken plass spiritualitet har i familieterapeutisk praksis.
- Å utvikle ny kunnskap og teorier for å utvikle et underkommunisert tema i familieterapeutisk utdanning og praksis.

Gjennom din deltagelse i denne studien kan jeg som forsker få del av dine tanker, opplevelse og erfaringer rundt dette temaet, og det vil igjen være med å danne grunnlag for de resultat som dette prosjektet vil komme fram til.

##### **Bakgrunn:**

Det finnes et stort interesse for spiritualitet, åndelighet og eksistensielle temaer i vår tid. Spiritualitet omfatter alle aspekter i livet, fra familietradisjoner, det sosiokulturelle livet, personers trossystem og hverdagspraksis. Også ens forhold til naturen og universet. I spiritualitet kan både en religiøs og en ikke-religiøs livsforståelse rommes, og er knyttet til vår historie, kultur og den sammenhengen vi lever i. Alle mennesker har en spirituell siden, men åpner seg for den på ulike måter. Det vil derfor være interessant å utforske på hvilken måte klienter og terapeuters spiritualitet er en del av den familieterapeutisk praksisen. Kan f.eks. klienters spirituelle liv være en ressurs for endring?

Det finnes veldig lite forskning på dette temaet internasjonalt, og det finnes heller ingen liknende studier i Norge innenfor familierapifeltet. Hensikten med denne studien er derfor å utvide kunnskapene på dette området, og utforske hvordan spiritualitet som tema påvirker familieterapeutisk praksis.



### **Studiens problemstilling og forskningsspørsmål:**

Familieterapeuters og klienters refleksjoner om spiritualitet og spiritualitetens plass i terapi.

1. Hva er familieterapeuters og klienters forståelse av spiritualitet?
2. Hva er familieterapeuters personlige historier om spiritualitet, og hvordan påvirker det den terapeutiske dialogen?
3. Hva er klienters erfaringer og opplevelser av spiritualitet i terapi?
4. På hvilken måte integreres spiritualitet i familieterapi?
5. Hva er familieterapeuters kompetanse om spiritualitet?

### **Veiledere:**

Prosjektets hovedveileder er professor Per Jensen ved Diakonhjemmet Høgskole ([jensen@diakonhjemmet.no](mailto:jensen@diakonhjemmet.no)).

Prosjektets bi-veileder er professor Dagfinn Ulland ved Universitetet i Agder. ([Dagfinn.ulland@uia.no](mailto:Dagfinn.ulland@uia.no))

### **Hva innebærer deltagelse i studien?**

Studien vil inneholde intervjuer med terapeuter innenfor familieterapeutisk praksis, og klienter som har gått/går i par- eller familieterapi. Intervjuene vil inneholde spørsmål knyttet til de aktuelle forskningsmålene og forskningsspørsmålene. Tid og sted for intervjuer vil avtales direkte med terapeuter. Intervjuer vil bli tatt opp på bånd, og deretter transkribert (skrevet ned ordrett). Alle som deltar i studien må gi skriftlig samtykke.

Det er et ønske om å kunne vende tilbake til informantene, for å be om nye innspill og kommentarer. Denne studien bruker konstruktivistisk Grounded Theory som forsknings- og analysemetode, og nye spørsmål og ideer kan dukke opp underveis i prosessen. Informantene kan om ønskelig, også sende refleksjoner til forskeren på mail i etterkant av intervjuene.

Terapeuter som intervjues skal arbeide som familieterapeuter i offentlig eller privat sektor. Det vil være viktig med en bredde i forhold til alder, kjønn, religiøs/ikke religiøs bakgrunn og antall yrkesaktive år.

### **Hva skjer med informasjonen?**

Alle personopplysninger vil bli behandlet konfidensielt, og alle personer som deltar i studien vil bli anonymisert i publikasjoner. Opptakene fra intervjuene vil oppbevares innelåst på Diakonhjemmet Høgskole, og det transkriberte og avidentifiserte materialet vil bli oppbevart på en låst pc. I transkripsjonen vil altså alle opplysninger behandles uten navn og fødselsnummer eller andre direkte gjenkjennende opplysninger. En kode knytter deg til dine opplysninger gjennom en navneliste. Prosjektet skal etter planen avsluttes i oktober 2017, og alt materiale vil bli anonymisert, og lyd- og videoopptak vil bli slettet. Det er kun ph.d student og veiledere som har tilgang til personopplysningene.

### **Hvordan vil resultatene bli brukt?**

Resultatene vil bli presentert i en ph.d. avhandling ved Diakonhjemmet Høgskole. I tillegg vil materialet kunne brukt i artikler i profesjonelle tidsskrifter og i foredrag i faglige

sammenhenger. Studien kan også gi viktige bidrag til familierapiutdanningene nasjonalt og internasjonalt.

### **Frivillig deltagelse**

Det er frivillig å delta i prosjektet, og du kan når som helst trekke ditt samtykke uten å oppgi noen grunn. Dersom du trekker deg, vil alle opplysninger om deg bli slettet.

Studien er meldt til Personvernombudet for forskning, Norsk samfunnsvitenskapelig Datatjeneste AS, og er fremleggingsvurdert hos REK.

Har du behov for mer informasjon enn det som gis i dette skrivet her, er du velkommen til å kontakte meg på tlf. 922 33 844, eller på mail: [ase-holmberg@diakonhjemmet.no](mailto:ase-holmberg@diakonhjemmet.no)

Oslo, januar 2015

Vennlig hilsen

Åse Holmberg

Forsker

### **SAMTYKKE TIL DELTAGELSE I FORSKNINGSS STUDIEN:**

Jeg har mottatt informasjon om studien, og er villig til å delta

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(Signert av prosjektdeltager, dato)

- ☐ Jeg samtykker til å delta i ett intervju
- ☐ Jeg samtykker til å delta i to intervjuer



## Appendix 2: Interview guide - therapists

### PhD project: What does spirituality mean for family therapy practice? Interviews with therapists

1. Aller først, hva mener du er målet med psykoterapi/familieterapi?
2. Hva er et menneske for deg?
3. Hvilke ideer påvirkes du av som terapeut? (teori/metode/vitenskapssyn/virkelighetsoppfatning/ideologi) (Andre ting uten for «faget»)
4. Terapeutens egne spirituelle reise; fortid – nåtid
5. Terapeuters tanker – opplevelse – erfaringer (praksis) – holdninger til spiritualitet: Hva er meningen med livet for deg? Tror du på Gud? Har du noe forhold til din sjel? Hvordan gir du ditt trosliv/ det åndelige næring? Er du religiøs?

livskraft – Gud/gud - religion – sjel – verdier –  
lengsel etter det hellige – åndelig - moral - livsmening -  
eksistensielle temaer – tro – livsfilosofi –  
etisk bevissthet

6. Hvordan påvirker dette den familieterapeutiske praksisen (styrker/svakheter/utfordringer)?
  - Hvordan oppdager klienter deg som spirituell?
7. Praksis:
  - Hvordan **oppdage** den spirituelle klienten?
    - Spirituelle undertoner i temaer?
    - Et spesielt språk?
    - Spesielle problemstillinger?
  - Bruker du å trekke inn det spirituelle i det terapeutiske arbeidet (**praksis**)?
    - I så fall: på hvilken måte? (F.eks. ulike spirituelle uttrykksformer)
    - Hvis ikke; Hva kan det komme av?
    - Hvordan trigget dette temaet deg? Ligger dette innenfor/utenfor din komfortsone?
    - Er du opptatt av at klienters verdigrunnlag skal hjelpe klienter å finne kursen videre? Annet som styrer kursen? Hva gir endring?
    - Ser du noen forskjell på mannlige og kvinnelige klienter i forhold til dette temaet?
    - På hvilken måte påvirker spiritualitet/religiøsitet relasjonen mellom par/familien?

- Hvordan møter du klienter fra andre kulturer og religioner enn deg selv? Er det spirituelle mer tydelig i møte med minoritetsfamilier og deres kultur? (Familiers spiritualitet)
- Tenker du at spiritualitet kan være en styrke i familierapi?  
(Helbredelse/mestring?) (**Essensielt tema?**)
  - Mener du at familierapeuter bør hjelpe klienter til å få en større bevissthet om sin egen spiritualitet?
  - Hva tror du det kommer av at spiritualitet har fått så lite fokus i familierapeutisk praksis/forskning?

8. Utdanning:

- Hva har du lært om spiritualitet i din utdanning?
- Hva slags kompetanse mener du at du har i forhold til å møte og inkludere klienters spiritualitet i terapi?
- Kunne du ønske deg mer kompetanse om dette temaet? I så fall hva?

## Appendix 3: Interview guide - clients

### PhD project: What does spirituality mean for family therapy practice? Interview with clients

#### Innledning

1. Hva slags erfaring har du av terapi?
2. Hva er det det første du/dere tenker på når du/dere hører forskningstema?
3. Spiritualitet eller åndelighet; hva handler denne dimensjonen om for deg?
4. Hvilke ord synes du er best å forholde seg til ang. det åndelige?

#### Eget ståsted

5. Hva slags tro/livssyn har du?
6. Hvordan påvirker det parforholdet/familielivet? Pluss/minus
7. Er det noen utfordringer i parforholdet knyttet til åndelighet?

#### Erfaring av spiritualitet i terapi

8. Hvilken plass har spiritualitet hatt i terapi?
9. Hvordan har det vært for deg?
10. Hva tenker dere om det?
11. Skulle ønske at noe var annerledes?
12. Fortell noen historier fra terapi rundt temaet.
13. Kan denne dimensjonen være til hjelp i livssituasjonen?
14. Har temaet vært med i parterapi? (Utfordringer, positive opplevelser?)

#### Råd til terapeuter

15. Hva tenker du at en terapeut bør tenke på i forhold til klienters spiritualitet?
16. Hvordan bør temaet introduseres?
17. Hvordan snakke videre?
18. Er det noen ganger en bør la det helt være?
19. Hva skulle hindre deg i å ta opp denne livsdimensjonen i terapi?
20. Ser vi tendenser i samfunnet at dette temaet er viktig for folk?

Noe du vil tillegge til slutt?



## Appendix 4: Line by line coding – clients

<p>Egentlig ikke skam i familien Egen indre stemme Brøt ut av ekteskapet Pratet med familiekontoret Attest i forhold til separasjon Hadde behov for å snakke Trengte en velsignelse At det var greit Selv om en er kristen Terapeuten forsto ikke dette</p> <p>Terapeuten sa «so what?» Ble rart Ble ikke møtt</p> <p>Troen sitter dypt Vanskelig å forlate Kjemien passet ikke Rommet er så stort Måtte lukke døra Kunne snakke om det andre Mange ting Ikke fruktbart å fortsette</p> <p>Veldig stort rom Infiltrerer alt Infiltrerer meg</p> <p>Gjennomtrekk til alle rom Barneoppdragelse Møte med mennesker Motivasjonen Arbeid med innvandrere Arbeid med minoriteter Elsker det Men tror også Jesus vil det Infiltrerer alt Lokke noe om ikke går å lokke Var 25 år Psykopati, begge mennene</p> <p>Kirkens familiekontor Uerfaren psykolog</p>	<p>Nei, egentlig ikke. Det var ikke det, liksom, men det var min indre, jeg hadde fått en veldig sterk indre stemme, liksom, men når jeg da brøt og måtte jo få prate med familiekontoret, det var vel også for å få denne attesten i forhold til separasjon og sånn, jeg kunne ikke snakke med han, altså samtidig med min ex, men jeg husker liksom behovet for å drøfte det i forhold til at, kanskje jeg trengte bare en sånn, holdt på å si velsignelse at det er greit, selv om du er kristen, man han skjønte ikke hvorfor det ikke skulle være greit.</p> <p>Å: Han terapeuten? Han terapeuten skjønte ikke, «so what» liksom? og for meg ble det veldig rart at det ikke, at jeg følte at jeg ikke ble møtt i det hele tatt på det at jeg, faktisk så dypt sitter det med kristen bakgrunn, at selv en så grusom mann er et vanskelig å forlate, fordi man føler det er feil, liksom. Ah, og da kjente jeg, altså, det var noe sånn reint, med kjemien, da, for det rommet er så stort i mitt liv, at da ble det på en måte en dør som jeg måtte lukke igjen, for jeg kunne jeg godt snakke om alt det andre, for det var jo TUSEN andre ting, men da bare kjente jeg at det var det ikke noe fruktbart å fortsette med.</p> <p>Å: Og det rommet er som du sier egentlig ganske stort? For meg er det veldig stort, ja, for det infiltrerer jo alt, for det infiltrerer hvem jeg er som person, og...</p> <p>Å: Så det gir egentlig gjennomtrekk til alle rommene? Ja, det er det, det er det veldig, og liksom i barneoppdragelse, ja, i møte med mennesker, og mye av motivasjonen, jeg jobber mye mot innvandrere eller folk som er utskuddene og sånn, og det er jo fordi jeg elsker det, men det er jo også fordi jeg tenker jo hvem var det Jesus gikk med? Ja, så for meg er det liksom infiltrert i alt. Og da ble det for meg som å lukke et rom som det var umulig å lokke. Enda da var jeg jo veldig ung, det var i (år), jeg var jo bare 25, og var alene med to barn og hadde kommet</p>
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<p>Kunne sagt «So what» nå</p> <p>Ble ikke møtt</p> <p>Ga opp</p>	<p>meg unna en, jeg liker ikke å bruke ordet, men du kan...., men det er jo psykoterapi det er snakk om, begge gangene, liksom.</p> <p>Å: Men det er interessant, for når du da kom til den terapeuten, da var du ganske åpen da?</p> <p>Det var Kirkens familie, ja, for det var kirkens familiekontor, og det var nok en psykolog som kanskje ikke hadde erfaringen, eller kanskje mente at, ah, det kan godt hende at jeg at jeg kunne sagt det nå, 30 års mer erfaring, «So what?», men der og da så følte jeg virkelig at jeg ikke ble møtt på det åndelige, og ga egentlig opp, altså jeg gikk ikke tilbake til ex-en, men jeg ga opp det å få snakket igjen om</p>
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## Appendix 5: Summary of line by line codes - therapist 1-1

Noen terapeuter venter til klienter kommer med dette. Men klienter kommer ikke alltid med dette. Hun er nysgjerrig som terapeut og stiller mange spørsmål. Hun har fått tilbakemelding på dette, at hun får flere svar enn andre. Hun stopper ikke om det blir for privat. Hun tenker ikke at klienten tar selv opp ting. Hun stiller spørsmål når åpningen kommer.

Åpning kan være et tema, detalj i en setning, hva de driver med, opplevelse, er opptatt av. En kvinne fortalte om en opplevelse på et fly. Hun utforsket dette, og da kom hun inn på disse temaene. Det fanget inn andre dimensjoner. Det var en overnaturlig opplevelse. Opplevelsene kan skremme og forstyrre, eller de kan brukes i andre sammenhenger. Viktig å sjekke dette ut. Det som skremmer vil kunne ha innvirkning.

Hun tror at klientene forstår at hun er åpen for dette. Hun blir selv overasket over alt hun får vite. Kanskje ikke alt med en gang, men det vanskelige kommer etter hvert. Må kanskje bare bruke lengre tid, Utsette det som må skje. Underliggende temaer har en betydning. De kan forstyrre, men også gi en forklaring. Hun sjekker ut hva som kan ligge bak. Noen klienter strever med sinne, hun fant forklaringene og tok tak i dem og ting løsnet. Hun er opptatt av individet, individet har noe med relasjoner å gjøre. Hvorfor reagerer folk som de gjør? Utforske hva som ligger bak. Hva er årsaken? Bagasje kan forstyrre voldsomt. Opplevelser kan påvirke oss når vi selv blir foreldre. Forklaringer kan gi et helt nytt handlingsrom. Hun sjekker ut folks verdier og meninger.

Parforhold kan bli avsluttet på kontoret. En kan trenge hjelp til å komme videre. Livet bryter sammen, Da sjekker hun ut klientens livssyn, tanker og veivalg vider. En hjel til å gå videre. Hun må sjekke ut hvem mennesket er. Kan ikke bruke en standardoppskrift. Hva er deres livsfilosofi? Gud? Hvordan kan det hentes energi? Koble klientene på dette. Klientene er ikke alene. Har noe å forholde seg til.

Det kan være sorgprosesser, kjennes håpløst, dødsfall. Klienter har ikke alltid forhold til tro. Det kan være engler. Men må finne noe som kan hjelpe, finne trøst, ikke være alene. Klienter er åpne for å få hjelp. De tar imot det de kan få.

En klient hadde en venninne som hadde dødt. Det var vanskelig å akseptere. Venninna hadde hatt det tøft. Engler ble til trøst. Hun kunne også finne noe bra i venninnens historie. Kanskje venninnen var ferdig med livet? Det er vanskelig når noen dør tidlig. Hun sjekker ut livet til de som har dødt. Spør om forløpet til døden. Noen finner trøst i at det er ok. Kanskje livet var ferdig. Hun spør også om troen på et liv etter dette. Det kan være en kjempetrøst. De kan møtes igjen. Hun kan koble på at de kan ha samtaler med de døde. Hun støtter de i å fortsette med det. Hun kan gå inn i ting selv om det er litt rart. Som familieterapeut så må hun være åpen og sjekke ut. På tvers av egne forklaringer, prøve å finne forklaringer, muligheter ut fra det.

Hun har ikke opplevd etisk betenkelige situasjoner. Hun godtar hvordan folk lever. Hun dømmer ikke, og snakker med folk på deres egne premisser. Hun husker sin første klient som var utsatt for vold. De laget en plan, politi var involvert, og hun ble påvirket av terapeutens

reaksjoner. Kunne vurdere sine egne reaksjoner ut fra det. Hun fikk den andre til å akseptere uten å si at det var greit. Hun kunne ta forhåndsregler, men også roe seg ned litt, slappe litt av.

Hun utforsker klienter liv. Hvordan har de det med sine valg? Hvordan påvirker dette forholdet? Er det riktig? Er det greit? Påvirker valget det vanskelige? Hun får de til å tenke.

## Appendix 6: Initial coding - therapist 1-1

1. Hva terapeuter tenker om tema
  - a. Lurer på hva andre terapeuter tenker?
  - b. Snakke med andre kollegaer
  - c. Hva terapeuter tror klienter tenker
2. Hvilken plass har temaet i terapikulturen?
  - a. Diskurser i en vestlig terapiretning
  - b. Taust i feltet
    - i. Hva gjør terapeuter med det?
3. Forståelsen av spiritualitet
  - a. Sjelens betydning
  - b. Meningen med livet
4. Klienter er opptatt av det spirituelle
  - a. Når klienters tro blir problematisk
5. Terapeuter er opptatt av klienters spiritualitet
  - a. Når klienter ikke vil snakke om det
  - b. Bruke klienters språk
  - c. Eksistensielle spørsmål
  - d. Klienters verdigrunnlag
6. Hvordan skal det snakkes om spiritualitet?
7. Den religiøse klienten
  - a. Når klientens tro blir problematisk
  - b. Når troen kan være til hjelp
8. Hvordan oppdage den spirituelle klienten?
9. Å evaluere samtalen i forhold til spirituelle temaer
10. Helhetlig menneskesyn
11. Språket i seg
12. Spiritualitet som ressurs
13. Sosialkonstruksjon
14. Terapeutens livssyn
  - a. Terapeutens oppvekst
  - b. Hvor terapeuten står i dag
  - c. Hvordan terapeutrollen har påvirket terapeutens livssyn.
15. Hvordan samfunnskulturen påvirker oss
16. Samfunnets sekularisering
17. Terapeutens behov for kompetanse om spiritualitet
  - a. Utdanningsbakgrunn



## Appendix 7: Initial coding new codes – therapists 2-1 and 3 - 1

### **Nye koder til T2-1 (sammen med dem jeg har tidligere)**

1. Hvordan livssynet påvirker terapeutrollen.
2. Hvordan en skulle ØNSKE snakke om det (Under hvordan det snakkes om dette temaet)
3. Hva hindrer å snakke om det? (Under hvordan snakke om dette temaet)
4. Parforholdets spiritualitet
5. Å bekrefte klienters spiritualitet (Under Hvordan snakke om dette temaet)

### **Nye koder til T3-1 (sammen med dem jeg har tidligere)**

1. Målet med familierapi-parterapi (Under terapeutens teoretiske ståsted)
2. Når andre ting inspirerer (Under terapeutens teoretiske ståsted)
3. Bruke religiøse symboler (Under hvilken plass har temaet i terapikulturen)
4. Hvordan introduseres tema (Under hvordan snakke om dette temaet)
5. Hvordan merker klienter den spirituelle terapeuten (Under terapeuten er opptatt av klienters spiritualitet)
6. Når teorier kan fremme det spirituelle (Under terapeutens teoretiske ståsted)
7. Forskjeller mellom kvinner og menn (Parforholdets spiritualitet)



## Appendix 8: Examples from NVivo

### Reference 1 – 0.02% Coverage

et aspekt ved det å leve

### Reference 2 - 0,01% Coverage

livsfilosofien

### Reference 3 - 0,15% Coverage

som jeg vil anta falle inn under begrepet livsfilosofi eller betraktninger om livet, hva det hele handler om, hva det dreier seg om, hva som er et verdig liv.

<Internals\\T1 - 2> - § 2 references coded [0.42% Coverage]

### Reference 1 - 0,23% Coverage

jeg kunne sikkert brukt både livskraft og Gud og verdier og åndelig, livsmening, moral, disse ordene her kunne jeg sikkert ha lagt på i tillegg til livsfilosofi.

### Reference 2 - 0,19% Coverage

Det er jo veldig mange ord som man kan bruke, ah, så, ah, og det gjør jeg nok også. Tro står ikke her, men det spør jo jeg om også.

<Internals\\T2 - 1> - § 7 references coded [2.60% Coverage]

### Reference 1 - 0,58% Coverage

Er spiritualitet noe som er forbeholdt klart sånne som er troende for et eller annet? Sann, tro på Jesus, eller tro på Buddha eller tror på noe annet, eller tro på ingenting. Eller er spiritualitet noe som er en menneskelig egenskap da. Det er der jeg snakker om det med ånd. For jeg vil tenke at et hvert menneske er spirituet.

### Reference 2 - 0,53% Coverage

i det hele tatt livet er for meg spirituet. Hvis noen sier til meg at det er noe som er forbeholdt troende, så tenker jeg, ja, kan hende det er det, men min virkelighetsforståelse er at alle mennesker er spirituelle. Det er en del av å være menneske, åndsmenneske, og det er liksom noe større enn.

### Reference 3 - 0,31% Coverage



Men det er et eller annet s nn, at n r jeg tenker p  spiritualitet for meg, kan skrives til  nske om, t rre   f lge noen s nne ryggmargsreflekser og tenke at det er noe mer.....

Reference 4 - 0,47% Coverage

Ja, alle forankrer jo livet sitt i noe rundt seg, og m  ha noe som jeg tenker m  ha st rre en seg selv, da. Det vil jeg tenke er utfordringen i v r postmoderne tid. At folk er veldig ensomme, veldig alene med livet sitt, livsprosjektet er ikke s  stor fortelling....

Reference 5 - 0,12% Coverage

Jeg vil tenke at det livssyn er. Det er noe b rende, noe st rre enn.

Reference 6 - 0,24% Coverage

Et livssyn beh ver ikke inkludere Gud, men det m  inkludere noe st rre enn. I alle fall st rre enn meg selv, og det handler om oss alle.

Reference 7 - 0,35% Coverage

Og jeg tenker at spiritualitet handler om   utforske noe. Ah, s  par som ikke er spirituelle, de er jo helt l st i   forandre hverandre og ikke fortelle noen andre historier og ikke h re noe annet.

## Appendix 9: NVivo, focused coding, therapists

### Noder ved terapeutintervjuer, april 2016

1. Relasjon-individ
2. Minoriteter på kurs
3. Religion
  - Faglige systemer som er kritiske til religion
  - Samarbeid med religiøse ledere
  - Utfordringer med å møte klienters ulike verdimeslige praksis og holdninger
  - Østens religioner blir akseptert
4. Informanter er opptatt av forskerens livssyn
5. Hva terapeuter tror at klienter tenker om dem
  - Hvordan klienter oppdager den spirituelle (og ateistiske) terapeuten
6. Hva er familierapi- hvordan drives virksomheten
  - Inspirasjonskilder
7. Terapeutens oppvekst
  - Terapeutens nåværende familie
8. Kulturens påvirkning på mennesker
  - Kultur i terapi
  - Samfunnet før og nå
  - Kulturen som terapeuten har blitt påvirket av
9. Terapeutens livssyn
  - Når terapeuter blir påvirket av klientene
  - Når klienters praksis kolliderer med terapeutens livssyn
  - Hvordan livssynet påvirker terapeutrollen
  - Livssynet kritiserer teorier
  - Terapi- teorier påvirker terapeutens livssyn - ny religion
10. Terapeutens yrkesbakgrunn – utdanning
  - Forskning spiritualitet - terapi
  - Spiritualitet i utdanning
11. Klienters verdisyn
  - Klienter som meningssøkende-eksistensielle temaer
12. Helhetlig menneskesyn
13. Terapeutens verdisyn
14. Anerkjennelse
15. Spiritualitet i familierapi
  - Minoriteter i terapi
  - Terapeutens refleksjoner om eget og andres bidrag
  - Hypotetiske tanker om temaet i terapi
  - Spenninger i forhold til tema
  - Kjønnforskjeller-ulikheter i parforhold
  - Evaluering (skjemaer)
  - Spirituell praksis i terapi
    - Ritualer
  - Hvordan løftes temaet inn, opp og fram

- Når terapeuten bruker seg selv
- Klienters opplevelse av tema
  - Når klienten ønsker terapeut med samme livssyn
  - Når terapeutens og klientens gudsforståelse (tro) kolliderer
  - Klienters åndelige opplevelser
- Mister vi noe uten spiritualitet
- Hva som hindrer temaet fram
  - Å sanse, lete etter om det passer
  - Når det ikke passer
- Når terapeuten vil men ikke våger
  - Tanker om hvordan det kunne være
  - Når terapeuten ikke forstår vitsen
- Språkets plass
  - Klientens valg av ord
- Klienter bestemmer hva som er viktig å snakke om
  - Når klienter har forskjellige livssyn-tanker om dette temaet
- Spiritualitet som ressurs
- Spiritualitet er ikke viktigere enn andre temaer
- Klienter og Gud, Guds funksjon
- Spiritualitet i den konkrete samtalen
- Terapeutens teoretiske rammeverk
  - Når teorier stenger for, utfordrer spiritualitet
  - Generell kunnskap er ubrukelig
- Kollegaers oppfatning av tema - tema på møter – føringer
- Klienter trenger å vite hvor terapeuten står – transparens.

#### 16. Spiritualitet som fenomen - ordet i seg

- Sjelen

#### 17. Opplevelse og tanker om tema

## Appendix 10: NVivo, focused coding - clients

### Noder ved klientintervjuer, april 2016

1. Hva passer i en profesjonell kontekst
2. Å snakke med andre om tro (og problemer)
3. Tanker om studien
4. Familielivet
5. Egen oppvekst
6. Spiritualitet som ressurs
7. Kulturelle forskjeller i parforholdet
8. Eget åndelig liv
  - Åndelige opplevelser
  - Relasjon til Gud - Gudsilde
  - Par-spiritualitet-familie-spiritualitet
9. Å språklig gjøre åndelighet
10. Tanker om spiritualitet i terapi
  - Når terapeut og klienter har ulike trosgrunnlag
  - Kristne terapeuters holdninger
  - Kjønnforskjeller
  - Bestillingen
  - Hvordan terapeuter møter utspill fra klienter
  - Ulike behov i parterapi
  - Klienter ønsker terapeut med samme trosgrunnlag
  - Klienter vil vite terapeuters trosgrunnlag
  - Åndelig praksis i terapi
  - Terapeutens trosgrunnlag
  - Åpenhet om terapeutens tro-åndelighet
  - Klienter merker om terapeuter er åpne eller ikke
  - Når terapeuten har samme tro
  - Når det ikke passer
  - Hva terapeuter bør gjøre
11. Positive erfaringer fra andre hjelpere
12. Når troen utfordrer problemene
13. Åndelighet i vår tid
  - Kristen tro
  - Åndelighet generelt
14. Negative erfaringer fra terapi
  - Tanker om ikke å bli møtt
  - Når vi ikke blir møtt
15. Positive erfaringer fra terapi
16. Erfaringer fra terapi generelt
17. Menneskesyn
18. Hva som hinder temaet fram



## Appendix 11: Focused coding after NVivo - therapists

### 1. Familieterapeuters forståelse av spiritualitet

- Spiritualitet rommer både en sekulær og en religiøs virkelighetsforståelse
- Andre ord enn spiritualitet brukes i en norsk kontekst
- Spiritualitet er personlig, relasjonelt og emosjonelt
- Ordet spiritualitet er diffust og uklart

### 2. Hva er familieterapeuters personlige og profesjonelle erfaring av spiritualitet og hvordan tror de dette påvirker dem som terapeuter?

- Terapeuter bruker sin tro eller livssyn, bevisst og ubevisst i den terapeutiske dialogen
- Livssyn og tro påvirker terapeuters verdigrunnlag
- Spiritualitet og fag knyttes sammen
- Viktig å anerkjenne klienter uansett trosretning (og ikke misjonere)
- Vanskelig når klientens verdisyn trigger terapeuten
- Klienter har påvirket terapeuters tro
- Det er profesjonelt å integrere klienters spiritualitet
- Kristentro har trangere kår i terapi-kulturen enn andre religiøse retninger
- Spiritualitet er underkommunisert i familieterapeutisk praksis og den terapeutiske kulturen
- Spiritualitet blir lett assosiert med psykiatri og trange religiøse miljøer
- Familieterapeutisk praksis fremmer et reduksjonistisk og sekulært menneskesyn
- Klienter har eksistensielle utfordringer
- Spiritualitet som tema integreres ikke i familieterapiutdanninger
- Terapeuter reflekterer over sin egen spiritualitet

### 3. Hindringer for å integrere spiritualitet i terapi

- Personlige hindringer
- Hindringer i terapi-kulturen og blant kollegaer
- Faglige hindringer
- Tanker om klienten
- Samfunnets diskurser

### 4. Hvordan møter familieterapeuter klienters spiritualitet i terapi?

- Arbeid med åndelige opplevelser
- Åndelighet som ressurs i terapeutisk arbeid
- Arbeid med kulturelle trosopplevelser
- Terapisituasjonen kan oppleves åndelig
- Anerkjennelse som faglig tilnærming

- Spirituell praksis i terapi
- Klienters problemer har en tilknytning til det åndelige og eksistensielle
- Terapeuter bruker klienter språk
- Gud som relasjon og bidragsyter i terapi
- Utforske klienters intensjoner. (Verdier som gir retning for livet)
- Terapeuter evaluerer ikke temaet spiritualitet
- Ulik spiritualitet i terapirommet
- Det er lettere å snakke med minoriteter om spiritualitet enn etnisk norske
- Behovet av transparens i forhold til terapeuters livssyn

## **5. Hvordan temaet introduseres i terapi**

- Gjennom klienters fortellinger
- Terapeuter tar selv initiativ og utforsker klienters spiritualitet
  - Metodiske tilnærminger som brukes
- Narrativ praksis
- Inspirert av forskning
- Fokus på tilknytningsteori
- Eklektisk tilnærming

## **6. Tanker som har dukket opp**

## Appendix 12: Focused codes, after NVivo - clients

### 1. Hva er klienters mening og erfaring av spiritualitet i terapi

- Spiritualitet bør integreres i psykoterapeutisk arbeid
- Terapeuter bør være åpen for ulike former for spiritualitet og religion, og ikke misjonere (Et sårbart og følelsesladet tema)
- Terapeuter bør ha en trygg og reflektert spiritualitet
- Terapeuter bør fremme et helhetlig menneskesyn der det åndelige og eksistensielle er inkludert
- Klienter ønsker terapeuter som anerkjenner deres tro
- Klienter har ikke forventninger til at deres åndelige perspektiver blir integrert
- Åndelighet kan være en ressurs i klienters liv
- Klienter ønsker kunnskapsrike terapeuter med likende livssyn
- Bør være mulighet for å bytte terapeut hvis det åndelige ikke kan integreres
- Det er vanskelig å fange det åndelige i språket
- Terapeutens spiritualitet kan være en ressurs i terapi
- Klienter har åndelige opplevelser
- Klienter merker om terapeuter er åpne for spiritualitet
- Det åndelige har ikke hatt fokus i terapitimene
- Klienter bringer selv temaet åndelighet opp
- Når temaet ikke kommer fram
  - Noen ganger bør temaet ligge
  - Liten tid
  - Mange praktiske temaer som overskygger
  - Sekulær praksis
  - Temaet følges ikke opp
  - Var ikke rom
  - For privat for terapi for klienter
  - Terapeuten avviser tema
  - Har dårlig erfaring fra før
  - Det religiøse blir patologisert

### 2. Positive erfaringer i forhold til temaet

### 3. Hva er klienters forståelse av spiritualitet?

- Rommer religion og kristen tro
- Alle er åndelige og har en tro
- Alle har verdier
- Det åndelige innfiltrerer menneskets ulike perspektiver
- Handler om menneskesyn
- Åndelighet er knyttet til følelser av samhørighet og helhet
- Kan inkludere Gud
- Tro og livssyn

### 4. Ordet spiritualitet i en norsk kontekst

- Åndelighet
- Spiritualitet er et ukjent ord i Norge
- Tro og verdier
- Mange ord kan brukes for å nå inn til det åndelige (Porter)
- Livssyn og verdensbilde



- Vekker assosiasjoner til relasjoner
- Fenomennære ord er for skumle for terapi
- Konteksten vår påvirker ordvalg
- Finne et felles språk

#### **5. Hvordan få inngang til temaet?**

- Klienters verdier og tro
- Terapeuter bør utforske klienters spiritualitet og noen ganger være transparense med sitt eget livssyn
- Ulike åndelige kulturer i familien

#### **6. Klienters opplevelse av sin egen spiritualitet**

- Ressurs
- En del av hele mennesket
- Har en anerkjennende og trygg Gud
- Knyttet til det praktiske livet
- Åndelig praksis
- Troen rommer også tvil
- Eksistensielle temaer blir sterkere ved kriser

#### **7. utfordringer i Norge i forhold til spiritualitet**

- Kristen tro har trange kår i Norge
- Østens trosretninger blir inkludert

## Appendix 13: Findings core-categories

### **Recognition of client's spirituality and religious life**

- 3a: Recognize clients' spirituality and religiosity
- 3a-i: Including God as a contributor and a relation
- 3a-ii-1: Working with supernatural experiences
- 4b-ii: Including supernatural experiences
- 3a-ii-2: Being open to including elements of spiritual practice
- 3b-ii: Exploring clients' values and intentions
- 5a-ii: Wanting the therapists to tune in with the language of clients.
- 3a-ii: Seeing spirituality as a resource
- 5b: Seeing spirituality as a resource
- 5a: Making room for spirituality is mostly desired
- 3c-i: Using the language of clients
- 1a-ii: Looking for clients' personal constructions of spirituality

### **Spirituality as part of human, relations and culture**

- 1a-i: Seeing spirituality as relational
- 2c: Seeing spirituality and religion as a part of life
- 3b: Seeing spirituality intertwined with other human perspectives
- 4a: Seeing spirituality as universal and part of humans' life
- 3b-i: Working with cultural perspectives
- 4b-i: Leaning on God

### **Experience spirituality as linguistic ambiguity and difficult to put in words**

- 1a: Expressing spirituality as ambiguous and difficult to grasp
- 4b: Expressing spirituality in different ways
- 2a-i: Lacking language meeting the spirituality of clients

### **The silence in the family therapy culture and education creates a feeling that spirituality is not accepted**

- 1b: Feeling spirituality unacceptable in the family therapeutic culture
- 1b-i: Being excluded in the family therapeutic education
- 2b: The silence in the public space creating an uncertainty about the importance of spirituality
- 5c: Feeling spirituality does not fit in therapy
- 5c-i: Experiencing talking about religiosity as a disturbing element
- 5a-iii: Keeping silent or end the therapy if spirituality is excluded

### **A need for therapeutic awareness and competence**

- 2c-i: Reflecting about own spiritual journey makes openness and sensitivity
- 2c-ii: Being touched by spiritual conversations with clients
- 3c: Introducing spirituality on their own or through the narratives of clients
- 5a-i: Wanting the therapists to include spirituality
- 5a-i-1: Wanting a self-reflecting and competent therapists

- 5a-i-2: Wanting a transparent and also a replaceable therapist
- 5a-i-3: Wanting the therapist to sense the vulnerability of spirituality
- 2a: Recognizing personal hindrances



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Vår dato: 08.08.2014

Vår ref: 38978 / 3 / LB

Deres dato:

Deres ref:

## TILBAKEMELDING PÅ MELDING OM BEHANDLING AV PERSONOPPLYSNINGER

Vi viser til melding om behandling av personopplysninger, mottatt 06.06.2014. Meldingen gjelder prosjektet:

38978

*Familieterapi og spiritualitet*

*Behandlingsansvarlig*

*Diakonhjemmet Høgskole AS, ved institusjonens øverste leder*

*Daglig ansvarlig*

*Åse Holmberg*

Personvernombudet har vurdert prosjektet, og finner at behandlingen av personopplysninger vil være regulert av § 7-27 i personopplysningsforskriften. Personvernombudet tilrår at prosjektet gjennomføres.

Personvernombudets tilråding forutsetter at prosjektet gjennomføres i tråd med opplysningene gitt i meldeskjemaet, korrespondanse med ombudet, ombudets kommentarer samt personopplysningsloven og helseregisterloven med forskrifter. Behandlingen av personopplysninger kan settes i gang.

Det gjøres oppmerksom på at det skal gis ny melding dersom behandlingen endres i forhold til de opplysninger som ligger til grunn for personvernombudets vurdering. Endringsmeldinger gis via et eget skjema, <http://www.nsd.uib.no/personvern/meldeplikt/skjema.html>. Det skal også gis melding etter tre år dersom prosjektet fortsatt pågår. Meldinger skal skje skriftlig til ombudet.

Personvernombudet har lagt ut opplysninger om prosjektet i en offentlig database, <http://pvo.nsd.no/prosjekt>.

Personvernombudet vil ved prosjektets avslutning, 14.10.2017, rette en henvendelse angående status for behandlingen av personopplysninger.

Vennlig hilsen

Katrine Utaaker Segadal

Lene Christine M. Brandt

Kontaktperson: Lene Christine M. Brandt tlf: 55 58 89 26

Vedlegg: Prosjektvurdering

*Dokumentet er elektronisk produsert og godkjent ved NSDs rutiner for elektronisk godkjenning.*

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Formålet med studien er å utforske klienter og terapeuters opplevelser med å integrere spiritualitet i terapi. Klienter rekrutteres ved at terapeuter videreformidler kontakten/informasjonen om prosjektet på vegne av forsker. Det bør da understrekes i informasjonsskrivet at forsker ikke kjenner de som forespørres sin identitet før de eventuelt samtykker til deltakelse. Dersom klienter også rekrutteres gjennom eget nettverk er det spesielt viktig at forespørsel rettes på en slik måte at frivilligheten ved deltagelse ivaretas.

Utvalget informeres skriftlig om prosjektet og samtykker til deltakelse. Informasjonsskrivet av 04.08.2014 er godt utformet, forutsatt at følgende endres, jf. telefonsamtale med Åse Holmberg 08.08.2014:

- I setningen "Alle personopplysninger vil bli behandlet konfidensielt, og alle personer som deltar i studien vil bli anonymisert" presiseres det at "Alle personopplysninger vil bli behandlet konfidensielt, og alle personer som deltar i studien vil bli anonymisert i publikasjoner".
- Da det skal benyttes en koblingsnøkkel må delsetningen "(...) og det transkriberte og anonymiserte materialet vil bli oppbevart på en låst pc" omskrives på følgende måte "(...) og det transkriberte og avidentifiserte materialet vil bli oppbevart på en låst pc. Videre anbefaler vi følgende formulering: "I transkripsjoner vil altså alle opplysningene behandles uten navn og fødselsnummer eller andre direkte gjenkjennende opplysninger. En kode knytter deg til dine opplysninger gjennom en navneliste".
- I setningen om hva som skjer med materialet ved prosjektslutt, presiseres det at alt materialet anonymiseres og lyd- og videoopptak slettes, senest ved prosjektslutt oktober 2017.

Data samles inn gjennom intervju av terapeuter og intervju med klienter. Data vil også samles inn gjennom observasjon av terapisamtaler. Det vil i prosjektet bli registrert sensitive personopplysninger om religiøs oppfatning, jf. personopplysningsloven § 2 nr. 8 a). I forbindelse med observasjon av terapisamtaler tas det høyde for at det også vil kunne bli registrert sensitive personopplysninger om helseforhold, jf. personopplysningsloven § 2 nr. 8 c).

Det tas høyde for at det vil kunne bli registrert opplysninger om identifiserbare tredjepersoner (barn, partner, foreldre, andre). Opplysninger kan være sensitive iht. personopplysningsloven § 2 nr. 8 a). Dette anses nødvendig for formålet med prosjektet, da det i mange tilfeller vil kunne være vanskelig for informanten å beskrive viktige hendelser i livet uten å identifisere involverte tredjepersoner. Fokus er på informantens perspektiv i forhold til egen bakgrunn og situasjon. Personvernombudet finner at opplysningene kan behandles iht. personopplysningsloven §§ 8 d) og 9 h). Det legges til grunn at prosjektleder (via informanten) informerer tredjeperson om prosjektet, jf. telefonsamtale med Åse Holmberg 04.08.2014. I de tilfeller informant ikke vurderer det som hensiktsmessig å informere tredjeperson om prosjektet av ulike grunner (f.eks. fordi tredjeperson ikke vet om/ikke bør få vite om deltakelsen i terapi), kan forsker unntas fra informasjonsplikten iht. personopplysningsloven § 20 b).

I forbindelse med intervju av terapeuter, minner vi om at terapeuter ikke kan omtale klienter i identifiserbar



form av hensyn til taushetsplikten. Forsker må derfor stille spørsmålene på en slik måte at taushetsplikten ivaretas, og kan med fordel minne den ansatte om at navn og identifiserende bakgrunnsopplysninger (som alder, kjønn, landbakgrunn, spesielle hendelser, mm.) må utelates ved omtale av klienter.

Personvernombudet legger til grunn at forsker etterfølger Diakonhjemmet Høgskole AS sine interne rutiner for datasikkerhet. Lyd- og videoopptak, samt koblingsnøkkelen (jf. telefonsamtale 08.08.2014), oppbevares innelåst ved Diakonhjemmet Høgskole. Øvrig materiale oppbevares avidentifisert på pc beskyttet med brukernavn og passord.

Forventet prosjektslutt er 14.10.2017. Ifølge prosjektmeldingen skal innsamlede opplysninger da anonymiseres. Anonymisering innebærer å bearbeide datamaterialet slik at ingen enkeltpersoner kan gjenkjennes. Det gjøres ved å:

- slette direkte personopplysninger (som navn/koblingsnøkkel)
- slette/omskrive indirekte personopplysninger (identifiserende sammenstilling av bakgrunnsopplysninger som f.eks. bosted/arbeidssted, alder og kjønn)
- slette lyd- og videoopptak





## Appendix 15: Regional Ethical Committee

Hei.

Vi viser til innsendt skjema for fremleggingsvurdering for ovennevnte prosjekt, mottatt 06.06.2014. Henvendelsen er nå vurdert av leder av REK sør-øst C.

Formålet med prosjektet er ifølge søker å utforske hva spiritualitet betyr for familierapeutisk praksis, og trekke frem både et terapeut og klientperspektiv. Det er således trekk ved hvordan spiritualitet og egen tro spiller inn i den tjenesten og behandlingen som utføres, man er ute etter.

Komiteen viser i den forbindelse til helseforskningslovens § 4, hvor medisinsk og helsefaglig forskning forstås som virksomhet som utføres med vitenskapelig metodikk for å skaffe til veie ny kunnskap om helse og sykdom.

Formålet med prosjektet er etter komiteens mening å utforske egne tanker og holdninger knyttet til den tjenesten som tilbys. Formålet er ikke å se hvorvidt dette fører til endring eller bedring. Det er således ikke ny kunnskap om sykdom eller helse per se, man er ute etter.

Prosjektet er derfor ikke fremleggingspliktig etter helseforskningslovens §§ 2 og 4. Prosjektet kan gjøres uten REK-godkjenning.

Vi antar for øvrig at prosjektet kommer inn under de interne regler for behandling av opplysninger som gjelder ved ansvarlig virksomhet. Søker bør derfor ta kontakt med enten forskerstøtteavdeling eller personvernombud for å avklare hvilke retningslinjer som er gjeldende.

Vi gjør videre oppmerksom på at konklusjonen er å anse som veiledende jfr. forvaltningsloven § 11.

Dersom dere likevel ønsker å søke REK, vil søknaden bli behandlet i komitémøte, og det vil bli fattet et enkeltvedtak etter forvaltningsloven.

Mvh

Tor Even Svanes  
seniorrådgiver

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**VID**