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Xiangbin Lin, Jonathan E. Ramsay & Joanna Barlas

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RESEARCH ARTICLE

Integrating religion and spirituality with psychotherapy in a religiously diverse nation—A mixed methods study on client attitudes and experiences in Singapore

XIANGBIN LIN, JONATHAN E. RAMSAY, & JOANNA BARLAS

School of Social and Health Sciences, James Cook University, Singapore

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Abstract

Objectives: This study aimed to investigate clients' perspectives on the integration of religion/spirituality (R/S) with psychotherapy in Singapore, a religiously diverse nation. It was hypothesized that clients would report R/S integration to have a positive impact (H1), initiate R/S discussions (H2), and their R/S and perception of the religious context would be associated with their attitudes towards R/S integrated psychotherapy (H3). A cross-sectional mixed-methods design was employed. **Methods:** Participants were 275 Singapore psychotherapy clients (52.3% male, 46.9% female, 8% non-binary/third gender). Mean age was 34.93 years ($SD = 9.95$). Participants completed a questionnaire comprised of demographical items, psychotherapy experiences, various R/S-related measures and qualitative questions on considerations and opinions on R/S integrated psychotherapy. **Results:** Clients reported that R/S integrated psychotherapy (RSIP) had a positive impact and that they were the main initiator. Considering R/S as supportive during adversity and perceptions of the religious context were associated with attitudes towards integration. Unexpectedly, R/S diversity appeared to have a facilitatory effect on RSIP. Qualitative findings revealed client's experiences and perspectives, including their expectations towards therapists. **Conclusions:** These findings highlight the importance of therapists' R/S competency. In R/S diverse contexts, therapists may require greater sensitivity, openness, and the ability to work with clients holding diverse R/S beliefs.

Keywords: religion; spirituality; integration; psychotherapy; religious diversity; Singapore

Clinical or methodological significance of this article: While there has been increasing research on the integration of religiosity/spirituality (R/S) with psychotherapy, the focus on religiously diverse cultures remains lacking. The present study is one of the first to investigate the integration of R/S with psychotherapy in a religiously diverse context from the perspective of clients. In addition to R/S competency, therapists may require greater sensitivity, openness, and the ability to work with clients holding diverse R/S beliefs.

Introduction

The association between religiosity or spirituality (henceforth, "R/S") and mental well-being is well-established (Bonelli & Koenig, 2013; Larson et al., 1992; Lau & Ramsay, 2019). Notably, most researchers report a positive association between the two (Garssen et al., 2021). The recent decade has also seen an increase in academic and clinical interest on the integration of R/S with psychotherapy (Cook, 2020). It is now deemed essential that therapists possess competency to attend to the R/S of individuals who present themselves for psychotherapy (Gladding & Crockett, 2019; Vieten et al., 2013).

However, despite the recent advancement of R/S integrated psychotherapy (RSIP) research, literature

Correspondence concerning this article should be addressed to Xiangbin Lin, School of Social and Health Sciences, James Cook University, 149 Sims Drive, Singapore 387380. Email: xiangbin.lin@my.jcu.edu.au

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on this topic in religiously diverse cultures such as Singapore remains lacking (Sridhar & Kit, 2016). It is important to advance the research in this area so that R/S can be integrated in a contextually sensitive manner for best client outcomes. This study therefore aimed to shed light on the experiences and attitudes of psychotherapy clients towards RSIP in a religiously diverse nation.

Religion, Spirituality and Mental Health

Researchers have offered various definitions for religion and spirituality (Hill & Pargament, 2003; Koenig, 2009; Miller et al., 2006). Religion has been defined as a "formal and organized belief system or social institution that promotes moral values and involvement in a community of believers" (Miller, 1999, p. 44). Spirituality is generally accorded a broader definition, such as a "subjective, embodied, emotional experience of closeness and connection with what is viewed as sacred or transcendent" (Captari et al., 2018, p. 1939). Additionally, there is consensus on the central relevance of the sacred in both constructs (Hill et al., 2000).

The close relationship between R/S and mental health has been consistently demonstrated in research (Bonelli & Koenig, 2013; Koenig, 2009; Larson et al., 1992). For instance, in a recent meta-analysis focussed on longitudinal studies, valuing religion as an important aspect of one's life and participation in public religious activities were found to predict better mental health (Garssen et al., 2021). Nevertheless, it is important to acknowledge that R/S can also be a potential source of distress and psychological problems (Exline et al., 2000; Exline et al., 2014; Lau & Ramsay, 2019; Pargament, 1997). An earlier review by Bonelli and Koenig (2013) noted that 5% of studies reviewed found higher levels of R/S to be associated with poorer mental health.

Integrating Religion/Spirituality with Psychotherapy

Given how R/S is inextricably linked with mental health, therapists have sought to integrate R/S with psychotherapy (Captari et al., 2018). For the current study, R/S integrated psychotherapy (RSIP) was defined as psychotherapeutic interventions based on secular psychological theory that incorporate R/S concepts and/or practices. This broad working definition is based mainly on the position adopted by Captari et al. (2018) when scoping their meta-analytic review. Studies have consistently shown that clients, especially religious ones, generally prefer that R/S be incorporated into psychotherapy (Post & Wade, 2009). In one of the earliest studies that investigated clients' opinions on this issue, Rose et al. (2001) found that more than half of their participants opined that R/S issues are suitable topics in therapy and that they would like to be involved in such discussions. This finding was echoed in a similar study by Morrison et al. (2009).

Attending to the R/S aspects of clients' concerns can enable therapists to provide effective psychotherapy. International research has established that clients regard R/S to be beneficial to mental health and integration of R/S with psychotherapy to be potentially helpful (Delaney et al., 2013; Mayers et al., 2007; Morrison et al., 2009; Post & Wade, 2009; Vieten et al., 2013). Reviewing 97 studies that involved more than 7000 participants, Captari et al. (2018) compared RSIP to no-treatment and alternative treatment conditions (i.e., psychotherapies based on a different theoretical orientation). They found that RSIP resulted in improved psychological outcomes (e.g., reduction of depression symptoms) and spiritual outcomes (e.g., improved spiritual well-being).

Lastly, attending to R/S in psychotherapy is part of ethical and competent psychological practice (Gladding & Crockett, 2019; Steen et al., 2006; Vieten et al., 2013; Whitley & Jarvis, 2015). The APA code of ethics includes religion as one of the facets of human diversity, calling for psychologists to be adequately aware of, respect, and consider religion in their service provision (American Psychological Association, 2017). Similarly, the code also states that psychologists need to ensure that they are competent in aspects of therapy that have been shown to be essential for effective practice (American Psychological Association, 2017). Religion is stated as one such aspect.

Lack of Research on Integrating Religion/Spirituality with Psychotherapy in a Religiously Diverse Context

While research on RSIP has grown significantly in the recent years (Cook, 2020; Post & Wade, 2009), the majority of these studies have been conducted in Western countries (Chen, Huang, et al., 2018; Sridhar & Kit, 2016). Considerably less research have focused on Asian countries, where religion is known to be more diverse. Notably, the Asia-Pacific region was found to be the most religiously diverse geographical region in the world (Pew Research Centre, 2014). In this region, RSIP has enjoyed increasing research attention in Taiwan, the second most religiously diverse nation in the world (Chen, Huang, et al., 2018; Pew Research Centre, 2014). Research in Taiwan has explored RSIP from the perspectives of clients (e.g., clients'

experiences of RSIP; Chen, Fan, et al., 2018) and therapists (e.g., therapists' experiences of RSIP; Chen et al., 2017). Research on the training and supervision of therapists for RSIP in Taiwan has also been conducted (e.g., supervisees' perceptions of the effectiveness of spiritually integrated group supervision; Chen et al., 2014). Nevertheless, Chen, Huang, et al. (2018) opined that the integration of R/S with psychotherapy remains to be in its infancy in Taiwan, with most therapists still holding the view that discussing R/S in sessions may amount to unethical practice. Notably, there remains a lack of research in this area in the most religiously diverse nation in the world, Singapore (Pew Research Centre, 2014; Sridhar & Kit, 2016).

In Singapore, R/S integration has been studied indirectly as part of therapist competency (Geerlings et al., 2017; Jennings et al., 2008). Jennings et al. (2008) compared the themes associated with psychotherapy expertise in Singapore and in the United States through a qualitative study. One unique theme for the Singapore context was the importance of being comfortable with addressing issues related to spirituality. The only published research focused on RSIP in Singapore was another qualitative study by Sridhar and Kit (2016). Through a semi-structured interview, the authors explored the attitudes and experiences of local counsellors on integrating spirituality with counselling. Most of the counsellors reported positive attitudes towards spirituality and had integrated it into their work with clients (Sridhar & Kit, 2016). However, the majority also avoided initiating discussion of R/S topics due to concerns of religious diversity, and lack of training and confidence in integrating R/S. The researchers posited that the cautious attitude may also be due to religious sensitivity in the regional and Singapore context.

The Religious and Spiritual Landscape in Singapore

The resident population of Singapore consists of the indigenous Malay population and migrants who arrived from the surrounding Southeast Asian region and South China since the nineteenth century (Chee et al., 2019). Inter-ethnic and inter-religious tensions in the early years of nation building shaped the government's active and direct approach in managing religious sensitivities (Mathews et al., 2019). Today, religion continues to play an important role in the personal identity and the daily lives of Singaporeans (Mathews et al., 2014; Mathews et al., 2019). In the lastest national census, it was found that 80% of Singaporeans were affiliated to a religion (Singapore Department of Statistics, 2021).

Three prominent features of the Singapore R/S landscape are potentially pertinent to RSIP. First, Singapore is a multi-ethnic country where religion is highly diverse (Geerlings et al., 2017; Singapore Department of Statistics, 2021). Singapore was reported to be the most religiously diverse country in the world (Pew Research Centre, 2014). In addition, religious beliefs and practices are known to vary considerably even among adherents of the same religion (Mathews et al., 2014). Second, religion is regarded as a sensitive topic in the nation (Lim, 2015; Sridhar & Kit, 2016). This can be seen from the state's active role in managing religious harmony, such as through the enactment of specific legislation such as the Maintenance of Religious Harmony Act (2019). The importance of respecting multicultural differences in the provision of psychological services is also outlined in the ethics code of the Singapore Psychological Society (SPS; Singapore Psychological Society, 2019). The code states that it is the responsibility of psychologists to be respectful of multicultural differences, such as religion, when working with clients. Third, religion in Singapore is considered largely an individual's private endeavour (Mathews et al., 2019; Tan, 2008). Accordingly, R/S activities are generally expected to take place in the private sphere (Tan, 2008) or within sanctioned religious spaces as far as possible (Mathews et al., 2019). The themes of religious diversity, sensitivity, and secularity of the public sphere (within which psychotherapy is presumed to reside) are therefore expected to be salient considerations in the context of RSIP in Singapore.

Study Aim and Hypotheses

The present study therefore aimed to examine clients' experiences and opinions on RSIP in a religious diverse nation such as Singapore, a uniquely religiously diverse context. Given the potential benefits of integrating R/S (Captari et al., 2018), this knowledge can support clinicians to better navigate this challenging task (Gladding & Crockett, 2019) to optimize therapy outcomes. Three main lines of inquiry frame the present study. First, existing research conducted elsewhere has indicated that clients regard R/S to be beneficial to mental health and RSIP to be potentially helpful (Delaney et al., 2013; Post & Wade, 2009). However, the impact of integrating R/S with psychotherapy has never been investigated in Singapore. Second, studies have often reported that clients were generally more open to discuss R/S topics in session than therapists (e.g., Post & Wade, 2009; Rose et al., 2001). While local counsellors had been found to avoid initiating R/S topics in counselling (Sridhar & Kit, 2016),

this has yet to be investigated directly from the client's perspective. Third, factors that are linked to local clients' attitudes towards RSIP are unexplored. Based on our review of the literature, various aspects of clients' religiosity have been associated with their preferences for RSIP (Oxhandler et al., 2021; Post & Wade, 2009). These include religious beliefs (Belaire & Young, 2002), the extent to which prayer is incorporated into their religious practice (Weld & Eriksen, 2007), and past spiritual experiences (Rose et al., 2001). In a recent study by Oxhandler et al. (2021), intrinsic religiosity, participation in private and organized religious activities, and belief in God or a higher power were aspects of a client's religiosity that predicted RSIP attitudes. As such, the present study elected to comprehensively explore various aspects of R/S that may be associated with attitudes towards RSIP through multiple R/S measures. We expected higher levels of R/S to be associated with more positive RSIP attitudes, with the exception of religious struggles, where the converse might be true. In addition, considerations of the Singapore R/S context were also expected to be linked to RSIP attitudes. Specifically, higher agreement with the three features of the R/S landscape was expected to be associated with a less favourable attitude towards RSIP.

As a cross-sectional mixed-methods survey design was employed, we acknowledge that causal inferences between the variables were not possible. The present study was not pre-registered. However, the study's data and analysis code have been made available (see Data Availability Statement). The hypotheses of the present study were as follows:

(a) Clients are expected to indicate that the impact of RSIP is positive, rather than negative or neutral (H1).
(b) Clients are expected to indicate that R/S conversations in therapy were initiated by them, rather than therapists (H2).
(c) Clients' attitudes towards RSIP are expected to be associated with their religiosity/spirituality and considerations of the local R/S context (H3).

In addition, a qualitative section was incorporated in the study questionnaire to supplement quantitative findings and to explore potential themes potentially missed in the quantitative component.

Method

Participants

Participants were required to be Singapore citizens or permanent residents (PRs) who had resided in Singapore for a minimum period of five years immediately prior to study participation. Participants were also required to be at least 21 years old and had attended their most recent psychotherapy session within the past 12 months. Sample size estimations were calculated using G*Power 3.1 statistical power analysis software (Faul et al., 2009). Given the lack of prior studies that investigated correlates of attitudes towards RSIP in Singapore, the effect size of the regression analysis (the analysis with the highest requirement for sample size) was set at medium magnitude as a conservative measure. This is consistent with the effect size parameter employed by (Crawford, 2023) in her study that examined the attitudes of graduate students towards RSIP. Based on .95 statistical power and medium effect size parameters, the multiple regression analysis (H3) required the largest sample size of 213. The target sample size for the study was thus set at 220. Invitations for participation were disseminated via flyers placed at psychology clinics, advertisements on social media platforms and a third-party panel provider. Participants recruited via physical flyers and social media were remunerated through an optional lottery, while those recruited by the panel provider were remunerated via the provider's internal incentive system.

A total of 275 respondents completed the questionnaire. Seventeen respondents exhibited straight-line patterns in their responses for two or more measures and were excluded from all subsequent analyses. The final sample size was 258, exceeding minimum sample size requirements. The sample consisted of 52.3% males, 46.9% females, and .8% reporting to be non-binary/third gender. Mean age was 34.93 years ($SD = 9.95$). According to the most recent Singapore census (Singapore Department of Statistics, 2021), the proportion of religious affiliation was as follows: 31.1% Buddhism, 8.8% Taoism, 18.9 Christianity, 15.6% Islam, 5.0% Hinduism, 0.6% others, and 20% non-religious. While stratified sampling was not employed, the religious proportions of the participants generally reflected that of the local population (see Table I). In the present study, Buddhists, Christians (combining Catholics and Protestants) and Muslims similarly formed the largest proportions, while there were smaller proportions of Taoists, Hindus, Sikhs and those affiliated to other religions. Those who reported to be not affiliated to any religion in our sample amounted to 14.3%. Notably, 53.5% of all participants reported that they had experienced RSIP as a client. For more detailed sample characteristics, see Table I.

Participants who reported to have experienced RSIP were also presented with a list of RSIP activities

Table I. Sample characteristics.

Variable	*n*	%
Gender		
Male	135	52.3
Female	121	46.9
Non-binary/Third gender	2	.8
Ethnicity		
Chinese	221	85.7
Malay	21	8.1
Indian	13	5.0
Eurasian	1	.4
Others	2	.8
Religious/Spiritual Affiliation		
Islam	25	9.7
Hinduism	12	4.7
Buddhism	99	38.4
Taoism	12	4.7
Christianity (Roman Catholicism)	31	12.0
Christianity (Protestant)	37	14.7
Sikhism	1	.4
Others[a]	4	1.6
None	37	14.3
Recency of psychotherapy		
Currently receiving	98	38.0
Received less than 12 months ago	160	62.0
Total therapy sessions		
1–5 sessions	109	42.2
6–10 sessions	86	33.3
11–15 sessions	33	12.8
16–20 sessions	10	3.9
More than 20 sessions	20	7.8
Reasons for psychotherapy[b]		
Mood	158	61.2
Anxiety	163	63.2
Substance Use	16	6.2
Others	14	5.4
Nil response	9	3.6
Experience of R/S integrated psychotherapy		
Yes	149	57.8
No	100	38.8
Nil response	9	3.5
Total	258	100.00

[a]Other forms of religious/spiritual affiliations reported include eclectic spirituality, Heathenry, and secular witchcraft.
[b]Participants were allowed to indicate more than one reason for seeking psychotherapy.

reported in the review by Post and Wade (2009) and asked to indicate which activities were incorporated in their sessions. The four most commonly reported RSIP activities were the enquiring of clients' R/S beliefs and practices (48.4%), seeking informed consent to explore or discuss R/S issues (45.2%), presenting psychological concepts and practices in a way that was consistent with or complementary to the client's religious and spiritual perspectives (40.0%), and discussing client's R/S in relation to the presenting problem (38.1%). The percentage of participants who had experienced the various RSIP activities can be referred to in Table II.

Table II. Proportion of participants who had experienced various religious/spirituality integrated psychotherapy activities.

Activities (more than one activity could be selected)	%
Therapist enquired about the client's R/S beliefs and practices	48.4
Therapist sought informed consent from client to explore or discuss R/S issues	45.2
Therapist presented psychological concepts and practices in a way that is consistent with or complementary to the client's religious and spiritual perspectives	40.0
Therapist and client discussed client's R/S in relation to presenting problem	38.1
Therapist prayed for client	22.1
Therapist prayed with client	21.9
Therapist disclosed own R/S beliefs and practices to client	21.3
Therapist taught R/S concepts to clients	18.7
Therapist provided advice or recommendations related to R/S practice	18.1
Therapist led client in R/S meditation	18.1
Therapist read, recited, or quoted sacred writings of the religion	16.8
Therapist involved R/S community in session	12.9
Therapist referred client to R/S leaders	10.4
Client initiated one or more of the above activities	4.0
Others	3.2

Note. "Others" category includes RSIP activities such as therapist speaking about issues with inputs from religious teachings and therapist invited client to church.

Materials

Clients' Experiences of Religion/Spiritually Integrated Psychotherapy. Participants who had experienced RSIP were asked to indicate their perceived impact of RSIP (i.e., "Positive," "Negative" or "Neutral") through a multiple-choice question (H1). Similarly, they were also asked who had initiated RSIP (i.e., "Myself [Client]" or "My psychotherapist"; H2).

Brief Multidimensional Measure of Religiousness/Spirituality. Various R/S measures were employed to evaluate H3. The Brief Multidimensional Measure of Religiousness/Spirituality (BMMRS) is a 38-item measure of R/S originally developed for health-related research (Fetzer, 2003). Seven components of the BMMRS that were deemed most relevant to the religiosity of psychotherapy clients were used in this study. They were Daily Spiritual Experiences (DSE); Value/Beliefs (V/B); Private Religious Practices (PRP); Commitment; Organizational Religiousness (OR); Religious Preference; and Overall Self-Ranking (OSR).

The DSE subscale consists of 13 items that aim to measure an individual's day-to-day experiences with the transcendental ($\alpha = .94$). A sample item from this subscale is "I feel the Divine Power's presence". The V/B subscale consists of only two items

(e.g., "I believe in a God who watches over me"), measuring how an individual's R/S influence expectations of support and positive outcomes. The PRP is a five-item subscale measuring involvement in private R/S activities (e.g., "How often do you pray privately in places other than at a place of worship?"; $\alpha = .90$). The Commitment subscale is a three-item subscale that measures how important and committed one is towards his or her R/S beliefs. Only one item was employed for this study ("I try hard to carry my religious beliefs over into all my other dealings in life") as the response format for the other two items deviated from a Likert scale format (the questions enquired on monetary contribution to religious causes and hours spent on religious activities). An individual's participation in formal activities associated with public R/S institutions (e.g., a church, temple or mosque) was measured by the two-item OR subscale. A sample item from this subscale is "How often do you go to religious services?". Consisting of two items, the OSR subscale asks participants how religious and spiritual they consider themselves to be (e.g., "What is your religious affiliation?").

Brief RCOPE. The Brief RCOPE (BRCOPE) is a 14-item measure of religious coping in response to significant life stressors (Pargament et al., 2011). It consists of two subscales that measure positive and negative religious coping strategies. The Positive Religious Coping (PRC) subscale was used for this study (seven items; $\alpha = .94$). Respondents were asked to indicate the extent to which they coped with negative events in their lives through religious ways (e.g., "Sought the Divine Power's love and care"). The Negative Religious Coping subscale was replaced by the Religious and Spiritual Struggles Scale (RSS) as the latter has been found to be a more comprehensive and multidimensional measure of R/S-related struggles (Exline et al., 2014).

Religious and Spiritual Struggles Scale. The RSS is a 26-item measure of negative cognition and feelings associated with R/S beliefs, practices or experiences ($\alpha = .98$; Exline et al., 2014). Developed to assess R/S struggles with greater breadth, the RSS consists of six subscales to measure specific types of struggle (Exline et al., 2014; Exline et al., 2023). The Divine subscale consists of five items that measure religious struggles attributed to the divine (e.g., "I have questioned the Divine Power's love for me," $\alpha = .94$) while the Demonic subscale measures the attribution of struggles to the devil via four items (e.g., "I felt attacked by the devil or by evil spirits"; $\alpha = .95$). The Interpersonal subscale comprises of five items that measure struggles associated with negative interpersonal experiences in the context of religious issues ("I had conflicts with other people about religious/spiritual matters"; $\alpha = .93$). Struggles associated with adhering to moral principles were measured by the four-item Moral subscale (e.g., "I felt guilty for not living up to my moral standards," $\alpha = .93$) while struggles linked to a lack of perceived deep meaning in life were measured by the four-item Ultimate Meaning subscale (e.g., "I had concerns about whether there is any ultimate purpose to life or existence," $\alpha = .93$). Doubt is the final subscale in the RSS, measuring struggles surrounding doubts about one's own religious beliefs (four items, $\alpha = .93$). A sample item of the Doubt subscale is "I felt confused about my religious/spiritual beliefs".

Intratextual Fundamentalism Scale. The Intratextual Fundamentalism Scale (IFS) is a five-item measure of intratextual fundamentalism (Paul Williamson et al., 2010; $\alpha = .83$). It measures the extent to which individuals perceive that objective truth should only be interpreted within the boundaries of one's religion's sacred text (e.g., the Bible or the Quran). For example, one of the items for this scale is "Everything in the Sacred Writing is absolutely true without question". Notably, therapists with higher IFS were found to be more likely to incorporate R/S concepts and practices with psychotherapy (Sutton et al., 2016). Intratextual fundamentalism has also been shown to be related to attendance at religious activities (Paul Williamson et al., 2010), psychological well-being (Carlucci et al., 2015), and religious struggles (Abu Raiya & Pargament, 2010), constructs that are relevant to the present study.

Religious/Spiritually Integrated Practice Assessment Scale–Client Attitudes. The Religious/Spiritually Integrated Practice Assessment Scale–Client Attitudes (RSIPAS-CA) is a brief 10-item measure of clients' attitudes towards integrating R/S with psychotherapy ($\alpha = .86$; Oxhandler et al., 2018). It was adapted from the Attitudes subscale of the Religious/Spiritually Integrated Practice Assessment Scale (RSIPAS), which is a multi-dimensional measure developed for mental health professionals in the context of R/S integrated practice. A sample item for this scale is " Discussing clients' religious and spiritual beliefs in therapy improves client outcomes". While other similar measures exist (e.g., Client Attitudes towards Spirituality in Therapy survey; Rose et al., 2001), the similarity between the practitioner and client versions provides the unique benefit of comparing RSIP attitudes between these two groups (Oxhandler et al., 2018). As the present study was part of a larger one that also sampled practitioners (at the time of writing, the practitioner study was still underway), the RSIPAS was employed. Additionally, the RSIPAS-CA

comprised of items that covered various aspects of client attitudes, such as the use of R/S as part of their coping responses and their perception of integrating R/S on therapy outcomes (Oxhandler et al., 2018). The use of this scale thus provided a comprehensive measure of clients' attitudes towards RSIP.

Singapore Religious/Spiritual Context Scale. The Singapore Religious/Spiritual Context Scale (SGRSC) was developed for this study as there was no existing measure that assesses the extent to which the Singapore R/S context may impact the integration of R/S with psychotherapy. The reader is referred to the supporting information of this article for information on the development of this scale. The SGRSC consists of 13 items ($\alpha = .84$) and is made up of three subscales. The Diversity subscale, consisting of four items, focused on potential challenges brought about due to the diversity of religious beliefs and practices in Singapore ($\alpha = .75$; Jennings et al., 2008; Sridhar & Kit, 2016). An item from this subscale is "The diversity of religious/spiritual beliefs and practices in Singapore makes it challenging to integrate R/S with psychotherapy". The four items in the Secularity subscale focussed on psychotherapy as a largely secular context (Florence et al., 2019; Mathews et al., 2019), rendering it inappropriate to discuss private R/S issues. An item in this scale was "Discussion of Religious/Spiritual beliefs and practices should be kept to a private context, such as with close friends or family members". While Cronbach's α for the Secularity subscale was noted to be poor, at .54, it was included in all planned analyses on an exploratory basis. Finally, the five items in the Sensitivity subscale aimed to reflect the local sentiment that R/S is a sensitive topic, and that discussions or comments may lead to negative consequences ($\alpha = .86$; Gonsiorek et al., 2009; Mathews et al., 2014; Sridhar & Kit, 2016). An item in this subscale was "Discussing religious/spiritual beliefs and practices in psychotherapy may come across as disrespecting or speaking ill of another person's religion or spirituality".

Cultural Adaptation of Measures. As the phrasing of items in the BMMRS, the BRCOPE, and the RSS are generally oriented to monotheistic religions, minor adaptations to phrasing were made to make the measures more applicable for participants of diverse religions and spiritual affiliations. For example, "God" was rephrased as "Divine Power". No adaptations were assessed to be necessary for the IFS and the RSIPAS-CA.

Qualitative Questionnaire. The qualitative component was organized into two sections, namely Considerations for R/S integration and Opinions on R/S integration. The questions were open-ended to capture information that might have been missed in the quantitative section. In the first section, participants were asked the extent to which the three hypothesized Singapore R/S context factors impact the integration of R/S with psychotherapy. For example, for the Sensitivity factor, participants were asked "How concerned are you that asking or commenting about religious and spirituality issues in psychotherapy may potentially offend the other party, if at all? Kindly elaborate your answer". To capture any other considerations that was not foreseen, participants were also asked to state any other considerations that they might have but were not covered in the questionnaire. The second qualitative section aimed to seek the opinions of participants on how R/S should be integrated with psychotherapy in Singapore ("In general, how do you think religion and spirituality should be integrated with psychotherapy in Singapore, if at all? Kindly elaborate your answer"). Participants were also asked about the impact of integrating religion and spirituality with psychotherapy in their experience (if any). A final question was added as a catch-all question to elicit any other relevant information from participants ("Do you have any other comments or opinions with regards to integrating religion and spirituality with psychotherapy in Singapore? Please share them with us!").

Procedure

Ethical approval for this study was provided by the James Cook University Human Research Ethics Committee via a blinded review process (approval code: H8652). Data was collected online via Qualtrics, an online survey platform (https://www.qualtrics.com). Participants were provided with information on the study and provided informed consent prior to commencing the questionnaire. All participants completed an identical questionnaire, which began with sections on demographical information and psychotherapy experiences. These were followed by the R/S measures and qualitative questions on the perception of the Singaporean R/S landscape and RSIP.

Analyses

Missing values for the quantitative items were found to be less than 5% for all variables. Given the adequate sample size, participants with missing values were omitted from the specific analyses. Chi-square goodness of fit analyses were conducted to investigate whether participants perceived that RSIP had a positive, neutral, or negative impact on their therapy (H1), and whether clients or therapists

were more likely to initiate R/S topics in psychotherapy (H2). Multiple linear regression analysis was conducted to investigate if the hypothesized factors were associated with clients' attitudes towards RSIP (H3).

The response rate of the qualitative items was noted to be low, at an average of 62.24%. Participants' responses were also brief, at an average word length of 11.3 words per response. The quality of the qualitative responses is a limitation of this study and will be further discussed in the relevant section. Qualitative content analysis was conducted following the procedures set out in Schreier (2012). The first author reviewed all responses to develop a general overview of the data. While the qualitative section consisted of seven questions, there was significant overlap in the content of the responses between different questions. For example, participants reiterated the importance of exercising caution and respect during RSIP for questions pertaining to religious sensitivity, diversity and recommendations for practice. As such, a coding frame that included responses from the entire qualitative data set was developed. The first author generated preliminary themes and subthemes from the data before segmenting the qualitative responses into a total of 2165 units of analysis to facilitate subsequent coding. The coding frame was then finalized after discussions and three rounds of coding trials with the third co-author. The first author subsequently coded all the data based on the coding frame. Concurrently, the third co-author served as the second coder at this juncture, coding 20% of the data independently. Interrater reliability analysis revealed a Cohen's Kappa of .68, indicating substantial agreement between the two raters (Cohen, 1960).

Results

Hypothesis 1

A chi-square goodness-of-fit test revealed that the distribution of perceived impact (i.e., negative, neutral and positive) deviated significantly from expected frequencies ($\chi^2 = 88.1$; df = 2; $p < .001$). Subsequent chi-square tests made pairwise comparisons between positive impact and the other two responses. The expected and observed frequencies for these analyses are presented in Table III. The results indicated that more participants reported a positive impact than neutral ($\chi^2 = 17.5$; df = 1; $p < .001$) and negative impact ($\chi^2 = 86.0$; df = 1; $p < .001$). H1 was therefore supported.

Hypothesis 2

A chi-square goodness-of-fit test indicated that RSIP were more often initiated by clients than therapists ($\chi^2 = 5.68$; df = 1; $p = 0.017$). The expected and observed frequencies for H2 are presented in Table IV. This finding provided support for H2.

Hypothesis 3

A standard multiple regression was conducted to determine if client's attitudes towards RSIP were associated with various aspects of clients' R/S and considerations of the local context. For measures with subscales (i.e., the RSS and the SGRSC), the subscales were entered into the regression analysis as separate independent variables (IVs). Multicollinearity checks revealed that VIF for each IV was moderate (i.e., VIF < 5; see Table V), suggesting that multicollinearity was in the acceptable range. It was found that V/B ($\beta = .16$, $p = .015$), PRC ($\beta = .39$, $p < .001$), SGRSC Diversity ($\beta = .29$, $p < .001$) and Secularity ($\beta = -.12$, $p = .048$) were significantly associated with clients' attitudes towards R/S integration ($F(18, 213) = 11.6, p < .001$, $R^2 = .496$, $R^2_{\text{Adjusted}} = .453$). Higher levels of V/B, PRC and Diversity were associated with more positive attitudes towards RSIP, while lower values of Secularity were associated with more positive attitudes towards RSIP. Based on the magnitude of the standardized regression coefficients (β), PRC

Table III. Chi-square goodness of fit tests—impact of R/S integrated psychotherapy.

Comparison groups	Frequencies	Impact of R/S integrated psychotherapy: Negative	Neutral	Positive	Total
Negative vs. Neutral vs. Positive	Observed	5	49	100	
	Expected	51.3	51.3	51.3	154
Neutral vs. Positive	Observed	–	49	100	
	Expected	–	74.5	74.5	149
Negative vs. Positive	Observed	5	–	100	
	Expected	52.5	–	52.5	105

Table IV. Chi square goodness of fit test—initiator for R/S integrated psychotherapy.

	Initiator for R/S integrated psychotherapy		
Frequencies	Client	Practitioner	Total
Observed	83	55	
Expected	69	69	138

showed the strongest relationship with RSIP attitudes, followed by Diversity, V/B and Secularity.

However, the remaining IVs were not significantly associated with attitudes towards RSIP. These include various subscales in the BMMRS (i.e. Daily Spiritual Experiences, Commitment, Private Religious Practices, Organisational Religiousness and Overall Self-Rankings of Religiosity and Spirituality), all RSS subscales and Intratextual Fundamentalism. The relationships between Sensitivity subscale (within the SGRSC) and RSIP attitudes were also not significant. Regression coefficients are tabulated in Table V. Overall, the mixed results for the regression analysis provided partial support for H3.

Qualitative Findings

Analysis of the qualitative responses yielded four main themes pertaining to clients' considerations and opinions on RSIP in Singapore. The four themes were *Relevance of R/S to psychotherapy*, *Potential outcomes of RSIP*, *Impact of Singapore R/S context on RSIP*, and *Clients' expectations of therapists*. The themes and subthemes are tabulated in Table VI.

Theme 1—relevance of R/S to psychotherapy. Participants had differing perspectives on whether religion and spirituality are relevant in the context of psychotherapy. While 17.1% of participants indicated that R/S is relevant to psychotherapy ("Integration is very appropriate since religion and spirituality are probably very important to the client especially when in distress." Participant 8 [P8]), 7.9% of participants held the opposite opinion ("I think it is highly inappropriate as I prefer Western approach of psychotherapy that are not related to religion or spirituality for the sole purpose of treating my mental health issue." P91). However, it should be noted that the largest proportion of participants (22.6%) felt that R/S' relevance to psychotherapy should be dependent on individual clients' needs and preferences. They stressed the importance of seeking clients' agreement ("Therapist shouldn't assume that just because I say I am a Christian that I want a Christian counselling." P47), respecting clients' preferences ("I think there should be an option to go in that direction if necessary and helpful, based on the comfort level of the client." P22), and assessing relevance of R/S for the

Table V. Regression coefficients of variables in multiple regression analysis.

Variable	*B* (Unstandardized)	95% CI		Beta (Standardized)	*t*	*p*	VIF
BMMRS							
Daily Spiritual Experiences	−.01	−.08	.07	−.02	−0.25	0.798	2.70
Values/Beliefs*	.15	.03	.27	.16	2.46	0.015	1.86
Commitment	−.03	−.13	.07	−.04	−0.55	0.583	1.73
Private Religious Practices	.01	−.05	.07	.04	0.40	0.693	3.70
Organizational Religiousness	.01	−.06	.07	.01	0.14	0.887	2.86
Overall Self Ranking (Religiosity)	.02	−.08	.12	.03	0.35	0.727	2.30
Overall Self Ranking (Spirituality)	−.01	−.09	.08	−.01	−0.14	0.890	1.79
BRCOPE							
Positive Religious Coping**	.24	.16	.31	.39	6.19	0.000	1.69
RSS							
Divine	−.03	−.13	.06	−.06	−0.66	0.509	3.89
Demonic	.01	−.09	.10	.01	0.11	0.912	4.13
Interpersonal	.03	−.06	.14	.09	0.87	0.385	4.34
Moral	−.04	−.14	.07	−.08	−0.73	0.467	4.56
Ultimate meaning	.03	−.05	.11	.07	0.78	0.437	3.18
Doubt	.04	−.06	.14	.09	0.87	0.387	4.48
Intratextual Fundamentalism	.07	−.00	.14	.13	1.94	0.053	1.99
SGRSC							
Diversity**	.26	.15	.37	.29	4.65	0.000	1.69
Secularity*	−.11	−.22	−.00	−.12	−1.99	0.048	1.60
Sensitivity	−.03	−.18	.05	−.08	−1.12	0.265	2.22

Notes. BMMRS = Brief Multidimensional Measure of Religiousness/Spirituality, BRCOPE = Brief RCOPE, RSS = Religious and Spiritual Struggles Scale, SGRSC = The Singapore Religious/Spiritual Context Scale. * denotes $p < .05$, ** denotes $p < .001$.

Table VI. Themes and subthemes of clients' experiences and opinions of RSIP in the Singapore context.

Theme and subthemes	*n*	%
Relevance of R/S to psychotherapy	99	39.3
R/S is relevant to Psychotherapy	43	17.1
R/S is not relevant to Psychotherapy	20	7.9
Relevance is determined by clients' needs	57	22.6
Potential outcomes of RSIP	157	62.3
RSIP can enhance therapy outcomes	106	42.1
RSIP has potential for negative outcomes	78	31.0
RSIP has no or neutral impact on therapy	15	6.0
Impact of Singapore R/S context on RSIP	147	58.3
SG R/S Context does not hinder RSIP	66	26.2
SG R/S Context facilitates RSIP	45	17.9
Considerations for RSIP in SG R/S context	69	27.4
Clients' expectations of therapist	66	26.2
Trained and professional in integrating R/S	16	6.3
Maintain integrity of R/S and psychotherapy	26	10.3
Familiarity with diverse R/S	18	7.1
Neutral and open mind	23	9.1

Notes. RSIP = Religious/Spiritual integrated psychotherapy, R/S = Religiosity/Spirituality. Percentages are based on total sample of *n* = 252.

particular client and the presenting concerns ("It depends on how deeply religion/spirituality is ingrained in the client's life paradigm. If the client goes about their lives using their faith as a bedrock, then it might be more useful for religion to be brought up and used in a therapy context." P4).

Theme 2—potential outcomes of RSIP. The second theme was on the potential outcomes of integrating R/S with psychotherapy. 42.1% believed integrating R/S with therapy can enhance therapy outcomes. Notably, a range of positive outcomes or benefits were highlighted by the participants. These included better emotional well-being ("It made me feel calmer and I can turn to religion when I feel down." P93), more positive perception of the self and or situations ("It helped me in self-awareness, changed my worldview." P232), enhanced R/S well-being ("Therapy at that time, helped me become stronger religiously and spirituality that allowed me to be more grounded and gave me the courage to face my challenges." P15), and enhanced rapport and understanding between clients and therapists ("Discussing these topics would let the therapist understand the client better and thus provide better counselling." P49). However, 31% of participants also highlighted the potential negative outcomes of RSIP. Majority of these concerns centred on the risk of offending the other party ("The therapist may not have a good understanding of the client's beliefs which can lead to misunderstandings." P2), causing conflicts ("I am very concerned. It may break rapport/ therapeutic relationship between client and therapist. Religion is a sensitive and personal topic." P15), and reducing therapy effectiveness ("It will impact psychotherapy negatively because mixing religious or spiritual views will complicate mental health issues more than before." P91). Notably, only 6% of participants perceived that RSIP has no or neutral impact on therapy outcomes ("I don't think is needed." P181).

Theme 3—impact of Singapore R/S context on RSIP. Participants also noted the potential impact of the local R/S context on integrating R/S with psychotherapy. 26.2% of participants responded that the R/S context does not hinder RSIP ("Not concerned, as the person has a choice to share or not." P12). In other words, their opinion was that the hypothesized features of the R/S context (sensitivity, diversity and secularity) do not hinder RSIP in Singapore. In fact, another 17.9% of participants shared that the SG R/S context facilitates RSIP. They indicated that the local R/S diversity promotes understanding and harmony among different religions ("Spiritual and religious diversity in Singapore helps us be more sensitive and understanding." P230), and that the society is generally religiously tolerant and harmonious ("Singapore has become a place where culture and religions can coexist in harmony." P150), and open to discuss R/S issues ("Our society is mostly tolerant. So, I think it's fair to expect the same from a patient or therapist. We can have civil discussions of our beliefs to understand where the other person is coming from without any judgement." P11). However, a proportion of participants (27.4%) did specify some considerations for RSIP given Singapore's R/S landscape. They highlighted the importance of exercising caution, sensitivity and respect in this endeavour ("Some people are sensitive in these talks but just have to be cautious with words." P115). Additionally, some underscored potential challenges when the therapist and the clients do not share the same R/S beliefs and practices. Their responses indicated that clients may prefer to be seen by therapists with the same R/S ("I would prefer to see a therapist of the same religion so that I can connect with the therapist and pray together." P149), failing which they perceive that therapist may have difficulty understanding their religious and spiritual beliefs and practices (RSBPs; "The therapist may not fully understand the religion if it's different from yours." P132), potentially reducing the effectiveness of therapy ("Sometimes, differences in religious practices and beliefs may inhibit the development of therapist-client relationships, which backfires on psychotherapy effectiveness." P23).

Theme 4—clients' expectations of therapists. The final theme generated was clients' expectations of therapists. Participants expected therapists to be trained and professional in integrating R/S with psychotherapy (6.3%; "It must be done in the right environment and with the process being done professionally." P170). Notably, 10.3% of participants stressed that therapists should preserve the integrity of R/S and psychotherapy during integration (i.e., theologically sound and evidence-based). For example, they cautioned against an over-emphasis on R/S when providing RSIP ("Integrating religion or spirituality would be a bonus, but can be kept minimal in secular settings because client may also approach religious leader in their religious organization for advice or religious counselling." P16). Participants (7.1%) also noted that integrating R/S in a religiously diverse context may require therapists to be familiar with not only one, but different RSBPs ("Therapists will need to be knowledgeable about many different beliefs and practices." P14). Lastly, some participants (9.1%) expected therapists to maintain a neutral and open mind when integrating the R/S of clients ("It is the duty of therapists to remain impartial and accepting of the client's beliefs, regardless of their own." P5).

Discussion

The current research aimed to explore RSIP in a religiously diverse context. Specifically, we investigated clients' perception of the impact of RSIP on their therapy outcomes, whether the client or the therapist was more likely to have initiated RSIP, and the factors associated with clients' attitudes towards RSIP. Notably, about half of the clients sampled reported to have experienced RSIP through a range of activities in sessions. The qualitative section of the study also yielded four themes that shed light on clients' perception of RSIP. The following section discusses our findings.

Integrating Religion/Spirituality with Psychotherapy Yields Positive Impact

The quantitative section of the study indicated that the majority of clients who have experienced RSIP reported that it had a positive impact on their therapy goals. Our findings provide the first empirical evidence in Singapore to support this, corroborating existing international research (Captari et al., 2018; Chen, Huang, et al., 2018; Delaney et al., 2013; Mayers et al., 2007; Morrison et al., 2009; Post & Wade, 2009). Based on clients' qualitative responses, they perceive that RSIP potentially enhances therapy outcomes in various aspects. This may include better emotional well-being, more positive perception of self and or situation, enhanced R/S wellbeing, and enhanced rapport and understanding between clients and therapists. Chen, Fan, et al. (2018) has similarly reported that clients experienced positive personal and R/S development after RSIP, and benefited from understanding the self and situations from a R/S perspective. Improvement in different domains of wellbeing and functioning has also been reported by Sanders et al. (2015). In a review of process and outcomes of RSIP using a practice-based evidence approach, it was found that the incorporation of R/S resulted in enhanced outcomes in a variety of dimensions, including psychological distress, therapy progress, and spiritual distress. Similar to our study, Wade et al. (2007) reported that religious clients reported closer therapeutic relationships with therapists who integrated their R/S beliefs into therapy.

Clients as Initiators of Religion/Spirituality Integrated Psychotherapy

The current study found that RSIP in Singapore was more often intiated by clients than practitioners. Clients' qualitative responses also suggest that they perceive the R/S context to be religiously tolerant and harmonious, and individuals are open to discuss R/S issues in psychotherapy. This is consistent with international research on client's preferences. Studies have shown that most clients prefer to discuss R/S issues in therapy (Dimmick et al., 2022; Morrison et al., 2009; Rose et al., 2001). Importantly, this preference held true even for clients in secular treatment contexts (Mayers et al., 2007). While there is no existing study in Singapore that directly investigated client preferences in this area, the study on counsellors by Sridhar and Kit (2016) reported that local counsellors were unlikely to initiate RSIP. While all of the practitioners in their study shared that they have intergrated R/S into their sessions, they typically waited for clients to bring up this topic instead of initiating it themselves. Our findings thus provide corroborating and direct support that clients are more likely to be the intiators of RSIP in Singapore.

Similar to Sridhar and Kit (2016), we believe that due to the sensitivity of religion in Singapore, practitioners may refrain from initiating R/S topics until they are brought up by clients. However, it should be noted that therapists' hesistance to address R/S issues in therapy is a well-established observation beyond the local context (Gladding & Crockett, 2019). Concern for overstepping boundaries and

impacting rapport have been reported as some reasons for this (Koenig, 2012). Similar to the findings by Sridhar and Kit (2016), Florence et al. (2019) found that some therapists in New Zealand reported a preference to focus on secular psychological enquiry and avoid R/S topics where possible. As such, these therapists would attend to R/S issues only if the client initiates it.

Clients' Attitudes Towards Religion/ Spirituality Integrated Psychotherapy

The majority of clients in our study believed that the relevance of R/S to therapy, and therefore, the decision as to whether to integrate their R/S into therapy, should be determined by the individual client's needs and preferences. While clients' religiosity has been linked to their preferences for RSIP (Harris et al., 2016; Pargament, 2011; Post & Wade, 2009), the current study highlighted the specific aspects of an individual's R/S may be at play for our participants. Notably, the tendency to cope religiously was found to have the strongest relationship with RSIP attitudes in our study. Clients who consider R/S to be a source of support and positive outcomes in their lives (as measured by the V/B scale) were likely to be keener for R/S to be incorporated when seeking help for their mental health difficulties.

However, multiple R/S variables did not demonstrate a significant relationship with RSIP attitudes in our study. While we did not make specific predictions for the various variables, our findings appear inconsistent with the literature (Belaire & Young, 2002; Harris et al., 2016; Rose et al., 2001; Weld & Eriksen, 2007). For example, while Rose et al. (2001) reported that clients with spiritual experiences had more positive attitudes towards discussing R/S issues in therapy, Daily Spiritual Experiences were not associated with attitudes towards RSIP in our study. Similarly, Organisational Religiousness and Private Religious Practices were not associated with RSIP attitudes, contrary to findings by Oxhandler et al. (2021).

Given the limited literature on RSIP in religiously diverse cultures such as Singapore, further research is required to account for the null findings. A possible explanation is that some of the null findings may be an artefact of the study's methodology. First, the R/S measures used in the study were relatively brief as they were mostly subscales consisting of a small number of items. While the present approach allowed for a broad and exploratory investigation of factors that might be related to RSIP attitudes, the given constructs might not have been comprehensively assessed through these brief measures. Additionally, the non-significant findings may be partly due to the random noise in the data that had been inadvertently introduced with the relatively high number of variables (18) investigated. As the variables were conceptually related, the inherent complexity in the relationship between them may have also prevented some variables from reaching statistical significance in our analysis.

Impact of clients' perception of R/S context and RSIP

In addition to aspects of clients' religiosity, perception of the R/S context was also found to be related to attitudes towards RSIP. Surprisingly, higher levels of R/S Diversity considerations were associated with positive attitudes towards RSIP. This is contrary to our expectation that perception of high R/S diversity would complicate R/S integration and thus be related to poorer attitudes towards it. Equally surprising was the finding that more than a quarter of participants believed that the religiously sensitive, diverse and secular context does not hinder RSIP in Singapore, and close to a fifth believed that the local R/S context actually facilitates RSIP. Lower levels of Secularity concerns were associated with positive attitudes for RSIP. This suggests that participants who were less concerned about discussing R/S issues in a secular psychotherapy context also held more positive attitudes for RSIP. This finding, however, must be interpreted with much caution due to the low internal consistent reliability ($\alpha = .54$) of the Secularity subscale and the borderline significance value in the regression analysis ($p = .048$). The Sensitivity subscale of the SGRSC did not demonstrate a significant relationship with RSIP attitudes despite the authors conceptualizing R/S sensitivity as one of the salient features of the R/S landscape in Singapore. This suggests that clients' attitudes towards RSIP may not be influenced by their perception of R/S sensitivity in the local context.

Overall, clients' responses suggest that the hypothesized factors of diversity, secularity, and sensitivity in the R/S landscape have a less negative bearing on their attitudes towards RSIP than expected by the authors. While there are yet local studies on clients that can lend support to this view, participants (consisting of students, academics and alumni of a clinical psychology programme) in a local qualitative study on cultural competence practice have indicated a similar perspective (Geerlings et al., 2017). They reported that being part of a multicultural society had exposed them to a range of different cultures

and religions, allowing them to develop a "baseline" level of cultural competency (Geerlings et al., 2017, p. 6). This, however, appears to contradict with Sridhar and Kit (2016) findings, that local counsellors avoid initiating RSIP due to perceived sensitivity associated with R/S in the nation state. If local therapists generally possess the "baseline" competency for working with individuals of different cultures and religions, why do they avoid initiating R/S topics in sessions? One possibility is that of changing attitudes regarding R/S sensitivity in the nation. Nevertheless, much more research is necessary to understand the cultural and R/S competency of therapists in Singapore and their attitudes towards RSIP.

A small proportion of clients expressed concerns regarding being able to be matched with a therapist of the same religion. This is consistent with what researchers have consistently found, that religious clients prefer to be seen by therapists who share the same or similar faith (Dimmick et al., 2022). Our participants highlighted the importance of adopting a sensitive and respectful approach for RSIP, which has also been reported by Chen, Huang, et al. (2018). Chen, Fan, et al. (2018) found that clients expected therapists to respect their preferences with regards to engaging in RSIP, and to be cautious when providing recommendations in this context. Some clients in our study also noted the potential for negative interactions and outcomes when touching on R/S topics. This concern echoes the local literature regarding religious and cultural sensitivity (Mathews et al., 2014; Mathews et al., 2019) and research with practitioners (Jennings et al., 2008; Sridhar & Kit, 2016).

Client's Expectations on Therapists

Our study found that clients expect therapists to be trained and professional when integrating R/S with psychotherapy. Clients' expectations of therapists' competency in this area have also been reported in a national survey of clients' attitudes towards RSIP in the United States (Oxhandler et al., 2021). Majority of clients agreed that it is important for therapists to be sensitive to clients' R/S and discuss them in therapy (Oxhandler et al., 2021). In fact, Chen, Fan, et al. (2018) reported that clients perceive therapists to be more competent when they are able to attend to R/S issues. The caution against an overemphasis on R/S when providing RSIP is consistent with what was reported in an early review by Worthington et al. (1996). The authors reported that while religious clients do have a preference for therapists who are similarly religious, they do not want therapy to be solely focussed on R/S issues. Lastly, clients' expectations that their therapists remain neutral and open-minded when integrating R/S also echo existing research in this area. When clients perceive therapists to be open to discuss their R/S, they reported more helpful discussions (Knox et al., 2005) and higher satisfaction for their therapy experiences (Cragun & Friedlander, 2012).

Implications for Practice

The current study sheds light on important perspectives of psychotherapy clients in a multireligious context. Clients recognize the potential for RSIP to enhance therapy outcomes. While some expressed concern for the possibility of negative outcomes, the majority of clients in this study do not perceive that R/S topics are incompatible with therapy, or the R/S context to be hindering RSIP. Instead, clients expect therapists to be trained, professional, and maintain the integrity of R/S and therapy in RSIP.

The above findings underscore the importance of attending to the R/S of clients in therapy. It is therefore important that therapists possess competency in responding to R/S issues in therapy (i.e., R/S competency). This competency is defined by Vieten et al. (2013, p. 133) as

> a set of attitudes, knowledge, and skills in the domains of spirituality and religion that every psychologist should have to effectively and ethically practice psychology, regardless of whether or not they conduct spiritually oriented psychotherapy or consider themselves spiritual or religious.

For the therapist in a R/S diverse context, this competency may also need to include knowledge on the various RSBPs in their practice area or region. This is a significant consideration as research has shown that a lack of familiarity with the RSBP of clients may affect therapists' clinical judgement on these beliefs, such as level of psychopathology and risk of harm (O'Connor & Vandenberg, 2005). In addition to knowledge, therapists must recognize that their attitudes towards intergrating R/S are deemed important by clients. Therapists are encouraged to maintain a neutral and open mind. In Singapore and cultures where R/S is diverse, sensitive, and an important aspect of individuals' lives (Mathews et al., 2014; Mathews et al., 2019), the integration of R/S with therapy may thus warrant additional sensitivity and respect. The need to respect clients' religion in a multicultural society is also expressly stated in the SPS code of ethics (Singapore Psychological Society, 2019).

Clients are more likely to initiate R/S topics in therapy. This well-established finding suggests that R/S is relevant to some clients and their presenting concerns. However, instead of waiting for clients to initiate, therapists should consider exploring the relevance of R/S for clients carefully as part of routine intake assessments (Gladding & Crockett, 2019; Post & Wade, 2009). Doing so may also allay concerns for clients who may be uncertain if it would be appropriate to raise R/S topics in a secular therapy setting and create a safe environment for doing so (Gladding & Crockett, 2019; Knox et al., 2005). Based on the current study's findings, clients who employ R/S coping, hold R/S values and beliefs strongly and are open to discuss R/S issues in therapy are likely to be enthusiastic about RSIP. However, therapists should recognize that clients may prefer to be attended by a therapist of the same religion as them for RSIP (Dimmick et al., 2022). As such, it may be prudent to discuss such preferences openly at the onset of therapy.

Future Directions for Practice and Research

Despite the importance of R/S competencies, it is a widely acknowledged observation that training programmes do not routinely cover R/S competencies as part of foundational skills (Hage et al., 2006; Pearce et al., 2020). In Singapore, where culture and R/S are diverse, preparation accorded by existing training programmes for cultural competency (within which includes R/S competency) has also been regarded as inadequate (Geerlings et al., 2017). Other than acquiring the necessary specific knowledge on R/S issues, Gladding and Crockett (2019) highlighted that such trainings can also increase the readiness and confidence of therapists in this regard. The eight-hour Spiritual Competency Training in Mental Health (SCT-MH) conducted online is one such training that has reported encouraging results (Pearce et al., 2020). Post-training evaluation indicated that participants reported enhanced R/S competency in the aspects of attitudes, knowledge, and skills. Lastly, as the vast majority of therapists do not receive formal R/S training, the development of RSIP training programmes and the therapist's professional development may be best pursued in collaboration with relevant R/S organizations or resource persons (e.g., the clergy, Hagedorn & Moorhead, 2011).

The current study's finding that clients were more likely to initiate RSIP gives rise to several questions for further research. Do clients initiate because therapists tend not to? Would clients prefer that therapists initiate instead? While some studies reported that clients prefer that the therapist bring R/S into therapy (e.g., Weld & Eriksen, 2007), other researchers found that R/S discussions that were deemed most beneficial were initiated by clients (Knox et al., 2005). Equally important is to understand this from the experience and perspective of therapists in a R/S diverse context. Would they also report that clients are the main initiator, and what might their concerns or considerations be for raising such topics in sessions? Future studies may also wish to explore the use of more comprehensive R/S measures and focus on a smaller number of variables to investigate the factors associated with clients' attitudes towards RSIP. Finally, more research is necessary to validate the constructs of diversity, secularity and sensitivity in the local R/S context, and to explore the facilitatory effect of religious diversity on RSIP attitudes.

Study Limitations

The first limitation of the study is associated with the list of RSIP activities adapted from Post and Wade (2009). The list was phrased in an unequal fashion. Except for one option (i.e., *Client initiated one or more of the above activities*), all the activities were phrased in a way that suggests that the therapist had initiated the RSIP activities (e.g., *Therapist taught religious and spiritual concepts clients*). While the list allowed participants to report what RSIP activities they have experienced, it was not possible to indicate who had *initiated* each activity. While our quantitative findings found that clients were more likely to have initiated RSIP than therapists, future research should incorporate a responding scheme that addresses this shortfall.

The SGRSC scale was developed for the present study to measure features of the local R/S context as it pertains to RSIP. While the items appear face valid and the regression analysis suggests potential convergent validity with associated constructs (e.g., client attitudes towards RSIP), its psychometric properties warrant further investigation. For instance, the internal consistency of the Secularity subscale was found to be low. Additionally, its construct validity can also be explored through factor analysis to evaluate if its factor structure is consistent with the three purported characteristics of the Singapore R/S landscape.

Lastly, the qualtitative responses were collected as text inputs via an online survey platform. As with most of the quantitative sections, responses were

not mandatory. This enabled respondents to skip the qualititative questions or to provide text responses that were overly brief. This affected the overall volume, clarity and richness of the qualitative data, placing limitations on the comprehensiveness of the qualitative findings. Future attempts to study clients' perceptions of RSIP from a qualitative approach may be better served by data collection methods that can provide richer data (e.g., via a semi-structured interview).

Conclusion

The present research is the first study to explore clients' experiences and opinions of RSIP in Singapore, a R/S diverse and sensitive state. The study set out to investigate if the R/S context impacts RSIP from the perspective of clients. Our findings suggest that RSIP is not an uncommon approach, more likely to be initiated by clients, and may include a range of activities. Clients who have experienced RSIP found it both appropriate and beneficial. Notably, a diverse R/S context may not hinder RSIP, but may actually have a facilitatory effect. Clients however raised important considerations for integrated practice. It is important for therapists operating in such a context to be aware of clients expectations and develop the necessary competency to attend to the R/S needs of clients. This may require changes to existing training programmes and individual professional practice, and may be best approached through collaboration with resource persons and organizations in the field of religion and spirituality.

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Data Availability Statement

The data that support the findings of this study are openly available in Open Science Framework at https://doi.org/10.17605/OSF.IO/A82PS.

Author Contributions

Xiangbin Lin: Conceptualization (lead); Data Curation (lead); Formal Analysis (lead); Funding Acquisition (lead); Investigation (lead); Methodology (lead); Project Administration (lead); Writing—Original Draft Preparation (lead); Writing—Review & Editing (lead).
Jonathan Ramsay: Conceptualization (supporting); Funding Acquisition (supporting); Methodology (supporting); Supervision (equal); Writing—Review & Editing (supporting).
Joanna Barlas: Conceptualization (supporting); Formal Analysis (supporting); Funding Acquisition (supporting); Methodology (supporting); Supervision (equal); Writing—Review & Editing (supporting).

ORCID

Xiangbin Lin http://orcid.org/0009-0009-0487-0234
Jonathan E. Ramsay http://orcid.org/0000-0003-4634-9040
Joanna Barlas http://orcid.org/0000-0001-6087-7830

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