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Students' Perception of Spirituality and its Consequences: A Phenomenological Study

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Abstract

This study aimed to analyze the experiences of psychology students regarding spirituality within the context of Clinical Internship, considering the care provided and the support offered by the theoretical content of their undergraduate training. The study included 24 student interns enrolled in the ninth and tenth semesters of a Psychology undergraduate program at a private institution located in Niterói, Rio de Janeiro, Brazil. This is a qualitative, empirical-descriptive study grounded in phenomenology, with data collected through phenomenological interviews and a sociodemographic characterization form. Data analysis was conducted following the phenomenological method proposed by Amedeo Giorgi (1975). From the analysis of the interviews, two thematic categories emerged: "The exercise of *epoché*: stripping oneself of prior assumptions," subdivided into "The demand The demand belongs to the patient" and "Personal therapy as support for clinical practice," and "The role of undergraduate training in relation to spirituality," composed of the subcategories "The offering of a space for discussion and reflection," "The curricular inclusion of disciplines about spirituality," "Professor positioning: distancing oneself from spirituality," "Undergraduate training as a possibility of opening one's perspective," and "Distancing from spirituality after undergraduate training". The results indicate that students understand the importance of focusing on patients' demands, recognizing the need to temporarily suspend personal beliefs within the clinical context, as well as the role of personal therapy in this process. Furthermore, the findings highlight perceived gaps in academic training regarding the approach to spirituality, although participants report acting ethically in their clinical internships.

Keywords: spirituality, psychology, psychology interns, clinical practice, training

PERCEPÇÃO DISCENTE ACERCA DA ESPIRITUALIDADE E SEUS DESDOBRAMENTOS: UM ESTUDO FENOMENOLÓGICO

Percepção Discente Acerca da Espiritualidade

Resumo

Este estudo teve como objetivo analisar as experiências de estudantes de Psicologia acerca da espiritualidade no contexto do Estágio Curricular Clínico, considerando os atendimentos realizados e o suporte oferecido pelo conteúdo teórico da graduação. Participaram da pesquisa 24 estudantes-estagiários do nono e décimo períodos do curso de Psicologia de uma instituição privada localizada em Niterói-RJ. Trata-se de uma pesquisa qualitativa, de caráter empírico-descritivo, fundamentada na fenomenologia, com coleta de dados realizada por meio de entrevistas fenomenológicas e formulário de caracterização sociodemográfica. A análise dos dados foi conduzida segundo o método fenomenológico proposto por Amedeo Giorgi (1975). A partir da análise das entrevistas, emergiram duas categorias temáticas: "O exercício da epoché: despir-se de si mesmo," subdividida em "A demanda é do outro" e "A terapia pessoal como suporte à prática clínica," e "O papel da graduação relacionado à espiritualidade," composta pelas subcategorias "O oferecimento de um espaço de discussão e reflexão," "A inclusão curricular de disciplinas acerca da espiritualidade," "Posicionamento docente: um distanciamento da espiritualidade," "A graduação como possibilidade de ampliação do olhar" e "O afastamento da espiritualidade após a graduação". Os resultados indicam que os estudantes compreendem a importância de focar nas demandas do paciente, reconhecendo a necessidade de suspensão momentânea de crenças pessoais no contexto clínico, bem como o papel da terapia pessoal nesse processo. Evidencia-se, ainda, a percepção de lacunas na formação acadêmica quanto à abordagem da espiritualidade, embora os participantes relatem atuar de forma ética em seus estágios.

Palavras-chave: espiritualidade, psicologia, estagiário de psicologia, clínica, formação

LA PERCEPCIÓN DE LOS ESTUDIANTES SOBRE LA ESPIRITUALIDAD Y SUS CONSECUENCIAS: UN ESTUDIO FENOMENOLÓGICO

Percepción de los Estudiantes: Espiritualidad y sus Consecuencias

Resumen

Este estudio tuvo como objetivo analizar las experiencias de estudiantes de Psicología acerca de la espiritualidad en el contexto de la Práctica Clínica, considerando las atenciones realizadas y el soporte ofrecido por el contenido teórico de la formación de grado. Participaron en la investigación 24 estudiantes en prácticas de los noveno y décimo semestres del curso de Psicología de una institución privada ubicada en Niterói, Río de Janeiro, Brasil. Se trata de una investigación cualitativa, de carácter empírico-descriptivo, fundamentada en la fenomenología, con recolección de datos realizada mediante entrevistas fenomenológicas y un formulario de caracterización sociodemográfica. El análisis de los datos fue conducido según el método fenomenológico propuesto por Amedeo Giorgi (1975). A partir del análisis de las entrevistas, emergieron dos categorías temáticas: "El ejercicio de la epoché: distanciarse de sí mismo," subdividida en "La demanda es del otro" y "La terapia personal como apoyo a la práctica clínica," y "El papel de la formación de grado en relación con la espiritualidad," compuesta por las subcategorías "La oferta de un espacio de discusión y reflexión," "La inclusión curricular de contenidos sobre espiritualidad," "Posicionamiento docente: un distanciamiento de la espiritualidad," "La formación de grado como posibilidad de ampliación de la mirada" y "El alejamiento de la espiritualidad después de la graduación".

Los resultados indican que los estudiantes comprenden la importancia de centrarse en las demandas del paciente, reconociendo la necesidad de suspender momentáneamente las creencias personales en el contexto clínico, así como el papel de la terapia personal en este proceso. Asimismo, se evidencian lagunas en la formación académica en cuanto al abordaje de la espiritualidad, aunque los participantes informan actuar de manera ética en sus prácticas clínicas.

Palabras clave: espiritualidad, psicología, estudiantes en prácticas de psicología, práctica clínica, formación

Spirituality is a complex and multifaceted phenomenon, often distinguished from concepts such as institutional religiosity, morality, values, and mental health, although it intersects with all of them. It can be understood as a personal search for meaning and purpose in life, involving the individual's relationship with oneself, with others, with nature, and with the sacred or transcendent (Koenig, 2012). It constitutes a dimension of human experience that goes beyond the concreteness of immanence and is expressed in a singular way in each individual, influencing ways of living, coping with suffering, and attributing meaning to experiences (Boff, 2014; Flores, 2024; Santos et al., 2025).

Although often used interchangeably, the concepts of spirituality, religiosity, and religion are not synonymous. Spirituality refers to the subjective dimension of human experience related to the search for meaning, purpose, and connection, and may or may not be linked to religious traditions (Koenig, 2012; Pargament, 2021). Religiosity concerns the way individuals experience beliefs and practices associated with a religion, whereas religion refers to organized institutional systems of doctrines, norms, and rituals (Koenig, 2012). In this study, spirituality constitutes the central axis of analysis, while references to religion and religiosity are understood based on the participants' narratives.

An expanded understanding of the concept of health reinforces the relevance of this dimension. Health is understood not merely as the absence of disease, but as a state of physical, mental, social, and spiritual well-being (Fleck, 2000). Thus, for healthcare to be comprehensive, it requires consideration of the subjective aspects that permeate the experience of illness, including spirituality.

In the field of Psychology, whose training is grounded in the understanding of the individual in their biopsychosocial and historical complexity, spirituality emerges as a relevant theme, particularly within the context of clinical practice. Despite this, studies indicate that academic training still presents important gaps in addressing this topic, whether due to the absence of specific courses or the scarcity of spaces for discussion throughout undergraduate education (Carvalho et al., 2011; Cavalheiro & Falcke, 2014; Vieira et al., 2013; Henning-Geronasso & Moré, 2015; Pereira & Holanda, 2016; Flores, 2024).

In this context, upon entering the Clinical Internship, many psychology students encounter, often for the first time, patients' demands involving spiritual issues. The lack of theoretical and technical support may lead to insecurity regarding how to address such concerns, raising questions about how to act ethically, maintain a sensitive and attentive listening, and respect the boundaries of psychological practice.

Considering that spirituality occupies a significant place in the culture and lives of a large portion of the population, its presence in the clinical context cannot be overlooked. Attending to this dimension, when carried out in an ethical and well-grounded manner, may contribute to a broader understanding of the patient's experience and to the enhancement of psychological care.

In this context, the present study aims to analyze the experiences of psychology students regarding spirituality within the context of Clinical Internship, considering the care provided and the support offered by the theoretical content of undergraduate training.

Method

This study is characterized as empirical and qualitative, grounded in the phenomenological approach, in light of the existential phenomenology of Maurice Merleau-Ponty (1908–1961). In accordance with phenomenological assumptions, the study has a descriptive nature, aiming to understand and describe the participants' lived experiences in relation to the investigated phenomenon – spirituality in the context of clinical internship – as it is manifested to consciousness, without the imposition of prior explanatory categories. The investigation prioritized the rigorous description of reported experiences, followed by phenomenological analysis, with the aim of apprehending the essential meanings of the phenomenon under study (Gil, 2022).

Participants

The study included 24 psychology student interns enrolled in an undergraduate program at a private higher education institution in the city of Niterói, state of Rio de Janeiro, Brazil, regardless of gender or spiritual beliefs. It is important to note that, in phenomenological research, the number of participants is not determined by statistical criteria, but by the possibility of deepening the understanding of the described experiences, with saturation of meaning serving as the main criterion for concluding data collection (Gil & Yamauchi, 2012). The research setting was the Applied Psychology Service (APS) of the participating institution, where clinical interns carry out their activities with patients.

To compose the sample, as an inclusion criterion, we selected: students enrolled in the ninth and tenth semesters; regularly enrolled in the Mandatory Curricular Internship discipline; with experience in clinical psychological care; and who had been in clinical internship supervision for at least six months, so that they already had contact with patient demand. Students who only had experience with child psychological clinical care were excluded.

The verification of the students' academic semesters was conducted through the institution's integrated system, which calculates the semester based on the percentage of completed mandatory courses, ensuring the accurate identification of eligible students.

Participants were recruited through three distinct methods: (a) email invitations sent to eligible interns, according to the inclusion criteria; (b) in-person invitations following Clinical Internship supervision sessions, with authorization from the supervising professor; and (c) snowball sampling, a non-probabilistic technique based on referral chains. In this approach, a seed participant or key informant initiates the recruitment process by referring other individuals who meet the predefined criteria for the study, thereby expanding the sample through participant referrals (Vinuto, 2014). This strategy proved to be the most effective for sample composition.

In all cases, participants were informed about the objectives and procedures of the study and provided written Informed Consent Form (ICF). The interviews were conducted in a private room at the Applied Psychology Service (APS).

Data collection was concluded upon reaching saturation of information, when the interviews began to show recurrence of meanings without the emergence of new insights (Gil, 2022).

For data organization, participants were identified by the letter "P" followed by a randomly assigned number, ensuring the confidentiality of the collected information.

Instruments

The data collection technique used was the phenomenological interview, which, starting with a triggering question, allows dialogue to be opened between the researcher and the researched (Gil, 2022). In this technique, the interviewer serves as an instrument, seeking to access and grasp the essence of the phenomenon as described by the participant through their unique experiences (Ramos et al., 2022). As a collection instrument, an interview script with open-ended questions was used to facilitate better information gathering.

In addition to the phenomenological interview, a sociodemographic characterization form was used as a collection instrument, with questions previously formulated by the researcher and her responses noted down. The form can be understood as a middle ground between the questionnaire and the interview (Gil, 2022). It was used to provide basic information about participants and to clarify their profiles better. The data were tabulated using the Excel program, and the absolute frequency was calculated to describe the sample.

The sociodemographic characterization form had an exclusively descriptive purpose and was not incorporated into the phenomenological analysis itself. Its use was intended solely to contextualize the participants' profile, without interfering with the apprehension of the meanings of lived experience, thus preserving coherence with the assumptions of the phenomenological approach.

Procedures

The research was submitted to the Research Ethics Committee (REC) of the Antônio Pedro University Hospital/Universidade Federal Fluminense/Faculty of Medicine (APUH/UFF/FM) and was considered approved and released for data collection with opinion number 1.901.552, CAAE: 62130816.5.0000.5243.

Participants were informed about all the procedures that would be conducted in the research. Anonymity was maintained throughout the process, and participants were aware that they could request to leave at any time if they felt uncomfortable in any way. In addition to the participants signing the Informed Consent Form (ICF), the proposals of Resolution number 466/2012 of the National Health Council (NHC) were meticulously respected.

During the analysis process, a phenomenological stance of suspending theoretical assumptions and personal beliefs (*epoché*) was adopted, as advocated by phenomenology – not in the sense of absolute neutrality, but as a reflective effort to remain open to the participants' experiences, allowing meanings to emerge from the descriptions provided. The analysis followed the four steps proposed by Giorgi (1975): (1) reading the entire set of accounts to grasp the whole; (2) identification of meaning units; (3) transformation of these units into psychologically sensitive expressions; and (4) synthesis of the transformed units into a consistent structure of the experience (Polit & Beck, 2018). The interviews were audio-recorded using an MP3 recorder and transcribed in full for subsequent analysis, preserving the integrity of the participants' accounts.

Results

A total of 24 psychology student interns participated in the study, predominantly female, with ages mainly ranging from 22 to 28 years, and enrolled in the ninth and tenth semesters of the undergraduate program. The participants presented diversity in terms of sexual orientation, race, and religious beliefs, encompassing different experiences of spirituality.

The phenomenological analysis of the interviews, conducted through successive readings and the identification of meaning units, allowed for the emergence of two central thematic categories. The first, entitled "The exercise of *epoché*: stripping oneself of prior assumptions", was composed of the subcategories "The demand belongs to the patient" and "Personal therapy as support for clinical practice".

The second category, entitled "The role of undergraduate training in relation to spirituality", was subdivided into the following subcategories: "The offering of a space for discussion and reflection", "The curricular inclusion of disciplines about spirituality", "Professor positioning: distancing oneself from spirituality", "Undergraduate training as a possibility of opening one's perspective", and "Distancing from spirituality after undergraduate training".

The categories express the meanings attributed by the students to their experiences with spirituality in the context of clinical internship and academic training, as discussed below.

Discussion

The exercise of *epoché*: stripping oneself of prior assumptions

Each human being, shaped by their social, historical, cultural, and subjective background, interprets the world from their own singularity, which also permeates their experience of spirituality. In therapeutic work, this encounter between singularities may involve divergences in values, beliefs, and worldviews, influencing the clinical relationship.

In this context, *epoché*, or phenomenological reduction, refers to the effort to temporarily suspend personal assumptions and prior knowledge, allowing the phenomenon to be apprehended as it is presented in the experience of the other (Matthews, 2011). Within the clinical internship, students reported that this exercise becomes particularly necessary when facing the spiritual demands brought by patients, requiring ongoing reflection on their own beliefs and positions.

The demand belongs to the patient

In order to preserve the therapeutic relationship between the (future) professional and the patient, the former must be aware that the therapeutic setting is intended to address the needs and concerns of the latter, rather than their own: the demand belongs to the patient. In this sense, phenomenological reduction comes into play: spirituality, beliefs, values, and any prior judgments must be suspended to ensure comprehensive care, as the focus lies on the patient and it is their perspective that one seeks to apprehend. Thus, avoiding the imposition of one's own concepts within the clinical setting is essential. However, its "[...] greatest lesson [...] is the impossibility of a complete reduction" (Merleau-Ponty, 2018, p. 10). Stripping oneself of one's own assumptions must become a continuous exercise, yet one cannot entirely disregard that which enables the recognition of one's own subjectivity as embodied in the world.

In this regard, contemporary research has emphasized that clinical training should include competencies that enable therapists to recognize and respond to the religious and spiritual dimensions presented by clients, rather than automatically suppressing such experiences. This requires sensitivity and ongoing reflection on one's own professional beliefs. Such an approach reinforces a clinical practice centered on the patient's demands, avoiding the imposition of the therapist's personal beliefs (HaCohen, 2025; Salicru, 2025).

> I try my best to avoid bringing my beliefs into the therapeutic setting. So, I will work within what the subject brings me. I don't put my values there (P1).
>
> [...] when they bring spirituality, we approach it that way, but when they don't, that's not something to be worked on, especially because the demand is from the client. The thing about the clinic is that the focus is always on the patient. If they bring this to the clinic, the issue of spirituality, we can talk, treat them about it (P3).
>
> I also realized that I can have neutrality, in some way, despite my beliefs. [...] I can believe in what I want and have a certain distance from it, even to treat, to help in the treatment of patients (P21).

Although students use the term "neutrality," their accounts reveal an effort toward reflective distancing. There is a recognition of the centrality of the patient's demand within the therapeutic setting, along with the understanding that one's own spiritual beliefs must be placed in suspension. However, this suspension is not experienced as absolute neutrality, but rather as a continuous exercise of reflection and ethical positioning in relation to the other.

In this context, empathy emerges as a fundamental resource for the ethical handling of spirituality within the therapeutic setting, enabling the intern to approach the patient's experience without imposing their own beliefs.

Empathy, as a supportive tool for fostering a fluid and beneficial relationship between intern and patient, refers to the ability to place oneself in the other's position, seeking to understand perceptions, feelings, and emotions through cognitive and affective processes, thereby mobilizing sensitivity within the clinical relationship (Roza & Guimarães, 2022).

> Listening, interpreting, and making the patient listen to themselves, because the therapeutic setting is very much a space for the patient to talk and listen to themselves, interpret themselves, and try to find answers, in short (P11).
>
> I think it's completely essential. Even though I don't have this with me, my service is for others. So, when I treat, when I care, when I welcome, it is always the other person with all their questions, with everything they bring to the clinic (P24).

This stance is aligned with the Rogerian understanding of empathy and unconditional acceptance as central elements of the therapeutic relationship (Rogers, 2019). By attending to the patient's demand through *epoché*, the intern sustains an empathic listening that enables the understanding of the other's lived experience, without fusion or the erasure of differences. In this encounter between two beings-in-the-world, sensitivity becomes a fundamental condition for the construction of an ethical, respectful relationship that fosters processes of growth and self-actualization (Silva, 2009; Rogers, 2019).

Upon entering the therapeutic setting, the patient brings with them their singularity, which includes their relationship with spirituality. When this relationship is expressed through beliefs or religious practices unfamiliar to the intern, empathic attunement gives rise to the need for a reflective approach to this unfamiliar dimension, understood as a constitutive aspect of the patient's experience.

> So, when you understand the other person's faith, you comprehend it, you know how they think based on that, this can be an additional tool to help in the therapeutic work, even if you don't involve them directly (P3).
>
> First, seek to understand this process. Second, if I don't know their religion, I should seek to know, allow myself to know. If it is an issue that religion is affecting the patient's process, their being in life, for example, because this may happen, I will try to understand this context, understand their religion, study their religion and, through this study, look for ways to help this patient (P6).

The pursuit of such deepening reveals the intern's ethical commitment in the exercise of their clinical responsibilities, indicating that understanding the patient's spirituality is not limited to technical knowledge, but primarily involves a sensitive relational stance. From this perspective, the therapist's attitudes – more than their procedures or techniques – play a central role in the construction of the therapeutic relationship, as it is the way they are perceived by the patient that sustains the bond and fosters processes of care (Rogers, 2019).

Empathic openness and receptivity to the other's experiences broaden the understanding of the meanings attributed by the patient to their spiritual experience, strengthening the authenticity of the therapeutic relationship. By acting in a congruent manner and remaining attentive to the patient's singularity, the intern enables a space of listening in which spirituality

can be integrated into clinical practice without impositions or reductionisms, fostering a reflective process that approximates phenomenological reduction.

Phenomenological reduction involves a movement of reflective distancing that enables the therapist to approach the patient's experience with greater openness and sensitivity. By suspending prior frameworks, the intern creates the conditions to attend to the other's lifeworld, which is accessible only through the description of lived experience. In this process, clinical practice is understood as a space for the subject to reconnect with themselves and with the world, fostering the reinterpretation of meanings and the recovery of existential possibilities. Thus, therapeutic work requires the professional to remain attentive to the self–other–world system, sustaining an ethical relationship that presupposes the continuous clarification of their own issues (Capalbo, 2007; Silva, 2009).

Personal therapy as support for clinical practice

Personal therapy, as a space for deepening self-knowledge and working through one's own subjective experience, is configured as a fundamental support for clinical practice in Psychology. The therapist is called upon to recognize their limits, affects, and personal involvements, as their availability to the other is directly related to how they engage with their own issues.

In this sense, it is understood that professionals can only accompany patients up to the limits they themselves are able to sustain reflectively. Thus, the working through of contents that mobilize the therapist – whether related to spirituality or to other aspects of their history and values – becomes an essential condition for the ethical practice of clinical psychology.

> I think that, in addition to supervision, a key factor is for the psychologist, the professional, to do therapy, so as not to be affected by these issues in a way that impacts their care with their client or patient, so that this does not get in the way, imply in it, that it will crystallize or mobilize them in this care (P6).
>
> [...] in undergraduate training it is important to work on this issue of differences that may arise and that the therapist must maintain, it is recommended that he/she does his/her therapy as well, even to be able to work better with his/her issues that may arise in the treatment, so that he/she cannot end up neglecting the patient's issue due to his/her own issues (P8).

Rogers (2019) emphasizes that, in order to facilitate the personal development of the other within the therapeutic relationship, the therapist must themselves be engaged in a continuous process of development, even though this path may at times be challenging. Such development finds, in personal therapy, a privileged space for working through one's own subjective experience.

In this sense, personal therapy and participation in clinical supervision constitute fundamental resources for managing the personal involvements that emerge within the therapeutic setting, including those related to the therapist's religiosity and spirituality. By fostering reflection on one's own affects, values, and limits, these spaces help reduce the risk of

excessive identifications, projections, and inappropriate displacements onto the patient, thereby sustaining an ethical and responsible listening (Ancona-Lopez, 2008 as cited in Henning-Geronasso & Moré, 2015).

The therapeutic helping relationship is strengthened when the care provided to the patient is also grounded in care directed toward oneself. This involves a movement that, once elaborated by the therapist, can extend into the clinical encounter, enhancing the therapeutic relationship and expanding the possibilities of care within the context of psychological practice (Boff, 2014).

Rogers (2019) understands that the ability to establish helping relationships that foster the other's growth and autonomy is directly related to the therapist's own level of personal development. Thus, clinical practice entails an ongoing commitment to one's own psychological maturation, understood as a continuous process of reflection, involvement, and self-care, which sustains the quality of therapeutic relationships throughout professional practice.

The bond arising from the helping relationship is established through feelings of trust and affinity; however, this does not imply the absence of boundaries or a merging between subjects. As in any healthy relationship, there are aspects that bring individuals closer through similarity, while differences persist and must be preserved. Therapy can thus be understood as an intersection between singular individuals who meet within the bond without losing their distinct positions.

The world may be understood as a relational field in which subjects, objects, and perspectives encounter and interrelate through lived experience. Within this field, perception enables individuals to apprehend one another, establishing bonds, affinities, and forms of communication that connect them. It is a space of possible interrelations, in which human projects, meanings, and realizations are constituted in the encounter between beings-in-the-world, as perception opens and reveals them in experience (Silva, 2009).

Therapy constitutes the shared space that attunes intern and patient within the clinical encounter. In this sense, the importance of personal therapy as a support for clinical practice is reaffirmed, as it fosters the development of empathy, acceptance of the other, and the capacity for phenomenological reduction. By enabling the experience of both therapist and patient positions, personal therapy contributes to the formation of a more conscious and sensitive clinical stance. Thus, the intern becomes better able to make themselves available to the other, regardless of the presence or absence of spirituality, sustaining an ethical practice committed to the patient's singularity.

The role of undergraduate training in relation to spirituality

The offering of a space for discussion and reflection

For psychology interns in the final stages of their undergraduate training, the existence of institutional spaces for discussion and reflection on spirituality was identified as a relevant

opportunity to expand knowledge on the topic. The provision of lectures, elective courses, and extracurricular activities could facilitate students' initial contact with the subject, while respecting each individual's autonomy and interests.

In addition, participation in research activities, such as undergraduate research projects, was mentioned as a possible avenue for theoretical and reflective deepening, contributing to a more critical and well-grounded understanding of spirituality within the context of psychological practice. These spaces for exchange enable students to express their perceptions, become acquainted with different perspectives, and engage in dialogue with professors and experienced professionals, thereby enhancing their interpretative capacity in relation to the demands that emerge within the clinical setting.

> So, I think it would be very interesting and beneficial to do this kind of reflection, to have some open space for exactly this kind of discussion. The issue of spirituality, of faith is a very basic component of the human being (P3).
>
> Perhaps a reflection on spirituality and its practice during the Psychology degree, because we see how much this has been a constant in students who have been coming to their supervisors talking about how uncomfortable they feel dealing with other people who have a different religion than theirs, so, we are going to reflect on what religion it is, what spirituality it is, on this issue of having no limits, this issue of the diversity of cultures, of religions, in short (P5).
>
> [...] when you open a discussion channel, you have several opinions, in short, several different understandings and then, in a way, you can touch on one thing here, another there and create knowledge for yourself, something that makes sense to you. And then, when you encounter religion professionally, and in your undergraduate training you had a discussion about it, it is possible for you to contribute in a less positioned way (P9).
>
> So, I think these are two things that would be missing for a Psychology undergraduate: a space for theory about spirituality and its implications for human beings and a space for discussion of and about this topic among colleagues, because then I wouldn't restrict myself to my impression (P20).

The possibility of creating such spaces for discussion brought to light the issue of preparation for handling spirituality in clinical practice, although, as discussed in the previous category, this preparation is supported by personal therapy, participants emphasized that it should begin within the context of undergraduate training. Considering that the introduction to clinical practice occurs during the clinical internship, under supervision, it is reasonable to understand that training to address demands related to spirituality should also begin at this formative stage.

Findings from studies involving psychology undergraduates reinforce this perspective. In a study conducted with students from the first to the fifth semesters of the program, participants expressed concern regarding the integration of spirituality into professional practice, as well as the importance of previously working through their own issues related to the

topic, in order to feel more prepared to address such demands within the therapeutic setting (Carvalho et al., 2011).

> I think it's even important for you to bring in some kind of study, or some specific reading, or something that can make Psychology students somewhat prepared to face demands that are linked to spirituality (P7).
>
> So, I think it would be more interesting to prepare precisely so that there is care not to mix the fields rather than having the psychologist end up entering this field and falling into a trap, literally (P8).
>
> I think that we, as students in training, have no basis whatsoever to deal with this religious sphere. I think there's a lot of research missing, I think there's a lot missing, a lot of material. At least I don't have access, but I feel like I'm not prepared (P13).

Participants' accounts indicate a recurrent perception of lack of preparedness to deal with spiritual demands in the clinical context, associated with ethical concerns about not conflating the role of the psychologist with religious practices. This difficulty has also been highlighted in recent literature, which emphasizes the need for psychology training to include spaces for reflection and technical preparation for addressing spirituality in professional practice.

In this sense, contemporary studies have emphasized that clinical training in Psychology should include the development of competencies that enable therapists to recognize, attend to, and appropriately manage the religious and spiritual dimensions presented by patients when they emerge in the therapeutic context. Koenig (2012, 2020) highlights that spirituality constitutes a significant dimension of human experience and, therefore, may permeate psychological suffering, processes of illness, and coping strategies, requiring ethical and technical preparedness from professionals to address such content without reducing or pathologizing it.

From this perspective, the clinical challenge does not lie in suppressing or ignoring patients' spiritual experiences, but in attending to them based on the demands presented, while avoiding the imposition of the therapist's personal beliefs onto the therapeutic process. Such a stance requires clinical sensitivity, continuous reflection on one's own values, and a patient-centered professional positioning, in which spirituality is understood as a possible symbolic and existential resource, rather than a field of doctrinal guidance (Koenig, 2020).

Corroborating this understanding, HaCohen (2025) argues that ethically responsible clinical practice presupposes the therapist's ability to sustain an open and reflective listening toward the other's spiritual experiences, while recognizing their own subjective experiences and professional limits. Thus, psychology training should foster spaces for the critical elaboration of these issues, so that the handling of spirituality in clinical practice occurs in alignment with the centrality of the patient's demand and with the ethical principles of psychological practice.

The interns demonstrated an understanding that preparation for dealing with demands involving spirituality is constructed throughout clinical experience, particularly through participation in supervised practice. In this sense, the acquisition of tools for clinical work occurs

as a continuous process of discovery, apprehension, and refinement, which could be further supported by formative spaces both prior to and concurrent with the internship.

> [...] I think that servicing is like a stage debut. You're never prepared, because you don't know who the audience is, and I think preparation comes in exchange. Because I think it is a preparation built on the relationship with the other, in this case, with the patient (P9).
>
> I think this is a continuous preparation, for life, in exercise, right? In the services, to receive these people. I think that preparation comes throughout life (P11).

Ancona-López (2005, as cited in Pereira & Holanda, 2016) highlighted that little or almost no space is devoted, within the Brazilian academic context, to systematic reflection on spirituality, despite the existence of national and international studies on the topic. This historically neglectful stance contributes to the delegitimization of spirituality as a relevant field of knowledge and as a source of enrichment for professional practice.

Considering that Psychology operates at the intersection of the Human, Social, Philosophical, and Health Sciences, the need to expand this debate within academic training becomes evident, in order to overcome paradigms that still limit the ethical and critical incorporation of spirituality into clinical practice.

Based on these reflections regarding the need for preparation and formative spaces, participants also pointed to the importance of a more direct inclusion of spirituality within the undergraduate Psychology curriculum.

The curricular inclusion of disciplines about spirituality

For the interns, regardless of their personal beliefs or the absence thereof, a proposal emerged for the more structured inclusion of spirituality within undergraduate Psychology training. This inclusion could take place through the creation of specific courses or through the integration of systematic discussions into existing curricular components, with a focus on training for the clinical handling of demands involving spirituality.

> I think if we had a subject or something else about understanding how faith is important to the individuality of the subject [...], I think it would be very interesting. So, one subject or another about spirituality, about really understanding how religion works (P3).
>
> I think that, as a psychologist, in my training, I think so, I think they should include a subject that talks about how we deal with the issue of spirituality within this clinical context, in contact with the patient. I think it is something that should be included in our undergraduate degree in Psychology (P6).
>
> [...] I think this preparation should exist and be included in the curriculum, on how we deal with the spirituality of patients in the clinic. I think that it would be great, excellent. As we, with the training of a psychologist, to work with an issue that may be spiritual for the patient, not in a spiritualized way, but how we deal with the spirituality of others (P13).

> Perhaps it would be plausible and reasonable for us to have at least one discipline that dealt with this in theoretical terms. And another subsequent discipline that would deal with this in terms of discussion, that is, so that people could talk, for example, about what I'm talking about here (P20).

The central concern expressed by participants relates to the ethical conduct of professional practice when dealing with demands involving patients' spirituality. Their accounts indicate an effort to sustain a clinical stance that attends to this dimension of the other's experience, while maintaining the suspension of the therapist's personal beliefs and differentiating what belongs to the domain of institutional religion from what constitutes the specific role of the psychologist. This understanding is consistent with previous findings that point to students' curiosity regarding spirituality and the need for formative spaces that foster ethical reflection on its limits and possibilities within clinical practice (Freitas, 2002, as cited in Pereira & Holanda, 2016). Although gaps in the direct approach to the topic persist, it is observed that psychology training tends to produce professionals who are attentive to their roles and to the ethical principles guiding clinical practice.

More recent studies reinforce the importance of including, in a more systematic manner, discussions on the clinical handling of patients' spirituality and religiosity within academic training. Henning-Geronasso and Moré (2015) emphasize that these dimensions are part of individuals' subjective and cultural constitution and, therefore, inevitably permeate clinical practice. Similar results were found by Carvalho et al. (2011), who identified a superficial or absent approach to the topic throughout undergraduate training. In line with these discussions, Koenig (2020) highlights that the lack of formal preparation may lead both to neglect and to confusion regarding professional roles, reinforcing the need for training that enables psychologists to attend to patients' spirituality in an ethical, critical, and technically grounded manner.

Professor positioning: distancing oneself from spirituality

From the perspective of the interns who participated in the study, the stance of some professors is characterized by a distancing from spirituality. Students reported the presence of critical discourses directed at spiritual and religious beliefs, interpreted as attempts to delegitimize this dimension of human experience within the context of psychology training.

According to participants, such positions are experienced as lacking openness to dialogue and, in some cases, as ethically problematic, as they suggest an incompatibility between Psychology and spirituality or favor the disqualification of personal beliefs. These findings are consistent with studies that point to historical tensions between the psychological field and spirituality in the academic context, often associated with difficulties in training for the clinical handling of this topic (Pereira & Holanda, 2016; Koenig, 2020).

> [...] some professors should respect students more, because we come across professors who don't respect us much and just say what they think... And each student has their own creed, religion, and way of thinking (P2).
>
> I think that for some professors, like for some professionals, there is a lack of perspective on religion, because many people have a very critical thought in relation to this... And to what extent is this critical thought really necessary? Of course, we all have an opinion on any type of situation, but I think that criticism weighs heavily, because here at the university we have people with different religious orders, and you arrive and instill that you have to be an atheist, that you have to completely undress yourself to be able to study Psychology, I think it's not very cool to think in that sense, because many professors go down that critical path, of pointing the finger at religion and saying that it's wrong (P12).
>
> Some professors even stray off track, lose control, and attempt to influence the student as much as possible, sometimes even ridiculing their beliefs. In fact, there were times when I thought it was a lack of ethics by the professors in relation to religion, spirituality, you know? Even if they didn't agree, they should show the theory, not their opinion (P21).

Students' accounts indicate that professors' positioning perceived as negative toward spirituality contributes to the weakening of academic dialogue on the topic. This lack of formative spaces and theoretical-reflective grounding is understood by participants as a factor that directly impacts preparedness for professional practice, particularly with regard to the ethical handling of spiritual demands in clinical practice.

> I believe that university doesn't provide this foundation and that it could provide it and we wouldn't have to ask for it, but rather receive it. We are very lacking in this subject at the university (P19).
>
> Nobody talks about spirituality in Psychology. I think, well, it's a very demonized thing, it's even funny to say that word, but it is! We don't have this dialogue about spirituality, and when we do, it's like this, from the church door inwards. And whatever goes outside the church door is diagnostic, pathological (P13).

National studies have highlighted the importance of dialogue between Psychology and spirituality in clinical training, particularly due to its potential to broaden the understanding of patients and their modes of suffering and coping. Pereira and Holanda (2016) emphasize that spirituality may function both as a protective resource and as a factor involved in conflicts and distress, which reinforces the need for an ethical and critical approach during academic training.

However, studies indicate that this dialogue still encounters resistance within the university context. Henning-Geronasso and Moré (2015) show that students and professionals report the perception that spirituality and religiosity are not treated in a natural or legitimized manner by professors, often being associated with conflicts between religion and science, as if they were incompatible with a valid scientific methodology.

Similar findings were reported by Vieira et al. (2013), who identified a sense of discomfort related to the respect for students' religious beliefs within the academic environment. In that

study, spirituality and religiosity were understood by students themselves as protective factors for health and well-being, whereas negative attitudes from professors were shown to be potentially harmful to the academic experience and to students' psychological health.

Pereira and Holanda (2016) further observe that the university tends to be perceived as a predominantly secularized space, in which the presence of students with explicit religious practices may generate estrangement or discomfort. This atmosphere contributes to the distancing from spirituality as a topic, often initiated in professors' positioning and echoed in students' experiences, reinforcing silences and difficulties in elaborating this dimension within psychology training.

Undergraduate training as a possibility of opening one's perspective

Despite the criticisms related to professors' positioning regarding spirituality, undergraduate training in Psychology is understood by participants as a space that enables the opening of one's perspective toward oneself and others. The program, by focusing on subjectivity and the understanding of human experience, exposes students to different worldviews and ways of understanding the human being. Throughout training, various theoretical approaches are presented, with conceptions that sometimes emphasize causality and determinisms, and at other times highlight human potential and the exercise of freedom. In this sense, students recognize undergraduate training as a source of resources that contributes to personal development and to a broader understanding of spirituality, even if indirectly.

> I would say that the degree actually provides an introduction, it is an aid and, in what it proposes, it helps, but the issue is much bigger than that. So, that's why I think that academic life is just an aid, a help. The university only helped me, it only helped me to improve my spirituality (P11).

Beyond providing occasional support, participants reported that undergraduate training in Psychology plays a provocative role, stimulating the development of critical thinking and the expansion of understanding of oneself, others, and clinical practice.

> It can provoke the student so that they understand their concepts, their causes and effects, their crossings in the setting (P22).
>
> Undergraduate training helps to question. It helps us understand when it comes to patients, but in a particular way, I think it helps us question, it helps us get out of a very closed world, helps us problematize, to consider so many other possibilities. [...] with the development of critical thinking, I was able to question my spirituality, I was able to question my religion, I was able to question the idea of religion (P24).

Participants' accounts indicate that, although undergraduate training is not perceived as a systematic space for addressing spirituality, it plays a relevant role in broadening one's perspective. By promoting questioning of concepts, values, and subjective experiences within the

therapeutic setting, psychology training contributes to students revisiting their own beliefs and understanding spirituality in a less dogmatic way. This movement fosters a more reflective clinical stance, in which the future professional becomes more available to engage with the diversity of experiences brought by patients, without automatically adhering to rigid or reductionist explanations.

Undergraduate training also plays a role in opening students' perspectives, enhancing their ability to think beyond their own point of view and to recognize that others experience spirituality and religion in singular ways. In this sense, academic training contributes to the exercise of *epoché* by encouraging an attitude of openness, questioning, and suspension of prior certainties.

> I realized that I had greatly expanded my view of what is religious for me and I understood that, sometimes, something that works for me doesn't work for someone else. It's not about me going and saying something I'm certain of, and I can't say that someone else is also certain of it [...]. So, my perspective changed during my undergraduate training (P1).
>
> So, I think the university just helps you to sift through what you can be, or open your eyes to be a better person, but religion isn't necessarily involved. It's just for you to have self-knowledge, to know what you want. It questions you all the time (P17).
>
> Today, my spirituality has value to me, and it (undergraduate training) helped me understand that everyone has their own and that I should not impose what I believe or what I live in a sense of spirituality. So, the undergraduate training helped (P22).

Participants' accounts indicate that, although undergraduate training does not provide a systematic approach to spirituality, it contributes significantly to the development of a reflective stance toward differences. By encouraging continuous questioning, self-knowledge, and the broadening one's perspective, psychology training fosters the recognition of alterity and the understanding that one's own beliefs cannot be taken as a universal standard. This movement aligns with the exercise of *epoché*, insofar as it enables the future professional to suspend personal certainties and adopt an ethical and respectful stance toward the other's singularity within the clinical context.

Pereira and Holanda (2016) point out that, for some students, the university environment is experienced as a space of multiplicity of ideas and religious diversity, in which different beliefs and positions coexist. From this perspective, the university can be understood as a place that values free will, respect for differences, and the coexistence of distinct worldviews, seeking to sustain a stance of respect and non-imposition regarding individuals' religious and ideological beliefs.

The coexistence of a multiplicity of ideas within undergraduate training, fostered by contact with different theoretical perspectives and lived experiences, may lead to transformations in how students understand and experience their spirituality.

> So, the undergraduate training gives me a foundation in my conception of life, in my experience of looking at life, of being in the world, but I also have my own experience of life outside of the degree. So, by uniting the two things, making the relationship between the two things, many things have changed, yes, in relation to my spirituality with religion (P6).
>
> You have a wide range of possibilities for seeing human beings, for example, and with that, for seeing the world. And then, if you allow yourself to jump from one approach to another, from one understanding of human beings to another, you also begin to modify other personal processes of understanding the world and understanding human beings, and with that, it will inevitably be linked to the way you understand spirituality, whether you believe you have it or not (P7).
>
> So yes, from my beginning until now, it has made a difference. Whatever the course, if I studied Law or Engineering, my spirituality would be altered, because I would be altered as a human being, as I said, my concept of spirituality is an intimate experience, so I would be altered. In the Psychology spectrum, I consider that this is even stronger, that is, this change in my perception, of my spirituality, was greater than it would be in other courses, whatever they were, because I am talking about human subjectivity. So, these things end up getting a little confused (P20).

From this perspective, undergraduate training emerges as a space that fosters changes in students' spirituality by expanding their ways of understanding the world, others, and themselves. By promoting contact with different conceptions of the human being, theoretical approaches, and subjective experiences, the Psychology program contributes to the development of a more reflective stance, which may either strengthen or reinterpret previously established beliefs.

However, this same movement of opening one's perspective may also generate questioning and distancing in relation to spiritual and religious beliefs, especially when such experiences do not find spaces for reception and elaboration within the academic context, as highlighted by Carvalho et al. (2011).

Distancing from spirituality after undergraduate training

Undergraduate training may also lead to a distancing from spirituality and its practices. Among the factors identified by participants, the reduction of time available for engagement in institutional religiosity and the influence of the academic environment stand out, particularly with regard to critiques directed at spirituality within the context of training.

> So, it's not that I got discouraged, but just that, after I started my degree, I didn't have as much time to dedicate to it as I did before. So, I didn't have as much time to go to church as I used to... I think I didn't get discouraged because I wanted to, but it ended up not being like it was before, right? (P2).

Some participants reported the perception that, throughout undergraduate training, there is a predominant discourse that associates spirituality and religion with negative elements, such as alienation or limitations on subjective autonomy. According to these students, such

professors' positioning may contribute to a progressive distancing from spiritual beliefs or even to the adoption of skeptical or atheistic positions, not necessarily as a personal choice, but as an effect of the academic environment.

> Look, I'll tell you, an undergraduate training creates atheists. I see that, during my undergraduate training, I was a bit skeptical too, due to several questions that the professors raised, such as, for example, religion is a halter around a person, which serves as a rein to curb a person's instincts... The Psychology course criticizes religions, and a lot (P5).
>
> [...] I found that throughout the undergraduate training, they try to make the most of this spirituality thing, of the students' beliefs (P21).

For other participants, the distancing from or transformation of spirituality was associated with a process of deconstructing previously internalized beliefs, driven both by academic readings and discussions and by personal maturation throughout training. In these cases, undergraduate education was not experienced as a negation of spirituality, but rather as an invitation to reinterpret its forms of experience.

> I believed a lot in the issue of sin, anyway, I had this very deep-rooted, even from my own experience, but this was somewhat deconstructed with study, with readings... (P12).
>
> In the past, I lived inside the spiritualist center, thinking that was all there was to it. After Psychology, [...] I saw that it wouldn't be just that, that it wasn't enough. It's more you with yourself, you saying your prayers... Even when you pray, you say a lot about yourself. Because it is not external, it is internal (P14).
>
> I don't know if the undergraduate training had any influence or if it was maturity. I was 22, so I was young when I started. I no longer believed in almost anything. After the university, I don't know if it was the degree or if it was my experiences that made me not believe (P17).

Previous studies indicate that undergraduate training in Psychology may be associated with changes in the experience of spirituality. Cavalheiro and Falcke (2014), when comparing first-year and final-year students, observed higher levels of spiritual well-being among students at the beginning of the program, as well as a stronger belief in the existence of a higher being. The authors also pointed out that certain theoretical approaches tend to foster either greater proximity to or distancing from spirituality. Similar findings were reported by Vieira et al. (2013), who identified more intense conflicts between spirituality and approaches such as Psychoanalysis and Behaviorism.

However, these findings were not confirmed in the present study, as no relationship was observed between the choice of theoretical approach and the participants' spiritual experience, indicating greater heterogeneity between religious beliefs and clinical orientations. More recent studies have emphasized that the relationship between academic training, spirituality, and

clinical practice is complex and shaped by multiple factors, and cannot be explained in a linear or deterministic manner (Pargament, 2021).

The undergraduate environment, often guided by an ideal of neutrality, may convey the understanding that spirituality constitutes an obstacle to professional practice or clinical impartiality. However, given its deeply rooted presence in cultures and its significant influence on ways of being, it becomes necessary to problematize such a stance. Rather than denying or suppressing spirituality, the challenge for psychology training appears to lie in constructing an ethical and reflective balance in the face of the tensions and divergences that permeate this theme.

Final Considerations

Psychology, as a field concerned with subjective care, seeks to understand the individual in their singularity and complexity. In this context, spirituality emerges as a relevant dimension of human experience, capable of permeating processes of suffering, care, and psychological elaboration. The results of this study indicate that, within the clinical internship, psychology students encounter demands related to spirituality without having received systematic preparation to address this theme during their undergraduate training.

Despite the identified gaps in training, participants demonstrated an awareness of the centrality of the patient's demand within the therapeutic setting, emphasizing the need to differentiate their personal beliefs from the experiences brought by the other. Phenomenological reduction proved to be a fundamental resource in this process, understood not as absolute neutrality, but as a reflective exercise of openness to the patient's experience. Personal therapy was also identified as an important support for clinical practice, fostering the recognition of one's own subjective experiences.

The findings further indicate that professors' positioning regarding spirituality exerts a significant influence on students' experiences, often being perceived as marked by distancing and negative valuation of the theme. At the same time, undergraduate training was recognized as a space for opening one's perspective, enabling the development of critical thinking, the problematization of one's own beliefs, and the understanding of the diversity of ways of being.

In light of these findings, the inclusion of spaces for discussion and curricular content addressing spirituality in an ethical, critical, and non-confessional manner may contribute to the training of psychologists better prepared to engage with this dimension in clinical practice, without implying the validation of religious beliefs.

As a limitation of the study, the institutional and geographical scope, as well as the focus on the students' perspective, should be noted. Future research is suggested to expand this investigation across different training contexts and to include the perspectives of professors and clinical supervisors, contributing to the advancement of the debate on spirituality and training in Psychology.

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