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Spiritual Humility and the Spiritual Use of Self: An Interpretative Phenomenological Analysis of Counsellors' Experiences in the Therapeutic Relationship

Abstract

Background

Spirituality remains a complex and sometimes contested dimension within counselling and psychotherapy practice. Although increasing attention has been given to spirituality in therapy, less is understood about how counsellors experience their own spiritual awareness within the therapeutic relationship.

Aim

This study explored how counsellors' awareness of spirituality may impact upon the therapeutic relationship.

Method

Interpretative Phenomenological Analysis (IPA) was employed to examine the lived experiences of five qualified counsellors and psychotherapists. Semi-structured interviews were conducted and analysed using an inductive, idiographic approach.

Findings

Five experiential themes were identified: the relational impact of spirituality in the therapeutic relationship; the interplay of spirituality with humility; the therapist's openness to self, other, and to something bigger; listening holistically with spiritual awareness; and the intrapersonal wrestle of the counsellor relating to spirituality in practice. Participants described spirituality as shaping therapeutic presence, relational depth, openness, and holistic listening, while simultaneously requiring ongoing reflexivity and ethical sensitivity.

Discussion

The study introduces two conceptual contributions: spiritual humility and the spiritual use of self. Spiritual humility is conceptualised as the interplay between humility and the therapist's spiritual awareness, enabling openness and responsiveness to clients' spiritual and existential worlds. The spiritual use of self is proposed as a dimension of the broader therapeutic use of self, engaged when spirituality forms part of the therapist's integrated professional presence.

Implications for Practice

The findings highlight the importance of reflexivity, ethical awareness, and spiritual literacy within counsellor training, supervision, and professional development.

Keywords

spirituality; spiritual humility; therapeutic relationship; use of self; counselling; interpretative phenomenological analysis

The terms Counsellor, Psychotherapist, and Therapist are used interchangeably throughout this study.

Introduction

Spirituality is often understood as a core aspect of human experience, and has been widely explored across counselling and interdisciplinary literature (Corpuz, 2024; Murgia et al., 2020; van Deurzen, 2002). Within counselling and psychotherapy, spirituality has been linked to meaning making, connection, identity, transcendence, and purpose (Ross, 2016; West, 2011b). While spirituality may be connected to religion, it can also be expressed through practices such as mindfulness, meditation, yoga, connection to nature, and experiences of awe or relational depth (Ross, 2016). West (2011b, p.7) describes spirituality as ‘rooted in human experiencing, not abstract theology’, involving connection to others or something greater than the self. For many clients, spirituality forms an important part of lived experience and wellbeing, making it clinically relevant within therapy (Knox et al., 2005; Okamoto et al., 2019).

At the same time, spirituality has often occupied an uneasy place within counselling and psychotherapy (Kalmthout, 2013; West, 1997). Clients may hesitate to discuss spiritual or religious issues due to fears of judgement or misunderstanding from therapists (Knox et al., 2005; Rose, Westefeld and Ansley, 2001). Therapists also frequently report limited confidence, literacy, and training in working with spirituality (Hofmann and Walach, 2011; Hunt, 2024). Hunt (2019) suggests spirituality can create tension and uncertainty for therapists, particularly where they have not reflected on their own beliefs and assumptions. Spirituality therefore remains clinically important, yet professionally contested and approached with caution.

Within humanistic and relational approaches, spirituality has been associated with therapeutic openness, presence, and responsiveness to the whole person (Geller, 2013; Scholl, Ray and Brady-Amoon, 2013). Rogers (1980) described moments of profound encounter in therapy as deeply meaningful meetings between inner worlds. Similarly, Geller and Greenberg (2002) conceptualise therapeutic presence as involving emotional, cognitive, physical, and spiritual availability. Research suggests clients may experience deeply present and attuned therapists as facilitating greater openness and relational depth (Knox and Cooper, 2011).

The relevance of spirituality in therapy therefore appears linked less to doctrine and more to the therapist’s openness to meaning, uncertainty, and the client’s phenomenological world. Therapists who respond sensitively to spiritual or existential concerns may support clients’ meaning making and emotional processing (Captari et al., 2025; Ross, 2016). Conversely, insufficient self-awareness may increase the risk of bias, countertransference, or spiritual imposition (Matise, Ratcliffe and Mosci, 2018). These tensions highlight the importance of reflexivity and ethical sensitivity when engaging with spirituality in practice.

Humility has increasingly been linked to ethical and reflexive therapeutic work. Clements-Hickman and Reese (2023, p.175) describe ‘general humility’ as involving empathy, patience, respect, and openness to others. Humility has also been associated with stronger relationships, self-awareness, and reduced dominance or certainty (Davis et al., 2011; Peters, Rowat and Johnson, 2011). Within psychotherapy research, professional humility refers to therapists remaining open, self-reflective, and aware of the limits of their expertise (Brown, 2024; Nissen-Lie et al., 2017). Such humility may strengthen therapeutic alliances and relational effectiveness (Nissen-Lie et al., 2017).

Similarly, cultural humility emphasises ongoing self-critique and openness to clients’ differing identities and experiences (DeBlaere et al., 2023; Hook et al., 2013). DeBlaere et al. (2023) argue that cultural humility may reduce microaggressions and oppressive relational dynamics

in therapy. This focus on openness and reflexivity appears especially relevant when working with clients whose spirituality or religion informs their meaning-making.

Research also suggests humility supports therapist development and practice more broadly (Watkins and Mosher, 2020). Clements-Hickman and Reese (2023) associate humility with openness to feedback and continued learning, while Brown (2024), drawing on Nissen-Lie et al. (2017), describes professional humility as balancing self-doubt with self-affiliation. Therapists remain aware of uncertainty without becoming disengaged or disempowered. This may be particularly relevant when working with spirituality, where therapists often encounter ambiguity, existential questions, and diverse belief systems.

Despite growing literature on spirituality and humility in counselling, the two areas have largely developed separately. Research on therapist spirituality has mainly focused on competencies, disclosure, and managing religious or spiritual difference (Currier et al., 2023; Vieten and Lukoff, 2022). In contrast, research on humility — whether professional, cultural, or relational — has rarely explored how it interacts with therapists' spiritual awareness and presence (Choe et al., 2024; Clements-Hickman and Reese, 2023). As a result, the intersection between spirituality and humility within therapeutic relationships remains underexplored.

This gap has important clinical implications. If spiritual awareness shapes how therapists listen, attune, and remain present with clients, and humility shapes how that awareness is ethically held, then understanding their relationship may deepen understanding of spirituality in therapeutic practice, training, and supervision. The present study therefore asks: 'How does the counsellor's awareness of spirituality impact upon the therapeutic relationship?'

Methodology

Research Design

This study employed Interpretative Phenomenological Analysis (IPA) to explore how counsellors experience and make sense of spirituality within the therapeutic relationship. IPA is concerned with understanding lived experience and the meanings individuals attribute to those experiences (Smith, Flowers and Larkin, 2022). The methodology was considered appropriate because the study sought to explore the subjective, relational, and meaning-making dimensions of spirituality within counselling practice. IPA's idiographic focus also enabled detailed exploration of individual therapist experiences before identifying patterns across participants.

The study was informed by a constructivist-interpretivist epistemological position, acknowledging that meaning is co-constructed through relational and interpretative processes rather than objectively discovered (Eatough and Smith, 2017). Consistent with phenomenological and hermeneutic traditions, the research recognised that participants' accounts are shaped through interpretation and that the researcher also plays an active interpretative role in the analytic process (Smith, Flowers and Larkin, 2022). IPA's double hermeneutic was therefore central to the study, involving participants attempting to make sense of their experiences while the researcher sought to interpret that sense-making.

The study was also informed by Heideggerian phenomenology, particularly its emphasis on situatedness, relationality, and the impossibility of complete bracketing (Heidegger, 1962). Rather than attempting to eliminate researcher subjectivity, reflexivity was viewed as an ongoing and essential component of the research process. The Principal Investigator brought professional experience in counselling, healthcare, and spiritual care contexts, alongside a personal and academic interest in spirituality. Reflexive awareness was therefore maintained throughout the study through journaling, supervisory discussions, and ongoing critical reflection in order to monitor assumptions, emotional responses, and potential confirmation bias.

Participants

Five qualified and experienced counsellors and psychotherapists participated in the study. IPA studies typically involve small, purposive samples to facilitate in-depth idiographic analysis (Smith, Flowers and Larkin, 2022). Participants were recruited purposively because they were able to provide rich experiential accounts relevant to the research question.

Inclusion criteria required participants to: be qualified counsellors or psychotherapists; have experience of therapeutic practice and have reflected upon spirituality within counselling work. Participants represented a range of therapeutic backgrounds and levels of professional experience. Pseudonyms were used throughout to protect anonymity and confidentiality.

Recruitment

Participants were recruited through professional counselling networks and social media platforms. An invitation outlining the purpose of the study was circulated electronically. Interested participants contacted the researcher directly and were provided with a participant information sheet and consent form. Ethical approval for the study was granted by the relevant university ethics committee prior to recruitment commencing.

Data Collection

Data were collected using semi-structured interviews. Semi-structured interviewing was considered appropriate because it enabled participants to describe their experiences in depth while allowing flexibility to explore emergent meanings and areas of significance (Smith, Flowers and Larkin, 2022). Interviews focused on participants' experiences of spirituality within therapeutic work, their understanding of how spirituality may influence the therapeutic relationship, and reflections on openness, uncertainty, and humility within practice.

Interviews were conducted online using video conferencing software and lasted between approximately 60 and 90 minutes. With participant consent, interviews were audio-recorded and subsequently transcribed verbatim. The semi-structured format enabled participants to speak openly and reflexively about experiences that were often personal, complex, and difficult to define.

Data Analysis

Analysis followed the iterative and inductive processes associated with IPA (Smith, Flowers and Larkin, 2022). Each transcript was analysed individually before patterns across cases were explored. The analysis began with repeated reading of transcripts to facilitate immersion within the data. Initial exploratory notes focused on descriptive, linguistic, and conceptual comments.

From these notes, emergent themes were developed through interpretative engagement with participants' accounts. Themes were then examined for conceptual connections and organised into broader experiential patterns. This process was repeated for each participant before identifying shared and divergent themes across cases.

Throughout analysis, attention was paid to preserving the phenomenological texture and individuality of participants' experiences while also engaging in deeper interpretative exploration. Reflexive journaling and supervisory discussions supported analytic rigour by encouraging ongoing critical reflection regarding interpretation and researcher assumptions.

Ethical Considerations

Given the personal and potentially sensitive nature of discussing spirituality and therapeutic practice, careful attention was paid to ethical considerations throughout the study. Participants were informed of their right to withdraw at any stage without penalty and were assured that all identifiable information would remain confidential. Pseudonyms were used within transcripts and reporting to protect participant anonymity. The study also recognised the relational and interpretative nature of qualitative interviewing. Efforts were therefore made to conduct interviews in a respectful, collaborative, and ethically sensitive manner, particularly when participants discussed personally meaningful spiritual experiences or professional uncertainty within practice.

Research Findings

This research asked: *'How does the counsellor's awareness of spirituality impact upon the therapeutic relationship?'* Five experiential themes were identified through the analytic process: the relational impact of spirituality in the therapeutic relationship; the interplay of spirituality with humility in the therapeutic relationship; the therapist's openness to self, other, and to something bigger; listening holistically with spiritual awareness in the therapeutic relationship; and the intrapersonal wrestle of the counsellor relating to their spirituality in the therapeutic relationship.

Theme 1. Relational Impact of Spirituality in the Therapeutic Relationship

Participants described spirituality less as a fixed belief system and more as a relationally lived phenomenon emerging within moments of therapeutic encounter. Spirituality was experienced as shaping how therapists inhabited the therapeutic relationship, influencing their sense of presence, attunement, and receptivity to clients. Across accounts, spirituality appeared to function not as an intervention imposed upon therapy, but as a way of being with clients that altered the felt quality of relational engagement.

In the following extract, Mary reflects upon moments of therapeutic attunement that she experiences as difficult to explain solely through professional technique or cognition:

"... it seemed too, like attunement, it seemed to hit the spot with clients, and we seem to be in that flow and ... was that me, was it my higher self or my channeling, in that, am I accessing right hemisphere information, I don't know ... for me it does feel spiritual or sacred" (Mary).

Mary's account conveys an experience that oscillates between clinical understanding and something experienced as transcendent or ineffable. Her repeated questioning *'was that me?'* suggests a loosening of certainty regarding authorship and agency within the therapeutic moment. Rather than claiming expertise or spiritual authority, Mary appears suspended within

uncertainty, attempting to make sense of moments in which therapeutic connection feels qualitatively different from ordinary interaction.

The language of *'flow'*, *'sacred'*, and *'attunement'* conveys an experience of relational absorption in which the boundaries between self, therapeutic technique, and something *'other'* become less clearly delineated. Phenomenologically, spirituality here appears experienced as an emergent relational atmosphere rather than a consciously directed therapeutic act.

Similarly, Beth described spirituality as arising through moments of profound relational connection:

"For me spirituality is experiential ... If I talk about the transpersonal, I mean ... experiences ... where ... you have a really ... deep connection, or there's such a flow in a session ... I have a different awareness of my clients ..." (Beth).

Beth's description suggests that spirituality alters not only what is perceived within therapy, but how perception itself is experienced. Her phrase *'a different awareness of my clients'* implies a shift in consciousness or attentional orientation in which clients are encountered with heightened relational sensitivity. Importantly, Beth does not describe spirituality as detached from the therapeutic relationship; rather, it emerges through the immediacy of interpersonal encounter.

The hesitations within her speech also convey the difficulty of articulating experiences that feel deeply sensed yet resistant to precise language. Spirituality appears to occupy a liminal experiential space that is partially known and partially beyond articulation.

Walter similarly described spirituality as shaping the manner in which he receives and responds to clients:

"Hearing what they (the clients) were saying and deciding what to do with what I was picking up - my responses the spiritual was part of that, and so I called it agape ... it felt like it was a form of love.... I mean, yeah, boundaries ... following the ethical guidelines ..." (Walter).

Walter's use of the word *'agape'* evokes a form of compassionate and other-oriented relational stance that transcends technical responsiveness alone. His account suggests that spirituality was experienced affectively through warmth, care, and ethical concern for the client's wellbeing.

However, Walter's immediate movement toward *'boundaries'* and *'ethical guidelines'* is also significant. The juxtaposition suggests an underlying vigilance regarding the potential risks of spiritual enactment within therapy.

Even while describing moments of deep relational care, Walter appears careful to contain and regulate spirituality within professional ethical structures. This tension conveys participants' awareness that spiritually-infused relational experiences could become problematic if left unexamined or insufficiently bounded.

Participants repeatedly described spirituality as creating openness within therapy rather than narrowing meaning toward predetermined interpretations. Andrew reflected:

"We can explore how they have used their (the clients) spirituality ... that would be client led ... we can talk about anything, and it won't be shut down ... it's a continual opening out and opening up, rather than a closing ... nothing is off the cards, off the table." (Andrew).

Andrew's language conveys a therapeutic posture characterised by expansiveness and receptivity. The repeated emphasis on '*opening*' suggests that spirituality was experienced less as a body of knowledge and more as a relational orientation toward possibility, complexity, and uncertainty.

Importantly, Andrew frames this openness as '*client led*', positioning the client's phenomenological world as primary. Spirituality therefore appears to function not as therapist disclosure or direction, but as a willingness to remain psychologically and relationally available to dimensions of experience that may otherwise remain unspoken or marginalised within therapy.

Theme 2. The Interplay of Spirituality with Humility in the Therapeutic Relationship

Participants described humility as inseparable from the ethical holding of spirituality within therapy. Spiritual awareness alone was not experienced as inherently facilitative; rather, participants suggested that spirituality required ongoing reflexivity, restraint, and openness if it was to remain in service of the client rather than the therapist's own assumptions or needs. Humility appeared to function as a regulating and grounding process through which therapists navigated uncertainty, power, and not-knowing within the therapeutic relationship.

Philip described entering therapy with openness despite extensive professional knowledge:

"... there is a humility in spending years of study, to enter into relationships of not knowing ... you know, to be guided by the other ... that doesn't mean to say that I don't carry my rucksack of theory ... but yeah, it is always to enter into a relationship of not knowing, and to see where we go." (Philip).

Philip's metaphor of carrying a '*rucksack of theory*' conveys the presence of accumulated expertise while simultaneously positioning that expertise as something carried lightly rather than imposed. The image suggests that theory remains available, but does not dominate the relational encounter. His repeated emphasis on '*not knowing*' reflects a relinquishing of epistemic certainty that appears both professional and existential.

Rather than positioning himself as expert interpreter of clients' experience, Philip describes allowing himself to be guided relationally by the client. Phenomenologically, humility here involves tolerating uncertainty without collapsing into passivity or defensiveness. Spiritual awareness appears intertwined with this openness to what cannot be fully predicted or controlled within therapeutic encounter.

Beth similarly reflected upon the ethical necessity of reflexivity regarding her own spirituality:

"it's just part of who I am ... I do listen out for a spiritual dimension ... like with everything, I bring my filters and lenses to whatever somebody else brings ..."

spirituality is no different ... it needs ... humility in terms of ... how can I use it, so it's beneficial for the client." (Beth).

Beth's account reveals an awareness that spirituality simultaneously opens and constrains perception. Her recognition of *'filters and lenses'* suggests an ongoing reflexive monitoring of how her own assumptions and frameworks shape what she notices within therapy. Importantly, spirituality is not positioned as privileged or inherently true; instead, it is treated as one interpretative lens among many, requiring careful ethical discernment.

The question *'how can I use it?'* reflects an ongoing internal negotiation regarding the legitimacy and usefulness of spiritual awareness within practice. Humility here appears not as self-deprecation, but as ethical caution and awareness of the therapist's influence within meaning-making processes.

Mary described humility through the suspension of control and certainty:

"...it's almost about suspending my ego and reaching into the world of another ... thinking of the bigger picture ... maybe there is something going on, and we're part of it ... just to be patient with the process rather than needing to sort this now, because I don't like the way things are..." (Mary).

Mary's account conveys a movement away from mastery and toward receptivity. The phrase *'suspending my ego'* suggests a temporary loosening of self-focus and therapeutic urgency, allowing space for uncertainty and unfolding process. Her reference to *'the bigger picture'* conveys an awareness of therapeutic work as occurring within something experienced as larger than immediate problem-solving or symptom reduction.

At the same time, the account remains tentative — *'maybe there is something going on'* — reflecting an ongoing reluctance to solidify spirituality into certainty. Humility appears to involve remaining open to mystery while resisting the impulse to define or control it prematurely.

Theme 3. The Therapist's Openness to Self, Other, and to Something Bigger

Participants described spirituality as involving openness not only toward clients, but toward experiences of awe, mystery, transcendence, and existential smallness. These accounts often carried a sense of encountering dimensions of experience that exceeded ordinary conceptual explanation.

Spirituality appeared bound up with moments in which participants experienced themselves as connected to something beyond individual identity or professional role. Philip reflected:

"So, it's those kinds of moments of profound encounter and ... moments of awe and wonder, moments of humility ... my place in the cosmos ... found in day-to-day encounters or in specific places." (Philip).

Philip's account situates spirituality within fleeting but emotionally significant moments that disrupt ordinary perception. His repeated use of *'moments'* conveys experiences that emerge unexpectedly and cannot be fully manufactured or sustained. The movement from *'awe and wonder'* to *'my place in the cosmos'* suggests an altered sense of self in which personal identity becomes experienced within a broader existential horizon. Humility here appears linked to a

decentring of the self rather than diminishment of worth. Spirituality is experienced through relational and existential expansion that simultaneously evokes connection and smallness.

Beth similarly struggled to fully articulate spirituality:

"... it's foundational ... there is a sense of holding, I think in life at all times, ...it's almost beyond ... I'm in it, I'm not sure I can even talk about it ..." (Beth).

Beth's hesitations and unfinished phrases communicate the phenomenological difficulty of translating deeply felt experience into language. The phrase *'I'm in it'* suggests spirituality is not experienced as an object of reflection, but as an immersive and ongoing condition of being. Rather than possessing spirituality cognitively, Beth appears embedded within it experientially. Her struggle to articulate spirituality may itself be meaningful, reflecting the limits of language when attempting to describe experiences perceived as pre-conceptual, embodied, or transcendent.

Mary described shared moments of awe within therapy:

"... it's like a shared understanding ... whether they're (the clients) terming it spiritual, or not, but sort of miraculous things that have happened ... it has a different quality to another experience we can just sit together in awe ..." (Mary).

Mary's account suggests that spirituality was not dependent upon explicit agreement regarding religious or spiritual interpretation. Instead, spirituality appeared to emerge through a shared attentiveness to moments experienced as emotionally or existentially significant. The phrase *'sit together in awe'* conveys a slowing down of interpretative activity in favour of mutual presence and witnessing. Such moments appear less concerned with explanation than with relationally inhabiting experiences felt to carry unusual depth or meaning.

Theme 4. Listening Holistically with Spiritual Awareness in the Therapeutic Relationship

Participants described listening as extending beyond verbal content toward embodied, emotional, intuitive, and relational dimensions of experience. Spiritual awareness appeared to sensitise therapists to the atmosphere, rhythm, and emotional texture of therapeutic encounters, shaping how they attended to clients holistically. Beth reflected:

"... we affect each other, it's a relationship ... we can be pulled into each other's presence on a deeper level ... it's that dance ... between therapist and client ... move deeper and where real shifts can take place ..." (Beth).

Beth's metaphor of *'dance'* conveys therapy as a reciprocal and emergent process rather than a one-directional intervention. The phrase *'pulled into each other's presence'* suggests that therapeutic depth is experienced corporeally and relationally, involving mutual influence and emotional movement. Spirituality here appears intertwined with relational permeability and responsiveness. Therapeutic change is described not as mechanically produced, but as emerging through shared presence and attunement.

Andrew described spirituality through the metaphor of fertile soil:

"... I would view spirituality as a very fertile soil in which we grow things ... we see things come to bloom, those things that grow may need pruning, ... attention, or sometimes they may need moving because they're in the shade, and there are plants that don't like that ... it's not that just anything grows ..." (Andrew).

Andrew's metaphor positions spirituality as an underlying relational environment that supports growth while also requiring discernment and care. The imagery of pruning, shade, and selective growth conveys therapy as organic, developmental, and responsive to individual difference. Importantly, the metaphor also resists romanticisation. *'It's not that just anything grows'* suggests recognition of limits, boundaries, and the necessity of therapeutic judgement. Spirituality is therefore experienced not as passive acceptance, but as a careful attending to what may foster or inhibit growth within relational space.

Walter described the emotional impact of holistic listening:

"... got my own supervision ... I've got places to take the impact, but sometimes ... I'd want some quiet ... soon after ... a walk in nature would be perfect ... just to ... let go of it, or ... let it settle, that impact people's suffering ..." (Walter).

Walter's account highlights the embodied and emotional consequences of sustained therapeutic openness. The pauses throughout his speech convey heaviness and emotional residue, suggesting that deeply listening to suffering leaves an interpersonal imprint upon the therapist. Nature, quietness, and supervision appear to function as restorative spaces through which emotional and relational intensity can be metabolised.

Spirituality here appears connected not only to therapeutic presence, but also to practices of recovery, grounding, and emotional integration following therapeutic encounter.

Theme 5. The Intrapersonal Wrestle of the Counsellor Relating to Their Spirituality in the Therapeutic Relationship

Alongside experiences of relational depth and openness, participants described spirituality as accompanied by ongoing uncertainty, tension, and self-questioning. Spirituality was not experienced as settled knowledge, but as something requiring continual negotiation and discernment within therapeutic practice. Mary reflected:

"... there's something of wrestling with where we position ourselves ...it is almost like this awakening, as we work with the traumas and blocks ... I am attuning to the client but it's ... tentative." (Mary).

Mary's use of the word *'wrestling'* conveys spirituality as psychologically and ethically effortful rather than harmonious or resolved. The account suggests an ongoing negotiation regarding how therapists position themselves in relation to clients, meaning-making, and influence. Her pauses and hesitations communicate uncertainty and caution, reflecting awareness that spiritual interpretations may easily exceed what can responsibly be known within therapy.

The word *'tentative'* appears especially significant, conveying a therapeutic stance characterised by carefulness, incompleteness, and epistemic humility.

Philip similarly described a sense of fuller therapeutic congruence when spirituality could remain present within therapy:

"... because to me, then we can enter into a kind of more meaningful ... facilitation, I suppose. I feel like I can use the entirety of my being ..." (Philip).

Philip's phrase '*the entirety of my being*' suggests experiences of integration in which professional role and personal identity feel less divided. However, the tentative qualification '*I suppose*' simultaneously softens certainty and preserves reflexive openness. Even when describing meaningful therapeutic experiences, participants resisted presenting spirituality as universally necessary or unquestionably beneficial. Instead, spirituality remained something approached with caution, reflexivity, and ethical awareness.

Across participants' accounts, spirituality appeared characterised by paradox: deeply meaningful yet difficult to articulate; potentially facilitative yet ethically risky; relationally expansive yet requiring restraint and humility. Rather than resolving these tensions, participants often appeared to inhabit them, suggesting that spirituality within therapeutic practice may involve an ongoing process of openness to uncertainty, complexity, and not fully knowing.

Discussion

The aim of this study was to explore how counsellors' awareness of spirituality may shape the therapeutic relationship using an Interpretative Phenomenological Analysis approach. Participants described spirituality less as religious doctrine and more as a relational and experiential orientation that influenced how they listened, reflected, attuned, and remained present with clients.

These findings resonate with Cooper's (2006) discussion of bringing the 'soul' into counselling and with Knox and Cooper's (2011) emphasis on congruent therapeutic presence. Participants experienced spirituality as intertwined with emotional, embodied, and relational aspects of practice, reflecting wider humanistic literature positioning spirituality as part of human experience (Captari et al., 2025; Ross, 2016; van Deurzen, 2002).

However, participants did not present spirituality as universally facilitative or necessary within therapy. Consistent with Leijssen's (2009) warnings regarding 'spiritual over enthusiasm' and 'spiritual myopia', participants frequently emphasised ethical boundaries, reflexivity, and client-led practice. Spirituality appeared valuable not because of belief itself, but because it supported openness to uncertainty, meaning, and the client's phenomenological world.

Several participants described moments of 'flow', relational depth, and heightened attunement within therapy. These accounts align with literature on therapeutic presence and relational depth (Geller, 2013; Geller and Greenberg, 2002; Grafanaki et al., 2007). The findings extend this work by suggesting that spiritual awareness may deepen therapists' openness, holistic listening, and tolerance of ambiguity within therapeutic encounters.

A central finding was the relationship between spirituality and humility. Participants consistently described humility as shaping how spiritual awareness was held within therapy. Humility appeared to support collaboration, ethical sensitivity, and openness while reducing certainty and therapist dominance. This aligns with literature on professional and cultural humility (Brown, 2024; DeBlaere et al., 2023; Gordon, 2018; Nissen-Lie et al., 2017).

Participants often described entering therapy from a position of ‘not knowing’, carrying theory lightly while remaining guided by the client’s lived experience. This reflects Buber’s I–Thou perspective (Buber, 1958; Mitchell, 2025), in which the client is encountered relationally rather than approached as an object of expertise. Spiritual awareness therefore appeared most facilitative when held tentatively, reflexively, and in service of the client rather than the therapist.

Participants also described an ongoing intrapersonal ‘wrestle’ regarding spirituality in practice. They spoke of uncertainty, self-questioning, and caution about how spirituality should be integrated ethically within therapy. Existing literature often foregrounds the positive dimensions of spirituality in counselling; however, the present findings suggest that spiritually informed practice may also involve ambiguity, restraint, and ongoing ethical discernment. These tensions may reflect counselling’s historically uneasy relationship with spirituality (Kalmthout, 2013; West, 1997).

The findings also sit within wider contemporary developments concerning spiritual competence and humility within psychotherapy (Richards, Jones and Sanders, 2025; Scurry, 2024; Zhu et al., 2025). The SCoPED Framework (ACC, 2022) highlights the importance of therapists understanding their own identity, beliefs, and spirituality, while emerging research increasingly associates humility with positive therapeutic relationships and outcomes (Choe et al., 2024; Clements-Hickman and Reese, 2023).

The present study contributes to these discussions by exploring how spirituality and humility may interact within therapists’ lived experiences of practice.

Emergent Concepts: Spiritual Humility and the Spiritual Use of Self

Two related concepts emerged inductively from the findings: spiritual humility and the spiritual use of self. These concepts are offered cautiously as tentative conceptual contributions grounded in participants’ accounts. They are not proposed as wholly distinct therapeutic constructs, but as possible refinements and extensions of existing relational, humility-based, and use-of-self frameworks within spiritually informed therapeutic practice.

Spiritual Humility

Spiritual humility is proposed as the interplay between humility and the therapist’s spiritual awareness, expressed through openness and sensitivity toward both self and the client’s spiritual or religious experiences. It involves ongoing reflexivity regarding assumptions, limitations, and biases while remaining open to the client’s meaning-making framework.

The concept overlaps with cultural humility through its emphasis on openness, reflexivity, and responsiveness to difference (Hook et al., 2013; DeBlaere et al., 2023), while also sharing features of professional humility, particularly the capacity to hold expertise alongside uncertainty (Brown, 2024; Nissen-Lie et al., 2017). However, spiritual humility extends these ideas more specifically into the spiritual domain by focusing on how therapists hold spiritual awareness within therapeutic relationships.

The findings suggest spirituality without humility risks becoming imposing, overly certain, or self-referential. By contrast, spiritual humility appeared to support collaboration, tentativeness, and ethical sensitivity. Participants often described entering therapy from positions of openness and ‘not knowing’, allowing clients’ lived experiences to remain primary within meaning-making processes.

Importantly, spiritual humility may also remain relevant for therapists who do not identify as spiritual or religious themselves. In such cases, it may involve openness, literacy, and sensitivity toward clients for whom spirituality or religion forms an important aspect of lived experience.

The Spiritual Use of Self

The second concept, the spiritual use of self, emerged from participants' descriptions of bringing their 'whole selves' into therapy, including their spirituality (Barraclough, 2024; Hunt, 2024).

The therapeutic use of self is already established within counselling and psychotherapy as the therapist's reflexive and congruent use of self in service of the client (Amari, 2021; Finlay, 2021). The spiritual use of self is proposed here as a possible dimension of this broader construct, engaged when spirituality forms part of the therapist's relational presence and way of being with clients.

The concept refers to spirituality shaping how therapists listen, attune, remain present, and respond within therapy. It is not conceptualised as a technique or intervention, but as part of an integrated therapeutic presence held with openness, humility, and ethical reflexivity (Rogers, 1957; Morrill, 2025).

The findings further suggest that spiritual humility may provide an ethical foundation for the spiritual use of self by containing spiritual awareness and reducing the risk of imposition. In this sense, humility may act as a bridge between the therapist's own spiritual awareness and the client's phenomenological world.

Together, these concepts suggest that spirituality in therapy may be less about disclosure, intervention, or doctrinal belief, and more about how therapists relationally inhabit openness, uncertainty, humility, and presence within therapeutic work.

Conclusion

This study explored how counsellors' awareness of spirituality may impact upon the therapeutic relationship using an Interpretative Phenomenological Analysis approach. The findings suggest that participants experienced spirituality as influencing therapeutic presence, openness, relational depth, holistic listening, and responsiveness to clients' meaning-making and lived experience. At the same time, participants consistently described the importance of humility, reflexivity, and ethical sensitivity in holding spiritual awareness within therapeutic work.

Two emergent concepts arose from the findings: spiritual humility and the spiritual use of self. Spiritual humility is tentatively proposed as the interplay between humility and the therapist's spiritual awareness, expressed through openness and sensitivity toward both self and the client's spiritual or religious beliefs and experiences. The findings suggest that spiritual humility may support therapists in holding spiritual awareness reflexively, collaboratively, and in service of the client rather than the self.

The second concept, the spiritual use of self, is similarly offered as a provisional proposal, a possible dimension of the broader therapeutic use of self. It refers to the therapist's integrated use of spiritual awareness within their therapeutic presence, listening, attunement, and

responsiveness to clients. The findings suggest that spiritual humility may function as an important ethical and relational foundation for the therapist's spiritual use of self.

The study also highlights the importance of ethical practice, reflexivity, and competency development when engaging with spirituality within counselling and psychotherapy. Further research may usefully explore the transferability and applicability of these concepts across therapeutic modalities, professional contexts, and diverse cultural or spiritual perspectives.

Overall, the findings suggest that spiritual humility and the spiritual use of self may contribute to more holistic, inclusive, and ethically sensitive therapeutic practice, supporting counsellors and psychotherapists in responding openly and respectfully to the diverse spiritual and existential dimensions of clients' lives.

Limitations

Several limitations should be considered when interpreting the findings of the present study. First, the study utilised a small purposive sample of five participants, consistent with the idiographic focus of Interpretative Phenomenological Analysis (Smith, Flowers and Larkin, 2022). The findings are therefore not intended to be statistically generalisable, but rather to offer in-depth insight into participants' lived experiences and meaning-making processes. The transferability of the findings to other therapeutic populations, modalities, or professional contexts should therefore be considered cautiously.

Participants self-selected into the study and may have been more open to, interested in, or positively oriented towards spirituality than therapists who chose not to participate. As a result, the findings may underrepresent more sceptical, secular, or critical perspectives regarding spirituality within counselling and psychotherapy practice.

The study relied upon participants' retrospective self-report accounts of therapeutic experience. The findings therefore represent participants' interpretations and reflections rather than direct observation of therapeutic encounters. As with all qualitative research, participants' accounts may have been shaped by memory, context, language, and relational dynamics within the interview process itself.

Finally, IPA acknowledges the interpretative role of the researcher within analysis (Smith, Flowers and Larkin, 2022). The researcher's professional and personal interest in spirituality and counselling informed both the analytic process and interpretation of the data. Reflexive journaling, supervision, and critical reflection were used throughout the study to support reflexivity and analytic rigour; however, complete bracketing of assumptions is neither fully achievable nor consistent with the interpretative foundations of IPA.

Future research may usefully explore spiritual humility and the spiritual use of self across larger and more diverse samples, different therapeutic modalities, and varied cultural or spiritual contexts.

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Data Availability Statement

Due to the sensitive nature of the data and the small sample size, participants did not consent to public data sharing. Supporting data are therefore not publicly available.

CRedit (Contribution Roles Taxonomy) Statement

Author 1: Conceptualisation, Methodology, Data collection, Formal analysis, Writing original draft

Author 2: Supervision, Formal analysis, Writing review & editing

References

Amari, N. (2021) 'The use of self in Counseling Psychology and Buber's "Turning"', *The Humanistic Psychologist*, 49(4), pp. 543–554.

Association of Christian Counsellors (ACC), the British Association for Counselling and Psychotherapy (BACP), the British Psychoanalytic Council (BPC), the Human Givens Institute (HGI), the National Counselling Society (NCS) and the United Kingdom Council for Psychotherapy (UKCP). (2022) *The SCoPED Framework*. Available at: <https://www.bacp.co.uk/media/14435/scoped-framework-january2022.pdf>

Barraclough, S. (2024) 'On becoming a counsellor: a posthuman reconfiguring of identity formation for counsellors-in-training', *British Journal of Guidance & Counselling*, 52(6), pp. 1054–1070.

British Association of Counselling and Psychotherapy (BACP) (2018) *Ethical Framework for the Counselling Professions*. Available at: <https://www.bacp.co.uk/media/3103/bacp-ethical-framework-for-the-counselling-professions-2018.pdf>

Brown, S. (2024) 'The paradox of professional humility', *Therapy Today*, 35(4), pp. 30–33.

Buber, M. (1958) *I and Thou*. Translated by R.G. Smith. New York: Scribner.

Captari, L. E., Guterres, K., Oleson, D., Devor, N. and Sandage, S. J. (2025) 'Sources of meaning and hope and associated well-being among psychotherapy clients: A practice-based mixed method study', *Counselling and Psychotherapy Research*, 25(2).

Choe, E.J., Waldron, S., Hee, C. and Sandage, S.J. (2024) 'Intellectual humility and religion/spirituality: A scoping review of research', *The Journal of Positive Psychology*, 19(4), pp. 611–628.

Clements-Hickman, A.L. and Reese, R.J. (2023) 'The person of the therapist: therapists' personal characteristics as predictors of alliance and treatment outcomes', *Psychotherapy Research*, 33(2), pp. 173–184.

Cooper, M. (2006) 'Editorial: Meeting at relational depth', *Person-Centred and Experiential Psychotherapies*, 5(4), pp. 227–228.

Corpuz, J.C.G. (2024) 'Integrating spirituality in the context of palliative and supportive care: the care for the whole person', *Palliative & Supportive Care*, 22(2), pp. 408–409.

Currier, J. M., Fox, J., Vieten, C., Pearce, M. and Oxhandler, H. K. (2023) 'Enhancing competencies for the ethical integration of religion and spirituality in psychological services', *Psychological Services*, 20(1), pp. 40–50.

Davis, D. E., Hook, J. N., Worthington, E. L., Jr., Van Tongeren, D. R., Gartner, A. L., Jennings, D. J., II and Emmons, R. A. (2011) 'Relational humility: conceptualizing and measuring humility as a personality judgment', *Journal of Personality Assessment*, 93(3), pp. 225–234.

DeBlaere, C., Zelaya, D.G., Dean, J., Chadwick, C.N., David, D.E., Hook, J.N. and Owen, J. (2023) 'Multiple microaggressions and therapy outcomes: the indirect effects of cultural humility and working alliance with black, indigenous, women of color clients', *Professional Psychology: Research and Practice*, 54(2), pp. 115–124.

Eatough, V. and Smith, J.A. (2017) 'Interpretative phenomenological analysis', in C. Willig and W. Stainton Rogers (eds.) *The SAGE Handbook of Qualitative Research in Psychology*. 2nd edn. London: SAGE, pp. 193–211.

Elkins, D. N., Hedstrom, L. J., Hughes, L. L., Leaf, J. A. and Saunders, C. (1988) 'Toward a Humanistic-Phenomenological Spirituality: Definition, Description, and Measurement', *Journal of Humanistic Psychology*, 28(4), pp. 5–18.

Finlay, L. (2021) *The Therapeutic Use of Self in Counselling and Psychotherapy*. London: SAGE Publications Ltd.

Geller, S. (2013) 'Therapeutic Presence as a Foundation for Relational Depth', in Knox, R., Murphy, D., Wiggins, S. and Cooper, M. (eds.) *Relational Depth: New Perspectives and Developments*. Basingstoke: Palgrave Macmillan, pp. 175–184.

Geller, S. M. and Greenberg, L. S. (2002) 'Therapeutic Presence: therapists' experience of presence in the psychotherapy encounter', *Person-Centered & Experiential Psychotherapies*, 1(1–2), pp. 71–86.

Gordon, E.C. (2018) 'Intellectual humility, spirituality, and counselling', *Journal of Psychology and Theology*, 46(4), pp. 279–291.

Grafanaki, S., Brennan, M., Holmes, S., Tang, K. and Alvarez, S. (2007) 'In search of flow in counseling and psychotherapy: Identifying the necessary ingredients of peak moments of therapy', *Person-Centered & Experiential Psychotherapies*, 6(4), pp. 240–255.

Heidegger, M. (1962) *Being and Time*. Translated by J. Macquarrie and E. Robinson. New York: Harper & Row.

Hofmann, L. and Walach, H. (2011) 'Spirituality and religiosity in psychotherapy — A representative survey among German psychotherapists', *Psychotherapy Research*, 21(2), pp. 179–192.

Hook, J. N., Davis, D. E., Owen, J., Worthington, E. L., Jr. and Utsey, S.O. (2013) 'Cultural humility: Measuring openness to culturally diverse clients', *Journal of Counseling Psychology*, 60(3), pp. 353–366.

Hunt, J. (2019) 'An exploration of how trainee counsellors who are practising believers of a world religion or faith tradition experience undertaking counsellor training', *British Journal of Guidance and Counselling*, 47(4), pp. 420–431.

Hunt, J. (2024) 'Religion and spirituality in therapeutic training in the UK: A survey of current and recent trainees', *Counselling and Psychotherapy Research*, 24, pp. 1600–1611.

Kalmthout, M. van. (2013) 'A person-centred perspective on spirituality', in Cooper, M., O'Hara, M., Schmid, P. and Bohart, A. (eds.) *The Handbook of Person-Centred Psychotherapy and Counselling*. 2nd edn. London: Palgrave Macmillan, pp. 136–146.

Knox, S. and Cooper, M. (eds.) (2011) *Relational Depth: Research and Practice*. Basingstoke: Palgrave Macmillan.

Knox, S., Catlin, L., Casper, M. and Schlosser, L.Z. (2005) 'Addressing religion and spirituality in psychotherapy: Clients' perspectives', *Psychotherapy Research*, 15(3), pp. 287–303.

Leijssen, M. (2009) 'Psychotherapy as search and care for the soul', *Person-Centred & Experiential Psychotherapies*, 8(1), pp. 18–32.

Matise, M., Ratcliff, J. and Mosci, F. (2018) 'A working model for integration of spirituality in counselling', *Journal of Spirituality in Mental Health*, 20(1), pp. 27–50.

Mitchell, E. (2025) 'Love, grief, and the therapeutic relationship: An essay', *Journal of Humanistic Psychology*.

Morrill, Z. (2025) 'Genuineness and the real relationship in existential-humanistic psychotherapy', in *The Evidence-Based Foundations of Existential-Humanistic Therapy*. Washington, DC: American Psychological Association, pp. 267–291.

Murgia, C., Notarnicola, I., Rocco, G. and Stievano, A. (2020) 'Spirituality in nursing: A concept analysis', *Nursing Ethics*, 27(5), pp. 1327–1343.

Nissen-Lie, H., Ronnestad, M.H., Hoglend, P.A., Havik, O.E., Solbakken, O.A., Stiles, T.C. and Monsen, J.T. (2017) 'Love yourself as a person, doubt yourself as a therapist?', *Clinical Psychology and Psychotherapy*, 24(1), pp. 48–60.

Norcross, J.C. and Wampold, B.E. (2018) 'A new therapy for each patient: Evidence-based relationships and responsiveness', *Journal of Clinical Psychology*, 74, pp. 1889–1906.

Okamoto, A., Dattilio, F. M., Dobson, K. S. and Kazantzis, N. (2019) 'The therapeutic relationship in cognitive-behavioural therapy: Essential features and common challenges', *Practice Innovations*, 4(2), pp. 112–123.

Peters, A.S., Rowat, W.C. and Johnson, M.K. (2011) 'Associations between dispositional humility and social relationship quality', *Psychology*, 2(3), pp. 155–161.

Richards, P.S., Jones, R.S. and Sanders, P.W. (2025) 'Improving psychotherapists' spiritual and religious competencies: Evaluation of a live videoconferencing training program', *Psychotherapy*. Advance online publication.

Rogers, C. (1957) 'The necessary and sufficient conditions of therapeutic personality change', *Journal of Consulting Psychology*, 21(2), pp. 95–103.

Rogers, C. (1980) *A Way of Being*. Boston: Houghton Mifflin.

Rose, E.M., Westefeld, J.S. and Ansley, T.N. (2001) 'Spiritual issues in counseling: Clients' beliefs and preferences', *Journal of Counseling Psychology*, 48(1), pp. 61–71.

Ross, A. (2016) 'Identifying the categories of spiritual experience encountered by therapists in their clinical work', *British Journal of Guidance and Counselling*, 44(3), pp. 316–324.

Roth, A.D., Hill, A. and Pilling, S. (2009) *The Competences Required to Deliver Effective Humanistic Psychological Therapies*. London: Research Department of Clinical, Educational and Health Psychology, University College London.

Rowan, J. (1986) 'Holistic listening', *Journal of Humanistic Psychology*, 26(1), pp. 83–102.

Scholl, M., Ray, D. and Brady-Amoon, P. (2013) 'Humanistic Counselling Process, Outcomes, and Research', *Journal of Humanistic Counselling*, 53, pp. 218–239.

Scurry, J. (2024) 'At a Crossroads: Improving Counselor Training in Spirituality and Religion', *Counseling and Values*, 69(2), pp. 145–169.

Smith, J.A., Flowers, P. and Larkin, M. (2022) *Interpretative Phenomenological Analysis: Theory, Method and Research*. 2nd edn. London: SAGE Publications Ltd.

van Deurzen, E. (2002) *Existential Counselling and Psychotherapy in Practice*. 2nd edn. London: SAGE Publications.

Vieten, C. and Lukoff, D. (2022) 'Spiritual and religious competencies in psychology', *American Psychologist*, 77(1), pp. 26–38.

Watkins, C.E., Jr. and Mosher, D.K. (2020) 'Psychotherapy trainee humility and its impact: Conceptual and practical considerations', *Journal of Contemporary Psychotherapy*, 50(3), pp. 187–195.

West, W. (1997) 'Integrating counselling, psychotherapy and healing: An inquiry into counsellors and psychotherapists whose work includes healing', *British Journal of Guidance and Counselling*, 25(3), pp. 291–311.

West, W. (2011) 'What is spirituality...and how does it relate to therapy?', *Thresholds*, (1), pp. 6–7.

Worthington, E.L., Jr. and Allison, S.T. (2018) *Heroic Humility: What the Science of Humility Can Say to People Raised on Self-Focus*. Washington, DC: American Psychological Association.

Wright, J.C. (2019) 'Humility as a foundational virtue', in J.C. Wright (ed.) *Humility*. New York: Oxford University Press, pp. 146–174.

Zhu, P., Luke, M.M., Wang, Q. and Liu, Y. (2025) 'Relational processes of cultural humility in counseling: A structural equation modeling study', *Journal of Counseling & Development*, 103(1), pp. 71–85.