

Opinion

Spirituality in the Therapy Room

Hester O Connor *

Heartfulness Institute, Ireland; E-Mail: hester.oconnor@volunteer.heartfulness.org* **Correspondence:** Hester O Connor; E-Mail: hester.oconnor@volunteer.heartfulness.org**Academic Editor:** Marianna Mazza**Special Issue:** [The Personal and the Professional: Mindfulness, Spiritual Life and Health Care](#)*OBM Integrative and Complementary Medicine*
2024, volume 9, issue 4
doi:10.21926/obm.icm.2404063**Received:** May 22, 2024**Accepted:** October 22, 2024**Published:** October 28, 2024

Abstract

Therapeutic presence brings one's whole self into the encounter with another in the therapy room. It is a fundamental aspect of the relationship between therapist and client, the cornerstone of Clinical Psychology and Psychotherapy. Therapeutic presence can be strengthened through spirituality, meditation, mindfulness, or other practices such as the intention to enhance the therapeutic encounter for both client and therapist. Despite its importance, standard experimental techniques cannot readily measure and investigate therapeutic presence. However, reflective narratives can be used to explore the importance of strengthening therapeutic presence. The purpose of this paper is 1) to examine how one's spiritual orientation offers the possibility to deepen the level of engagement within the therapeutic setting and 2) to illustrate, using reflective narratives, the use of presence and intention grounded in a spiritual orientation. The qualitative methodology of reflective narratives is ideally suited to illustrate the clinical issues presented in this paper. The requirements for reflexive engagement with one's therapeutic practice and willingness to continually refine oneself outside of the therapy room are discussed. Three vignettes are provided illustrating 1) engaging through therapeutic presence with the client by use of imaginal exposure, 2) the use of intention to deepen connection and facilitate the sacred burial rites in the context of profound loss and trauma, 3) the negative consequences when the therapist is not fully present, 4) letting go of preconceived notions and judgments to be



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fully present with the client, and 5) using experiences from a spiritual practice throughout the encounters to enhance therapeutic presence. The implications for the practice of therapy are discussed with regard to spirituality, presence and intention as a way of being in the world over and above the discipline required to work as a therapist.

Keywords

Heartfulness; spirituality; intention; reflexive narratives

1. Introduction

Spirituality is not an easy concept to define, let alone discuss, as it is individual and deeply personal. Due to the sacred nature of one's approach to spirituality, it can remain hidden from supervisors and colleagues who are therapists/psychologists out of fear of being misunderstood and judged for one's practice. Spirituality can be perceived as a 'defense', rather than a legitimate inner experience that impacts how one engages in therapeutic work with clients. Hence, the role of spirituality in therapeutic encounters has not been sufficiently explored. It is important to distinguish this from spiritual or pastoral therapy. There is no intention to influence or inquire into my clients' spiritual beliefs.

This paper intends to reflect on how, as a therapist, I lean into my daily spiritual practice within my work. The work of Greenberg & Geller [1] on therapeutic presence offers helpful insights into utilizing presence to enhance the therapeutic relationship.

The description of spirituality that fits well in the context of this paper is from Anandarajah & Hight [2]: *'Spirituality is a complex and multidimensional part of the human experience. It has cognitive, experiential, and behavioral aspects. The cognitive or philosophical aspects include the search for meaning, purpose, and truth in life and the beliefs and values by which an individual lives. The experiential and emotional aspects involve feelings of hope, love, connection, inner peace, comfort, and support. These are reflected in the quality of an individual's inner resources, the ability to give and receive spiritual love and the types of relationships and connections that exist with self, the community, the environment and nature, and the transcendent (e.g., power greater than self, a value system, God, cosmic consciousness). Spirituality's behavioral aspects involve how a person externally manifests individual spiritual beliefs and inner spiritual state'*.

This paper is, in one respect, an attempt to reveal what has been kept hidden for many years - how I have let my spiritual practice infuse my work as a Clinical Psychologist and psychology department manager. I have practiced a heart-based meditation called Heartfulness [3] since 1994. This meditation practice originated in India in the 1940s. Heartfulness refers to a state where the center is not the physical heart as a pumping station of blood but the vibratory or spiritual heart as the guiding principle in one's life [3]. O Connor [4] offers a narrative description of my journey with Mindfulness and Heartfulness.

In the practice of heartfulness, one is encouraged to become an experimenter and keep a diary of one's inner experiences [3]. The idea behind this qualitative research methodological approach to the practice of Heartfulness suggests that the only way to know God is within one's own heart, not in any outward form or practice. Therefore, in this paper, the author's use of self as a researcher

in her own experience fits within the tradition of qualitative research in Heartfulness. It is also in line with phenomenological research and the work of Linda Finlay [5]. Finlay suggests that qualitative researchers use reflexivity to account for how subjectivity shapes their inquiry. Reflexivity is tied to the researcher's ability to make and communicate nuanced and ethical decisions amid the complex work of generating real-world data that reflect the messiness of participants' experiences and social practices [5].

The methodology used in this paper of writing narratives and reflexive engagement with the narratives also aligns with the research methodology used in the author's Doctorate in Management from Hertfordshire University, thesis title: O. Connor, H [6], *The Experience of Change in the Practice of Clinical Psychology in the UK*. This methodology emphasizes taking one's own experience seriously, writing narratives of one's day-to-day work experience, paying attention to relations of power, attending to the requirement to act in the unknown, and taking a relational view of ethics. According to Mowles [7], director of the doctoral program, 'narratives have been used for as long as there have been humans living in groups to find out what it means to be human and make sense of our lives together'. Mowles suggests that plenty of organizational literature establishes narrative as a suitable medium for conveying complex experiences.

The methodology of writing reflexive narratives sits within a Complex Responsive Processes perspective of relating, which comes from the work of Stacey, Griffin & Shaw [8] & Mowles [9]. This theory describes how people relate to one another in organizations. It is based on insights from the complexity sciences and influenced by sociology, particularly Norbert Elias's work. It pays particular attention to interdependence between groups of people working together. It suggests that human interaction is not predictable and controllable because humans are not autonomous rational animals but social beings. Therefore, the future cannot be predicted and controlled. The work of Stacey, Griffin, Shaw & Mowles challenges the idea that organizational knowledge can be centralized and codified. It suggests that knowledge is created through interaction. It is a qualitative process that is emotional, intellectual, creative, destructive, enabling, and constraining through power relations between interdependent people. Narratives provide a helpful means by which we can make sense of what we are doing together at work as we influence and are influenced by others who are also interdependent. The process of writing reflective narratives fits within a qualitative research methodology within a complex responsive processes perspective. The research process includes the following steps:

- Taking one's own experience seriously at work. This means paying attention to local interaction and noticing what happens in the conversations at work.
- Writing Reflexive narratives is a means of making sense of one's experience at work. One begins research by writing a narrative to help make sense of what makes one curious about what is happening at work. This is akin to forming a research question in more traditional forms of research. This is the raw material and serves as the basis for further reflection. Reflecting on the narratives in the light of relevant theoretical ideas and rewriting the narratives is central to writing and reflection.
- The process of writing, reflecting, and making sense of the narratives in the light of theories and bodies of knowledge relevant to the narratives is iterative. This process helps to shed light on and make sense of the narratives. In this paper, the author pays attention to what happens in therapy sessions with clients and writes narratives to inquire into and research what is happening in her therapy work.

- Complex responsive processes perspectives argue that predicting the future is impossible. It argues that predicting measurable realities is impossible but favours the creation of new meaning arising from the interaction. The research process does not sit within a postpositivist tradition. It is, therefore, impossible to make recommendations for the practice of other therapists. It is hoped that the narratives and reflections provide examples that invite other therapists to think about their work.

The author has kept a research journal (diary) for decades, noting her experiences with meditation and its impact on her daily life. Drawing on Geller & Greenberg [10], the author illustrates with narratives from clinical practice how she attempts to weave her spiritual practice into her work.

Drawing on the work of Geller & Greenberg’s model of therapist presence within the therapeutic relationship, there are three essential aspects to therapeutic presence (see Table 1): 1) preparing the ground for presence, 2) the process of presence, and 3) experiencing presence. Geller & Greenberg’s model of therapeutic presence is based on qualitative analysis of reports of expert therapists. Elements within Geller & Greenberg’s model, particularly intention, the philosophical commitment to presence, and the use of self as an instrument, align with the author’s spiritual orientation. Preparation of the ground for presence refers to one’s life experiences (in this case spirituality) as well as the preparation immediately preceding therapy sessions. Process for presence refers to what a therapist does in session with clients. The author makes a particular reference to using herself as an instrument to support the process of presence. Experiencing presence refers to moment-to-moment shifts in awareness that can be used to enhance presence.

Table 1 A Model of Therapist Presence in the Therapeutic Relationship [10].

<i>Preparing the Ground for Presence</i>	<i>Process of Presence</i>	<i>Experiencing Presence</i>
<p>Pre-session</p> <ul style="list-style-type: none"> • Intention for presence • Clearing a space • Putting aside self-concerns • Bracketing (theories, preconceptions, therapy plans) • Attitude of openness, acceptance, interest and non-judgment 	<p>Receptivity</p> <ul style="list-style-type: none"> • Open, accepting, allowing • Sensory/bodily receptivity • Listening with the third ear • Extrasensory perception/communication 	<p>Immersion</p> <ul style="list-style-type: none"> • Absorption • Experiencing deep non-attachment • Present-centered • (intimacy with moment) • Aware, alert, focused
<p>In Life</p> <ul style="list-style-type: none"> • Philosophical commitment to presence • Personal Growth • Practicing presence in one's own life • Meditation • Ongoing care for self and own needs 	<p>Inwardly Attending</p> <ul style="list-style-type: none"> • Self as instrument • Increased spontaneity/creativity • Trust • Authenticity/congruence • Returning to the present moment 	<p>Expansion</p> <ul style="list-style-type: none"> • Timelessness • Energy and flow • Inner spaciousness • Enhanced awareness, sensation and perception • Enhanced quality of thought and emotional experiencing
	Extending and Contact	Grounding

-
- Accessible
 - Meeting
 - Transparency/congruence
 - Intuitive responding
 - Centered, steady, grounded
 - Inclusion
 - Trust and ease

Being With and For the Client

- Intention for client's healing
 - Awe, respect, love
 - Lack of self-conscious awareness
-

2. Intention, Presence & Self as an Instrument

In line with Geller & Greenberg [10], there are two aspects to the preparation for presence: the first is preparation immediately before therapy sessions, which, for me, is central to pre-session preparation and involves subtle suggestions. For example, I often make a silent intention to meet a client in the waiting area or as the client takes their seat in the office. I, silently in my heart, connect with the other with an intention for their well-being. Similarly, before client meetings or sessions, I connect with my heart and know that the work 'is already completed'. The intention is that what is right will happen beyond what 'I' would like to happen. I also use intention in many other situations during the day. It might be with the porter, receptionist, or clients/colleagues. Using intention helps with remembering my connection with others and the environment.

The second aspect of preparation for presence is grounded within and involves an array of activities underpinned by a philosophical commitment to the presence that begins when I sit to meditate every morning. It continues through the day as I have the intention that the effects of my morning meditation spread out into every aspect of my daily life. In the evening, I do a rejuvenation practice [11], letting go of all the impressions I had accumulated during the day. The commitment to presence continues at night. I sleep with a prayerful intention for the highest spiritual advancement for all beings.

The process of presence involves an ongoing commitment to supervision and self-care. It fits within Geller & Greenberg's suggestion of *self as an instrument* as part of the process of presence. Think of a musician practicing their musical instrument. It is taken for granted that the refinement required of the serious musician necessitates a life-long dedication to the chosen art. It is no different when one considers *oneself an instrument* in the therapeutic encounter. It requires a holistic orientation that extends beyond the therapy room. One central aspect of self as an instrument in the therapeutic space is connecting as one human being with another, not separate.

One may quickly wonder if the pre-session and in-session commitment to presence turns all of my interactions emotional and removes any logical and analytical rationale; it is far from that. This heart-to-heart connection, the use of intention to support the greater good of my clients, serves to refine my mind, where I can be their therapist using a powerful amalgamation of my heart and my mind space. Intention refines consciousness and facilitates a broader perspective of what it means to be in a relationship with others. The Awareness Atlas: a new measure of the manifestation of consciousness [12], a piece of research that the author has collaborated in developing, offers a means of exploring the manifestation of consciousness in daily life. The validated scale includes questions about relationships with others and listening to the heart. It is a helpful tool for reflexive engagement to understand where I am vis-a-vis my relationships with others.

I worked as a clinical psychologist in the UK & Ireland for over thirty-five years. The three vignettes below explore the profound effects of spiritual practice with narratives from my work. In my most recent clinical work with refugees and asylum seekers, I was conscious that I was reflected not only in the humanity of my clients but also in the inhumanity of the regimes from which they fled to seek refuge in Ireland. I believe that I am both part of the problem as well as contributing to the healing of the multiple traumas that have led thousands of people to seek refuge outside of their homeland. The majority of the people I worked with had preexisting trauma before seeking refuge in Ireland.

3. Intention

The use of intention in the context of this paper has some similarities with the use of the concept of *metta* or loving-kindness in a Buddhist context. The following steps are used when using silent intention for the well-being of others:

- As part of my daily spiritual practice, I silently intend for all beings' well-being. This daily practice begins when I sit for meditation every morning.
- Throughout the day, when I remember, I intend to connect my heart with the heart of all living beings. I do my best to hold this connection with others throughout the day.
- In the therapy room, I intend to complete the work as needed. This is an intention for the well-being of the other beyond what I might think is right or wrong for the person. I do not know what is right or wrong for another.
- In certain contexts, such as in the narrative of *The Burial Rites*, the intention is used to connect not only to the person I am working with but also to all of the people living and deceased who are connected to my client.
- I go to sleep with the intention for the well-being of all living beings.

4. The Burial Rites

The following is a story of an experience in my role as lead for Psychosocial supports for Refugees and Asylum Seekers in West Dublin. This narrative illustrates how I used presence by joining into the imagination of the burial service with the client, allowing us to resonate together. This narrative also illustrates the use of 'intention' in my practice. 'Intention' is referred to here as the use of silent mental suggestion for the highest good for the other. Further, I reflect on bringing a willingness to lean into a religious ritual far from my own experiences into the clinical space.

Alex, a Nigerian was unable to complete the ritual needed for the proper burial of his father. He had to flee unannounced and missed the funeral. As the eldest son, this weighed heavily on his mind. Alex consented to me writing this narrative, which I shared with him. He was tortured because of his sexuality – it's a crime to be bisexual or gay in Nigeria [13]. He was, at the time of our work together, on the waiting list for specialist trauma-focused therapy with Spirasi, which is an organization offering specialist therapy to victims of torture and people who have experienced State-sponsored inhuman or degrading treatment. My role with Alex was to support him while he waited for his therapy to begin.

We met on a fortnightly basis. The technique we engaged in is called Imagery Rescripting. This is a therapeutic technique addressing specific memories that negatively impact day-to-day life. By imagining that the course of an event moves in a more desired direction, powerful therapeutic

benefits have been reported with Refugees and Asylum seekers with PTSD [14]. This technique is used as part of Narrative Exposure therapy with refugees and asylum seekers in the Woodfield Trauma service in London.

When we met for our regular session, I asked how Alex was feeling. He said he was 'not good' and identified that not being able to throw red clay on his father's corpse was paining him deeply. I asked his permission to complete the ceremony with his father in his imagination. Using psychoeducation about the use of imagery and the powerful effects on our minds and bodies of images and pictures, he seemed happy to proceed with the imaginal re-burial of his father.

I invited him to speak aloud or silently in *Bini*, his native tongue. I explained that I would close my eyes, and we could try this together, with me witnessing this ritual. I closed my eyes and made the intention that our hearts were connected and that the work 'was completed'. I had the intention of connecting us both with all of his family, including his father. As we were witnessing a burial, I invited him to begin with an intention for the burial. He spoke in *Bini*. I then asked him to fully imagine the scene of his father's corpse, the color of the cloth covering the body, the heat of the sun, and the clothes he was wearing, noticing in detail every aspect of the scene in his mind, including colors, textures, sounds, sights. Alex was invited to feel the red clay's heat and go through all of the steps to gather sufficient clay to place on his father's corpse.

As I invited Alex to follow each of the steps leading to him throwing the clay on the corpse, I felt some tears well up as I witnessed this precious ritual. In the sacred moment of connecting in his village in Nigeria with the body of his father, I was with Alex as I imagined I might be if I was present at the actual burial of his father. Next, Alex was invited to explain the steps that followed, after the corpse had been treated as dictated by local custom. Alex then said prayers, and I invited him to proceed with the steps following the body's internment. We then went back to his home in our imagination. His mother was present, and the family and friends attending were invited to do what was commonplace in these situations. In his imagination, he greeted his mother and she hugged him. She reassured him that he had done his best and there was nothing for him to feel bad about concerning his father's burial. Prayers, singing, and dancing followed this. Alex completed the session by singing a song. We closed with a short expression of gratitude.

Two weeks later, when I met Alex again, he reported feeling relieved after our previous session. He said he had been taking time out in a corner of the hotel dining room, letting himself imagine the scene again. There is zero private space in the hotel jam-packed with asylum seekers. When he is feeling very overwhelmed, he walks into the city centre. There are few places to go when you have a meagre allowance to live on. After inquiring what was most pressing this week for Alex, he agreed to work again in imagination on another memory of a very difficult time prior to his arrival in Ireland. Alex remained open to working with imagery rescripting. Our connection felt heartfelt. I often think of him.

As I reflect on this clinical encounter with Alex, it is clear that attending to my presence and using intention as part of the therapeutic process facilitated in-the-moment awareness and attunement to our experience together, thereby adding to the imagery rescripting technique. It permitted 'spirituality', alongside the technique, according to Anandaraj & Hight's description of spirituality. Inwardly attending to the quality of my presence and silently holding the intention for the higher good changed me by permitting me to enter a sacred space with Alex, his father and his wider family. In that moment through intention we were together, witnessing the burial of his beloved father. The use of presence and intention lifted the psychological techniques to the level of the sacred. I

felt different during that session. My heart felt light and expansive. It was a connection from the spiritual heart beyond compassion and empathy. The work in the spiritual space was natural beyond 'trying' to create any particular effect.

5. Letting Go Too Soon

In this narrative, I recall a moment in a clinical encounter where I was not sufficiently present to the client. I refer to this as contracting into myself and becoming disconnected from the client. This led to missing an opportunity for a deepening of a heart connection. Though I have had many missed moments of potential connection, this one stands out.

Ann was a troubled woman who had a diagnosis of borderline personality disorder. She made frequent threats of killing herself. Her husband would get text messages while he was at work in a factory saying she may not be alive by the time he reached home from his night shift. I worked with Ann for nearly three years as a senior psychologist in the local service. She would bring me homemade or nice shop-bought brown bread from time to time. In the moments when I received the gift of bread, my thoughts would go to her family and young children, who I felt needed it more. Shaming her by refusing to accept her gift would not have been something my heart could permit. This is despite knowing that gifts are not allowed in the Health Service.

It was not easy working with Ann. I was the third psychologist to work with her. She had multiple traumas and her anger and resentment would quickly fill the space between us. Visits to the family home to support her family did not seem to make much difference at the time. Ann and I had agreed to take a break from our work after she had some inpatient admissions to the local psychiatric hospital. I was relieved to have a break coinciding with the Christmas holidays. When I got back in the New Year, I heard that Ann had died by suicide the previous day. Her husband came home from work the previous morning and found Ann. She died in the house while her children slept. The treating Consultant was surprised that I was tearful about her passing. I was surprised that he was surprised.

It took me a long time to reflect deeply on the timing of her death. In supervision, my supervisor commented that Ann did not feel 'held' during the Christmas break. She was correct. I had disconnected from her. I did not let my heart expand just a little more to keep her in mind by continuing to meet with her during the Christmas break. I know fully well how important breaks are for traumatized clients. I know from my own life experience and my work that trauma can be re-triggered, and early loss held in the body gets re-ignited at moments that feel like abandonment. We know that the past permeates the present. It was the wrong time to contract within my heart and listen to the justification for needing my break over Christmas. Maybe she would have died at that moment. However, given that my heart connection is so vital to all I hold dear, it is appropriate to let the reflection in that I disconnected at that moment with Ann. It was a moment when fear of a more profound connection meant that my head ruled my heart. I salute the courage of her husband and children, who lived for years with the daily threat of her death by suicide.

I am not saying that. I was conscious of this fear; I was not. In that moment of disconnection with Ann, my clinical judgment was impacted by an unconscious fear. Fear of the bottomless need, and perhaps, fear of facing my limitations as a therapist within myself. I expect that I was also unconsciously picking up Ann's utter despair with me and all of the people in caring roles who had failed her time and time again. Our agreement to disconnect was perhaps an unconscious collusion,

acknowledging that it would be difficult to adequately meet Ann's voracious need to be 'securely held/met' by another.

It is hard to stay open and heart-centered. It demands courage and the willingness to let go of fear. It also requires a rigorous commitment to reflexively asking myself questions – through supervision, my own continuing therapy, and my heartfulness practice- when I sit and reflect on the day that has gone by. These moments of slowing down to permit introspection and reflection are critical to staying alive to the precious moments of expansion and contraction within the spiritual heart, through which we are all eternally connected.

6. A Family Tragedy

This narrative illustrates the importance of being aware of one's prejudices and being fully present when working with clients on the margins of society. The narrative also demonstrates the use of intention to help free oneself from preconceived notions. It also calls upon the therapist to seek to question notions of right and wrong when working with people who are vulnerable and from hard-to-reach communities.

Here, I describe a critical moment with a family from a marginalized community in Ireland. They had experienced a brutal, fatal attack by a son, leaving two of his younger siblings dead. I was asked to support the immediate family and their first cousins, all of whom were in deep shock in the aftermath of the tragedy. I met with the mother of the deceased siblings. I also met with Mags, a first cousin of the bereaved family, whose husband, John, was in prison at the time of the incident. Mags asked me to support her in seeking to get John out of prison – on the grounds of the nature of the tragedy and the subsequent trauma that the family had been through. Mags was finding it extremely difficult to manage her trauma. She was also struggling to support her children, who were deeply shocked by the sudden death of their first cousins. Images of the scene of the tragedy were widely shared on social media, adding to the feeling of trauma. The extended family was familiar with tragedy and trauma. Several family members had died by suicide.

I had a multitude of emotions on receiving this request. Initially, I contracted and decided not to support this request because it placed me in a difficult position vis-à-vis the management team. To be seen to be 'taken in' by the antics of others is not a good look in the eyes of management. This is especially true when you are a management team member, as I was at that time. In the moment of contraction, I had fear and anxiety about what it might look like to be made a fool of. I felt my heart racing as I held the phone and spoke to the family member. I was frightened of exposing myself as not street-wise at this stage in my career and as head of the department. The more I thought about the request, the more I could feel the contraction inside. I agreed to mull the request over and call Mags back.

I sat with myriad emotions and made an intention that the situation 'be completed as it needs to be'. I felt an inner softening in that instant as my heart was pounding simultaneously. I felt prompted to let the process play out. I called Mags back and asked for the address to which to send the letter. Immediately, the courage was there to let myself be made a fool of for whatever was for the higher good.

Four weeks later, the family, including the recently released father, were in Boston sending messages on Facebook to show how they were having a great holiday. Father, mother, and four children never returned from that holiday – *the holiday that was much needed to get a short break*

following the trauma and tragedy in the family. Maybe I was a fool. Perhaps I was wise to permit myself to be taken advantage of. I am not the judge of how families with generations of trauma respond when allowed to beat the system. Using *intention* gave me the courage to stay open, irrespective of the outcome.

7. Implications for Practice

Using narratives from clinical practice has permitted a qualitative exploration of key themes pertinent to therapy. These themes include the place for spirituality in the therapy room, issues of power and ethics, and the need for humility vis-a-vis one's clients.

8. Spiritual Practice

A spiritual practice can positively impact one's work as a therapist. However, it must be taken seriously to the extent that one is always alert to the complex interplay of power and privilege in one's work with others, especially with vulnerable clients or clients on the margins of society. It is especially important to retain a curious and reflexive approach to how one's spiritual orientation can block out one's vulnerabilities. There is no hiding place if one is open to ongoing questioning of self and how one is using self as an instrument at work.

9. Power Imbalance

In the narratives presented here, power imbalance is crucial in each clinical situation. The vulnerability faced by asylum seekers is not readily appreciated if one has not faced attacks on one's identity and beliefs to the extent that one seeks to flee from home with the prospect of facing further exploitation en route to the hoped-for 'safe' country. The credibility of certain discourses and ways of speaking prevail in organizations according to who is speaking and what their power position is [7]. In the narratives presented here, it is clear that access to the resources of power lies with me as a therapist vis-a-vis my clients. Awareness of this imbalance is a helpful reminder that one can advocate for people with no voice. Therapists need to act as advocates from time to time and not shy away from the need to address power imbalances. In the narrative of the family tragedy, there are few psychologists I have met who would go out on a limb for a client by writing a letter to a prison governor. In my role as a psychology manager, there may be a handful who would do this. Still, the majority would leave this role to others because they would not want to interfere with the therapeutic relationship. However, these 'others' who one thinks should do this role are often hard to find when the need arises. Advocacy is one way of addressing power imbalances within the context of clinical practice.

Power imbalances are integral to all relationships within a complex responsive processes perspective of relating. In the context of the narratives presented here, the spiritually inclined therapist needs to remain alert to the impact of power relations alongside their spiritually informed interest in the well-being of others. An interest in spirituality does not negate the need to question one's assumptions and to seek to understand one's blind spots.

10. Ethics

When viewed from a relational perspective, the ethics of permitting a break in the therapy with a vulnerable client such as Ann offers sobering questions for self-reflection. In such situations, appealing to the standard view of preordained ethics that permit the therapist to tick the box of Public Sector ethical practice mentally are much more appealing. This raises important questions about the ethics of practice seen from a relational understanding of ethics. This understanding makes sense of ethics not as pre-defined ethical norms but as ethical engagement arising in the moment-to-moment encounter with another, in this case, in the therapy sessions. The work of Griffin influences this perspective [15]. Finlay also discusses the issue of power dynamics in qualitative research and suggests that failing to account for unexpected power dynamics between participant and researcher can lead to situations where some people feel pressured to disclose information or feel silenced. In such cases, people can be harmed. Engaging in reflexivity can help researchers avoid such pitfalls [5].

11. Humility

A great deal of humility is required when working with families living on society's margins. It is easy to slip into 'knowing' what is best for the other. As Dalal [16] states, racism is so ingrained in the psyche that it is taken for granted. Dalal concludes that the structures of society are reflected in the structures of the psyche, and both are color-coded. Table 1, from Geller and Greenberg, summarizes most of the key issues pertinent to what is required when one seeks to permit one's spiritual orientation to impact all aspects of one's life and work. What was omitted from the table is humility. This also should be included as it is a crucial aspect of presence and intention. The dimension of humility can be self-assessed using validated measures such as The Awareness Atlas: a new measure of the manifestation of consciousness [12] within the relationship category to others. The Comprehensive Humility Scale [17] can also be used as a self-reflective tool. The humility to retain respect for others' viewpoints, willingness to revise one's opinions and not being overconfident are a helpful reminder of the need to remain flexible from moment to moment in the therapy room. The humility to see the other as having the right to do things that may seem at odds with ingrained habits and beliefs held by the therapist. These ingrained habits can easily remain as blind spots within the therapy space.

12. Conclusion

This paper illustrates through the methodology of narratives and reflexive engagement with these narratives that the therapist's spiritual practice can infuse one's work in ways that help deepen the engagement with the client. Spirituality in the therapy room requires a willingness to be refined through practice, self-care continually, and use self as an instrument, as suggested by Geller & Greenberg. Willingness to constantly attend to the quality of presence and to use intention are powerful means by which the techniques and skills I have gained over many years of clinical practice can be refined in the relational therapy field. The author believes that intention, presence, reflexivity, supervision and ongoing continuous professional development (CPD) are all helpful when one intends to let one's spiritual practice impact all aspects of one's professional life. What is required when one permits one's spiritual practice into the therapy room and all aspects of one's

life is an ongoing and deep commitment to continually asking questions of oneself. This requires reflexivity and the need to remain open to having one's blind spots revealed in supervision and open to alternative discourses to one's own. Humility is greatly needed in the deeply personal space of therapy in clinical psychologists and psychotherapists.

Drawing on a complex responsive processes perspective that pays attention in great detail to lived moment-to-moment experience and through the use of narrative opens up the possibility of creating new meaning as regards what it means to lean into one's spiritual practice in one's day-to-day practice as a therapist. This use of narratives might influence how others reflect and think about what gives meaning to their lives and how they think about what they do in the therapy room. This approach does not seek to offer predictions or guidance that might be generalized. The process of the author taking her own experience of spiritual practice seriously and letting it permeate every aspect of life, including work in the therapy room, might offer possibilities for others to do likewise.

It is the author's view that it is not necessary to make explicit her interest in spirituality in her work, just as the use of personal therapy or supervision are not discussed. However, these processes influence one's work. The therapist is changed by engaging in a whole range of ways to support themselves in their life. In my case, spirituality is part of that support.

Author Contributions

The research work for this paper is solely that of the author.

Competing Interests

The authors have declared that no competing interests exist.

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