

An investigation into how counsellors/psychotherapists respond to clients who introduce astrological beliefs into therapy sessions.

by Ada Blair

This paper considers how counsellors/psychotherapists work with clients' astrological beliefs, taking into consideration the therapists training, therapeutic approach factor, and influence of therapists' own beliefs concerning astrology. It contributes to the debate regarding the place in therapy for clients' religious and/or quasi-religious beliefs including astrology. Methodology: Qualitative and quantitative research methods were employed. Questionnaires were given to twenty-one counsellors/psychotherapists from a range of therapeutic approaches working within Edinburgh and the Lothians. Interviews were conducted with four respondents. Results: nineteen questionnaires were returned with a majority professing some belief in astrology and the experience of clients introducing astrological belief into therapy. Training, orientation and therapists' beliefs about astrology were seen as influencing work with clients. Therapists with no belief in astrology recognised the importance of helping clients integrate body, mind and beliefs. Conclusion: The study suggests that the therapeutic approach may be related to how counsellors/psychotherapists work with clients' astrological beliefs.

Introduction

This is an investigation into how counsellors/psychotherapists respond to clients who introduce astrological beliefs into therapy sessions. As a counsellor/psychotherapist, with professional connections to the community of therapists and a strong personal interest in astrology, this study was undertaken from an "insider" perspective. The motivation behind this enquiry is my personal experiences of clients introducing astrological belief into therapy sessions and a curiosity as to whether other therapists shared these experiences.

Aim

The aim of this small, pilot research study is to consider ways in which counsellors/psychotherapists work with clients' disclosed astrological statements/beliefs within therapy sessions; to ascertain the extent to which their training and subsequent therapeutic approach factor in the interaction and the reported influence, if any, of their personal opinions/beliefs/experience concerning astrology.

For the purpose of this project astrology is considered to be a religious or quasi-religious belief; but in the eyes of many scientifically trained practitioners,

is seen as non-rational and/or non-justifiable. It is acknowledged however, that “religious” and “quasi-religious” are problematic terms as there is not general agreement as to what comprises a religion.¹ Additionally, as self-professed believers in astrology lack the shelter of an official church such as adherents of mainstream religions enjoy, they remain “alternative” and are subject to criticism from both sides of the rationalist/religious divide. Alison Bird—a believer—conducting academic ethnographic research among contemporary Western astrologers experienced: “Ridicule and disbelief ranging to horror that I should be attempting a serious anthropological study of a subject such as Western astrology.”²

Writing on best practice within psychiatry, an allied mental health profession, Harold G. Koenig suggests that the practitioner should, “always demonstrate respect for the patient’s religious or spiritual beliefs, being aware that they often hold the patient’s psyche together” and that “bizarre or even pathological beliefs” should be handled respectfully.³ I anticipate that my project will, in a small way, contribute to the debate regarding the place in therapy for clients’ declared religious and/or quasi-religious beliefs including astrology.

Numerous studies of psychiatrists in the UK, Canada and the US indicate widespread prejudice against religious belief and little integration of it into the assessment or care of patients.⁴ Recent research, however, indicates it can be a resource that may enable an individual to cope with the stress of illness, challenging life circumstances or a tool for personal development. In a survey of Association of Psychology Internship Centres’ training directors, 83% reported that discussions of religious and spiritual issues in training occurred rarely or never, and 100% indicated they had received no education or training in religious or spiritual issues during their formal internship.⁵ A national study of American Psychological Association member psychologists found that 85% reported rarely

¹ Charles F. Emmons and Jeff Sobal, “Paranormal Beliefs: Functional Alternatives to Mainstream Religion?,” *Review of Religious Research* 22, no. 4 (1981).p.301

² Alison Gwendy Bird, “Astrology in education: an ethnography.” (DPhil diss., University of Sussex, 2006), p.236

³ Harold G. Koenig, “Religion and Mental Health: What Should Psychiatrists Do?,” *Psychiatric Bulletin* 32(2008).[hereafter Koenig, Religion],p.202

⁴ M. Baetz, Griffin, R., Bowen, R., et al “Spirituality and Psychiatry in Canada: Psychiatric Practice Compared with Patient Expectations,” *Canadian Journal of Psychiatry* 49(2004).pp.265-271

⁵ J. Lannert, “Resistance and Countertransference Issues with Spiritual and Religious Clients,” *Journal of Humanistic Psychology* 31(1991).pp.68-76

or never having discussed religion and spiritual issues during their own training.⁶ Similar findings from other surveys suggest that this lack of training is the norm throughout the mental health professions, including counselling and psychotherapy.⁷ It is generally accepted that psychiatrists and other mental health professionals in Western societies are usually less religious than their clients and many regard religion as irrational, dependency-forming and of little use in today's society.⁸ In a recent information sheet however, one of the main professional membership organisations for counsellors and psychotherapists, the British Association for Counselling and Psychotherapy, suggests; "Spirituality, faith and religion might be included in both therapy and supervision training so that therapists and supervisors feel as competent to address these issues as they would any other."⁹

Methodology

The research methodology was to use short, paper questionnaires and semi-structured interviews. This combination of research methods was employed as recommended by Alan Bryman; he stated that, "When quantitative and qualitative research are jointly pursued, much more complete accounts of social reality can ensue."¹⁰ Also, as a transpersonal therapist, I am interested in paying attention to my own internal process and to what William Braud calls, "the supporting atmosphere," "our ordinary and extraordinary personal experiences" and the additional information they may give, and he therefore advocates using an integral, pluralistic epistemology.¹¹ Speaking about the various forms reflexivity may take in social research, Charlotte Aull Davies also notes that reflexivity is, "not a single phenomenon but assumes a variety of forms and

⁶ E. Shafranske, & Maloney, H. , "Clinical Psychologists' Religious and Spiritual Orientations and Their Practice of Psychotherapy," *Psychotherapy*, no. 27 (1990).pp.72-78

⁷ R. Sansone, Khatain, K., & Rodenhauser, P., "The Role of Religion in Psychiatric Education: A National Survey," *Academic Psychiatry* 14(1990).pp.34-38

⁸ Simon Dein, "Working with Patients with Religious Beliefs," *Advances in psychiatric treatment* no. 10 (2004). [hereafter Dein, *Working*], p.287

⁹ Lynette Harborne, "Working with Issues of Spirituality, Faith or Religion" " in *BACP information sheet G13* (Lutterworth: BACP, 2008). P.4

¹⁰ Alan Bryman, *Quantity and Quality in Social Research* (London: Routledge, 1992). P.126

¹¹ William Braud, "Integral Inquiry. Complementary Ways of Knowing, Being and Expression.," in *Transpersonal research methods for the social sciences* ed. William Braud and Rosemarie Anderson (London: Sage, 1998). [hereafter Braud, *Integral*], p.62

affects the research process through all its stages.”¹² Journal keeping by the researcher is an activity at one end of the private/public spectrum; and during the course of the research I wrote in my journal: events, thoughts, feelings, observations, dreams, etc., that appeared to have some significance or relationship to the subject which helped widen my perspective as a researcher.

As manager of a counselling service I have ready access to a number of therapists; thirteen of the twenty-one questionnaires distributed were given to therapists working in this service, the remaining eight to colleagues working in other organisations or in private practice chosen to represent a variety of therapeutic approaches. Two weeks were given for questionnaires to be returned and nineteen were completed, a 90% response rate; subsequently, four face-to-face semi-structured interviews were conducted from amongst the therapists who, on the questionnaire, had indicated they were willing to be interviewed to further discuss the issues raised. The group of twenty-one therapists was selected because they had undergone professional, validated counselling/psychotherapy trainings which placed emphasis on active listening skills and a non-judgemental approach; I was interested in how these types of training may influence how therapists work with clients’ disclosed astrological statements/beliefs. None of the participants in this group advertised themselves as offering astrological counselling; and prior to this study, I was only aware of one of them having an active interest in astrology. Having been trained in, and continuing to work with, an eclectic range of therapeutic approaches and philosophical backgrounds; this group offered a wide basis for comparison in respect of their reactions to the professed astrological knowledge/belief of their clients. The group surveyed was small in number but I concur with Braud’s statement that, “If reality is holographic in nature, then the researcher expects to discover interesting principles even in small samples.”¹³ Judith Bell suggests that the interview, “can yield rich material and can often put flesh on the bones of questionnaire responses.”¹⁴ In an effort to gain greater appreciation of the context and environment in which the therapists engage with their clients the interviews were conducted in the various therapy rooms used by the participants which ranged from an office in an urban higher education college to a rural, private therapy room. The interviews were not taped but I took anonymised, detailed notes and stated that I would ensure that any client information divulged when discussing

¹² Charlotte Aull Davies, *Reflexive Ethnography. A Guide to Researching Selves and Others* (London: Routledge, 1999). [hereafter Davies, *Reflexive*], p.6

¹³ Braud, *Integral*, p.56

¹⁴ Judith Bell, *Doing Your Research Project. A Guide for First-Time Researchers in Education and Social Science*. (Buckingham: Open University Press, 2002). [hereafter Bell, *Research*], p.135

therapist/client interactions was reported in an anonymised manner and in line with ethical and professional guidelines.¹⁵ All interviewees completed an interview release form. Whilst the majority (fifteen) of those completing questionnaires agreed to be interviewed, practical considerations and our joint, limited availability determined which participants were interviewed. The interviewees chosen, three women and one man, do represent a range of theoretical orientations, length of time practising and practice settings. Two questionnaires were returned with no name yet both indicated they could be contacted for interview. Unfortunately there was no reliable way of contacting either of them.

The questionnaire was designed to be completed quickly and consisted of twelve questions requiring participants to tick their choices. Some required yes/no answers whilst others allowed for a range of opinion to be expressed. The questionnaire was designed partly on the basis of the surveys conducted by Bauer and Durant on belief in astrology.¹⁶ Blackmore and Seebold's questionnaire measuring the effect of horoscopes on women's relationships was also consulted.¹⁷ A stamped addressed envelope was included to encourage a return, as were my contact details to enable participants to ask questions about the research. A space was included at the end of the questionnaire for any comments. Questions were asked about therapists' theoretical orientation, length of time in practice, gender, age, knowledge of or belief in astrology, clients' introduction into therapy sessions of references to astrological beliefs, therapists' therapeutic approach; and if training, therapeutic approach and/or personal beliefs might factor in interactions with clients speaking about astrological beliefs.

As an insider both within the psychotherapeutic world and the astrological world, I am familiar with both astrological and psychotherapeutic language. I am a member of different "emic" subsystems as well as part of the "etic," external world.¹⁸ For this research study, in order to comment on these belief systems, I was aware of the need to adopt an outsider's view of both worlds, have an academic's voice, and become an insider within the system of commentary. As an insider I was mindful of the fact that my position may skew my informants' responses, particularly those of the therapists under my authority.

¹⁵ British Association for Counselling and Psychotherapy, *"Ethical Framework for Good Practice in Counselling and Psychotherapy,"* (Luttersworth2010).

¹⁶ Martin Bauer and John Durant, "Belief in Astrology: A Social-Psychological Analysis," *Culture and cosmos* no. 1 (1997).p.55-70

¹⁷ Susan Blackmore and Marianne Seebold, "The Effect of Horoscopes on Women's Relationships," *Correlation* 19, no. 2 (2001).p. 17-32

¹⁸ Kenneth Pike, *Language in Relation to a Unified Theory of the Structure of Human Behaviour*, 2 ed. (The Hague: Mouton, 1979). pp.28-29

Offering anonymity was one way of addressing this (but in fact only three participants chose to remain anonymous). Bias, as Bell points out, is best addressed directly, "It is easier to acknowledge the fact that bias can creep in than to eliminate it altogether."¹⁹ However, I hoped to make use of my professional experience, at least to the extent that it will inform the questions I will ask. Charlotte Aull Davies notes that, "considerations of reflexivity are compelled to move beyond the notion of the researcher's effect on the data and begin to acknowledge the more active role of the researcher in the actual production of the data."²⁰

The four therapists were all individually interviewed in their own therapy rooms. All interviewees were informed that the interview would last for no more than forty-five minutes, and that the purpose of the interview was a more in-depth exploration of the extent to which they believed their therapeutic approach; as well as their personal opinions/beliefs/experience concerning astrology factored in the interaction with clients. I stated that I was particularly interested to hear of any instances of clients' introducing astrological beliefs into sessions and that my own interest in this area arose from my experiences with clients introducing astrology into sessions. In this sense the interviews were semi-structured but within this I adopted a minimally directive, flexible approach, allowing the interviewees to pursue their own train of thought within the topic area. Very occasionally I did interrupt if I felt they were digressing too far but I tried to ensure they had the freedom to move into areas they felt to be important. Bell suggests that if the researcher's views on the subject are strong, caution should be exercised as to how the questions are phrased to avoid "leading" the interview.²¹ However, the extracts quoted here focused only on what was said that is related to the research topic. All interviewees signed an interview release form.

None of the participants were aware of my interest in astrology prior to receiving the questionnaire and, as a feminist and someone interested in Ann Oakey's work on ways of subverting traditional, hierarchical interviewing techniques; I wanted to adopt a more person-centred approach and to share my personal attitudes to, and ways of working with astrological beliefs being brought into sessions.²² John Cresswell notes that, "ideological perspectives often guide such studies, drawn broadly from postmodern concerns."²³ From this viewpoint,

¹⁹ Bell, *Research*, p.139

²⁰ Davies, *Reflexive*, p.8

²¹ Bell, *Research*, pp 139-140

²² Ann Oakey, "Interviewing Women: A Contradiction in Terms," in *Doing Feminist Research*, ed. H. Roberts (London: Routledge and Kegan Paul, 1981).p.30-61

²³ John W. Cresswell, "Philosophical and Theoretical Frameworks," in *Qualitative Enquiry and Research Design* (London Sage, 1998). P.88

I was interested in bringing to the attention of therapists a marginalised group of clients who are self-professed believers in astrology.

Discussion

Fifteen women and four men returned questionnaires. The majority, 68% had been practising for more than eleven years and 95% were aged forty-one or over.

Question 1 relating to therapists' theoretical orientation yielded the following information in Table 1.

Table 1. Counsellor/psychotherapist theoretical orientation (number of responses in brackets)

1. a. Psychodynamic (1)
 - b. Person-centred (8)
 - c. Humanistic (3)
 - d. Integrative (8)
 - e. Other - Transpersonal (3), Psychosynthesis (1), Jungian (1)
- (4 respondents ticked more than one category)

Person-centred, transpersonal and psychosynthesis are all considered to be humanistic approaches, therefore at least fifteen respondents can be said to be offering an approach where the emphasis is on the client's capacities for choice, responsibility and achieving one's potential; and which strives to move away from the medical model of traditional psychology. Whereas, Jungian psychotherapy, based on the work of Carl Jung, is a psychodynamic approach, which is interested in unconscious thought processes and how they manifest themselves in a client's thoughts and behaviour. By exploring these patterns it aims to increase a client's understanding of how the past has influenced present thoughts and behaviours.²⁴ Jung was very interested in astrology and it features widely in his writings, "the aeon of fishes is drawing to its end and is at the same time the twelfth house of the zodiac."²⁵ The respondent who stated "Jungian" also ticked "humanistic." It might be assumed therefore that most, if not all of these therapists, might be accepting of "alternative" beliefs such as astrology. It is not possible to specifically say what integration of approaches are used by the eight therapists who ticked "integrative;" but one such respondent's comment indicates an interest in Jung: "I was introduced to C. G. Jung through the work of

²⁴ United Kingdom Council for Psychotherapy. http://www.psychotherapy.org.uk/iqs/dbitemid.639/sfa.view/different_types_of_psychotherapy.html.

²⁵ Carl Jung, *The Archetypes and the Collective Unconscious*, ed. Michael Fordham and Gerhard Adler Sir Herbert Read, trans. R.F.C. Hull, 2nd ed., vol. 9, C.G. Jung. *The Collected Works* (London: Routledge and Kegan Paul, 1975). [hereafter Jung, *Archetypes*], p.210

psychoanalyst/astrologer Liz Greene. This constellated the beginning of a rich journey of discovery and the unfolding of my path toward the world of psychotherapy.”

Responses to the questions relating to knowledge of, or belief in astrology are shown in Table 2.

Table 2. Belief in astrology (number of responses in brackets)

5. Have you ever read a teach-yourself astrology book or taken an astrology course?
 - a. Yes (5)
 - b. No (12)
6. How much do you believe in astrology?
 - a. A lot (5)
 - b. A little (11)
 - c. Not at all (1)
 - d. Don't know (2)
10. Which of the following statements best describes what you think astrology is?
 - a. It's a science (0)
 - b. It's a means of predicting the future (0)
 - c. It's a system of belief (11)
 - d. It's a form of divination (3)
 - e. It's a personal development tool (4)
 - f. I have no opinion as to what astrology is (0)
 - g. Other, please specify (5) –'It's a creative art', 'It's a model for personality; making meaning and reflecting on our relationships with nature, others and god', 'An interest in positions/movements, etc of stars, planets, sun and moon', 'It's an old wisdom or science', 'We are planetary people in a wider universe'

84% of respondents therefore professed some belief in astrology with 26% of those expressing strong belief. The figures from Gallup polls for belief in astrology, based on direct questions, are generally between 20% and 29% therefore this figure is substantially higher.²⁶ As Nicholas Campion points out however, “The quantification of belief is widely understood to be highly problematic, and there are substantial problems with both the collection and interpretation of

²⁶ George Gallup, “The Gallup Poll: Public Opinion 1999,” (Wilmington, Delaware: 2000).

statistical data concerning religious affiliation, practice and attitude.”²⁷ 58% of respondents saw astrology as a “system of belief” which echoes Stephen’s Hunt’s view that astrology is often regarded as a matter of belief.²⁸

Two questions related to clients’ introduction into therapy sessions of astrological belief and responses are illustrated in Table 3.

Table 3. Clients’ introduction into therapy sessions of astrological belief (number of responses in brackets)

7. During a therapy session has a client ever spoken about their star sign ('sun sign') e.g. 'I'm a Virgo'?

a. Yes (17)

b. No (2)

8. During a therapy session has a client ever spoken in more detail about their astrological beliefs e.g. 'I'm a water sign and my partner is earth', 'I've had two accidents this week, I wonder what's going on with Mars'?

a. Yes (8)

b. No (11)

89% of respondents had worked with clients who had introduced some element of astrological belief, awareness of sun sign, into therapy sessions. Of the 42% of respondents who had had clients bring in a more detailed narrative regarding astrological belief, four said they believed in astrology “a lot,” and four “a little.”

Simon Dein suggested that, “Patients with religious beliefs may bring up religious ideas and images in therapy;”²⁹ it appears to also be the case with astrological belief. Jung’s famous case study of a patient in the process of individuation contains much astrological imagery, “A notable innovation is the appearance of two crabs in the lower, chthonic hemisphere that also represents the body. The crab has essentially the same meaning as the astrological sign Cancer.”³⁰ It may be the case that therapists with some belief or interest in astrology may be more “alert” to astrology being introduced into a session. Responses to the two questions relating to how the therapists’ therapeutic approach and personal beliefs might factor in interactions with clients speaking about astrological beliefs are shown in Table 4.

²⁷ Nicholas Campion, “Prophecy, Cosmology and New Age Movements: The extent and nature of contemporary belief in astrology” (PhD diss., University of the West of England, 2006), p.214

²⁸ Stephen J. Hunt, *Alternative Religions: A Sociological Introduction* (Aldershot: Ashgate, 2003).p.173

²⁹Dein, *Working*, p.292

³⁰ Jung, *Archetypes*, p. 342

Table 4. Therapists' therapeutic approach and personal beliefs

9. To what extent might your training and subsequent therapeutic approach factor in interactions with clients speaking about astrological beliefs?

- a. A lot (9)
- b. A little (6)
- c. Not at all (1)
- d. Unsure (3)

11. To what extent do your personal beliefs/opinions/experience concerning astrology factor in interactions between yourself and clients?

- a. A lot (3)
- b. A little (5)
- c. Not at all (5)
- d. Unsure (6)

The 79% of respondents who felt their training and approach impacted on how they interacted with clients were evenly spread across all the orientations. Of the 42% of respondents however who believed their personal beliefs/opinions/experience factored in interactions, only one was person-centred in approach. This may be due to this approach's strong emphasis on the need for the therapist to fully accept the client without assumptions or prejudices.³¹ The 26% of respondents who appear to believe personal beliefs/opinions/experience do not factor are also spread evenly across all orientations. 79% of therapists in this study therefore believe their training and subsequent therapeutic approach factor in interactions with clients speaking about astrological beliefs; 42% believe their personal beliefs/experience/opinions factors in such an interaction and 32% were unsure. In addition, 37% of therapists believed both their training and therapeutic approach, as well as their personal beliefs/experience/opinions were factors. As well as considering the impacts, if any, of training/therapeutic approach and personal beliefs; these questions are also indirectly looking at the gap between respondents' private and public belief systems. It may be the case that belief in astrology may have no relation to what therapists do with such beliefs in therapy sessions but I was aware of a bias towards the opposite view and, as David Silverman suggests, researchers can only hope to be aware of their personal bias, "as most scientists and philosophers are agreed, the facts we find in 'the field' never speak for themselves but are impregnated by our assumptions."³²

³¹ Carl R. Rogers, "The Necessary and Sufficient Conditions of Therapeutic Personality Change," *Journal of Consulting Psychology*, no. 21 (1957).pp.95-103

³² David Silverman, *Interpreting Qualitative Data: Methods for Analysing Talk, Text and Interaction* (London: Sage publications, 2002).p.1

As this was a pilot study done within a limited timeframe, there was little opportunity to trial the questionnaire. The wording of questions and the options offered as answers in any questionnaire are crucial to the final conclusion and there appeared to be some difficulties with the wording of certain questions for one respondent, "Wasn't sure what was meant by Q.8, as a person-centred counsellor I'd want to understand what their beliefs meant for the client (whatever the belief). Similarly not sure how to answer Q.10."

One respondent commented that the questionnaire had prompted him to, "reflect more on my beliefs vis-à-vis astrology, whether, perhaps I might have a tendency to trivialise it." Several respondents commented that they found the topic, "really interesting," "fascinating" and "an area I've never thought about before."

The four therapists interviewed came from a diverse range of personal and professional backgrounds, but all had an openness and interest in alternative belief systems: anthroposophy, Eastern spirituality, yoga, etc.; and in the words of interviewee 2, "a distrust of the prevailing belief in science." All had previous experience of clients bringing astrological narrative into therapy sessions.

A number of common themes arose from the interviews. All interviewees referred to the importance of settings in influencing how and what clients brought into therapy sessions. Interviewee 1 commented, "In the context in which I work clients use clinical constructs to describe their distress." Interviewee 4, who practiced in London in the 1980s and had connections to peace camps and a variety of "alternative" lifestyles, commented that clients there brought astrology into sessions much more often than her current clients in Scotland do, "It was to do with a particular time." Interviewee 2 felt that practicing in an art college she was much more likely to meet clients who were interested in astrology, "Well, you know, it's an art college, you'd expect interest in the non-mainstream."

The therapist's personal appearance was also felt to be relevant by interviewee 3, "Feedback I got was that they thought she looks and dresses a bit wacky, I can talk about this (astrology) to her." This caused me to reflect in my journal of my own experience of meeting a person-centred counsellor who habitually wore a large crucifix and the inhibitory effect this had on me in discussing anything non-mainstream."

Interviewees 2 and 3 respectively, commented on the clients' likelihood of reflecting on astrological beliefs and working with them in sessions when it was "allowed" by the therapist, "My disclosure (of own sun sign) probably impacted positively on the therapeutic alliance;" "A client who was a bit OCD – she brought in she was a Virgo. I acknowledged I understood what she meant, and we were able to talk about that." It was also felt that certain therapeutic

orientations were more open to a wider range of belief systems, including astrology, than others. Interviewee 4 stated that, “Psychosynthesis attracts astrologers. Working from a transpersonal orientation, astrology, alchemy, the tarot, it’s all ok;” and interviewee 1 declared: “A person-centred counsellor wouldn’t ever boot a client out who talked about believing in astrology.”

The gender of the client was also seen as relevant in terms of what was brought into therapy. Interviewee 1 thought that, “A man in counselling might be scared to admit to reading his horoscope whilst women are much more likely to talk about their spirituality and beliefs.” Interviewee 2 concurred with my own experience that, “It’s overwhelmingly female students who have spoken about belief in astrology.”

All interviewees spoke of the importance of helping clients integrate body, mind and beliefs, whatever those beliefs might be, and interviewee 4 said, “I’d be looking at helping them integrate and incorporate all their parts of self, including an astrological self, if that was a part they saw as significant.” For interviewee 3, a practicing astrologer, there had been anxiety related to “coming out” as a therapist who is open to astrology: “I thought it could be seen as crossing a boundary line, I might get my wrists slapped, something to do with being worried about not being seen as a professional. On my website why have I not put astrology as something I could work with?” This echoes Ellen Wagenfeld-Heintz’s research findings when she states that although the majority of her study participants believed that rational medical-scientific and religious paradigms were of similar importance, and may co-exist or even be integrated in therapeutic practice, “these integration initiatives were found to face powerful institutional impediments such as politico-cultural norms of separation of religion from secular institutions and professional norms.”³³ Interviewee 2 perceived the topic as highlighting a diversity and equality issue, “Some people are scared of bringing it (astrology) to therapy, I know I was worried about him treating me as a weirdo. I was used to people looking down their noses.” Synchronistically, on the same day as I interviewed this therapist I attended a training course on diversity and experienced first hand the negative reactions of several participants when one participant (a therapist) disclosed she was also an astrologer.

All interviewees believed strongly that any introduction of astrology into therapy should come from the client—not the therapist—but all would work with, in the words of interviewee 4, “whatever material the client brings, but I’d be looking at how they use it rather than the thing (astrology) itself.” Interviewee

³³ Ellen Wagenfeld-Heintz, “One Mind or Two? How Psychiatrists and Psychologists Reconcile Faith and Science,” *Journal of Religion and Health* 47, no. 3 (2008). [hereafter Wagenfeld-Heintz, *Mind*], p.338

I spoke of the “danger” in working with clients who have “rigid beliefs in astrology” and who may, “blindly follow their astrological chart,” but declared, “I’d find that challenging but I’d do it.” This echoes Koenig’s statement that even if a client’s beliefs are considered by the therapist to be strange or even pathological, they should still be respected.³⁴

Conclusion

The aim of this study was to consider ways in which counsellors/ psychotherapists work with clients’ disclosed astrological statements/beliefs within therapy sessions: to ascertain the extent to which their training and subsequent therapeutic approach factor in the interaction and the reported influence—if any—of their personal opinions/beliefs/experience concerning astrology. It appears that within the target group in this particular community of therapists, there is a high percentage of therapists (84%) with some belief in astrology. Future study would be required to further explore the reasons for this. There is also a high percentage (89%) who have worked with clients who have brought astrological narrative into therapy sessions. A majority (79%) of respondents, spread across all the orientations, felt their training and approach impacted on how they interacted with clients introducing astrological narrative into therapy, and 42% of respondents believed their personal beliefs/opinions/experience factored in such interactions. No one particular therapeutic orientation appeared more accepting of astrology being introduced into therapy by clients than any other. The 26% of respondents who believe personal beliefs/opinions/experience do not factor are also spread evenly across all orientations. It may be the case that therapists with some belief or interest in astrology may be more “alert” to astrology being introduced into a session.

This was a small pilot study and a consequence of taking such a small sample is that small variations in the number of responses can result in substantial variations in percentage results. In addition, the chosen methodology and terminology used affects any conclusions that can be drawn from it. On reflection I would perhaps choose to word certain questions differently; “integrative” was too non-specific a term and length of time practicing seems irrelevant. As Dein suggests, “Incorporation of religious themes into psychotherapy with religious patients may lead to enhanced efficacy,”³⁵ there may be a similar case for incorporation of astrological themes. This would involve therapists being willing, as Wagenfeld-Heinz suggests, to confront the “powerful institutional impediments.”³⁶ In Koenig’s view, just as psychiatrists need to consider what

³⁴ Koenig, *Religion*, p.202

³⁵ Dein, *Working*, p.293

³⁶ Wagenfeld-Heintz, *Mind*, p.338

religion means to them personally as, "Religion is relevant to British psychiatrists because many of their patients will be religious;"³⁷ the place in therapy for clients' declared religious and/or quasi-religious beliefs—including astrology—also needs further consideration. The experiences of clients themselves in therapy who are "believers" in astrology is yet another area that merits further study.

Works cited

Baetz, M., Griffin, R., Bowen, R., et al. "Spirituality and Psychiatry in Canada: Psychiatric Practice Compared with Patient Expectations." *Canadian Journal of Psychiatry* 49 (2004): 265-71.

Bell, Judith. *Doing Your Research Project. A Guide for First-Time Researchers in Education and Social Science*. Buckingham: Open University Press, 2002.

Braud, William. "Integral Inquiry. Complementary Ways of Knowing, Being and Expression." In *Transpersonal Research Methods for the Social Sciences* edited by William Braud and Rosemarie Anderson, p.62. London: Sage, 1998.

Bryman, Alan. *Quantity and Quality in Social Research*. London: Routledge, 1992.

Cresswell, John W. "Philosophical and Theoretical Frameworks." In *Qualitative Enquiry and Research Design*, p.75. London Sage, 1998.

Davies, Charlotte Aull. *Reflexive Ethnography. A Guide to Researching Selves and Others*. London: Routledge, 1999.

Dein, Simon. "Working with Patients with Religious Beliefs." *Advances in Psychiatric Treatment*, no. 10 (2004): p. 287-94.

Durant, Martin Bauer and John. "Belief in Astrology: A Social-Psychological Analysis." *Culture and cosmos* no. 1 (1997): p. 55-70.

Gallup, George "The Gallup Poll: Public Opinion 1999." Wilmington, Delaware, 2000.

Harborne, Lynette. "Working with Issues of Spirituality, Faith or Religion" In *BACP Information Sheet G13*. Lutterworth: BACP, 2008.

http://www.psychotherapy.org.uk/iqs/dbitemid.639/sfa.view/different_types_of_psychotherapy.html.

Hunt, Stephen J. . *Alternative Religions: A Sociological Introduction*. Aldershot: Ashgate, 2003.

Jung, Carl. *The Archetypes and the Collective Unconscious*. Translated by R.F.C. Hull. Edited by Michael Fordham and Gerhard Adler Sir Herbert Read. 2nd ed. Vol. 9, C.G. Jung. *The Collected Works*. London: Routledge and Kegan Paul, 1975.

Koenig, Harold G. "Religion and Mental Health: What Should Psychiatrists Do? ." *Psychiatric Bulletin* 32 (2008): 202.

³⁷ Koenig, Religion, p.202

- Lannert, J. "Resistance and Countertransference Issues with Spiritual and Religious Clients." *Journal of Humanistic Psychology* 31 (1991): 68-76.
- Oakey, Ann. "Interviewing Women: A Contradiction in Terms." In *Doing Feminist Research*, edited by H. Roberts, p.30-61. London: Routledge and Kegan Paul, 1981.
- Pike, Kenneth. *Language in Relation to a Unified Theory of the Structure of Human Behaviour*. 2 ed. The Hague: Mouton, 1979.
- Psychotherapy, British Association for Counselling and. "Ethical Framework for Good Practice in Counselling and Psychotherapy." Luttersworth, 2010.
- Rogers, Carl R. "The Necessary and Sufficient Conditions of Therapeutic Personality Change." *Journal of Consulting Psychology*, no. 21 (1957): pp. 95-103.
- Sansone, R., Khatain, K., & Rodenhauer, P. "The Role of Religion in Psychiatric Education: A National Survey." *Academic Psychiatry* 14 (1990): p. 34-38.
- Seibold, Susan Blackmore and Marianne. "The Effect of Horoscopes on Women's Relationships." *Correlation* 19, no. 2 (2001): p.17-32.
- Shafranske, E., & Maloney, H. . "Clinical Psychologists' Religious and Spiritual Orientations and Their Practice of Psychotherapy." *Psychotherapy*, no. 27 (1990): p.72-78.
- Silverman, David. *Interpreting Qualitative Data: Methods for Analysing Talk, Text and Interaction*. London: Sage publications, 2002.
- Sobal, Charles F. Emmons and Jeff. "Paranormal Beliefs: Functional Alternatives to Mainstream Religion?" *Review of Religious Research* 22, no. 4 (1981): 301-12.
- Wagenfeld-Heintz, Ellen. "One Mind or Two? How Psychiatrists and Psychologists Reconcile Faith and Science." *Journal of Religion and Health* 47, no. 3 (2008): 338-53.

Appendix

- Interviewee 1 is a male, person-centred counsellor
- Interviewee 2 is a female, person-centred counsellor
- Interviewee 3 is a female, integrative counsellor
- Interviewee 4 is a female, integrative counsellor