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What Does Spirituality Mean to You? Mapping the Spiritual Discourses of Psychotherapy Graduate Students

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What Does Spirituality Mean to You? Mapping the Spiritual Discourses of Psychotherapy Graduate Students

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In this qualitative study, we explored spirituality discourses using survey responses of 141 psychotherapy masters and doctoral students to the following open-ended request: "Please describe how you define spirituality for yourself." Findings indicated that spirituality discourses played out in the following areas: (a) spirituality as relational connection, (b) spirituality as individually defined, (c) spirituality as relative and unspecific, and (d) spirituality as manifestation of power dynamics. We discussed how these results fit with extant literature on clinical training and spirituality, and we delineated how clinical supervisors and mental health educators can apply these results to their work with graduate students.

KEYWORDS family therapy, spirituality, Foucauldian discourse analysis (FDA), qualitative research, family therapy training

WHAT DOES SPIRITUALITY MEAN TO YOU?

What thoughts and emotions come to mind when asked this question? For many, it is an idea of a higher power or God, for some, it is a connection to other human beings, to nature, and to all living things. For others, it is a search for meaning. Researchers (Emmons & Paloutzian, 2003; Hill, Pargament, Hood, McCullough, Swyers, Larson, & Zinnbauer, 2000) have debated the definitions of spirituality and religion in multiple domains: (a) the differentiation between spirituality and religion; (b) a combination of

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the two terms; and (c) an acknowledgment that a single, concrete definition cannot encompass the complexity of these constructs. Hill and Pargament (2003) described spirituality as a personal, subjective experience of searching for the sacred and transforming the meaning of life. They related how there was a historical tradition of avoiding religious and spiritual (RS) issues in the field of mental health. They also highlighted the polarization of RS and science, as well as the tendency to pathologize RS in clinical practice. In this article, we delineate results from a qualitative study looking at the meaning of spirituality from the perspectives of 141 family therapy graduate students.

WHY STUDY THE MEANING OF SPIRITUALITY?

In a cornerstone article about spirituality, religion, and health, W. R. Miller and Thoresen (2003) emphasized the importance of studying spirituality scientifically. People of varied cultures and countries have myriad perceptions of spirituality, making it a concept difficult to define. Authors have documented this challenge in mental health literature (Blazer, 2009; Gall, Malette, & Guirguis-Younger, 2011; Hood, Hill, & Spilka, 2009; Kapuscinski & Masters, 2010; Koenig, 2009; Monod, Brennan, Rochat, Martin, Rochat, & Bula, 2011; Post & Wade, 2009). Schwab (2013) recently explored how 15 psychology graduate and undergraduate students made meaning of RS through identity discourses, finding that their process of answering "existential questions about [RS] . . . is filled with ambiguity, contradictions, and uncertainty" (p. 224).

In order to study the roles and aspects of spirituality in therapeutic training and practice, it is important to research the meaning of spirituality. Paloutzian and Park (2005) discussed how meaning is a unifying psychological construct. They considered meaning as, "shared mental representation of possible relationships among things, events, and relationships" (p. 14). Religion, spirituality, and meaning are inherently intertwined, as many people use religion and spirituality as a lens through which they view and interpret experiences (Park, 2005). Understanding the meanings individuals have of spirituality not only reveals some of their cognitive processes, it also explains some of their behaviors. Ozorak (2005) maintained that "belief systems are pivotal, as they provide people with a working model of the world that helps them make behavioral choices" (p. 216). Examining the meaning of spirituality illuminates how family-therapists-in-training interact with the world around them regarding how they outwardly expressed their constructions of spirituality.

In the current study, participants were masters and doctoral students in COAMFTE (Commission on Accreditation for Marriage and Family Therapy Education) accredited programs, asked to share their own definitions of spirituality. Understanding these individuals' perspectives is a worthy endeavor

for three primary reasons. First, many therapy graduate students, especially those who believe the issue to be important, have reported dissatisfaction with their graduate training on integrating RS issues in therapy (McNeil, Pavkov, Hecker, & Killmer, 2012). This discontent exists despite an increasing number of programs including and even focusing on RS in clinical training and practice (Schafer, Handal, Brawer, & Ubinger, 2011). There are discrepancies among faculty, clinicians, and students on how important it is for programs to integrate RS, as well as how adequately existing programs are incorporating RS (Alberici, 2010; Carlson, McGeorge, & Anderson, 2011; Weinstein, 2007). Vogel, McMinn, Peterson, and Gathercoal (2013) furthermore found that students in APA-accredited doctoral programs and predoctoral internships received less RS training when compared to other areas of multicultural competence education.

Second, it is important to map out the context within which therapy graduate students learn how to attend to RS in therapy. For example, beginning clinicians often turn to supervisors and educators for answers about abstract concepts, such as spirituality (Owen & Lindley, 2010). As students gain experience, they rely more on their own clinical history, personal beliefs, certain trainings, and their individual developmental trajectory within academic and spiritual domains (Aten & Hernandez, 2004; Ripley, Jackson, Tatum, & Davis, 2007). This ability can both enhance and hamper their abilities to make clinical decisions because lack of critical awareness could prevent them from recognizing their biases (Owen & Lindley, 2010; Ripley et al., 2007). Situating how this group defines spirituality within a broader context of students' constructions of spirituality will help mental health educators and supervisors recognize how to assist with clinical and multicultural competency.

Third, it is valuable to look at what spirituality means to therapists still in their graduate training programs because even at this early developmental stage of their clinical careers, they are working with clients. It is clients whom therapists, supervisors, educators, and administrators in clinical training programs serve. Clients come from the general U.S. population, and in a study of over 35,000 participants, 92% reported that they believe in God or a universal spirit (Pew Forum on Religion & Public Life, 2008). Although therapists may feel uneasy integrating RS into therapy, it is an area important to many clients they serve. Gubi (2007) and Shaw, Bayne, and Lorelle (2012) found that therapists in training feel reluctant to seek training or supervision on RS issues, which may be to the disservice of clients, as well as to students' own clinical development. Identifying one's position on, and even definition of, spirituality helps mental health practitioners talk about clients' beliefs (Keeling, Dolbin-MacNab, Ford, & Perkins, 2010). Vogel et al. (2013) further noted that the RS beliefs of people working in the psychological community could be both helpful and hurtful. Not acknowledging and working through RS stereotypes and biases in clinical training could not only keep therapists

from tapping into powerful client resources, it also could lead RS insensitivity and imposition of personal values (Vogel et al., 2013).

SPIRITUALITY IN PSYCHOTHERAPY RESEARCH

Researchers in the last two decades have worked toward bridging the gap between psychology and RS studies, producing an abundance of research on issues of spirituality in therapy and clinical training, highlighting the ethical, training, and multicultural competence issues associated with such integration (Berkel, Constantine, & Olson, 2007; Blazer, 2009; Brawer, Handal, Fabricatore, Roberts, & Wajda-Johnston, 2002; Hage, 2006; Vogel et al., 2013). Several authors have acknowledged that discomfort and a sense of an overall lack of clarity often accompany integrating the topic of spirituality into therapist training (Blazer, 2009; Carlson, Grams, & McGeorge, 2007; McCollum & Gehart, 2010; Prest, Russel, & D'Souza, 1999), likely a result of the traditional avoidant split that Hill and Pargament (2003) discussed.

Although much of the extant literature on the subject is quantitative in nature, more qualitative studies have arisen, and there is a solid argument for using qualitative inquiry to address the complex subjective experience of spirituality. Belzen and Hood (2006) and Hood et al. (2009) articulated how qualitative researchers can explore complexities of meaning that accompany such abstract constructs as spirituality, which provides valuable information that adds to and amplifies the extant quantitative research. Paloutzian and Park (2005) also emphasized how researchers using qualitative methods, especially those examining data hermeneutically (studying and interpreting text), can account for the context and culture of the participants and that of the researchers not present in quantitative analyses (see also Belzen, 1997, 1999, 2003).

Suggesting Another Approach: The Use of Foucauldian Discourse Analysis

Structuralist researchers have historically searched for objective, generalizable units of measurement that can be operationalized. However, with a complex and variable aspect of human experience like spirituality, objective, operationalizable, and measurable may not be the most appropriate goals in that they do not allow for variability and nuance. After all, humanity is variable, and the process of operationalizing a construct often means making it more behavioral. It is for these reasons that Dreyfus and Rabinow (1983) asserted that the perspectives and analytical strategies of poststructuralist philosopher Michel Foucault offered a superior method for examining human experiences. These considerations are vital in order to interpret and situate the data in a more culturally relevant, theoretically grounded way, as

well as to offer explanation for why we chose the method of Foucauldian discourse analysis (FDA) for this study.

FDA is a qualitative, postmodern, interpretive method, based in social constructionist philosophy, which is used to examine how dominant discourses, constructed by larger institutions, systems, and socio-historical contexts shape what people say and how they say it, regarding a particular object. According to Foucault (1969/2002), discourse exists in every society, and it is controlled, organized, and redistributed according to explicit and implicit rules. Discourse, further defined by Burr (2003), is "a set of meanings, metaphors, representations, images, stories, statements, and so on that in some way together produce a particular version of events" (p. 64). These rules govern doctrine, expression, education, and prohibition. In other words, there are strictures against saying what one pleases when and where one wishes. Overarching discursive rules, often unspoken and unacknowledged, shape these strictures. Discourse must abide by the rules; by not doing so, what individuals and groups say will not be accepted or acknowledged (Diaz-Bone et al., 2008). For example, early discourse held that the world was flat, and anyone who spoke against that was at best ignored, at worst severely punished. Institutions, social ritual, and sociopolitical hierarchical norms therefore govern what people can and cannot express openly, as well as what topics larger society will or will not accept.

Power structures shape such discursive rules and censures. Power is privilege, and privilege rests in positioning (Foucault, 1972; van Dijk, 1996). The clearest example we can offer of this interrelationship among discourse, power, privilege, and positioning is in medical discourse. In medical discourse, there are doctors and patients, and individuals of both groups are the *subjects* occupying particular *positions*. The doctors hold the *privileged* position of *power* to examine, operate, prescribe, instruct, and disseminate knowledge (*discourse*), which they have constructed based on their knowledge and position. The patient must accept these discursive constructions as truth. It is important to acknowledge that the patient may resist this power relationship, and that the inherent power relationship itself does not necessarily embody any negative, abusive, or harmful intention, as often connotatively comes to mind when considering power dynamics.

The FDA method in this study involved juxtapositioning each participant's construction of spirituality with definitions of other participants, and then situating the aggregate within social, historical, and political contexts (Willig, 2008) and broader systems of knowledge and power (Hui & Stickley, 2007). It is important to perform FDA on discourses about spirituality because in doing so researchers capture the contextually embedded nature of this aspect of subjectively positioned human experience. We found no other study utilizing this approach to look at family therapy graduate students' definitions of spirituality. No researcher has considered the social and political contexts of individuals in graduate-level family therapy training, and no

researcher has examined how the positions of these students influence how they understand and disclose their own constructions of spirituality.

METHODS

Sample

We used participant data from earlier research in which the first author examined the crossroads of gender, spirituality, and supervision style. In this research, she utilized a demographic form and surveys, and she asked participants to write their own definitions of spirituality (M. M. Miller & Ivey, 2006). Of the 153 who participated in the original study, 141 completed the open-ended question, and these participants' responses made up the data for the current study. Participants were masters and doctoral students in marriage and family therapy recruited from 12 COAMFTE-accredited training programs throughout the United States. The primary researcher, who is the first author, e-mailed personal and professional contacts at the universities, and then she collected data from 153 participants using purposive sampling (Creswell, 2013). We were unable to determine which demographic information matched the 141 participants who had answered the question on spirituality; therefore, we report demographic information on the 153 of the larger study: 65% were female ($n = 100$) and 35% male ($n = 53$). They were relatively ethnically diverse: European American ($n = 98$; 64.1%); Latino/a ($n = 18$; 11.8%); Asian/Pacific Islander ($n = 12$; 7.8%); African American ($n = 8$; 5.2%); Native American ($n = 6$; 3.9%); Middle Eastern ($n = 4$; 2.6%); African ($n = 3$; 2.0%); and other ($n = 4$; 2.6%).

The majority of participants declared monotheistic faiths, such as Jewish ($n = 6$; 3.9 %), Protestant ($n = 48$; 31.4%), Catholic (v24; 15.7%), Latter-Day Saints or Mormon ($n = 24$; 15.7%), Seventh-Day Adventist ($n = 9$; 5.9%), and Islamic/Muslim ($n = 2$; 1.3%), the majority being Christian-based faiths. There were two Buddhists (1.3%), three Hindus (2%), 16 (10.5%) who declared "other," 17 (11.1%) who marked "none," and two (1.3%) with missing data.

Positioning of Researchers

Of primary concern to us were our positions in the social context and how these positions influenced the various discourses examined in this study (Creswell, 2013). In order to uphold the integrity of our research, we bracketed our beliefs, biases, positions, and experiences by taking notes on what came up for us during the analysis. We took special care when making conclusions and interpretations based on social and historical contexts, dominant discourse, and power differentials. We became very aware of our stances on these issues because we wanted to separate our beliefs from our deductions

as much as possible; however, we could not eschew subjectivity completely in such an interpretive qualitative method.

At the time of data analysis and the writing of this document, we embodied divergent religious, spiritual, geographical, and related backgrounds. The primary researcher is an associate professor, core faculty member in a COAMFTE-accredited graduate program in the United States, and she identifies as a feminist Christian. The secondary researcher is a doctoral student in the same graduate program, and she identifies as Agnostic, and she is influenced by Buddhist philosophy and psychology. Despite our different perspectives, we generated similar results with independent analyses, which suggested increased reliability (Creswell, 2013).

Data Analysis

For this FDA, we chose to follow Willig's (2008) six-stage method, as there is no singular best method established to execute FDA. Consistent with Willig, we explored the question, "What characterizes the discursive worlds people inhabit and what are their implications for possible ways of being?" (Willig, 2008, p. 182). From a broad perspective, we took the following actions: (a) attended to the power of discourse in constructing spirituality, as well as the power of discourse in revealing information about the subjective positioning of the speakers in relation to larger sociocultural factors and dominant discourses; (b) focused on implicit and explicit societal rules concerning discourses that constrain what people can say, do, and feel; and (c) considered how individual positions in the sociopolitical hierarchy have varied discursive resources available to them in shaping their experiences of spirituality (Willig, 2008).

Based on Willig's (2008) approach, we formulated analysis questions based on her six stages. Stage one was *discursive constructions,* and it was an examination of the ways the discursive object of spirituality is constructed. In this stage, we inquired, "How did participants construct the object?" Stage two involved the concept of *discourses*, which included examining different discursive constructions of the object within broader discursive contexts. In this stage, we asked, "What are other discursive constructions of this object?" Stage three incorporated the goal of *action orientation.* In this stage, we posed the following three questions: (a) "What is gained from constructing the object in this particular way at this particular point within the text?"; (b) "What is its function and how does it relate to other constructions produced in the surrounding text?"; and (c) "How did these constructions in stages one and two come to exist, and why?" (Willig, 2008).

In stage four, we performed the task of *positionings*, which means to look at the positions of the subjects (family therapy students) constructing the object (spirituality), and the repertoire of roles and rules subjects take in speaking about the object (spirituality). In this stage, we questioned, "Where

are these participants located in the larger socio-historical context, and how might that influence what they say?" In stage five, we employed the step of *practice*, in which we examined the relationship between discourse and practice, requiring, "a systematic exploration of the ways in which discursive constructions and the subject positions contained within them open up and/or close down opportunities for action" (Willig, 2008, p. 176). In this stage, we asked, "How might these participants be bound by their positions to speak, act, or not speak or act regarding spirituality?" Stage six involved the task of *subjectivity,* in which we interpreted the subjects' inner experiences, thoughts, and feelings as related to their positioning within the larger framework as it governs how and what they say in constructing the object (spirituality). In this stage, we inquired, "As a result of what we uncovered in the first five stages, how might participants be thinking and or feeling in this position regarding this discursive construction?"

We separately and independently conducted the six-stage analysis of the 141 definitions. We each read all 141 definitions thoroughly in each stage, looking for both specific and broad-spectrum themes and characteristics within and across every single definition. Next, we read the other person's results, and then each generated several overarching discursive constructions, based on the combined analyses. We then shared our overarching discursive constructions and then we integrated these themes to produce the final results. When there were disagreements, we discussed and found examples to support. Despite ideological differences between the co-researchers, the disagreements that did arise were small and easily integrated into agreed-upon syntheses. This type of analysis is interpretive by nature, rooted in postmodernism and Foucault's dissatisfaction with the restrictions of the structuralist paradigm in research. Our results are our interpretations, based on our own experiences of the sociohistorical context within which participants shared their ideas. That said, we took every effort to ground our interpretations in data, and discuss with each other and other colleagues regarding personal bias in analysis.

RESULTS

From the FDA process, we noticed four overarching themes or discourses that embodied the majority of responses: (a) spirituality as relational connection ($n = 77$), (b) spirituality as individually defined ($n = 99$), (c) spirituality as relative and unspecific ($n = 47$), and (d) spirituality as manifestations of power dynamics ($n = 83$).

Discourse: Spirituality as Relational Connection

Many participants emphasized relational, connecting factors in their constructions of spirituality. Connection components existed on four levels:

relationship with self, personal attunement with the divine, relational connection with other people, and connection with nature. Several students included aspects of more than one of these four levels. As one person stated, spirituality is "[a] connection between self, others, nature, and a higher power. It begins with an awareness of self and then an awareness of one's place in the universe."

Language in relational constructions of spirituality emphasized "connection," "relationship," "attunement," and "interconnection." Many students spoke of these constructs pertaining to spirituality as innate needs common to all humanity. Participants often likened a person's relationship to the divine to that of child and parent, with the child carefully watching and modeling the parent in order to construct a sense of self. One student made the following statement:

> Spirituality is the level or degree to which I am in tune with God, Christ, and his spirit. It is the core of my identity as a spirit son of my father in heaven. My spiritual well-being is directly correlated to the degree to which my heart is in line with God's will. All peace, happiness, etc. is dependent upon this relationship.

Many of our participants seemed to desire a quality spiritual connection with a higher power. Such a connection emerged in many domains of daily life. The students' understanding and interpretation of this spiritual relationship emerged in their definitions of spirituality. The majority of participants experienced this connection as positive and helpful, with myriad benefits. The advantages are believing that an omnipotent and omnipresent power is looking out for them, contending that this higher power will help them endure life's difficulties, and acknowledging that the higher power has provided for them a life beyond this earth. Reflecting these ideas, one participant made the following statement:

> Spirituality for me is about the relationship I feel I personally have with God and my faith in Him. If I am praying on a daily basis, trying to live according to the commandments, and am strong in my belief that there is a Supreme Being watching over me and who will help me get through the tough times when my spirituality level is high because my faith is deep. It is about knowing and trusting that there is something more than just this life on earth and that even when death occurs it is not the end.

These concepts fit with Sandage and Shults' (2007) work on transformation and relational spirituality. They articulated how spirituality manifests itself in relationships with the sacred (i.e., God, a god, Higher Power, Nature), as well as in relationships with spiritual mentors or guides, and within spiritual groups. Mahoney (2010) created a framework of relational

spirituality to provide a lens through which to organize and understand the 1999 to 2009 religion and family literature. Within this framework, she developed three categories of relational spirituality: (a) an individual's relationship with the divine, (b) spirituality within family relationships, and (c) family members' connections with spiritual communities. These ideas of relational spirituality relate to William James (1902/2004). James emphasized how "the religious phenomenon" emerged through person-to-person interactions, as well as person-to-divine interactions (p. 400). It is a "give and take relation" in which "something is transacting" (p. 401), as this participant exemplified:

> Spirituality is about the drive towards, contact with, managing (and meanings of) obstacles to, quality of connection with, time in connection to, the God of my understanding who is Jesus Christ. The nature of this relationship will leaven all relationships to myself, others, and the world.

Discourse: Spirituality as Individually Defined

Some participants constructed spirituality in a very personal, individualistic manner. They articulated that their definitions were for themselves and not concepts they thought applied to other people. Assuming the "I" position, they suggested that their definitions came from their individual minds, not a collectivistic way of thinking. Sentences began with "I think," "I believe," "How I define," "My way," "Spirituality to me," "I tend to look at," et cetera. Missing was collectivistic language, such as "our family's" faith, "my people's" beliefs, and "our culture's" perspectives.

These definitions seemed to reflect the dominant discourse of individualistic culture in Western society, especially in the United States. The constructions also echoed writers such as Hill and Pargament (2003), who categorized religion as institutional and who distinguished spirituality as personal or individually defined. By articulating a clear "I" position, the participant separates self from other. In this separation, there may have been safety from religious stigma for some, as they avoided proselytizing. There also may have been aspects of self-absorption and comfort, as well as isolation and loneliness. Several participants used the words "freedom to choose," which reflected a democratic discourse, and perhaps happiness as a result of feelings of freedom and a sense of self-will. This perspective aligns with Tanner (2009), who stated, "the practices of spirituality will always be largely an individual interpretation within the paradigms of their culture" (p. 316). Consider the following participant's response as an example: "To me, spirituality means that I have a personal view of who God is and a personal version of how I relate to God; regardless of prescribed or traditional notions of how to view God or practice religious worship." Presenting such an individualistic definition not only celebrated a unique understanding of spirituality, it also sidestepped the possibility of offending others.

Discourse: Spirituality as Relative and Unspecific

Many participants' constructions of spirituality reflected a relativistic world-view. This paradigm emerged via specific and unspecific language. In the area of specific language, some family therapy graduate students clearly distinguished between their personal beliefs versus the beliefs of others. Regarding unspecific language, some individuals avoided naming this higher power, and they did not express when and to whom such power applied. When participants were unspecific, their discourses indicated a relativistic interpretation of spirituality. Relativism means eschewing certainty and valu-ing manifold views of reality (Denzin & Lincoln, 2011). The position of embracing a multiplicity of perspectives often appears throughout profes-sional codes of conduct in areas of multicultural competence, which includes RS (Vogel et al., 2013). Given the influence of postmodernism and social constructionism on the family therapy field (Gehart, 2013), clinical training programs may uphold relativistic worldviews. On a developmental level, it is possible that students had not yet determined how to assume a postmodern, influential but not directive stance (Gehart, 2013) in the therapy room when it came to RS, and so they were simply nondirective.

Throughout the data, students seemed very careful as to how they worded their definitions, which we found interesting because the data were anonymous. Perhaps they were used to trying hard not to offend anyone in their clinical and academic worlds—people such as clients, supervi-sors, instructors, advisors, core professors, academic administrators, agency administrators, and state licensing boards. West (2003) has shown that stu-dents often skirt around or even omit discussions of RS in clinical training and supervision (West, 2003). This finding fits with many of the responses. In general, family therapy graduate students function in performance arenas in which many people are watching and evaluating what they do. The expec-tations are such that knowledge, understanding, critical thinking, complex language, relativism, and diversity are valued. Given the implicit and explicit rules governing their situations, it would make sense that they would have needed to be aware of the individuals and institutions they have to please before defining something as personal, and as potentially controversial, as spirituality. Consider the following participant, who acknowledged that his or her beliefs do not necessarily apply to others: "Spirituality is, for me, my connection with God, although when dealing with others I would term it Higher Power until they denoted a name." Another acknowledged equal rights of difference, explaining, "It is a way of being, treating yourself and others with the knowledge that they have as much right to exist and be who they are as you do." Still another wrote, "We are all part of something larger than ourselves. I think spiritually is different for everyone."

In other constructions, participants emphasized nonspecific factors of spirituality, such as to whom and when it applies: "I believe there is a higher

being who has a plan for us but this being could be male or female or even an animal, plant, etc." They also emphasized that spirituality is not the same as religion: "Spirituality is within. I don't need to be in a church to pray. I pray . . . every day before I get started on my schedule"; "Spirituality isn't about practicing any religion or faith but just being aware of oneself in a different sense and in a context where we are all part of something larger than ourselves. I think spiritually is different for everyone"; "Internally situated, less to do with belief in higher power and more to do with how one lives his/her life; not associated with any formal religious organization." This separation of spirituality and religion reflects the broader worldview held by an increasing number of U.S. citizens, as "more than a third classify themselves as 'spiritual' but not 'religious' (37%)" (Pew Forum on Religion & Public Life, 2012).

In many constructions, participants juxtaposed dominant discourses about spirituality against their personal beliefs. Some definitions implied that students refrained from articulating their unique views of spirituality unless they tempered these constructions with the recognition that they do not expect the same beliefs from other people: "Relatively fundamental Christian beliefs, however, I try to maintain an attitude of tolerance and respect for other people of other faith or no faith"; "Belief in a Higher Being that is personal and is the reality for all people. Spirituality is not necessarily a part of religiosity for all people, but the two are integral for me." Students often emphasized that although their individual beliefs may not reflect the Western dominant discourse of spirituality, their interactions with others did. Perhaps many of these participants were unclear how to negotiate two truths or that, at their developmental level, they lacked the complexity needed to articulate more nuanced definitions. Ripley et al. (2007) emphasized that students are often at different developmental levels, not only clinically, but also in their own religious and moral development. According to Ripley et al., it is normal for students and trainees to struggle with negotiating their own beliefs relative to those of others.

This relativistic and unspecific way of thinking, coupled with the efforts of participants to highlight relativism, suggest that spirituality is a fluid concept that moves and changes, depending upon individual perspectives, experiences, and development. Diverging from the theme of *spirituality as individually defined* and conversely building on the theme of *spirituality as relational connection*, the theme of *spirituality as relativistic* reflects Gergen's (2009) thinking on the relational being and the sacred. He presented his ideas of social constructivism, emphasizing that our experience of reality emerges through relational interaction; therefore, psychological processes are inherently relational. He also cited the increasing influence of Buddhist practices in therapy, writing that the "Buddhist tradition recognizes that the source of human anguish is located in socially shared constructions" (p. 296). We understand and experience the sacred, therefore, not

only through our relationships but also via several lenses, or a "multiplicity of plausible narratives" (p. 304). Instead of asking ourselves, "Do I believe?" we recognize using relativistic perspectives that there are many "ways of being" that are always shifting and changing as we interact (p. 304). Our family therapy students demonstrated these aspects of spirituality through relativistic and unspecific language.

Discourse: Spirituality as Manifestation of Power Dynamics

In the majority of the definitions, participants described, codified, or somehow exemplified manifestations of power dynamics in their constructions of spirituality. This occurred on different levels. From the most basic, linguistic use of the words "higher power," "supreme being," and "bigger/larger than" permeated the respondents' constructions. Even participants who did not claim to be spiritual, or who shared different religious and spiritual beliefs from their clients used this language, often naming their deities while specifying some of the more general terms for others, implying a societal mandate that a deity is greater than, bigger than, better than, and more powerful than humans.

Another level of expression of power is in how important participants often regarded the influence of the divine being. Using the word "powerful" in the experiential, nonphilosophical sense, many participants designated spirituality as a powerful driving force in their lives. In the following definition, the student described an omnipresent, transcendent power:

> Spirituality is an ubiquitous sense that there exists a higher power, and that one can call upon this higher power in times of triumph and in times of adversity to empower me toward a path of greater functionality and transcendence. It connects me to past and future generations.

SPIRITUALITY AS EMPOWERING

Empowered participants manifested their position in numerous ways, beginning with a sense of ownership in their language. For example, one participant defined spirituality as, "My personal connection with my God." The multiple uses of the possessive pronouns emphasized proprietorship.

Many participants also embodied privileged positions of power to be able to self-define what constitutes religion, spirituality, and the divine, often with careful overtures to distinguish between them. A student stated, "To me, spirituality means that I have a personal view of who God is and a personal version of how I relate to God; regardless of prescribed or traditional notions of how to view God or practice religious worship." This privileged position of power was not socially or culturally universal; instead, it addressed the social and historical climates in which personal empowerment, freedom of

choice, and the ability to speak openly about personal choice are valued and encouraged. This is true in the United States, in contrast with other places and societies of modern day, where freedom of speech empowers people to believe in what they wish and to declare openly those beliefs.

Carried a step further, several participants considered their constructions of spirituality as absolute or universal truth, with behavioral and belief requirements both for themselves and for others. One participant reflected this position in her or his definition:

> An ever-present knowing at an intuitive level that every human being is connected by an innate drive to know their god-like self. My spirituality answers many questions about human behavior. I believe that most organized religions have at their core a common element: That is to be as close to god as possible through god-like, Christ-like thought and action. I can create heaven on earth through my relationship with spirit.

Asserting beliefs in this way assumes a position of power, in which participants are simultaneously exercising power and being empowered by their words.

SPIRITUALITY AS POWER POSITION

Participants also constructed spirituality vis-à-vis a second manifestation of power dynamics, in constructing or referencing it as itself a power position, with participants being in a one-down position of submission, or obedience. Language of this sort abounded in the responses:

> Spirituality for me is a relationship with god through the person of Jesus Christ knowing I am a sinner and I cannot save myself. Heaven is a free gift, and I receive this gift by faith. One is not saved by the church or baptism, rather those are acts of obedience.

Others also wrote about submitting to the will of God, obeying God, and following religious requirements, labeling this process as a job or chosen obligation. Furthermore, there was much language of humility, in that participants considered their higher power to be greater than, bigger than, and better than self or humanity in general. Participants spoke of knowing one's place, and of looking for guidance from an omnipotent and omnipresent power, often with a sense of necessity, as in, "Spirituality is my grounding point. Without having the Lord in my life, I would be lost."

Many participants assumed a one-down position regarding spirituality, even while describing it as a personal choice. We believe this subjective experience is similar to that of being in graduate school; that the discourses

of spirituality and academia are parallel for positionings of subjects and how they construct the object at hand. Family therapy students are expected to submit to the will of their institutions, complete tasks, and even uphold a general set of beliefs about education and therapy. Students are simultaneously in one-up and one-down power relations. They must obey, and yet they freely chose their positions. There is the paradox of choosing a position of humility, with the intention of a worthwhile outcome on the other side—spiritual fulfillment or graduation.

Paradox

Assuming a one-down position led to the third manifestation of power functions, which was often paradoxical. Many participants constructed spirituality from a paradoxical position in which being in power and being powerless were somehow mutually reinforcing. Language is power, and academics, including students, have both. By putting words to spirituality, one can exercise power over the definition or construction. Empowered by their roles as graduate students and therapists, but perhaps less empowered by the institutions of religion and academia, dissonance appeared in many responses. For example, it is possible that, given the participants' contexts as students, their definitions reflected their fear of being stereotyped and stigmatized for expressing their RS beliefs in academic settings. It is also possible that this fear contributed to their use of unspecific language and their emphasis on personal constructions that do not apply to other people.

In another example of paradox, many students indicated that their positions of power and ideas of freedom and choice were situated within a framework of requirements, such as obedience, submission, and humility. Consider this participant's construction:

> I believe in the absolute and that we are all individualized expressions in the relative world (realm) of the whole or one. The relative and absolute coexist. The absolute is all-powerful, all-knowing, and everywhere present. Our thoughts and beliefs create our experiences, and manifestations in this relative world. We have all the qualities of the absolute and are limitless in terms of the absolute, but have limitations in terms of the relativity (relative nature) of our human existence. The key is that there is both a relative and an absolute, which for me spiritually integrates both modern and postmodern.

This participant, like others, indicated a one-down position of submission to a higher power. Further demonstrative of this stance was the use of esoteric language, lengthy abstract explanations, and carefully displaying

compliance with postmodern ideals, which may be highly valued in therapy training institutions. However, the manner in which such participants defined spirituality as an absolute truth in general, rather than personal language, assumed a privileged position. Some definitions read as if students, simultaneously in positions of power and powerlessness, were experiencing a form of dissonance about the paradox; therefore, they seemed to assume a posture of authority in how they asserted their beliefs, with language implying absolute truths.

Many participants spoke of willingly choosing a predetermined right way, suggesting that only one option is correct. It is possible, however, that in order to resolve the discomfort of a single option, and in attempt to regain power, language of choice and want entered their constructions:

> I define spirituality as seeing or thinking spiritually minded throughout most of the day in most of the situations that arise. I see spirituality as seeing or understanding how this world functions according to God's design and according to the purpose He intended to accomplish in this world and with all the people that have . . . opportunities to [align] their spirituality to Him . . . according to their free choice to do so or not.

When feeling disempowered, the illusion of choice can be comforting. This participant claimed absolute truths of being at the mercy of God's will, and then later added free choice as an afterthought, as if uncomfortable with the outward statement of absolute authority and no choice, having been influenced by roles of both power and submission. This type of response was not unique to this participant.

The characteristics of spirituality as empowering and disempowering, as well as the psychological dissonance and paradox experienced within paradigms of spiritual power, are not new. These concepts emerged in Foucault's writings vis-à-vis his theory of power. For example, Foucault (1978/1990) used the metaphor of a pastor or leader who serves as a shepherd to their flock. This metaphor illustrated individual power, for "the shepherd [berger] must ensure the salvation of the flock, but he must ensure the salvation of each individual" (Foucault, 1978/1990, p. 123). Such power both frees and limits humans, for each person has the responsibility to seek her or his salvation; however, attaining salvation can occur only through the acceptance of the authority of another person (the pastor or shepherd; Foucault, 1978/1990). We address this paradox not to impose a value judgment of the goodness or badness of either position, but rather to highlight an observed phenomenon. In keeping with Shaw et al. (2012), we hope to open a dialogue that promotes practices for therapists in training to take nothing for granted, talk about everything, question universal truths, and increase awareness of the power of social discourse.

DISCUSSION AND IMPLICATIONS

In the analysis of the 141 definitions, we have delineated how discursive constructions of spirituality revealed the social and political hierarchies of the participants, we have suggested underlying psychological and emotional motivations behind their responses, and we have indicated implicit and explicit social and institutional rules imbedded within the definitions (Willig, 1998). This approach is a primary component of FDA—to determine how a speaker positions self within social, historical, and political hierarchical contexts by using language in a particular way to construct a discursive object, in this case spirituality (Willig, 2008). Subject positionings of these participants' constructions of spirituality demonstrated a paradoxical display of power relations, between one-up and one-down positions of power regarding how participants positioned themselves and defined spirituality. Constructions of spirituality were disempowering in regards to being in a position of submission and obedience, overtly toward the higher powers of faith, and covertly toward the higher powers of social and academic institutions. Definitions of spirituality also appeared disempowering when students juxtaposed their personal beliefs against dominant discourses of spirituality and religion, as evidenced at the very least by their use of particular language that would modify their stances.

On the other hand, constructions of spirituality seemed empowering when describing participants as having special connections with a higher power or divine being, and possessing special privileges in the intended outcomes of their faith, as well as showing the experiential power of holding personal spiritual beliefs. Moreover, constructing spirituality as something personal and individualistic perhaps allowed students to tap into a self-defined transcendent force that helps them create meaning and direction for their lives, demonstrating also the relational, connecting aspects of a personal spirituality.

Ambiguous, avoidant, and perhaps contradictory constructions of spirituality reflected the tenuous position graduate students may hold in clinical training programs. Although empowered with knowledge and the vision of what having higher education degrees would mean for them, they may have lived in a context in which supervisors, professors, instructors, and administrators were evaluating them daily. Armed with this knowledge, they navigated the new power they held when working with clients, but they may have feared making a mistake and "screwing up" to the point at which they felt somewhat paralyzed. We made this interpretation based both on participants' tendencies to qualify or use words to skirt around their own definitions, as well as on research findings indicating that therapists-in-training often keep things from their supervisors regarding religious and spiritual integration for fear of judgment or reprise (Gubi, 2007; Shaw et al., 2012).

Limitations

It is important to review the limitations of these findings and suggestions. First, the first author collected data for the larger study in 2003, so these constructions of spirituality in psychotherapy programs may not reflect the most up-to-date graduate student perspectives. Since that time, family therapy programs could have improved how educators attend to spirituality, which may influence the comfort and ability with which students articulate how they understand it. There have been mixed reports in other areas of clinical training. Schafer et al.'s (2011) updated review of clinical psychology programs indicated that there has been progress. On the other hand, the lack of training in spirituality and religion remains among some graduate programs. Graduates from counseling psychology programs in Adams' (2012) research reported, "they have not been adequately trained to address religious and spiritual issues with clients" (p. 66).

Second, there was a possibility that how participants filled out the definitions as part of a larger study influenced how they constructed spirituality (M. M. Miller, Korinek, & Ivey, 2006). An operationalized definition of spirituality was provided on one scale they filled out (the Spiritual Issues of Supervision Scale, which they completed for two of their supervisors): "Spirituality is defined in the broadest sense as an overarching construct that includes a personal journey of transcendent beliefs and a sense of connection with other people, experienced either within or outside formal religious structures" (M. M. Miller et al., 2006, p. 363). Students may have felt undue pressure to create a similar broad definition in order to remain consistent with the one scale. Our findings departed from this concern in that most participants were able to express different views from the provided definition.

Implications for Defining Spirituality

These findings carry implications for how both researchers and practicing, educating, and in-training therapists define spirituality. There are myriad differences in how people understand spirituality. When a supervisee and supervisor are discussing RS integration, having an agreed-upon definition, or at least a discussion of the varying definitions of the construct of spirituality, is important for many reasons. First, people hold assumptions based on beliefs about what spirituality is and means. Assumptions can lead to trouble when there is no agreement or discussion of them prior to action. Second, if such assumptions are not brought into the open, power dynamics can come into play in a supervisory context when the supervisee disagrees with the supervisor, if the supervisor does not allow for variance, or if the supervisee believes the supervisor will not be open to different ideas. Even not speaking about the topic can imply a rule that it is not safe to discuss or to dissent.

Shaw et al. (2012) highlighted this implicit understanding; therefore, they advocated for a constructivist approach to supervision. They suggested that supervisors and supervisees communicate overtly about their assumptions, biases, and beliefs. These authors promoted the idea that educators and therapists-in-training are co-creators of knowledge and experience. Along this vein, it would help to have an agreed-upon understanding of spirituality, or at minimum have a discussion about definitions of spirituality. Such conversations would not only assist trainees and supervisors, but help clients as well.

Implications for Clinical Practice

There are several specific applications to clinical training and supervision that emerge from the results of this study. First, supervisors and academics need to encourage trainees to explore not only their belief systems, but also the influences of the contexts in which these ideas occur. Often, societal and institutional systems that shape our interpretive lenses as therapists are not made explicit (Park, 2005). Given that belief systems affect behavioral decisions (Ozorak, 2005), a personal exploration is an important step toward trainee clinical competence. Furthermore, it may lead to an ability to see not only the content, but also the process of one's belief systems, as well as how this process translates to therapy. For example, in the discourse of spirituality as relational connection, we saw constructions of interpersonal connection, attunement, and tolerance. Adhering to such concepts help people cultivate respectful and meaningful connections with others. These beliefs would also assist mental health practitioners in bonding with the families, couples, and individuals with whom they work. If encouraged to see the therapeutic benefits of enhancing spiritual belief processes, trainees may learn to make process-oriented connections to their clinical work, without the fear of either religious stigma or ethics violations.

Implications for Clinical Training

Another issue that arises is how difficult it is to articulate and address spirituality in clinical practice, largely because of the unease with which supervisors and faculty deal with this topic, and because of the historical conflict between psychology and RS. Numerous authors and researchers have documented the challenges of addressing RS in psychotherapy, encompassing various domains of mental health, such as family therapy (Beitin, Duckett, & Fackina, 2008), psychology (Berkel et al., 2007; Graham-Howard & Scott, 2011; Schafer et al., 2011; Worthington et al., 2009), social work (Larson & Robertson, 2007; Nagai, 2010), and psychiatry (Grabovac, Clark, & McKenna, 2008). Sometimes educators are not in tune with full-time

clinicians. Carlson et al. (2011), for example, compared family therapists' perceptions to educators' views of the importance of spirituality in their personal versus professional concepts of self. Results revealed that even if faculty members find spirituality important, they tend to integrate it into their professional identities less frequently than full-time therapists. At the same time, both groups indicated "similar levels of agreement in regard to the need for education related to integrating spirituality and its role in clinical practice" (p. 3).

It is conceivable that educators do not know how to address spirituality professionally because they did not receive training during their own graduate coursework. Another possibility is that in academia there still exists an unspoken rule that RS is a taboo, or at least controversial, topic (M. M. Miller & Ivey, 2006). At the same time, Schafer et al. (2011) reported that clinical psychology graduate programs accredited by the American Psychological Association had improved coverage of RS in the areas of supervision, courses, and research. Considering the challenges of attending to RS in clinical training, Shaw et al. (2012) outlined a social constructivist approach. They outlined the goals of uncovering hidden assumptions, questioning power and discourse, and rejecting universal truths, in order to explore student perspectives on spirituality in therapy. We believe this approach would best address the underlying assumptions, positions, biases, and developmental issues that contribute to how graduate students define, and therefore address spirituality in therapy and supervision.

Of course, one must weigh the pros and cons of integrating spirituality in psychotherapy. Such a process cannot rest solely on the student. Clinical educators and supervisors have the responsibility, as well as the power, of shaping students' self-explorations and answering their countless questions (Owen & Lindley, 2010). Serving in this mentoring role, therefore, requires that supervisors and educators have identified and addressed their own biases, stereotypes, stances, and constructions surrounding RS issues. Without such recognition, there exists potential for undue prejudice, lack of consideration, and emotional reactivity toward RS topics. Such reactions can potentially compromise both the trainees and their clients.

It is therefore necessary for mental health educators and supervisors to demonstrate competence and create a secure space for students to explore their beliefs, to map contexts within which these beliefs exist, and to identify marginalizing factors that may lead them to biased or incomplete knowledge of their personal spiritual processes. Thorough and open communication is vital. It is also important to consider how to communicate about historically Foucauldian issues as institutionalism, imbalance of power, cultural and theoretical relativism, controversy, religion, the educator/supervisor–student relationship, and the therapist–client relationship. Such a rich metacommunication process, when conducted in protected, ethical training environments with competent educators, supervisors, and or mentors, is invaluable.

CONCLUSION

In sum, this study contributes to the emerging literature on spirituality and psychotherapy training not only by illustrating common components of how developing clinicians construct the meaning of spirituality, but also by delineating the contexts within which masters and doctoral students in clinical programs formulate such an abstract construct. By demonstrating the inherent complexities of the meaning of spirituality, we furthered the argument that researchers need to examine psychotherapy and spirituality from myriad perspectives, "at multiple levels of analysis" (Emmons & Paloutzian, 2003, p. 395). Moreover, we interpreted the results from the perspectives of beginning therapists, who are a group of people influenced by supervisors, educators, and licensing boards, who in turn will shape many clients throughout their careers. Delineating their definitions of spirituality lets professors and clinical supervisors understand their frames of reference. It also helps members of this field comprehend the struggles of articulating the meaning of spirituality when in early phases of professional development. In the future, researchers should further explore the challenges in understanding and applying spirituality clinically from the perspective of early-stage mental health professionals.

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