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Appendix A.

Definitions of Spirituality

Spirituality, as we see it, is a process by which individuals recognize the importance of orienting their lives to something nonmaterial that is beyond or larger than themselves (an ultimate reality, if you will), so that there is an acknowledgment of and at least some dependence upon a higher power, or spirit. (Martin & Carlson, 1988, p. 59)

Table A1 - Definitions of Spirituality

Name	Definition
Definitions: spirituality	
Adams	There are many possible definitions of spirituality and religion. Williams James (1902) defined religion as “the attempt to be in harmony with an unseen order of things: but this could apply equally well to spirituality. I see spirituality as experience which is both intensely personal as well as shared, involving God (or whatever name one chooses, life, consciousness, love) (Adams, 1995, p. 202).
Anderson	Spirituality is defined as subjective engagement with a fourth, transcendent dimension of human experience (Anderson, 1997, p. 3) .
Aponte (1)	I use the term spirituality here broadly, referring to the meaning, purpose and values in people's lives...spirituality for me, is how they understand life, where they want to go with it, and the standards by which they measure and judge life (Aponte, 1998, p. 37).
Aponte (2)	Some spirituality is based on ethics and philosophy. Other spirituality sees it's source and end in the supernatural realm of a deity, and is most often expressed in formal religion (Aponte, 2002, p. 16).
Aponte (3)	Spirituality is a universal dimension of life... moral standard for living, and assumes some sense of moral connection among people at the very heart of our humanity (Aponte, 2002, p.6).
Benner (1)	“...I would suggest that spirituality is the human response to God's gracious call to a relationship with himself (Benner, 1989, p. 20).
Benner (2)	Contemporary definitions of spirituality are often so broad as to be almost meaningless. A good example is tart (1975) “that vast realm of human potential dealing with ultimate purposes, with higher entities, with God, with life, with compassion, with purpose” (Benner, 1989, p. 19).
Benner (3)	“...Spirituality might be defined as our response to a deep and mysterious human yearning for self-transcendence and surrender, a yearning to find out place” (Benner, 1989, p. 21).

Name	Definition
Haug	“Spirituality” connotes a personal, internalized set of beliefs and experiences while religious organize those beliefs and experiences into collective dogma and practices associated with organizational membership... “spirituality” as defined in this paper is not simply identical with generic terms “beliefs” or “belief systems” but indicated particular beliefs which tend to impact four areas of a person’s functioning in specific ways (see cognitive dimension, affective dimension, behavioural dimension, developmental dimension (Haug, 1998, p. 182-183).
Holifield	Spirituality is less a method than an attitude, a posture of one’s very being that allows seeing not different things but everything differently (Holifield, 1983)
Kurtz	The term spirituality has its own fascinating history, but it is generally currently used to denote “certain positive inward qualities and perceptions” while avoiding implications of “narrow, dogmatic beliefs and obligatory religious observances (Kurtz, 1999).
McGrath	Spirituality concerns the question for fulfilled and authentic religious life, involving the bringing together of the ideas distinctive of that religion and the whole experience of living on the basis of and within the cope of that religion (McGrath, 1999, p. 2).
Myers	A continuing search for meaning and purpose in life; an appreciation for the depth of life, the expanse of the universe, and natural forces which operate; a personal belief system (Myers, 1990, p. 11). .
Pargament	I see spirituality as a search for the sacred. It is, i believe, the most central function of religion. It has to do with however people think, feel, act, or interrelate in their efforts to find, conserve, and if necessary, transform the sacred in their lives (Pargament, 1990).
Prest	Spirituality is defined for the purposes of this paper as the multifaceted relationship or connection between human and metaphysical systems (Prest & Keller, 1993, p. 138).
Sailers	“Spirituality” is a relatively modern term in the Christian vocabulary, having emerged in the seventeenth century and only recently having come into popular protestant usage (Sailers, 1992).
Sander, Piercy, MacKinnon, & Helmeke	“Spirituality concerns an active investment in an internal set of values. It fosters a sense of meaning, inner wholeness, harmony, and connection with others- a unity with all life, nature, and the universe (Sander, Piercy, MacKinnon, & Helmeke, 1994) in (Walsh, 1999, p. 6).
Sermabeikian	Spirituality could be defined as the collective inspiration derived from the ideal of human compassion or well-being that drives us to advance our cause (Sermabeikian, 1994, p. 182).
Shafranske & Gorsuch	It has been said that spirituality is the “courage to look within and to trust.” What is seen and what is trusted appears to be a deep sense of belonging, of wholeness, of connectedness, and of openness to the infinite (Shafranske & Gorsuch, 1984, p. 233).

Name	Definition
Simon	First, it is important to define "spiritual." While the word itself implies a dichotomy or split between matter and spirit, I am using it here to point, for want of a better term, to a way of thinking and viewing that is non-judgmental and inclusive. To be spiritual, in this usage, is to embrace both/ and logic, that is, to endeavour to train perception beyond the imitations of dichotomous thinking and fixed categories (Simon, 1996, p. 47).
Simon	Spirituality may also be defined as an intense awareness of being alive, of breathing, of being present in this moment of all moments and this place of all places (Simon, 1996, p. 47).
Thoresen	Spiritual, by contrast, is believing in, valuing, or being devoted to some power higher than what exists in the physical world (Thoresen, 1998, p. 413).
Worthington	Religious applies to any organized religion and concerns religious beliefs (propositional statements in agreement with some organized religion) and religious values (broad organizing statements about what is important in life). Spiritual by contrast, is believing in, valuing, or being devoted to some power higher than what exists in the physical world.(Worthington, Kurusu, McCullough, & Sandage, 1996, p. 449).

Definitions contrasting spirituality and religion

Pargament	I am defining religion in the classic tradition of our field. The search for significance in ways related to the sacred encompassing both the individual and the institutional; it includes both the traditional and the novel; and it covers both the good and the bad. (Pargament, 1999, p. 7).
Pargament	I see spirituality as a search for the sacred. It is, i believe, the most central function of religion. It has to do with however people think, feel, act, or interrelate in their efforts to find, conserve, and if necessary, transform the sacred in their lives (Pargament, 1999, p. 7).
Ross	Ross is helpful in distinguishing between religiosity and religious experience. Religious experience refers to: ...personal views and behaviors that express a sense of relatedness to the transcendental dimension or to something great than the self (p.120). ...refers to the participation in or endorsement of practices, beliefs, attitudes, or sentiments that are associated with an organized community of faith. A person's finding religious meaning in a system of symbols that spring naturally from and are authentic to one's life...rather than practices superimposed on individuals, ritual in this sphere springs from common experience and, if you will, collective unconscious (Ross, 1994, p. 8).

Definitions: religiosity

Adams	I see religion as a particular form of worship, theology, ritual or creed associated with one of the five major world religions (Christianity, Judaism, Islam, Hinduism, Buddhism) or other minor religions (Adams, 1995, p. 202).
Anderson	Spirituality refers to the uniquely personal and subjective <i>experience</i> of a fourth dimension; religion refers to the specific and concrete <i>expression</i> of spirituality (Anderson, 1997, p. 5).

Name	Definition
Bergin	Extrinsically motivated people use their religion as a means of obtaining status, security, self-justification, and sociability. Intrinsic people, on the other hand, internalize beliefs and live by them regardless of the external consequences (Bergin, Masters, & Richards, 1987, p. 198).
Hart	We are spiritual whether or not we belong to a religious denomination. That orientation to something beyond that questioning or questing, that irrepressible transcendence of the human spirit are simply part of the constitution of our existence, whether we are fully aware of it or not, and whether we cultivate it within the context of organized religion or not (Hart, 1994, p. 23).
Ross	Stereotypically patterned, unquestioning following of rules...concerned primarily with external practice...fear of further retribution requires the individual to avoid questioning, exploring or disagreeing with beliefs or practice...the beliefs and practice seem to have a life of their own, quite apart from a relationship with a creator (Ross, 1994, p. 8).

Definitions: values

Covey	A personal mission statement based on correct principles becomes a kind of standard for an individual. It becomes a persona constitution, the basis for making major, life-directing decision, the basis for making daily decision in the midst of the circumstances and emotions that affect our lives. It empowers individuals with the same timeless strength in the midst of change (Covey, 2004, p. 108).
Richards	Spiritual practices such as praying, meditating, reading sacred writings, and seeking spiritual direction from religious and spiritual leaders can also be valuable interventions for helping religious and spiritually oriented clients clarify and affirm their core values (Richards, Rector, & Tjeltveit, 1999, p. 155).
Richards	There is also general agreement among the world religions about what moral principles and values promote spiritual enlightenment and personal and social harmony (Richards, et al., 1999, p. 138).
Worthington	A value is defined by Rokeach (1973) as "an enduring belief that a specific mode of conduct or end-state of existence is personally or socially preferable to an opposite or converse mode of conduct or end-state of existence...Rokeach has claimed that values should be expected to govern behaviour (Worthington, 1988, p. 166).
Worthington	People highly committed to religion usually evaluate their world on at least three important value dimensions: the role of authority of human leaders, scripture or doctrine, and religious group norms (Worthington, 1988, p. 168).

Definitions: Christian Spirituality

Adams	I do not believe that spirituality is a set of techniques that can be learnt and used as therapeutic techniques any more than love, compassion and wisdom are techniques; genuine spirituality cannot be bought or used instrumentally (Adams, 1995, p. 202).
Holt	Prayer in Christian theology and experience is more than pleading or petition; it is our whole

Name	Definition
	relation to God. And spirituality concerns the way in which prayer influences conduct, our behaviour and manner of life, our attitudes to other people. It is often best studies in biographies, but clearly it shapes dogmas, inspires movements and builds institutions Gordon Wakefield, (p.17) <i>Westminster Dictionary</i> 1983:4.
Holt	<i>Spirituality</i> . This is a word which has come much into vogue to describe those attitudes, beliefs, practices which animate people's lives and help them to reach out towards super-sensible realities. This means that Christian spirituality is not simply for 'the interior life' or the inward person, but as much for the body as for the soul, and is directed to the implementation of both the commandments of Christ, to love God and our neighbour. Indeed, our love, like God's, should extend to the whole of creation. Christian spirituality at its most authentic includes in its scope both humanity and nature (Holt, 1993, p. 18).
Hoyt	...I had a thought that in India people put their hands together and they say, " <i>Namaste</i> " "I salute the divine in you" – meaning "Whatever the story on the surface is, I see something holy or special (Hoyt & Combs, 1996, p. 34).
Martin	An extension of this belief that many in our culture would include in their definition of <i>spiritual</i> is a central belief in God as an "invisible, personal, and living spirit" (Lewis, 1984, p.451) who is creator of life and the perfect personage worthy of being sought out (Martin & Carlson, 1988, p. 59).
Cunningham	The term "Christian spirituality" refers to the way in which the Christian life is understood and the explicitly devotional practices which have been developed to foster and sustain that relationship with Christ. Christian spirituality may be thus understood as the way in which Christian individuals or groups aim to deepen their experience of God, or to "practice the presence of God," to use a phrase especially associated with Brother Lawrence (c1614-91) (Cunningham, 1996, p. c 1614-91) in (McGrath, 1999, pp., p. 3).
McGrath	Christian spirituality concerns the quest for a fulfilled and authentic Christian existence, involving the bringing together of the fundamental ideas of Christianity and the whole experience of living on the basis of and within the scope of the Christian faith (McGrath, 1999, p. 2).
McGrath	Christian spirituality concerns the quest for a fulfilled and authentic Christian existence, involving the bringing together of the fundamental ideas of Christianity and the whole experience of living on the basis of and within the scope of the Christian faith (McGrath, 1999, p. 3).
McGrath	Christianity is: a set of beliefs: a set of values: a way of life (McGrath, 1999, p. 3).
McBrien	Spirituality has to do with our experiencing of God and with the transformation of our consciousness and our lives as outcomes of that experience Richard McBrien, <i>Catholicism</i> , (McBrien, 1994, p. 1058) in (McGrath, 1999' p. 3) .
Ganss	Spirituality is a lived experience, the effort to apply relevant elements in the deposit of Christian faith to the guidance of men and women towards their spiritual growth, the progressive development of their persons which flowers into a proportionately increased insight and joy

Name	Definition
	(Ganss, 1991, p. 61) (Ganss, "Introduction" to Ignatius of Loyola) in (McGrath, 1999, p. 3).
McGrath	Spirituality refers to a <i>lived</i> experience and a disciplined life of prayer and action, but it cannot be conceived apart from the specific theological beliefs that ate ingredients in the forms of life that manifest authentic Christian faith (McGrath, 1999) in (Sailers, 1992, p. 460).
Springfellow	Whatever else may be affirmed about a spirituality which ahs a biblical precedent and style, spiritual maturity or spiritual fulfilment necessarily involves the whole person – body, mind and soul, place, relationships – in connection with the whole of creation throughout the era of time biblical spirituality encompasses the whole person in the totality of existence in the world, not some fragment or scrap or incident of a person (Springfellow, 1984, p. 22) in (McGrath, 1999, p. 4).
McGrath	"Spirituality" refers to the unfolding, day by day, of that fundamental decision to become or remain a Christian which we make at baptism, repeat at confirmation, and renew each time we receive the Eucharist (p.15) William Reiser, S.J. Looking for a God to pray to, in (McGrath, 1999, p. 2).
Sailers	Distinctive Christian spirituality focuses on the reality of God's self-giving in Christ, animated by the Holy Spirit. Spirituality refers to a lived experience and a disciplined life of prayer and action, but it cannot be conceived apart from the specific theological beliefs that are ingredient in the forms of life that manifest authentic Christian faith (Sailers, 1992, p. 460).
Woods	Spirituality...is the self-transcending character of all human persons and everything that pertains to it, including, most importantly, the ways in which that perhaps infinitely malleable character is realized concretely in everyday life situations (Woods, 1989, p. 9).
Definition: secular	
Worthington, Kurusu, McCullough, & Sandage,	Secular counselling is defined as counselling not involving religious content or religious issues or not set in an explicitly religious context. (Worthington, et al., 1996, p. 449)
Definitions: religion	
Carlson	We like David Dollahite's definition of religion: "a covenant faith community with teachings and narratives that enhance spirituality and encourage morality" (Carlson, Erickson, & Seewald-Marquardt, 2002, p. 215).
Hood	Walter Houston Clark, one of the giants of contemporary psychology of religion claimed that " religion can be most <i>characteristically described as the inner experience of the individual when he senses a beyond</i> ,...William James perhaps the single most influential psychologist of religion, noted that religion consists of the belief that there is an unseen order that our supreme good lies in harmoniously adjusting ourselves thereto." (Hood, 1996, p. 6).
Worthington	Religious should be differentiated from <i>spiritual</i> ...religious beliefs are propositional statements (in agreement) with some organized religion) that a person hold to be true concerning religion or religious spirituality (Worthington, et al., 1996, p. 449).

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Appendix B.

USA and Australia's Belief in God

Table B1. US Population who have a relationship with God

Americans believe in God	Attend worship services	Members of church or synagogue	Religion important in their lives	Pray	Source
96%	42%	67%	60%		(McCullough, 1999, p. 92)
94%			60%		(Haug, 1998, p. 181)
95%				88%	((Hoge, 1996)
90%					(Goldman, 1991)
			72%		(Bergin & Jensen, 1990)
95%	42%	42%			(Peach, 2003)

Table B2. Belief in God or a Universal Spirit (Survey, 2007)

<http://religious.pewforum.org/reports> National Figures for USA, Belief in God or a Universal Spirit

Absolutely certain	Fairly certain	Not too certain	Don't believe in God	Don't know/refused/other
71%	17%	4%	5%	3%

Table B3. Importance of religion in one's life

Very important	Somewhat important	Not too important	Don't know/refused
56%	26%	16%	1%

Table B4. Frequency of attendance at religious services

At least once a week	Once or twice a month	Seldom/never	Don't know/refused
39%	33%	27%	1%

Table B5. Frequency of prayer

At least once a day	Once a week/few times a week	Seldom/Never	Don't know/Refused
58%	17%	18%	2%

Table B6. Percentage of population who believe in God or a spiritual force

Australians believe in God	Spiritual force	Not sure	Attend church	Christian	Bible inspired	Source
33%	39%	17%			71%	(Hughes, 2000)
74%			20% (Once a month)			1998 Australian Community Survey
			20% (Annually)			
				70%		1996 Australian census
61%			25% (monthly or more)			(Peach, 2003)

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Appendix C.

Moon, Survey on Integration of Christian Resources

From Moon's study his inference is that explicitly Christian techniques could be made more of by Christian traditions and that Christian disciplines could access the *untapped mental health resource* represented. This study looked at the therapeutic potential of scripturally based discipline but felt they were underused.

Working Definitions and Scriptural References for the Twenty Christian Disciplines

MEDITATION "...to engage in contemplation or reflection...to focus one's thoughts on: reflect on or ponder over" (Webster, 1986, p. 738)

1. CONCRETE MEDITATION – A focus of thoughts on Scripture (individual words and/or phrases). This may also include concrete objects of God's creation. Ps 119-15, 99, 148
2. ABSTRACT MEDITATION – An activity closely related to (1), which encourages more active use of the imagination, such as passive focus on one or more of the attributes of God Ps 63:6; 143:5.

PRAYER

3. INTERCESSORY PRAYER – A form of prayer that involves making our requests known to God either as they relate to ourselves or others. Eph 6:18; Phil, 4:6.
4. CONTEMPLATIVE PRAYER – A particular type of interpersonal response to God which seeks to create a passive openness to the experience of God through non-analytical focus of attention (Finney, 1984). Often contemplative prayer transcends words and images due to the inadequacy of these vehicles to capture God. Ps 46:10; 27:4.
5. LISTENING PRAYER – A process similar to contemplative prayer, but with the exception that the primary focus is upon receptivity to communication (words/images) from God Ps, 130:5-6; 1 Sam, 3:9, 10
6. PRAYING IN THE SPIRIT – As a type of verbal prayer, a specific experience which often involves the presence of verbal utterances – usually not recognizable speech (Finney, 1984); as 'prayer of interior surrender' (Finney, 1984), an ongoing process of awareness of God's presence. Rom, 8:26; 1 Thes, 5:17; 1 Cor, 12:10.

SCRIPTURE

1. COUNSELOR: PRO-ACTIVE –Didactic use of Scripture involving teaching, discussion, exhortation and encouragement, 11Tim, 3:14-17; Col, 3:16.
 2. CLIENT: PRO-ACTIVE – Encouragement of Scripture study, memorization and application as structured homework technique, Ps, 119-9-16; 11 Tim 2:15.
 3. CONFESSION – Encouragement of Scripture study, memorization and application as structured homework technique, Ps, 119-9-16; 11 Tim 2:15
-

Working Definitions and Scriptural References for the Twenty Christian Disciplines

4. WORSHIP – Giving to God our praise, thanksgiving, allegiance, honor, and adoration, both individually and in fellowship with other believers, Rom, 12:1; Ps, 9:1-2; Heb, 10:25.
 5. FORGIVENESS – The complete cancelling of a debt or penalty for an offence, which generally involves cleansing and freedom from sin and its effects, 1 John 1:9; Matt, 6:14-15.
 6. FASTING – Abstaining from normal pleasures for a period of time for the purpose of spiritual growth/insight, Matt, 6:16-18; Ps, 35-13;
 7. DELIVERANCE – Releasing a person from oppression or possession by evil spirits or demons. Matt, 10:8; Micah 6:31.
 8. SOLITUDE/SILENCE – Drawing away from the crowds or distractions in order to meet with God alone (Foster, 1988). It further involves the attitude of inner stillness as one brings the heart and mind into focus on the Lord. Ps, 131:2; Micah 6:31.
 9. DISCERNMENT – A gift of Divine insight for the purpose of rightly distinguishing between good and evil, truth and error. 1 John 4:1, 6; 1 Cor 12:10; Heb, 5:14.
 10. JOURNAL KEEPING – A written expression of emotions, thoughts, experiences, and/or dreams which serves as an outpouring of the soul as well as an encouragement of self or others. Psalms
 11. OBEDIENCE – The giving up of personal autonomy, entering into a life of freely accepted servanthood to God (Foster, 1988). Phil 2:5-6; 1 John 5:3; 1 Cor 12:1-3
 12. SIMPLICITY – A life lived with singleness of desire as expressed in Matthew 6:33, which involves the freedom of being detached from worldly concern. Matt 6:22-34; Col 3:1-5.
 13. SPIRITUAL HISTORY – A type of case history which involves the structured discussion of one's religious background, spiritual journey, and other specific events that relate to relationship with God. 1 Thes, 3:5-6; 11 Tim, 1:5-6.
 14. HEALING – A dynamic, miraculous process of being made whole (physically and/or emotionally) which often involves laying on of hands or anointing with oil. Micah 6:13; James 5:14-15 (Moon et al., 1991, p. 157)
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Moon, G. W., Bailey, J. W., Kwansy, J. C., & Willis, D. E. (1991). Training in the use of Christian counselors concerning the use of Christian discipline as counseling techniques. *Journal of Psychology and Christianity*, 10(2), 154-165.

Appendix D.

Literature Search 2006-2008

Author/ Date	Questions	Claims/ Argument	Materials/ Evidence	Concepts/ Form Of analysis	Influences/ Main sources/ Summaries
(Abbott, Berry, & Meredith, 1990; Abbott, 1990)	Religious belief and practice. A potential asset in helping families	Ways to help families for the purpose of well-being by finding a resource that is readily available but seldom recognized	Over 200 married adults were selected from 20 major religious denominations and surveyed via self-report questionnaires as to the influence of religious belief and practice on family satisfaction	There are five ways that religion may be advantageous to family life, social support, sponsoring family activities and recreation, indoctrination, providing family social welfare and by divine assistance with personal problems	The majority of respondents reported that religion was helpful to family life
(N. Adams, 1995; N Adams, 1995)	This article explores the dissociation between therapy and spirituality from the historical split between "facts" and "values", science and religion, and from dichotomies such as therapy/spirituality, science/religion, synthesis in the "new science" and spirituality	In a time where cross-cultural sensitivity is rightly understood to be a prerequisite to effective therapy, client spirituality may not be accorded the attention it deserves in main-stream professional literature	This paper argues for a closer integration of family therapy and spirituality and explores the clinical application of spirituality to family adaptation following trauma	For many survivors and their families trauma opens a window into the world of spirituality	In the area of psychoanalysis the role of spirituality has been clearly acknowledged and this is increasingly the case in other areas of therapy.
(Allport, 1967; Allport & Ross, 1967)	Personal religious orientation and prejudice	3 generalizations well established 1. On the average churchgoers are more prejudiced than non churchgoers, 2 the relationship is curvilinear, 3. People with an extrinsic religious orientation are more prejudiced than people with intrinsic religious orientation	Reflection on the types of evidence and their theoretical significance	Issue is the role religion plays in the life of the client	Prejudice, like tolerance is often embedded deeply in personality structure and reflected in cognitive style. Future research needs to keep in mind the distinction between religious attitudes that are intrinsic, extrinsic, and indiscriminate.
(Anderson & Worthen, 1997; Anderson, 1997)	Exploring a fourth dimension: Spirituality as a resource for the couple therapist	The fourth dimension includes awareness of God or Divine Being, human beings innate yearning for relational connection with Divine Being, this Being takes an active interest in humankind and acts to promote change.	This article has attempted to suggest some ways in which the spirituality of the therapist might serve couple therapy	Further research on varied forms, of spirituality, ethnic and socioeconomic populations	This article attempted to suggest some ways in which the spirituality of the therapist might serve couple therapy

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(D. A. Anderson, Berry, M., & Meredith, W.H., 1990; D. A. B. Anderson, M., & Meredith, W. H., 1990)	200 married adults selected and surveyed from 20 major religious denominations and responded to a self – report questionnaire	Religion helpful to family life, enhancing the family's social network, by encouraging family members to petition God for help	Regression analysis was used to determine to separate and joint effects of the Elements of Religious influence	32% strongly agreed that religion was helpful to family life, 45% moderately agreed, 11% were undecided, 12% said religion had no effect on family life	The relationship between religious belief, elements of religious influence, and the family
(Aponte, 1996)	Political bias, moral values, and spirituality in the training of psychotherapists	How to address values and spirituality professionally, ethically, and usefully in our work. This paper looks at training in this area.	Yesterdays challenge for therapist was the discovery of the dark and mysterious world of the human psyche. Today's challenge is how the spiritual relates to the psychological and the personal relationship	The challenge for therapists is that the spiritual is not the property or an event but the he ordinary expertise of the clinician.	For the psychotherapist to engage with the spiritual will require both humility and daring
(Aponte, 1998a, 1998b)	Discussion of the need for caution how the spirituality of therapists, wittingly or not, colours their work	Spirituality gives the ultimate meaning to psychotherapy	It is impossible to argue spirituality scientifically and conclusively through objective research. Instead examine how we apply what we believe to professional practice	...forgiveness is a force that heals and builds, while non-forgiveness divides and destroys	Need for reflections on impact of spirituality and values in training and acknowledging how profoundly our spirituality affects our work with clients
(Arizmendi, Beutler, Shanfield, Crago, & Magaman, 1985; Arizmendi, 1985)	Client-therapist value similarity and psychotherapy outcome: A microscopic analysis	The investigation of social influence variables which affect psychotherapy process and outcome. In a recent review of the literature. .	Forty-five non-psychotic psychiatric outpatients were randomly assigned to 22 therapists. Assessment of similarity in 36 value dimensions were investigated and their influence on the therapy process	The results indicate that a complex pattern of similarity and differences in specific values promote maximal improvement.	It appears that a therapist with a discrepant value system serves as a contrasting model to the patient's view of a successful life. Studying homogeneous groups of subjects might provide a clearer perspective of how similarity of social ascendance goals and dissimilarity of inter personal attachment and commitment values jointly influence outcome
(Ashby & Lenhart, 1994; Ashby, 1994)	Prayer as a coping strategy for chronic pain patients	Prayer as a coping mechanism was examined in a group of 105 persons. Previous research suggested that prayer may actually be associated with increased disability	Questionnaire was distributed to 270 individuals who reported having non-remitting pain for the past six months or longer	Consistent with previous research individuals who used prayer to cope reported greater degree of disability	Prayer was seen as an avoidance response
(Azhar, Varma, & Dharap, 1994; Azhar, 1994)	Religious psychotherapy in anxiety disorder patients	Patients were given religious psychotherapy in addition to supportive psychotherapy anxiolytic drugs	All patients who attended the psychotherapy clinic Unit of Hospital University Sains Malaysia were evaluated using the religious questionnaire	Those receiving religious psychotherapy showed significantly more rapid improvement in anxiety symptoms	Religious patients may require a different form of psychotherapy

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(Bahr, Bartel, & Chadwick, 1971; Bahr, 1971)	Orthodoxy, activism, and the salience of religion	Two points of view on the effect of orthodoxy on social activism. Studies disagree.	The importance and relevance of religion measured in university students. Denominational differences in salience of religion had little effect.	Survey of 1300 university students to test that salience is an important issue in mediating the impact of orthodoxy	Findings from this survey support the role of salience as a mediating variable
(Basset et al., 1981; Basset, 1981)	This article presents an instrument designed to differentiate Christians from non-Christians	This instrument reflects the belief that published past attempts to measure Christianity have underutilized the Bible as a resource.	This questionnaire when used at a small Christian liberal arts college demonstrated promising reliability and validity	Beyond discriminating Christians from non-Christians, an interesting possible use for the Shepherd's Scale involves assessing Christian growth.	This test was given to people living in the suburbs of a metropolitan area.
(D. C. Batson & P. A. Schoenrade, 1991)	Measuring religion as Quest: (1) Validity concerns	This paper addressed the validity of Quest scale introduced by Batson (1976) and Batson and Ventis (1982), due to questions raised	The questions concern whether this scale might be more a measure of agnosticism, of anti-orthodoxy, of sophomoric religious doubt, or of religious conflict	The evidence concludes that Quest does measure a dimension of personal religion. It resists clear cut, pat answers.	Further question are addressed in a companion paper
(C. D. Batson & P. A. Schoenrade, 1991)	Measuring religion as Quest: (2) Reliability	Researchers have called for a measure of religion. This paper is an attempt to respond to this request re: Quest	The 6 item Quest scale seems acceptable, test-retest reliability, it has poor internal consistency.	To remedy the problem a new 12-item version of Quest scale is proposed.	The recommendation is that both 6-item, and 12-item scale be used
(Bearon & Koenig, 1990)	Forty adults aged 65-74 were asked about God's role in health and illness and about their use of prayer in response to recent physical symptoms	Theoretically the expectation is that religious thinking plays a significant role in beliefs about illness	Face to face structured interviews were conducted with 40 community dwelling adults aged 65-74 recruited by telephone. A heterogeneous group who reflect the diversity of local community were chosen	Most held a belief in God as a benevolent God, about half prayed, with the Baptists most likely to pray. Prayer was used for symptoms and medication	The findings were consistent with other studies, and show increasing recognition among health care providers of the importance of addressing religious issues
(Benson, 1989)	Adolescence and religion: A review of the literature from 1970-1986	Four sections of the review: A national profile of adolescent religiousness; Cognitive process in adolescent religious development; Psychosocial factors in religious development; Relationship of adolescent religiousness to social-personality variables	National profiles reveal a decline in most forms of religiousness over the adolescent years. This review examines recent research	Most social-personality research reflects interest in religion as a personal control against deviance, rather than the function of religion in the adolescent personality	This overview reveals a general lack of sophistication in the measurements.
(Berenson, 1990)	A systemic view of spirituality: God and Twelve Step Programs as resources in Family Therapy	The family therapy field has neglected the most powerful resource of all, God.	AA was first to separate spirituality from religion. The focus is on Family Therapy	The value of God and spirituality and the impact on self help groups	The challenge of this article is to promote discussion

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(Bergin, 1980b)	The alienation of therapeutic psychology from religious values is described and contrasted	Values of clinicians discrepant from those of many clients	Six views on values that pervade therapy presented and discussed	Religion presently at the fringe of clinical psychology resulting in value conflict for clients	Clinical profession will become more comprehensive and effective for all people
(Bergin, 1980a)	The inadequate way therapists define and implement values	The inconsistencies of probable deceptions of the way values are dealt with by therapists	Bergin evaluates Kitchener's (1980) critique	The need for sound moral reasoning needed to balance empirical, transcendent, and rational thinking on values issues	Cultural and intellectual trends have given rise to renaissance of spiritual intuitive and inductive modes because of value vacuum.
(Bergin, 1983)	Religiosity and mental health: A critical re-evaluation and meta-analysis. This article reviews the extensive empirical literature on the topic	For many years lassitude and malaise have afflicted the relationship between psychology and religion. Interest and activity is now being renewed	A meta-analysis of 24 pertinent studies revealed no support for the preconception that religiousness is necessarily correlated with psychopathology	Better methods of measuring religiosity are alleviating the difficulties in this area	Results reflect multidimensional phenomenon that has missed positive and negative aspects. Need for professionals to be better informed
(Bergin, 1985)	Proposed values for guiding and evaluating counselling and psychotherapy	Values of therapist should be more explicit, and values should be openly used and a guide to evaluate treatment	Survey of published and private opinions of mental health professionals concerning values that enhance mental health.	There is disagreement about the effect of many values on mental health.	Suggestion of psychotherapist's role as one of evaluating and guiding value decisions
(Bergin, Masters, & Richards, 1987; ers, 1987)	The relationship between religiousness and mental health is not clearly understood. Religious Orientation Scale provides valuable tool	This study assesses correlations between two scales and anxiety, personality traits, self-control, irrational beliefs, and depression	Differentiating between Intrinsic and extrinsic religious orientations clarifying some confusion in the area	This research supports the notion that there is a need to reconsider the relation between religiousness and mental health in more specific terms	Results indicate that religiousness is not necessarily indicative of emotional disturbance, this has implications for counselling
(Bergin & Jensen, 1990)	A national survey of Religiosity of psychotherapists	There may be a reservoir of spiritual interests among therapists that is often unexpressed due to the secular framework of professional education and practice	Gallup surveys continue to indicate religious commitment is avowed by one-third of the American population and therefore the population would prefer an orientation to counseling and psychotherapy that is sympathetic	Clients want someone who understands their perspective and who does not automatically interpret their beliefs in pathological terms	The potential for a change in the direction of greater empathy for the religious client is underscored by the surprisingly significant levels of unexpressed religiosity that exists among mental health professionals
(Bergin, 1991)	Values and religious issues in psychotherapy and mental health	Cautions and guideline for dealing with these issues are considered in empirical and clinical terms	10 value themes were surveyed plus response rates of professionals to the items	There is more openness to the healthy potentialities of religious involvement, and therapists themselves manifest a new level of personal interest in such matters	Education is suggested so that values and religious issues can be included so that religious clientele may be better served

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(Bergin, Reed, & Richards, 1996; Bergin, 1996)	Values in psychotherapy and the relationship between them are discussed. The major premise of value-free psychotherapy is untenable, therefore value-informed is more open	The diversity concerning many values among clients and therapists challenges the profession to honour individual integrity	Whether buttressed by phenomenology, humanism and existentialism, cognitive-behavioural thinking, or psychodynamic narratives, the valuing experience of each person remains a reality	It has been shown that values are an essential aspect of the therapeutic enterprise.	It can be stated that the therapy relationship inevitably includes the transmission of values
(Besa, 1994)	Evaluating Narrative Family Therapy using single-system research designs	The target behaviour was the child's behaviour that the family wanted to decrease	A single-system research design was used with six families	Results were evaluated using three multiple baseline designs which are a useful method for the study of family therapy	5 of 6 families showed improvements in conflict ranging from an 88% to a 98% decrease in conflict
(Beutler, 1974)	Some research suggest that improvement in psychotherapy is related to the degree that a client adopts his therapist's evaluative attitudes	This study examines the possibility of predicting group psychotherapy outcomes on the basis of initial attitude acceptability	Subjects 51 patients enrolled in group psychotherapy, three attitude scales arranged randomly were asked to indicate their most preferred position	Attitudes of medium centrality allow better prediction of both attitude change and improvement than either more central or less central attitudes	According to these findings, the amount of attitude change is a relatively insignificant factor in determining improvement, but therapists acceptability is quite significant
(Beutler, Pollack, & Jobe, 1978; Beutler, 1978)	Study of the role of therapist acceptance of patient values, patient acceptance of therapist values, and value persuasion on outcomes among 13 psychotherapy dyads	Little attention has been given role of patient's ability to accept the therapist's values	Questionnaire assess values relative to others approval, the threatening nature of the world, God, Communism, Christianity, social laws, and premarital sexual behaviour	The findings have implication for ethics, training, and practice of psychotherapy. Acceptance of therapist views about God and sexuality are significant	Therapist's attitude toward the patient's values has its greatest impact on the patient's feeling of growth, the revers is more related to trust and attraction,
(Beutler, 1979a, 1979b)	Psychotherapy has been conceptualized as a process of interpersonal persuasion.	Significant issues of ethics and responsibility are introduced by this idea and necessitate evaluation	This paper investigates the basis for assuming a correspondence between persuasion and psychotherapy and reviews the available literature	Research evidence suggests that there is reason to believe that patients acquire the specific values and attitudes of the therapists and this influences gain	The challenge for therapists is to take notices of this influence

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(Bewley, 1995)	Ritual in Psychotherapy	Ritual has been in the psychotherapeutic vocabulary for two decades, however it has been taken out of the sacred and secularized. Anthropology meets psychology where debate as to whether it is a religious or a social phenomenon.	Feminist spirituality, feminist psychology with a praxis as a Wiccan priestess the author proposes that sacred ritual can heal, as she proposes the reimbursing of therapeutic ritual with the sacred	Ritual in family therapy has provided inspiration in facilitating change and help women reconnect with the sacred in daily life	Ritual sprang from societies in which all life was considered holy
(Booth & Martin, 1998)	Examination of the clinical research and programmatic interventions addressing the influence of religiousness and spirituality on substance us, abuse and recovery	Studies looking at secular self-help groups comparisons with AA. When the spirituality is not present there is less sobriety	There exists reliable evidence suggesting the positive role of religiousness in substance abuse, dependency and spiritual factors in recovery from addictions	Research is needed into specific spiritual components to understand the efficacious factors in treatment	The call is for less debate and more research about what factors and processes promote abstinence and reduction of harm
(Brownell, Marlatt, Lichenstein, & Wilson, 1986; Brownell, 1986)	Understanding and preventing relapse by integrating knowledge from the addictive disorders of alcoholism, smoking, and obesity	Commonalities across these areas suggest three basic stages of behaviour change, motivation and commitment, initial change and maintenance.	Focus on relapse by integrating the perspective of four researchers and clinicians	Hope for development of a model for evaluating and preventing relapse	Proposal for specific methods of dealing with relapse at each stage
(Brown, 1991)	Assessing spirituality in addiction treatment and follow-up: Development of the Brown-Peterson Recovery Progress Inventory (B-PRPI)	The authors describe B-PRPI to review literature on twelve step programs and present data.	How individuals work the AA program.	93 successfully recovering members of twelve step groups, presented with B-PRPI	B-PRPI reported research findings supporting the validity and internal reliability of the instrument
(Butler & Harper, 1994)	The Divine triangle: God in the marital system of religious couples	After exploring the evolving process how couples mutually define an ongoing triadic relationship with their Deity, different triangular processes from structural and Bowenian are explored	The interaction and influence of religious belief systems, with marital and family system dynamics is a new frontier. God is as a third partner in its marital system	The "unbelieving" therapist can acknowledge that the religious couple's shared belief system exerts "gravitational force" in the marital system and must be included in any change	
(Campbell, 1975)	Conflicts between biological and social evolution and between psychology and moral tradition	Present-day psychology and psychiatry in all its major forms are more hostile to the inhibitory messages of traditional religious moralizing than is scientifically justified	The use of evolutionary therapy reviewed here leads to concern with modal species characteristics rather than concern with inheritable individual differences	The goal of a future society which improved and pacified, would be as complex, populous, and interdependent as the present one	Scientific reasons exist for believing there can be profound social system wisdom in the belief systems our social tradition has provided us with

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(Carlson, Bacaseta, & Simanton, 1988)	A controlled evaluation of devotional meditation and progressive relaxation	It was hypothesized that religious persons engaging in devotional meditation (DM) experience physiological and psychological changes similar to progressive relaxation (PR)	Thirty-six participants equally divided by sex into 3 groups DM and PR, and a Wait List Control underwent psychophysiological assessment	DM defined as prayer and quiet reading and pondering of biblical material. The hypothesis that DM, could generate positive physiological and psychological effects and psychological effect similar to PR	The results demonstrated the usefulness of DM in changing psychological and physiological variables in Christian students. After 2 weeks exposed to DM there was less anger less anxiety than PR and wait-list
(Carlson, 2000)	The shift towards social constructionist therapies in marriage and family therapy is opening the door to include spiritual and religious issues in therapy	The benefits of using narrative therapy with religious and/or spiritual persons with regard to their personal relationship with God	Ideas presented encourage ways of working with religious and spiritual persons	Narrative therapy used to help persons re-author their relationship with God	Questions used to help the process of helping religious/spiritual persons re-author their situation
(Carlson, 2001)	Honouring and privileging personal experience and knowledge: Ideas for a narrative therapy approach to the training and supervision of new therapists. Potential pitfalls in current training/supervision	Discussion for an approach for training and supervision built around social constructionist and poststructuralist ideas from a narrative perspective	Discuss pitfalls in current training/supervision in marriage and family therapy (MFT). Recognizing training approach that utilizes, rite of passage metaphor, centres relationalism and lived experience, morals, values and ethics	Illustrative examples from supervision work given	The importance of helping therapist construct stories of themselves based on their preferred ways of being with others that are rationally and morally reflexive
(Carroll, 1991)	Spirituality and purpose in life in a(Connors & Dermen, 1996)lcoholism recovery	This study examines the relationship between spirituality and recovery from alcoholism	Steps II and 12 were measured by a questionnaire for 100 Alcoholics Anonymous (AA) members	The major findings of this study are significant positive correlations between practice of step 11 and purpose in life scores	These findings suggest that a sense of purpose in life increases with continuing sobriety and practice of the spiritual principles of AA
(Carson, 1979)	Prayer: An effective therapeutic and teaching tool	Review of the literature dealing with the importance of spirituality in psychiatry	This project had a three fold purpose; Teach student nurses the importance of meeting the spiritual needs of clients; provide students with specific method for meeting those needs; implement and evaluate these methods for change in clients	Changes in students ability to deal with spiritual needs of clients with a specific methodology	The major changes in prayer revealed an increased ability to express feelings of anger and frustration and a more positive outlook about possible changes and a decrease in somatic complaints

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(Clark & Worthington, 1987)	Family variables affecting the transmission of religious values to adolescents: A review	Review of studies on transmission of religious values is consistent. Adolescents are strongly influenced by parents' values. How parents act with their children therefore is important	Mothers and Fathers transmit religious values through different processes. Family conflict , inhibits transmission, intimacy promotes the learning of values	Little attention has been given to designs in studying the transmission of religious values from parents to adolescents.	Past studies have not been well controlled and responses at stages of development have not been differentiated.
(Chubb, 1994)	Spirituality, religion, and world view introduction to the special issue	Collection of authors dealing with spirituality, religion, and world view	Special issue dedicated to this topic as Chubb puts it "spiritual values, religious faith are valid and powerful ways to dealing with the unknowable	Some authors talk about their own paths, other about clients who have understanding of spirituality that is not understood by therapist	Illustration used of client with AIDS who had a level of spirituality that helped him cope that the therapist did not understand.
(Comstock G. W. & Partridge, 1972)	Church attendance and health	This area has been relatively unexplored. Review of literature indicates varying issues of denomination, sex, age, social class and place of residence. Church attendance is highest in the middle class	Measurable attributes associated with health or behaviour related to health are important for both the understanding and prevention of disease	Religion and religious beliefs have been major determinants of human behaviour since the dawn of history. Most studies have not gone deeply into religious behaviour, only looked at divisions of creed or religion	Further studies needed to confirm the associations between church attendance and health observed here
(Connors & Dermen, 1996)	Self help groups for recovery from alcohol used disorders. Alcoholics Anonymous (AA) is the largest, some object for religious reasons, therefore Secular Organization for Sobriety (SOS) was established	As a recent organization SOS has had little empirical study. This study looks at an overview of SOS and secondly to assess the participants, involvement and experiences	Respondents enjoyed the absence of a religious orientation, the program used for abstinence, attendance low and sporadic	Almost all of respondents had been exposed to AA. Both SOS and AA were used by most partisans. Reactions to SOS were positive, with the absence of religious orientation appreciated	Acknowledged need for secular alternative to AA. The efficacy of SOS in facilitating improvement among its participants
(Connors, Tonigan, & Miller, 1996)	Research into reliable measure of religious behaviour	Given the negative association between religiosity and substance use and the role of religiosity and spirituality a useful measure is needed	Religious background behaviour (RBB) questionnaire	RBB made of up two factors, God Consciousness and Formal Practices, with excellent test-retest reliability	RBB can be used as a reliable instrument for assessing religious behaviours in the addictions field

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(Coward, 1996)	A comparison between self-transcendence in a healthy population compared with previous findings in elderly well persons and those with life-threatening	Self-transcendence is defined as the capacity to reach out beyond self-boundaries to achieve broadened perspective and behaviours	Self transcendence scale and purpose-in-life test in sample of 152 persons found in population	Self-transcendence an essential human characteristic which is connected to self-actualization and living a meaningful life	The associating of self-transcendence with emotional well-being in the healthy sample supports the promotion of perspectives and activities that expand self-boundaries
(Coyle & Enright, 1997)	Post-abortion men previously ignored Issues of anxiety, anger reduction	Forgiveness interventions used previously with incest survivors and love deprived college students	Intervention designed to foster forgiveness and emotional healing in post-abortion men	20 Psychological inventory variables incorporating affective, behavioural and cognitive of forgiveness	Psychological healing and forgiveness interventions can be effective with different experimenters and different populations
(Crumbaugh, 1963)	Frankl's logotherapy is an application of the principles of existential philosophy to clinical practice	'Existential frustration' created by a vacuum of perceived meaning in personal existence	Scale designed to measure the degree of awareness of such meaning among different populations	Existential frustration is created by a vacuum of perceived meaning in persona existence, symptoms of boredom	225 subjects comprising two non patient and samples, consistently support the noogenic hypothesis
(Curry, 1987)	Christian humanism and psychotherapy: A response to Bergin's antitheses	Essay in response to Bergin's antitheses between values of secular psychotherapist and their religiously oriented clients	Proposal that Karl Rahner's theological anthropology is proposed as one possible foundation for an explicit articulation of relationship between psychotherapy and religion	The need to address divergent values of psychotherapists and religious believers	This paper addresses the issue from a Catholic perspective and is a relationship between religion and culture
(Daaleman & Nease, 1994)	Patient attitudes regarding physician inquiry into spiritual and religious issues	Purpose of this study to examine patient attitudes regarding physician-directed inquiry about spiritual matters and faith and identify screening variables to receptivity of such matters	A spiritual and religious inquiry (SRI) questionnaire	The study was designed to provide means of examining how patients felt regarding a physician-directed inquiry of spiritual and religious issues	Patients could seek out such assistance themselves. Means of identifying patients who would be receptive to such discussion
(Di Balsio & Proctor, 1993)	Therapist and the clinical use of forgiveness	Growing interest in forgiveness and the implications for therapeutic practice	243 certified clinical members AAMFT invited to participate Assisting clients in forgiving themselves, others and for wrongdoing	Elements included granting forgiveness, seeking forgiveness, repentance, atonement and sacrifice	Having a special family forgiveness session with preparation
(Dougherty & Worthington, 1982)	Conservative Christian comprise one-third of total population of USA. They are often reluctant to seek counselling from nonreligious counsellor.	Christian versus secular counselling and preferences among four published approaches to Christian counselling	Participants from Protestant denominations completed questionnaires in the effects of moderate and conservative religious beliefs	Christian approaches, Narramore, Adams, Crabb, and Bustanoby. Participant completed a Rokeach Value survey. Then viewed a case history then compared four treatment plans	A reluctance for Christians to seek secular psychological help, with a preference for Christian theories that fitted with their Christian belief

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(Duckro, 1994)	Effect of prayer on physical health, experimental evidence	Review of authors published scientific work on effects of prayer on health	Literature review due to accelerating interest in the role of prayer and other religious variables in the healing process	There is not enough experimental evidence on the direct effect of prayer on physical health to move either side from it's a priori views	Call for further study of prayer
(Ebaugh, Richman, & Chafetz, 1984)	Life crises among the religiously committed: Do sectarian differences matter?	Members of sectarian groups, Catholic Charisma tics, Christian Scientists, and Baha'i were studies in relation to life crises	Differential perceptions of adaptations to crises expected	Groups did not differ in number of crises, member characteristics rather than group affiliation made the difference	Sectarian differences did exert a consistent effect regardless of member characteristics on reactions to crises
(Elkins, 1995)	Psychotherapy and spirituality: Toward a theory of the soul	This article calls for psychology to return to its roots as "the study of the soul"	Provides a beginning map for a theory of psychotherapy from the perspective of soul. Jungian ideas inspired these ideas	The soul from the perspective of psychotherapy is placed in the center of the therapeutic endeavour	This is a preliminary survey into the territory of the soul
(Ellis, 1980a, 1980b)	Response to Bergin's "Psychotherapy and religious values article	Bergin fails due to limited view of psychological humanism, atheistic values held by most modern psychotherapists.	Bergin's fails to contrast clinical humanistic values with religious values	Bergin does not properly represent the views of probabilistic atheist's experts, and leaves much to be desired.	Atheistic values very different from theistic when contrasted
(Ellison, 1983)	Spiritual well-being. Conceptualization and measurement	Recent attempts to measure the quality of life or subjective well-being show promise of a more helpful and accurate appraisal of the collective and individual state of people	Development of a Spiritual Well-Being Scale which measures both religious and existential well-being	Quality of live movements have virtually ignored the religious dimension of life and the part beliefs play in well-being	This scale demonstrated initial validation,...deals with aspects of experience involving meaning, ideals, faith, commitment, purpose in life and relationship to God
(Ellison & Taylor, 1996)	Turning to prayer: Social and situational antecedents of religious coping among African American	Although prayer is known an important coping behaviour for African Americans there has been little research.	Four sets of factors, religiosity, problem domain, social and psychological resources and social location – with religious coping	Data from large national probability sample of African Americans.	Findings confirm importance of religious coping, dimensions of religiosity important predictors of use of prayer in coping
(Enright, 1989)	Social cognitive development model of forgiveness described and tested in two studies	Absence of forgiveness studies reflect focus on justice and due to identification with theology	Need to realize justice and forgiveness different Justice measure, forgiveness, and religious scales	Modest correlations between forgiveness and justice Age group differences	The more one practiced ones faith the higher the forgiveness stage Forgiveness develops with age
(Enright & Gassin, 1992)	Forgiveness: A developmental view	Counselling and education implications in relation to developmental patterns of forgiveness.	15 Graduates students and faculty were asked a series of questions, in reference to forgiveness	The cognitive developmental model of forgiveness. The processes of forgiving another person.	Empirical examples of the process model

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(Enright, 1996)	Counselling within the forgiveness triad: On forgiving receiving forgiveness, and self-forgiveness	The concept of forgiveness triad-forgiving others, receiving forgiveness from others, and self forgiveness is introduced and discussed	Three aspects forgiveness: forgiving, receiving forgiveness, and self-forgiveness triad investigated	Forgiveness a buffer against anxiety, psychological depression and hopelessness	The forgiveness' triad challenges us to make counselling a form of cognitive insight into interacting perspectives of forgiving, receiving forgives and self-forgiveness
(Erickson, 1975)	Introduction of a Hope Scale designed to measure both perceived importance and perceived probability of attaining desirable goals	This study is designed to test empirically aspects of the theory concerned with psychiatric status and hopefulness	A list of 20 future goals was compiled, and was administered to undergraduates and to hospitalized psychiatric patients	Self reports substantiated that psychopathology is associated with lower estimates of goal attainment	Study supports the theory of hope.
(Finney & Malony, 1985)	A review of the empirical studies on prayer. Christian prayer is a central religious practice which has received scant attention in psychological research.	A review of the empirical studies of prayer suggests that the work done in this area can be divided into four categories, conceptions of prayer, research on motivation, effects of verbal prayer and effects of contemplative prayer.	Motives, Welford (1947, Verbal prayer Elkins et.al. 1979, Spiritual development includes verbal prayer, Parker and St.Johns, 1957, Contemplative prayer, Sacks 1979	From childhood through adolescence patterns of prayer are consistent with Piaget's states of moral and cognitive development	Review literature from 1872...The potential of contemplative prayer to enhance psychological health and integration of the self-system
(Fitzgibbons, 1986)	Forgiveness used as a psychotherapeutic technique	Cognitive and emotive used of forgiveness as a technique which enables patients to release anger without inflicting harm on others	Many experts view expression of anger as the best way to deal with that emotion, yet anger can separate spouses, affect children, reinforce inappropriate ways of relating, ruin friendships and aggravate psychosomatic illness.	Due to the rate of violence in society the mental health professionals are in a unique and significant position to help individuals relinquish their anger without inflicting harm on others through the use of forgiveness	The benefits, process, and preventive used of forgiveness in psychotherapy as well as obstacles encountered to relinquishing anger are discussed
(Fowler, 1996)	Pluralism and oneness in religious experience: William James: Faith-Development theory, and clinical practice	Exploration of principal similarities and differences between the depiction of the motions and emotions of faith and religious experiences in Jamesian philosophy	Faith-development theory serves diagnostic aims by providing a framework to characterize qualitatively different ways of constructing self, others, and ones relationship with God	The discussion sets forth an understanding of religious experience that is evolving throughout the life of the person	The impact of the often hidden dimension of faith, that informs and influences the clinical practice of psychology
(Frame, 2000)	Description of a "Spiritual Genogram" a multigenerational map of family members' religious affiliations, events, and conflicts	Marriage and family therapist feel challenged to deal with clients' religious/spiritual beliefs and practices due to lack of training in this area	This instrument assists therapist and clients in seeing the links between their family of origin issues and other couple or family problems	Spiritual genogram process enables people to gather intergenerational data about their religious and spiritual beliefs, traditions, and experiences.	Spiritual genogram provides a method for clients to gain understanding of the ways in which their religious or spiritual heritage affects present couple or family issues

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(Francis & Gibbs, 1996)	The relationship between prayer and self-esteem among 166 school children of different religions, 8 – 11 year olds	Individual differences can be adequately summarised in terms of three orthogonal dimensions of extraversion, neuroticism, and psychoticism	The Coopersmith Self-Esteem Inventory was used to measure self-esteem	These findings lend support to Eysenck's dimensional model of personality, psychoticism, rather than extraversion or neuroticism, is fundamental to religiosity	The size of the correlation between personal prayer and public church attendance confirmed but they did not tap into the same religiosity
(Francis & Astley, 1996)	Personality and prayer among adult churchgoers: A replication	Francis explored the power of Eysenck's dimensional model of personality to account for individual differences in the practice of personal prayer	885 adults who regularly attend church were studied to see if church attendance translated into a practice of daily prayer	Despite Eysenck's dimensional model of personality it was unable to account for individual differences in the practice of prayer	The psychological roots of prayer continue, to elude personality theory
(Francis & Wilcox, 1996)	Prayer, church attendance and personality revisited: A study among 16 – to 19 yr old girls	The aim of this study is to explore the relationship between Eysenck's dimensional model of personality and measures of public and personal religiosity among young women	A sample of 236 16- to 19 yr old females experienced four personality measures used	There were no significant correlations between frequency of self-reported prayer and church attendance	Issues surrounding the religiosity in the self reporting data of these young women confirms previous findings
(Francis, 1992)	Attitudes to influence of religion, gender and social class toward school explored	Girls and boys different attitudes to school Possible positive attitudes towards religion influential	Previous studies among adults show positive attitudinal consequences of religiosity. Questionnaires presented to 3,762 primary-school students	Two measures of religiosity included to distinguish between private and public faces of religion	Gender differences noted, Prayer and religiosity significant predictor of more positive attitudes to school
(Galanter, 1991)	Christian psychiatry: The impact of evangelical belief on clinical practice	The authors surveyed psychiatrists in the Christian Psychiatry movement of assess the role of religious belief in their practices	Questionnaires were sent to 260 members of the Christian medical and dental society, 193 received. Issues of "born again" religious experience, group cohesion and beliefs about the Bible and prayer in treatment	Medications for certain situations useful, however the Bible and prayer were rated highly. About half said they would discourage religious patients from abortion, homosexual acts and premarital sex, about a third said they would discourage patients from these activities	It remains important to evaluate ways in which a religious perspective can be related to clinical practice and the benefits and problems that may derive from such a relations hip
(Gallagher, 1999)	Symbolic traditionalism and pragmatic egalitarianism, contemporary evangelicals, families, and gender	Assessing the degree to which contemporary evangelical ideals of men's headship challenge, and reinforce, a hegemonic masculinity	Based on 265 in-depth interviews in 23 states across the USA	The sociological question of how men and women reconcile the contours of modern economic life with their ideals for personal family life	Evangelicals negotiate gender in much the same way others of different or no religious world views do, borrowing from, resisting, and participating in the larger structures of which they are part

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(Gartner, 1986)	Anti religious prejudice in admissions to doctoral programs in clinical psychology	The possibility that an applicant who was religious would receive prejudice was examined	Mock applications to graduate school , results indicated that subjects more likely to admit an applicant who made no mention of religion	Subjects were full-time professors of clinical psychology (1980) teaching at American Psychological Association (APA) approved PhD programs. Applicants were identical except their religious position.	Implications of these findings are discussed
(Gartner, 1991)	Religious commitment and mental health, a review of the empirical literature	Review of 200 studies of the relationship between religious commitment and psychopathology has produced mixed findings.	Paper and pencil personality tests used to measure theoretical constructs, most research linking religion to positive mental health is on "hard variables," real life, behavioural events	Behavioral measures of religious participation are more powerfully associated with mental health, than are attitudinal measures.	Distinctions such as that between intrinsic and extrinsic religiosity explain some inconsistent findings
(Gass, 1983)	Orthodox Christian values related to psychotherapy and mental health	Values of orthodox Christian individuals influence selection of a psychotherapists, and may effect outcome	A values survey was administered to orthodox Christian and non-orthodox Christian and non-Christian undergraduates in order to measure beliefs and values related to psychotherapy	Orthodox Christians were found to have distinctive set of values related to methods of coping with emotional distress	These values focused on the therapeutic importance of religious faith, prayer and meditation, Biblical teaching, and counselling and had implications for therapists working alliance
(Gibbs, 1978)	Spiritual values and death anxiety: Implications for counselling with terminal cancer patients	Investigation into death fear with cancer patients in a country general hospital	Alport religious orientation scale; Discomfort Indices: Templer death anxiety scale administered to each patient	Results indicate that patients with perceived strength of religious beliefs integral with religious values coped with imminent death	The two concerns developing a clearer understanding of the factors influential in adjustment o death, and to broaden understanding of the effects and importance of religious orientation on coping
(Gilbert, 1991)	Scale to asses the agreement of alcoholics with the first three of AA's 12 steps	Need to test the relationship between sobriety and belief in first three steps of AA	Steps questionnaire developed using factor analysis and Rasch analysis. Subject pool assessed quarterly for 1 year following inpatient treatment	The dichotomization of Steps Questionnaire scores into total agreement versus partial agreement with Step 1	Support of AA's contention that total surrender to one's powerlessness over alcohol is necessary
(Gorsuch, 1968)	The conceptualization of God as seen in adjective ratings	This study sought to replicate factors in previous studies in the conceptualization of the deity.	Christian factors Deisticness, Eternality, Evaluation, Kindliness, Omni-ness & Wrathfulness. New dimensions Irrelevancy and Potently Passive	The adjectives were rated by 555 undergraduate students at Vanderbilt University	Most factors could be easily measured.

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(Gorsuch, 1972)	Single vs. multiple-item scales for measuring religious values	Choice is needed between single and multiple-item scales. Therefore these scales were measured	Factor analysis of single and multiple-item scales administered to two groups of University students	94 college students responded to a multiple-item Christology scale and 84 University students completed a single-item scales	Results suggest that single item scales are good measures for some issues and multiple scales more suitable for others
(Gorsuch, 1976)	Research describing initial use of illicit drugs and relationship to child-parent relationship as predicting factors	Research needed to focus on problems surrounding abuse of illicit drugs	Review of literature on the impact of parents is presented Absent fathers, nature of parental relationship, modelling of drug use by parents	Theory and research need clear distinction between the many paths to initial drug abuse	Separate analysis needed fore people in each path
(Gorsuch, 1984)	How religious phenomena are measured	Need for change in the way religion is measured Problems due to uni- or multidimensionality of religious phenomena	Problems due to the measurements themselves, use of questionnaires Religious membership should be considered	Homogeneity value scales and stability measured, as well as religious behaviours Main problem measurements themselves	The relationship between religiousness and behaviour comprehended better if beliefs and values separated
(Gorsuch, 1988)	Psychology of religion	The prominence of psychology of religion in early psychology, and notes the decline of it.	Literature search of the psychology of religion	Pro and anti religious positions of psychologists. .Neutral objectivity towards religion is hard to achieve	Need for intrinsic and extrinsic scales for religions measurement to help objectivity
(Gorsuch & Meylink, 1988)	Toward a Co-Professional model of clergy-psychologist referral	Reflections on previous work in relation to relationship between clergy and psychologists in reference to referral rate	Evaluation of model which came out of the research, and presentation of new reciprocal co-professional model	Recommendation of specific training in referral for both clergy and psychologists	Past research is placed within the context of the proposed model
(Gorsuch & McPherson, 1989)	Intrinsic/Extrinsic measurement: I/E-Revised and single-item scales	Factor analyses of traditional and age-universal measures of intrinsic and extrinsic religion have identified two subcategories of extrinsicness, suggesting revision	Confirmatory multiple group factor analyses confirmed this suspicion, identifying extrinsic items concerned with social relationships ("Es") and with personal benefits ("Ep")	The analyses resulted in a revised intrinsic scale which is now partially counterbalanced for acquiescence	These scales, labelled I/E-R, have reliabilities equal to or better than those of the original scales
(Gorsuch, 1990)	Measurement in psychology of religion revisited	Descriptive studies are solely descriptive and not prescriptive, and theology and philosophy has the basis of prescriptive oughts	Factor analytic and item analysis techniques have been used to develop questionnaires	Several conclusions can be drawn, which generally reinforce those of (Gorsuch, 1984)	A Christian perspective emphasises non-reductionist approaches and causes us to be change agents in other people's lives
(Gorsuch, 1994)	Toward motivational theories of intrinsic religious commitment	This paper is concerned with investigating intrinsic religious motivation as an independent variable	The theories of intrinsic religious motivation as the dependent variable	Eight theories have been identified, each relevant to certain people	When we understand how intrinsic religious commitment develops, there will be better understanding

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(Gorsuch, 1995)	Religious aspects of substance abuse and recovery	Past studies have found less substance abuse among highly religious people than among less religious people	Review of literature concluded that there is a clear and consistent relationship between being religious and being a substance non-abuser	Religious treatment may be effective if it shifts abusers from restrictive, negativistic, and ritualistic religiosity toward nurturing and supportive religiousness.	Knowledge of this research may help nonreligious institutions in there efforts to treat substance abuse
(Gorsuch, 1997)	Research into perceived religious motivations	Investigators examined, meaning, personal morality, security and social morality	511 students enrolled in colleges in Alabama, Missouri, Hawaii and Australia. Religious preference as Christians were included in English-speaking sample. Asian student from South Korea or Taiwan, Christians and religious Asians were included	High correlations among different religious motivations suggest that religion has multivariate motivations, not only across people but even within the same person	Previous work by Allprt and Ross(Allport, 1967) influenced this study slightly different motivation was described in this research
(Gottman, 1998)	Predicting marital happiness and stability from newlywed interactions	Survey of 130 newlywed couples of their interactive processes that are predictive of divorce or marital stability. Concern that marital therapy relapse rates so that the entire enterprise may be in crisis	7 types of exploration: Anger as a dangerous emotion, active listening, negative affect, reciprocity, negative start-up by the wife, de-escalation, positive affect models and physiological soothing of the male	The data suggest that, though asymmetric, gender roles during conflict resolution are a two way street. Only newlywed women who are able to soften their start-up of conflict wind up in happy and stable marriages	Outcome from this research suggests abandoning the active listening model in favour of the model of increased softening and gentleness in start-up, de-escalating, changing the balance of power
(Griffith, 1986)	Employing the God-Family relationship in therapy with religious families	Four case examples of how therapist accessed the vital resource "relationship to God" in the families	The God family relationship as a family myth can be the basis of strategic interventions. In each case study God was a substantive reality	God can play a role in regulating interpersonal relationships in families	The family therapist who looks for God in the family may locate a necessary and unexpected resource for restructuring the family
(Griffith, 1995)	Opening therapy to conversations with a personal God	Client's private conversations with God are often excluded from the therapists. How Griffith changed this and implemented and changed this with positive affect.	Case studies of work with clients where clients relationship with God was a working part of the therapy	The focus on the clients spiritual story and how creative therapy becomes, moving from the psychological story and religious doctrine to meaningful therapy	This was conducted in the department of Psychiatry of the University of Mississippi School of Medicine and in consultation with Episcopalians and Southern Baptists
(Gruner, 1985)	Impact of social control aspect of religiousness, positive/negative The impact on marriage	The impact of institution of religion on the institution of marriage	Review and critiques of the literature	The variables of the study were religious affiliation, prayer use, Bible reading and marital adjustment	Private religious practices of devotional nature the higher spiritual direction scores and marital adjustment scores

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(Gutsche, 1994)	Voices of healing: Therapists and clients journey towards spirituality	Neglect of spirituality and religious beliefs by the therapist seen as a challenge. This article highlights the importance of spirituality in client's lives.	Purpose to stimulate integration of spirituality into the healing process.	Frequently the spiritual aspect is like an invisible member of the therapeutic endeavour	Religion, Spirituality and world-views of both client and clinician are important dimensions of making solutions
(Hall, 1994)	Assessment of religious dimensions in Christian clients: A review of selected instruments for research and clinical use	The treatment of people of faith has been elevated as a clinical issue	Review of selected instruments to measure a variety of religious variables. Exclusive use of questionnaires	The instruments are elevated for both psychometric soundness and clinical unity	Many instruments reviewed were for general use in research in order to quantify aspects of religiosity and their correlates
(Hargrave, 1994)	This article examines a theoretical framework in which therapeutic forgiveness is conceptualized as a four-station process of insight, understanding, compensation and overt forgiving	Although forgiveness is a concept which families from various cultures have been familiar for ages, there has been little therapeutic literature that seeks to define and delineate methodology	Four stations of forgiveness, Insight; Understanding; Giving the opportunity for compensation; Overt act of forgiving	Generally, the word forgive means to cease to feel resentment against an offender.	Healing by forgiveness, is often slow work. Much is needed in terms of outcome research, validation of constructs and empirical support
(Hargrave, 1997)	Report on the development, validity, and reliability of a self-report instrument for pain resulting from relational violations Forgiveness scale	Need for research on forgiveness Reliable scale to validate and facilitate this	The development of interpersonal relationship resolution scale (IRRS) 164 subjects and sample of further 35 respondents	IRRS scale reliable for forgiveness and pain	Forgiveness a complex concept IRRS not comprehensive or exhaustive A useful research tool
(Harris, 1998)	Analysis of three family therapies to indicate possible spiritual dimensions and its influence	Attempt to expose spiritual biases in family therapy theories	Current family therapy theories incomplete as they do not ask 'Why'	Clients are spiritual beings this needs attention in our training as it impacts on our therapy	Extend the way we think about human nature
(Haug, 1998)	Including a spiritual dimension in family therapy and ethical considerations	Need for therapist to have "spiritual literacy" to enable them to non-judgmentally and respectfully open space for religious or spiritual content important for clients	Ethical complexities inherent in including a spiritual orientation in therapy in the light of medical ethics	Inviting clients rather than coercing them to consider the effects of spirituality on their lives a crucial dimension of ethics in therapy	Further research, training, and vigorous professional discourse may help therapist increase confidence in dealing with religion and spiritually.
(Hendlin, 1985)	The spiritual emergency patient: Concept and example	Traditional Psychiatry has not recognized the difference between mystical and psychotic experiences	Research paper draws evidence for this from many fields	Listed criteria suggestion on how to deal with a spiritual emergency	History, symptoms and relevant data, plus treatment are discussed

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(Helminiak, 1966)	A scientific spirituality: The interface of psychology and theology	An interlocking set of distinctions that specifies spirituality as a normative or prescriptive discipline on the boundary between theology and psychology	Analytic viewpoints within the human studies, a tripartite model of humans represents spirit, and spirituality	Building on Lonergan's analysis of human consciousness or "spirit" spirituality looked at as science	This study of spirituality meets demanding criteria of science
(Hemert, 1994)	Should Social work education address religious issues? Yes!	Essay discussing social work's attitude to religion and the ethical impact of avoiding this area	The ethical code for social workers supports the notion that not addressing the implications of a person's religious affiliation and experience is discrimination	If social workers do not address a clients religious beliefs it indicates the worker's bias and will result in affecting the treatment outcome	The Civil Movement and the Feminist Movement have taught us that avoiding difference renders the distinctive force of the difference invisible
(Henry, 2003)	Exploration of spirituality and psychotherapy	Wellbeing and healthy must embrace the whole person	Three practical considerations explored regarding integration of spirituality and psychotherapy	A call for an overhaul so that barriers that separate psychotherapy and spirituality can be dealt with	Spiritual competency can be increased or transformed
(Herth, 1992)	Abbreviated instrument to measure hope: development and psychometric evaluation	This research was developed to evaluate psychometrically an abbreviated instrument to assess hope in adults in clinical settings	Instruments which measure hope have been developed during the past 2 decades. The Hearth Hope Index (HHI) a 12-item adapted version and used with 172 ill adults	The consistent reliability of the total HHI and the 3 subscales indicate it could be used with adults of varying educational levels, ages, fatigue levels	The instrument should enable the nurse researcher to screen levels of hope quickly in a diverse adult population
(Hodge, 2000)	Spiritual eco-maps a new diagrammatic tool for assessing marital and family spirituality	Proposal for new diagrammatic spiritual assessment tool	This is a valuable supplement in understanding family's current relationships to critical ecological systems in space	Having an understanding of spirituality in the family's system is of growing interest among therapists	Assessing spirituality embodies strengths and solution-oriented perspectives by tapping into the potential resources in an important area
(Hoge, 1996)	The demographics of belief and affiliation	Description of the overall outline of religious life in America today.	Report on research findings, mapping and describing religious behaviour	Secularization model, religious preference, church affiliation, religious belief and social issues with important religious elements.	Religion in America is alive but diversifying. Immigration having a huge impact. The religious trends have relevance for clinical psychologists
(Hoyt, 1996)	On ethics and the spiritualities of the surface: A conversation with Michael White	A narrative therapy discussion on ourselves at therapists, our own lives, the impact we have on our colleagues and who we are in our work and in our lives	Who we are will be evidenced in our work and how we see people and therapy	A focus on the heart and soul of the work therapists do	Being faithful to the God in our lives (whoever that might be) enables the therapists to do their best work

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(Hughes, 2000)	The relationship between survival and private religious activity reviewed	Previous studies have linked higher religious attendance and longer survival. Activities such as prayer, meditation, or Bible study	Study (self report) with a six year follow up to review level of private religious activity on survival	When sample divided into activity of daily living, impaired and unimpaired, health variables, and controlling for demographic variables the differences were minimal	Some survival advantage
(Ibrahim, 1985)	Effective cross-cultural counselling and psychotherapy: A framework	Strategies to enhance effectiveness in cross-cultural counselling and psychotherapy encounters.	Two critical elements overlooked in other literature as discussed. These are the philosophy of people and the other is the knowledge of culture in relation to skill development	Use of this framework helps develop a concrete paradigm	Lack of understand of one's own and one's clients' world views results in frustration
(Jensen, 1986)	This study attempted to specify and clarify the values most commonly espoused and used by psychotherapists in their work	The effects on clients of careful, soul-searching review of guiding forces	Questionnaire of five steps constructed to assess values relevant to practice of psychotherapy and impact for mentally healthy lifestyles	Values embedded in therapeutic theory and practice is a fact	The stage is set for exploring if the presence of these values promote positive changes
(Jensen, 1988)	Since Freud defined psychotherapy like surgery, an objective approach that did not involve values of practitioners directly. Now values are considered to influence theories of personality and pathology	Some would have our values become more explicit. Inspired by this questionnaires prepared to specify and clarify the values most commonly espoused and used by psychotherapists	5 steps, survey of literature, value lists into themes, survey pre-tested on 76 psychologists, psychiatrists, social workers, marriage and family therapists. Then when finalized 800 persons	Major sampling of views of mental health professionals. Growing emphasis on directive therapies, which modify attitudes	Values embedded in therapeutic theory and practice
(Johnsen, 1993)	The role of spirituality in recovery from chemical dependency	The 12 step model's clear integral and indispensable component of God can make a difference of recovery or not.	Study of how much recovery is social support how much is spiritual	Self report questionnaires were issues to 58 people, follow-up after 6 months	The use of prayer and medication in recovery integral.
(Johnson, 1989)	Religiosity and loneliness among the elderly	Analysis of two dimensions religiosity and loneliness in a high-rise apartment complex. The issue discussed is if religiosity produces less loneliness	Interviews with 131 residents of a 199 unit for elderly	Greater involvement in the social aspects of religion were significantly related to less loneliness	Influence of separation from previous dwelling could have been a factor here, so further research needed

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(Johnson, 1992)	Sources of gain in Christian counselling and psychotherapy	Four major assumptions about change undergird Christian counselling, these are examined and empirical support checked. Application for therapy is also examined	Review of literature relating to the four assumptions; Accommodation, Truth; Hope; Divine Agent	Discussion for the application for therapy and research	Professional psychology's hesitancy to support Christian counselling in the context of ethical considerations, could influence more responsible service to Christian consumers
(Johnson, 1993)	Outcome research and religious psychotherapies: Where are we and where are we going?	The religious approaches to psychotherapy are rarely evaluated with established outcome research methodology	The author offers an integrative foundation for outcome research	State-of -the-art outcome research design components are reviewed and guidelines are offered for conducting outcome research with religious psychotherapies	This work is intended to bind research around a coherent and meaningful program of empirical validation
(Johnson, 1994)	The comparative efficacy of Christian and secular Rational-Emotive Therapy with Christian clients	This study utilizes psychotherapy outcome design to evaluate the relative therapeutic efficacy of Christian and secular RET with depressed Christian clients	Client obtained from a pool of 56 adults who responded to an advert offering brief therapy for depressed Christian men and women	Hypothesis supported in that both RET and CRET produced significant reductions in self-reported depression, negative thinking and general pathology	RET and a Christian version of RET have similar beneficial effects on mildly to moderately depressed Christian clients
(Jones, 1988)	Purpose of this chapter is to establish briefly the propriety of such a religious critique of the assumptions underlying the practice of behaviour therapists from authors religious viewpoint (Evangelical Christian)	As a Christian behaviour therapist the author confronts the difficulty of the scriptures versus scientific theory.	In behaviour therapy, he found the approach coincided well with his spirituality	The idiographic style of behavioural therapy conceptualizations of the person are respectful of human uniqueness and compatible with the empirical data in that area	Worldviews of therapists come before the adoption of our theories (behavioural therapy) The interplay of psychology and religion has much to offer behavioural scientists
(Jones, 1994)	Jones calls for an explicit and constructive relationship between psychology and religion	Previous views on the premise of an outmoded understanding of science and an overly narrow professionalism	A proposal is developed for how religion could participate as an active partner with psychology as a science	If disbelief in the supernatural can suitably be among the control beliefs of some scientists (Ellis, Skinner), belief in God could be allowable for others as part of their control beliefs	Need to address these issues in training
(Kaczorowski, 1989)	Spiritual well-being and anxiety in adults diagnosed with cancer	Exploring the theory that lower anxiety is in highly spiritual persons confronting life-threatening illness	Study of 11 adults diagnosed with cancer, spiritual well-being scale, and State-Trait Anxiety Inventory used	A consistent inverse relationship was found between spiritual well-being and state-trait anxiety, regardless of influences of gender, age, marital status.	This supports the theory that persons with high levels of spiritual well-being have lower levels of anxiety.

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(Kass, Friedman, Leserman, Zuttermeister, & Benson, 1991)	Health outcomes and a new index of spiritual experience	Clinical observations suggesting a relationship between spiritual experiences, life purpose and satisfaction and improvements in physical health	These ideas led to an Index of Cor Spiritual Experiences (INSPIRIT)	Data from 83 medical outpatients showed that INSPIRIT to have a strong degree of internal reliability and concurrent validity.	Multiple regression analyses showed the INSPIRIT to be associated with (1) increased life purpose and satisfaction and health-promoting attitudes, and decreased frequency of medical symptoms
(Kaye, 1994)	A pilot study of spiritual perspectives of 17 caregiver wives of dementia victims and 23 non-care giving wives of healthy adults	When a family member suffers from Alzheimer's disease and other dementias Spirituality may be a resource for caregivers to alleviate stress	This study used a convenience sample of 40 adults consisting of 17 caregiver wives of Alzheimer's victims and 23 non-caregiver wives of healthy adults who completed the Spiritual Perspective Scale (SPS)	Caregivers of dementia victims scored higher of the two groups with 77% indicating spiritual matters were communicated to friends or family at least once a week	The findings suggest that nursing interventions with churches as a natural network for caregivers may be useful. Prayer, forgiveness, and spiritual reading materials may also be helpful
(Karasu, 1999)	Spiritual psychotherapy and issues of soul and spirit be integrated with traditional modalities	Incorporating spiritual psychotherapy into practice Awareness of what a spiritual therapist is and what they are not	Proposal by Karasu for the spirit and soul to be part of psychotherapy	Spiritual therapy discussed what it is and what it is not. Too much attention to professional training and not enough to personal formation	A spiritual therapist is concerned with man's anguish, tries to identify with past and present by transcending them and by rejecting labelling
(Kelly, 1994)	The role of religion and spirituality in counsellor education: A national survey	A national survey of counsellor education in the USA. Inclusion of religious and spiritual issues	Program leaders views on the importance of religious and spiritual issues in counselling	Potential effects of counsellor-therapist religious values in counselling;	Factors that may influence the inclusion of spiritual issues in the curriculum
(Kelly, 1995)	A national sample of counsellors representative of 1993 American Counselling Association regarding their value orientations	This study reflects the ongoing reappraisal of how values affect counselling theory and practice	With a focus on individual level of values contemporary research and theory point to the important, if still unclear, influence of human values on theory, processes and outcomes of counselling	Some minor differences emerged with the four areas, universal values, mental health values, individualistic-collectivistic values, and religious-spiritual values	Although strong about their own value system, also highly value diversity in others, Counsellors also distinguished between the personal and therapeutic importance of values
(Kessel, 1967)	Values of psychotherapy: A review of the literature This paper reviews theoretical literature and empirical investigations concerning the role of values in psychotherapy	Contrary to traditional psychoanalytic conceptualization the psychotherapeutic relationship is viewed in terms of interpersonal attraction and interpersonal influence	The importance of matching therapist-patients pairs on the value dimension is stressed	The therapist-patients value similarity is considered a prerequisite for positive attraction, effective communication, and influence of therapist over patient	Psychotherapy-analogue research is cited as a vehicle for exploring the role of values in psychotherapy

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(Khan, 1983)	Mental health professional and client values: Similar or different?	Rokeach's values survey and Rosenthal moral values questionnaire to examine similarities and differences in the personal and oral value systems of mental health professionals	Divergence of values systems between professionals and clients in Australian context. Sexual freedom tolerance by Mental health professionals, clients more restrained	454 Professionals and 431 clients, had their value system surveyed	These findings have implications for the therapists role during treatment. Value free therapy questioned
(Kitchener, 1980)	Exploring ethical relativism and behaviour therapy	If behaviour therapists control the behaviour of clients, what moral and legal principles are at risk?	Review of literature on behaviour therapy and values	Questions raised if there should be more accountability for values	Care needs to be taken where moral decision in therapy are not justified
(Kluckhohn, 1973)	An examination of social interactions embodied in culture and values	Measurement and exploration of values and value systems	Difficulty with testing values due to the need for experience to substantiate, this makes measurement difficult	Representative sample of the population needed to understand the philosophy of life issues	Need for careful examination anthropological, psychological and sociological evidence issues of values
(Koenig, 1988)	Religious behaviours and death anxiety in later life	Investigator have demonstrated that religion may play a role in enabling certain groups of elderly persons to cope more effectively with the fears and stress of old age	This study examines the relationship between intrapsychic and community-oriented religious behaviours and feelings of fear	Questionnaires distributed to 708 people attending senior lunch.	Responses indicated the vast majority experienced little or no fear of death
(Koenig, George, Blazer, Pritchett, & Meador, 1993)	The relationship between religion and anxiety in a sample of community-dwelling older adults	Professionals debate over where being religious results in an increase, a decrease, or no change in anxiety level.	Variables included church attendance, prayer and Bible reading, religious TV viewing, importance of religion, religious denomination and born again status.	The relationship between religion and anxiety examined in 1299 adults aged 60 or over	When results were cross checked against other issues, chronic illnesses, sex, and recent life events there was no relationship between religion and anxiety
(Kurtz, 1999)	Kurtz looks at the historical issues of spirituality and psychotherapy through the years starting with Ancient Greece through to today	Earliest forms of psychotherapy came in the garb of philosophy not medicine. Spiritual direction becomes one root of psychotherapy. The advent of Christianity was momentous in this area	Christian tradition closely resembles psychotherapy, "spiritual direction". All spirituality offer both cantering practices and mirroring practices	From Rome to Enlightenment, to 19th Century through to 20th and 21st centuries tracing the development of different spirituality and psychotherapies	Both psychotherapy and spirituality have to do with the acceptance of realistic limits
(Larson, 1986)	Systematic analysis of research on religious variables in four major psychiatric journals, 1978-1982	Of the 2,348 psychiatric articles reviewed, 59 included a quantified religious variable	The religious variable choses was often a single static measure rather than multiple dynamic measures	Comparison with systematic analyses of religious research in psychology and sociology suggests that psychiatric research lacks conceptual and methodological sophistication	The date suggest that the academic knowledge and skills needed to evaluate religion have not been absorbed into the psychiatric domain

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(Larson, 1992)	Associations between dimensions of religious commitment and mental health reported in the American Journal of Psychiatry and Archives of General Psychiatry: 1978-1989	The relationship of religious practices and beliefs are understudied phenomena in clinical fields such as psychiatry and family medicine	This review entailed the systematic assessment of all religious commitment variables found in research studies published in the two leading psychiatry journals over a 12 year period	Only 30 (22%) of the 139 measures was a hypothesis specified. Of these 30 only 12 (40%) reported results. For only 50 (36%) of the 139 religious measures did the study report findings.	Summary the findings of this review suggest that religious commitment is a clinically relevant multidimensional phenomenon with potential for frequent beneficial and occasional harmful mental health effects
(Levin, 1980)	Review of evidence of the relationship between religion and health	Hundreds of published studies have reported findings on possible relationship between religion and health	This review looked at three questions asked: Is it valid, Is it causal, and Is there an association?	Is it casual, maybe, Judgement on literature in terms of consistency, plausibility and analogy, the answer is yes.	Answers the questions raised were yes, probably and maybe.
(Levin & Vanderpool, 1991)	Religious factors in physical health and the prevention of illness	Survey of the history of empirical research on the interconnections of religion and physical health.	A critical review, looking at empirical evidence, offering explanations for findings and implications for prevention of illness	Information linking religious beliefs and involvement to health beliefs, attitudes and behaviours, and to health status, especially the older population	Options for health workers to approach religious phenomena with objectivity and circumspection
(Levin, Lyons, & Larson, 1993)	Prayer and health during pregnancy	The relationship between praying for one's baby during pregnancy and self-ratings of health	Samples were collected from Black and Hispanic of postpartum mothers from 1986-1987. Health assessed before and during pregnancy	Self ratings of global or overall health, worry over health or lack disability. Findings revealed that all three pre-pregnancy health measures were associated with prayer	Unhealthier mothers prayed more for their baby during pregnancy regardless of their perceived health during pregnancy, healthier mothers prayed less regardless of self-reported religiosity
(Lewis & Maltby, 1996)	Personality, prayer, and church attendance in a sample of male college students in the USA	Recent studies suggested that within Eysenck's dimensional model of personality, psychoticism rather than extraversion or neuroticism is fundamental positive religious attitude and practice	Review of the literature on Eysenck's model	The impact of prayer and aspects of religion on the lives of the sample of USA college men is discussed	These findings support the theory that, within Eysenck's dimensional model of personality, psychoticism, rather than extraversion or neuroticism, is fundamental to religiosity
(Malony, 1985)	Assessing religious maturity	As a chaplain in a mental hospital He was never asked about the religious diagnosis of the patient. Since then religious status interview survey has been introduced	The Nelson-Malony Religious Status Interview provides a means whereby professionals may make valid and reliable judgements about faith of their patients	The underlying assumptions are in accord with other interviews, accepting the focus on Christianity	Means is now available to do evaluation on religious maturity, and doing this is considered the most important knowledge a counsellor could have

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(Manrique, 1984)	Hope as a means of therapy in the work of Karen Horney	Review of Karen Horney's work in which a new dimension of hope experience by the therapist and transmitted to the client modifies both theory and practice	Lack of hope present in all serious neuroses...serious obstacle for therapy	Only growth in areas unknown to ourselves makes us into a person , and awareness of tis implies discipline, a technique, and some difficulties	Awareness of this and with hope one may grow. With this hope, an essential factor in Horney's work, we can do better
(Markides, 1984)	The relationship between church attendance, self-rated religiosity and prayer with aging	Tests hypotheses relating to religiosity with positive adjustment. Do aging people approaching death become more religious?	Data analysed of Mexican-Americans and Anglos aged 60 and older. These were randomly selected, 510 interviewed	Questions of increase (or decline) in religiosity with aging and whether religiosity becomes more important for positive adjustment with aging	Partial support found the hypotheses relating to religiosity and again might be due to limitations of three indicators
(Markides, 1987)	Data from a three-wave longitudinal study of older Mexican-Americans and Anglos revealed little evidence that older people turn increasingly to religion as they age	It is often assumed that as people get older and approach death they become more religious. The evidence seems unclear	Mexican-Americans and Anglos aged 60 and over in 1976. 511 respondents were interviewed in 1976, followed up 4 years late 1984, three indicators of religious commitment were employed	This particular study was not representative of the general population however there was lack of conclusive evidence supporting the increase of religious factors	Self ratings of religiosity and frequency of religious attendance and private prayer might be inadequate for capturing meaningful effects of religious commitment in older people
(Martin, 1988)	Investigation into the literature investigating the efficacy of spiritual and/ or Godly life-styles are of great importance to the majority who are spiritual and / or religious as their life may be associated with reduced incidence of disease	Health problems may be associated with deficits or excesses that might be termed spiritual, and that optimal health may require a spiritual as well as a social, behavioural, and physical homeostasis.	In some cases the presence or absence of the spiritual dimension is an issue. The association between spirituality and health are worthy of attention	As most of our clients do believe in God it is important that most of our scientists clinicians understand how to deal with the whole person	Important to deal with the whole person. Could the utilization of the spiritual dimension make a difference?
(Marks & Dollahite, 2001)	Religion, relationships, and responsible fathering in Latter-day Saint families of children with special needs	Religious communities, practices and beliefs have been overlooked as potential factors in encouraging responsible fathering.	Qualitative interviews were conducted with 19 Latter-day Saint fathers of children with special needs from fathers narratives	Findings are presented in connection with three dimensions of religion: religious community, religious practices, and religious beliefs	Religion was meaningful and influential for the fathers in supporting their efforts to be responsible and relational.
(Markus, 1983)	This paper argues for a more extensive study of self-knowledge from a cognitive perspective	Self knowledge previously narrowly conceived on behaviours it does also include preferences, values, their goals and motives	Review of literature of self-knowledge for the purpose of expanding the view of self-knowledge	Self-knowledge does not merely reflect personality; rather, it is a major aspect of personality	This discussion focused on the value of expanding our explorations of the nature of self-knowledge.

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(Maton, 1984)	Empowerment in a religious setting: A multivariate investigation	Research among members of a Christian, nondenominational religious setting, on empowering aspects of religious experience	Eight predictor variables, religious orientation, locus of control, spiritual experience, group involvement, and religious history.	Results from multiple data sources find that those seen by themselves and by others as empowered are committed to a relationship with God and with others in the setting.	Most had a life crisis prior to joining the setting and a sense that God is in control of the events of their life. There was follow up data, three years later, and finds relationship between commitment and life satisfaction
(Matthews, 1998)	Some clinical research suggests that the strength and prevalence of religious beliefs and practices in the US population should be considered in clinical decision making for physical and mental health	Religion has traditionally been dismissed by health professions as having little positive effect on physical and mental health. A 10 year review showed positive association between religious commitment and health status	Recent research suggests that religious commitment may help prevent many clinical problems including depression, substance abuse, physical illness and early mortality	The findings suggest that religious commitment might play a role in enhancing illness prevention, coping with illness, and recovery.	Integration into interviews questions such as 'Is your religion helpful to you in handling your illness?' and 'What can I do to support your faith or religious commitment?' Possible valuable information might be available to physicians
(Mathew, 1995)	Evaluation of the Matthew Materialism-Spiritualism Scale (MMSS)	Spirituality fundamental to 12 step programs for treatment addictions. Many questionnaires measure spirituality, the MMSS was tested with an AA group with two control groups	Spirituality was evaluated with MMSS other means were used to select number of participants	Statistical analysis of MMSS data by three groups were compared with each other	Even though MMSS not developed for substance abuse and needs refining. The recovering group (AA) had higher scores on Mysticism and Character than control group
(Maugans, 1991)	Religion and family medicine: a survey of physicians and patients	115 physicians and 135 patients surveyed regarding personal religious beliefs and practices, and physician's responsibility in addressing religious issues with patients	A cross section of Academy of Family Physicians surveyed using 31 item self-administered questionnaires. Adult patients at outpatient care were surveyed in several family practices.	Life threatening or otherwise serious events elicited the greatest response as appropriate time for religious convictions to enter into the physician-patient relationship	These results suggest that there might be a place for religious-oriented questions in routine history-taking
(Marwick, 1995b)	Should physicians prescribe prayer?	There is at work an integration of medicine with religion of spirituality with medical practice, the twin guardians of healing through the ages	Physicians need to consider and respect the religious and spiritual beliefs of patients	A call for governmental agencies and religious bodies to work together, due to the health benefits of spirituality and religion	It is not if there are health benefits, it how these benefits can be obtained
(McCullough, 1995)	Prayer and health: Conceptual Issues, research review, and research agenda	Review of empirical literature on the relationship between prayer and health.	The empirical literature is characterized by weak methodologies that may contribute to the inconsistency of some findings	Theory and research on prayer can serve special functions in promoting a healthy view of prayer among spiritual seekers and committed Christians	Recommendations are made for improving the quality of prayer and health research

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(McCullough, Worthington, & Rachal, 1997)	Model of forgiveness based on the hypothesis that people forgive others to the extent that they experience empathy for them	Two studies investigated the empathy model of forgiveness Study 1 measures of empathy and forgiveness Study 2 looked more closely at empathy and forgiveness	Goals are to present a social psychological analysis of interpersonal forgiving and adduce evidence about determinants, structure and consequences of forgiving	This work provides an empirical base for conceptualizing interpersonal forgiving as an empathy-facilitated set of motivational changes that are similar to empathy and altruistic motivation	Improving measure of forgiving would facilitate research on social psychology of forgiving. The five item measure was equal to the task
(McCullough, 1998)	Call for continuing research on religion and mental health and to develop a strategic approach for the research so that a database of well-established, clinically useful knowledge.	To raise scientific awareness about the potentially salutary effects of religion on mental health	A call for quantitative literature reviews and Meta-analytic reviews to produce consensually validated and clinically useful knowledge about religion and mental health	Since 1980 there is renewed interest in research on mental health and religion however a need to develop strategic approaches	A call a move from generalist approach to more specialization
(McCullough, 1999)	Examination of 5 studies to compare the efficacy of standard counselling approaches to counselling for depression with religious approaches	There was no previous evidence that religious approaches were more or less efficacious than standard approaches	Review of existing research on religious approaches to counselling using quantitative methods of research	Equal efficacy for religion-accommodative and standard approaches to counselling, however they were also no less effective	Religious clients might be attracted to counselling and no basis exists for withholding such religion- accommodative treatment from depressed clients
(McCullough, 1994)	Review of literature addressing forgiving and its use as a counselling technique	Theological, philosophical and psychological understandings of forgiveness have not been well integrated among psychological theories	In the light of potential benefits associated with forgiving, researchers and practitioners are encouraged to consider forgiveness	There are benefits in and out of counselling. Although large-scale studies might illuminate the antecedents, consequences, and specific components of forgiveness	There is merit in forgiveness, however more research is needed. There is also a need for a consensus on how to measure this
(Meystedt, 1984)	Religion and the rural population: Implications for social work	The importance of religion in the lives of rural people has not been adequately explored by social work	Discussion paper on the value of inclusion of the whole perspective of persons in rural areas such what their religion has to offer client and therapist	Rural people tend to put trust in religion, read the Bible, attend worship at a higher rate than urbanites	Bergin's "Psychotherapy and religious values has impacted the author's ideas. Religion seen as important for understanding client
(Miller, 1997)	Religiosity and depression: ten-year follow-up follow-up of depressed mothers and offspring	This study examines maternal religiosity as a protective factor against depression in offspring	Method: Sixty mothers and 151 offspring were independently assessed over the course of a 10 year follow-up	Prognosis of children at risk for depression might be improved by the presence of maternal religiosity	Offspring religiosity may protect against offspring depression

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(Minsel, 1991)	A cross-cultural view of positive mental health – two orthogonal main factors replicable in four countries	How comparable is a person mentally healthy across four countries?	Based on principal component analyses of eight large sets of well-known personality scales	A questionnaire was used to survey large samples of subjects, 186 items on a 5-point Likert-type scale	The most important component across four cultures was a positive attitude towards other people
(Moules, 2000)	Critique of postmodernism and its effect on the sacred, and the spiritual	An opening up of the topic of spirituality for discussion, reflection and recognition	Postmodernism and all its faces offer a context to create and live particular views about the world	The notions of multiplicity and multivocality afford us an ultimate freedom to believe and practice in creative and unique ways	Suggestion that the post-modern spirit might even be considered a holy spirit. It calls us to the world rather than removing us from it
(Nakhaima, 1995)	Description of model for social work that utilizes religious consultant in the therapeutic process	Need for awareness of family value issues before engaging in therapy. Assess resources and strengths of the family's religious community	Model useful with families closely connected to a religious community, its also useful with secular, urbanized families	By acknowledging the church's authority in the family, the social worker avoids resistance and leaves clients with acknowledged support base at conclusion of therapy	The church's impact on family life has strong cultural implications. Need for dialogue between helping professionals who value religion and social scientists
(O'Donohue, 1989)	What characterises a clinical psychologist/Metaphysician/scientist/practitioner? Metaphysics in science and psychotherapy are examined.	Views of positivists, Popper and Lakatos are examined	The difference in roles of metaphysics in research, and metaphysics in clinical practice explored	Our efforts to help other human beings are a function of our entire web of belief	This web especially beliefs need to be considered open metaphysical question and be subjected to the best criticism
(O'Laoire, 1997)	An experimental study of the effects of distant, intercessory prayer on self-esteem, anxiety, and depression	Investigation into the effects of directed and non-directed intercessory prayer. The psychological well-being measured by tests of self esteem, trait-anxiety, state-anxiety, depression, mood disturbance,	Five pre-test and post-test objective measures and six post-test measures were taken	Agents randomly assigned to either, photos and names of subjects used. Assigned to three groups, those prayed for by non-directed agents, a control group and those prayed for by directed agents. Prayer offers 15 minutes daily for 12 weeks	Agents had better scores than subjects on all measures. Subjects' views of the locus of God's action showed significance in three objective measures. Improvement on four objective measures
(Olive, 1995)	Physician religious beliefs and the physician patient relationship	The purpose of this study is to determine the type and frequency of religious interactions between devout physicians and their patients	40 physicians 77% responded and acknowledged that their religious beliefs have an important influence on their practice of medicine. Two thirds shared their beliefs with their patients. 13% prayer aloud with patients	Multivariate analysis showed the physicians' religious group to be the most important determinant of sharing beliefs with patients, most common with Protestants	Devout physicians religious beliefs appear to influence the interactions between physicians and their patients

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(Ornish, 1990)	Controlled study to determine whether comprehensive lifestyle changes affect coronary atherosclerosis	The first randomised controlled clinical trial to determine whether patients outside hospital can be motivated to make and sustain life style changes, if so, whether regression of coronary atherosclerosis can occur	Patients with angiographic ally documented coronary artery disease were randomly assigned to an experimental group or to a usual-care control group. A lifestyle programme, low-fat vegetarian diet, with exercise and stress management training	Increasingly evidence support the roles of diet, exercise, emotional stress, and smoking in the pathogenesis of coronary heart disease	Comprehensive lifestyle changes may be able to bring about regression of even severe coronary atherosclerosis after only 1 year without
(Pargament et al., 1988)	Religion and the problem-solving process: Three styles of coping	Three styles of problem-solving proposed, each involving different relationship between the individual and God	Three types available through factor analysis. These related differently to measures of religiousness and competence	Three styles: Self-Directing, Deferring, Collaborative	This study points to the diverse roles religion lays in the problem-solving processes
(Pargament, 1990)	Religious coping efforts as predictors of the outcomes to significant negative life events	How helpful are religious coping efforts in response to negative events?	Sample of 586 selected from range of denominations were surveyed for coping with negative life events	This study went beyond the basic question of whether religion is helpful to examine the kinds of religiousness that is more or less helpful	A belief in a loving God appears to be predictive of positive outcome. God as supportive partner is another. Involvement in rituals was positive as was spiritual support. Need for integration.
(Paragament, 1994)	Methods of religious coping with the Gulf War: Cross-sectional and longitudinal analyses	Examination of religious and non-religious coping methods of psychological distress among college students in the Gulf War crisis	Students completed measures of religious coping, nonreligious coping; religious coping activities were significant predictors of psychological distress cross-sectionally and longitudinally.	The two ways of coping were not redundant, each set of coping methods contributed to variance to the prediction of distress	Differences between the cross-sectional and longitudinal findings suggest that stressful experiences may serve as a religious coping mobilier, and may change over time.
(Pargament, 1996)	The need to promote mental health with religious clients	The difference and similarities between psychologists and religious clients	Psychologists have much to gain learning about, and learning from the religious	There is a need to wrestle with points of commonality and divergence so that they can work together effectively	Interaction between psychology and religion must rest on a respect for the differences as well as similarities between two disciplines of psychology and Clergy.
(Pargament, 1996)	Religious methods of coping, resources for the conservation and transformation of significance	Psychologists have largely overlooked and underestimated the answers of their religious clients, however both share a commitment to the clients well being	Contributions of religion on coping with life's most stressful moments. Religion is involved in the search for significance, as a coping mechanism, religious support, rituals, rites of passage,	Interaction between psychology and religion must rest on a respect for differences and similarities between the two disciplines	The commitment of religious communities and mental health communities are to the well-being of those they serve

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(Paragament, 1998)	Religion and coping	Some argue like Albert Ellis that religion hinders growth, and that religion contributes to human pathology by emphasizing magical thinking and superstition above reason and rationality	The efficacy of religion has been assessed by questionnaires which clearly suggest that people do find religion helpful	The implications for mental health professionals. Religion represents a resource for coping. Some forms however may be problematic or , in fact, harmful to the coping process	Particular care needs to be taken using sensitivity and respect for diversity and the function religion serves in the lives of people
(Pargament, 1999)	The psychology of religion and spirituality? Yes and No.	Should the field of psychology be relabelled as the psychology of religion and spirituality?	Consideration of spirituality as part of the deinstitutionalization and individualization	If change helps us to be more aware of spirituality	There is a need to be inclusive, if this way helps achieve this then a possible yes, however
(Park, 1990)	Two prospective studies to test stress-moderating effects of intrinsic religiousness and coping on depression and trait anxiety	Previous research has shown that religiousness can moderate effects of severe life crises. No study has tested stress-moderating role of variables related to an individuals specific beliefs	Major hypothesis intrinsic religiousness would serve as a life stress buffer in the prediction of trait anxiety and depression. Separate analysis for Catholic and protestant subjects	Religious orientation and religious coping play an important role in life stress adjustment	The difference between Catholic emphasis on works compared with the Protestant emphasis on faith impacted the study
(Park, 1993)	Religious and nonreligious coping with the death of a friend	94% of US adults believe in God and 96% pray to God. Because religion plays an important part in the lives of so many people, therefore the coping process of these people when death was present was present	Interviewed 96 graduates about their coping for a death of a friend	Religiousness was a positive predictor of personal growth.	Looking at the event in a new and more adaptive way is virtually synonymous with personal growth.
(Patterson, 1958)	The place of values in counselling and psychotherapy	An accepted point of view is that therapist's values should be kept out of the therapeutic relationship	Therapists have been exhorted to become aware of their value system, for the purpose of keeping their own values out of the therapy and avoid deliberate or unconscious indoctrination of the client	Therapist have to deal with values, since they are part of the personality of the patient, and the source of many of his problems	Recently there has been developing the realization that the therapist's own values cannot be kept out of the therapeutic relationship
(Pattison, 1978)	Psychiatry and religion	Prior tensions between science and religion have dissolved and coalesced into new alliances based on ideology and philosophy	There are increasing numbers of mental health professionals with devout religious commitments and involvement in religiously oriented mental health activities	Clinical and research literature has continued to rapidly proliferate, while a unique genre of pastoral care and counselling literature has emerged	The irenic quest has shifted into overlapping goals and roles, with tensions between those engaged in universalistic norms and those seeking particularistic norms

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(Patterson, 2000)	With the advent of bio-psychosocial approach in family therapy, the domain of spiritual issues is being recognized as important to families	The study answers the call for a focus on spirituality in training therefore the course was designed in response to the spiritual needs of clients	Course offered twice a year in spirituality, systemic family therapists need to understand the contact between family therapy and spirituality and integrate	This course highlights the need to integrate spirituality into therapeutic paradigms	Spirituality incorporated into a biopsyscho-social-spiritual approach to therapy is relevant
(Pingleton, 1997)	Why we don't forgive: A Biblical and Object Relations theoretical model for understanding failures in the forgiveness process	Little is written about why people do not forgive and why they are not successful.	Overview and critique of existing literature. Failure to receive forgiveness from God.	Object Relations developmental theory from which diagnostic and psychotherapeutic implications for conceptualizing forgiveness failures are drawn.	Failure in self forgiveness characterized by a neurotically oriented internalization of punitive guilt. Scriptural principles pertaining to each type of forgiveness failure.
(Plantinga, 1984)	Advise to Christian Philosophers	Christian philosophers have every right to start from belief in God in developing their philosophy	Author argues from his own propositional base	Argument support from consideration of several philosophical positions and specific examples	Authors Christian (Catholic) position
(Poloma, 1989)	Exploring types of prayer and quality of life: A research note	A review of social science literature reveals that , although most Americans claim to pray, little interest has been shown from the researchers in the connection between types of prayer and quality of life	Survey items that focus on subjective perceptions of quality of life and items measuring the frequency of prayer and forms of religiosity are used to investigate the influence of types of prayer on five quality of life measures	Four distinctive types of prayer were revealed through a factor analysis of fifteen prayer activity items	Prayer, like its parent concept of religiosity, is clearly multidimensional and contributes to profiling quality of life
(Poloma, 1991)	The effects of prayer and prayer experiences on measures of general well-being	Although some 90% of all Americans claim to pray, a review of social science literature will reveal that researchers have shown little interest in the topic	The Akron area survey which focused on religiosity and subjective perceptions of well-being included items measuring the frequency of prayer, prayer experiences, and different forms of prayer	The results demonstrate significant relationships between the varying measures of prayer and the different well-being measures	A factor analysis of 15 prayer activity items identified four types of prayer which relate differently to the well-being measures
(Prest, 1993)	Spirituality and family therapy: Spiritual beliefs, myths, and metaphors	Need to attend to spiritual beliefs of clients due to vast majority of the world's families; adopt some identifiable form of spirituality, case examples	Exploration needed of spirituality in therapy as it has potential to be an obstacle and asset in the therapeutic process.	Training and supervision can address how spirituality affects the process of therapy	Understanding clients spiritual beliefs allows for more effective gathering of information

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(Prest, 1999)	Revitalized interest in spirituality and religion in mental health professions, particularly Marriage and Family Therapy (MFT)	Importance to examine training needs in education and supervision in regarding spirituality and religion	Nine-page instrument 110 closed-ended items using a six-point Likert scale	Although spiritual and religious issues are addressed in marriage and family therapy, adequate training respondents suggest is needed	Results indicate a need to include systematic attention in graduate training curricula and in professional supervision
(Propst, 1980)	The comparative efficacy of religious and nonreligious imagery for the treatment of mind depression in religious individuals	No previous outcome study has looked at these issues particularly the value system of the individual	Two classes of measures were used questionnaire battery and behavioural observation of group participation	The religious imagery showed significant gains compared to the nonreligious	The efficacy of cognitive therapy geared to individuals values system showed increased value and imagery modification technique has therapeutic efficacy for depression
(Rayburn, 1985 -1986)	The religious patient's initial encounter with psychotherapy	This paper presents the challenge of working with religious clients, and the challenge for the client working with psychotherapist	Review of literature	Suggestions of ways of working with these clients	Being non-judgemental, patient, understanding the language
(Richards, 1991)	The phenomenology and psychological correlates of verbal prayer	Petitionary prayer and prayer of relationship were reviewed for intensity and how the experience was correlated positively with purpose in life	345 subjects, members of a non-de-nominational program	This exploratory study broadens the perspective of research on the diversity of prayer in Christian development. /Prayer is central to Christian worship	The intensity of prayer was correlated positively with purpose in life, negatively with external locus of control, and positively with absorption
(Richards, 1995)	Research into how spiritual interventions are integrated into mainstream psychotherapy and are regarded by therapists ethically	4 Questions were asked of Mormon psychotherapists; How frequently; Which one effective or ineffective; What types out outcomes, positive or negative; And ethically appropriateness of spiritual interventions	300 psychotherapists surveyed, with 72% response	73% said not to use priesthood blessings, confession, prayer and spiritual self-disclosure. Scripture was used effectively sometimes, spiritual interventions better when trust. Silent prayer, encouragement to forgive used	Training needed in use of spiritual issues. Care when excluding spiritual perspectives just as unethical as unwise use

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(Rokeach, 1971)	Long-range experimental modification of values, attitudes and behaviours	Michigan State University has been devoted to a systematic investigation into the effect of experimentally induced feelings of self-dissatisfaction on long-range changes in values, attitudes and behaviour	Changes in value rankings that were to be observed 3 weeks after the experiment , 3-5 months afterward, and 15-17 months afterward...subjects who had reported they were dissatisfied with their ranking of any 1 of the 18 values shown, showed more change than those who ere satisfied	The results, statistically significant beyond the .01 level of confidence, again suggest long-range behavioural effects as a result of the experimental treatment	The finding of relatively enduring changes in values, attitudes, and behaviour can be bought about as result of a rather brief experimental treatment has important implications, ethically
(Rosenthal, 1955)	Changes in some moral values following psychotherapy	It maybe the therapist communicates his values to the patient in many unintended, subtle ways, even when trying to avoid so doing. This may be because of trust, admiration, and respect for therapist	Patients at the Henry Phipps Psychiatric Clinic were accepted for the study when doctors agreed to take all necessary tests	Patients who improved tended to revise certain of their moral values in the direction of their therapists, while moral values of patients who were unimproved tended to become less like their therapists	Changes around moral values cantering around sex, aggression, and authority were thought to occur because these issues are commonly involved in patients' conflicts
(Rosenstiel, 1983)	The use of coping strategies in chronic low pack pain patients. Data analysis questionnaire used for 61 patients.	Cognitive and behavioural pain coping strategies assessed	Cognitive coping and suppression, helplessness, and diverting attention or praying accounted for most responses	Cognitive coping and suppression accounted for 35% of responses, helplessness 21%, and 12% diverting attention and praying	Importance of chronic pain history and psychological variables might help further studies. Coping strategies have important relationship to adjustment
(Ross, 1994)	Working with patients within their religious contexts: Religion, spirituality, and the secular therapist	Mental health professionals often hold negative stereotypes about religious practice and beliefs, which can limit objectivity and therapeutic work	Case examples to support the theory that religious practice and augment therapy and provide a basis for reframing	Linking culture and race and diversity to spirituality helps the therapist to confront any negative stereotypes	Careful discussion of patients religious practices communicates respectful interest and concern and provides useful information
(Rotz, 1993)	The therapist who is perceived as "Spiritually Correct": Strategies for avoiding collusion with the "Spiritually one-up" spouse	This paper describes the various dilemmas that therapists may face when client perceive them having spiritual expertise	Case studies support the dilemmas, and show strategies that can be used to avoid the difficulty	Clients sometimes seek out therapists for their perceived competence, and in some instances their spirituality. Strategies here help especially if there is a degree of superego pathology present	These strategies are intended to work where the therapist is perceived by one partner as being "spiritually correct."

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(Saucer, 1991)	Evangelical renewal therapy: A proposal for integration of religious values into psychotherapy	The mental health needs of Evangelical Christians. Guilt was seen as the primary psychological consequence of self-defeating behaviour	Analysis of the value of Evangelical renewal therapy allows the analysis of cognitions individually. It also has the advantage it may be used by licensed religious psychotherapists, certified pastoral counsellors, or paraprofessional lay spiritual directors	Many persons with an Evangelical Christian background who have accepted the centrality of Evangelical Christian principles and failed to live by them may have emotional turmoil and behavioural problems	Many Evangelical Christians believe that repentance holds a prominent place in the therapeutic restoration of the self. Five phases, Analysis of Moral Action, Rebuke, Confession, Prayer, and Recompense
(Schaefer, 1992)	The uni/multidimensionality of religion investigated in the prediction of self reported religious behaviour through the differentiation of religiousness into measures of belief and motivation	The need to measure the effectiveness psycho religious	Participants 161 students from 4 Christian Protestant colleges. Religiousness was measured by 11 primary God concept factors by adjective ratings	The intrinsic measures of religiousness were largely uncorrelated with personal conceptualization of God	The type of God people believe in as well as the type of religious commitment are important for predicting religious behaviour
(Schaler, 1996)	Spiritual thinking in Addiction-Treatment providers: The spiritual belief scale (SBS)	Spiritual thinking addiction-treatment providers believe in the disease-model of addiction in Alcoholics Anonymous (AA) are Catholic and Protestant.	Factor analysis of the SBS revealed two dimensions to spiritual thinking based on AA philosophy.	Survey sent to three national treatment-provider organizations. An with-item spiritual belief scale assessing spiritual thinking based on AA	Two dimensions to spiritual thinking in AA. Spiritual beliefs characterized by release, gratitude, and humility. And spiritual beliefs characterized by tolerance
(Schneider & Kastenbaum, 1993)	Patterns and meanings of prayer in hospice caregivers: An exploratory study	Care-givers religious as heart of hospice Christian and religious care from 4th century. As society has changed has the hospice spirituality changed	78 questionnaires received, then interviews with 20 women and 4 men. Interviews at home or hospice office and took 20 minutes to two hours	The role of prayers in the participants 78 counsellors, doctors, nurses, and volunteers from which 24 were randomly interviewed	Prayer considered a vital but personal strength for care-giver
(Seligman, 1988)	Three contributions of a spiritual perspective to counselling, psychotherapy, and behaviour change	Discussion of Bergin's approach, that a spiritual approach can contribute to the modern applied science of behaviour change	Seligman's problem is that she feels Bergin does not define spirituality clearly, that Bergin's position on certain values being are lawful and moral, she feels works against freedom, and lastly his use of language	Seligman's disquiet of Bergin's perspective on spirituality being too close to religion	Seligman's response to three aspects of Bergin's perspectives on spirituality
(Sells & Hargrave, 1998)	Forgiveness: a review of the theoretical and empirical literature	Examination of forgiveness as a therapeutic construct, and empirical evidence for forgiveness as a therapeutic construct	These theoretical and empirical publications are described and critiqued	Understanding forgiveness from a systemic framework is needed	Researchers need to delineate the meanings of forgiveness more clearly.

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(Sermabeikian, 1994)	Our clients, ourselves: The spiritual perspective and social work practice	Due to the unexplored spiritual perspective in social work this article looks at Jung's analytic psychology as a theoretical framework for spirituality	The practitioner's ability to conceptualize spirituality as a construct that transcends religious or philosophical ideologies is discussed	Social work values, beliefs, and ethics are based on certain tenets of faith and conviction about what we believe to be moral or good for individuals and society	For social work Jung's perspective can serve as a frame of reference for a spiritual examination of our profession and our clients
(Shafranske, 1984)	Factors associated with the perception of spirituality in psychotherapy	Suggestions of the existence of a transcendent dimension in which humans question the meaning of personal existence, which may be conceptualized as spiritual dimension	Data collected through a survey instrument sent to all members California State Psychological Association (CSPA) 1400, subjects, 272 responses were designated the research sample.	The results support the general conclusion that psychologists are less religious than the general population	The extent spiritual issues were present in academic course work which led to licensure, individual supervision, clinical training, general internship, clinical training, informal discussion; date indicated little or no training or dialogues on this issue.
(Shafranske, 1996)	Religious beliefs, affiliation and practices of clinical psychologists	The extend to which religious issues are addressed and the nature of techniques used are determined by personal religious commitments more than training	Review of selected literature provides an inspection of the beliefs, affiliation, and practices of psychologists	Education and training is very limited in the area of psychology and religion	Research efforts need to identify the values that inherent in psychological treatment, the influences of religion and cultural match that effect the outcome
(Simon, 1996)	Taking psychotherapy as a spiritual path means, ultimately, that as the therapist I take responsibility for the way I craft my presence in the interaction in terms of language, silence, attention, intention, imagination, curiosity, playfulness, and respect (59)	Discussion on the issue of values. Solution-Focused Therapy (SFT) has always been collaborative with the client	Solution-Focused therapy while not spiritual in nature inspires interaction especially due to the "miracle question"	Because of the techniques of SFT have missed the depth and value's of	Awareness of and sensitivity to the religio-cultural traditions of the individual client.
(Speight, 1991)	Speight explores the consequences of an alternate worldview on multiculturalism. Redefinitions of multicultural counselling have implications for training, practice and research	This article explores a broader view of multicultural counselling, not being restricted to just race, sex, ethnicity, physical or mental challenges. The less discerned philosophical assumptions about the world, ourselves, and life in general are considered	There is challenge to the fundamental epistemological and ideological assumptions with current multicultural counselling. The redefinition of multicultural counselling described here requires a change in our definition of true scientific inquiry	The broadening of the interrelatedness and interconnectedness Of all life requires a shift in worldview thinking	The limitations of the current views of multicultural counselling offer a challenge to stimulate thought and discussion that will improve scholarship in this field

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(Spilka, Shaver, & Kirkpatrick, 1985)	A general attribution theory for the psychology of religion	A formal theory demonstrating the applicability of attribution concepts and research findings to the psychology of religion is developed and discussed	All attribution theories begin with the assumption that people seek to make sense of their experiences to understand the causes of events they witness	Four broad categories discussed, characteristics of the attributor, the attributor's context, characteristics of the event, and the event's context	Examples within each of these categories provide links to the existing research literature of the psychology of religion
(Smith, 1975)	Review of the literature on meditation	Questions raised about therapeutic benefits found in the literature	The comparison between mediators and non-meditators seems flawed as the two populations may not be comparable	After reviewing the literature the results were not conclusive	The therapeutic potential of meditation remains to be demonstrated
(Stander, 1994)	Spirituality, religion and family therapy: Competing or complementary worlds?	Clients raise spirituality in therapy, how therapists respond to this overlap of the therapeutic and religious worlds. The way religious issues can be dealt with cultural and ethical sensitivity	Overview of attitudes to spirituality issues and the therapeutic consequences	The integration of spirituality within the existing framework for dealing with cultural, gender and ethical frameworks	As cultural and gender issues are being integrated into family therapy curricula, religious issues can be included.
(Strommen, 1984)	Psychology's blind spot: A religious faith	This paper address the irony of the absence of research on religious beliefs and practices and how this impacts society and psychology	The author refers' literature as well as to a handbook of his from 1772 where 720 item were measured and analysed resulting in sic types of religious beliefs identified	The association between religion and important kinds of human behaviour are noted	Need for scientists to join ranks when interested in researching the impact of moral and religious beliefs
(Sue, 1977)	Counselling the culturally different: A conceptual analysis	Third world clients underutilize mental health services., and find values of counselling to be inconsistent with their life experience	Focus on the importance of counsellors attending to group differences when working with racial or ethnic minorities	Counsellors recognizing the impact of the values in our theories on culturally different clients	Recognizing that racial and ethnic factors may impede counselling
(Tan, 1985)	Cognitive-Behaviour Therapy (CBT) A Biblical approach and critique	After researching the literature it is not clear if Christian or religious cognitive-behaviour therapy has superiority	The pragmatic view of empirical orientation of CBT to use whatever techniques work, this does not fit with "righteous" perspective of Christian therapists, as it must be consistent with Scriptures	Guidelines developed for use of CBT from a broad-based biblical perspective	A biblical approach to cognitive-behaviour looks promising and helpful, deserving serious consideration and use by Christian therapists and clients
(Tan, 1987)	Integration of psychological and spiritual experience	Views of intrapersonal integration are most fundamental and foundational category of integration. A biblical integration of psychology and Christianity in conceptual-theoretical research	Priority to develop the servant's spirituality in full dependence on God, in order to achieve mature intrapersonal integration	Sound integration of Psychology and Christianity in conceptual-theoretical, research	The need to practice sound spiritual disciplines as described by Foster

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(Tan, 1991)	Religious values and interventions in lay Christian counselling	Focus on survey of findings of 15 evangelical church-based lay counselling ministries	It is proposed that a biblical approach to people-helping that relies on appropriate spiritual gifts and the power of the Holy Spirit, affirms biblical values and perspectives	Prayer and use of the Scriptures, makes unique contributions to counselling effectiveness	Utilization of Christian religious values or perspectives and interventions contributes to counselling effectiveness
(Tan, 1992)	Avocation of explicit integration approach to Christian counselling	The use of spiritual resources such as prayer, inner healing, the use of scriptures, referrals to churches	Focus on the Holy Spirit in this explicit approach	Referring clients to the church for issues of grief and addiction	Important not to make counselling our God, the Lord is our God
(Tan, 1994)	Religion is now recognized as a significant dimension of human diversity and needs to be respected and dealt with appropriately in psychotherapy	Ethical considerations and controversial issues related to the practice of religious psychotherapy remain	The balance of potential pitfalls or dangers, as well as unique resources and positive contributions of religious psychotherapy	Religious psychotherapy can be conducted sensitively, ethically and responsibly in a professionally competent way	Religion now recognized as a significant and crucial dimension of human diversity. All forms of psychotherapy religious or secular should be practiced with ethics
(Tan, 1996a)	The 12 key spiritual disciplines of Richard J. Foster for practicing the presence of God	Inward disciplines, meditation, prayer, fasting, and study; the outward disciplines simplicity, solitude, submission, and service. The corporate disciplines of confession, worship, guidance and celebration.	Possible applications of the spiritual disciplines to psychotherapeutic practice and mental health setting in an ethical and helpful way	With religiously committed clients discussing spirituality, appropriate disciplines help the client to grow spiritually and experience the presence of God, even with nonreligious clients if they show interest it is possible they can be helped this way	The use of prayer and Scriptures can be imposed or abused or they can be used appropriately and ethically especially with religiously committed clients
(Tan, 1996b)	Religion in clinical practice: Implicit and explicit integration	Review of literature relevant to religion and clinical practice, then integration of the two models of integrating religion into psychotherapy	American Psychological Association (APA) mandate that psychologist view religion as one of the significant dimension of human differences or diversity (APA 1992)	Explicit integration approaches seem particularly relevant to the needs and preferences of religiously committed clients	Need for training for clinicians so that they can be clinically sensitive, ethically responsible, and professionally competent.
(Tan, 1998)	Spiritual disciplines should have a central role in Christian counselling	Two types of discipline: Solitude, silence, fasting, frugality, chastity, secrecy, and sacrifice. The other is: study, worship, celebration, service, prayer, fellowship, confession, and submission	Spiritual disciplines should not be forced on clients without their consent. It is also possible for client to misuse or abuse disciplines	Careful history taking, diagnosis, assessment and discernment are needed before using spiritual disciplines explicitly with clients	Christian disciplines, despite the potential for misuse or abuse should have a crucial place and role in Christian counselling

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(Tan, 1999)	Religion is psychological therapy	Dealing with religious and spiritual issues or use of religious and spiritual resources in actual clinical practice of psychological therapy	Two models: Implicit integration (a more covert model) and Explicit integration (a more overt model)	Training needed in the area of religion in psychological therapy...should be practiced professionally, competently, ethically responsibly and clinically and sensitively	Religion is psychological therapy is a crucial part of the clinical practice of psychology, ...as it treats the whole person, ...particularly on the often neglected spiritual aspect of human functioning.
(Thompson, 1991)	Beneath the status characteristic: Gender variations in religiousness	Investigation into the validity that women are more religious than men	The data from a sample of 358 undergraduates indicated religiousness is influenced more by a "feminine" outlook than by being female.	Men's gender orientation predicted religiousness more reliably than did than did women's	The findings suggest that visibility of some men's religiousness might have been masked, need to look beneath surface
(Thoresen, 1988)	Spirituality, health, and science: The coming revival?	For years, data have been consistently clear on one major point: Most Americans report being religious and / or spiritual			The negative side effects of spiritual or religious factors appear limited while the potential benefits seem very worthwhile
(Thoresen, Luskin, & Harris, 1998)	This chapter offers a scientific perspective on psychosocial interventions designed to foster forgiveness.	Comment on the evidence that people can learn to be forgiving and that this can influence their well-being and health	Seven studies located that were empirical not scientific which provided information about process of actual experiences of people trying to forgive	Enright and his colleagues have provided the bulk of controlled intervention studies to date	A small beginning has been made in intervention studies, the results encouraging.
(Tix, 1998)	The effects of religious coping were investigated in patients and significant other in relation to kidney transplant surgery	The impact of religious affiliation (i.e., Catholic, Protestant) on coping investigated in patients at 3 and 12 months after transplant	232 patients and 171 significant others at University of Minnesota Hospital contacted 3 months after surgery to fill out questionnaires	The purpose of this research was to investigate one of the roles of religion in individuals facing stressful situations.	Support the hypothesis that religious coping is associated with better psychological adjustment. It is more effective for Protestants than for Catholics
(Tjeltveit, 1986)	The ethics of value conversion in psychotherapy: Appropriate and inappropriate therapist influence on client values	Empirical finding that clients adopt psychotherapist values and the ethical issues are discussed and solutions proposed	Proposals to reduce the occurrence of value conversion and how to minimize the ethical problems	Successful psychotherapy involves change, values, health, value clarification and correction. Value conversion with moral, religious and political issues is of serious concern	Is not possible to eliminate moral, religious and political value conversion entirely
(Tracy, 1999)	Sexual abuse and forgiveness	Confusion in religious community regarding sexual abuse and forgiveness.	Clarification of the precise nature of forgiveness from evangelical perspective and practice of forgiving sexual abusers.	The model centers on distinction between three types of forgiveness, judicial, psychological and relational.	Biblical forgiveness

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(Turner, 1986)	Study into strategies for coping with chronic low back pain and relationship to pain and disability	Questionnaire assessing the effectiveness of group outpatient cognitive-behavioural and operant behavioural treatment	Subjects were 74 low back pain patients for at least 6 months, aged between 20 and 65. 42 strategies for coping including 6 different types of cognitive strategies	Pain diaries and questionnaires highlighted the difference in the frequency of coping strategies associated with average pain, downtime, functional impairment and depression	Relationship between attention diversion and praying or hoping and pain problems was puzzling.
(Wallace, 1972)	The physiology of meditation	Since the environment is not likely to grow less complex and predictable attention to the human body's resources for coping. Practitioners of meditation systems are investigated	Is the meditative state that is achieved by yogis and other Far Eastern mystics accompanied by distinct physiological changes?	The pattern of changes suggests that meditation generates an integrated response, or reflex, that is mediated by the central nervous system.	Harvard physiologist Walter B Cannon; called the "fight or flight", or "defence alarm" reaction
(Waller, 1990)	Genetic and environmental influences on religious interests, attitudes, and values	The role of genetic and environmental factors in the expression of religious interests, attitudes, and values was examined	Background the Minnesota study of twins 53 pairs of monozygotic twins reared apart and 31 pairs of dizygotic twins reared apart	Social attitudes are in part genetically influenced.	This has strong implications for the study of the transmission of cultural and social attitude and values.
(Walls, 1980)	A comment on "Psychotherapy and religious values"	A response to Bergin (1980) who proposed to broaden psychology's scope by including religion in its theories	Theism characterized as transcendent, universal, committed to love, affection, personal responsibility, forgiveness, faith, and insight. Humanism relative values, situation ethics, aggrandizement, self-gratification, minimizing guilt, recreation sex.	Comparisons represent idealized theism and degraded depiction of humanism	Psychologists themselves should decide on values and not be determined by the majority of the public
(Marwick, 1995a)	Should physicians prescribe prayer for health? Spiritual aspects of well-being considered	Conference paper on the issue of spirituality, role of prayer and religious observance in maintaining health	Review of 115 articles that included religion as a variable, 37 showed positive effect on health, 47 showed a negative effect and 31 no positive relationship.	Spirituality and religion have important health benefits	Marwick calls for absence of neglect of value of spirituality in patients lives
(Weaver, 1997)	Call for greater collaboration between clergy and marriage and family therapists	A call for more research, training, collaboration between the two vocations due to the religious involvement of the professional with clergy	Studies support 10's millions of Americans seek clergy first. Health professionals under represented in religion, receive no training in spirituality	More information needed on attitudes of marriage and family professionals with clergy need to identify barriers. More research needed	Fears of imposing belief systems on clients or devaluing scientific underpinning of the professionals work

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(Welch, 1977)	Analysing religious sects: An empirical examination of Wilson's sect typology	Test for accuracy of empirical accuracy of concepts used to describe religious sects and to understand their organization and development,	Wilson's sect typology developed 1969 examined and compared with scaled configurations of religious sects.	Sect similarity were calculated on a sample of 21 American Protestant sects using multidimensional scaling (MDS)	Further selection of wider samples needed before deductions can be made
(Whitfield, 1984)	Stress management and spirituality during recovery: A transpersonal approach Part 1: Becoming	Many clinicians in the field of alcoholism and chemical dependence (CD) use a three dimensional approach physical, mental and spiritual. This holistic approach is being consider by others	Summary of available articles on spirituality and stress management for CD.	The transition from active addiction to recovery is similar to death-rebirth.	This is considered a model for more than alcoholism, it can be dependence or attachment to anything that needs the letting go process
(Wick, 1985)	Lost in the no-man's land between psyche and soul	Wick address the myth of value free counselling, cooperation recommended between clergy and mental health professionals	Recommendations of ways to deal with the vacuum in the realm of values	Case study to illustrate the gap in care when issues of values are present	A blend of care for the soul as well as the psyche, for the benefit of clients
(Worthington, 1996)	Empirical research on religion and psychotherapeutic processes and outcomes	Religious people cannot be assumed to be mentally unhealthy, methodological sophistication, poor a decade ago has improved	Journal articles on religion and clients, religion and counsellors, and religious counselling between 1984-1994 were reviewed	Religious people are more likely to be mentally healthy and may be more open to change	Virtual acceptance of multiculturalism as a "forth force" in psychology the role of religion in counselling and psychotherapy has become an acceptable topic for debate
(Worthington, 1988)	Understanding the values of religious clients: A model and its application to counselling	Distinction between therapeutic values and therapy values.	A model proposed with three religious value dimensions for understanding values of highly religious clients	Six hypotheses suggested applications to counselling. The model is validated by research, it is incumbent on counsellor to use the model for religious clients	The beginning of an understanding of religious values and the impact those values have on therapy
(Worthington, 1991)	Psychotherapy and religious values: An update	Past research has taken one or two approaches to studying religious values in therapy. Either they have investigated religious values in general secular psychotherapy or with highly religious clients	A framework for organizing research	There is a need for these areas to be studied separately.	The client's contribution to discussion of religious values in therapy will depend on the client's religious commitment.

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(Wyatt, 1990)	Research studies on the effect of pre-therapy information regarding counsellors' religious values on client; selection of a counsellor	There had been continuing concern express regarding the place of therapists' values on the results of counselling	Subjects 250 undergraduates each read on of five counsellor descriptions. Scripts varied only in the descriptions of counsellor religious values	The subjects reported a willingness to see and a belief in the helpfulness of all the counsellors but rated themselves as different from the agnostic counsellors.	Positive relationships were found between subject religiosity and the dependent measures for one of the counsellors described as religious and between male subject religiosity and confidence in and willingness to see the Christian counsellor. Acceptance or rejections of counsellors value orientations
(Yates, 1981)	Religion in patients with advanced cancer	Data on religious belief, activity, connections, and ratings of happiness, and pain level were obtained periodically from 71 patients with advanced cancer	Religious belief showed substantial positive correlation with life satisfaction, and religious activity and connections were correlated with happiness and life satisfaction	Religious patients also reported lower levels of pain. Data from 36 patients who have died showed shoed no correlation between religious variables and duration of survival	Patients showed little change in religious belief over time. Religion seems to be an important source of support for patients
(Zinnbauer et al., 2001)	Religion and spirituality: Unfuzzifying the fuzzy	Qualitatively analysed longitudinal data gathered from 61 couples. Past studies have just focused on women	Husbands and wives separately completed mailed questionnaire with quantitative and qualitative sections with follow up one and a half year later	Generally, interpersonal processes experienced as positive by marital partners reinforced traditional cultural norms	The work and family decisions couples made did not blaze new trails but kept to a traditional view of gender in marriage
(Zvonkovic, 1996)	Gender and marriages are constructed and reconstructed through the decisions couples make about work and family				

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Appendix E.

3 Pillars of Positive Psychology

States

- Reducing misery
- Increase positive emotions¹
- Love, joy, peace, happiness, hope, gratitude, forgiveness and compassion.

Traits

- Positive traits and virtues²
- Discovering traits and gifts (manual of the sanities)
- Using character strengths in everyday life, at work, relationships³

Relationship Institutions

- Friendship
- Marriage and family
- School
- Work Places
- Church
- Communities
- Health Care

¹ Frederickson, B. L. (2001). "The role of positive emotions in Positive Psychology: The Broaden-and-build theory of positive emotions." American Psychologist **56**(3): 218-226.

² Peterson, C. and M. E. P. Seligman, Eds. (2004). Character Strengths and Virtues: A handbook and classification. New York, Oxford University Press.

³ Peterson, C., N. Park, et al. (2006). "Greater strengths of character and recovery from illness." The Journal of Positive Psychology **1**(1): 17-26.

Appendix F.

Tan

Seven Step Inner Healing Prayer (Tan, 1992b, pp, 10-11)

1. Start with prayer for God's healing for the client, and protection during the session.
2. Conduct brief relaxation training to help the client relax as deeply as possible (e.g. by taking some slow, deep breaths; using calming self-talk like "Relax, Take it easy, Let go of all tension, etc"; and visualizing pleasant, enjoyable, peaceful and serene scenes, like lying on the beach in Hawaii, or watching a beautiful sunset, or taking a walk in the countryside).
3. Ask the client to go back to the past traumatic event in imagery (if possible) and relive it. If the client has trouble visualizing it, then ask him or her to describe it verbally, with eyes still closed, even though no clear images are being experienced. The therapist may find it helpful to say to the client something like, "Can you try to put yourself back to when you were a child? Can you imagine the particular painful event happening to you again? (Or at least verbally describe it again?)" The client is therefore encouraged to relive the painful scenario without denying the reality of what actually happened. This can be a very intensely emotional and painful time, with much crying on the part of the client. Some clients, however, do not respond as emotionally. Sufficient time should be given for the client to re-experience the pain and not try to run away from it or block it. The therapist should be gentle and supportive, periodically asking the client, "What's happening? What are you experiencing now?"
4. After enough time has gone by, the therapist will then pray again, and ask for God to come and minister his healing grace and love to the client in whatever way is appropriate or needed. No specific guided imagery is provided, unless it appears to be necessary.

5. In step five, there is a period of waiting in quite contemplative or receptive prayer for God to minister to the client in the context of the painful, traumatic memory. The therapist asks the client periodically, "What's happening? What are you experiencing or feeling now?" Clients do not always respond by saying that they are experiencing healing imagery like seeing Jesus being at their side or putting his hand on their shoulder, or hugging them, although some clients have experienced such images and have reported feeling comforted and healed or helped by them. Other clients have reported other healing or helpful experiences like recalling particular verses from the Bible, or a song or hymn, or a sensation of being flooded with the warmth of God's love and grace toward them. There are still other clients for whom the process of inner healing prayer is not experienced in any dramatic way, but there is often a peace that they sense deep within. Even if they do not experience anything, the therapist and client already acknowledge beforehand that prayer is basically communion with God and waiting upon God. It is not result-centered or experience-seeking per se. There is a letting go of control, and trust in a God who truly cares and works things out in good time.
6. After enough time has passed, the session of inner healing prayer is then closed with a prayer, usually by both the therapist and the client (unless the client is too shy to pray aloud, in which case the therapist can end with a short prayer, usually of thanksgiving).
7. This final step involves debriefing and discussion with the client about his or her experience of inner healing that has just occurred. Also, as Seamands (1985) has pointed out, eventually, inner healing needs to deal with forgiveness. Forgiveness by the client of those who have hurt him or her, and letting go of bitterness and resentment, is usually a process that takes time (e.g., Smedes, 1984).

Inner healing prayer can therefore be a very helpful part of explicit integration. Adequate time should be allocated for this intervention, with some therapists suggesting a 2-hour block for the initial session in which inner healing prayer is conducted. (pp. 373-374).

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Appendix G.

Psychotherapies

Dynamic Psychology

According to Hunter (1990) the original source of the phrase “dynamic psychology” was a term possibly coined by Robert Woodworth around 1910 to explain the contrast with “static” and “cinematic” in physics. Physiologists used it to contrast the function of paralyses with organic ones, it was then used to contrast anatomic with the organic (Hunter, 1990). Then dynamic psychotherapies and dynamic psychiatry coined the term for the work of Van Helmont’s “animal magnetism.”

The word “dynamic psychology” has been used by different academic streams. It has been used in physics, to contrast with “static” and “cinematic” by physiologists to contrast paralyses with the organic and then by psychiatry where the term was used for the work of Van Helmont’s “animal magnetism (Hunter, 1990).

The most famous dynamic psychologist was Sigmund Freud,(Freud, 1973) he regarded the unconscious as “active, striving, and powerful, and regression as a sign of conflict between the ego and unconscious desires” (Hunter, 1990, p. 326).

Contemporary psychodynamic psychotherapies have moved beyond Freud’s narrow scientific theory and are now considered the most comprehensive of the theories in use today (Jones & Butman, 1991).

The Behavioural Psychologies

Behaviourism’s proponents were Pavlov, Watson and Skinner (Skinner, 1974) their influence has contributed to behaviourism being a major force in psychology (Hunter, 1990). Classical respondent conditioning was discovered while Pavlov was studying salivating. Watson extended behavioural psychology to include fear responses, while Skinner classified all behaviour as operant behaviour.

A behaviour therapist would help their client by narrowing down the client’s problem into a target symptom (Hurding, 1985).

Three Behavioral developments with overlapping movements have taken place, the first is called radical behaviourism, with founders such as Watson and Skinner, the second symbolic behaviourism with Bandura who focused on processes of modelling and imitation (Hunter, 1990). Bandura's Social-Cognitive Theory paved the way for the third movement Meichenbaum's Cognitive Behaviour Therapy commonly called CBT. Meichenbaum's (1977) focus was on the effect of thoughts on behaviour and emotion. In Meichenbaum's three-stage plan for effective change, firstly the client becomes aware of their thoughts related to the problem and then together with the counsellor finds a way to change the thinking and replace the thinking with non-destructive cognitions (Jones & Butman, 1991). Beck (1983) is also well known for his work with "distorted cognitions" related to pathological levels of depression and anxiety.

A range of methods is used by cognitive-behavioural therapists, they mainly target thought patterns and cognitive thinking of the client. Other methods could be coping skills training, cognitive restructuring and problem-solving training (Jones & Butman, 1991).

Cognitive-behaviour therapy is a very popular way of working in the mental-health field and would be considered a major player in the field of psychology and is different from the early behaviourism roots.

Humanistic

Gestalt therapy was founded by Fritz Perls (1893-1970) (Perls, Hefferline, & Goodman, 1951) he was a German psychoanalyst was founder of Gestalt Therapy an orientation that stresses life as experiential (Hunter, 1990). He forged Gestalt therapy from a merger of existential philosophy, psychoanalytic and Gestalt ideas, and merged these with creative expressive arts (Jones & Butman, 1991).

The Gestalt therapist and clients are actively involved in the therapy process, confronting unfinished and unresolved issues in the here-and-now. A focus on role-playing and dream analysis has potential for the client who is high functioning and can express their feelings (Jones & Butman, 1991).

Transactional analysis (TA) was developed by Eric Berne (1910-70) (Berne, 1967) it is a theory of personality that resembles psychoanalytic understanding in the concepts of superego, ego, and id (Hunter, 1990). The basic goal of TA counselling is for the client to take control of his/her own life using the concepts of the theory of the Parent, Adult and Child ego states. The goal of counselling using TA is to determine which ego state the person is in and then to have them interact with the ego state of the other person (Jones & Butman, 1991).

TA attempts to empower the client through the counsellor and by education of the TA concepts. It is possibly best known from the title of the book *I'm OK – You're OK* (Harris, 1967) .

Carl Rogers (1961) was born in 1902, he was considered the founder of humanistic psychology. After studying clinical psychology he discovered while working with a children's clinic in New York that a "supportive environment could release an inner 'drive to health'" (Hunter, 1990, p. 1091). His Person-Centered Therapy gained popularity when in his book *Counseling and Psychotherapy*, he stated that he counsellors acceptance of the client produced self-acceptance and growth. In his Client-Centered Therapy approach the counsellor mirrors the client's feelings, enabling the client to understanding themselves (Hunter, 1990).

The characteristics of Rogerian Therapy are a strong regard for the client referred to as Unconditional Positive Regard. This is not seen as a technique but as a philosophy of the counsellor for the client. Rogerian thinking has had a profound effect on the way counsellors are taught to interact with their clients. The following words are seen in Rogerian Therapy as encouraging healthy psychotherapeutic conditions "accurate empathic understanding, congruence or genuineness" (Jones & Butman, 1991).

Family Systems

Family Therapy emerged in the 1950's unlike some other therapies was not founded by a person but the recognition of a need, the individual client most times had a family and if the family could experience therapy with the client then perhaps more lasting change could happen. There is within family therapy overlapping models. The three main schools of thought in family therapy are: systemic, structural and strategic (Hayes, 1991).

Family therapy puts a lot of focus on the 'family system' rather than the individual. Murray Bowen was one of the pioneers (Goldenberg & Goldenberg, 2000). Bowen recognized that psychoanalytic theory was too individually focused to work with families. Bowen's early work was with schizophrenics. One aspect of Bowen's work is well known in family systems theory; it is the eight interlocking concepts that shape family functioning:

- Differentiation of self
- Triangles
- Nuclear family emotional system
- Family projection process
- Emotional cut-off
- Multigenerational transmission process
- Multigenerational transmission process
- Sibling positions
- Societal regression (Goldenberg & Goldenberg, 2000, p. 169)

The family system could stretch over three generations. There is an expectation in family therapy that the context in which a client resides affects in the inner behaviour of the client. Therefore an individual's client's dysfunction can impact the whole family system, unless the family relationships that support the system change, the individual's change is unlikely (Jones & Butman, 1991). In some forms of family therapy the counsellor joins the family system and can have an assertive role in the process of change.

Issues of enmeshment where some families experience little or no boundaries or issues of disengagement where families have very rigid boundaries the extremes of which are seen as unhealthy, therefore the family therapist would work with the family to achieve healthy boundaries for all members (Jones & Butman, 1991).

Postmodernism and The Social Constructionist Family Therapy

The postmodern movement is gaining momentum in the twenty-first century, challenging the systems perspective in family therapy (Goldenberg & Goldenberg, 2000). Of the postmodern therapies Solution-Focused Brief Therapy (SFBT) and Narrative are of particular interest.

Solution-focused brief therapy roots were from the Mental Research Institute (MIR) in Palo Alto, California. A group of diverse and talented people some of whom were, Gregory Bateson, Jay Haley, John Weakland, Don Jackson and Virginia Satir came together at MIR (Gurman & Kniskern, 1981). The MIR Brief Therapy was based on the premise that problems develop from, and are maintained by, the way normal life difficulties are understood and tackled, either by the individual or by those in relationships and families (Cade, 1993).

De Shazer pioneered the Brief Therapy Center in Milwaukee, Wisconsin. De Shazer and his team used Erickson's ideas from MRI and developed an innovative approach. This model is now world wide (Miller, Hubble, & Duncan, 1984).

A focus of this model, is the conclusion that what clients found most helpful (solutions), many times the solution had no direct relationship to the problem being presented. "Solution focused therapy is seen as a mutual endeavour involving therapists and clients together constructing a mutually agreed upon goal"(De Shazer, 1991, p. 57). Skilled questioning is a critical part of SFBT.

There are some common types of questions that form an important part of the model are:

- Questions about pre-session change
- Miracle Questions
- Scaling Questions
- Exception Questions
- Assessment of Relationship questions
- Coping Questions
- Change Questions (Durrant, 1994)

Another Postmodern therapy is Narrative Therapy. Some of the original ideas emerged from the same source as SFBT, the MIR. Michael White from Adelaide and David Epston from New

Zealand have pioneered this innovative and influential family therapy. It is based on the idea that problems are based on the social, cultural, and political context of the client (Monk, 1997).

The client's story illustrates how the narrative therapy session will evolve. Cultural stories provide and indicate how the client operates within the culture. Clients re-examine their stories and sometimes rewrite the story in the process of therapy. By externalizing their conversations clients can attach new meaning to their story (Goldenberg & Goldenberg, 2000). The process is of deconstructing or unravelling the story of the client. White, like Durant (1993) and Cade (1982) is less interested in what caused the problem and more interested in what sustains it. The main focus of narrative therapy is how the client organizes and maintains the stories and the meaning they give to their stories and how they can with the counsellor co-construct a new narrative that will be more fulfilling in their lives (Goldenberg & Goldenberg, 2000; White & Epston, 1989).

Appendix H.

Scales

Daily Spiritual Experience Scale (DSES)

(Underwood & Teresi, 2002)

Spiritual Experience	Many times a day	Every day	Most days	Some days	Once in a while	Never or almost never
1. I feel God's presence.						
2. I experience a connection to all of life.						
3. During worship, or at other times when connecting with God I feel joy which lifts me out of my daily concerns.						
4. I find strength in my religion or spirituality.						
5. I find comfort in my religion or spirituality.						
6. I feel deep inner peace or harmony.						
7. I ask for God's help in the midst of daily activities.						
8. I feel guided by God in the midst of daily activities.						
9. I feel God's love for me, directly.						
10. I feel God's love for me, through others.						
11. I am spiritually touched by the beauty of creation.						
12. I feel thankful for my blessings.						
13. I feel a selfless caring for others.						
14. I accept others even then they do things I think are wrong.						
15. I desire to be closer to God or in union with the divine.						

Spiritual Experience	Not at all	Some what close	Very close	As close as possible
16. In general, how close do you feel to God?				

Client Issues Scales (CIS)

(Curtis & Glass, 2002)

The following survey questions were based on a 6-point Likert scale:

	1	2	3	4	5	6
17. To what degree do you feel confident addressing spiritual issues with clients? (1 = not confident, 6 = very confident)						
18. To what degree do you believe that the integration of spiritual issues in counselling helps clients? (1 = not helpful, 6 = very helpful)						
19. To what extent do you experience judgmental thoughts about those who believe in different spiritual/religious values than yourself? (1 = not often, 6 = very often)						
20. How difficult is it for you to not share your own spiritual values with clients? (1 = not difficult, 6 = very difficult)						

**(Chant, 2006) Factors related to Spirituality in Counselling Practice Scale
(FRSCPS)**

Researcher constructed questionnaire

In the following section rate your level of agreement or disagreement with each question using a 7 point scale: 7 being “strongly agree”, 1 being “strongly disagree;” circle NA if you are unable to rate an item.

Statement	Strongly disagree ↔ strongly agree
33. As a professional counsellor I feel competent to counsel clients regarding issues of spirituality	1. 2. 3. 4. 5. 6. 7. NA
34. My training has given me the tools to enable me to include the spiritual dimension in the context of counselling	1. 2. 3. 4. 5. 6. 7. NA
35. My training left me unsure how to deal with spirituality in counselling	1. 2. 3. 4. 5. 6. 7. NA
36. I feel competent to counsel clients in relation to matters of spirituality	1. 2. 3. 4. 5. 6. 7. NA
37. My response if clients raise issues of spirituality is to take note but to move on to other issues because I don't feel competent	1. 2. 3. 4. 5. 6. 7. NA
38. Disclosing my own spiritual beliefs appropriately to the client is acceptable	1. 2. 3. 4. 5. 6. 7. NA
39. It is inappropriate to discuss my own beliefs and attitudes in relation to my own spirituality	1. 2. 3. 4. 5. 6. 7. NA
40. My spirituality is integrated through the whole of my philosophy of counselling, I would therefore call this Christian counselling.	1. 2. 3. 4. 5. 6. 7. NA
41. I feel my philosophy of counselling would be compromised if I included spirituality	1. 2. 3. 4. 5. 6. 7. NA
42. I have no problem when clients use language related to their spirituality	1. 2. 3. 4. 5. 6. 7. NA
43. I have found it useful to include spiritual factors in assessment as an integrated part of the assessment process	1. 2. 3. 4. 5. 6. 7. NA
44. The spiritual background of clients does not influence the way I assess clients	1. 2. 3. 4. 5. 6. 7. NA
45. I feel competent to use some or all of the following: Spiritual Genograms, Ecomaps and Ecograms for the assessment of spirituality with my clients	1. 2. 3. 4. 5. 6. 7. NA

Statement	Strongly disagree ↔ strongly agree
46. If my clients wanted spirituality to be included in their treatment I would refer them on.	1. 2. 3. 4. 5. 6. 7. NA
47. The only appropriate way for me to include spirituality in counselling is if the client specifically asks for the inclusion	1. 2. 3. 4. 5. 6. 7. NA
48. I am concerned about ethical issues when issues of spirituality are raised	1. 2. 3. 4. 5. 6. 7. NA
49. I consider spirituality is an important part of the overall well-being of clients	1. 2. 3. 4. 5. 6. 7. NA
50. I seldom find myself considering spirituality when I think of the well-being of my clients	1. 2. 3. 4. 5. 6. 7. NA
51. I am comfortable to include passages from the Bible that facilitate change for the client	1. 2. 3. 4. 5. 6. 7. NA
52. The use of texts from the Bible is not an appropriate tool in counselling	1. 2. 3. 4. 5. 6. 7. NA
53. I do not feel a client's religion has any connection to the process of counselling	1. 2. 3. 4. 5. 6. 7. NA
54. I pray sometimes with my clients	1. 2. 3. 4. 5. 6. 7. NA
55. Praying is not something I would feel comfortable doing with a client	1. 2. 3. 4. 5. 6. 7. NA
56. It is helpful when clients clarify their religious or spiritual values	1. 2. 3. 4. 5. 6. 7. NA
57. I feel uncomfortable dealing with the spiritual and religious values of clients	1. 2. 3. 4. 5. 6. 7. NA
58. I would be comfortable in helping a client work through issues in relation to changing their church or denomination	1. 2. 3. 4. 5. 6. 7. NA
59. I would be very uncomfortable dealing with any issue related to my client changing their church or denomination	1. 2. 3. 4. 5. 6. 7. NA
60. I feel Christian counselling is unique because it deals with the whole person, body, soul, and spirit.	1. 2. 3. 4. 5. 6. 7. NA
61. The utilization of spiritual interventions in counselling is just an add-on to secular counselling	1. 2. 3. 4. 5. 6. 7. NA

Clinical Scenario 1.

A female client is diagnosed with clinical depression and is on medication. The client has been brought home from working with a Christian mission in China by her Mother. The side effects of the depression are emotional difficulties, an extensive skin allergy which is now clearing.

The effect of coming home is that she feels she has disappointed God. She is not sure who she is now and is questioning her faith in God, she feels lost. She felt pressure to be an evangelist due to the needs in the world. She specified she wants to see a Christian counsellor and as a result is referred to you.

- What 3 questions would you ask this client to understand her difficulties?
- List the primary techniques and strategies you would use to assist this client:

Clinical Scenario 2.

Mary has been reported by her 12 year old daughter Dawn for being physically abusive (roping her to a chair for punishment). Dawn is referred to a school counsellor and then to a psychologist. The psychologist instructs the husband unless he tells his wife to leave the house immediately she will advise the Department of Community Services (DOCS) to take Dawn and her younger brother out of the house and have them put in Foster Care. The husband is compliant. Mary is referred to the same psychologist. She does not get on well with the psychologist as she is very angry. She feels the treatment she is receiving is unfair. The church she attends is was not helpful as they see their role as supporting the father and children. As the perpetrator she feels there is no support anywhere and everyone is against her. She is out of the home, ostracized, angry and alone. She comes to you expecting that you might help her get back to the family home.

- What 3 questions would you ask this client to understand her difficulties?
- List the primary techniques and strategies you would use to assist this client:

Thank you very much.

Training Issues Scales (TIS)

(Shafranske & Malony, 1990)

Training Issues

21. In your training as a counselor/psychologist, religious and spiritual issues were presented and discussed:

A great deal of the time ___ Often ___ Sometimes ___ Rarely ___ Never ___

22. Rate your satisfaction with your education and clinical training in religious and spiritual issues and psychology.

Low satisfaction 1 2 3 4 5 6 7 8 9 High satisfaction

23. Rate the desirability for a counselor/clinical psychologist to receive education in the psychology of religion.

Desirable for										Desirable for
No One	1	2	3	4	5	6	7	8	9	Everyone

24. Rate the desirability for a counselor/clinical psychologist to receive supervision and training in dealing with religious and spiritual issues with clients/patients.

Desirable for										Desirable for
No One	1	2	3	4	5	6	7	8	9	Everyone

25. Rate the desirability for people in general to participate in an organized religion.

Desirable for										Desirable for
No One	1	2	3	4	5	6	7	8	9	Everyone

26. Rate the desirability for people in general to have religious beliefs

Desirable for										Desirable for
No One	1	2	3	4	5	6	7	8	9	Everyone

27. Check the books that you have read in psychology and religion/spirituality:

_____ Varieties of Religious Experience (James, 1902)
 _____ The Individual and His Religion (Allport, 1950)
 _____ A Dynamic Psychology of Religion (Puryser, 1968)
 _____ The Road Less Traveled ((Peck, 1990)
 _____ A Comprehensive Christian Appraisal: Modern Psychotherapies ((Jones & Butman, 1991)
 _____ Biblical Basis of Christian Counseling for People Helpers(G. R. Collins, 1993)
 _____ Basic Types of Pastoral Care & Counseling ((Clinebell, 1984)
 _____ Psychology & Christianity ((G.R. Collins, Myers, Powlison, & Roberts, 2000)

Others _____

Training Issues

28. There follow six types of ideological positions which people take in relation to religion and spiritual issues. After you have read all six, place an X next to the statement which comes closest to your own ideological position.

_____ There is a personal God of transcendent existence and power whose purposes will ultimately be worked out in history.

_____ There is a transcendent aspect of human experience which some persons call God but who is not imminently involved in the events of the world and human history.

_____ There is a transcendent or divine dimension which is unique and specific to the human self.

_____ There is a transcendent divine dimensions found in all manifestations of nature.

_____ The notions of God or the transcendent are illusory products of human imagination: however they are meaningful aspects of human existence.

_____ The notions of God or the transcendent are illusory products of human imagination; therefore, they are irrelevant to the real world.

29. Identify your religion or spiritual tradition in which you were raised:

30. Identify your current religious affiliation: _____

31. Indicate your present relationship to organized religion:

___ Active participation, high level of involvement

___ Regular participation, some involvement

___ Identification with religion, very limited or no involvement

___ No identification, participation or involvement with religion

___ Distain and negative reaction to religion

32. How many times do you attend a religious service during a typical month? ____times

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- Underwood, L. G., & Teresi, J. A. (2002). The daily spiritual experience scale: Development, theoretical description, reliability, exploratory factor analysis, and preliminary construct validity using health-related data. *Annals of Behavioral Medicine*, 24(1), 22-33.

Appendix I.

Emails

Curtis

Hi Vanessa,

We have not changed anything about the questions we asked on the initial survey, which I believe are listed in the article. If not, I may have dig quite a bit to find them. feel free to use the questions and let me know if need more information. Good luck with your research and thanks for writing.

With warm best wishes,

Russ Curtis

Western Carolina University

From: Vanessa Chant [<mailto:vanessa@barrychant.com>]

Sent: Tue 7/18/2006 4:47 AM

To: Curtis@wcu.edu

Subject: Spirituality and Counseling Class

Dear Scott,

I have just read the 2002 Journal of Counseling and Values 47, October 2002. I am interested in your surveying of students. I am doing a Doctorate at Bond University Queensland on spirituality in counselling. I would like to use your questionnaire if possible. Have you done any further work on it since 2002? I would love to hear from you if possible. My topic is still needing refining but at this stage is: Investigation into the predictive factors of reported and intended utilization of Christian spiritual interventions in the practice of counselling. Thanking you.

Vanessa Chant.

Head of Counselling

Tabor College NSW, Australia.

Emails (Work Vanessa.chant@tabornsw.edu.au).

Hi Vanessa,

These questions were based upon the spirituality literature at the time and the types of concerns and questions those who wanted to expand spirituality in counseling wanted to address. Unfortunately, we created the questions based upon our readings and intuition about what we wanted to most address/influence in the study, so, we did not list references for each item and it would be impossible for me to do so now. That said, I'm sure you could find literature to support the importance of each question. Sorry I can't be of more help. I wish you the best.

Russ Curtis

Western Carolina Counseling

From: Vanessa Chant [<mailto:vanessa@barrychant.com>]
Sent: Sat 5/19/2007 1:42 AM
To: Russell Curtis
Subject: Thank you and help

Dear Russell, Thank you for giving me permission (19/07/06) to use the short questionnaire in Counseling and Values Oct 2002, 47. I have incorporated it with three other scales into my work. I am two months away from completion of thesis. My topic is, looking at the spirituality of counsellors. I am currently working on the results section and I want to establish content validity of the scale. Did you do any focus groups for the process of drawing up the questions? Can you remember any process that I could put in my results section to support the inclusion of your questions. So sorry to bother you with this.

Vanessa Chant,
Counselling Stream Head,
Tabor College, Sydney Australia.

Curtis, R. (2002). Client Issue Scale. In V.Chant (Ed.) (pp. Personal correspondence).

Eden

From: lyn.eden [lyn.eden@anglicarevic.org.au]
Sent: Tuesday, 17 July 2007 9:07 AM
To: 'Vanessa Chant'
Subject: RE: Permission?
Importance: High

Dear Vanessa.

Yes you have my permission to use my name.

Seems such a long time ago I sent my comments to you I can't remember what I said. Must be my age I think.

Hope all goes well for you in your quest to submit your thesis. Will I be able to access a copy as I would be interested in reading your thoughts.

Regards

LYN EDEN

Senior Worker
Adoption, Permanent Care & Disability
Anglicare Victoria- Gippsland Region
PO BOX 959
MORWELL 3840

-----Original Message-----

From: Vanessa Chant [mailto:vanessa@barrychant.com]
Sent: Monday, 16 July 2007 11:16 PM
To: lyn.eden@anglicarevic.org.au; lynton46@bigpond.net.au
Subject: Permission?

Dear Lyn, I am at the point of submitting my thesis I just want to check with you, I have quoted your comments, but with these things one needs to have a source, At the begining I just put your initials L.E. I felt that my supervisor would not let it go through as that, so I want to know how you feel about me using your name? It might be that perhaps just my examiners and my supervisor would need to know my source and we could pull it out of any further publications. I need to know ASAP what you think. I so appreciate your comments as I know this is true in many church-based organizations. Look forward to hearing from you, Vanessa

From: lyn.eden

To: lynton46@bigpond.net.au
Sent: Thursday, January 18, 2007 9:29 AM
Subject: FW: counselling,spirituality and training survey
Dear Vanessa

Feel free to use my statement. I look forward to reading your research.

By the way, just to further my comment, (you can use this too if you want) there are many ways to get the Christian message across to clients, other than words. It can be in acts of kindness, empathy, time, listening, advocating for, or referring on to others who are able to provide spiritual counsel.

My frustration is that even although Anglicare Victoria has a CEO who is a Christian, there are managers within the organisation, and workers for that matter, who not only do not share the same belief's, but some also have relationships with people of the same sex. It is hard as a Christian to see how our organisation can be fully blest when it flies in the face of what the Bible teaches.

Still as the old song says, "You in your small corner and me in mine- SHINE," which is what I am attempting to do.

May the Lord richly bless both you and Barry.

LYN EDEN

From: Vanessa Chant [mailto:vanessa@barrychant.com]
Sent: Thursday, 18 January 2007 9:25 AM
To: lyn.eden@anglicarevic.org.au
Subject: RE: counselling,spirituality and training survey

Thank you very much Lyn for going to the trouble of writing to me I appreciate very much. In fact even though you did not fill in the research I would still like to use your response in my thesis, would that be possible please? I especially would like to use the sentence "Even although I work for a church organisation..." as this is very relevant to my thesis. I will also God willing have the finished thesis on the same site eventually, if you were interested you could then see where I was coming from. Once again thank you for going to the trouble. Vanessa

From: lyn.eden [mailto:lyn.eden@anglicarevic.org.au]

Sent: Wednesday, 17 January 2007 4:15 PM

To: vanessa@barrychant.com

Subject: counselling, spirituality and training survey

Dear Vanessa

I received from Tabor College and invitation to participate in your research. I wish to advise I do not think I am a suitable participant as I am not involved in Christian Counselling within my chosen occupation.

To give you some background: I am a senior worker in Adoption, Permanent Care and Disability with Anglicare Victoria, Gippsland Region. I am gazetted to provide relinquishment counselling through the Victorian Government, to families who wish to put their children up for adoption. I am not registered with any association such as the Christian Counsellor's Association, or the psychologist association.

Even although I work for a church organisation, Christian counselling is not allowed to come into my work practice, hence my hesitation to fill in your questionnaire.

My job is to supervise staff and carry a small caseload. In our programs we deal with children and young people who cannot live with their birth family. Most of the children in Permanent Care are severely traumatised because of things which occurred when living with their family of origin. They will not return home to live with their birth families, but are placed with Permanent Families who become their guardians.

In Adoption and Permanent Care, we train families up to be adoptive parents, or permanent caregivers. We complete lengthy assessments on these families, but we are not working with them to change. Once they are approved we link them in with children, then monitor the placement for two years before legalising the placement.

With the relinquishing families we do not work with them to change their behaviour or to change their mind in relation to giving up their child, but rather give them various choices, and link them in with services who can help them in their decision making. If they choose to proceed with the adoption we take consent from them through the court system. The child is then linked with a suitable adoptive family and we monitor the placement until we legalise it twelve months later. Our only contact with the birth family once the child is born is to help facilitate

You can see by this, my job is not that of a counsellor, but rather a facilitator and supervisor of staff. I oversee four staff who work across the areas of Adoption, Permanent Care and Disability. Even although I did my training at Tabor, and it taught me so much which can be applied to my job, I have not continued on to counsel people.

I do hope you get some feedback from ex Tabor Students who have continued on with counselling people.

Just as encouragement to you: You will not remember me, but eleven years ago at Tabor Ringwood, both yourself and Barry prophesied over me, at a Prophecy and Praise day. You stated I would be working with people who were disadvantaged. What you did not know was I had applied for a job as a Foster Care worker with Anglicare. On the way home from the Prophecy and Praise day I received a telephone call offering me the job. What an answer to prayer. Your prophecy and two others I received on that day confirmed I was meant to go into that field of work. Since that time I have stayed with Anglicare and moved into the Adoption and Permanent Care Field. Recently I have been given extra responsibility supervising staff in a Disability program as well as Adoption and Permanent Care. I will retire in two years time having given thirteen years to the welfare system, an often difficult and stressful system to work within.

May God bless you with your research and your doctorate.

Lyn Eden

Shafranske

Vanessa,

I wasn't able to find the original survey that was referred to in the 1984 article. In part, that survey came out of discussions and reviews of the existing literature conducted by the California State Psychological Association Task Force on Spirituality and Psychotherapy. Although I don't have access to the datasets [formatted on obsolete computer files, mainframe], my recollection is that the items on the scale correlate, as reported in the 1990 paper; psychologist personal spirituality was associated with endorsement and use of religious interventions. I'll be interested in your findings.

Edward Shafranske, Ph.D., ABPP

Professor & Director of the Psy.D. Program
Pepperdine University
18111 Von Karman Avenue, Room 209
Irvine, CA 92612

On May 16, 2007, at 6:34 AM, Vanessa Chant wrote:

Dear Edward, Can I quote what you have said? Vanessa

From: Edward Shafranske [<mailto:eshafran@pepperdine.edu>]

Sent: Wednesday, 16 May 2007 11:31 PM

To: Vanessa Chant

Subject: Re: Question

I'm teaching and have meetings all day today, I'll review the articles on Thursday. The list of spiritual interventions were drawn from the literature . . . no formal studies of the psychometric properties were conducted -- relied on face validity. One area for improvement would be to operationally define the activities, for example, meditation is a quite broad category (which has advantages and disadvantages). Today with the implementation of mindfulness practices, further refinement would be required.

Edward Shafranske, Ph.D., ABPP

Professor and Director, Psy.D. Program

On May 16, 2007, at 6:24 AM, Vanessa Chant wrote:

Hi, Thanks Edward for your willingness to reply. What I am struggling how to talk about the Religious Intervention Scale and it's "Internal consistency and reliability" and Correlation among items. It is from Psychotherapy, Volume 27 Spring 1990 Number 1 *Clinical Psychologists' religious and spiritual orientations and their practice of psychotherapy*. I was trying to find extra material that talks about the scale and I came across The Journal of Transpersonal Psychology, 1984, Vol 16, No.2. *Factors Associated with the perception of spirituality in psychotherapy*. My question is: Is the Factors paper using the same scale? On page 233 it just says "data was collected through a survey instrument" it does not say author, date.or name of scale.

Did you do any Focus groups or anything like this in the process of the formation of the Religious Intervention Scale (Shafranske & Malony, 1990). I am desperately trying to find information that will pad my results section

and sound professional for the examiners. I hope you can understand my ramble, it is 11.30 at night and I have been working for a long while. Thank you again for responding. Vanessa

From: Edward Shafranske [<mailto:eshafran@pepperdine.edu>]

Sent: Wednesday, 16 May 2007 10:51 PM

To: Vanessa Chant

Subject: Re: Question

I'm not certain which of the individual items or scale on the 1985 research you are referring to. Please clarify and I will try to find the measure.

Edward Shafranske, Ph.D., ABPP

On May 15, 2007, at 10:46 PM, Vanessa Chant wrote:

Dear Edward, Thank you for permission to use your instrument published in Psychotherapy, 1990.(permission 20/6/06) I am using one section of it. I have just one question. Was the scale used in "Factors Associated with the Perception of Spirituality in Psychotherapy, 1985" Shafranske & Gorsuch, the same scale?

Vanessa Chant, Tabor College, Sydney Australia

Sterland

Hi Vanessa,

One piece of information to consider is that in most denominations the gender mix is 60:40 Female to Male. It is surprising how little this varies across denominations.

You may like to look in the Tabor library for some of our books: Winds of Change (1994) is a while ago and based on the 1991 survey results but is the most exhaustive - it reports on a great many things. Also our Initial Impressions books (1996 and 2001) give some breakdown which I think includes gender.

If you have specific questions we generally charge for our research time, but you can find a great many things in the books as a start.



Sam Sterland

Researcher

NCLS Research

PO Box A2178

Sydney South NSW 1235

p (02) 9895 8115

f (02) 9687 8601

e ssterland@ncls.org.au

w www.ncls.org.au

A joint project of the Uniting Church in Australia NSW Board of Mission, ANGLICARE (Sydney) and the Australian Catholic Bishops Conference.

From: Vanessa Chant [mailto:vanessa@barrychant.com]

Sent: Wednesday, 20 June 2007 2:36 PM

To: 'info@ncls.org.au'

Subject: Help

I am doing research in Christian counselling for a thesis and have a couple of questions I wonder if you can help me with. Do you have any details of the difference between gender's in participation in worship? Do you have a breakdown of the number and men and women who attend church overall?

Vanessa Chant,

Counselling Stream Head, Tabor College, Sydney NSW.

Swingler

Hello Vanessa

Thank you for your email. In answer to your queries:

Individual membership is 2,650, of which 30% are male ☐

We don't have sufficient dob records to give a fair assessment of average age ☐

Also we have a membership of 156 Affiliated Organisations ☐

I hope this helps with your project.

Kind regards

Sylvia

Sylvia Swingler

Membership Secretary

Association of Christian Counsellors (UK)

email: sylvia@acc-uk.org

Tel: 084 5124 9569

The Voice of Christian Counselling

Reg. Charity 108559 Limited Company 2791541

Underwood

Dear Vanessa,

Glad the DSES is something you might want to use. I will send you the most recent paper on the scale. It will be out in July sometime. It has a copy of the scale in it. You are most welcome to use the scale. There is no charge. My only request is that you keep me posted on the work by letting me know what study you plan to do, and to let me know about any outcomes.

If I can be of any further help, do let me know.

Lynn

Lynn G. Underwood Ph.D.

Professor of Biomedical Humanities

Director of the Center for Literature, Medicine and the Health Care Professions

Hiram College

From: Vanessa Chant <vanessa@barrychant.com>

Date: Sat, 17 Jun 2006 11:41:14 +1000

To: <info@fetzer.org>

Subject: Daily Spiritual Experience Scale

Dr Lynn Underwood, After reading the Annals of Behavioral Medicine, Volume 24, I became interested in the DSES. I am doing research into Christian Counselling as part of a thesis at Bond University Australia. Could you help me as to how to access the scale for possible use in my thesis. Vanessa Chant

Dear Vanessa,

Glad the DSES is something you might want to use. I will send you the most recent paper on the scale. It will be out in July sometime. It has a copy of the scale in it. You are most welcome to use the scale. There is no charge. My only request is that you keep me posted on the work by letting me know what study you plan to do, and to let me know about any outcomes.

If I can be of any further help, do let me know.

Lynn

Lynn G. Underwood Ph.D.

Professor of Biomedical Humanities

Director of the Center for Literature, Medicine and the Health Care Professions

Hiram College

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Date: Sat, 17 Jun 2006 11:41:14 +1000

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Dr Lynn Underwood, After reading the Annals of Behavioral Medicine, Volume 24, I became interested in the DSES. I am doing research into Christian Counselling as part of a thesis at Bond University Australia. Could you help me as to how to access the scale for possible use in my thesis. Vanessa Chant

Appendix J.

Focus Groups

Dear

I would firstly like to thank you for participating as a member of the focus group in the first stage of the questionnaire validation process for my research project. The exercise will be most helpful in identifying those questions that strongly related to the given hypotheses.

The task involved is as follows:

Each research question presented in the questionnaire will be compared with the factors related to spirituality in counselling practice.

You are asked to rate the research question and the factors according to the following three criteria (Fink A (1995);

Validity (V)

This relates to how effectively the questionnaire item addresses the research factors/hypothesis. The validity ratings are as follows:

Scale: 5 = Very Valid

4 = Valid

3 = Somewhat Valid

2 = Not really Valid

1 = Not at all Valid

Please write in the box under the V column for each question the number that corresponds most closely to your own rating.

Feasibility (F)

This relates to whether a questionnaire item can practically achieve its research objective and may relate to issues like whether the question is an answerable one or whether some aspect of the question will affect the respondent's willingness to answer the question because of its sensitive content

Scale: 5 = Very Valid

4 = Valid

3 = Somewhat Valid

2 = Not really Valid

1 = Not at all Valid

Please write in the box under the F column for each question the number that corresponds most closely to your own rating.

Importance (I)

This is a general rating category in terms of how you judge the question's significance and usefulness overall. In importance you consider both validity and feasibility. You also consider importance in relation to the other questions related to the factor/hypothesis or research question. This is to establish if some questions are seen as more important than others in addressing a particular hypothesis. The importance ratings are as follows:

Scale: 5 = Very Valid

4 = Valid

3 = Somewhat Valid

2 = Not really Valid

1 = Not at all Valid

Please write in the box under the column for each question the number that corresponds most closely to your own rating.

It is expected the task will take about 40 minutes and a quick reference rating sheet is attached.

Also attached is a draft copy of the questionnaire.

I would like to thank you in for the time and trouble that you have taken in assisting with this validation process.

Research Hypothesis

Training in counseling by theologically based institutions will influence the inclusion of Christian spirituality in the professional practice of counseling.

Spiritual fervor will influence the inclusion of spirituality in counseling

Graduates who are trained in theologically based institutions report that they are sufficiently trained and prepared to utilize Christian spiritual interventions as part of their Christian practice

Research Factors	V	F	I
My spirituality is integrated through the whole of my philosophy of counselling, I would therefore call this Christian counselling.			
I feel my philosophy of counselling would be compromised if I included spirituality			
I have no problem when clients use language related to their spirituality			
I use clients language where possible except if it is related to spirituality			
I have found it useful to include spiritual assessment as an integrated part of the assessment process			
The spiritual background of clients does not influence the way I assess clients			
I feel competent to use some or all of the following: Spiritual Genograms, Ecomaps and Ecograms for assessment of spirituality with my clients			
If my clients wanted spirituality to be included in their treatment I would refer them on.			
The only appropriate way for me to include spirituality in counselling is if the client specifically asks for the inclusion			
I am concerned about ethical issues when issues of spirituality are raised			
I feel spirituality is an important part of the overall well-being of clients			
I seldom find myself considering spirituality when I think of the well-being of my clients			
I am comfortable to include passages from the Bible that encourage change for the client			
The use of religious texts from the Bible is not an appropriate tool			
I feel a client's religion affects them from an intrinsic and extrinsic perspective and therefore needs to be integrated into any process of change			
I do not feel a client's religion has any connection to the process of counselling			
I pray sometimes with my clients			
Praying is not something I would feel comfortable doing with a client			
It is helpful when clients clarify their religious or spiritual values			

Research Factors	V	F	I
I feel uncomfortable dealing with the spiritual and religious values of clients			
I would be comfortable in helping a client work through issues in relation to changing their church or denomination			
I would be very uncomfortable dealing with any issue related to my client changing their church or denomination			
I am aware of the insidiousness nature of spiritual abuse			
I have never had to deal with a situation that I would call spiritual abuse			
I feel Christian counselling is unique because it deals with the whole person, body, soul, and spirit.			
The utilization of spiritual interventions in counselling is just an add-on to secular counselling			
I feel confident about raising the topic of spiritual issues in supervision			
I feel unsure how to raise spirituality issues in supervision			

Appendix K.

Instrument Package

Invitation to Participate

Counselling, Spirituality and Training Survey

Dear Counsellor/Graduate

My name is Vanessa Chant and I am a doctoral candidate at Bond University Queensland. My supervisor is Dr Vicki Bitsika, Associate Professor. This research aims to investigate to what extent counselling graduates/counsellors identify any distinctive or unique aspects of their training that would enable them to incorporate spiritual interventions in counselling. I would like to invite you to participate in this research. On receipt of your RSVP you will receive a package with some basic demographic questions, four self report questionnaires and a prepaid envelope. The entire survey should take no more than 35-45 minutes for you to complete. It would be greatly appreciated if you would complete the survey and return it to me in the postage prepaid envelope provided. The email version of the questionnaires and relevant information is available and can be accessed on the web, at www.barrychant.com. Just follow the prompts to Vanessa's research. Your site ID is 64A27ZP395.

I would greatly appreciate your participation. Thank you in anticipation.

Vanessa Chant & Dr Vicky Bitsika

Explanatory Statement

RO570: The Existence and Awareness of Christian Spirituality Amongst Christian Counsellors: A Comparative Study

The importance of spirituality in counselling is experiencing recognition from social science as indicated by the prolific number of journal articles on this subject. As a result of this trend, investigation into the utilization of Christian spirituality in counselling will take place, by exploring how graduate counsellors and counsellors work with issues of spirituality in therapy.

This research aims to investigate the extent to which counselling graduates and counsellors can identify distinctive or unique aspects of their training that enable them to incorporate spiritual interventions in their practice of counselling. Questions will focus on the predictive factors in the reported or intended use of spirituality. There has been no known research into the phenomenon of Australian theological colleges teaching Christian counselling and how this relates to clinical practice.

According to recent research there is a necessity to better understand the nature of Australian spirituality (Peach, 2003). Most literature on the subject of Christian spirituality recognizes the difficulty of integrating Christian interventions in practice. This it seems, stems from how these issues are dealt with in training.

I am seeking graduates from the Christian colleges and Universities who are working as counsellors to be part of this research. I would then like to measure their responses to the questionnaire and compare their responses with graduates from secular colleges and universities who are members of various Christian counselling agencies. I am interested in what differences their training makes for the process of integrating spirituality and Christian interventions into practice.

An invitation to participate will be sent to the various colleges and to the agencies who register Christian counsellors. On receipt of acceptance to participate the questionnaire packages will be sent out. There will also be opportunity to participate in this research directly through the internet. Relevant information, the questionnaire and demographic details will be available on www.barrychant.com with instructions and details of where and how to submit responses.

Results will be available on request after analysis.

If there are any complaints subjects will be advised to contact Bond University Research

Ethics Committee at the following address:

The Complaints Officer

Bond University Human Research Ethics Committee

Bond University

Gold Coast, 4229

Principal Researcher

Vanessa Chant

Stream Head of Counselling

Tabor College

P.O. Box 1015

Miranda, NSW 1490

Supervisor

Dr Vicki Bitsika

Associate Professor

Coordinator of Counselling and Behaviour Management

Faculty of Humanities and Social Sciences

Bond University

Participant Informed Consent

I agree to take part in the above Bond University research project. I have read the above Explanatory Statement. I am willing to:

- ☐ complete questionnaires asking me about my counselling practice and spirituality

I understand that any information I provide is confidential, and that no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party.

Please tick the appropriate box

- ☐ The information I provide can be used by other researchers as long as my name and contact information is removed before it is given to them
- ☐ The information I provide cannot be used by other researchers without asking me first
- ☐ The information I provide cannot be used except for this project

Name: (please print)

Signature: Date:

Demographic Information

About You

Age ☐Gender ☐

Ethnic/Cultural Background

.....

1. Your Academic Qualifications

Please tick qualification that is relevant to you:

Academic Qualifications	Tick
School Certification	
HSC	
TAFE award	
Bachelors degree	
Masters degree	
PhD	

From which Universities or Colleges are you from?

2. Professional Identification

Please tick your profession

Professional Identification	Tick
Psychologist	
Therapist	
Counsellor	
Pastoral Counsellor	
Social Worker	
Marriage and Family Counsellor	
Other	

3. Major place of work

Please tick your place of work

Place of Work	Tick
Secular Professional Organization	
Independent Private Practice	
Church Based or Religious Non-profit Clinic	
Other.....	

4. Years of Experience

Tick the time period that most adequately describes how you work as a counsellor

Experience	TICK
Recent graduate – 5 – 10 yrs	
11-20 yrs	
21-50	
I work full time	
I work part time	

I work _____ days a week.

5. Membership

In what counselling organizations do you hold membership?

Thank you for your cooperation

Appendix L.

Webpage Online Questionnaire

Online Questionnaire Submission

Online submission of the questionnaire (and demographic) was hosted by www.barrychant.com. This site is maintained and hosted by EdAlive (www.edalive.com). The questionnaire was created in HTML and PHP 5 (www.php.net). All the data was stored in a MySQL 4 database (www.mysql.com). The database is password protected. The online submission of questionnaires for this project was made of six (6) web pages:

1. [index.php](#)
2. [consent.php](#)
3. [explanatory.php](#)
4. [demographic.php](#)
5. [questionnaire.php](#)
6. [thankyou.php](#)

Each page served its own purpose and three (3) of the pages were used for data processing after form submission.

index.php: This is the login page. This page welcomes participants to the questionnaire and instructs them on how to login. There is also a “behind the scenes” logout function for when the participant decides that they would rather not do the questionnaire.

consent.php: This page obtains the participants consent reuse of their data. This page also logs the participant in and creates the random linking key found in the ‘demographic’ and ‘answers’ tables.

As requested consent was gained from each person before the questionnaire (and demographic) could be completed. If a participant had questions the explanatory document was made available in the form of a link. A link was provided back to the consent page. The participant’s name was taken and their level of consent obtained (level 1 -3).

In the light of participant privacy it was requested that the names of participants be kept separate from the rest of the obtained data. As a result the linking key, found in the ‘demographic’ and ‘answers’ tables, was not included in the ‘consent’ table. When the “Continue...” button is pressed the data is sent to demographic.php.

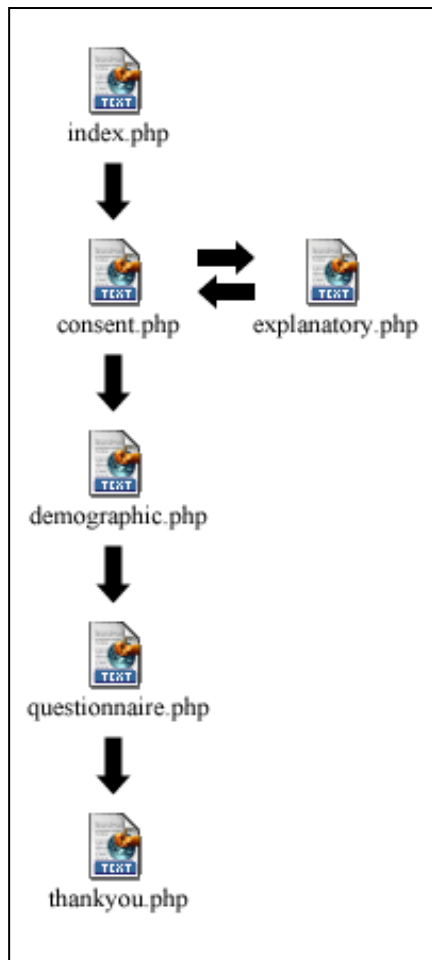


Figure L1. Online questionnaire web pages

explanatory.php: This page simply is an online replica of the “Explanatory Statement”

(Appendix K)

demographic.php: This page has only two (2) functions. First of all it process the data sent to it from the consent page and secondly obtains the “Demographic” (Appendix K) data from the participant. This data is then sent to questionnaire.php.

questionnaire.php: This page also has two (2) functions. Processing the data sent from demographic.php is the first. The second is to gather the “Questionnaire” (Appendix K) data from the participant. The gathered data was sent to thankyou.php.

The online questionnaire was designed off a hard copy and then the hard copy was modified to correlate to the online form.

thankyou.php: This page was the last page in the submission of data. This page served three (3) functions. It processed the data from questionnaire.php, logged the participant out and the page contained a thankyou message.

The Database

As mentioned above all data was stored in a MySQL 4 database. This database consisted of five tables.

1. answers
2. consent
3. demographic
4. multiple
5. questions

‘answers’: The ‘answers’ table contained the participants answers to the Questionnaire (one (1) field for each question) and the linking key. The linking key is a necessity as the answers to the Demographic and the Questionnaire were kept in separate tables. This key links the Questionnaire and Demographic answers together. This makes it possible to have the correct Questionnaire and Demographic results together while keeping the data separate.

‘consent’: The ‘consent’ table contains the names of the participants and the level of consent that they were willing to give.

‘demographic’: The ‘demographic’ table contained the participants demographic data (one (1) field for each question), the linking key, and the date and time that the questionnaire was filled out.

‘questions’: The ‘questions’ table contains nearly all the questions used in the Questionnaire. This table contains the HTML parameters for each question as well. This table was accessed and used to display the questions in the Questionnaire.

‘multiple’: Some questions in the Questionnaire had multiple text components. These components were stored in the ‘multiple’ table and accessed in much the same way as the data in the ‘questions’ table.

The results were provided in a Microsoft Excel Spread Sheet. This Spread Sheet was generated by a MySQL database management system called phpMyAdmin (www.phpmyadmin.net). The Spread Sheet contains an export from the ‘demographic’ and ‘answers’ tables, using the following query:

```
select * from demographic, answers where vr_demographic.uid=vr_answers.uid
```

Duplicate entries were deleted by hand.

Modifications to the Online Questionnaire

There were two (2) major modifications to the Online Questionnaire. The first modification extended the amount of time allowed to complete the questionnaire from one (1) hour to twelve (12) hours. This was due to the system logging participants out before they had finished the questionnaire. The figure of twelve (12) hours was chosen (although maybe a little excessive) to be certain that the participant had plenty of time to fill out the whole questionnaire.

The second major modification stemmed from the length and nature of the Questionnaire. In its original form the Questionnaire (including Demographic) required the participant to fill in all fields in the form. If this was not done the data would not be recorded and an error message would result. Due to time constraints the web pages were not able to give feedback on which fields were not filled in. As a result most of the participants' work was lost and they had to start again. To avoid losing participants due to frustration this restraint was removed. This, however, allowed incomplete questionnaires to be submitted.

Christopher East

EdAlive Web Programmer

February 2007

Appendix M.

Christian Counselling

Christian Counselling John Mark Ministries

- a) What the scriptures reveal about the nature and activity of God - that He is both the creator and judge of human beings and their redeemer in Christ.
- b) People being created in the image of God - although, because we are fallen and sinful, they are in need of God's redeeming grace.
- c) Christ as the one true Saviour and Lord. Through His life, death, resurrection and the gift of the Holy Spirit, God has made available all the resources of His grace to rescue people, heal them and bring them to maturity and wholeness.
- d) God's work of justice and mercy in the world and His love towards all people.
- e) His work of rescuing people, even though they do not deserve it, and bringing them to faith and maturity in Christ, through the work of the Holy Spirit.
- f) The reality of a fallen world where suffering, pain, guilt, fear, broken relationships and fragmented communities occur.
- g) God's desire for His people to work to bring healing and wholeness of spirit, mind and body.

Christian Counselling

In light of the above, we may define Christian counselling as "that activity which seeks to help people towards constructive change and growth in any or every aspect of their lives through a caring relationship and within agreed relational boundaries, carried out by a counsellor who has a Christian worldview, values and assumptions.

Rossiter – Thornton Prayer Wheel

This article describes the development and use of a self help prayer technique.

According to Rossiter – Thornton (2000) the prayer technique is useful for the following reasons:

- It is easy to use

- It puts the patient in charge
- It does not require any particular belief
- It is flexible
- It is psychologically sound
- It can be use inside (and outside of) psychotherapy
- Anyone can test it for himself or herself (Rossiter-Thornton, 2000, p. 128)

According to Dossey (1996) science has proved prayer works

The Prayer Wheel:

The prayer wheel has eight sections:

1. Count your blessings
2. Sing of love
3. Requestion protection and guidance
4. Forgive self and others
5. Ask for needs, yours and others
6. Fill me with love and inspiration
7. Listen with pen in hand
8. Your will is my will

The Prayer Wheel

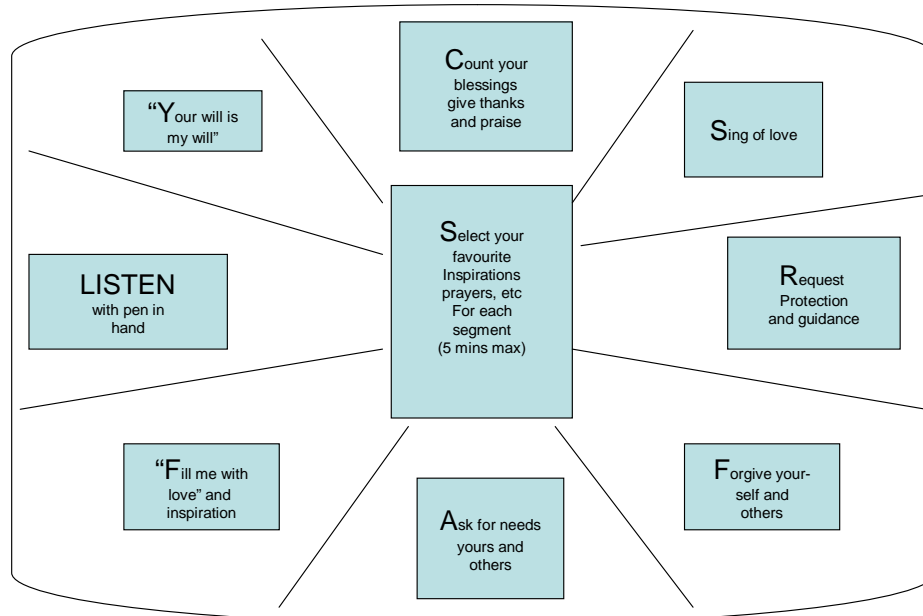


Figure M1. Rossiter-Thornton - Prayer Wheel

1. Firstly the client is encouraged to write a list of things going well in their lives or the more religious can use this segment for thanks and praise.
2. "This one can prove perplexing to many people...all prayers and songs of love are being directed toward the collective unconscious, one's higher self, or the Maker of Life. For those with no interest in hymns - and there are many- advise them to choose their favourite love songs. Then, because songs are not directed toward a partner, have patients sing to the Maker of Life ...Using this techniques a person can sing love songs all day!
3. Protection from negative thoughts is the thinking behind this.
4. Being stuck in not forgiving themselves and others for past problems. The prayer wheel helps to gently point the need to forgive.
5. Encouraging people to ask for help not only for themselves. Use a notebook to write down ideas here. When reviewing notes later clients can see how this has worked for them.

6. The focus here is positive emotions. Most clients can think of something that has inspired them.
7. Encourage journaling thoughts, images, impressions, words or feelings by allowing 5 minutes for every session it can be a help in the future.
8. The last segment the challenge is to reflect that not all that we want is best for us so we appeal to the collective unconscious, or higher self or Maker of Life so if what we want is not the best for us we acknowledge our limitations.

References

- Dossey, L. (1996). *Prayer is good medicine*. San Francisco: Harper.
- Rossiter-Thornton, J. F. (2000). Prayer in Psychotherapy. *Alternative therapies in health and medicine*, 6(1), 128-127.

Appendix N.

SPSS Codebook

Full name of variable	SPSS variable abbreviated name	Coding instructions	
Uid			
Age			
Sex	vsex	1	Female
		2	Male
Background	Aus	0	Nothing
		1	Australian/Anglo Saxon/Polish Parents/Caucasian/White/English/Irish/NZ/European/USA/Canada
		2	Aboriginal
		3	Asian/South America
Highest_ ed			PhD/Masters, BA Diploma/TAFE award/HSC/None
University			
University or College	Tab	1	Secular
		2	Christian
		3	Mixed
		0	No training
	Tab2	1	Secular
		2	Christian
Pro 1	Ide	1	Psychologist/Therapist
		2	Counsellor/Pastoral Counsellor/Social Worker/Marriage and Family Counsellor
	Ide1	1	Psychologist/Therapist
		2	Counsellor/Pastoral Counsellor/Social Worker/Marriage and Family Counsellor
Place_ work	Pla	0	None
		1	Secular Professional Organization
		2	Independent Private Practice
		3	Church Based or Religious Non-profit Clinic
		4	Other
Yrs_ experie	Wor	0	None
		1	Recent graduate – 5-10 years
		2	11-20 yrs
		3	21-50 yrs
Partfull	Day	1	Full Time (5-4 days)
		2	Part Time (3-1 days)
Membership	Mem	0	NILL
		1	CAPA
		2	CCAA
		3	MIX (AARC/ACA/AGCA/APC/AASW/ APA/APS/ NALAG/ ACCP)
			NILL – No membership listed
			CAPA – Counsellors and Psychotherapists Association of

Full name of variable	SPSS variable abbreviated name	Coding instructions			
		NSW			
		CCAA – Christian Counsellors Association of Australia			
		MIX			
		AARC – Australian Association of Relationship Counsellors			
		ACA – Australian Counsellors Association			
		AGCA – Australian Guidance Counsellors Association			
		APC – Association of Personal Counsellors			
		AASW – Australian Association of Social Work			
		APS – Australian Psychological Society			
		ACCP – Australian College of Clinical Psychologists			
Qu._1 – 15	Daily Spiritual Experience Scale	1	many times a day.		
		2	every day.		
		3	most days.		
		4	Some days.		
		5	Never or almost never.		
Qu._16		1	not at all.		
		2	somewhat.		
		3	very close.		
		4	As close as possible.		
Qu._ 17-20	Client Issues Scales	1	not confident,	6	very confident.
17		1	not helpful,	6	very helpful.
18		1	not often,	6	very often
19		1	not difficult,	6	very difficult
20					
Qu._21-32	Training Issues Scales	1	a great deal of the time,	6	never.
21		1	low satisfaction,	9	high satisfaction.
22		1	no one	9	everyone.
23-26					
29	Ch origin				
30	Affiliation	CODE			
		1	Non Christian		
		2	Christian/Open Brethren/Tabor		
		3	Anglican/Church of England		
		4	Lutheran		
		5	Presbyterian		
		6	Church of Christ		
		7	Uniting/Methodist		
		8	Congregational		
		9	Baptist		
		10	Catholic		
		11	Pentecostal/Charismatic/Vineyard		
		12	Other		
30	churfafcon	1	Christian		
		2	Catholic		
		3	Other		
31		1	Active		
Org_rel		2.	Regular		
Qu._33-61	Factors related to	1	strongly disagree,	7	strongly agree

Full name of variable	SPSS variable abbreviated name	Coding instructions	
	Spirituality in Counselling Practice		
Qu._62	62	0	None
	wsc/V10/V3	1	God factor
		2	Prayer
		3	Teaching Theological concepts
		4	Reference to scripture
		5	Spiritual relaxation and imagery techniques
		6	Forgiveness
		7	Therapist spiritual self-disclosure, and spiritual homework (Richards & Potts, 1995)
Qu. 62	YNsp	1	Yes
		2	No
Qu._63	63	1	Humanistic
	Veu/V5/xyz	2	Dynamic Psychology
		3	Family Systems
		4	Behavioural
		5	Post Modern
		6	Christian Counselling
		7	Medical
		1.	Humanistic
			Rogerian
			Gestalt
			Transactional Analysis
		2.	Dynamic Psychology
			Psychoanalytic
		3.	Family Systems
			Family Therapy
			Marriage and Family Therapy
		4.	Behavioural
			Behaviour Therapy (Journaling, Medical)
			Cognitive Behaviour Therapy (Stress Management, Psychotherapy Education)
			Cognitive Therapy
			Rational Emotive Therapy
			Rational Emotive Behaviour Therapy
			Reality Therapy
			Psy Educational
			Anger Management
			Grief Management
		5.	Post Modern
			Solution Focused Therapy
			Narrative Therapy
			Emotionally Focused Therapy
			Grief Therapy
		6.	Christian Counselling
			Christian Psychotherapy
			Responsible Eclecticism
			Deliverance Ministry

Full name of variable	SPSS variable abbreviated name	Coding instructions	
		7.	Medical
			Theophostic
			Theories taken from Jones and Butman (1991)
Qu._64	64 V7/VAR	0	None
		1	God factor
		2	Prayer
		3	Teaching Theological concepts
		4	Reference to scripture
		5	Spiritual relaxation and imagery techniques
		6	Forgiveness
		7	Therapist spiritual self-disclosure, and spiritual homework (Richards & Potts, 1995, p. 2)
Qu. 64	YNspT	1	Yes
		1	No
Qu._65	65 V9/vac/cxs	1	Humanistic
		2	Dynamic Psychology
		3	Family Systems
		4	Behavioural
		5	Post Modern
		6	Christian Counselling
		7	Medical (Jones & Butman, 1991)

Appendix O.

SPSS Results

DSES: Items by Factor.....	126
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DSES: Items by Factor

Table O1. DSES by Gender. Benjamini and Hochberg Corrections shown in gray

Demographic Factor	Gender	N	Mean	SD	Sig. (2-tailed)	Correction
1. Presence	Female	86	2.34	1.05	0.10	0.16
	Male	41	2.71	1.38		
2. Connection	Female	85	2.47	0.93	0.16	0.21
	Male	41	2.73	1.05		
3. Joy when connecting	Female	86	1.80	0.88	0.01	0.05
	Male	40	2.28	0.91		
4. Strength in R/S	Female	84	2.95	1.13	0.04	0.12
	Male	41	3.41	1.18		
5. Comfort in R/S	Female	86	1.91	0.93	0.00	0.03
	Male	41	2.49	1.05		
6. Deep inner peace	Female	86	2.42	1.11	0.02	0.09
	Male	41	2.93	1.10		
7. God for help	Female	85	2.18	1.17	0.07	0.14
	Male	41	2.59	1.22		
8. Guided by God	Female	86	2.47	1.12	0.04	0.11
	Male	41	2.93	1.31		
9. Love through others	Female	86	2.41	1.29	0.30	0.34
	Male	41	2.66	1.24		
10. Love directly	Female	86	2.81	1.09	0.28	0.34
	Male	41	3.05	1.20		
11. Touched by beauty	Female	85	2.16	1.08	0.33	0.35
	Male	41	2.37	1.09		
12. Thankful for blessings	Female	86	1.84	0.82	0.08	0.14
	Male	41	2.12	0.90		
13. Selfless caring	Female	86	2.64	0.97	0.04	0.14
	Male	41	3.05	1.09		
14. Accept others	Female	86	2.59	0.82	0.43	0.43
	Male	41	2.46	0.93		
15. Desires to be in union	Female	85	1.94	1.00	0.05	0.12
	Male	41	2.34	1.20		
16. How close? - Reversed	Female	86	3.42	0.85	0.13	0.19
	Male	41	3.15	1.10		

Table O2. DSES by Full time / Part time. Benjamini and Hochberg Corrections shown in gray

Demographic Factor	Full time 4-5 days Part time 1-3 days	N	Mean	SD	Sig. (2-tailed)	Correction
1. Presence	Full time	43	2.70	1.17	0.07	0.23
	Part Time	77	2.30	1.15		
2. Connection	Full time	43	2.58	0.88	0.77	0.82
	Part Time	76	2.53	1.04		
3. Joy when connecting	Full time	43	2.02	0.89	0.35	0.46
	Part Time	76	1.87	0.84		
4. Strength in R/S	Full time	43	3.30	1.06	0.13	0.26
	Part Time	75	2.97	1.16		
5. Comfort in R/S	Full time	43	2.21	1.01	0.18	0.33
	Part Time	77	1.96	0.95		
6. Deep inner peace	Full time	43	2.70	1.08	0.25	0.40
	Part Time	77	2.45	1.12		
7. God for help	Full time	42	2.69	1.28	0.01	0.04
	Part Time	77	2.05	1.10		
8. Guided by God	Full time	43	3.05	1.15	0.00	0.02
	Part Time	77	2.32	1.13		
9. Love through others	Full time	43	2.74	1.24	0.06	0.22
	Part Time	77	2.29	1.25		
10. Love directly	Full time	43	3.02	1.21	0.26	0.38
	Part Time	77	2.78	1.10		
11. Touched by beauty	Full time	42	2.12	0.94	0.54	0.67
	Part Time	77	2.25	1.16		
12. Thankful for blessings	Full time	43	1.93	0.86	0.84	0.84
	Part Time	77	1.90	0.87		
13. Selfless caring	Full time	43	3.00	1.07	0.05	0.25
	Part Time	77	2.61	0.99		
14. Accept others	Full time	43	2.49	0.91	0.67	0.77
	Part Time	77	2.56	0.84		
15. Desires to be in union	Full time	43	2.26	1.20	0.09	0.25
	Part Time	76	1.91	1.01		
16. How close? - Reversed	Full time	43	3.52	1.08	0.11	0.25
	Part Time	77	3.21	0.83		

Table O3. DSES by Profession

Demographic Factor	Professional identification	N	Mean	SD	Sig. (2-tailed)	Correction
1. Presence	Psychologist/Therapist	20	2.70	1.22	0.54	0.78
	Counsellor/Social worker	88	2.51	1.23		
2. Connection	Psychologist/Therapist	20	2.95	1.19	0.09	0.25
	Counsellor/Social worker	88	2.53	0.95		
3. Joy when connecting	Psychologist/Therapist	20	2.10	0.97	0.55	0.74
	Counsellor/Social worker	87	1.97	0.90		
4. Strength in R/S	Psychologist/Therapist	20	3.55	1.05	0.13	0.30
	Counsellor/Social worker	87	3.11	1.18		
5. Comfort in R/S	Psychologist/Therapist	20	2.05	1.05	0.67	0.76
	Counsellor/Social worker	88	2.16	1.02		
6. Deep inner peace	Psychologist/Therapist	20	2.90	1.25	0.29	0.46
	Counsellor/Social worker	88	2.60	1.10		
7. God for help	Psychologist/Therapist	19	2.63	1.34	0.23	0.41
	Counsellor/Social worker	88	2.26	1.18		
8. Guided by God	Psychologist/Therapist	20	3.25	1.41	0.03	0.14
	Counsellor/Social worker	88	2.58	1.16		
9. Love through others	Psychologist/Therapist	20	3.05	1.43	0.06	0.25
	Counsellor/Social worker	88	2.44	1.28		
10. Love directly	Psychologist/Therapist	20	3.05	1.32	0.65	0.80
	Counsellor/Social worker	88	2.92	1.12		
11. Touched by beauty	Psychologist/Therapist	20	2.30	1.26	0.74	0.79
	Counsellor/Social worker	87	2.21	1.10		
12. Thankful for blessings	Psychologist/Therapist	20	2.25	1.07	0.18	0.36
	Counsellor/Social worker	88	1.90	0.80		
13. Selfless caring	Psychologist/Therapist	20	3.35	1.46	0.08	0.24
	Counsellor/Social worker	88	2.72	0.88		
14. Accept others	Psychologist/Therapist	20	2.55	1.05	0.98	0.98
	Counsellor/Social worker	88	2.56	0.79		
15. Desires to be in union	Psychologist/Therapist	20	2.65	1.23	0.02	0.26
	Counsellor/Social worker	87	1.99	1.06		
16. How close? - Reversed	Psychologist/Therapist	20	3.83	1.03	0.03	0.20
	Counsellor/Social worker	88	3.29	0.93		

Table O4. DSES by Qualifications. Benjamini and Hochberg Corrections shown in gray

Demographic Factor	Academic qualifications	N	Mean	SD	Sig. (2-tailed)	Correction
1. Presence	PhD/Masters/Bachelor	109	2.55	1.21	0.06	0.13
	Diploma/TAFE/HSC/none	16	2.06	0.85		
2. Connection	PhD/Masters/Bachelor	108	2.63	0.97	0.00	0.02
	Diploma/TAFE/HSC/none	16	2.00	0.63		
3. Joy when connecting	PhD/Masters/Bachelor	109	2.02	0.92	0.16	0.28
	Diploma/TAFE/HSC/none	15	1.67	0.72		
4. Strength in R/S	PhD/Masters/Bachelor	107	3.25	1.13	0.00	0.02
	Diploma/TAFE/HSC/none	16	2.19	0.98		
5. Comfort in R/S	PhD/Masters/Bachelor	109	2.13	1.01	0.35	0.51
	Diploma/TAFE/HSC/none	16	1.88	0.96		
6. Deep inner peace	PhD/Masters/Bachelor	109	2.66	1.13	0.00	0.02
	Diploma/TAFE/HSC/none	16	1.94	0.77		
7. God for help	PhD/Masters/Bachelor	108	2.36	1.22	0.26	0.42
	Diploma/TAFE/HSC/none	16	2.00	1.03		
8. Guided by God	PhD/Masters/Bachelor	109	2.73	1.19	0.01	0.05
	Diploma/TAFE/HSC/none	16	1.94	1.12		
9. Love through others	PhD/Masters/Bachelor	109	2.59	1.30	0.02	0.07
	Diploma/TAFE/HSC/none	16	1.94	0.93		
10. Love directly	PhD/Masters/Bachelor	109	2.89	1.14	0.65	0.69
	Diploma/TAFE/HSC/none	16	2.75	1.13		
11. Touched by beauty	PhD/Masters/Bachelor	108	2.23	1.09	0.95	0.95
	Diploma/TAFE/HSC/none	16	2.25	1.13		
12. Thankful for blessings	PhD/Masters/Bachelor	109	1.94	0.89	0.42	0.52
	Diploma/TAFE/HSC/none	16	1.75	0.68		
13. Selfless caring	PhD/Masters/Bachelor	109	2.84	1.03	0.05	0.13
	Diploma/TAFE/HSC/none	16	2.31	0.79		
14. Accept others	PhD/Masters/Bachelor	109	2.59	0.85	0.14	0.28
	Diploma/TAFE/HSC/none	16	2.25	0.86		
15. Desires to be in union	PhD/Masters/Bachelor	108	2.08	1.12	0.62	0.71
	Diploma/TAFE/HSC/none	16	1.94	0.85		
16. How close? - Reversed	PhD/Masters/Bachelor	109	3.40	0.93	0.40	0.53
	Diploma/TAFE/HSC/none	16	3.19	0.93		

Table O5. DSES by Training

Demographic Factor	Training type	N	Mean	SD	Sig. (2-tailed)	Correction
1. Presence	Secular	44	2.39	1.06	0.54	1.07
	Christian	82	2.52	1.25		
2. Connection	Secular	43	2.56	0.91	0.94	0.94
	Christian	82	2.57	1.02		
3. Joy when connecting	Secular	43	1.93	0.91	0.74	0.91
	Christian	82	1.99	0.91		
4. Strength in R/S	Secular	42	3.14	1.18	0.88	0.94
	Christian	82	3.11	1.17		
5. Comfort in R/S	Secular	44	2.00	1.01	0.48	1.09
	Christian	82	2.13	1.00		
6. Deep inner peace	Secular	44	2.52	1.02	0.68	0.99
	Christian	82	2.61	1.17		
7. God for help	Secular	44	2.23	1.26	0.60	0.96
	Christian	81	2.35	1.17		
8. Guided by God	Secular	44	2.57	1.32	0.73	0.98
	Christian	82	2.65	1.16		
9. Love through others	Secular	44	2.36	1.33	0.41	1.31
	Christian	82	2.56	1.25		
10. Love directly	Secular	44	2.77	1.20	0.47	1.25
	Christian	82	2.93	1.10		
11. Touched by beauty	Secular	44	2.07	1.00	0.24	1.93
	Christian	81	2.31	1.14		
12. Thankful for blessings	Secular	44	1.98	0.90	0.59	1.05
	Christian	82	1.89	0.85		
13. Selfless caring	Secular	44	2.64	1.10	0.32	1.26
	Christian	82	2.83	0.98		
14. Accept others	Secular	44	2.39	0.92	0.14	2.26
	Christian	82	2.62	0.81		
15. Desires to be in union	Secular	44	2.20	1.23	0.26	1.40
	Christian	81	1.98	1.00		
16. How close? - Reversed	Secular	44	3.38	0.98	0.88	1.00
	Christian	82	3.35	0.92		

Table O6. DSES by Religious Involvement

Demographic Factor	Level of involvement with organised religion	N	Mean	SD	Sig. (2-tailed)	Correction
1. Presence	Active involvement	73	2.19	0.98	0.05	0.06
	Regular or identification	41	2.66	1.28		
2. Connection	Active involvement	72	2.50	0.92	0.66	0.70
	Regular or identification	41	2.59	1.07		
3. Joy when connecting	Active involvement	72	1.74	0.67	0.02	0.03
	Regular or identification	41	2.20	1.08		
4. Strength in R/S	Active involvement	71	2.80	1.04	0.00	0.02
	Regular or identification	41	3.44	1.23		
5. Comfort in R/S	Active involvement	73	1.82	0.77	0.01	0.02
	Regular or identification	41	2.39	1.12		
6. Deep inner peace	Active involvement	73	2.27	0.96	0.00	0.02
	Regular or identification	41	2.95	1.28		
7. God for help	Active involvement	73	2.03	0.97	0.02	0.04
	Regular or identification	41	2.63	1.41		
8. Guided by God	Active involvement	73	2.33	0.99	0.04	0.06
	Regular or identification	41	2.85	1.37		
9. Love through others	Active involvement	73	2.10	1.02	0.00	0.03
	Regular or identification	41	2.88	1.35		
10. Love directly	Active involvement	73	2.67	1.02	0.04	0.06
	Regular or identification	41	3.12	1.27		
11. Touched by beauty	Active involvement	73	2.14	1.05	0.28	0.32
	Regular or identification	41	2.37	1.14		
12. Thankful for blessings	Active involvement	73	1.73	0.75	0.00	0.02
	Regular or identification	41	2.20	0.87		
13. Selfless caring	Active involvement	73	2.52	0.87	0.02	0.03
	Regular or identification	41	2.98	1.15		
14. Accept others	Active involvement	73	2.52	0.84	0.81	0.81
	Regular or identification	41	2.56	0.95		
15. Desires to be in union	Active involvement	73	1.81	0.84	0.01	0.03
	Regular or identification	41	2.39	1.26		
16. How close? - Reversed	Active involvement	73	3.14	0.80	0.05	0.07
	Regular or identification	41	3.51	1.04		

CIS (Curtis): Items by Factor

Table O7. CIS by Gender

Item	Gender	N	Mean	SD	Sig. (2-tailed)	Correction
Confidence in addressing spiritual issues with clients.	Female	86	4.74	1.13	0.04	0.14
	Male	40	5.18	0.90		
Integration of spiritual issues helps clients.	Female	86	5.24	0.91	0.62	0.83
	Male	40	5.33	0.73		
To what extent do you experience judgmental thoughts about clients - reversed	Female	85	4.74	1.16	0.76	0.76
	Male	37	4.81	1.08		
How difficult is it for you not to share your spirituality - reversed	Female	85	4.26	1.53	0.89	1.78
	Male	40	4.30	1.49		

Table O8. CIS by Full time/ Part time

Item	Full time 4-5 days / Part time 1-3 days	N	Mean	SD	Sig. (2-tailed)	Correction
Confidence in addressing spiritual issues with clients.	Full time	43	4.81	1.03	0.61	0.81
	Part Time	76	4.92	1.12		
Integration of spiritual issues helps clients.	Full time	43	5.07	0.83	0.04	0.16
	Part Time	76	5.39	0.82		
To what extent do you experience judgmental thoughts about clients	Full time	42	4.83	1.03	0.76	0.76
	Part Time	73	4.77	1.17		
How difficult is it for you not to share your spirituality - reversed	Full time	43	4.58	1.37	0.11	0.21
	Part Time	75	4.12	1.55		

Table O9. CIS by Profession

Item	Professional identification	N	Mean	SD	Sig. (2-tailed)	Correction
Confidence in addressing spiritual issues with clients.	Psychologist/Therapist	20	5.15	0.99	0.25	1.01
	Counsellor/Social worker	87	4.84	1.11		
Integration of spiritual issues helps clients.	Psychologist/Therapist	20	5.20	0.95	0.60	0.80
	Counsellor/Social worker	87	5.31	0.81		
To what extent do you experience judgmental thoughts about clients	Psychologist/Therapist	19	5.05	0.85	0.35	0.69
	Counsellor/Social worker	85	4.79	1.15		
How difficult is it for you not to share your spirituality - reversed	Psychologist/Therapist	20	4.35	1.73	0.97	0.97
	Counsellor/Social worker	86	4.34	1.42		

Table O10. CIS by Qualification

Item	Academic qualifications	N	Mean	SD	Sig. (2-tailed)	Correction
Confidence in addressing spiritual issues with clients.	PhD/Masters/Bachelor	108	4.92	1.02	0.22	0.88
	Diploma/TAFE/HSC/none	16	4.44	1.46		
Integration of spiritual issues helps clients.	PhD/Masters/Bachelor	108	5.24	0.83	0.76	0.76
	Diploma/TAFE/HSC/none	16	5.31	1.01		
To what extent do you experience judgmental thoughts about clients - reversed	PhD/Masters/Bachelor	104	4.79	1.11	0.74	0.98
	Diploma/TAFE/HSC/none	16	4.69	1.14		
How difficult is it for you not to share your spirituality - reversed	PhD/Masters/Bachelor	107	4.27	1.52	0.57	1.14
	Diploma/TAFE/HSC/none	16	4.50	1.32		

Table O11. CIS by Training

Item	Training type	N	Mean	SD	Sig. (2-tailed)	Correction
Confidence in addressing spiritual issues with clients.	Secular	43	5.00	0.98	0.31	1.25
	Christian	82	4.79	1.14		
Integration of spiritual issues helps clients.	Secular	43	5.19	0.91	0.51	0.68
	Christian	82	5.29	0.82		
To what extent do you experience judgmental thoughts about clients - reversed	Secular	41	4.66	1.15	0.48	0.95
	Christian	80	4.81	1.10		
How difficult is it for you not to share your spirituality - reversed	Secular	43	4.35	1.49	0.72	0.72
	Christian	81	4.25	1.51		

Table O12. CIS by Religious Involvement

Item	Level of involvement with organised religion	N	Mean	SD	Sig. (2-tailed)	Correction
Confidence in addressing spiritual issues with clients.	Active involvement	73	4.93	0.99	0.88	0.88
	Regular or identification	40	4.90	1.17		
Integration of spiritual issues helps clients.	Active involvement	73	5.32	0.76	0.69	0.92
	Regular or identification	40	5.25	0.93		
To what extent do you experience judgmental thoughts about clients - reversed	Active involvement	71	4.63	1.19	0.03	0.12
	Regular or identification	38	5.08	0.88		
How difficult is it for you not to share your spirituality - reversed	Active involvement	72	4.08	1.48	0.10	0.20
	Regular or identification	40	4.58	1.53		

FRSCPS (Chant): Items by Factor

Table O13. Chant by Gender

Item No.	Gender	N	Mean	SD	Sig. (2-tailed)	Correction
Spiritual factors in training (Items 33-39) by Gender						
33.As a professional counsellor I feel competent to counsel clients regarding issues of spirituality	Female	75	5.81	1.23	0.03	0.07
	Male	38	6.32	0.99		
34.My training has given me the tools to enable me to include the spiritual dimensions in the context of counselling	Female	79	5.53	1.63	0.46	0.80
	Male	39	5.77	1.60		
35.My training left me unsure how to deal with spirituality in counselling - Reversed	Female	78	5.45	1.85	0.70	0.70
	Male	39	5.59	1.93		
36.I feel competent to counsel clients in relation to matters of spirituality	Female	78	5.88	1.14	0.02	0.12
	Male	38	6.39	0.89		
37.My response if clients raise issues of spirituality is to take note but to move on to other issues because I don't feel competent - Reversed	Female	78	6.38	1.06	0.57	0.80
	Male	37	6.24	1.57		
38.Disclosing my own spiritual beliefs appropriately to the client is acceptable	Female	77	5.30	1.70	0.02	0.07
	Male	37	5.95	1.20		
39.It is inappropriate to discuss my own beliefs and attitudes in relation to my own spirituality - Reversed	Female	77	4.71	1.93	0.64	0.75
	Male	37	4.89	1.81		
Integration of Christian spiritual issues in treatment (Items 40-42, 47-50) by Gender						
40.My spirituality is integrated through the whole of my philosophy of counselling. I would therefore call this Christian counselling	Female	74	5.85	1.62	0.34	1.18
	Male	37	5.49	1.98		
41.I feel my philosophy of counselling would be compromised if I included spirituality - Reversed	Female	79	6.39	1.21	0.91	1.06
	Male	38	6.42	1.35		
42.I have no problem when clients use language related to their spirituality	Female	72	6.44	1.01	0.36	0.85
	Male	38	6.63	1.05		
47.The only appropriate way for me to include spirituality in counselling is if the client specifically asks for the inclusion	Female	75	4.27	1.97	0.97	0.97
	Male	39	4.28	2.15		
48.I am concerned about ethical issues when issues of spirituality are raised - Reversed	Female	76	4.11	2.04	0.90	1.26
	Male	38	4.16	2.03		
49.I consider spirituality is an important part of the overall well-being of clients	Female	74	6.61	0.86	0.53	0.93
	Male	37	6.70	0.46		
50.I seldom find myself considering spirituality when I think of the well-being of my clients - Reversed	Female	74	5.82	1.53	0.22	1.51
	Male	38	5.42	1.80		

Table O13. Chant by Gender (continued)

Item No.	Gender	N	Mean	SD	Sig. (2-tailed)	Correction
Assessment of spiritual issues (Items 43-46) by Gender						
43.I have found it useful to include spiritual factors in assessment as an integrated part of the assessment process	Female	69	5.16	1.68	0.59	0.59
	Male	36	5.33	1.27		
44.The spiritual background of clients does not influence the way I assess clients - Reversed	Female	72	3.36	1.96	0.18	0.35
	Male	37	3.92	2.15		
45.I feel competent to use some or all of the following: Spiritual Genograms, Ecomaps and Ecograms for the assessment of spirituality with my clients	Female	64	3.09	2.03	0.07	0.27
	Male	37	3.86	1.99		
46.If my clients wanted spirituality to be included in their treatment I would refer them on - Reversed	Female	77	5.90	1.59	0.44	0.58
	Male	39	6.13	1.34		
Spiritual techniques (Items 51, 52, 54, 55) by Gender						
51.I am comfortable to include passages from the Bible that facilitate change for the client	Female	73	5.48	1.60	0.86	0.86
	Male	39	5.54	1.73		
52.The use of texts from the Bible is not an appropriate tool in counselling - Reversed	Female	74	5.45	1.75	0.80	1.07
	Male	39	5.36	1.76		
54.I pray sometimes with my clients	Female	76	5.51	1.66	0.62	1.24
	Male	37	5.68	1.55		
55.Praying is not something I would feel comfortable doing with a client - Reversed	Female	77	5.58	1.74	0.26	1.06
	Male	38	5.95	1.37		
Christian counselling (Items 53, 56-61) by Gender						
53.I do not feel a client's religion has any connection to the process of counselling - Reversed	Female	77	5.99	1.28	0.34	0.60
	Male	39	5.72	1.69		
56.It is helpful when clients clarify their religious or spiritual values	Female	77	6.14	1.02	0.85	1.00
	Male	39	6.18	0.97		
57.I feel uncomfortable dealing with the spiritual and religious values of clients - Reversed	Female	75	5.95	1.40	0.87	0.87
	Male	39	5.90	1.71		
58.I would be comfortable in helping a client work through issues in relation to changing their church or denomination	Female	71	5.07	1.82	0.12	0.83
	Male	39	5.64	1.83		
59.I would be very uncomfortable dealing with any issue related to my client changing their church or denomination - Reversed	Female	76	5.01	1.84	0.32	0.74
	Male	39	5.38	1.97		
60.I feel Christian counselling is unique because it deals with the whole person, body, soul, and spirit	Female	71	6.25	1.43	0.13	0.46
	Male	37	5.68	2.06		
61.The utilization of spiritual interventions in counselling is just an add-on to secular counselling - Reversed	Female	74	5.61	1.77	0.75	1.06
	Male	36	5.72	1.81		

Table O14. Chant by Full time/ Part time. Benjamini and Hochberg Corrections shown in gray

Item No.	Part time (1-3 days) Full time (4-5 days)	N	Mean	SD	Sig. (2-tailed)	Correction
Spiritual factors in training (Items 33-39) by Full time/ Part time						
33.As a professional counsellor I feel competent to counsel clients regarding issues of spirituality	Full time	37	5.78	1.23	0.44	0.61
	Part time	71	5.97	1.17		
34.My training has given me the tools to enable me to include the spiritual dimensions in the context of counselling	Full time	39	5.13	1.81	0.09	0.61
	Part time	73	5.70	1.59		
35.My training left me unsure how to deal with spirituality in counselling - Reversed	Full time	39	5.13	2.02	0.10	0.34
	Part time	73	5.74	1.76		
36.I feel competent to counsel clients in relation to matters of spirituality	Full time	39	5.92	1.04	0.51	0.59
	Part time	72	6.07	1.14		
37.My response if clients raise issues of spirituality is to take note but to move on to other issues because I don't feel competent - Reversed	Full time	38	6.21	1.56	0.31	0.54
	Part time	72	6.46	0.96		
38.Disclosing my own spiritual beliefs appropriately to the client is acceptable	Full time	36	5.69	1.28	0.26	0.61
	Part time	73	5.33	1.72		
39.It is inappropriate to discuss my own beliefs and attitudes in relation to my own spirituality - Reversed	Full time	38	4.87	1.66	0.76	0.76
	Part time	71	4.76	1.95		
Integration of Christian spiritual issues in treatment (Items 40-42, 47-50) by Full time/ Part time						
40.My spirituality is integrated through the whole of my philosophy of counselling. I would therefore call this Christian counselling	Full time	36	5.11	2.15	0.06	0.20
	Part time	71	5.90	1.58		
41.I feel my philosophy of counselling would be compromised if I included spirituality - Reversed	Full time	39	6.46	1.05	0.99	0.99
	Part time	72	6.46	1.21		
42.I have no problem when clients use language related to their spirituality	Full time	36	6.39	1.29	0.56	0.65
	Part time	70	6.51	0.90		
47.The only appropriate way for me to include spirituality in counselling is if the client specifically asks for the inclusion	Full time	38	4.45	2.13	0.29	0.50
	Part time	70	4.01	1.93		
48.I am concerned about ethical issues when issues of spirituality are raised - Reversed	Full time	38	4.45	1.98	0.27	0.62
	Part time	70	4.00	1.99		
49.I consider spirituality is an important part of the overall well-being of clients	Full time	38	6.34	1.07	0.02	0.14
	Part time	69	6.78	0.45		
50.I seldom find myself considering spirituality when I think of the well-being of my clients - Reversed	Full time	39	5.44	1.62	0.30	0.42
	Part time	68	5.78	1.65		

Table O14. Chant by Full time/ Part time (cont). Benjamini and Hochberg Corrections shown in gray

Item No.	Part time (1-3 days) Full time (4-5 days)	N	Mean	SD	Sig. (2- tailed)	Correction
Assessment of spiritual issues (Items 43-46) by Full time/ Part time						
43.I have found it useful to include spiritual factors in assessment as an integrated part of the assessment process	Full time	36	5.00	1.45	0.56	1.11
	Part time	63	5.19	1.59		
44.The spiritual background of clients does not influence the way I assess clients - Reversed	Full time	38	3.39	2.09	0.76	1.01
	Part time	67	3.52	1.99		
45.I feel competent to use some or all of the following: Spiritual Genograms, Ecomaps and Ecograms for the assessment of spirituality with my clients	Full time	32	3.31	2.15	0.84	0.84
	Part time	64	3.41	2.03		
46.If my clients wanted spirituality to be included in their treatment I would refer them on - Reversed	Full time	38	5.63	1.85	0.02	0.08
	Part time	72	6.28	1.02		
Spiritual techniques (Items 51, 52, 54, 55) by Full time/ Part time						
51.I am comfortable to include passages from the Bible that facilitate change for the client	Full time	37	5.19	1.76	0.27	0.35
	Part time	70	5.57	1.64		
52.The use of texts from the Bible is not an appropriate tool in counselling - Reversed	Full time	38	5.16	1.73	0.37	0.37
	Part time	69	5.48	1.77		
54.I pray sometimes with my clients	Full time	39	5.08	1.77	0.04	0.14
	Part time	70	5.76	1.51		
55.Praying is not something I would feel comfortable doing with a client - Reversed	Full time	39	5.36	1.78	0.09	0.17
	Part time	70	5.94	1.44		
Christian counselling (Items 53, 56-61) by Full time/ Part time						
53.I do not feel a client's religion has any connection to the process of counselling - Reversed	Full time	39	5.77	1.63	0.70	0.70
	Part time	71	5.89	1.44		
56.It is helpful when clients clarify their religious or spiritual values	Full time	39	5.74	1.19	0.00	0.03
	Part time	71	6.32	0.84		
57.I feel uncomfortable dealing with the spiritual and religious values of clients - Reversed	Full time	39	5.74	1.68	0.43	0.60
	Part time	70	5.99	1.43		
58.I would be comfortable in helping a client work through issues in relation to changing their church or denomination	Full time	36	5.00	2.03	0.49	0.57
	Part time	68	5.26	1.73		
59.I would be very uncomfortable dealing with any issue related to my client changing their church or denomination - Reversed	Full time	38	4.68	2.07	0.10	0.23
	Part time	71	5.31	1.77		
60.I feel Christian counselling is unique because it deals with the whole person, body, soul, and spirit	Full time	36	5.56	1.99	0.05	0.19
	Part time	67	6.30	1.48		
61.The utilization of spiritual interventions in counselling is just an add-on to secular counselling - Reversed	Full time	38	5.37	1.81	0.22	0.39
	Part time	67	5.81	1.71		

Table O15. Chant by Profession. Benjamini and Hochberg Corrections shown in gray

Item No.	Professional identification	N	Mean	SD	Sig. (2-tailed)	Correction
Spiritual factors in training (Items 33-39) by Profession						
33.As a professional counsellor I feel competent to counsel clients regarding issues of spirituality	Psychologist/Therapist	18	5.94	1.31	0.89	0.89
	Counsellor/Social worker	79	5.90	1.21		
34.My training has given me the tools to enable me to include the spiritual dimensions in the context of counselling	Psychologist/Therapist	18	5.22	1.63	0.42	0.97
	Counsellor/Social worker	81	5.58	1.70		
35.My training left me unsure how to deal with spirituality in counselling - Reversed	Psychologist/Therapist	18	5.39	1.75	0.65	1.14
	Counsellor/Social worker	81	5.60	1.83		
36.I feel competent to counsel clients in relation to matters of spirituality	Psychologist/Therapist	18	5.94	1.21	0.79	0.92
	Counsellor/Social worker	81	6.02	1.13		
37.My response if clients raise issues of spirituality is to take note but to move on to other issues because I don't feel competent - Reversed	Psychologist/Therapist	17	6.65	0.61	0.28	0.98
	Counsellor/Social worker	80	6.33	1.19		
38.Disclosing my own spiritual beliefs appropriately to the client is acceptable	Psychologist/Therapist	18	4.44	1.98	0.01	0.08
	Counsellor/Social worker	79	5.80	1.43		
39.It is inappropriate to discuss my own beliefs and attitudes in relation to my own spirituality - Reversed	Psychologist/Therapist	17	4.47	1.84	0.65	0.92
	Counsellor/Social worker	80	4.70	1.93		
Integration of Christian spiritual issues in treatment (Items 40-42, 47-50) by Profession						
40.My spirituality is integrated through the whole of my philosophy of counselling. I would therefore call this Christian counselling	Psychologist/Therapist	18	4.89	2.40	0.14	0.34
	Counsellor/Social worker	77	5.79	1.65		
41.I feel my philosophy of counselling would be compromised if I included spirituality - Reversed	Psychologist/Therapist	18	6.39	1.20	0.84	0.98
	Counsellor/Social worker	80	6.45	1.16		
42.I have no problem when clients use language related to their spirituality	Psychologist/Therapist	16	6.69	0.48	0.45	0.64
	Counsellor/Social worker	79	6.47	1.14		
47.The only appropriate way for me to include spirituality in counselling is if the client specifically asks for the inclusion	Psychologist/Therapist	16	4.00	1.90	0.44	0.76
	Counsellor/Social worker	80	4.43	2.01		
48.I am concerned about ethical issues when issues of spirituality are raised - Reversed	Psychologist/Therapist	16	4.06	2.27	0.95	0.95
	Counsellor/Social worker	79	4.03	1.95		
49.I consider spirituality is an important part of the overall well-being of clients	Psychologist/Therapist	15	6.33	0.72	0.06	0.39
	Counsellor/Social worker	79	6.73	0.47		
50.I seldom find myself considering spirituality when I think of the well-being of my clients - Reversed	Psychologist/Therapist	16	5.00	1.51	0.08	0.28
	Counsellor/Social worker	78	5.77	1.60		

Table O15. Chant by Profession (cont) Benjamini and Hochberg Corrections shown in gray

Item No.	Professional identification	N	Mean	SD	Sig. (2-tailed)	Correction
Assessment of spiritual issues (Items 43-46) by Profession						
43.I have found it useful to include spiritual factors in assessment as an integrated part of the assessment process	Psychologist/Therapist	18	4.67	1.82	0.17	0.69
	Counsellor/Social worker	71	5.23	1.47		
44.The spiritual background of clients does not influence the way I assess clients - Reversed	Psychologist/Therapist	17	3.71	1.72	0.73	1.46
	Counsellor/Social worker	76	3.51	2.12		
45.I feel competent to use some or all of the following: Spiritual Genograms, Ecomaps and Ecograms for the assessment of spirituality with my clients	Psychologist/Therapist	16	3.25	2.02	0.82	1.09
	Counsellor/Social worker	71	3.38	2.04		
46.If my clients wanted spirituality to be included in their treatment I would refer them on - Reversed	Psychologist/Therapist	18	6.00	1.61	0.97	0.97
	Counsellor/Social worker	80	5.99	1.43		
Spiritual techniques (Items 51, 52, 54, 55) by Profession						
51.I am comfortable to include passages from the Bible that facilitate change for the client	Psychologist/Therapist	16	4.81	1.94	0.22	0.29
	Counsellor/Social worker	79	5.41	1.71		
52.The use of texts from the Bible is not an appropriate tool in counselling - Reversed	Psychologist/Therapist	15	4.80	1.66	0.23	0.23
	Counsellor/Social worker	79	5.41	1.79		
54.I pray sometimes with my clients	Psychologist/Therapist	16	5.06	1.84	0.20	0.40
	Counsellor/Social worker	79	5.63	1.55		
55.Praying is not something I would feel comfortable doing with a client - Reversed	Psychologist/Therapist	16	4.94	1.91	0.07	0.28
	Counsellor/Social worker	80	5.74	1.52		
Christian counselling (Items 53, 56-61) by Profession						
53.I do not feel a client's religion has any connection to the process of counselling - Reversed	Psychologist/Therapist	16	6.44	0.81	0.00	0.02
	Counsellor/Social worker	81	5.57	1.64		
56.It is helpful when clients clarify their religious or spiritual values	Psychologist/Therapist	16	6.19	0.91	0.97	0.97
	Counsellor/Social worker	81	6.20	0.89		
57.I feel uncomfortable dealing with the spiritual and religious values of clients - Reversed	Psychologist/Therapist	16	5.81	1.38	0.86	1.51
	Counsellor/Social worker	79	5.89	1.59		
58.I would be comfortable in helping a client work through issues in relation to changing their church or denomination	Psychologist/Therapist	15	5.27	1.71	0.93	1.09
	Counsellor/Social worker	77	5.22	1.89		
59.I would be very uncomfortable dealing with any issue related to my client changing their church or denomination - Reversed	Psychologist/Therapist	16	5.00	1.67	0.87	1.22
	Counsellor/Social worker	80	5.09	1.97		
60.I feel Christian counselling is unique because it deals with the whole person, body, soul, and spirit	Psychologist/Therapist	14	5.43	2.03	0.09	0.30
	Counsellor/Social worker	77	6.22	1.48		
61.The utilization of spiritual interventions in counselling is just an add-on to secular counselling - Reversed	Psychologist/Therapist	16	5.56	1.67	0.86	2.01
	Counsellor/Social worker	77	5.65	1.82		

Table O16. Chant by Qualification. Benjamini and Hochberg Corrections shown in gray

Item No	Academic qualifications	N	Mean	SD	Sig. (2-tailed)	Correction
Spiritual factors in training (Items 33-39) by Qualifications						
33.As a professional counsellor I feel competent to counsel clients regarding issues of spirituality	PhD/Masters/Bachelor	98	5.96	1.18	0.59	0.83
	Diploma/TAFE/HSC/none	13	5.77	1.24		
34.My training has given me the tools to enable me to include the spiritual dimensions in the context of counselling	PhD/Masters/Bachelor	102	5.45	1.67	0.15	1.03
	Diploma/TAFE/HSC/none	14	6.14	1.61		
35.My training left me unsure how to deal with spirituality in counselling - Reversed	PhD/Masters/Bachelor	101	5.47	1.85	0.32	0.74
	Diploma/TAFE/HSC/none	14	6.00	1.96		
36.I feel competent to counsel clients in relation to matters of spirituality	PhD/Masters/Bachelor	102	6.03	1.09	0.74	0.87
	Diploma/TAFE/HSC/none	13	5.92	1.19		
37.My response if clients raise issues of spirituality is to take note but to move on to other issues because I don't feel competent - Reversed	PhD/Masters/Bachelor	100	6.44	1.06	0.17	0.60
	Diploma/TAFE/HSC/none	14	5.64	2.02		
38.Disclosing my own spiritual beliefs appropriately to the client is acceptable	PhD/Masters/Bachelor	101	5.55	1.52	0.33	0.58
	Diploma/TAFE/HSC/none	12	5.08	2.11		
39.It is inappropriate to discuss my own beliefs and attitudes in relation to my own spirituality - Reversed	PhD/Masters/Bachelor	100	4.78	1.82	0.88	0.88
	Diploma/TAFE/HSC/none	13	4.69	2.39		
Integration of Christian spiritual issues in treatment (Items 40-42, 47-50) by Qualifications						
40.My spirituality is integrated through the whole of my philosophy of counselling. I would therefore call this Christian counselling	PhD/Masters/Bachelor	97	5.62	1.81	0.48	1.11
	Diploma/TAFE/HSC/none	13	6.00	1.78		
41.I feel my philosophy of counselling would be compromised if I included spirituality - Reversed	PhD/Masters/Bachelor	102	6.42	1.25	0.92	0.92
	Diploma/TAFE/HSC/none	13	6.38	1.19		
42.I have no problem when clients use language related to their spirituality	PhD/Masters/Bachelor	97	6.53	0.93	0.26	1.81
	Diploma/TAFE/HSC/none	12	6.17	1.70		
47.The only appropriate way for me to include spirituality in counselling is if the client specifically asks for the inclusion	PhD/Masters/Bachelor	98	4.32	2.00	0.67	0.78
	Diploma/TAFE/HSC/none	14	4.07	2.06		
48.I am concerned about ethical issues when issues of spirituality are raised - Reversed	PhD/Masters/Bachelor	99	4.16	2.03	0.37	1.30
	Diploma/TAFE/HSC/none	14	3.64	1.99		
49.I consider spirituality is an important part of the overall well-being of clients	PhD/Masters/Bachelor	96	6.67	0.54	0.59	0.83
	Diploma/TAFE/HSC/none	14	6.43	1.60		
50.I seldom find myself considering spirituality when I think of the well-being of my clients - Reversed	PhD/Masters/Bachelor	97	5.70	1.58	0.52	0.91
	Diploma/TAFE/HSC/none	13	6.00	1.47		

Table O16. Chant by Qualification (cont). Benjamini and Hochberg Corrections shown in gray

Item No	Academic qualifications	N	Mean	SD	Sig. (2-tailed)	Correction
Assessment of spiritual issues (Items 43-46) by Qualifications						
43.I have found it useful to include spiritual factors in assessment as an integrated part of the assessment process	PhD/Masters/Bachelor	90	5.06	1.58	0.00	0.02
	Diploma/TAFE/HSC/none	12	6.00	0.85		
44.The spiritual background of clients does not influence the way I assess clients - Reversed	PhD/Masters/Bachelor	96	3.58	2.04	0.23	0.31
	Diploma/TAFE/HSC/none	12	2.83	1.90		
45.I feel competent to use some or all of the following: Spiritual Genograms, Ecomaps and Ecograms for the assessment of spirituality with my clients	PhD/Masters/Bachelor	89	3.22	2.03	0.07	0.13
	Diploma/TAFE/HSC/none	10	4.50	2.22		
46.If my clients wanted spirituality to be included in their treatment I would refer them on - Reversed	PhD/Masters/Bachelor	100	5.92	1.53	0.61	0.61
	Diploma/TAFE/HSC/none	14	6.14	1.61		
Spiritual techniques (Items 51, 52, 54, 55) by Qualifications						
51.I am comfortable to include passages from the Bible that facilitate change for the client	PhD/Masters/Bachelor	97	5.29	1.72	0.03	0.11
	Diploma/TAFE/HSC/none	13	6.38	1.04		
52.The use of texts from the Bible is not an appropriate tool in counselling - Reversed	PhD/Masters/Bachelor	98	5.35	1.72	0.27	0.53
	Diploma/TAFE/HSC/none	13	5.92	1.89		
54.I pray sometimes with my clients	PhD/Masters/Bachelor	98	5.52	1.68	0.79	0.79
	Diploma/TAFE/HSC/none	14	5.64	1.15		
55.Praying is not something I would feel comfortable doing with a client - Reversed	PhD/Masters/Bachelor	99	5.71	1.61	0.63	0.83
	Diploma/TAFE/HSC/none	14	5.93	1.39		
Christian counselling (Items 53, 56-61) by Qualifications						
53.I do not feel a client's religion has any connection to the process of counselling - Reversed	PhD/Masters/Bachelor	100	5.88	1.49	0.58	1.02
	Diploma/TAFE/HSC/none	14	5.64	1.55		
56.It is helpful when clients clarify their religious or spiritual values	PhD/Masters/Bachelor	100	6.17	0.85	0.62	0.73
	Diploma/TAFE/HSC/none	14	5.93	1.77		
57.I feel uncomfortable dealing with the spiritual and religious values of clients - Reversed	PhD/Masters/Bachelor	98	5.95	1.45	0.59	0.82
	Diploma/TAFE/HSC/none	14	5.71	1.90		
58.I would be comfortable in helping a client work through issues in relation to changing their church or denomination	PhD/Masters/Bachelor	95	5.23	1.79	0.89	0.89
	Diploma/TAFE/HSC/none	13	5.31	2.21		
59.I would be very uncomfortable dealing with any issue related to my client changing their church or denomination - Reversed	PhD/Masters/Bachelor	99	5.17	1.88	0.56	1.31
	Diploma/TAFE/HSC/none	14	4.86	1.99		
60.I feel Christian counselling is unique because it deals with the whole person, body, soul, and spirit	PhD/Masters/Bachelor	93	5.92	1.77	0.00	0.00
	Diploma/TAFE/HSC/none	14	6.86	0.54		
61.The utilization of spiritual interventions in counselling is just an add-on to secular counselling - Reversed	PhD/Masters/Bachelor	95	5.59	1.73	0.51	1.78
	Diploma/TAFE/HSC/none	14	5.93	2.17		

Table O17. Chant by Training. Benjamini and Hochberg Corrections shown in gray

Item No	Training type	N	Mean	SD	Sig. (2-tailed)	Correction
Spiritual factors in training (Items 33-39) by Training						
33.As a professional counsellor I feel competent to counsel clients regarding issues of spirituality	Secular	43	5.81	1.18	0.35	0.49
	Christian	69	6.03	1.19		
34.My training has given me the tools to enable me to include the spiritual dimensions in the context of counselling	Secular	43	4.93	2.04	0.01	0.04
	Christian	74	5.91	1.30		
35.My training left me unsure how to deal with spirituality in counselling - Reversed	Secular	42	5.19	1.97	0.13	0.44
	Christian	74	5.74	1.78		
36.I feel competent to counsel clients in relation to matters of spirituality	Secular	43	5.95	1.13	0.59	0.69
	Christian	73	6.07	1.08		
37.My response if clients raise issues of spirituality is to take note but to move on to other issues because I don't feel competent - Reversed	Secular	42	6.40	1.06	0.71	0.71
	Christian	73	6.32	1.32		
38.Disclosing my own spiritual beliefs appropriately to the client is acceptable	Secular	41	5.29	1.82	0.29	0.51
	Christian	73	5.64	1.44		
39.It is inappropriate to discuss my own beliefs and attitudes in relation to my own spirituality - Reversed	Secular	41	4.51	1.89	0.24	0.56
	Christian	73	4.95	1.88		
Integration of Christian spiritual issues in treatment (Items 40-42, 47-50) by Training						
40.My spirituality is integrated through the whole of my philosophy of counselling. I would therefore call this Christian counselling	Secular	40	5.58	2.05	0.66	0.77
	Christian	71	5.73	1.66		
41.I feel my philosophy of counselling would be compromised if I included spirituality - Reversed	Secular	43	6.37	1.45	0.74	0.74
	Christian	73	6.45	1.11		
42.I have no problem when clients use language related to their spirituality	Secular	39	6.59	0.68	0.46	0.80
	Christian	71	6.44	1.18		
47.The only appropriate way for me to include spirituality in counselling is if the client specifically asks for the inclusion	Secular	41	4.05	2.19	0.41	1.44
	Christian	72	4.38	1.92		
48.I am concerned about ethical issues when issues of spirituality are raised - Reversed	Secular	40	4.43	2.26	0.23	1.62
	Christian	73	3.92	1.87		
49.I consider spirituality is an important part of the overall well-being of clients	Secular	40	6.55	1.06	0.43	1.01
	Christian	71	6.69	0.50		
50.I seldom find myself considering spirituality when I think of the well-being of my clients - Reversed	Secular	39	5.54	1.65	0.46	0.65
	Christian	72	5.78	1.61		

Table O17. Chant by Training (cont). Benjamini and Hochberg Corrections shown in gray

Item No	Training type	N	Mean	SD	Sig. (2-tailed)	Correction
Assessment of spiritual issues (Items 43-46) by Training						
43.I have found it useful to include spiritual factors in assessment as an integrated part of the assessment process	Secular	41	5.15	1.49	0.84	0.84
	Christian	62	5.21	1.58		
44.The spiritual background of clients does not influence the way I assess clients - Reversed	Secular	41	2.90	2.01	0.01	0.05
	Christian	68	3.91	1.99		
45.I feel competent to use some or all of the following: Spiritual Genograms, Ecomaps and Ecograms for the assessment of spirituality with my clients	Secular	40	3.28	2.15	0.77	1.02
	Christian	60	3.40	2.02		
46.If my clients wanted spirituality to be included in their treatment I would refer them on - Reversed	Secular	41	5.56	1.94	0.07	0.14
	Christian	74	6.18	1.21		
Spiritual techniques (Items 51, 52, 54, 55) by Training						
51.I am comfortable to include passages from the Bible that facilitate change for the client	Secular	39	5.26	1.90	0.42	0.42
	Christian	72	5.53	1.57		
52.The use of texts from the Bible is not an appropriate tool in counselling - Reversed	Secular	41	5.17	1.99	0.27	0.53
	Christian	71	5.58	1.58		
54.I pray sometimes with my clients	Secular	41	5.37	1.92	0.41	0.54
	Christian	72	5.65	1.42		
55.Praying is not something I would feel comfortable doing with a client - Reversed	Secular	40	5.33	1.87	0.06	0.23
	Christian	74	5.97	1.36		
Christian counselling (Items 53, 56-61) by Training						
53.I do not feel a client's religion has any connection to the process of counselling - Reversed	Secular	41	5.90	1.41	0.83	0.83
	Christian	74	5.84	1.54		
56.It is helpful when clients clarify their religious or spiritual values	Secular	41	5.95	1.28	0.17	0.40
	Christian	74	6.26	0.80		
57.I feel uncomfortable dealing with the spiritual and religious values of clients - Reversed	Secular	41	6.07	1.25	0.45	0.62
	Christian	72	5.85	1.63		
58.I would be comfortable in helping a client work through issues in relation to changing their church or denomination	Secular	40	4.78	2.07	0.07	0.48
	Christian	69	5.45	1.71		
59.I would be very uncomfortable dealing with any issue related to my client changing their church or denomination - Reversed	Secular	41	4.76	2.07	0.16	0.55
	Christian	73	5.29	1.81		
60.I feel Christian counselling is unique because it deals with the whole person, body, soul, and spirit	Secular	38	6.13	1.58	0.73	0.85
	Christian	70	6.01	1.75		
61.The utilization of spiritual interventions in counselling is just an add-on to secular counselling - Reversed	Secular	40	5.38	1.88	0.23	0.40
	Christian	70	5.80	1.72		

Table O18. Chant by Religious Involvement

Item No.	Level of involvement with organised religion	N	Mean	SD	Sig. (2-tailed)	Correction
Spiritual factors in Training (Items 33-39) by Religious Involvement						
33.As a professional counsellor I feel competent to counsel clients regarding issues of spirituality	Active involvement	69	6.04	1.13	0.85	0.85
	Regular or identification	40	6.00	1.18		
34.My training has given me the tools to enable me to include the spiritual dimensions in the context of counselling	Active involvement	73	5.77	1.45	0.37	0.65
	Regular or identification	41	5.49	1.82		
35.My training left me unsure how to deal with spirituality in counselling - Reversed	Active involvement	73	5.51	1.95	0.75	0.87
	Regular or identification	40	5.63	1.71		
36.I feel competent to counsel clients in relation to matters of spirituality	Active involvement	72	6.18	1.04	0.32	1.12
	Regular or identification	40	5.98	1.05		
37.My response if clients raise issues of spirituality is to take note but to move on to other issues because I don't feel competent - Reversed	Active involvement	70	6.41	1.27	0.43	0.60
	Regular or identification	41	6.22	1.24		
38.Disclosing my own spiritual beliefs appropriately to the client is acceptable	Active involvement	71	5.51	1.52	0.34	0.79
	Regular or identification	39	5.79	1.45		
39.It is inappropriate to discuss my own beliefs and attitudes in relation to my own spirituality - Reversed	Active involvement	71	4.63	1.97	0.11	0.74
	Regular or identification	40	5.20	1.62		
Integration of Christian spiritual issues in treatment (Items 40-42, 47-50) by Religious Involvement						
40.My spirituality is integrated through the whole of my philosophy of counselling. I would therefore call this Christian counselling	Active involvement	71	5.83	1.58	0.95	0.95
	Regular or identification	37	5.81	1.79		
41.I feel my philosophy of counselling would be compromised if I included spirituality - Reversed	Active involvement	72	6.54	1.09	0.19	0.33
	Regular or identification	41	6.22	1.49		
42.I have no problem when clients use language related ot their spirituality	Active involvement	69	6.39	1.22	0.04	0.29
	Regular or identification	38	6.74	0.50		
47.The only appropriate way for me to include spirituality in couselling is if the client specifically asks for the inclusion	Active involvement	70	4.04	2.05	0.15	0.34
	Regular or identification	40	4.63	1.92		
48.I am concerned about ethical issues when issues of spirituality are raised - Reversed	Active involvement	70	4.29	2.01	0.31	0.37
	Regular or identification	40	3.88	2.12		
49.I consider spirituality is an important part of the overall well-being of clients	Active involvement	69	6.75	0.47	0.14	0.48
	Regular or identification	38	6.47	1.08		
50.I seldom find myself considering spirituality when I think of the well-being of my clients - Reversed	Active involvement	69	5.86	1.69	0.26	0.36
	Regular or identification	39	5.49	1.47		

Table O18. Chant by Religious Involvement (continued)

Item No.	Level of involvement with organised religion	N	Mean	SD	Sig. (2-tailed)	Correction
Assessment of spiritual issues (Items 43-46) by Religious Involvement						
43.I have found it useful to include spiritual factors in assessment as an integrated part of the assessment process	Active involvement	67	5.18	1.64	0.54	0.72
	Regular or identification	34	5.38	1.37		
44.The spiritual background of clients does not influence the way I assess clients - Reversed	Active involvement	68	3.85	2.03	0.06	0.22
	Regular or identification	37	3.05	1.97		
45.I feel competent to use some or all of the following: Spiritual Genograms, Ecomaps and Ecograms for the assessment of spirituality with my clients	Active involvement	64	3.27	1.87	0.51	1.03
	Regular or identification	33	3.58	2.35		
46.If my clients wanted spirituality to be included in their treatment I would refer them on - Reversed	Active involvement	71	5.99	1.48	0.96	0.96
	Regular or identification	41	6.00	1.58		
Spiritual techniques (Items 51, 52, 54, 55) by Religious Involvement						
51.I am comfortable to include passages from the Bible that facilitate change for the client	Active involvement	71	5.73	1.41	0.33	0.65
	Regular or identification	37	5.43	1.66		
52.The use of texts from the Bible is not an appropriate tool in counselling - Reversed	Active involvement	71	5.59	1.65	0.51	0.51
	Regular or identification	38	5.37	1.75		
54.I pray sometimes with my clients	Active involvement	70	5.77	1.36	0.35	0.46
	Regular or identification	39	5.46	1.76		
55.Praying is not something I would feel comfortable doing with a client - Reversed	Active involvement	72	5.99	1.44	0.06	0.22
	Regular or identification	40	5.35	1.76		
Christian counselling (Items 53, 56-61) by Religious Involvement						
53.I do not feel a client's religion has any connection to the process of counselling - Reversed	Active involvement	72	6.08	1.42	0.05	0.34
	Regular or identification	40	5.53	1.43		
56.It is helpful when clients clarify their religious or spiritual values	Active involvement	72	6.25	0.92	0.21	0.49
	Regular or identification	40	6.00	1.16		
57.I feel uncomfortable dealing with the spiritual and religious values of clients - Reversed	Active involvement	71	6.04	1.48	0.42	0.73
	Regular or identification	39	5.79	1.61		
58.I would be comfortable in helping a client work through issues in relation to changing their church or denomination	Active involvement	69	5.26	1.71	0.77	0.90
	Regular or identification	38	5.37	1.99		
59.I would be very uncomfortable dealing with any issue related to my client changing their church or denomination - Reversed	Active involvement	71	5.20	1.83	0.74	1.04
	Regular or identification	40	5.08	1.95		
60.I feel Christian counselling is unique because it deals with the whole person, body, soul, and spirit	Active involvement	65	6.34	1.44	0.12	0.41
	Regular or identification	40	5.80	1.81		
61.The utilization of spiritual interventions in counselling is just an add-on to secular counselling - Reversed	Active involvement	69	5.68	1.75	0.83	0.83
	Regular or identification	37	5.76	1.77		

TIS/RIS (Shafranske): Items 21-26 by Factor

Note: Benjamini and Hochberg Corrections shown in gray

Table O19. Shafranske (TIS) by Gender

Item No.	Gender	N	Mean	SD	Sig. (2-tailed)	Correction
21. Religious and spiritual issues discussed in training	Female	85	3.91	1.29	0.85	0.85
	Male	41	3.95	1.16		
22. Rating of satisfaction with education in religious and spiritual issues.	Female	85	6.25	2.54	0.50	0.60
	Male	41	6.56	2.28		
23. Desirability for counsellor/clinical psychologist to receive education in the psychology of religion	Female	85	7.65	1.54	0.02	0.09
	Male	41	6.66	2.29		
24. Desirability of dealing with spiritual issues in supervision.	Female	84	8.04	1.20	0.26	0.78
	Male	41	7.71	1.65		
25. Desirability of people in general to participate in organized religion.	Female	85	6.71	2.11	0.32	0.63
	Male	40	6.23	2.64		
26. Desirability for people in general to have religious beliefs.	Female	84	7.77	1.76	0.49	0.74
	Male	40	7.53	2.09		

Table O20. Shafranske (TIS) by Full time/ Part time

Item No	Full time 4-5 days / Part time 1-3 days	N	Mean	SD	Sig. (2-tailed)	Correction
21. Religious and spiritual issues discussed in training	Full time	43	3.47	1.50	0.01	0.08
	Part Time	76	4.12	1.07		
22. Rating of satisfaction with education in religious and spiritual issues.	Full time	43	5.70	2.68	0.04	0.12
	Part Time	76	6.71	2.31		
23. Desirability for counsellor/clinical psychologist to receive education in the psychology of religion	Full time	43	7.07	1.97	0.39	0.39
	Part Time	76	7.38	1.84		
24. Desirability of dealing with spiritual issues in supervision.	Full time	42	7.74	1.48	0.33	0.39
	Part Time	76	8.00	1.33		
25. Desirability of people in general to participate in organized religion.	Full time	41	5.98	2.49	0.09	0.19
	Part Time	76	6.72	2.17		
26. Desirability for people in general to have religious beliefs.	Full time	42	7.29	2.06	0.12	0.18
	Part Time	75	7.85	1.78		

Table O21. Shafranske (TIS) by Profession

Item No	Professional identification	N	Mean	SD	Sig. (2-tailed)	Correction
21. Religious and spiritual issues discussed in training	Psychologist/Therapist	20	3.15	1.53	0.02	0.06
	Counsellor/Social worker	87	4.05	1.14		
22. Rating of satisfaction with education in religious and spiritual issues.	Psychologist/Therapist	20	5.90	2.81	0.45	0.45
	Counsellor/Social worker	87	6.37	2.38		
23. Desirability for counsellor/clinical psychologist to receive education in the psychology of religion	Psychologist/Therapist	20	6.55	2.09	0.07	0.15
	Counsellor/Social worker	87	7.41	1.89		
24. Desirability of dealing with spiritual issues in supervision.	Psychologist/Therapist	20	7.45	1.43	0.15	0.23
	Counsellor/Social worker	87	7.95	1.41		
25. Desirability of people in general to participate in organized religion.	Psychologist/Therapist	19	5.16	2.50	0.02	0.10
	Counsellor/Social worker	86	6.57	2.25		
26. Desirability for people in general to have religious beliefs.	Psychologist/Therapist	18	7.11	2.14	0.30	0.36
	Counsellor/Social worker	87	7.63	1.91		

Table O22. Shafranske (TIS) by Qualification. Benjamini and Hochberg Corrections shown in gray

Item No	Academic qualifications	N	Mean	SD	Sig. (2-tailed)	Correction
21. Religious and spiritual issues discussed in training	PhD/Masters/Bachelor	108	3.79	1.31	0.01	0.02
	Diploma/TAFE/HSC/none	16	4.50	0.82		
22. Rating of satisfaction with education in religious and spiritual issues.	PhD/Masters/Bachelor	108	6.11	2.52	0.00	0.02
	Diploma/TAFE/HSC/none	16	7.75	1.77		
23. Desirability for counsellor/clinical psychologist to receive education in the psychology of religion	PhD/Masters/Bachelor	108	7.21	1.92	0.12	0.18
	Diploma/TAFE/HSC/none	16	8.00	1.41		
24. Desirability of dealing with spiritual issues in supervision.	PhD/Masters/Bachelor	107	7.86	1.39	0.22	0.26
	Diploma/TAFE/HSC/none	16	8.31	1.20		
25. Desirability of people in general to participate in organized religion.	PhD/Masters/Bachelor	106	6.36	2.26	0.10	0.20
	Diploma/TAFE/HSC/none	16	7.38	2.34		
26. Desirability for people in general to have religious beliefs.	PhD/Masters/Bachelor	106	7.59	1.93	0.24	0.24
	Diploma/TAFE/HSC/none	16	8.19	1.42		

Table O23. Shafranske (TIS) by Training. Benjamini and Hochberg Corrections shown in gray

Item No	Training type	N	Mean	SD	Sig. (2-tailed)	Correction
21. Religious and spiritual issues discussed in training	Secular	44	3.09	1.43	0.00	0.00
	Christian	81	4.31	0.93		
22. Rating of satisfaction with education in religious and spiritual issues.	Secular	44	5.23	3.09	0.00	0.01
	Christian	81	6.90	1.86		
23. Desirability for counsellor/clinical psychologist to receive education in the psychology of religion	Secular	44	7.07	2.07	0.26	0.38
	Christian	81	7.47	1.75		
24. Desirability of dealing with spiritual issues in supervision.	Secular	44	7.84	1.31	0.60	0.72
	Christian	80	7.98	1.41		
25. Desirability of people in general to participate in organized religion.	Secular	43	6.12	2.55	0.16	0.32
	Christian	80	6.73	2.12		
26. Desirability for people in general to have religious beliefs.	Secular	43	7.65	1.95	0.89	0.89
	Christian	80	7.70	1.84		

Table O24. Shafranske (TIS) by Religious Involvement

Item No	Level of involvement with organised religion	N	Mean	SD	Sig. (2-tailed)	Correction
21. Religious and spiritual issues discussed in training	Active involvement	73	4.05	1.18	0.16	0.31
	Regular or identification	41	3.68	1.40		
22. Rating of satisfaction with education in religious and spiritual issues.	Active involvement	73	6.62	2.28	0.10	0.60
	Regular or identification	41	5.83	2.67		
23. Desirability for counsellor/clinical psychologist to receive education in the psychology of religion	Active involvement	73	7.42	1.71	0.64	0.64
	Regular or identification	41	7.24	2.13		
24. Desirability of dealing with spiritual issues in supervision.	Active involvement	72	8.00	1.21	0.56	0.68
	Regular or identification	41	7.83	1.64		
25. Desirability of people in general to participate in organized religion.	Active involvement	73	6.93	1.97	0.14	0.43
	Regular or identification	41	6.32	2.40		
26. Desirability for people in general to have religious beliefs.	Active involvement	72	7.88	1.64	0.52	0.78
	Regular or identification	41	7.66	1.87		

Group Statistics

Demographic Factor	Qualification	N	Mean	Std. Deviation	Std. Error Mean
2. Connection	PhD/ Masters/ BA	55	2.64	.890	.120
	Diploma/ TAFE award/ HSC/ None	72	2.50	1.035	.122

Independent Samples Test

Demographic Factor	Variance	Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
2. Connection	Equal variances assumed	2.022	.157	.781	125	.436	.136	.175	-.209	.482
	Equal variances not assumed			.797	123.205	.427	.136	.171	-.202	.475

Appendix P.

Integration

Interdisciplinary integration, according to McMinn (1996), is a helpful way of looking at Christian counselling. He speaks of the International Congresses on Christian Counselling in 1988 and 1992 which opened up discussion on Christian counselling techniques and methods and how the publication of *Christian Counseling Today* by the American Association of Christian Counsellors (AACC) has helped to open up the whole integrative area. The issue seems to return to the matter of training. Special qualifications in both theology and psychology are seen as beneficial if scholarly integration is to take place. Unfortunately that attainment of such educational expertise is unrealistic, due to time constraints and financial issues.

The integration of spirituality with psychology challenges different ways of knowing. Psychology is deeply rooted in scientific epistemology and values systematic and measurable observation, while Christian theology comes from doctrines forged over centuries and based on the biblical text of the Bible. Both epistemologies need to be valued for integration to take place (McMinn & Hall, 2000).

Intra-disciplinary Integration

Intra-disciplinary integration has to do more with the integration of theory and practice within a single discipline. Christians' own theoretical perspective should guide their theorizing in a manner congruent with their Christian world view. This then results in orienting their practice within psychology in a way that is consistent with a biblically sensitive and informed theoretical perspective, allowing their faith to control theory choice and to guide their research direction (Bouma-Prediger, 1990).

Faith-Praxis Integration

Faith-Praxis integration is about internal harmony or consistency between faith and commitment and one's world view. It is not limited to scholars and professionals like the other two types of integration. Faith-praxis is especially significant for Christians and challenges them to take

seriously the challenge of Scripture and to live a life of spiritual integrity in all areas of faith and practice (Bouma-Prediger, 1990).

Experiential Integration

Experiential integration is more personal and has to do with a personal occurrence of healing as a result of some religious experience. In other words it is integration between ourselves and God (Bouma-Prediger, 1990).

A useful proposal for integration of religious values into psychotherapy is presented by Saucer (1991). According to the author, many Evangelical Protestants and Evangelical Catholics would benefit from counselling but are afraid because they feel their values will not be understood by secular therapists. Worthington (1986) agrees with this and indicates that religious beliefs could be seen as pathological or psychological and that adherence to Biblical values might not be understood. Saucer (1991) proposes a religious psychotherapy that would meet the needs of Evangelical Christians; this he calls Evangelical Renewal Therapy. This method would offer cognitive explanation and methods to alleviate false beliefs and self-defeating behaviours from a Christian perspective. Part of the necessary process for change in this therapy is repentance. There are some similarities in this approach to Albert Ellis' Rational Emotive Therapy (Ellis, 1973). Ellis's ABCDE procedure is similar to the Biblical concept of "the renewal of the mind" (Romans 12:2; Ephesians 5:23).

Implicit Integration

Tan (1996b) introduces two useful models for the topic of integration. One is "implicit integration", the other "extrinsic integration". With implicit integration, the counsellor might pray for a client outside of a session or be influenced by Scripture, but not necessarily use obvious Christian resources directly.