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An Interoperative Phenomenological Analysis of Hindu Psychologists and the Impact of Hinduism on Their Clinical Work

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An Interoperative Phenomenological Analysis of Hindu Psychologists and the Impact of

Hinduism on Their Clinical Work

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Psychology at National Louis University, Chicago in partial fulfillment of the requirements for
the degree of Doctor of Psychology in Clinical Psychology.

Chicago, Illinois
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The Doctorate Program in Clinical Psychology

Illinois School of Professional Psychology
at National Louis University

CERTIFICATE OF APPROVAL

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Clinical Research Project

An Interoperative Phenomenological Analysis of Hindu Psychologists and the Impact of Hinduism on their Clinical Work

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This is to certify that the Clinical Research Project of

Kinjal Panchal, M.A.

has been approved by the CRP
Committee on

as satisfactory for the CRP requirement
for the Doctorate of Psychology degree
with a major in Clinical Psychology

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_____
Reader

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Dedication

I dedicate this dissertation to my Feba, Nirupa Mehta, who taught me to be a Vedantist and encouraged my interest in Vedic literature and philosophy. Whose light is forever with me and whose words of wisdom continue to flow through my heart and mind.

To Anjani and Akash, who have changed my world and continue to motivate and inspire me daily. Remember that no dream is to small, I hope you both continue to strive for what is in your hearts and shine brightly every day. Mommy loves you both my wind and my sky.

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Abstract

This study was an exploration of spirituality, cultural upbringing, and deeply rooted Eastern philosophy and their conscious and unconscious impact on the way Hindu psychologists practice in the field. The purpose was to take into consideration the four major theories of Hinduism and to assess whether psychologists of Hindu origin integrated them into their clinical work. The study used qualitative methods, specifically interpretative phenomenological analysis, as the main strategy of inquiry for data collection and analysis. The goal was to broaden the understanding of how spiritual beliefs can inform a psychologist's clinical approach and lead to a better understanding of how such practices and the integration of spiritual theories can enhance clinical practice. Additionally, the study shed light on conflicts that may exist between psychologists' personal beliefs regarding cultural expressions of mental illnesses compared to the expressions of mental illnesses from the model in which they received training. The study demonstrates the importance of further research regarding Hindu clients and the stigmatization of the mental health field within South Asian culture. This may also encourage an open dialogue around the use of spiritual and religious beliefs in psychotherapy. It is an important point of inquiry for both research and clinical psychology, as it broadens the discourse around integrated healthcare and diversity.

Chapter 1: Introduction

Just as those in the field of multicultural psychology have begun to recognize the importance of understanding the diverse identities of patients in treatment, clinicians have now also begun to consider how psychologists' cultural expression, spiritual, and religious connections affect their perceptions of patients and the treatment process (Kasprow & Scotton, 1999). The emergence of Vedic and other spiritual theoretical ideas and their clinical implications are transforming psychotherapeutic practice. Increasingly, psychologists are recognizing how the therapist's personal history and world views interact with those of the patient to create a co-constructed therapeutic process. This co-constructed process seems to provide a strong foundation for egalitarian work between the patient and the therapist. It also may provide for a richer and more in-depth therapeutic process.

The connections between religion, spirituality, and psychology are not novel in the history of social science (Shonin, Van Gordon, & Griffiths, 2014), yet there is limited research on the impact of spiritual and religious beliefs on clinicians in their approach toward treatment. Gaining further understanding of how these spiritual and religious beliefs may potentially inform or influence psychologists' perceptions of mental illness can provide the field with new perspectives on how these beliefs are integrated within interventions and practice. Research in this area may also contribute to working more effectively with diverse populations from spiritual and religious foundations. The psychologist's cultural practices and belief systems are too infrequently considered or discussed (Chong et al., 2007). The focus in this research study was on Hinduism and the practice of Hindu therapists as one example to investigate how clinicians' religious orientation may affect the therapeutic process. Relatively few social scientists and researchers have conducted studies around the practice of Hinduism, let alone its influence on

mental health professionals. Studies about some aspects of Hinduism, such as the use of Yoga, are abundant; however, the origins and history of Yoga and Yoga psychology as related to Hinduism are rarely explored (Tarakeshwar, Pargament, & Mahoney, 2003). Thus, the objective of this study was to determine the impact of Hinduism on the clinical practice of Hindu psychologists. The purpose was to examine whether a significant relationship exists between fundamental philosophical constructs of Hinduism regarding mental health known as Vedic psychology and the clinical practice of self-identified Hindus within the field of psychology today.

To explore these issues, the study was designed to investigate how clinical psychologists' own beliefs and cultural perspectives influenced the way they understood and treated the issues their patients brought to the therapeutic encounter. Specifically, the focus was on Hindu psychologists and the influence of their religious system on their approach to the therapeutic process and their perceptions of mental health. There were two main reasons for this choice. First, there has long been an attraction by those practicing Western psychology to Eastern philosophical and religious systems. Exploring their integration has scholarly value. Second, Hinduism has an embedded system of psychology, Vedic psychology, which may be integrated into the thinking of Hindu psychologists in the West as it relates to mental health and well-being. By focusing on the perceptions of Hindu psychologists regarding the integration of their beliefs into their clinical practice, this study was intended to provide a deeper understanding of the impact of one aspect of the therapist's identity on the treatment process. It was hoped that this exploration and its findings would contribute to the field of multicultural psychology, perhaps stimulating additional research with other cultural and religious groups of clinicians.

Chapter 2: Literature Review

Religious Integration in Psychotherapy

The relationship between religion and mental illness has been closely connected throughout the history of philosophy and psychology (Haque, 2004). The term psychology is derived from the word "psyche," meaning soul and the study of spiritual beings (Vande Kemp, 1996). These early connections between religion and psychology continue to reverberate today. For example, humanistic, existential traditions employ many attributes found in spirituality, religion, and modes of consciousness (M. Sharma, 2015). Additionally, early schools of psychology, including psychoanalysis, behaviorism, and humanistic psychology, informed the development of transpersonal psychology. Transpersonal psychology, often strongly associated with humanistic approaches, incorporates aspects of spirituality and religion (M. Sharma, 2015). Yet, the ways in which a psychologist's spirituality and religion influence clinical practice has rarely been studied in modern history (Peteet, 2014). From a historical perspective, psychology's departure from its connection to religion and spirituality into science followed Wundt's creation of the first psychology lab in Germany in 1879 (Haque, 2004). Psychology as a scientific endeavor shifted its focus away from its origins in the humanities. Some have argued that the alienation between scientific psychology and humanistic psychology continues to this day.

To explore the potential integration of these Vedic and spiritual views, it may be important and relevant to see how Hindu psychologists may be influenced by their religion and whether there is an impact on their ways of thinking, conceptualizing, and working with their patients. Researchers have looked at faith integration in informing certain schools of thought such as humanistic, existential, transpersonal, and Islamic (Francis, Santosh, Robbins, & Vij, 2008). Recently, studies have contained a focus on the suggestion that the religious and spiritual

orientation of the clinician can influence clinical practice (Peteet, 2014). Beshai, Clark, and Dobson (2013) brought attention to the contrast and dissonance between cognitive behavioral therapy (CBT) and Islam. They noted that CBT reflected a more Judeo-Christian underpinning that conflicted with Islamic tenets. Thus, further research around integrating Islamic beliefs into psychological theories was encouraged (Beshai et al., 2013).

Muslim theorists have suggested the possible integration of Qur'anic principles with Freudian and Jungian theories of the mind in clinical practice. Highlighted in one article were the resemblances between Jung's collective unconscious archetypes; Freud's concepts of the id, ego, and superego; and the Qur'anic theory of personality that was developed based on a hermeneutic analysis of the Qur'an (Abu-Raiya, 2014). Abu-Raiya (2012) discussed the efficacy of integrating personal, spiritual, and religious beliefs into practice and specifically related how using the Qur'anic theory of personality with the Islamic community may address mental health concerns from the perspective of that community.

Alternatively, discussions regarding the ethical pitfalls of the integration of religion and practice have also been voiced (Plante, 2007). Plante (2007) discussed the rising trend to bring religious and spiritual beliefs into clinical practice in the 20th century and examined how although more therapists consider their beliefs to be integral to their orientation, studies of these integrations are limited because of the fear of ethical retribution. Plante noted clinicians have feared that the field would consider such integrations unethical, leaving them vulnerable to claims of coercing patients to identify with a faith. Attributions of such coercive conduct may be viewed as leaving the clinician open to threats of lawsuits and loss of professional licensure.

Though there have been studies on the negative impact of integrating one's religious beliefs into the therapy space, there are also studies available regarding how the presence of

spiritual and religious integration can assist in psychotherapy work (Peteet, 2014). Articles that have outlined such integrations highlighted the potential for using individual spirituality and religion to inform clinical practice (Peteet, 2014).

Peteet (2014) referenced a survey taken by U.S. physicians in 2005 and an unpublished study with 50 psychologists in the Massachusetts Psychological Association that showed their religious beliefs had a significant impact on their work. Peteet explored further the conceptualization of a hypothetical case through Hindu, Jewish, Muslim, and Christian therapy models. Each vignette included the integration of personal beliefs with psychotherapy (Peteet, 2014). Psychologists who took part in the study noted their beliefs assisted in understanding the patient's worldview and assisted in the interventions they used to help the patient.

Among other findings, the importance of allowing space for the client's religious and spiritual beliefs to be incorporated in therapy is crucial. However, without the comforts of the clinician's own understanding and openness toward spirituality and religion, this aspect can be ignored. Not only did Peteet (2014) find that religion can have a positive impact on therapy, other studies have also emphasized how the presence of spirituality and religion in one's life can have a positive impact on physical and mental health outcomes (Fallot, 2007; Huguelet, Mohr, & Borras, 2009). For example, King, Weich, Nazroo, and Blizard (2006) studied common mental health disorders, religious and spiritual beliefs, and quality of life in six different ethnic groups. The researchers interviewed 4,281 adults in the United Kingdom from Irish, Black, Caribbean, Indian, Pakistani, Bangladeshi, and White origins. Results showed a lack of religious and spiritual beliefs was associated with a higher prevalence of common mental health disorders (King et al., 2006). Coping skills were often the primary treatment used within these studies; however, King et al. also suggested the process of change in therapy is associated with the

incorporation of the patient's spiritual frame of mind that leads to better development of such skills.

These studies merely scratched the surface of the connections among spirituality, religion, and psychology. However, the emphasis within these studies tended to be around the patient's religious and spiritual beliefs. Studies looking at the clinician's beliefs and their impact in the therapeutic space are still sparse. The integration of psychology and spirituality merits exploration, as many psychological theories (e.g., psychoanalysis, humanistic, existential) have roots in spirituality. Because the current study was designed to explore the integration of religion by Hindu psychologists, an understanding of the fundamentals of Vedic psychology appears warranted.

History of Vedic Psychology

Hinduism dates to prehistoric times (Vivekananda, 1991) and has been characterized as one of the oldest religions in the world (Spiegelman & Vasavada, 1987). It has been written that the Vedas were scribed by various rishis (i.e., Hindu priests) and were passed down orally through generations (Vivekananda, 1991). At the time, rishis were the providers of health, stability, and guidance. It is understood by Hindus that these roles were held by spiritual healers. When these roles began to shift strictly to religious work, opening up a need for mental health professionals, stigma and other doubt replaced the trust that once existed related to mental health healing.

The basis of Hinduism is the ideal of a moral life, a life based on an understanding that human beings abide by the doctrine of *Karma* (Pillay, Ziff, & Bhat, 2008). Karma, defined by

the *Bhagavad Gita*[1] found within the mythology *Mahabharatam*[2], one of the two major Sanskrit epics poems (T. R. Sharma, 2000), is the culmination of human actions in the past that assists in shaping the future. The *Bhagavad Gita* also states that followers of the Hindu faith must strive to follow four ideals of *Artha* (wealth), *Dharma* (ethical merit/duty), *Kama* (pleasure), and *Moksha* (spiritual enlightenment) to live a complete life (M. Sharma, 2015). Along with the four major ideals are the four ethical tenets of devotion, ethical action, knowledge, and Yoga, which apply to the actions of others as well as the self. The four tenets' teachings are a crucial piece of the current study of the influence of these ideas on the clinical work of Hindu psychologists (Tarakeshwar et al., 2003).

The Vedas encompass four books of thought (Boyer, 2012). Dated from oldest to most contemporary, the *Rig Veda* is the oldest book in the series of Vedas and dates back to 1700 BC. The *Rig Veda* primarily focuses on cosmology and the different deities and elements, mythologies, and rituals (Benfey, 1848; Doniger, 1981). The second text, the *Atharva Veda*, holds knowledge on medicine, surgery, and Ayurveda remedies[3] as well the treatment of mental illness through interventions (Bloomfield, 2008). Following the *Atharva Veda* are the third and fourth texts, the *Yajur Veda* and the *Sama Veda*. These texts focus on daily rituals, harvesting, and other aspects of daily life. Additionally, literature, poetry, and further mythology of the elemental deities (Agni [fire] and Indra [moon]) are expanded upon within these last two

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[1]. The Bhagavad Gita is found within the pages of the Mahabharata. It is a conversation between Lord Krishna and Arjun that highlights the foundation of Hindu values and thoughts. The Bhagavad Gita is used as a guide to living a spiritual life.

[2] The Mahabharatam, written in 400 BCE by Vyas, is one of the Sanskrit epics that highlights moral and traditional values through literature found within the pages of the Vedas.

[3] Ayurveda is a set of homeopathic remedies highlighted within the Atharva Veda in two parts: Bhaishagykni and Âyushyâni. It is the use of organic spices, plants, oils, metals, and other natural resources as a part of alternative medicine. Ayurveda traditions are used for physical and psychological aliments and one's overall health.

texts (Benfey, 1848). For this study, only the *Atharva Veda* is referenced as it directly pertains to the psychology and philosophy of mental health (Ghosh, 1996).

Vedic psychological principles have emerged from the six branches of Vedic philosophy. Together, the six branches are called *Sadh-Darshana*. Sadh-Darshana states that theoretical knowledge must come from the realization of ultimate truth, which is defined as the layers of the unconscious, and that the "Atman (the real Self or center of consciousness) is never changing, everlasting, eternal and infinite" (M. Sharma, 2015, p. 48); this is a fundamental pillar of Hinduism (Abhedānanda, 1967). The self (Atma) is understood to be an individual spiritual being of nature and eternal consciousness, and acquires a succession of physical bodies through reincarnation and the laws of Karma (Abhedānanda, 1967). The self suffers because of its contact with the world and the interactions of daily living (Akhilananda, 1946).

Hindus believe the Atma carries with it *samskaras*, or "mental forces," which are the unconscious, unseen facets of the mind that are unknown to the conscious self (Akhilananda, 1946). The three aspects of living a karmic life are *Jnana marg*, *Bhakti marg*, *and Karma marg*. Jnana marg (the path of knowledge) reflects obtaining the knowledge of the unconscious self and the unknown through learning (Akhilananda, 1946). The second aspect of life is Bhakti (devotion), which includes devotion to faith and belief in the spiritual. Through Bhakti, it is said that the individual can do good and admirable work. This leads to the third aspect of life, Karma (action and behavior). Karma comprises the choices made in life, the actions taken, and the motives behind those actions (Misra & Paranjpe, 2012). Per Vedic theory, access to the "super-conscious" (Pillay et al., 2008, p. 68), or the final stages of consciousness, is obtainable using Raja Yoga and Hatha Yoga practices. This is an elevated stage of consciousness outside of the conscious and subconscious planes focused on by analytic theorists (Pillay et al., 2008).

Raja Yoga is known to control the development of the mind whereas Hatha Yoga is related to the development of physical capacities (Akhilananda, 1946). Although Eastern philosophers such as Vivekananda and colleagues were not formally trained in psychotherapy, but were trained as Yogis with knowledge of Yoga psychology, Vedic philosophy, and religion (see Abhedānanda, 1967; Ghosh, 1996; Vivekananda, 1991; Yogi, 1969) the contributions they have made to Vedic psychology are directly translatable to psychotherapy as they allow for a decrease in psychological distress and a broader understanding of the human psyche.

Vedic psychology as a living science may be used for the welfare and mental health of the individual. It helps better understand the body, mind, and spirit. The teachings of the different elements of Vedic psychology, such as Raja Yoga and Hatha Yoga, are known to expand people's ability to connect with their internal selves and lead a meaningful life (M. Sharma, 2015). As some of these aspects of Vedic psychology and Hinduism can also be found within the foundations of psychoanalysis, humanistic psychology, and transpersonal psychology, it is relevant to question whether these influences are represented in a Hindu psychologist's clinical work in the Western world.

Integration of Western Models and Forms of Therapy

It may seem Western psychology and Eastern psychology have yet to merge; however, history supports otherwise. These two schools of thought have been making impressions upon each other for years (Whitfield, 1997). Jung, Erikson, and Linehan were among the few who incorporated techniques from Buddhism, Hinduism, and other Eastern philosophies into their work (Whitfield, 1997).

Aspects of Eastern culture and their influence on the West can be traced back centuries (Akhilananda, 1946). Buddhism and Zen principles of meditation and mindfulness (Robins,

2003), as well as Auyer-Vedic medicine (Verma, 2005), have become incorporated within the medical and psychological fields through relaxation and mindfulness strategies (Verma, 2005). The use of Sudharsahn Kriya Yoga (Brown & Gerbarg, 2005) or SKY practices involves breathing techniques along with talk therapy to identify anxiety and depression through unique breathing patterns (Brown & Gerbarg, 2005). Additionally, SKY practices have been found to benefit patients with physical ailments such as Type II diabetes and other metabolic disorders (Agte & Tarwadi, 2004). Another way in which Eastern approaches to health have been integrated into Western approaches is through transcendental meditation, a technique recognized by the American Psychological Association as part of a group of alternative techniques (Barnett & Shale, 2013) developed by Maharishi Mahesh Yogi (1969). The model is used to address the patient's emotional valences along with stressors and psychological needs through both meditations and talk therapy (Alexander, Boyer, & Alexander, 1987). Maharishi Mahesh Yogi's model is comparable to psychoanalysis in that it addresses the patient's internal thoughts as well as the unconscious (Alexander et al., 1987; Glaser, 1988).

Additionally, Vedic theories are not only present in psychology but have been used in the field of social work (Wolf, 2003). The use of Vedic theories with an emphasis on spiritual foundation and personal growth, such as the concepts of Bhakti (devotion) and Karma (duty), has helped to make positive changes among clients suffering from depression and anxiety (Wolf, 2003). Journals such as *The International Journal of Yoga and Allied Sciences*, *The Association for Asian Studies*, and *The International Journal for Hindu Studies* have published literature on the influence of Vedic psychology and Yoga on patients' improvements during the treatment of depression, anxiety, trauma, chronic pain, and other issues (Pillay et al., 2016; M. Sharma, 2015). Yoga psychological models have been used by psychologists to supplement

psychoanalysis, client-centered therapy, and CBT by adding breathing techniques and grounding techniques as interventions (Ashok & Thimmappa, 2006). Jung stated aspects of his model of analysis were inspired by Vedic tenets and the concept of consciousness (Spiegelman & Vasavada, 1987).

Additionally, Vedic psychology has influenced U.S. psychological practices through client-centered therapy. Reddy (2012) described theoretical similarities between client-centered therapy and Vedic psychology as two comparing notions of self-actualization. Similarly, patients have been conceptualized from a client-centered perspective using the writings of the *Bhagavad Gita* (Kalra, Magon, & Malik, 2012). For example, for a patient struggling with termination, Kalra et al. (2012) cited the *Bhagavad Gita*, "I have explored with you the most confidential of all knowledge. Deliberate on this fully and then do what you wish to do" (chapter 18 verse 63). The integration highlighted by Kalra et al. (2012) and Reddy (2012) supports a contemporary use of Vedic psychology in practice.

Along with comparative literature, studies using yogic breathing techniques to decrease anxiety have been implemented in programs throughout the world and the United States (Brown & Gerbarg, 2005). Research examining SKY presented in the *Journal of Affective Disorders* described programs for yogic breathing and how this intervention can decrease cortisol levels in the brain and reduce anxiety and depression in patients (Janakiramaiah et al., 2000). Additional research has shown an increase in the use and effectiveness of Ayurvedic remedies to supplement prescription medication in patients with psychosis (Verma, 2005). The Art of Living, a non-profit organization created by Sri Sri Ravi Shankar, has shed light on the advantages of SKY, a therapeutic aspect of Yoga that uses breathing techniques along with asana or postures to

decrease depression and anxiety in individuals (Brown & Gerbarg, 2005). Yoga is still used as a form of spiritual healing through meditation and posture in India (Girishwar & Paranjpe, 2012).

As the years have progressed, aspects of the philosophical and therapeutic advantages of Yoga have been revisited and various advocates of physical and meditative yogic practice have emerged (Mishra, 1972). Marsha Linehan's concept of the mindfulness module in dialectical behavior therapy (DBT) can be viewed as a form of meditative Zen practice and a practice of Yoga (Germer, 2004). The mindfulness techniques developed by Linehan have a basis in Buddhism and Buddhist roots. Siddhartha Buddha, born into Hinduism, used these teachings around Yoga and meditation separated from the religious aspects of Hinduism to incorporate into his own belief system, which then became a part of Buddhist practice (Berry & Berry, 1996). This speaks to the presence of Yoga psychology in the field, though it has been separated from a Vedic conceptualization and its original intended use.

The presence of Vedic theories and practice has been simplified down to the solo use of Yoga (Gordon, 1990). Yoga's emergence in the United States began in the 1830s but it was not until the late 1900s that it began to take on a separate more fitness-based use (Ellwood & Partin, 1988). The philosophical and religious aspects of Yoga were separated from its original practices when it became popularized in mainstream America. As the 1960s dawned and experimentation with new ideas and cultures increased, so did the use of Yoga practice as a form of exercise (Gordon, 1990). Celebrities such as The Beatles also helped popularize Yoga and continue to increase its use in mainstream America; however, the practice has been stripped of its religious and spiritual purposes and only the physical benefits and certain mental advantages remain (Gordon, 1990). The origins of the practice are also rarely discussed or understood by its users.

Aims of the Study

The objective of this study was to gain a better understanding of the facets of religion that may potentially affect Hindu psychologists' perceptions of mental illness and their integration of these perceptions within clinical practice. This study addressed the following research questions:

1. Are Hindu psychologists influenced by the four major theories of Hinduism (i.e., devotion, ethical action, knowledge, and Yoga) and how?

2. Do Hindu psychologists find these Vedic psychological theories compatible with Western ideas?

3. How do Hindu psychologists integrate and implement Vedic theories into their clinical practice?

4. To what degree do Hindu psychologists find the integration of Vedic theories efficacious?

Chapter 3: Methods

This qualitative research investigation involved the use of interpretative phenomenological analysis (IPA) as the main strategy of inquiry for data collection and analysis. IPA was used to gain a better understanding of the participants' societal and worldviews based on their narratives (Smith & Osborn, 2015). In contrast to research designs focused on finding average results for a group of participants or using a quantitative design to measure an objective reality, IPA is influenced by phenomenological roots (Smith & Osborn, 2015). This design was used to obtain first-hand subjective accounts of the respondents' perceptions around mental health, their conceptualizations of the therapeutic process and the influence of their religion (Hinduism), and their cultural beliefs about these perceptions.

The participants were selected and invited to participate in the study based on selection criteria that were implemented to create a homogenous sample. Semi-structured interviews were used as the data collection source to capture the experiences of the participants as they related specifically to their personal and professional lives. Qualitative research enables the researcher to focus on, analyze, and interpret data for themes, similarities, and differences within the content of the interviews (Brocki & Wearden, 2006). This study was designed to gain an in-depth understanding of each individual's experience of Hinduism and Vedic psychology and its impact on their perceptions of mental health and conceptualization of treatment. An additional hope was to determine whether religion and its psychological aspects affected the participants' ability to work with patients from a similar religious background in therapy in a beneficial manner.

Participants

Interpretative phenomenological studies use relatively small sample sizes and contain a focus on attempting to understand a phenomenon from the perspective of a specifically defined

group (Brocki & Wearden, 2006). The number of participants in the current study was eight. To obtain an appropriate sample, the researcher used snowball sampling as a "solution to overcome problems of data sampling in the study of hidden populations" (as cited in Faugier & Sargeant, 1997, p. 792). Snowball sampling to generate participation has been described as:

> A few identified members of a rare population are asked to identify other members of the population, those so identified are asked to identify others, and so on, for obtaining a nonprobability sample or for constructing a frame from which to sample. (Thompson & Collins, 2002, p. 183)

For this study, the principal investigator reached out to mentors and professors who were South Asian. A script of what the principal investigator said to these individuals is provided in Appendix A. This type of sampling is known as "chain referral sampling," which is a type of purposive sampling (Heckathorn, 2011). The goal of using this form of sampling in qualitative research is to gain participants through a relational network rather than a standard sampling approach (Handcock & Gile, 2011). It entails the use of a participant or informant. The participants then used their social and professional networks to refer the researcher to other potential participants. This created a homogenous sample, as the researcher looked for participants who fit certain demographic characteristics (see Appendix F); in this case, identified as Hindu.

The ideal number of participants in such a study, per Smith and Osborn (2015), is eight. Eight participants provides a balanced inquiry of experiences/states and perceptions of the world and allows for rich content for analysis. Participants were licensed clinical psychologists who identified as Hindu. The researcher contacted the Division of South Asian Americans (DoSAA) through email and received authorization to advertise on their social media page (see Appendix

E). Additionally, the Communication Officer of DoSAA at the time agreed to personally reach out to potential participants on behalf of the researcher. The DoSAA is a subdivision of the Asian American Psychological Association. DoSAA is an organization of South Asian students and professionals committed to understanding social, emotional, political and personal influences affecting South Asians.

The research study was presented as an effort to gather information regarding Hindu psychologists in practice. Each participant received a personalized email stating the purpose of the study and its procedure, at which time the participant agreed to participate. A copy of the email is attached in Appendix B. Participants were provided with an informed consent form (see Appendix C) assuring confidentiality. A copy of this form was given to the participants for their records. This form indicated the purpose of the study and its procedures. Participants were assured that all recorded interviews would be erased after the completion of the study, and participants would be contacted when the study was completed.

Procedure

The principal investigator advertised on the social media page of the DoSAA to recruit Hindu psychologists to participate in the study. The principal investigator contacted psychologists within the South Asian population with whom she had a standing relationship and provided information about the purpose of her study for them to share with potential participants. The principal investigator set up a time to conduct a face-to-face interview with the participants at a confidential space of the participants' choosing (e.g., home, office, etc.). At the time of the face-to-face interview, the principal investigator went over the informed consent, had participants sign the form, gave a copy to the participants for their records, and used the outline of questions in a semi-structured interview format to gain experiential information. The

interview questions can be found in Appendix D. Participants were able to answer with their experiences and perspectives. They were advised that should any doubt or feelings of withdrawing from the study emerge during or after the interview, that the interview would be terminated at their request. The interviews were conducted in English, recorded, and transcribed. After the interviews were conducted, the transcriptions were analyzed per IPA methods of analysis to note themes that informed the rationale of the study.

Data Analysis

Data were collected through face-to-face interviews with psychologists who identified as Hindu in faith. The interviews were then transcribed by a third-party service that was a HIPPA compliant, confidential transcribing service used for research transcription. After receiving the transcriptions, they were coded and then analyzed for emergent themes by the principal investigator. The coded transcripts were then imported into Dedoose.com, qualitative research software that helps to corroborate themes from qualitative methods. All files were kept secure on an encrypted flash drive. All imported files were also encoded for confidentiality purposes. The flash drive was kept in a locked cabinet in the principal investigator's home. The key to the cabinet always remained with the principal investigator.

The principal investigator analyzed the first transcript to look for themes and attempted to make connections between those themes and superordinate themes for the overall study. The same process occurred for each of the eight interviews. The principal investigator then assessed for patterns between each interview to establish master themes for the study. The master themes are presented as a table with examples of each theme as support. The researcher translated the master table into a narrative account describing the themes in detail with verbatim quotes from the participants (Smith & Osborne, 2015).

Chapter 4: Results

Based on the initial analysis, results showed the Hindu identified psychologists were influenced by Hinduism in their clinical work. They used Vedic psychological principles under the umbrella of an integrated framework and tended to identify as practicing from an integrated orientation that usually consisted of behavioral and interpersonal dynamics. These theories aligned with Vedic psychological constructs.

Participants

Table 1 reflects the demographics of the participants of the study and their identified orientations. A brief summary of each participant, results, and themes follow.

Table 1

Participant Demographics

Name*	Identified sex	Age	Years of practice	Identified faith tradition	Theoretical framework
Ansi	F	31	2	Vaisnav, Hindu	Integrated, CBT, DBT, somatic experiences, and spiritual
Bina	F	27	4	Hindu	Integrated, psychodynamic conceptualization, and ACT and values-oriented approach
Cane	F	55	20	Hindu and Buddhist	Integrated, psychodynamic, humanistic, and spiritual
Dia	F	31	3	Hindu	Integrated, psychodynamic, and CBT
Em	F	54	18	Hindu	Integrated CBT and psychodynamic
Fai	F	32	5	Hindu	Integrated DBT, CBT, and humanistic
Gia	F	45	8	Buddhist and Hindu	Integrated humanistic, client-centered, and psychodynamic
Hina	F	53	20	Hindu	Integrated, humanistic, psychodynamic, and CBT

*Pseudonyms are used for the real names of the participants to protect their identity and privacy.

Ansi was an Asian Indian woman from Texas who was 31 years of age. She was a practicing clinical psychologist at a private practice. She had 2 years of experience as a full-time

practicing psychologist and identified as a Vaisnav Hindu. She spoke English and Gujarati. Ansi identified with an integrated orientation. She reported that she blended somatic experiences, CBT, and psychodynamic therapy. Additionally, she used spiritual and mindfulness practices.

Bina was an Asian American woman from California who was 27 years of age. She was a practicing clinical psychologist at a medical research university. She had 4 years of experience as a full-time practicing psychologist and identified as a Hindu. She spoke English, Hindi, and Spanish. Bina identified with an integrated orientation. She reported that she blended psychodynamic conceptualization and ACT and values-oriented approach.

Cane was a South Asian American woman from Illinois who was 55 years of age. She was a practicing clinical psychologist at a community mental health facility. She had 20 years of experience as a full-time practicing psychologist and identified as a Hindu and Buddhist. She spoke Hindi, Marathi, Bengali, and English. Cane identified with an integrated orientation. She reported that she blended humanistic and psychodynamic therapy. Additionally, she used spiritual and behavioral practices.

Dia was a South Asian American woman from California who was 31 years of age. She was a practicing clinical psychologist at a hospital. She had 3 years of experience as a full-time practicing psychologist and identified as a Hindu. She spoke Hindi, Punjabi, and English. She identified with an integrated orientation. She reported that she blended CBT and psychodynamic therapy.

Em was a South Asian American woman from Washington who was 54 years of age. She was a practicing clinical psychologist at a university counseling center. She had 18 years of experience as a full-time practicing psychologist and identified as a Vaisnav Hindu. She spoke English and Gujarati. Ansi identified with an integrated orientation. She reported that she

blended CBT and psychodynamic therapy. Additionally, she used somatic experiences and Yoga in practice.

Fai was a Gujarati American woman from Arizona who was 32 years of age. She was a practicing clinical psychologist at a private practice. She had 2 years of experience as a full-time practicing psychologist and identified as a Hindu. She spoke English and Gujarati. Fai identified with an integrated orientation. She reported that she blended CBT and humanistic therapy. Additionally, she used spirituality and meditation in practice.

Gia was an Asian Indian woman from Illinois who was 45 years of age. She was a practicing clinical psychologist at a community mental health facility. She had 8 years of experience as a full-time practicing psychologist and identified as a Buddhist and Hindu. She spoke English, Marathi, Hindi, and Urdu. Gia identified with an integrated orientation. She reported that she blended humanistic, client-centered, and psychodynamic approaches.

Hina was a South Asian American woman from Illinois who was 53 years of age. She was a practicing clinical psychologist at a private practice and university counseling center. She had 20 years of experience as a full-time practicing psychologist and identified as a Hindu. She spoke English and Punjabi. Hina identified with an integrated orientation. She reported that she blended humanistic, psychodynamic, and CBT approaches. Additionally, she used music, spirituality, and Yoga in practice.

Findings

This investigation was guided by four research questions designed to elicit in-depth and unfiltered responses from the participants. The principal researcher performed all of the data analysis (except for transcribing the interviews). In the initial stage of analysis, the principal researcher listened to the audio recording of the first participant several times while annotating

on the corresponding transcript. The principal researcher noted observations on the interview experience and reflections of the experience. After the initial analysis of content, metaphors, codeswitching, and other repetitive comments, a more in-depth review of developing emergent themes was analyzed. After the initial and second round of coding, the principal researcher used Dedoose software to corroborate the themes that emerged through the data sets. The principal researcher used the software's visual aids and charts to help quantify the themes that were most prevalent across all of the data sources.

IPA, as presented by Pietkiewicz and Smith (2012), outlines how to conduct data analysis and derive codes via thorough and repeated review. This outline was referenced and used to gain a deeper understanding of the experience of each participant and the clustering of themes from that experience. This step allowed the principal researcher to separate and deduce the core themes of the data source. This step was repeated for each of the participants' data sources (see Appendix D for the presentation of codes). As a result of the analysis, four core themes were derived from all of the codes. The presented themes were chosen to represent all eight of the participants' experiences as ascertained through an analysis of their experience based on the research questions presented to them.

Themes

In-depth data analysis yielded the following four themes after coding. The developed emergent themes as related to the research question and purpose of within this study focused on (a) importance of their role as women, (b) Yoga as a way of life and psychological model, (c) the Vedic tenet of Karma and its presence in life and practice, and (d) Hindu psychological tenets used in clinical practice.

The following section presents a detailed description of the thematic findings as determined through an in-depth analysis of the participants' interviews and reflective journal entries. Through the use of direct quotes that are representative of the general coding, the participants' experiences are highlighted to support each of the described themes.

Importance of their role as women. The theme of importance of their role as women derived from the participants' recurring expressions of the importance of being a woman in the field, women of color, mother, daughter, or teacher in their lives. The recurring themes expressed how this role was thought of in relation to others as well as within the community and society as a whole. Throughout the data collection process, each of the participants talked about an awareness of a maternal characteristic they held in their work as clinical psychologists, as well as within their daily lives. Additionally, they addressed how this role was influenced by Hindu principles. Participants noted a cognitive process that involved repeated integration of their role and its presence in their professional and personal lives. As a result of their intersecting identities of being both Hindu and a woman, the participants expressed different examples of how this role was experienced. Here, Dia described how salient this role was for her:

> With regards to how those principles influenced me, I think being a woman is a major
>
> part of my identity and I think a large part of that is framed by the Hindu principles
>
> around the role of women within her family, her power and the strength that a woman
>
> brings into her space whether that's within her personal or professional space.

Other participants also noted their experiences with the importance of their role of women as cultural embodiments for their family. Six of the eight participants acknowledged the influence of Hindu principles of patience, understanding, and spiritual leaders as a part of the role they

played within their homes. Additionally, the participants were asked how their role as a woman played a significant part in their connection to how they existed in society. Em noted:

> Just doing my best every single day, my absolute best whatever that is as a mother, psychologist, and teacher. It's about every human being that you come across and how you treat them. That I got from the Gita, how being a woman in this world makes you a spiritual leader

The role of leadership was tied to the role of women and as a social advocate for others. Dia noted, "My culture, I think enables me to see different sides of what another person might be experiencing, this is attached to my role as a Hindu woman who takes on many views to keep the family together and stronger."

> The participants addressed how connection and female power were linked to being a true caregiver and that this was within their cultural expectations and teachings.

> I think being a woman is a major part of my identity and I think a large part of that is framed by the role of a woman within her family. I do keep in mind that I have that power and I do have the ability to share that with other people around me or be able to hold this forward, then if they're going through a difficult time and being able to hold that nurturing space or the space for love and compassion for others. I think that role as a woman is important, that's influenced by the principles that I've been raised with. I would say with regards to my profession, to know that responsibility and the power again that, that position can hold but at the same time, to know that you can. It's a partnership and it's being able to mutually be in a space with another person, share their pain and share their suffering and being able to provide them with comfort, of being able to

provide them with that healing experience is also connected to my experience as a

woman. (Gia)

Alternatively, the participants noted how patriarchal norms and gender roles also played a

part in their experiences as clinicians and as Hindu women. Participants noted the maternal

figure projected on to them by many patients also came with the role of being a caretaker at

home and the office. Bina described what it was like to be a connector as a Hindu woman:

Being able to be a connecter in that way, and being able to bring people together and my

family, maintain relationships in the family, I think I play that role, and I identify with

that role, that's kind of a core for me.

Additionally, Bina and Fai attended to how their family values and role placements affected the

importance of being a strong woman:

I think I grew up more conservative, but I think my family was pretty open-minded and

the way that they raised us. There was a cultural overlay of the more traditional

conservative pieces growing up but then I was allowed to explore and given many

freedoms. My role as a daughter has always been strong from when I was younger, the

importance of family and like social relationships, and how that can be supportive. Being

a good daughter, being respectful and taking these themes and roles as women were very

important to me. I think always being open-minded was probably something I learned in

my role as a good daughter and how important that was for me to carry on. (Bina)

In terms of roles, I would say I do identify as a daughter, a sister, a woman, and a

psychologist. I would say because of being raised in a joint family, I also identify with

granddaughter and niece. These roles are all connected to my role as a woman, and the

major influence that has had on my life and my identity. The center of the home, the

center of the family, this is the message I was given by my family and growing up in a

Hindu household. My role as a woman is a reflection of this, I was taught that there was

no way to move through the different levels of consciousness without the compassion and

understanding that comes from the female power. I say female power because it was not

about biological identity but woman as a female power. (Fai)

Cane's view around her gender identity differed from the rest of the women, as she considered

herself as someone outside of gender:

I don't really see myself as Asian American or Indian, nor is there a focus on my gender

and its impact in my world, although it does have a role. I see myself as Human being

first, more like a global citizen.

Yoga as a way of life and psychological model. The theme of Yoga as a way of life and

psychological model derived from the participants' recurring expressions of the role of Yoga in

their lives and practice. Yoga was a part of some individuals' daily experience whereas for others

it was something that ebbed and flowed. Throughout the data collection process, each of the

participants talked about the placement of Yoga throughout their life as a clinician and its use

within their practice. Some addressed Yoga as a whole and others noted its presence in some

form but not entirely.

I don't know if I would say I practice Yoga in its entirety. I've been exposed to it during

my school years in India. It's something that was a part of daily life. I would say I

practice more meditation than Yoga. I won't be able to share too much around that just

because I've never really had too much experience around formal Yoga practices. I do

practice transcendental meditation that's been part of what I was taught in middle school

back in India. (Dia)

Yoga means connection. And so it connects the mind and body in a way that I can be better in doing other things like doing my spiritual practice, or work or whatever it might be. So it's a way for me to connect the two. Yes, it's physical but I think I use it more for the deeper learnings behind it. (Ansi)

For meditation guidance in regards to day to day living, and coping with life, value is placed on the puranic and yogic tradition. I grew up in the military and so my life was very impacted by the rules of engagement from both Western and Eastern cultures. (Cane)

I have awareness around that the presence of what Yoga provides for me from within, I might not identify that with my clients but I can understand what the individual might be bringing in with them, certain values, experiences that may have flooded over, this is a part of Yoga psychology. (Bina)

Some participants connected meditation and Yoga to their childhood and upbringing, focusing on the specifics of each part and its impact on the physical and mental parts of the body.

I love meditation, transit state, takes you to a state of mind, the pettiness goes by you and I think it's because I grew up as a yogi, doing Yoga every morning, reading the Gita every morning, going on walks with my father. I grew up steeped in Vedanta culture, it was more family stuff then religious but it provided for your life. Yoga gives you razor focus, I would not be able to do the work I do without meditation. Numerous studies were done on consciousness and Yoga in the neurology departments and their impact on the brain. (Cane)

Kundalini Yoga was the basis of Yoga taught within my family. You did it throughout the day, when the sun rises, when it sets, there was a time and place for all the different

types of meditations and physical movement. Kundalini focused on breathing techniques

that help to reduce anxiety and increase focus. For me Yoga is a part of my every day, I

do it all the time and it's a part of my life. I don't detach it as something separate. It in

itself is a foundation. (Fai)

Yoga has a very powerful place in my life and practice. I use it as a treatment modality

for anxiety and grief. I have been working with a colleague, looking at across the lifespan

and how to use the different meditative properties of Yoga to reduce anxiety and increase

the ability to regulate stress. (Gia)

Participants also identified the demystification of Western notions of Yoga and its importance as

a psychological practice, as well as how they brought the true nature of Yoga to their

professional community, students, and colleagues.

Well, I think that Western medicine and the Western world are getting hard to the fact

that exercise is seen as doing Yoga or tai chi or Zumba as in the same category. There is

an additional component of breathing which is known to impact your multiple body

systems. When you do somatic breathing, which is done in Pranayam then it impacts your

digestive system, your heart, your automatic nervous systems, and your sympathetic

nervous system. These are not considered as a part of the Western world's experience of

Yoga. Anyways, the way that I use the technicalities of it, essentially, Somatic breathing

is Yoga and not an additional component of Yoga, I use these interventions in treatment.

Honestly, I don't worry about, is this person going to be spiritually thinking about the

higher planes or becoming something better, at that moment, I teach the benefits and that

regardless of whether the special connection is available to the person or not, at the

moment it's about helping the individual through how I know best to help. Meditation.

Well, not in my daily life as much as I would like, but in my practice in counseling, yes. I

Use it with students, in a moment when I'm working with students, there I'll fairly

frequently practice meditation with them. My goal is to simplify it, demystify it and make

it available, I don't tie it to any fancy theory, I go back to the basics of it, you can

meditate brushing your teeth when you're driving my goal is to promote that. (Em)

The breathing techniques are attached to the brain's ways of communicating our needs.

Sudarshan Yoga, for example, is another form of somatic breathing that I have used in

my practice. I find that helping patients connect to their breath can help them connect to

other aspects of their life that they feel unsatisfied with. Yoga practice can feed the soul

in a way that has yet to be identified in the Western world. Western medicine still

considers the use of Yoga as a healthy alternative exercise. (Fai)

Overall, the participants all expressed a deep personal connection to Yoga that came from

childhood and continued into their identities. The participants addressed how Yoga's place in

their lives was consistent.

     The Vedic tenet of Karma and its presence in life and practice. This theme derived

from the participants' recurring expressions of how Karma played an active presence in their

personal and professional lives. Three major tenets were expressed in the lived experiences of

these participants. These major tenets provided a theoretical foundation that affected the way

these clinicians perceived patients and others in their worldviews. The first tenet of Vedic

psychology represented through the data addressed the belief that all people have an Atma, in

this case meaning soul, essence, an aspect of every living thing. The first tenet of Vedic

psychology states that all Atma is a singular Atma. The theme of Karma is directly linked to

belief in the Atma and its role within each individual. The Atma as brought up within Vedic

psychology and within the data is a shared aspect that every individual carries. This essence is

what connects people and is influenced by the external world.

The actions people take in this life, failures, and successes are a part of a larger tapestry.

The individual threads that are woven are a part of the whole, not the whole. As a result, people's

Karma helps to decide the next phases in life that are yet to come across. With this thought, the

choices people make in this life are affected to some degree by lifetimes before and will affect

lifetimes to come. This theme of reoccurrence and patterns was deeply rooted in the participants'

thoughts on how to treat patients. Participants reflected on the nature of the soul and its

connection to Karma and service to others.

One of the spiritual beliefs as we are all spirit souls. Atmas, and so based on our external

sort of environment and influences, we've changed and behaved in different ways. But

ultimately, we are all of the same essences, and so within that framework that comes with

like, even though we may look like different people have different backgrounds, um,

you're still an Atma. (Ansi)

I have awareness around that, I might not identify that with my clients but I can

understand what the individual might be bringing in with them, certain values,

experiences that may have flooded over. (Bina)

I tried to find in my work, ways that I can be of service, which would mean that

sometimes I might not know what to say, or I don't have a similar experience to one of

my clients. But I'm just sort of channeling this as a spiritual experience in the sense of

like, I'm being guided in certain ways where there's a reason why this person came to

me, or there's a reason why I'm going in a certain way it's got about training as well. But

in terms of connection, that connection is also a spiritual thing. (Gia)

Don't be sort of attached to the fruits of your labor or things like that, they should be

offered to Krishna, which is helpful in the sense of failure will come to everyone.

Failures come to me and other people get it. I would say, my life has gone pretty well.

(Fai)

The actions that we take in this life, failures, and successes are a part of a larger tapestry.

The individual threads that are woven are a part of the whole, not the whole. As a result,

our Karma helps to decide the next phases in life that we have yet to come across. With

this thought, the choices we make in this life are impacted to some degree by lifetimes

before and will impact lifetimes to come. (Ansi)

I really believe that there is an inner good in people and I try to pull that in people and I

feel like they really rise to that. The karmic component of people's lives can be seen if

our lens can be broadened and widened. (Cane)

My values that guide me, I believe that every Atma here on earth, every day, every

interaction with every human being or living being need to be a positive interaction as far

as I can control it. That is the driving principle with which I try to live each day. Every

interaction is guided by doing good rather than harm. (Em)

I find myself having conflict within myself when thinking about some of the beliefs I

hold true. Karma, for example, I think what the clash for me is more the value systems,

sometimes that people come in with versus my value system. Also the illusion of control

and the illusion of positive outcomes in life. Life does not guarantee this, and this can feel

frustrating. Even with my own resound understanding of Karma. This aspect of the

theory brings to light how Dharma is a part of living and life. Dharma is defined as the

duty to the self and others. (Bina)

I do believe in Karma, personal integrity, being aware of the consequences of my

thoughts, behaviors, and actions is something I'm really concise about. I would say, with

regards to what I say and what I believe, I believe that it does have an impact on a larger

level. I would say I do believe in Karma in that sort of framework. Maybe some extent, I

would say honoring and respecting life experience, whether it comes from family

members or whether it is with regards to my colleagues at work, being able to learn and

respect and honor that perspective. Yes, that's something that I'm conscious about. (Dia)

I feel like there is a journey that I'm on and my own beliefs impact what I can control my

actions, my behaviors, this is what drives me forward. That there is a connection to the

choices that I make and some higher level, I keep trying to focus on that. Karma allows

me to be free of the frustration of others and their response or lack of, I think of my

journey and that being all that I can control. (Hina)

So yeah, like Karma, was always connected to reincarnation and how powerful it is. The

principles of it, I think that's where morals come into play, doing good in this life, and

that resulting in the next life, possibly resulting in a more positive next life. I even

remember specific relatives being able to remember their past lives, that we are all a part

of something bigger, that it's not just about the religion but about fate, and a connection

to something that when embraced, continues to lead you to something more. (Bina)

The specific stages of life ceremonies and trying to look at what mantras or rituals are

practiced during that time, and how can that be utilized to reduce anxiety and address

grief at different stages. The different Vedic tenets that are looked at through the life span

from the birth ceremony, the puberty ceremony, the rites of passage for boys and then,

marriage and how trying to highlight that this is what is done in life, to move through it. (Gia)

As I said, I see every action that I do, every person that I meet as an opportunity to do something positive for the other person, whether it is a small measure or large, I can control that. It depends on whether they're ready to receive it or not. My approach is something like the Indian thought process of every person to your home, comes into your home as a guest and every person that office and every person entering my office is my guest, and is, therefore, a form of god. Is an Avatar of God. (Em)

Life is not fair and life doesn't always do all right but there is this expectation of happiness in this part of the world. There is the expectation that I have the right to happiness and I have the right to this and I have the right to that, where essentially there is no right. That's Karma, Dharma, there's no guarantee and that's I believe Eastern thinking. That is one area where I don't know if it's actually, you have an issue with people in the way we think. I feel like if that's the way you're coming from well, then we have to work for whatever we have in front of us, I didn't know that. (Fai)

Hindu psychological tenets used in clinical practice. This theme derived from the participants' recurring expressions of how they incorporated these tenets through different means throughout their practice. The data varied in how the tenets were spoken about and addressed, yet correlated with the meaning and basic principles of Vedic psychology. The experiences of the participants varied individually but connected as a whole. Bina and Fai addressed what advantages came from being brought up within a collectivist system.

We talk about things that have happened, maybe, difficult things in our lives, we tie it to the connection with Krishna around why things might be that way, that they are or how we can kind of help each other and not. (Fai)

There are clients who have a responsibility towards, and respect for family that haven't necessarily treated them right, for example, there's still tension and conflict between them and yet a wanting to give back or respect and take care of their parents despite feelings of anger, this maybe a difficult for a therapist who has a more individualistic framework to understand. It is something that comes from the philosophy with Hindu culture and something that connects with me to bring into session to help validate my client's conflictual feelings while understanding their position. (Bina)

Others connected their spiritual and cultural identities with their professional work and how they merged. They described how they implemented their Hinduism into their psychological work.

There's a lifelong education, the more you know the more ignorant you feel, but what is an expert? Having asked this question and knowing that no matter how successful you are no peak is reachable, my view in my practice is defined by the idea that there is always a need to achieve when others are bored with life or feel they have reached a peak that's when they begin to regress. Human being suppress so much of our needs and wants in the process of following external and social guidelines, we fail ourselves, sooner or later, more often later it hits you in the face. When you look at people as a psychologist these are the dynamics I look at. It's sort of psychodynamic but also philosophy that as humans of higher-order animals when our needs are not met we regress. (Cane)

My culture, I think it does enable me to see different sides of what that person might be experiencing, like being South Asian, I've had a lot of experiences, like with Asian

clients here, for example, and there are certain value systems that I can understand because of how Asia, being more collective, mystic society, and here being more individualistic having the ability to identify holding those two together can be a little bit more clear to me in my understanding than those that may not have that same foundation. (Bina)

For the patients that I use some of the Hindu rituals or interventions, chants there has been a report that their anxiety has reduced over time because they are doing something familiar with them. That the personal aspect of the intervention feels connecting and help manage their anxiety and panic. (Fai)

Based on what you're talking about, not necessarily mantras or actual aspects of the religion, but the behavioral and the philosophical aspects. The breathing techniques, positive statements, and self-reflection. I use these interventions and connect them to my integrated orientation. (Gia)

My spiritual identity parallels my clinical practice, my conceptualization. I think I'm aware of it when I'm in the room with somebody else. I can use that to support myself, to be able to care for myself, before and after certain sessions or appointments, I think it's there, it's something that I may not necessarily tune into for certain patients, then maybe for others. It is there within myself, I am aware of it but I may tune into it or tune out of it, depending on who the person is. It's part of me, in that sense. It wouldn't always influence what I do, but I'm aware of it then I do use that in different areas, to a different extent for myself or maybe a patient. (Gia)

Yes, absolutely, Advaita Yoga, or an inner guided meditation. I think with regards to self-love and self-compassion, I do sometimes, I do bring up techniques that patients can use

in order to increase their own self-love before them getting that validation from outside

sources. How can they visualize themselves being able to do that for themselves, in a

way, that feels familiar, the usage of language, using their own words and being able to

provide themselves with that love and compassion. (Fai)

Cultural influences that are consistent with the identity of the psychologist's orientation.

The blending of identities to understand the nature of the work. Thinking about the

hardship of the individual client or patient from a place that is informed culturally as well

as professionally. The participants reflected on how they used interventions from their

Western psychological model with tenets of Vedic psychology blended in. (Cane)

I look at attachment with kind of early caregivers, kind of learnings behind how to handle

emotions, and what they ended up learning from their family members around emotion

and relationship. And in a lot of ways, that's what they're doing right now. When a

patient is open to bringing in aspects of their faith, it can be beneficial to weave in

spirituality as a part of their grounding framework. (Ansi)

When I do trauma work, rapid resolution, I do deep relaxation, meditation and I open the

third eye, what I do is I touch the third eye and it opens their way of life, and no trauma is

immune to that, I don't know anyone who is impossible. (Cane)

When they come in, I feel like CBT offers them some relief it connects to the behavioral

aspects that I have learned. Then it's all about being positive. Positive thoughts, positive

actions, positive behavior, changing the negative to the positive, etc. Just all about the

positive and that suite me fine. That fits with what I'm thinking. In terms of

conceptualizing a case, I think psychodynamic about it, like what needs to happen, what

was missing when started the trajectory, or the negative life events and choices. (Em)

What I do is, I talk about the compassion that one needs to have towards oneself. I talk about the stages of life and the birth of those stages of life. We hear or study and extend but then in the way that we already had the Ashrams. When I teach, I bring in the different parts of the principle. You have your Buddha Ashrams. You have your students . . . I'm forgetting the words name, Ah Gurukul Ashram basically, as a child, you have your first ashram where you're learning and then you start to go to work and build a business and then in Grihastha ashram when you establish a home and family and then give it all up at once. That is the framework in the back of the mind. We're laying that in with connection to Erikson and his teachers. That gives me a good idea of which direction, and what tasks of life people need to achieve at every stage and how to help them get to that stage if they're not in that stage. If they're in that stage and struggling with the stage, then how to figure out what those little tasks that they have to achieve to move through this stage that they are in. (Em)

What makes sense for me is that it is about relationships. If we are to offer a connective experience in the therapy room, then that connective experience, how do you make that happen? The mechanics of it are that you do right, you do good, you treat everybody with respect and like they are God, a form of God. That's in my mind, but not in my mind. That's my conceptualization, my orientation, but actually what I'm doing is the CBT which is also respectful. CBT is respectful and positive. That's how it aligns with me. If I want to treat them that way, I want because I believe that is the right way. That is the spiritually right way for me as well as to teach people the right way. Every action I do has to be positive, has to be respectful, has to treat the person in that way. That's how I align the two together. (Hina)

I would say when I was about 12 years old, there was a training at my school around alternative practices and alternative forms of healing using Vedic tradition. We had somebody that practices transcendental meditation to help with focus and attention and how to use it with different ages. I brought the practice home to my mother and we began the work from then forward. It is a piece of Vedic tradition that I use with my patients to help with focus and attention. It almost like a chant is done in the morning and it can really help with focusing and paying attention in school. Being able to be attentive in whatever you do, be it music, sports, etc. (Dia)

I think being able to use my CBT framework like, "can you do this three times a day" and being able to have them practice that intentionality during certain times of the day like they're at work and they notice having a panic attack, being able to chant certain verses from that mantra but they remember chanting that with their parents when they were young. So, being able to bring that into times when they can have a better connection for practicing that. (Dia)

When working with South Asian patients, specific chants that they are familiar with and connected by language I have found have also reduced anxiety and depression. There are comfort and safety in having an approach that is not a western model to practice reducing depression and anxiety but rather something familiar and rooted in their own culture. (Fai)

I think psychodynamic and CBT about my patients, I think acceptance of people as they are in the goal that we leave ourselves out of it. It's very connected to Hindu principles and that alignment where that who I am and what I think must take a back seat to where people are when they come into my office. I have to accept them where they are and

leave my judgments and beliefs out of it. To move them forward wherever that might be
their starting point and ending point is there but just to be able to facilitate their journey is
a very eastern concept. (Hina)

When the clinician would make interpretations or interventions that felt challenging, the patient
would react accordingly. Cane reported how she experienced some patients in her practice and
their response to her challenges.

The patient appreciates the care and concern the therapist brings to their life, however, if
they interfere in their life just a little bit outside of the expected norms they are
condemned. Patients see the relationship as both unconditional and conditional. Thinking
that Hinduism is a way of life, and not just a religion. It is a way that we think about life,
and how we see others. (Cane)

I'm very practical, I'm very down to earth about this whole thing. I think therapy as
occurring in pieces. I feel like if I'm effective even to move and shift the person even a
little bit then that's okay. Because I'm not trying to move them all the way through to the
end of their journey, but I'm trying to shift them, help them shift and get unstuck or move
forward a little or as much as they want. I see that occurring more in pieces, and I think
it's effective for that. (Em)

As you know Hinduism is not just a religion. It is a way of life. The reason I think they
see it as a way of life is that you wake up and you see the sun, you do Pranayam, it's a
part of a connection to illumine. As you're driving to work or school or whatever.
Because it goes in my everyday life to where I may pray some days and I may not others.
I point is that, it is there all the time because they are in my mind as to who I am and
where I've come from and whom I pray to a have representations of the different gods in

my home. It's essentially pervading my whole life. It's not like it's only in one space or

one spot. (Gia)

I would say with the experience that I have had, yes it has, directly, with regards to

increasing consistency in attending sessions versus premature termination. I think it also,

in many ways, helped with grief assessment. I think with the grief process, I've noticed a

lot of progress for people to be able to gain that sense of closure and move on- Not move

on but being able to like to find peace and connection. (Fai)

Divergent Themes

In-depth data analysis yielded two divergent themes after coding that were the products

of contrasting thoughts and experiences as identified by the participants, despite what is noted in

research and literature. These themes were (a) lack of religiosity with a deep connection to

scripture and deities, and (b) stigmatization of spirituality in training.

Lack of religiosity with a deep connection to scripture and deities. This theme derived

from the limited expression by the participants on their connection to religious scripture and

connection to deities. The participants varied in how they spoke about and addressed religious

practice, yet many expressed a lack of religious connection. The experiences of the participants

varied individually but connected as a whole except for a few who highlighted some very deep

connection to religion as presented in the overall literature. Only one participant, Ansi, noted a

personal relationship with a specific deity, Krishna, as a living being she considered to be a guide

in her life and her work. This is similar to those devoted to Jesus Christ within the Christian faith

who are committed to the faith and Christ as a marriage.

I identify as a devotee of Krishna. What that means is that I have a relationship with him,

which is a personal relationship and my own, that others would have a different

relationship with him. My role in this life is to offer service to him in different ways. The

way that I see is that my work as a psychologist in a way is work that is in service to him.

I tried to find in my work ways that I can be of service which would mean that sometimes

I might not know what to say, or I don't have a similar experience to one of my patients

as others may have. (Ansi)

Three participants connected strongly to the religious aspects of Hinduism more than the other

five. They spoke of the layered mysticism and connection to specific deities. For example, Em

and Bina noted their affinity toward Krishna as a symbol and the work he outlined for them to

follow.

The Bhagavad Gita is what attracts me to the most and it is Krishna's teaching of Karma

about doing an action. That is the action stage of my life, so it fits me well. It's the

Bhagavad Gita and that it says mostly. (Em)

Krishna was a big influence on my life and my perspective. His stories and believing in

those stories was enough to ground us in a way that there is a higher power and like,

there's something there and just the belief system and overall help were grounding.

(Bina)

Ansi also noted how she brought certain prayers into a session with her to help with grief work.

I would practice bhajans with my patients tell them the power of Krishna's words. I had a

patient, she had a miscarriage and had this grief around losing her child and doubting if

she even is going to be a mother again. She felt that she was being punished for

something. I found myself talking to her using this specific Krishna bhajan to be able to

help her grieve and be able to connect with her body and to forgive herself and not get

into that negative space within her body. (Ansi)

Others reacted to religious aspects of Hinduism as just a foundation of fables and as something they grew up in but did not consider to have had any influence on their current thoughts. Cane noted:

> I don't necessarily think that I think about the world and others religiously, I enjoyed listening to the Ramayan and Mahabharat. My father would read from it in the evenings and there would be a discussion around it afterward. It was more the philosophical parts of the evening discussion that I got into, but the stories, they just felt like stories. I wouldn't say they shaped me.

Stigmatization of spirituality in training. Among the participants, there were only a few who mentioned the stigmatization of spirituality and its connection to the psychology field. Most of the participants reported they did not feel there was a stigma that was directed toward them. Dia reported:

> To be honest, I would say there's been nothing, so, in terms of push back, there isn't much that I have experienced. I'd say there isn't space where it's spoken to but when brought up, I felt that I was always received.

Others noted the stigma that is highlighted in the literature may be more relevant to those who practice strictly from a religious and spiritual orientation. Em noted, "I'd bring my spiritual interventions into supervision, but it would be under the umbrella of a clinical intervention, you got creative in regards to how you spoke about it because it was misunderstood otherwise."

It seemed that although participants did not experience direct stigmatization, they made an active effort to mask the use of spiritual interventions in clinical practice when addressing interventions with other clinicians. For example, Gia experienced a lack of understanding and overall dismissal, but not push back:

I would say more than negativity or push back, I would say there is an overall

sidestepping of it, people just don't talk about it, there is a lack of it present, I think

within the field as a whole.

As for the stigmatization of psychology with religious patients, particularly Hindu identified patients, participants reported the patients they saw were overwhelmingly open to the notion of spiritual connection and psychology. Patients were thus perceived as being very concerned with how they were viewed in the larger community (i.e., afraid of the negative stigma that can often be associated with mental illness and the treatment thereof). Participants noted they did not feel this was true when discussing religion from the place of a system.

Summary

This chapter provided detailed accounts of the eight participants to allow the reader to become better acquainted with the connections the participants had to Hinduism and Vedic psychology and their influence on their clinical work. The chapter summarized the participants' distinct perspectives of their experiences of Hinduism and their influence on their clinical work as psychologists. In addition, this chapter revealed the themes that emerged from the data collection and analysis processes as outlined in Chapter 3. Derived from responses of the participants' semi-structured interviews were the following four themes: importance of the role of women, Yoga is a way of life and psychological model, the Vedic tenet of Karma and its presence in life and practice, and Hindu psychological tenets used in clinical practice. Each of the themes were supported by excerpts from the participants' data material. The next chapter, Chapter 5, includes a discussion of the findings as collected through the data and in relation to the research questions, connections to the current literature, and the scholarly value connected to the topic. In response to this study's findings, recommendations for further research on

spirituality and psychology, the impact of strong cultural and spiritual upbringing, and stigma are

provided.

Chapter 5: Discussion, Connection to Literature, Limitations, and Recommendations

Depictions of the experiences of Hindu clinical psychologists are rare within the literature; psychologists practicing from a spiritual place have started to gain a presence in research but there is still a large void in terms of this information. Despite the overall distancing from spirituality in the way in which current psychology is taught and understood, many are seeing the importance of a spiritual connection to psychology. "Psychology and spirituality need to be seen as one. In my view, this new paradigm suggests the end of psychology, as we have known it, altogether because it is essentially modern, secular and ego-centered" (M. Sharma, 2015, p. 48). The participants in the current study did not split between traditional psychology and spirituality, they experienced and expressed them as one. The data highlight that spirituality, and specifically Hinduism, enabled the psychologists to view human beings as whole parts connected to a source, rather than separate parts. Similar data have been found among clinicians who practice Islam, Judaism, and Christianity and religion's connections to psychology and the healing of others. In this chapter, the researcher comments on the findings and their relationships to the original research questions and literature that directed the focus of the study.

Discussion of Research Questions

Research Question 1. Are Hindu psychologists influenced by the four major theories of Hinduism, devotion, ethical action, knowledge, and Yoga and how? The Hindu psychologists in this study expressed connections with the four major theories of Hinduism. The data reflected how the influence of Hinduism, although varied, began during childhood (Bhawuk, 2003). Three of the eight participants mentioned their devotion to the religion and certain rituals as something that created a moral foundation. These principals of devotion then were present in how they addressed the work they were doing in therapy. Therapy is a product of the foundation of

devotion as best described by the participants. Participants referenced how their service to others was equivalent to that of serving the spiritual self. Many accounted for their role as a psychologist as that of gurus and advisers of humanity (Pillay et al., 2008). They reported the importance they felt around the role of leading patients back to introspection and having a fuller understanding of meaning-making for the different pains in the world. Throughout the findings, participants addressed ethical action in their roles as advocates. They listed out the different places in society where advocacy was a part of their identities as psychologists and as Hindus. The data indicated how each participant considered themselves to be held to a higher standard of moral understanding and acceptance, noting that this came from a fundamental belief of ethical action or Karma (Ghosh, 1996). Knowledge and its importance were spoken to in terms of how the participants understood their theoretical frameworks and their connection to their conceptualization. Additionally, the thirst for knowledge and further competency were born through this foundation. The women in this study opened up about how their roles as women affected the way the existed in this world and society.

This theme covers the influences of the first three theories of Hinduism. As women who have the strength of conviction, who hold family values, and are the connectors in their homes was a way in which these women showed that although there is some aspect of egocentrism (Vivekananda, 1991), their childhood experience of being raised in a Hindu culture and family illuminated to an extent they needed to be the expert.

The fourth theory, Yoga, had the greatest influence among the participants. More than half of the participants described Yoga as an essential and normative part of life. The practice of the body and the mind were significant in keeping the soul at peace and destressed (Brown & Gerbarg, 2005).

The participants excitedly noted how much of an influence Yoga had on their lives as a whole. The practice of Yoga was not considered an "exercise" and those who addressed the appropriation of Yoga by Western society (Brown & Gerbarg, 2005) noted their disappointment in the lack of understanding of the practice they experienced by others within the field and outside of the field of psychology. All of the participants reported some aspect of the practice in which they were currently engaged that was continuous from childhood. Half of the participants used Yoga practice in its full form (i.e., psychology, meditation, and philosophy; Barnett & Shale, 2013); these participants identified Yoga as an essential part of their way of life. The details of Yoga practice flooded through the participants' lived experiences, as some addressed the benefits of meditation, and others noted the different uses of yogic breathing and its vital place in keeping a healthy body (Alexander, Rainforth, & Gelderloos, 1991). All addressed how Yoga influenced how they looked at the world and what they experienced in this world and society through that influence.

The participants confirmed how Vedic teachings guided their lives. They spoke of the influence of Karma and its alignment with duty and ethical action (Misra & Paranjpe, 2012). "Life is unfair" one participant began and brought in what fairness meant in this world and how she made sense of it for herself and her patients. The theme of Karma and its role in life and practice was strong among the data (Ghosh, 1996). This research validated that the beliefs in positive actions and living by a karmic rule were present for all the participants whether or not they were religiously inclined. Five of the eight participants actively identified as spiritual over religious. They noted they did not practice religion daily, but the theory of Vedic psychology had a strong presence in all their lives. It led to further questions around what is it that people value

in religious doctrine. The rituals and organizations, or sense of community (Misra & Paranjpe, 2012), or perhaps it is the cultural component that connects individuals.

The participants described their experiences navigating their spiritual identities alongside the demands of their professional identities and professional lives as a complicated journey that connected from the beginning. They spoke of achieving a balance and yet having to hide their truth during their academic training. The amalgamation of these competing and multi-layered identities had to be silenced in their Western-based education to avoid scrutinization (Vivekananda, 1991). They described how having to hide their spiritual identity or to codeswitch throughout their training created a unique set of circumstances they strived to overcome.

Research Question 2. Do Hindu psychologists find these Vedic psychological theories compatible with Western ideas? The participants in this study described their experience of Vedic psychological theories that were compatible with Western ideas through two emergent themes of Yoga as a way of life and psychological model and the Vedic tenet of Karma and its presence in life and practice. In their professional roles, the women in the study were psychologists, professors, mentors, and public speakers. However, the participants noted that when speaking about the interventions that were rooted in Vedic psychology, there was a need for them to step away from any spiritual connections in their language. Many of the participants noted feeling pressure to keep to language that was more accepted from a Western perspective. Examples of this included breaking down how to engage in meditation by describing the act of meditation and sticking to the performance aspects rather than the psychological and philosophical components. The participants addressed that the need for the separation was a choice that helped to separate religious stigma from the psychological benefits of the theory. One participant even noted that her students did not need to understand how Yoga and meditation

could bring the individual's soul to another plane, just that the act was important. Others disagreed and stated that when they spoke about Vedic psychology they prefaced it by addressing that it was not the religion but the foundation of the religion of which they spoke.

The findings pointed to the participants' experience of resistance from colleagues and academia when the interventions or theories they described were attached to Hinduism. As stated in some of the literature, a heavy stigma surrounds the connection of spirituality and psychology. However, though the idea of healing from a Western perspective aligned with Vedic theory (Ashok, 2003), it was still not as heavily brought into a discussion with colleagues who held traditional Western ideals. Hindu psychologists did encounter some tensions between their personal beliefs or Western ideas.

Research Question 3. How do Hindu psychologists integrate and implement Vedic theories into their clinical practice? The participants in this study described how they integrated and implemented Vedic theories into their clinical practice through two emergent themes of Yoga as a way of life and psychological model and the Vedic tenet of Karma and its presence in life and practice. In contrast to Research Question 2, which relied on the acceptance of others of the Vedic model and its theory, the participants' experiences of integration and implementation were positive across the board. The participants noted the different uses of Yoga, chanting, Karma, and breathing techniques as a consistent part of their practice. The integration occurred within private practice work, teaching, community mental health, and trauma work. The data revealed how the participants truly integrated their spiritual identities with their clinical identities. They noted similar guidelines, beliefs, and values by which they practiced psychology. They reported that mental health should be regarded as providing a space for agency and guidance for the individual in day to day life. Some participants noted how they used Yoga as an

intervention with patients, either through breathing or meditation. They worked with patients to have them take into consideration the benefits of meditation and focused on how it centered their patients. Some participants reported using guided meditation and opening the third eye in session to help patients accept and understand past trauma. The participants as a whole spoke to the deep connection they felt with patients with whom they used interventions based on Vedic theories.

When looking specifically at the interventions used, the participants described their experience with patients in a positive manner. They reported deeper connections, a feeling of authenticity they sometimes lacked with other patients. Three of the participants described how meditation and chanting interventions were something they found to be more directly advantageous to patients, and others reported that breathing techniques and guided trauma worked to help bridge Western and Eastern schools of thought. When thinking about the journey of these participants and the vast variation in years in practice but the overall connection to the theory they were raised in, it was interesting to see the similar ways in which these participants chose to integrate the theories in their practice. Some participants felt their status as a Hindu helped them relate better to their Hindu patients, in some ways having a better understanding of problematic family dynamics that could be seen from a collectivist perspective rather than an individualistic one. The participating psychologists advocated that they were able to navigate between two positions they occupied (i.e., being a Hindu and being a psychologist) efficiently, adjusting therapeutic practices when necessary to suit patients without imposing judgment or expectations of religious or spiritual affiliation. Some noted being a Hindu also helped them relate better to patients from other faiths. This is partly because Hinduism promotes principles for a way of life, rather than strict rules and practices. Additionally, the psychologists reported

openness to the idea of collaboration with spiritual and traditional healers as well as practicing psychologists from Western orientations to incorporate a more holistic approach.

Research Question 4. To what degree do Hindu psychologists find the integration of Vedic theories efficacious? Based on the experiences of the participants of the study, when using Vedic theories in practice they found it to be generally efficacious. Three participants who used yogic breathing techniques with patients reported an overall decrease in depressive and anxiety symptoms. These participants reported the treatment worked in both the long term and short term. It was interesting to see that the participants with patient populations of higher acuity used mediation and somatic breathing to accompany psychopharmacological interventions. When they spoke of these patients they noted an increase in wellness, cognitive functioning, and overall quality of life compared to those with whom they did not incorporate the alternative interventions.

Participants reported the interventions they used were in tandem with their chosen Western theoretical model. Though most participants claimed to subscribe to orientations based on Western education, they all chose similar integrated orientations, such as CBT, psychodynamic therapy, or humanistic therapy. When participants were asked to break down their chosen orientation models, they all described in some sense the Vedic theoretical framework. This framework incorporates a biopsychosocial foundation with behavioral and psychodynamic components.

Connection to Literature

The research focused on Hinduism and the practice of Hindu therapists as one example to investigate how clinicians' religious orientation may affect the therapeutic process. Data indicate the Hindu psychologists were attuned to their religious influences and that they indeed affected

their clinical work. This aligns with the research that indicated incorporating Yoga within psychology can be beneficial to patients (Tarakeshwar et al., 2003). Throughout the literature, relatively few social scientists and researchers have conducted studies around the practice of Hinduism, let alone its influence on mental health professionals. The participants of the current study addressed the advantages of Hindu and Vedic tenets as used in practice and how further research and studies in the field were necessary. Participants noted the purpose of their integration of these theories was to connect and identify a relationship between fundamental psychological constructs of Hinduism regarding mental health and their clinical practice. Similarly, advantages were indicated in the literature surrounding the use of the Vedantic self as a mechanism to hold and analyze patients (Whitfield, 1997).

Alternatively, discussions regarding the ethical pitfalls of the integration of religion and practice as voiced in the literature (Plante, 2007) also emerged among the participants. Participants noted they did not receive supervision around their integration of religious and spiritual techniques during training, and many reported the fear of ethical retribution (Plante, 2007) if they brought up such a connection. However, half of the participants noted they would align the different approaches with Western models that were accepted by the field. All eight of the participating therapists considered their beliefs to be integral to their orientation, yet studies around similar types of integration are limited.

The participants who integrated behavioral and psychodynamic approaches tended to conceptualize from a biopsychosocial perspective (i.e., they advocated an integrated perspective that viewed both biological predispositions and environmental factors as equal contributors, but also added a third contributor that connected the patient's soul/Atma to the patient's presentation; Akhilananda, 1946). Participants connected their ways of thinking about individual

patients by connecting their psychological identities and their spiritual identities. The participants often spoke about the soul and the study of spiritual beings (Vande Kemp, 1996). These early connections between religion and psychology continued throughout the participants' experiences naming different traditions ascribed to their understanding of spirituality, be it modes of consciousness, existential connections, and even a sense of mysticism (M. Sharma, 2015).

Many participants connected religious practice and spiritual practice to psychological roots. They reported having grown up with the knowledge that there was a deeply rooted connection between both. One participant specifically linked this connection to the creation of transpersonal psychology (M. Sharma, 2015). She spoke of the development of transpersonal psychology as the merging of the Vedic tenets with Western psychodynamic models. This links to research found in the literature that specifically addressed how early schools of psychology, including psychoanalysis, behaviorism, and humanistic psychology, informed the development of transpersonal psychology (Haque, 2004).

Having explored the influence of certain scriptures on the participants' values and beliefs, it was surprising to see how many individuals did not attach themselves to specific spiritual works but rather overall themes found in their cultural upbringing. This contradicts the literature around spiritually and religiously inclined therapists who derive meaning from religious texts (Abu-Raiya, 2012) and connect to the text as a part of their identity. Unlike the literature regarding psychologists who took part in the studies around religious and spiritual identity and its deep presence in their life (Peteet, 2014), the participating psychologists noted their beliefs assisted in understanding patients' worldviews and assisted in the interventions used to help patients. The participants noted that although religion may have a positive impact on therapy, they would not consider themselves to be religious. Participants aligned with the thought that

patients with a spiritual and religious connection in their lives were physically and mentally

healthier (Fallot, 2007; Huguelet et al., 2009). It was interesting to see how deeply influenced the

participants were by the philosophical and cultural components of their religion but how they

were also disconnected from the rituals and active participation within that religion.

Limitations and Recommendations

This study was designed to understand the influence of Hinduism on the clinical practice

and personal ideologies of Hindu identified psychologists. The presented data reflect that there is

a correlation between how Hindu psychologists perceive mental health and the influence of

Hinduism on that perspective. Additionally, participants expressed their connection to spirituality

and psychology in their professional practice. Given the gender dynamics of the participants of

the study, the data are indicative of a solely feminine perspective. The literature reflects that

women are generally more likely to pass along and teach cultural practices, religion, and beliefs

(Bharati, 2001). Thus, there are gaps in the data that could be narrowed in future research; it

would be essential to have a similar study with an all-male perspective as a comparison. It would

be informative to research in the future using a broader sample of gender. As a result of this bias,

there is a limitation in substantiating claims made by the participants as a general understanding,

affecting the validity of some conclusions made.

Additional limitations involved the small sample size; though literature on this topic is

slowly increasing, it was difficult to obtain a large sample size for the research. Although

qualitative research provides for depth in quality, the narrowed sample size was a limitation

itself. Thus, it is recommended to pair qualitative and quantitative research within this topic to

present a sufficient quantity of information that is currently lacking in the field. This pairing in

research modalities will enable a full understanding of whether or not the perceptions and beliefs

are influenced by Hinduism from a larger and more dynamic sample. Additionally, further review of literature from multiple spiritual influences that have grown since the beginning of this study should be incorporated into studies of the future. It is recommended that future studies use additional resources to circumvent problems by allowing for newer studies to be reviewed and incorporated.

Despite the limitations mentioned, the findings of this study prove to be useful in understanding the influence of culture and spirituality from the Hindu faith on the identities and practices of Hindu psychologists. The study adds data and resources in directing future research in this area, specifically around the integration of spiritual identity with practice and the use of Eastern psychological practices as an effective treatment with patients from diverse cultural backgrounds. The findings in this study highlight the need for studies exploring the perceptions of psychologists from other religious backgrounds and their incorporation in training. Studies around stigmatization within mental health training and other spiritual and religious incorporations may prove useful. Comparisons will help identify common issues or differences to help expand the literature base of related areas. Additionally, information around alternative interventions and treatments will help those in the field of psychology expand training models to incorporate more than the current gold standard to training,

Additionally, such information will enable practicing psychologists and others within the profession to flag areas of concern. By broadening these issues and areas of research, practitioners will be able to incorporate additional resources and tools into their treatment methods with people from diverse backgrounds. Furthermore, it may be helpful to expand this research to incorporate patients' awareness of religious and spiritual identities within their psychological work as well as their stigma around addressing those aspects of their identities.

Overall, the Hindu psychologists seemed to advocate that religion and spirituality played a significant role in their understanding of others, thus providing a lens from which these psychologists understood, treated, and worked with patients. The Hindu psychologists highlighted the importance and crucial role of culture, tradition, and spiritual beliefs in their personal and professional lives. They reported the depth of this understanding provided a unique perspective on their patients and how to approach their patients from a culturally competent place.

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Appendix A: Script

PI: Hey Friend/colleague/mentor (FCM), is there anyone you have in mind that would want to participate in my study. The study is looking at the influence of Hinduism on Hindu Psychologists, it is a part of my clinical research project for the Illinois School of Professional Psychology. I'm looking for South Asian psychologists that identify as Hindu. I thought there may be people you know that may be interested.

FCM: Yes, I do. I can give them your email, and phone number. What can I tell them participation includes?

PI: The study is a qualitative study; I'll be conducting interviews with the participants, approximately 45-60 minutes. The interviews will take place where the participant feels comfortable and in a safe and confidential place. The interviews will have some semi-structured questions regarding their experience as a Hindu psychologist.

FCM: That sounds great, I'll pass along the information. If I have any further questions or they do, what's the preferred way to contact you?

PI: You can have them email me any questions at mrskpanchal@gmail.com. That is the preferred mode of contact.

The Doctorate Program in Clinical Psychology

Illinois School of Professional Psychology
at National Louis University

CERTIFICATE OF APPROVAL

_____

Clinical Research Project

An Interoperative Phenomenological Analysis of Hindu Psychologists and the Impact of Hinduism on their Clinical Work

_____

This is to certify that the Clinical Research Project of

Kinjal Panchal, M.A.

has been approved by the CRP
Committee on

as satisfactory for the CRP requirement
for the Doctorate of Psychology degree
with a major in Clinical Psychology

Examining Committee:

Penelope Asay,
PhD, ABPP

Digitally signed by Penelope Asay, PhD, ABPP
DN: cn=Penelope Asay, PhD, ABPP, o, ou,
email=pasay@argosy.edu, c=US
Date: 2020.04.25 15:02:01 -04'00'

_____
Committee Chair

Dipali Bharadwaj, PsyD 4/27/20
_____
Reader

_____
Reader

Appendix B: Email

Dear Dr.,

As mentioned by Dr. Blank, I am a doctoral student at the Illinois School of Professional Psychology and the study I'm conducting investigates the effects of Hinduism on Hindu psychologists practicing in the United States. As an identifying Hindu psychologist in the area I wanted to reach out to you. I am looking for the assistance of participants who meet the criteria and are willing to participate in this research study. The study will be a qualitative study and I will be interviewing the participants myself to obtain data for my clinical research project. I truly appreciate you taking the time to hear about my research and look forward to hearing back from you regarding your decision to either agree or decline. Please follow up with me either way at your earliest possible convenience. Thank you for your time and consideration.

Sincerely,

Kinjal Panchal, M.A

Appendix C: Consent Form

Hinduism as an influence on Hindu Psychologists clinical work

I have been asked to participate in a qualitative research study, regarding the influence of Hinduism on the clinical work of practicing Hindu psychologists. This clinical research project is being conducted by Kinjal Panchal, a doctoral student at the Illinois School of Professional Psychology, as a part of her degree requirement, clinical research project. I was asked to be one of eight possible participants by someone I know and/or by responding to an inquiry. The purpose of this study is to gain a better understanding around the impact of Hinduism on practicing Hindu psychologists and their clinical practice.

If I agree to be in this study, I will be asked to participate in a semi-structured interview conducted by Kinjal Panchal. The interview will be recorded as data and interpreted. The contents of the recording will be destroyed after three years or at the end of the clinical research project. In participating in this study, the possibility that I will be quoted within the clinical research project exists. These quotes will be kept confidential in regards to identity. This interview will take approximately forty-five to sixty minutes of my time depending on how much I choose to share. If at any time I feel discomfort or distress I can stop the interview. I am aware that a risk of this study is that I may feel vulnerable and emotional during the interview as the inquiry pertains to my personal views, my religion and my beliefs. If at any time I feel unable to answer questions or feel that my beliefs are being questioned in an inappropriate manner, I may ask for the interview to stop. I understand this study is not designed to benefit me personally, however I may benefit from reflecting on and speaking about religious and spiritual beliefs and my clinical practice. I understand that this may provide possibilities for further investigation of the culture, religion and mental health field among the South Asian community. I will receive no monetary compensation for participating in this study. The records of this study will be kept private on an encrypted flash drive. The flash drive will be kept in a locked cabinet in the principle investigators home. The key to the cabinet will always remain with the principle investigator. Quotations from my interview may be used in a report or in a published work. However, my name will be kept confidential and will not link me to the study. Research records will be stored securely on an encrypted flash drive and only Kinjal Panchal will have access to this data. Kinjal Panchal will employ www.samedaytranscription.com to transcribe the audio files. Samedaytranscription.com is a HIPPA compliant, confidential transcribing service used for research transcription. I have the right to get a summary of the results of this research if I would like to have them. I understand that my participation is strictly voluntary. If I decide to participate, I am free to refuse to answer any of the questions that may make me uncomfortable. I can contact Kinjal Panchal at mrskpanchal@gmail.com and her advisor Dr. Asay at Penelope.Asay@ gmail.com with any questions about this study. I understand that Kinjal Panchal is a mandated reporter. Per Illinois state law, if at any time abuse of an elder person or child is disclosed, Kinjal Panchal is mandated to report information about known or reasonably suspected incidents of abuse or neglect including physical, sexual, emotional, and financial. Such information is required to be reported to the appropriate authorities.

I understand that this research study has been reviewed and Certified by the Institutional Review Board, National Louis University – Chicago. For research-related problems or questions

regarding participants' rights, I can contact the Institutional Board Chairperson Dr. Horvath at lhorvath@argosy.edu

       I have read and understand consent form provided to me. I have had all my questions answered to my satisfaction, and I voluntarily agree to participate in this study. I have been given a copy of this consent form. By signing this document, I consent to participate in the study.

Name of Participant (printed) _____

Signature: _____ Date: _____

Signature of Principal Investigator: _____

Date: _____

Information to identify and contact investigator:
Kinjal Panchal
mrskpanchal@gmail.com

Appendix D: Semi-Structured Interview Questions

Devotional practice:

How does Hinduism play a role in your daily life? (Puja (prayer), Hindu holidays, temple etc.)

Ethical practice:

What are the ethical guidelines you organize your life by?

What roles do you find important to your identity and what principles do you follow in regards to those roles?

Knowledge in practice:

Have you read the Ramayana or the Mahabharata, or do you know the story? Can you tell me about it?

Do you engage in discussions around Hindu constructs or philosophies with other like-minded individuals?

Yogic Practice:

Do you practice Yoga? Or have you practiced it?

What are your thoughts around Yoga as a spiritual practice vs. exercise?

Does mediation have a place in your life?

Clinical Practice:

How would you describe the way you conceptualize and work with patients?

What are some ways if any, that you have noticed integration between Hinduism and your own clinical work?

If your spiritual identity does inform your clinical thought process, has it been effective in working with patients? For example, using Vedic theory to make interpretations or broaden patient insight. Has it been ineffective?

Appendix E: Authorization to Advertise

M Gmail   **Kinjal Panchal <mrs.kpanchal@gmail.com>**

_____

Authorization approval
2 messages
_____

Kinjal Panchal <mrs.kpanchal@gmail.com>   Thu, Aug 31, 2017 at 11:11 AM
To: chand1031@gmail.com

Dear Dr. Shah,

My name is Kinjal Panchal, M.A. I am a fifth year doctoral student at the Illinois School of
Professional Psychology. I am emailing you because you are the Communications officer for
the organization, Division of South Asian Americans or DoSAA, I am currently in the
process of proposing a Qualitative Clinical Research Project on the Study of Hindu
Psychologists and the Impact of Hinduism on their Clinical Work and would like
authorization to advertise on the organizations website, and Facebook page in order to obtain
participants. Thank you for your time and consideration.

Sincerely,

Kinjal Panchal
Doctoral Student Clinical Psychology
Illinois School of Professional PsychologyArgosy University,
Chicago225 N. Michigan Avenue, Suite 1300
Chicago, IL. 60601

Chandni Shah <chand1031@gmail.com>   Thu, Aug 31, 2017 at 9:18 PM
To: Kinjal Panchal <mrs.kpanchal@gmail.com>

Dear Mrs. Panchal,

The study sounds exciting! On behalf of the DoSAA executive committee you have our
permission advertise your study on our organizations Social Media Facebook page.

Looking forward to seeing the results!

Dr. Chandni Shah
Communication Officer Division of South Asian Americans
[Quoted text hidden

Appendix F: Demographic Information Form

Instructions: Please provide a response for each of the following questions, you do not need to put your name on this form, it was for data recording alone.

1. What is your age? _____

2. With what sex do you self-identify?

3. What is your marital status?

Single ○   Married ○   In a committed relationship ○   Divorced ○   Widowed ○

4. How long have you been in the U.S.?

5. How long have you been a practicing Psychologist?

    a) What type of setting do you work in?

    b) What Theoretical framework do you work from?

    c) What is your patient population?

6. With which racial or ethnic category do you identify?

7. With what faith tradition do you most closely identify?

8. What languages do you speak?