THE INTEGRATION OF SPIRITUALITY IN THE PRACTICE OF CHRISTIAN COUNSELLING

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Abstract

Christian counselling is encouraged by churches and provided for by theological colleges who incorporate counselling training in some of their curricula. Registration is provided by Christian counselling organizations and some employment opportunities are provided by many not-for-profit Christian organizations and Churches. This research sought to comprehend the significance of Christian counselling and to gain an understanding of how training impacts the Christian counsellor.

The literature and background information in Christian counselling was viewed, laying a foundation for the research. The research comprised four scales culminating with two client scenarios. It sought to determine the value of Christian training in counselling and to gain a better understanding of Christian counselling. There was an expectation that Christian counsellors would be able to articulate what the distinctives were in relation to Christian counselling. There has been no known research in this particular area in Australia.

The research included 128 Christian counsellors who were graduates of Christian colleges, counsellors employed in Christian organisations and members of the Christian Counsellors Association of Australia.

The results of the research indicated that most participants, although enthusiastic in relation to Christian techniques in theory, did not always follow through with practical examples of this in the scenarios. The hypothesis, 'Graduates who are trained in theological institutions will be more likely to utilise Christian spiritual issues in their profession of counselling' was not supported.

Declaration

This is to certify that

(i) the thesis comprises only my original work towards the Doctor of Ministry Studies except where indicated in the Preface,*

(ii) due acknowledgement has been made in the text to all other material used, .

(iii) the thesis is less than 100,000 words in length, exclusive of tables, maps, bibliographies and appendices.

I certify that, to the best of my knowledge, the material presented in this thesis represents my own work and does not include the work of others, unless appropriately stated.

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I am also very grateful to my children and grandchildren who have accepted my absence from their lives during this period.

My sincere gratitude and thanks to Bond University and my supervisors. I would especially like to thank Kevin Woodgate, Alan Finch whose encouragement to this external student was invaluable.

Dedication

This thesis is dedicated to my husband whose tireless encouragement, patience, good humour and sacrifice contributed to and inspired the finished product. Without him, the completion of this work would have been impossible.

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Chapter One - Introduction

The seed ideas for the hypotheses for this research entitled "Integration of spirituality in the practice of Christian counselling" emerged out of the literature and the researcher's experience with Christian counselling agencies, within her own private practice, and the journey of her Christian counselling education both as a student and now through the teaching of Christian counselling.

This research explored firstly the proposition that graduates who are trained in theological institutions and Christian colleges in counselling and psychology would be likely to utilise Christian spiritual issues and techniques in their profession of counselling and secondly, that when spiritual issues such as God, religion, faith, prayers and spiritual questions are raised in the counselling process, Christian counsellors will respond to these.

Christian counselling in Australia is supported by at least ten theological colleges which incorporate counselling training in their programs (Glynn, 2007). Counselling services are encouraged by many churches or Christian agencies such as Sydney's Wesley Mission, which operates counselling programs like Lifeline Telephone Counselling, LifeForce suicide counselling, financial counselling, mental health and respite programs, psychiatric counselling, family mediation, veterans' services, children's care and others (Wesley Mission Annual Report, 2006).

Registration for Christian counsellors is provided by organisations such as the Christian Counselling Association of Australia (CCAA). Employment opportunities are provided in many non-profit services, private counselling agencies and church counselling services.

Data themes relevant to spirituality and Christian counselling were derived from the literature search with many of the following factors being incorporated in the four questionnaires used in this research and the data analysis: (1) Well-being; (2) Spirituality and

Health; (3) Experience of Religion; (4) Spirituality and Values; (5) Prayer; (6) Forgiveness; (7) Use of Biblical Resources; (8) Integrating Spirituality in Philosophy and Practice; (9) Spirituality and Ethics; (10) Self Disclosure of Spirituality; (11) Religious Coping; (12) Religious commitment; (13) Religious Counselling.

Additionally, this research sought to determine whether the degree of spiritual conviction increased or decreased the likelihood that spirituality and spiritual techniques would be included in practice. Furthermore, a question was also asked as to whether anxiety about ethical issues hinders the use of spirituality in counselling.

The material in this research reports on information gathered from questionnaires which were completed by Christian counsellors/graduates in Australia during the months of December 2006 and January 2007 and describes the scales used and the data analysis.

The first chapter introduces the scope of the research. The second chapter reviews the relevant literature related to general spiritual issues. Chapter three offers a discussion of the nature of Christian Counselling. The fourth chapter explains the methodology employed in this research. Chapter five summarises the data analysis. Chapter six considers the outcomes of the results. Chapter seven includes detailed discussion of the research findings and an overview, giving consideration to the limitations of this research, and a conclusion offering theoretical and practical implications for future research.

Chapter Two - Spirituality in the Context of Counselling

This chapter will explore research issues describing spirituality in the context of counselling. It reviews the impact of historical influences on the place of spirituality and religious beliefs in the practice of counselling. It then discusses the factors in the literature which have made a significant contribution to how spirituality is dealt with from the perspective of counselling and training.

Why is this Topic Important?

Spirituality is an integral part of human existence.

Religiousness and spirituality are gaining attention as potential health research variables (Koenig, 2005; Sorajjakool, 2006; Underwood, 2006) and in the last twenty years empirical research in the role of religion in counselling has boomed (Spohn, 2001, Worthington, Kurusu, McCullough, & Sandage, 1996). Sometimes the following words are used interchangeably – "religious" , "spiritual" and "spirituality" (Benner, 1989). The term "spiritual" will be used frequently in this study. It will also be used to convey the meaning and thinking behind this research.

Areas other than counselling are making advances in the arena of spirituality. For example in February 2010 there was the inauguration of a national peak body for chaplaincy, pastoral and spiritual care called "Spiritual Care Australia", previously known as the Australian Health and Welfare Chaplaincy Association, Inc. It is expected that this will provide useful material for practitioners in disciplines allied to chaplaincy.

Most research in the past has focused on religion. "Spirituality" is now a more popular term and is gaining in usage (Underwood & Teresi, 2002), although it is acknowledged that "spirituality" can be a broad and even nebulous term, albeit less threatening or confronting than "religion". Some theologians are sceptical of the current popularity of the word spirituality (Spohn, 2001, p. 277). One of the difficulties in the usage

of "spirituality" is that for some Christians it has a connotation of "New Age" philosophy (Herrick, 2003).

Traditionally, spirituality and religiousness were seen as one item (Kirkpatrick, 1990; Koenig, 2005). According to Kirkpatrick there was a shift of emphasis in the 1980s where spirituality separated from religiousness. This is a relatively new phenomenon and reflects a rise in secularism. It also reflects a social change in the move from a more systematic ritualistic approach to individualistic ways of thinking (Bowers, 2006; Koenig, 2005). This is evident in the neglect that religion and religious issues have experienced in psychology textbooks and has far reaching implications for training issues.

Human spirituality can be expressed through many areas such as creativity in art, music, and self conscious reflection. Spirituality can also be related to the "capacity for self-transcendence" and a lived reality, as noted in a contemporary text for health care disciplines:

> Spirituality refers to a fundamental capacity in human beings. It is expressed within human experience before people identify that experience with a particular religious or spiritual set of beliefs, rituals, or ethics. Spirituality, as an innate human characteristic, involves the capacity for self-transcendence: being meaningfully involved in, and personally committed to, the world beyond an individual's personal boundaries. This meaningful involvement and commitment shapes the way people live and allows them to integrate their lives. Spirituality can be clearly identified and studies in human events and written texts, or other forms of expression, such as art and music, desires and motivations. Spirituality is also an academic discipline. Using interdisciplinary methods, the dynamics of the spiritual dimension of life can be analysed (McSherry, 2006, p. 20).

Other definitions of spirituality open up the horizons for its use and embrace the concept of God:

> Spirituality is the human response to God's gracious call to a relationship with himself (Benner, 1989, p. 20)

and,

> 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).

Thoresen (1998) sees spirituality as believing in, valuing, or being devoted to some power higher than what exists in the physical world" (p. 413). Thus spirituality is simply the state of being spiritual, that is of having an awareness and appreciation of the realm of the spirit, not just of the body, but centring one's life on that appreciation.

As part of the preparation for this research, there was exploration of a variety of spiritualities, see Appendix A. Despite the determination to find a useful definition of Christian spirituality, it proved to be particularly challenging. Underwood (2006) whose scale was chosen for this research found over two hundred different definitions just of the word "spirituality". She identifies the dilemma that emerges when religion is taken out of the social and historical context. She argues that a definition of spirituality then becomes so vague as to become meaningless.

One difficulty in researching spirituality is the distinction between religiousness and spirituality. Some would say it is impossible to separate them (Hart, 1994). However, Aponte (1998) has a clear definition of spirituality with which he attempts to clarify the issue:

> 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 (p. 37).

Worthington's (1988) definition of religion is also clear and to the point –

> 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 (p. 168).

The distance between spirituality and religion is seen by some to be expanding . Religion is regularly being described as institutional and formalised and spirituality as being individualistic and fluid. One (religion) is defined as being negative and the other (spirituality) as being positive. Thus as spirituality becomes increasingly differentiated from religion, Pargament (1999) writes that:

> Spirituality is now cool; religion is uncool. Religion is uncool because we have assigned lower scores on religious maturity indexes. Health professionals are much more concerned about the motivational, affective, behavioural, experiential, and cognitive sides of religion than with the institutional (p. 4).

Meystedt's (1984) call for research into religion and spirituality was echoed by Zinnbauer et al. in 2001. The diversity of the various definitions of spirituality and religion and the many meanings are acknowledged and discussed in their revealing and useful paper. Recent understandings of spirituality as separate from religion are acknowledged and discussed with the recognition of the social issues supporting these developing insights. The authors attempt to put these issues into perspective with a reminder of the longevity of religion as against the newness and possible transience of individual spirituality.

According to Stander et al. (1994) spirituality is a personal and empirical experience which gives a sense of meaning. Religion on the other hand is generally about institutional beliefs about God. Martin and Carlson (1988) describe a spiritual person as someone who has a strong commitment to a spiritual or religious worldview. They also name several characteristics of a spiritual person: firstly having a core belief in God as creator, secondly engagement in certain spiritual activities such as prayer, meditation and worship of God,

thirdly, thinking and behaviour in line with teaching supported by sacred texts, and finally, their beliefs, thoughts, worldview and behaviours would be impacted by their faith. It will be readily seen that most of these attributes could also apply to a religious person. Spirituality and religion are children of the same family.

So for the purposes of this study, and in spite of the differences in emphasis, the terms 'religion' and 'spirituality' will be treated as generally synonymous, as both have to do with values, personal experiences, belief systems and behaviour. A simple definition to cover both might be *an approach to life that recognises the existence and importance of the spiritual realm* (Chant, 2010).

One of the tasks of the researcher after resourcing the many diverse perspectives of spirituality (Appendix A), is to gauge and assess what the meaning is for the individual participants. Because spirituality, for most of them, is related to a personal dimension of their Christian faith expressed through their daily lives and connected to their Christianity as indicated by the responses to the questionnaires, it is necessary to clarify an understanding of Christian spirituality.

McGrath (1999) offers a helpful definition:

> 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 spiritualty 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…' (p. 2).

Holt's (1993) description of Christian spirituality is also helpful to understand the many facets involved. He looks further than an inward individual understanding to a broader Biblical focus of Christian community:

> Christian Spirituality, 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 (p. 18).

One perspective from Christian Scriptures suggests that to be spiritual is to have faith in Christ, to be filled with and guided by God's Holy Spirit and to subject one's thinking to God (1 Corinthians 2:10-16), in other words, to live in a Spirit-directed way. Christian spirituality, then, is to live a Spirit-focused life, in which there is a personal trust in Jesus Christ and spiritual issues are given as much, if not more attention, than others.

One of the roles of a counsellor aligns with the justice issues expressed in Luke 4:18-19: "The Spirit of the Lord is on me, because he has anointed me to preach good news to the poor. He has sent me to proclaim freedom for the prisoners and recovery of sight for the blind, to release the oppressed, to proclaim the year of the Lord's favour." (Cf. Isaiah 42:1ff and Micah 4:6-7.)

Paul makes it clear that caring for the poor was part of his ministry Gal 2:10. Biblical spirituality includes looking after the poor and needy. This is consistent with a Christian counsellor's or pastoral care person's role. Lartey, as a pastoral theologian, emphasises the liberating and empowering (both individually and communally) aspects of pastoral care (1997, p. 40) even to the extent of suggesting that "supporting and working with people in these ways can make the difference between personal well-being and psychiatric illness" (p. 42). Pattison's review of the recent history of pastoral care notes that a sociopolitical critique of a "US inspired pastoral counselling" model would focus in its undue emphasis on

"pathology, individualism and narcissism" and seek instead "something broader, more holistic, more political and more theological" (2008, p.7). It is this balance that will be explored as the results of this research are discussed.

Christian counselling itself needs a reference point to "determine truth and direction" (Jones, 2006) and an overriding purpose. Jones outlines one clear perspective on Christian counselling:

> Christian counsellors are active representatives of God. They must communicate his healing message in the therapeutic encounter and look for his guiding hand in every counselling situation (p. 64).

One of the roles of a counsellor is to get a fair deal for their client Luke 4:18-19, The Spirit of the Lord is on me, because he has anointed m to preach good news to the poor. He has sent me to proclaim freedom for the prisoners and recovery of sight for the blind, to release the oppressed, to proclaim the year of the Lord's favour." Isaiah 42:1ff , Micah 4:6-7

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Having a theoretical understanding of the spiritual dimension enables a broader understanding of its importance to facilitate help to the whole person. It also feeds into the counsellor's ability to make spiritual assessments and interventions and provides a framework for examining the client's life experiences. The following diagram by Farran, Fitchett, Quiring-Emblen, & Burck (1989) compares both an integrated approach and a nified approach to the spiritual dimension.

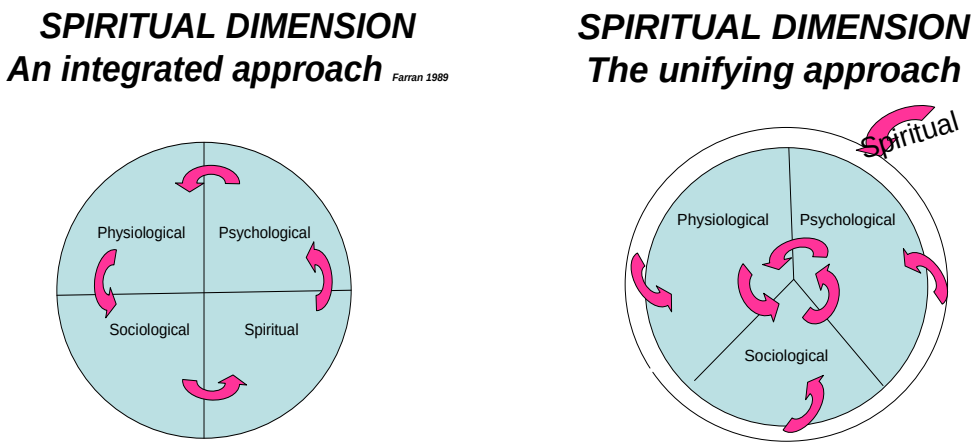

Figure 1. *Farran - Spiritual Dimension: An integrated and unifying approach*

The integrated approach indicates "the spiritual dimension as one system among many" (p. 187) indicating each segment is on the same level. The unifying approach indicates the spiritual dimension as impacting the totality of a person's life and this enables a broader understanding of the impact of a spiritual dimension in client's lives.

So there are options for viewing the spiritual dimension. One is to consider spirituality as just one approach among many, an integrated approach. Another better option is the unifying approach, in which the spiritual dimension represents the totality of one's being, not just a separate compartment (Farran et al., 1989).

Historically, spirituality has been left out of counselling.

Despite the importance of spirituality and religion in people's lives, one of the hindrances to these issues being routinely addressed in counselling is the polarised views held by those who feel spirituality is important and those who do not – the latter often significantly represented among health professionals.

Richards and Bergin (2005) indicate that one of the difficulties in exploring the area of spirituality within counselling is the tension between the understandings of science and religion. William James (1902) was one of the early twentieth century psychologists who attempted to integrate the two. In his paper "The Faith That Heals" he clearly indicates the need for balance between religious faith and faith in scientific methods and psychology.

If Strommen (1984) is correct that religious faith has historically been psychology's "blind spot", then a question emerges. Is it necessary to take seriously the challenge of scientists to consider more research, particularly on the impact of morals and of religious belief on psychotherapy? More research is needed into integration of psychological and spiritual experience. Wick (1985) highlights the dilemma when relating the case of a Vietnam veteran who found no help from a priest who referred him to a psychologist who also could not help him with the moral complexity of issues resulting from his experience in the war. He describes the issue as "lost in the no-man's land between psyche and soul" (p. 13). Wick recommends a blend of both spirituality and psychology for a healthy approach. These ideas are supported by a number of authors (Strommen, 1984; Tan, 1987; Walls, 1980; Wick, 1985; Zinnbauer et al., 2001).

Johnson and Ridley (1992b) show the importance of dealing with the historical issues of antagonism between science and theology and emphasise the need to confront the anti-religious conceptual and attitudinal biases among psychotherapy researchers. This approach seems to offer a more hopeful outlook and raises interest in finding a solution for this gap

between science and religion. One small solution was previously offered by Gorsuch and Meylink (1988b) who reviewed the literature on referral rates between psychologists and clergy. They indicate that referral rates were low but they expect that a more bi-directional and co-professional cooperation between clergy and therapists would be beneficial for clients. Weaver, Koenig and Larson (1997) suggest that the challenge is a shortage of research on training and cooperation between the two vocations. One reason for this is presented by Ragan, Malony and Beit-Hallahmi (1980) who indicate that many mental health professionals overlook the importance of religious involvement because they have little or no religious interest themselves. More recently Gridley (2009), in her thoughtful article entitled 'Psychology, spirituality, religion and culture – harvesting the gifts of all our ancestors', deplores the editing out of the "spiritual" and the "holy" by the scientific community, as these issues are part of the normal experience in traditional societies. Gridley argues that:

> Spirituality is defined here as the human quest for meaning, purpose and transcendence, with religion delineating the convictions, traditions and shared practices of a specific faith community (p.8).

According to Richards and Bergin (2005), historically psychotherapy/counselling had roots in spiritual healing traditions but during the twentieth century, spirituality and counselling separated. At the end of the twentieth century, there was a resurgence of interest once again in spiritual issues in the community (Richards & Bergin, 2005). Historically, these perspectives on spirituality and religious beliefs have negatively impacted research and the understanding of how to include spirituality in counselling (Strommen, 1984). Some authors have blamed Sigmund Freud for the decline in interest in the twentieth century (Berenson, 1990; Gridley, 2009; Kurtz, 1999; Schreurs, 2002). According to Jensen and Bergin (1988), Freud approached psychotherapy like surgery, separating and ignoring the values of the client. Ross (1994) explains how Freud was influenced by Marx's belief that "religion is the

opium of the people" (p. 7). These ideas were taken further, to the point where extremes in religious belief were, and still sometimes are, seen as emotional experiences or even the basis of psychological problems.

Freud scorned religion as an irrational, neurotic phenomenon and as equivalent to emotional disturbance (Freud, 1927, Freud, 1973). Freud's stance resulted in, or at least contributed to, a lack of research on the relationship between spirituality and psychotherapy. Freud's focus was on the mind and the body together, not the mind, body and soul perspective (Schreurs, 2002). Other authors suggest that Freud's problem was his world view. In his understanding, "people were trash" and he had little appreciation of the Genesis account of creation in the image of God (Genesis 1:27). According to Jones this meant he had "a blind man's grasp of the Fall" and his theory indicated this (Jones, 2006, p. 26). The theoretical focus of many therapists has been heavily influenced by Freud Berenson (1990), contributed ideas to the thinking that spirituality and religious experiences are illusions or wish fulfilments rather than a powerful resource (p. 59). This attitude to religion and spirituality was emulated by other early psychoanalytic and behavioural leaders (Bergin, 1980, 1983, 1991; Jensen, 1988).

Prominent theorist Albert Ellis who is credited with rational-emotive behaviour therapy (RET), had strong thoughts about religion and energetically debated the issue with Bergin (Bergin, 1980; Ellis, 1980). Ellis argued for an atheistic perspective which recognised that the majority of psychotherapists were atheists while Bergin proposed a theistic perspective which he claimed was consistent with psychological literature drawn from earlier theorists (Mowrer, 1961). Other authors such as Weaver and Koenig et al. (1997) had similar ideas to Bergin (1980). Worthington's (1989) comments are more general when he says counsellors are not as religiously oriented as their clients. Ellis (1980) argued that people who believe in religion were thinking irrationally and needlessly disturbed themselves with

dogmatic beliefs which he claimed were health-sabotaging. Western psychologists even today generally consider that religion and spiritual beliefs indicate personal shortcomings and reliance on external support (Gridley, 2009).

According to Kurtz (1999), rational-emotive therapists describe spiritual beliefs as irrational and cognitive therapists see spiritual beliefs as cognitive distortions (p. 25). During training, psychotherapists and mental health professionals may be taught that religious beliefs represent psychological problems or emotional weakness (Ross, 1994). A more moderate view is presented in the meta-research recorded by Bergin (1983) of twenty four pertinent studies on the issue of religiousness being correlated with psychopathology. He finds no support for this preconception that religiousness is necessarily correlated with psychopathology but does suggest caution in balancing the positive effects of some aspects of religiosity with the negative effects of other kinds which yield unimpressive outcomes. The way religiosity is measured seems to be at the heart of the issue resulting in the need for tentative answers and for the subject to be further investigated (Bergin, 1983; 1994). More recently Koenig (2005) indicates that most of the studies quantitative and qualitative show the health benefits of religion and that it is no longer possible to support the idea of religious activities as potentially harmful.

Ongoing tension between science and faith.

One of the difficulties in dealing with spirituality in counselling rests with the classic supposition that "science rests on facts and religion on faith" (Jones, 1994, p. 186). At best, psychologists have tended to keep a respectful distance from religious and faith issues (Jones, 1994). At worst, they have actively resisted them. Good support for the inclusion of spirituality in counselling is raised by a number of authors who claim that this stimulates hope and optimism which then encourages exploration of a sense of meaning. They list the following as positive values of religious faith: a healthier lifestyle; positive mental health

outcomes; social support networks; and psychological and spiritual lift (Oden, 1983; Pargament, 1997, 1996; Spilka, 1985; Worthington et al., 1996).

Research into the exploration on the relationship between therapy and spirituality was attempted by Berry and Meridith (1990) and Adams (1995) . The focus was the split between "facts" and "values", science and religion. Sometimes according to Bright (2007) the psychotherapist is seen as a contemporary 'secular priest'. For three hundred years Western thought has prevented the inclusion of alternative paradigms. Now, however, there is an era of cross-cultural sensitivity which requires a more effective therapy that is inclusive of the clients' culture and worldview including their spirituality, (Adams, 1995; Anderson et al., 1990).

Low proportion of believers among psychologists.

One interesting finding to come out of Zinnbauer et al's research (2001) was the similarity between the "New Age" group's response to spirituality and that of the community mental health workers. Both groups rated themselves highly on spirituality, but low on religiosity, and this represented 44% of the total. This indicates that mental health workers' attitudes to religion are not necessarily representative of the wider community. Therefore, they might find themselves in value conflict with their clients and clash with, or even undermine the worldviews of their clients simply by not acknowledging a spiritual dimension. This paper sounds a warning to mental health workers whose advocacy of a non-religious view of spirituality could interfere with professional objectivity and a client's world view.

Ragan et al. (1980) surveyed a random sample of APA members (2%) to determine whether psychologists' attitudes to religion were representative of this mainstream. There was a 71% (n = 555) response rate. Studies of the US population consistently report that over 90% of the population believe in God (Bergin & Jensen, 1990; Haug, 1998; Hoge, 1996;

Koenig, 2005; Martin & Carlson, 1988; McCullough, 1999; Peach, 2003; Walsh, 2009). However, only 43% of respondents reported such a belief, with 34% of respondents indicating they were atheists, a considerably larger percentage than is represented in the general population. Ragan et al. (1980) suggested that this could be in part due to social science's need to keep "a scholarly distance from religion" (p. 208). The response generally confirmed previous findings and seemed to indicate that psychologists are the least religious among mental health practitioners and other groups of professionals, such as Marriage and Family Therapists, Clinical Social Workers and Psychiatrists (Ragan et al., 1980).

Other studies also suggest that people practising religion are generally under-represented in mental health professions when compared to the population as a whole (Bergin, 1991; Weaver et al., 1997, p. 27). Studies of the Australian population find a lesser proportion of believers, ranging from 33% to 74% (Hughes, 2000; Peach, 2003). The Australian figures appear uncertain, however, with the number of Christians (61%) reported in one study (Peach, 2003) being larger than the number who claim to believe in God (33%), according to a different study (Hughes, 2000), where the opposite result might have been expected. See Appendix H for a summary of tables.

The attitudes to spirituality among generation "Y" are possibly the most diverse. Research was conducted for three years with young people between ages 13-29 in Australia and reflected a significant change taking place in relation to spirituality. The research looked at a range of issues such as: Family and Community; Peer Network; Culture; Social Class and Life Stages. It then looked at a variety of types of spirituality, these were: Traditional; New Age; Eclectic; Secular and Embryonic (Webber, Martin & Singleton, 2007). The results indicated that individuation and relativistic attitudes to spirituality were rife in this age group although, with few exceptions, there was little understanding of religious traditions. Again,

this reflects a greater community openness to spirituality than is evident among psychologists.

Research into Spirituality in Counselling

Research into measuring spirituality.

Although part of the preparation for this research was exposure to and engagement with a variety of spiritualities, the focus for the research was Christian spirituality in Australia. This decision to engage in researching the practices of Christian counsellors was influenced by the exponential growth in Christian counselling. The Association of Christian Counsellors in the United States grew from 2,000 to 16,000 members between the years of 1993 and 1995 (Worthington, Kurusu, McCollough and Sandage, 1996). Their current membership is listed as 50,000 (http://www.aacc.net, 20/2/09). Given the large proportion of the population of the USA who state that they are Christian it is not unexpected that many clients are seeking counsellors with similar worldviews to their own.

While the full number of Christian psychotherapists/counsellors in Australia may be unknown, there are 683 professionals registered with the Christian Counsellors Association of Australia[1]. There are approximately 400 members in the Christianity and Psychology Interest group (CAPIG)[2] who in turn are members of the Australian Psychological Society. Many counsellors who are Christian have also joined various secular associations, such as the Counsellors and Psychotherapists Association of New South Wales (CAPA) or the Psychotherapy and Counselling Federation of Australia (PACFA).

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[1] (CCAA, R.Salmon, personal communication 2010)

[2] (personal correspondence, I. Atkinson 15.5.10)

Is there an association between spirituality and health?

Scientific investigation into the relationship between religion and mental health has been on the increase. Several authors have called for more research so that clinically useful knowledge about the relationship between religion and mental health can grow and mature (Koenig, 2005; Larson, 1986; McCullough, 1998). This has been an important consideration given that "… religion and religious beliefs have been major determinants of human behaviour since the dawn of history" (Comstock & Partridge, 1972, p. 665).

There have been hundreds of empirical studies into the connections between religion and health (Levin, 1994) – two hundred and fifty studies were uncovered dating back to the nineteenth century. Levin's paper has three questions: "Is there an association?", "Is it valid?" and "Is it causal?" (Levin, 1994, p.1475). The review suggests the relationship is "causal" because there is only mixed evidence at this stage.

Spirituality and health seem to have merged in some settings, such as the Wesleyan and Pentecostal revivals in the last two hundred years (Poloma, 2006). Interest in healing the physical, emotional and psychological needs of people has been the focus of prayer for the sick since that time (Burgess & Van Der Maas, 2002, pp. 698-711).

In spite of the overall public acknowledgement of the importance of spirituality, the neglect in psychological therapy is well documented by many authors (Bergin, 1991; Bergin & Jensen, 1990; Shafranske & Malony, 1990; Worthington, 1991). There has been, however, a growing interest in a change in thinking in the mental health professions (Kelly, 1995; McMinn & Hall, 2000; Mountain, 2009; Proctor, 2009). The trend to an individualistic focus of Western societies including Australia mitigates against developing interrelationships which in turn has hindered people from connecting with the community of the church. However, within Australia we are seeing church communities providing counselling as can

be seen in Vivienne Mountain's *Study of Church-Based Counselling Services in Melbourne* (2009). This is opening up the connection between spirituality and health.

A subset of spirituality and health is well-being. It seems unusual that spirituality, which is such a central aspect of humanity and something so central to many clients' well-being is rarely assessed in counselling (Miller, 1999). Generally, well-being looks at "the need for having… the need for relating… the need for being" (Ellison, 1983, p. 330).

The National Interfaith Coalition on Aging made this suggestion:

> Spiritual well-being is the affirmation of life in a relationship with God, self, community and environment that nurtures and celebrates wholeness (Ellison, 1983, p. 331).

MacKinlay (2006) a prolific author on the subject of spiritually and aging, indicates that the spiritual dimension is so central to the well-being of humans that it is no longer optional but just as much part of being human as the mind and body.

A Spiritual Well-Being Scale (SWB) was developed by Paloutzian and Ellison (1982). In the process of using the scale several variables were found to be related to spiritual welfare indicating that human beings behave as "biological, cognitive, interpersonal, emotional and spiritual beings". This scale has been widely used to measure spiritual well-being, and in the process to look at quality of life issues, such as loneliness (Paloutzian & Ellison, 1982, p. 235).

According to Witmer and Sweeney, in 1947 the World Health Organisation defined health as "physical, mental, and social well-being, not just the absence of disease or infirmity" (World Health Organisation 1958). Since then "spiritual well-being" has been added to this definition (Witmer & Sweeney, 1992, p. 140).

Matthews' (1998) summary of the literature indicates that 80% of published studies on religious commitment and physical health find that religious commitment provides

positive outcomes to health status. This is supported by research conducted by Matthews et al. (1998) which suggests that religious commitment may prevent such things as depression, substance abuse, physical illness and early mortality.

Comstock and Partridge's research (1972) saw church attendance as a health-related variable. In the field of mental health, religious attendance was found to be positively correlated with personal adjustment in old age, and with reduced anxiety and apprehension about death. The most analysed health variable has been for arteriosclerotic heart disease. For women the risk of death from heart disease was found to be twice as high among infrequent church attenders as among frequent church attenders. Similar findings related to men. It was found that the risk of dying from heart disease was much less for men who attended church at least weekly. The reasons for the findings need further investigation. The opposite point of view is presented by Ashby and Lenhart (1994) who examined a group of 105 patients with chronic pain and also looked at what role religious thinking plays in illness. Patients who depended on prayer reported a greater degree of disability. More recently Richards and Bergin (2005) reviewed over 1,600 empirical studies and reviews, both quantitative and qualitative, which related to spiritual and religious factors in health. Most of this research supports the health benefits of religious commitment but the authors call for more rigorous research in the future (Richards & Bergin, 2005).

Other professionals including doctors are being challenged to consider spirituality in the context of treating the whole person. Peach (2003) takes it further by asking, "Should Australian doctors enquire into their patients' spiritual beliefs?" The same question could be asked of mental health workers. Peach (2003) argues for a holistic care incorporating spirituality. Matthews et al. (1998) agree with Peach but take a different angle by suggesting that referral of patients to clergy or spiritual advisors would go some of the way to addressing this issue.

Ways in which counsellors' worldviews and values impact upon their work with clients.

Christian counsellors and church workers help people differently depending on their personality, role and need, and the impact of a Christian world view. These affect both their functioning and that of the person they seek to help (Collins, 2007).

Some authors suggest that science has placed unnecessary restraints on counsellors by requiring allegiance to scientific traditions (Gutsche, 1994). As noted (Schreurs, 2002), spirituality and religious beliefs have not always been regarded by the psychotherapeutic profession as useful or effective in therapy. Theorists and researchers are now more positive about the integration of psychological and religious processes and recognising the therapeutic value in elements of religion and spirituality (Schreurs, 2002). Bright (2007) goes even further in his paper "Spirituality in Psychotherapy" by introducing the idea of the eclectic theologian-psychotherapist. He states that for the purpose of the:

> Continuing evolution of psychology, it is essential that both the role of spirituality is further examined through impartial investigation and that psychotherapists have theological training with an emphasis on tolerance and respect (p.70).

Research on the connection between religious commitment and psychopathology found that of the 30 effects tabulated, "23% of studies reported a negative relationship between religion and mental health. Forty-seven percent indicated a positive relationship and 30% a zero relationship" (Bergin, (1983, p. 176). Gartner et al. (1991) reviewed 200 studies that linked religious commitment to psychopathology. The instruments used were paper-and-pencil personality tests representing real life behavioural situations that measured theoretical constructs identified as "soft variables," with the research findings linking religion to positive human relationships identified as "hard variables (p. 6)." Another theme running through this research and other similar research is the difference between intrinsic spirituality and

extrinsic spirituality, where intrinsic spirituality represents a deeper and a more integrated spirituality and extrinsic spirituality is seen as a more external experience.

Does the experience of spirituality bring benefits to counselees? Martin and Carlson (1988) discuss the implications of incorporating spiritual dimensions in counselling. They acknowledge the benefits to health when the spiritual component in people's lives is recognised. These authors provide us with another useful perspective on spirituality:

> Spirituality as we see it, is a process by which individuals recognize the importance of orienting their lives to something non-material 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 (p. 59).

Assuming that a value system is defined as "an enduring organization of beliefs concerning preferable modes of conduct or end-states of existence along a continuum of relative importance", Rokeach (1973) draws a distinction between "therapeutic values" inbuilt in theory and "therapy values" as held by the therapists (p. 5) and that values should be expected to govern most people's behaviour. He argues that when counselling religious clients it is important to have an understanding of how religious values are held by the client. Beutler (1979) reviewed available literature on values and persuasion in psychotherapy and concluded that value change often happens in successful counselling and usually in the direction of the counsellor's values. Of the many values studied, only belief in God has been found to regularly differentiate clients from therapists.

According to Patterson (1958), the therapist's own values cannot be kept out of the counselling relationship. The practice of psychotherapy is not neutral in respect to values (Shafranske & Gorsuch, 1984), but it is affected by the counsellor's reliance on their subjective experience. Value-neutral counselling is seen as a myth (McMinn,(1996), with the integration of the personal and the professional gaining increasing interest. The discrepancy

between clients' and counsellors' values does affect therapy. It has been noted that the effect of the counsellors' world-view on their clients' world-view is strong. There are many ways this can happen. According to Miller (2003, p. 178), "The counsellor may try to shift the client's spiritual or religious values to be more like the counsellor's". Perhaps this could happen unintentionally, or as Miller goes on to say, the counselling goals may not fit with the values of the client. Australian researchers Khan and Cross (1983) state it to be a fact that professionals can shape a client's values. They acknowledge there is no such thing as value-free therapy. Khan and Cross (1983) conclude that the beliefs of health professionals generally are not in harmony with those of their client population. For example when it comes to important moral, spiritual or religious issues such as issues of personal sexual freedom, health professionals may tolerate more freedom than most of their clients.

In Gass's (1983) paper on values in psychotherapy, he concludes there is a need for more research into the choice of a religious rather than a secular counsellor and shows how this is so important to the religious client. Worthington (1988) expands on this, he says clients who see a counsellor with different values from their own are more pessimistic in their expectations about the process and the outcomes. However, this does not necessarily affect a positive counselling outcome. Worthington, Dupont, Berry and Duncan (1988) call for further research into understanding how spirituality and religious issues impact upon the client's values and how this can be addressed in counselling. The dangers of excluding a spiritual perspective are discussed by Richards and Potts (1995), who indicate that not to include spirituality in counselling is a violation of APA's principles in relation to human diversity. It is therefore important to match the counsellor with the client in relation to values where possible (Bergin, 1985; Kessel & Mc Brearthy, 1967).

According to a survey of psychologists, psychiatrists, social workers and marriage and family therapists by Chubb (1994), all acknowledge that values are embedded in the

therapeutic process. Chubb argues that when a client displays spirituality, spiritual values and religious faith, these can often be a strength rather than a weakness. Rayburn (1985-1986) considers it a difficult task to talk about values in counselling, and claims that in some quarters psychotherapists have been indoctrinated to believe that counselling is supposed to be value free. However, value-laden psychotherapy is well documented by authors such as Bergin (1980) and Kelly (1995). Wick (1985) warns the idea of value-free counselling is a myth and has not only influenced psychotherapists but also those trained in pastoral counselling, thus disadvantaging the clients. He gives the illustration of the confusion of a client who has value issues and is referred from a psychotherapist to pastoral counselling. He argues that the difficulty could arise if both the psychotherapist and the pastoral counsellor were taught by the same professionals and both experienced "value free thinking" resulting in the client experiencing possible frustration and disappointment.

Wyatt and Johnson's 1990 research into the influence of clients' religious values on their perceptions of a counsellor produced mixed responses and generally was inconclusive. The subjects were 250 undergraduates who were given a choice of five different counsellor descriptions. It appeared that the choice of either a feminist or a religious counsellor did not concern most potential clients, but when information about the counsellor was available, a strongly religious client would consider the choice important. It was also suggested that if there was an anti-religious bias it could lead to counsellor-client conflict. Some concern was raised about the results being untrustworthy because the choice of participants was not truly representative of the wider community (Wyatt & Johnson, 1990).

A different point of view is expressed by Zeiger and Lewis (1998) who question the appropriateness of the incorporation of religious material and religious assessment material in counselling, and indicate a possible conflict of professional boundaries. These authors also highlight the possibility that incorporating religious material could intensify the possibility of

transference, resistance and counter transference, which could interfere with the therapeutic process. In contrast Abernethy and Lancia (1998) argue that lack of training and limited religious heritage predisposes one to such thinking.

Ways in which Christian Spirituality Might be Included in Counselling

Prayer.

The following factors have emerged from a review of literature related to the inclusion of spirituality within Christian counselling: (1) Prayer; (2) Forgiveness; (3) Use of Biblical Resources (Bibliotherapy); (4) Integrating Spirituality in Philosophy and Practice; (5) Spirituality and Ethics; (6) Self Disclosure of Spirituality; (7) Religious Coping; (8) Religious commitment; (9) Religious counselling.

Prayer is central to Christian practice. It is described as communion or conversation with God (Moon, Bailey, Kwansy, & Willis, 1991). It is essential to Christian worship as indicated by the following quotation from one of Paul the apostle's letters:

> 1 Timothy 2:1-4, (1) I urge, then, first of all, that requests, prayers, intercession and thanksgiving be made for everyone– (2) for kings and all those in authority, that we may live peaceful and quiet lives in all godliness and holiness. (3) This is good, and pleases God our Saviour, (4) who wants all men to be saved and to come to a knowledge of the truth. (NIV).

Rosssiter-Thornton's (2000) prayer wheel offers some structure to prayer in counselling. The prayer wheel has eight sections (see Figure 2). These are "Count your blessings; Sing of love; Request protection and guidance; Forgive self and others; Ask for needs, yours and others; Fill me with love and inspiration; Listen with pen in hand; Your will is my will" (Rossiter-Thornton, 2000, p. 128).

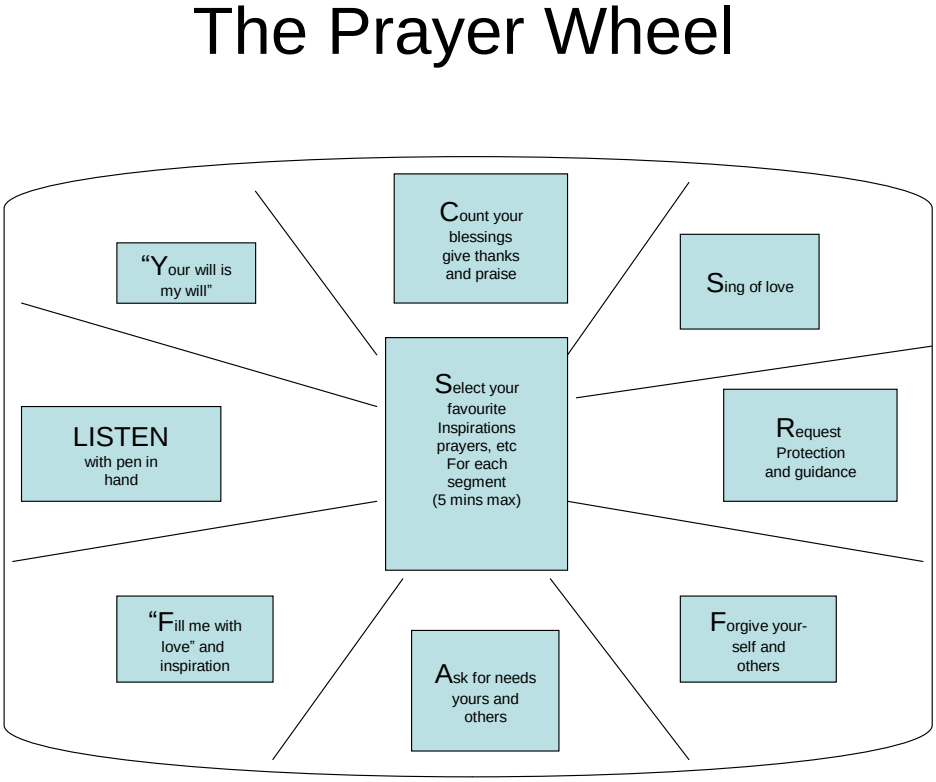

Figure 2. *Rossiter-Thornton - Prayer Wheel*

This approach 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 of use inside (and outside of) psychotherapy
- Anyone can test it for himself or herself (Rossiter-Thornton, 2000, p. 128)

Richards (1991) researched verbal prayer, particularly two forms of it: petitionary prayer and prayer of relationship. Three hundred and forty five adult subjects in various stages in the development of their Christian faith indicated their experience of prayer. Different types of prayer were considered such as confession, praise and thanksgiving. One

of the most famous Christian prayers, "The Lord's Prayer", as found in the gospel of Matthew 6:9-13, contains both types of prayer.

> Matthew 6:9-13, (9) This, then, is how you should pray: "Our Father in heaven, hallowed be your name, (10) your kingdom come, your will be done on earth as it is in heaven. (11) Give us today our daily bread. (12) Forgive us our debts, as we also have forgiven our debtors. (13) And lead us not into temptation, but deliver us from the evil one." (NIV)

The participants in Richards's (1991) research were divided into those who were affiliated with a church and those who were not. The results indicated a balance of the two types of prayer between petitionary prayer either for self or for others. The least popular prayer was for material prosperity, which is in contrast to the stereotype of Christians praying for personal gain.

There is a range of ways in which prayer might be incorporated into counselling. Firstly, counsellors themselves may pray for the client, or for guidance for themselves to work better with the client. Secondly, counsellors may invite clients to pray – in life in general, or during the session where the counsellor may also join them in prayer.

The therapeutic effect of Christian intercessory prayer is one of the oldest forms of therapy the following authors (Byrd, 1988: Poloma & Pendleton, 1989) regret the dearth of social science texts and empirical research on prayer, although more recently, there has been a growing quantity of published scientific studies on the effects of prayer. Marwick (1995, p. 1561) has strong views on the issue of prayer being normal for health professionals. He asks, "Should physicians prescribe prayer for health?" Marwick agrees with Poloma and Pendleton (1991) on a strong connection between well-being and prayer. One of the most intriguing papers on the effects of prayer on healing is the renowned "Spindrift Paper" which report how the researchers prayed for their plants in the context of a research project and the plants

prayed-for did better in each segment. They also explored ways to measure the effect of prayer on healing, with positive results (Spindrift, 1975-1993).

There has been some research into the use of prayer in counselling. For example, Gubi (2004) surveyed 578 counsellors in the UK concerning the frequency of prayer as an intervention. Of the counsellors, "11% prayed overtly" with clients who were Christian, while "37% prayed for guidance during a counselling session without client's knowledge". Forty nine percent prayed for the person, not with them. The other 51% prayed to prepare themselves for their work with people (p. 330).

Personal prayer is also considered of value by some mental health professionals (Bergin & Jensen, 1990; Shafranske & Malony, 1990). Prayer is one of the most often used spiritual interventions in different forms of therapy and counselling (Shafranske & Malony, 1990; Sorenson & Hales, 2002). Although many counsellors believe in praying for their clients rather than praying with their clients, nevertheless there is a variety of ways a counsellor may pray. It can be silent or vocal and perhaps encouraging clients to pray themselves for wisdom, strength and assistance. Some studies on prayer suggest praying aloud with clients (McMinn, 1996). In a study of doctoral level members of the Christian Association for Psychological Studies (CAPS), prayer during a session was reported to happen with 30% of their clients (McMinn, 1996).

Prayer must not, however, be used in lieu of appropriate training. Richards and Bergin (2005) go on to encourage therapists who believe in God, to pray for "enlightenment… and guidance" (p.253). Even some counsellors working in secular practices incorporate prayer into their work, although, according to Shafranaske and Malony (1990), the number is small. Their research found that only 24% of secular counsellors prayed for their clients and only 7% would pray with their clients. A more recent figure (Richards & Bergin, 2005) was found to be only 11% praying at all for or with clients.

There are different types of prayer. Intercessory prayer is a form of prayer that involves making requests of God for ourselves and others. Contemplative prayer is an interpersonal response to God through a non-analytical process. Listening prayer, as its name suggests, has a primary focus on receptivity to hearing from God. Praying in the Spirit relates to verbal utterances with unrecognisable speech (Moon et al., 1991).

In a review of 35 studies on prayer, McCullough (1995) described the benefits of prayer as follows. (1) Prayer is rich in mystical experience and is related to well-being (2) Prayer is depended upon to help with difficult life situations and may serve as a stress-deterrent. McCullough's (1995) research review closes with an acknowledgement of possible methodological flaws in some of the studies and a recommendation for improving the quality of prayer and health research.

Scientific evidence of supernatural healing through prayer is desired by believers and critics alike, though for different reasons. There has been some scientific investigation by secular institutions which have used randomised controlled trials of distant intercessory prayer. Masters (2005) lists twelve of these studies. One is Byrd's (1988) study of a group of 393 coronary patients from San Francisco General Hospital. Half of the group was prayed for by "born-again Christians", and the other half were considered the control group and received no prayer (Fung & Fung, 2009, p. 43). The prayed-for group fared better, although unfortunately, methodological problems did influence the outcomes.

Another large study investigated 1,802 coronary artery bypass graft surgery patients (Fung & Fung, 2009). Two groups were prayed for with only one group knowing they were prayed for. The prayed-for group seemed to do worse post-operatively. Another two groups were compared where each was unsure if they were prayed for. The group prayed for by strangers did not do well here either. It was also impossible to know if the patients' loved ones were praying for them anyway, which could have confused the scientific results. There

were questions raised as to how God can be measured this way. It would seem that we are all loved by God and he cares for people equally. In fact trying to prove God scientifically is perhaps ultimately impossible.

Others such as Masters (2005) suggest that studies of distant intercessory prayer are a distraction from more worthwhile studies in the area of religion and health. Masters assures the reader he is sympathetic by disclosing his own evangelical faith, but claims these studies have not proven God exists or that God answers prayer. Masters raises the question about God's love for the group not being prayed for: what sort of a God plays favourites so that he can be proved by man's scientific data? "Natural processes are the proper domain of science," he writes, "but supernatural processes are the domain of theology" (p. 274).

Today some people might call a counsellor instead of an elder of a church to pray for them as indicated in the scriptures (James 5:14-18).

Tan (2007) includes prayer counselling in this professional work and explains how a counsellor can utilise both prayer and scripture in the process of helping people. He explains explicit Christian Cognitive-Behaviour Therapy in his eight step approach to inner healing which can take place within a counselling session. The person can experience significant healing in this process from depression and un-forgiveness.

Research on health suggests that religious clients may have resources within their frame of reference to help them. Dossey (1996) encourages a partnership between faith and medicine. He says that prayer is not a replacement for good treatment but an excellent addition to it. Prayer in counselling is the focus of the following authors: Ashby & Lenhart, 1994; Bearon & Koenig, 1990; Byrd, 1988; Dossey, 1996; Duckro, 1994; Ellison & Taylor, 1996; Finney & Malony, 1985a, 1985b; Francis & Astley, 1996; Francis & Gibbs, 1996; Francis & Wilcox, 1996; Levin, Lyons, & Larson, 1993; Lewis & Maltby, 1996; O'Laoire, 1997; Rossiter-Thornton, 2000; Schneider & Kastenbaum, 1993; Surwillo & Hobson, 1978.

Forgiveness.

DiBlasio and Proctor (1993) see forgiveness as a powerful therapeutic intervention, playing a major part in psychological healing and as having the potential to restore relationships and heal emotional wounds. In spite of this, formal theory and good research in this area have previously been virtually unknown (DiBlasio & Proctor, 1993). It might well be expected that Christian counsellors would value forgiveness in the same way as Christians generally value forgiveness (Rokeach, 1973). But in a review of a series of studies by McCullough and Worthington (1994), it was found that religious counsellors did not function any differently from non-religious counsellors in their use of forgiveness as an intervention in counselling. Given that forgiveness is a pivotal Christian concept, this is an unexpected outcome. It is also surprising given that forgiveness is becoming more widely recognised by secular counsellors who increasingly use therapeutic interventions to encourage forgiveness. Even divested of its religious significance, forgiving can be defined as a useful problem-solving strategy. It is said by McCullough and Worthington (1994) that forgiving releases a sense of personal power, a concept worth pursuing.

Three of the studies reviewed examined the use of forgiveness by religious professionals (McCullough & Worthington, 1994). It was found that these professionals encouraged clients to use forgiveness frequently, with one study indicating that participants reported that of the overall religious interventions, forgiveness was emphasised 65% of the time. Being a retrospective survey, this study was susceptible to possible inaccuracies. Unfortunately, according to McCullough & Worthington, there is little concrete evidence to support forgiveness as a useful intervention because most of the studies on forgiveness have been weak in methodology.

Moon, Bailey, Kwasny and Willis (1991) surveyed graduate programs in counselling and psychology to ascertain how their training program content measured in relation to the

coverage of selected Christian spiritual disciplines which they proposed "should be examined as a creative and virtually untapped mental health resource" (p. 154). They refer to the clergy and churches as representing a sleeping giant of huge potential for addressing issues of mental health:

> This giant is not the physical and human resources of the Christian church, but rather the wealth of unique Christian counselling techniques—Christian disciplines—which have been developed, practiced, and honed over the centuries by the church's physicians of the soul (p.154).

Twenty disciplines were selected for this research from Christian writers (Appendix A). Of the twenty only one—forgiveness—was written into course outlines and given lecture time. Of the others, "contemplative prayer and teaching with scripture, confession, and worship were the next most frequently taught disciplines" (Moon et al., 1991, p. 158). The results generally supported the hypothesis that instruction in Christian disciplines is rare.

Forgiveness is not a universal remedy for all interpersonal situations. It is recognised that it might not be the desire of the client to engage in forgiveness and that for some clients with mental disorders it also might not be appropriate.

In the study by DiBlasio and Proctor (1993), members of the American Association of Marital and Family Therapists (AAMFT) rated their level of development of techniques to assist clients in "forgiving themselves, forgiving others, and seeking forgiveness for wrongdoing" (p. 175). According to the study, age appeared to be a contributing factor in the participants' responses. It seemed their life experience contributed to willingness to recognise the value of forgiveness. It could also be that as expertise developed due to more maturity so did their confidence in using a forgiveness technique. Another possibility is that younger therapists may have a here-and-now focus, resulting in them paying less attention to the past, using, for example, cognitive therapy, behavioural therapy or structural and strategic

therapies. What was surprising was that the level of religiosity was not significantly correlated with the use of forgiveness techniques.

This subject is further expounded by the following authors: Aponte, 1998; Coyle & Enright, 1997; Enright, 1996; Enright, 1989; Enright & Glassin, 1992; Hargrave, 1994; Hargrave, 1997; McCullough, Worthington, & Rachal, 1997; Pingleton, 1997; Sells & Hargrave, 1998; Thoresen, Luskin, & Harris, 1998; Tracy, 1999. See Appendix D for a special Summary Sheet extract.

Bibliotherapy.

Bibliotherapy is the therapeutic use of literature with the guidance or intervention of the counsellor, and it can be helpful for many different life situations (Cohen, 1994). Whereas psychotherapy is an interaction between a client and a therapist, bibliotherapy may be viewed as an interaction between a client and the literature.

According to Cohen's research, bibliotherapy included the following outcomes: Shared Experience; Validation; Comfort; Hope; Inspiration; Catharsis; Understanding; and Information Gathering (Cohen, 1994, p. 42).

The Bible may be described as "God's revelation as contained in the Scriptural Canon" (Moon et al., 1991, p. 157). According to (Richards & Potts, 1995; McMinn, 1996), biblical resources can be integrated into a counsellor's therapeutic work as the Bible can be used as an external source of truth which is in contrast to encouraging clients to "look inside themselves… for standards of conduct and principles of morality" (McMinn, 1996, p. 119).

Christian books with biblical content are often an adjunct to Christian counselling to help the client solve an issue or experience change. Atwater and Smith (1982) conducted a survey of members of the Christian Association for Psychological Studies International (CAPS) to discover what Christian books or other bibliotherapeutic resources counsellors considered helpful and to indicate which ones were influential in their counselling style. The

findings indicated that there were only a few books with a good balance of psychologically valuable material and biblical truth (see results section for participants' responses to bibliotherapeutic resources in this research).

Issues to Consider When Integrating Spirituality in Counselling

For centuries the church cared for people's psychological healing as well as their social, spiritual and physical needs (Bergin, 1983; Mountain, 2009). Counselling, psychological care, pastoral care and healing historically were situated in the Church, curing, sustaining, guiding and reconciling and all of those functions of the "cure of souls" that had psychological dimensions being cared for by the priest (1964, pp. 8-9). The earliest counsellors were "priests, prophets, medicine men and shamans" (Mountain, 2009, p. 4). Since then, medical science has replaced "cure of souls" with care of psychological needs, in most cases excluding the spiritual dimension (Richards & Bergin, 2005). The connection between spiritual healing and therapy is indicated by the fact that the word "therapy" comes from the Greek word *therapeuo*, which means "care, heal, or restore" (Jones, 2006, p. 62). The terminology that covered this care of souls would most likely in church settings be called Pastoral Care within the Clebsch and Jaekle (1964) framework. McMinn's (1996) definition is also a useful description of Pastoral Care:

> Pastoral care is a place where religious belief, tradition and practice meets contemporary experience, questions and actions and conducts a dialogue which is mutually enriching, intellectually critical and practically transforming.

Integration of spirituality in philosophy and practice.

Further research is called for into the use of spirituality in counselling practice according to Mack ("Exorcism," 1994), who acknowledges that some of the difficulty lies in the complexity of how spirituality is understood. While there is some research, more is needed to clarify issues so that clients' needs can be fully met. The use of assessment

procedures for the purpose of understanding where or if spirituality is important to the client is also considered and worth researching to solve this difficulty.

Bufford et al. (2005) argue that the primary factor in the integration of spirituality in practice is achieved by faculty modelling. Results in their research indicated that students in the doctoral psychology program at George Fox University gained their knowledge, skills and competence through integrative learning by watching faculty lifestyle and practice and so being enabled to integrate faith and service.

Clients have a right to expect that spiritual and religious issues should be dealt with in an open and transparent way (Quackenbos, Privette, & Klentz, 1986). Professional boundaries and ethical issues are crucial in this process is usefully discussed by Post, Puchalski and Larson (2000) in their informative paper on health and the influence of spirituality on the client. While McMinn (1996) acknowledges that the use of Scripture in counselling intensifies the risk of unethical coercion or inappropriate value imposition, he turns the question around to whether it is ethical not to use explicitly religious interventions in therapy. In any case, research is needed into how counsellors influence their clients on issues of faith and spirituality in relation to self-disclosure (Ingersoll, 1994; Shafranske & Gorsuch, 1984).

Not all spiritual practices are necessarily healthy and useful. Some extreme spiritual and religious practices are a concern – such as the life-threatening behaviour of a small group of churches who, taking a literalistic view of Mark 16:18, endanger their health by performing foolhardy acts such as handling poisonous snakes, drinking poison or handling fire (Burgess, 2002; Martin & Carlson, 1988).

Religious counselling.

In the process of reviewing empirical research from the previous ten years, Worthington (1986a) clarified the debate with some useful definitions such as his definition of religious counselling: "Counselling that primarily involves content associated with an organised religion or counselling done in an explicitly religious context" (p. 421). On the other hand, he describes secular counselling as "not involving religious content or not set in an explicitly religious context" (p. 421). In his review of nineteen empirical studies and two reviews of empirical research related to religious counselling, he found no support to indicate that religious counselling was any more beneficial in its effects than secular counselling. When working with religious clients, in fact, they were both equally effective. Was this a reflection of the value of a given method in itself? Or does it suggest that there is, in practice, little difference between the two approaches? Interestingly, Worthington indicates that an area of crucial need for research is the use and development of religious techniques.

The question is raised as to how to work with religious clients. Dougherty and Worthington (1982) are concerned that religious clients are reluctant to seek counselling, especially from non-religious counsellors. According to Gorsuch (1988a), psychologists seem to be polarised: they are either pro- or anti-religious. This absence of neutrality is concerning as it has hindered research into the psychology of religion. Johnsen's (1993) view is that it is impossible to scientifically quantify the concept of God and spirituality, therefore spiritual/religious counselling is relegated to the "too hard basket."

Moving Towards Better Integration of Spirituality into Counselling

Training secular counsellors about religion and spirituality.

The current state of counselling philosophy is described by Bowers (2006) as "historical forgetfulness". This is an apt description of the absence of spirituality in counselling in the Twentieth Century. This also highlights the need for change and the need to find ways to challenge counsellors to include the spiritual dimension in their practice. Bowers compares the place of spirituality to that of ageism and gay and lesbian studies. He illustrates how these groups have utilised their marginalisation, come out into the open, drawn attention to their particular interest areas and encouraged their issues to be included in current thinking. Proctor (2009) calls for more counsellors to take a holistic approach to caring for clients by including spiritual needs and the experience of the person. There is a real need for counsellors to be trained to handle spirituality. Proctor highlights important concerns in the following examples:

> Not appropriately skilled to deal with spirituality-related health issues… Theoretically – e.g. they feel inadequately educated about spirituality, or have a limited understanding of spiritual issues as they relate to health… Assessment-wise - e.g. they believe specialised training is required to administer assessment tools, lack confidence to assess spirituality, are unclear/unaware of appropriate assessment tools, or are unclear how to interpret assessment findings… Clinically – e.g. they lack confidence to discuss spirituality with clients, are unclear how to open a conversation about spirituality, or feel ill equipped to provide appropriate spiritual support and/or to address spiritual distress (p. 14).

People seeking help with spiritual issues can seek either pastoral care, spiritual direction, counselling or psychological help (Sperry, 2003). Sperry suggests that spiritual direction generally aims for a modest degree of psychological health and is less problem-focused than counselling or pastoral care. Spiritual direction may aim at a "cure of souls" and

spiritual growth, with much room given to prayer and meditation. Spiritual direction can facilitate the identification and removal of spiritual and psychological roadblocks. According to Sperry, research suggests that clients now expect their health professionals to deal with their spiritual concerns and take a more holistic approach.

Mountain's (2009) research into church-based counselling services in Melbourne indicated the vital role of the church in living out Christian spiritual values in local communities. This is also supported in an article in *Psychotherapy in Australia* in which the author indicates that "research certainly indicates clients want their religious and spiritual beliefs acknowledged, discussed and incorporated into the therapeutic counselling process" (Finlayson Smith, 2007, p. 58).

The consequences of the absence of a focus on religious and spirituality issues in graduate training programs are bought to the reader's attention by the following authors: (Bergin, 1983; Jensen, 1988; Miller, 2003; Ross, 1994). Some of the issues they raise indicate the need for specialised education to facilitate the use of spiritual interventions, spiritual competency and spiritual assessment. Twenty years ago, Quackenboss et al. (1986) said the time was right for specialised religious education for secular counsellors, very little has changed and this is still true today.

There are two clear issues relating to the need for education: the need in secular education for the inclusion of skills in dealing with all types of spiritual issues, and the need in theological colleges to have the necessary counselling skills to be able to handle spiritual issues competently within pastoral care and formal counselling. How to introduce the use of spiritual interventions into mainstream psychotherapy practice is a challenge. This issue is also being addressed by theological colleges teaching counselling from a Christian perspective. However, even here there is little evidence that these counsellors who wish to employ Christian techniques are receiving training that is helpful for the use of Christian

interventions (Worthington et al., 1988). It is not a simple issue – there is the challenge of how to measure competency in spiritual interventions and how to include spirituality in client assessment (Richards and Potts, 1995). Competency in relation to spiritual issues is also addressed by Ross (1994). The inclusion of spirituality as a valuable component in the process of client assessment is an ongoing challenge and is considered a worthwhile area for further research (Thoresen et al., 1998).

There is a need for specialised training in the use of uniquely Christian interventions such as prayer, Biblical biblotherapy, and forgiveness (Moon et al., 1991; Worthington et al., 1988). Further concern about the absence of training in the use of spiritual interventions in graduate programs is raised by Bergin (1983) and Cashwell and Young (2004) who indicate the main difficulty rests with the alienation between religion and psychology, and report its neglect in graduate programs generally.

Many psychotherapists and members of the clergy have been trained by the same mental health professionals. Wick (1985) calls for both groups to take care of the psyche and the soul of clients. However, this training often emphasises value-free psychotherapy and creates a problem for students, and especially for ministers of religion. The problem is that few mental health workers receive any training in understanding religious issues. Weaver Koenig and Larson (1997) refer to a survey of 409 clinical psychologists who were members of APA in the USA, only 5% of whom had any religious or spiritual issues raised in their professional training. Sorenson and Hales (2002) support this by emphasising that psychologists feel ill-equipped, both professionally and personally to deal with spiritual issues. Shafranske and Malony (1990) highlight that “Psychologists, in general, do not possess the knowledge or skills to assist individuals in their religious or spiritual development” (p.75).

Richards and Bergin (1999) come to the conclusion that in spite of the spiritual diversity of the North American landscape there seems to be some clarity and understanding in the various traditions with respect to "world-views, moral values, and attitudes toward psychotherapy and mental health professionals" (p. 470). How this information is translated into training programs is an important consideration and a major reason for this present research. Jensen and Bergin (1988) found that only 27% of therapists believed religious matters were important for treatment.

Weaver et al. (1997) claim with a degree of concern that there is a dearth of research especially on the collaboration between clergy and counsellors. They indicate the need for more research into how religion functions as a coping strategy for families. This is possibly more important in the USA than in Australia, as many people there go directly to clergy first if they have a problem. A high proportion of Americans consider religion very important (85%) compared to a sample of 555 members of the American Psychological Association (APA), where, as previously noted, only 43% claimed to believe in God.

Personal experience and clinical training play a major part in how spiritual issues are addressed in therapy. However, Shafranske (1996) acknowledges clearly the current limitations in training in this area, with the vast majority of clinicians reporting that spirituality/religiosity issues were rarely if ever dealt with. Miller (1999) is helpful in describing ways of solving this problem by providing clergy with counselling training and helping health professionals handle spiritual issues, through training. Gutsche (1994) suggests that science places unnecessary restraints on therapists by requiring allegiance to the scientific traditions, which may prevent them from engaging fully with spiritual issues.

Passmore (2003) challenges Australian psychologists by pointing out that, compared to the USA, we are "dragging the chain" in the inclusion of spiritual issues in counselling. It is therefore worthwhile to investigate what difference students experience in training in

counselling from Christian institutions and how this affects their ability to incorporate Christian spirituality in their practice.

There is a continuing interest in spirituality and religion in training especially in Australia and New Zealand (Adams, 1995) and the United States of America (Abbott, 1990). A study into spirituality and religion in training, practice and personal development (Prest, 1999) indicated that in the field of marriage and family counselling, graduates generally believed it necessary to deal with spiritual and religious issues in their clinical work, but felt they did not possess the necessary skills due to the lack of training. Many clergy receive some training in counselling. However, the reverse is not true: few mental health workers receive any training in understanding religious issues.

A useful template was developed by Cashwell and Young (2004) to deal with issues related to spirituality in training. Fourteen syllabi were analysed and evaluated using the nine competencies developed by a Summit on Spirituality (Cashwell & Young, 2004). Research was conducted using these competencies for the purpose of evaluating programs in which spirituality was taught, in the hope that more standardisation would enable counsellors to be more spiritually competent.

In Shafranske and Malony's (1990) research with the membership of the APA's division of clinical psychology, in which a sample of 1000 subjects was randomly selected from the APA's membership, subjects were asked to select a belief orientation from six ideological positions ranging from abstract notions of God or the transcendent, to a belief in a personal God. There was a response rate of 41%. The purpose for this research was the examination of psychologists' religious and spiritual orientations and the impact of this on their practice. The findings of this study suggested that "psychologists appreciate religious and spiritual concerns; view religious and spiritual issues as relevant to clinical practice;

utilise interventions of a religious nature to varying degrees; and receive limited training respective of religious and spiritual issues" (p. 72) .

In the USA, Sorenson and Hales (2002) analysed the training of four hundred Evangelical Protestant psychologists, trained in either secular or religiously affiliated clinical psychology doctoral programs. The research supported their interesting hypothesis that religious psychologists who were trained in secular institutions would be more likely to be conservative in their values than would psychologists trained in religiously affiliated programs. The secular trained would also use religious techniques whether the client was religious or non-religious. The impact of the findings is a challenge to secular programs to stop neglecting religious issues and for religiously affiliated programs to realise the extent of the secularisation of their programs.

There is an increased interest in the integration of theology and psychology at Christian institutions, resulting in a higher level of professionalism (Bassett, Schwab, & Coisman, 1987) and a willingness to include spirituality and Christian teaching for the purpose of enhancing the healing process (Byrd, 1998). While there are some legitimate questions raised about "faith healing" which is sometimes accompanied by unsubstantiated claims, it is recognised that there is nevertheless a connection between faithful prayer and physical and psychological healing (Martin & Carlson, 1988). According to McMinn (1996), training is an important consideration in relation to the inclusion of spirituality within counselling. A knowledge of psychology and theology is helpful for intra-disciplinary integration.

Having explored many of the research issues confronting spirituality, it is both necessary and appropriate to review a number of models that will facilitate discussion and inform this research related to integration of spirituality in the practice of Christian counselling.

Adamson (1976) sees prayer for healing (James 5:14-16) as a heritage of Christian believers, whereas sickness is seen in Scripture as a curse (Deut 32:39). Historically, manifestations of healing and miracles continued long after the time of Christ (Chant, 2008). Many are recounted by Augustine of Hippo in *The City of God*. He tells of miracle after miracle of healing centuries after the time of Jesus. Some of these were attributed to the influence of relics or shrines of martyrs yet Augustine is careful to acknowledge that he believed the healings were from God (Chant, 2008; MacNutt, 2005).

Subsequently, prayer and expectation that sick people could be healed by Jesus seemed to fade, although miraculous stories of healing are sprinkled throughout Christian history (Poloma, 2006). Taylor (1993) indicates that healing the sick has been always been part of the church tradition, at some times with a weaker focus than others, but Christ's commission to preach the gospel and heal the sick still stands today. Taylor enlarges on this with reference to two Lambeth Conferences of the Anglican Church, the last in 1978 encouraged the renewal of the ministry of healing in the Church which has resulted in prayer and counselling merging in some church settings today (Taylor, 1993).

'Pastoral' Counselling as a Dimension of 'Pastoral' Care

There is an obvious overlap between **pastoral** counselling and **pastoral** care (researcher's emphasis). This overlap will not be an overt part of this research, although its relationship and importance to counselling will be acknowledged and may well emerge in the data analysis. An international interest and focus on pastoral care and counselling was indicated by the gathering together of practitioners at a congress in Edinburgh, Scotland in 1979, for an event called "The Risks of Freedom". A second congress followed in 1983 and focused on "Symbols and Stories in Pastoral Care and Counselling". The third congress addressed the many cultural differences in the four continents represented. The Netherlands hosted the fourth congress in 1991 on "Pastoral Care and Context" with presenters ranging

from a Jewish Rabbi and to a Chilean Psychiatrist. The fifth congress was held in 1995 the theme being "Babylon and Jerusalem: Stories for Transition in a Strange Land." This included "an invitation to re-consider a universally inclusive understanding of pastoral care and counselling" (Lartey, 1997, p. 28). The ninth conference will be held in New Zealand in 2011 and the theme will be "Rituals of Encounters in Healing Pastoral Care and Counselling." Through the years the linking of pastoral care and counselling has been expressed in many areas, as similar challenges are being experienced in each discipline as culture, gender, faith traditions and interfaith dialogue are considered. Some of the issues of relevance, spiritual integration and practice that these congresses have grappled with are not dissimilar to the issues explored in this thesis: How is spirituality addressed in practice and how does the practitioner seek to integrate faith?

Definitions of pastoral care by Clinebell, Clebsch and Jaekle, Pattison, Wimberly, Berinyuu, Lartey and Cambell indicate how broad and far reaching their commitment is to the ministry of healing and spiritual care through one-on-one or group processes that embody distinct and recognisable elements of counselling :

> Pastoral Care and Counselling involve the utilisation by persons in ministry of one-to-one or small group relationships to enable healing empowerment and growth to take place within individuals and their relationships … Pastoral Care is the broad, inclusive ministry of mutual healing and growth within a congregation and its community, through the life cycle (Clinebell, 1984, p. 25-26).

> Pastoral care consists of helping acts done by representative Christian persons, directed towards the *healing, sustaining, guiding and reconciling* of troubled persons, whose troubles arise in the context of ultimate meanings and concerns (Clebsch & Jaekle, 1967, p. 4).

> Pastoral care is that activity, undertaken especially by representative Christian persons, directed towards the elimination and relief of sin and sorrow and the presentation of all people perfect in Christ to God (Pattison, 1988; 1993, p. 13).

> The bringing to bear upon persons and families in crisis the total caring resources of the church (Wimberly, 1979, p. 18).

> A pastoral counsellor in Africa, could be defined as [a] shepherding diviner who carefully guides a sheep through a soft muddy spot (Berinyuu, 1989, p. 12).

> Pastoral care consists of helping activities, participated in by people who recognise a transcendent dimension to human life, which by the use of verbal or non-verbal, direct or indirect, literal or symbolic modes of communication, aim at preventing, relieving or facilitating persons coping with, anxieties. Pastoral care seeks to foster people's growth as full human beings together with the development of ecologically holistic communities in which all persons may live humane lives (Lartey, 1997a, p. 9).

> That aspect of the ministry of the Church which is concerned with the well-being of individuals and of communities (Campbell, 1987, p. 188).

However it is important to go beneath the surface of pastoral care in order to uncover the spiritual dimensions. According to Sheldrake (2010) spirituality, particularly in Western culture, is seen as an inner-directed experience and as an individual quest. "Spirituality" is distinguished from and contrasted with "religion" in many contemporary care settings.

> Spirituality is nowadays personalised, democratised and eclectic, drawing from different faiths as well as from other areas of human knowledge such as popular psychology (p. 368).

Sheldrake explores how important pastoral questions relate to this loose understanding of spirituality. "Can there be tough or challenging spirituality? Is spirituality

able to confront the dark side of existence" (p. 370)? He notes that websites across a wide spectrum refer to spirituality as "beliefs about life" and this includes religious belief and meanings of "soul" and "spirit" (p. 372). In answer to a medicalised, mechanistic model of health care, a focus on spirituality potentially looks at "the whole person" and acknowledges that human existence has a spiritual dimension. Christian spirituality according to Sheldrake has a "high" view of the unique and special value of each individual person (cf. Ephesians 2:10).

Sheldrake sums up his discussion on spirituality:

> …there is a need for spirituality in health contexts to be more explicit about understandings of human purpose and direction (teleologies) and of human identity (anthropologies). Medicine and healthcare are not value-free zones associated with apparently neutral chemical or mechanical skills (drugs and surgery) (p. 378).

Christian spirituality affirms a model of pastoral care and counselling where the importance of relationship and community supports a strong social (rather than simply an individual) understanding of persons (p. 377). This understanding is being challenged due to issues of pluralism in religious, social and cultural contexts. Pattison (2010, p. 352) calls for more balance in his support for a richer understanding of spirituality from religious traditions of care that addresses social and communal factors as opposed to a "dumbing down" based only on an individual understanding of spirituality. This can be seen in his multi-faceted definitions of spirituality that overlap to some degree but each adds a fresh perspective:

> *Spirituality* in individuals and groups is the experience and process of engaging with and managing significant relations and attachments with a variety of objects, including material, immaterial, psychological, social, living, dead, conscious, unconscious and transcendent objects.

> *Spiritual care* is the activity of attending to, understanding and nurturing the engagement of groups and individuals in significant relations and attachments with a variety of objects, including material, immaterial, psychological, social, living, dead, conscious, unconscious and transcendent objects.
>
> *Religious spirituality* is the experience of engaging with and managing significant attachments and relationships with objects particularly objects regarded as sacred or transcendent, within a particular established tradition or community of faith and action.
>
> *Religious spiritual care* is the activity of attending to, understanding and nurturing the engagement of groups and individuals in significant relations and attachments with a variety of objects, particularly objects regarded as sacred or transcendent within a particular established tradition or community of faith (Pattison, 2010, p. 353).

Clearly these definitions have some relevance to counselling that is exercised within the frameworks of the research sample. Teaching methods and integrative practice of both pastoral care and Christian counselling need to be evaluated in the light of some these definitions and data analysis will take this into account.

Historically pastoral care has been integral to the development of Christian community since the time of the Early Church. Writers such as Jones (2006) and Oden (1983) outline the rich history of pastoral care. They highlight the historical and cultural adjustments necessary for accurate interpretation of the role and impact of pastoral care in a particular time and space. They also call us to revisit the early Christian writings and glean from them understandings to help us with the challenges of the present. Contemporary writes such as Lartey (1997) suggest that pastoral care looks at the total wellbeing of the whole person (cf. John 10:10). Lartey also notes that being spiritually 'present' to people at different life events has an overlap with counselling. He quotes Clebsch and Jaekle's historical understanding of what constituted the theory and practice of Christian pastoral care. Four basic principal

functions of Christian pastoral care were acknowledged (Clebsch and Jaekle, 1964). The principles they identified were: *healing, guiding, sustaining* and *reconciling* (Lartey, 1997, p. 21). Clinebell adds a fifth: *nurturing* (1984). Lartey adds two others: *liberating* and *empowering* (1997, p 37). Pastoral care readily finds an affinity with some forms of psychology and counselling and the research sought to identify these themes as they emerged.

Although some of the above ideas have been challenged as being too limiting, since the function of pastoral care is articulated in a Christian framework, nevertheless, pastoral care is commonly seen in a much broader social and religious context. The cultural focus expressed by the following authors is clearly Christian and the role taken is not necessarily a clergy one but of Christian persons who are prepared to do the caring. A delightful cultural image is displayed by an African definition of the pastoral carer as "a shepherding diviner who carefully guides a sheep through a soft muddy spot" (Berinyuu, 1989, p. 12). The influence of cross-cultural pastoral care opens broader panoramas of "storytelling, myths and proverbs, dance and drama and finally music" (Lartey, 1997, p. 9). This breadth of understanding of pastoral care is distinctive but it can still be compared with counselling approaches such as Narrative Therapy where the focus is on the telling of the story, or psychoanalytical perspectives on meaning as discovered in drama, art, and music therapy. Pastoral careers would usually work collaboratively with other carers to facilitate holistic care of those in need and indeed refer clients/parishioners to counsellors to complement their work.

Pastoral care and counselling are often seen as ambulance-services in a major life event, yet a more educative role in pastoral care might produce empowerment and holistic growth as indicated by Lartey's (1997) definition. Lartey discusses five models of pastoral care which are, he says, not mutually exclusive and there is certain overlap between models allowing similar eclectic interaction as demonstrated in some counselling models. He

describes pastoral care as a medium of therapy, ministry, social action, empowerment and personal interaction (1997). These terms could all be equally applied to many forms of counselling and are consistent with themes explored in the wider literature review in this thesis.

What is the role of the bible in pastoral care and counselling?

Pastoral care and pastoral counselling today value the role of the Bible as a spiritual resource. The debate in reference to the use of the Bible is not new and is discussed in detail by Capps in *Biblical Approaches to Pastoral Counseling* (1981). It is beyond the realm of this paper to explore the whole issue and the ebb and tide of the Bible's popularity and its use or non-use historically. It has nevertheless been used as a diagnostic tool, an instruction manual, a spiritual resource and a source of "hope giving comfort" to many seeking help (Capps, 1981, p. 24). One of the difficulties has been its misuse which could have been partly responsible for the period of an inhospitable environment influenced by Rogerian counselling. Roger's mother is said to have used verses from the Bible to keep her son from socialising with neighbours and to convict him of sin (Hurding, 1985). Of particular interest is the relative absence of reference to the use of the Bible in Clinebell's *Basic Types of Pastoral Counseling* (1984), a major text for many in training for pastoral care. Any use of the Bible in pastoral care, pastoral counselling or counselling itself should embody accurate empathy, respect for the counselee, concreteness, genuineness, self-disclosure by the counsellor, confrontation and immediacy (Bolton, 1989; Egan 2007; Ivey 2008). In other words Collins's (1972) caution alludes to the extent to which the Bible can be used in relation to the counsellor, the counselee and what issue is being presented. Faber and ven der Schoot (1965) discuss the shift in a position of power when the Bible is used by both counsellor and client as they are being addressed, as it were, by an outside source.

In the early days of the Christian counselling movement Cobb Jr (1977) argued for the language of the world and that of the Bible to be considered in tandem. This is difficult and would depend on the version of the Bible used, noting that the Authorised King James Version is used extensively in many churches in the USA. Using language and terms that the counselee can understand would of course enhance the usefulness of the process and it was anticipated that this could be a significant factor in the data analysis.

Finally, one of the most helpful guidelines in relationship to the role of the Bible in counselling and pastoral care is found in Capps' discussion of Oglesby's *Biblical Themes for Pastoral Care*. He highlighted the importance of *process* in the counselling situation including the methods, objectives and understanding of the relationship between counselee and counsellor. Three types of psychotherapies are discussed that bring to light the nature of different therapies and the:

> …primacy to *knowing*, to *doing*, and to *being*. Psychoanalysis and Eric Berne's transactional analysis are *knowing* therapies, William Glasser's reality therapy is a *doing* therapy, and Carl Rogers' client-centred therapy and Fritz Perl's Gestalt therapy are *being* therapies (Capps, 1981, p. 38).

According to this understanding the "Bible affirms all three objectives", with *being* given primacy in its scale of values" (Capps, 1981, p. 38) and this certainly resonates with the focus of the research on key factors in the spiritual dimension of counselling. There seems to be some consensus among these authors that the Bible can be used in counselling, as in pastoral care, to comfort, to instruct and to diagnose, as long as it is done with discrimination and sensitivity.

The overlap between pastoral care, pastoral counselling, Christian counselling, and counselling as practiced by Christians, is considerable. Therefore separating any of these for research purposes is quite difficult or even impossible. However, for the purposes of this

research there was special interest in the combination of Christian counselling and counselling as practiced by Christians to evaluate what research might show to be unique, expected or even unexpected.

Chapter Three - Christian Counselling Literature Review

"Christian counselling" and "religious counselling" in the context of this research will be treated as one and the same thing. Religious counselling is defined by Worthington (1986a) as "counselling done in an explicitly religious context". Pastoral Care could come into this category where a pastoral team in a church facilitates the counselling, but this will not be the focus of this research due to the vastness of the topic. "Secular counselling" is defined as counselling not involving religious content or not set in an explicitly religious context" (Worthington, 1986, p. 421).

Theories of Christian Counselling

In order to lay a foundation for the evaluation of the research and data analysis, a range of existing theories of Christian counselling, both old and new, will be reviewed from varied theoretical perspectives. In the process we are reminded by Henry (2003) that we always need more theories that will adequately move the counselling community forward in dealing with spiritual issues professionally and adequately.

Hart and others – Positive Psychology/Faith Based Positive Psychology.

Positive Psychology (PP) is a relatively new model of psychology, launched in 1998 when Martin Seligman, speaking as president of the American Psychological Association (APA), urged those present to focus more on what improves clients' lives (Seligman, 2004; Seligman & Csikszentmihaly, 2000). It seems that PP has the potential to open up further communication between psychology and religion. Gillespie and Zagano (2006) argue that PP interventions can replace traditional ways of doing psychology and therefore relieve pain, hurt and suffering and in the process produce happiness. According to Gable and Haidt (2005), the aim of Positive Psychology is:

> …for people to feel joy, show altruism and create healthy families and institutions and also… not to erase or supplant work on pathology, distress, and dysfunction…

> rather to build up resilience, strength and growth to integrate and compliment the existing knowledge base (p. 105, 107).

Faith-based positive psychology is achieved by the combining of the basic tenants of PP (See (E) with biblical components. Some other definitions of PP include:

- a study of relations among enabling conditions, individual strengths and institutions (Seligman & Csikszentmihaly, 2000);
- the study of the conditions and processes that contribute to the flourishing or optimal functioning of people, groups, and institutions (Gable & Haidt, 2005, p. 103)
- an umbrella term of positive emotions, positive character traits and enabling institutions (Gillespie & Zagano, 2006) .

Positive Psychology which, as its name suggests, considers a positive outlook to life's challenges (Seligman, 2004; Seligman & Csikszentmihaly, 2000). Various reasons are put forth for the rise in popularity of PP. One is that "psychology generally is not producing enough knowledge of what makes life worth living" (Gable & Haidt, 2005, p. 103). There is helpful research into what is wrong with people but not much on what would encourage people to enjoy fun and laughter. These ideas have attracted some leading scholars in the field of psychology as seen by those involved with PP, such as Duckworth, A. L; Gilliam, J. E; Dahlsgaard, K; Rewich, K. J; Chaplin, T. M.

Hart & Hart-Webber, (2009) look at a balance and integration of faith within Positive Psychology. This gives the opportunity for a move away from a disease model to a prevention model, a psychological paradigm that has potential to be integrated into healthy theology. It is not, they stress, positive thinking. It is about health, well-being and human flourishing. It seems that PP has greater potential than others to be integrated with Christian faith. It is also relevant to this research, data analysis and discussion with a view to

contemporary practice. A variation known as "Faith Based Positive Psychology" (FBPP) is gaining momentum, especially through the Hart Institute.

There are some challenges with PP. It can appear to make the rest of psychology look negative. Some have said that PP has a Pollyanna view of the world (Gable & Haidt, 2005). Neverthless, the Christian Church, when functioning well as an "enabling institution", fits well with the "relationship instructions" of PP.

The positive traits of PP can open up new ways of working with clients. These are:

- Character Strengths and Virtues
- Discover strengths and build on them
- Exercises for building positive traits
- Real life heroes—Courage—Hope
- Justice; Citizenship; Kindness (Hart & Hart-Webber, 2009, p. 2).

In the hands of Christian counsellors, PP can be integrated to constitute FBPP. Research is now taking place into the effectiveness of Soul Care truths through evidence-based investigations (Hart & Hart 2009). This is an innovative approach which identifies and classifies positive character traits and virtues for psychological health not psychological illness (Hart & Hart 2009). The fruit of the Spirit listed by the Apostle Paul in Galatians 5:22-23 contribute to an understanding of a healthy soul and fit well with PP.

Browning (1992) argues that mutuality exists between psychology and religion. Religion also "contributes to psychology by being a 'carrier' of morality and religious views, upon which psychology's cultural tradition is based" (Gillespie & Zagano, 2006, p. 6). The Classic works have also contributed to psychology's development in their understanding of human character. These works include "segments of both Hebrew Scriptures, such the Proverbs, the Psalms, Lamentations and Job, as well as the Christian New Testament, particularly the Gospels as inspiring Pauline passages on love (1 Cor 13) and hope (Rom

8:25ff). Psychological wisdom is further present in Aristotle's *De Abunam* Augustine's *Confessions*, and the writings of Maimonides, Thomas Aquinas, Martin Luther, John Calvin, Teresa of Avila and many others" (Gillespie & Zagano, 2006, p. 6). These ideas lead into a discussion of the work of Ian Jones, author of *The Counsel of Heaven on Earth: Foundations for Biblical Christian Counselling*, 2006.

Jones – Biblical Christian counselling.

The foundations and essential features of a biblical understanding of Christian counselling are addressed in detail by Jones (2006), whose goal is to indicate from Genesis to Revelation the most important features of biblical Christian counselling. He suggests that while some Christians engage with psychology, some agree not to engage and others feel it could even be dangerous to do so at all.

Jones has developed a helpful definition of biblical Christian Counselling:

> Biblical Christian counselling is a dynamic process of communication between a representative of God and a person, family, or group in need designed to achieve healing in the relationship of that person, family, or group to God, to self, and to others (p. 59).

Jones (2009, conference paper) categorically states that Christian psychology is rooted in the Bible and the place to start within Christian counselling is the narrative of Genesis, He says, this is the heart of a Christian worldview. This is different from the views of those authors who have had a huge influence in the area of Christian counselling, such as Adams and Collins who believe Christian counselling start with the New Testament (Adams, 1986a; Collins, 2007). Jones (2006) draws significance from what God asks of Adam and Eve in Genesis 3:9-13: "Where are you?", "Who told you…?" and, "What have you done?" In contrast to this, Collins (2007) has a forward focus on the changes in society and the influence of post modern thinking on counselling.

Jones (2006) is controversial when he says all psychologists get it wrong. Sigmund Freud had some understanding of the "fall", he argues, but missed the impact of what it means to be made in God's image. Freud considered the unconscious as the basic source of behaviour and argued that people generally had no idea of the real cause of their actions (Meier, 1982). Carl Rogers on the other hand emphasised the basic goodness of humanity (Meier, 1982) and had some understanding of what it means to be made in God's image but no understanding of the Fall of humankind through sin (Jones, 2006).

Jones asks the question, "Where does the Christian counsellor start?" The answer he keeps coming back to is the Scripture narrative in Genesis. He believes the understanding of sources of truth of historical figures in Christian literature such as Justin Martyr (A.D. 110-165), Augustine (A.D. 345-430) and John Calvin (A.D. 1509-1564) is worthwhile considering. He indicates that the usefulness of their contribution is linked closely to their worldviews. McMinn (1996) agrees explaining that Calvin in his Institutes argued that our relationship with God and our understanding of ourselves are inseparable.

Jones (2006) then turns his attention to some of the early writers of psychology who about the same time were saying opposite things, which according to him is the outworking of two different worldviews. Freud coming from a naturalist worldview, scorned religion as irrational, indicating it to be a neurotic phenomenon (1927). According to some authors he was to blame for the decline in interest in spirituality in psychology in the twentieth century (Berenson, 1990; Kurtz, 1999; Schreurs, 2002).

Where would God start instructing Christian counsellors? What would be his framework for Christian counselling? Most Christian counsellors would start with the New Testament and with the Apostle Paul. The difficulty with Paul's communication style is that he is didactic and this does not always translate well cross-culturally to today's society. Many societies today do not function this way in their communication; they are more narrative,

much like the Old Testament. So in answer to where would God start, Jones turns to Genesis and the story of the Fall, "the first crisis counselling in human history". He returns to the three questions mentioned above as an ideal model of Christian counselling: "Where are you?", "Who told you…?" and, "What have you done?" (p. 83). Jesus was to become a living example of God's question to Adam and Eve as he encouraged people to identify their concerns and addressed their issues (Jones, 2006).

Jones (2006) draws quite heavily on the work of Oden (1984), in particular his book *Care for Souls in the Classical Tradition*. In his treatise Oden refers to Gregory the Great as an example of classical pastoral care with the inference that he can be a valuable example for Christian counsellors today.

> After having been enamoured as a theologian with a long parade of novelties that promised the moon and delivered green cheese, I now avoid the pretences of creativity. So I have deliberately sought our earlier pastoral writers, especially when they speak more sensibly than modern ones (Oden, 1983, p. 7).

Oden's work shows how 19th Century pastoral writers made frequent reference to the classic pastoral tradition, while 20th Century pastoral writers shifted focus dramatically. They no longer referred to classic pastoral texts, but frequently cited modern psychotherapists whose views mostly did not include a spiritual dimension.

Their work can influence Christian counsellors due to the considerable overlap that exists between the two professions of pastoral care and counselling.

Malony and Augsburger – Integration

Christian Counselling: An Introduction (2007) a relatively new work on Christian Counselling by Malony and Augsburger, two scholars noted for their integrating Christian faith and the practice of counselling. They open up useful discussion on what constitutes Christian counselling and in the process deal with both foundational aspects and challenging

and controversial issues. Their practical approach helps those who wish to integrate their faith with their clinical practice. Christian counselling is, they say, "part of God's witness to the world" (p. 13) therefore "increasing and maintaining a sense of God among clients" (p. 29). This would seem to be "… the master motive" (Malony & Augsburger, 2007).

Coming from a multifaceted perspective as they explain that the goal of Christian Counselling is: "to enhance and sustain the experience of God in the midst of resolving differences" (Malony & Augsburger, 2007, p, 103). On one hand some issues have solutions that are common sense; others are encouraged as they see a bigger picture "grounded in the peerless revelation of God seen in the life, death, and resurrection of Jesus of Nazareth" (Malony & Augsburger, 2007, p. 92).

Malony and Augsburger (2007, p. 27) propose the four behavioural essentials for Christian life as a possible method of Christian counselling – namely, "Prayer, worship, Scripture reading/study, and witness through services." How this is facilitated could be either *explicit, implicit,* or *intentional* depending on the needs of the client. A method of Christian counselling would need to address the following 3 Cs – *commitment, connection* and *collaboration.*

> Christians who sense the presence of God in their daily lives commit themselves to loving others as God loves them; connect with others in a community of faith; and collaborate with God by working toward making the reign of God a reality. These are the ultimate ways in which a sense of God's presence should function in daily life (Malony & Augsburger, 2007, p. 27).

Acceptance Commitment Therapy (ACT) (Ciarrochi & Bailey, 2008) in which clients are encouraged "to *accept* life more realistically and to find joy by *committing* themselves to some higher goals" (Malony & Augsburger, 2007, p. 39) is also compatible with Christian counselling in which prayer, Scripture reading/study, worship, and service are present.

In contrast, Jones and Butman in their classic text *Modern Psychotherapies* explain the role God plays in Christian counselling:

- The role of advocate
- The role of reconciler
- The role of healer, and
- The role of director (Jones and Butman, (1991, p. 406-9)

Under the chapter heading "The substance of Christian Counselling", Malony and Augsburger (2007) compare the secular counsellors point to view with what Christian counsellors do. Both "plan their work and work their plan" which indicates that there are similarities between Christians who ground their counselling on their faith and others who do the same with their particular psychological theories.

Counsellors of all persuasions try to understand their clients' issues, to convey that someone cares about their issues without judgment, to establish trust and to suggest alternatives. It is in the last two areas that Christian counselling shows its distinctiveness. Putting it differently Christian counsellors need to help people:

- assess the level of their understanding,
- strengthen their comprehension,
- put their faith to work,
- design behaviours that will be supported by faith, and
- experience support in their faith endeavours (Malony & Augsburger, 2007, p. 44).

Malony is known for some of the tools he created for use in assessment of the role played by Christian faith and religious issues in the lives of clients, as well as for his role at Fuller Theological Seminary (Malony, 1985). Augsburger, also a professor at Fuller Theological Seminary, is perhaps best known for his classic book *Pastoral Counselling*

Across Cultures (Augsburger, 1986). However in the future the contribution they made through the title *Christian Counselling: an Introduction*, might overshadow their other accomplishments.

Worthington – Research.

Worthington looks at the following areas in his review of religious counselling over a ten year period:

- Religious counsellors
- Religious clients
- Religious counselling techniques (Worthington, 1986, p. 421).

He reviewed nineteen empirical Protestant studies related to religious counsellors, many of whom were clergy. In this study, he reported a new trend with psychologists who were trained in secular PhD programs approved by the (APA) into which religious content was integrated, which then flowed through to their clinical practice. In the United States clergy are the second most consulted professionals after physicians. Worthington's study indicated that almost all researchers had looked at Protestant pastors, but that the same attention has not been paid to the psychologists, social workers, counsellors, or psychiatrists who counsel religious clients (Worthington, 1986, p. 424).

It is argued that conservative Christians often have concerns about receiving secular counselling: they fear that their values will be changed, corrupted or misunderstood or even misdiagnosed. Worthington's study found six major fears. Secular counsellors would:

- Ignore spiritual concerns
- Treat spiritual beliefs and experiences as pathological or merely psychological
- Fail to comprehend spiritual language and concepts
- Assume that religious clients share non-religious cultural norms
- Recommend "therapeutic" behaviours that clients consider immoral

- Make assumptions, interpretations, and recommendations that discredit revelation as a valid epistemology (Worthington, 1986, p. 424).

Not all Christians would necessarily feel the same as conservative Christians. However it is accepted that some aspects of these fears might be present and would hinder some clients seeking help.

Christian clients generally assume that most therapists who are Christian will give them Christian counselling and are reluctant to ask for help from secular counsellors (Moon et al., 1991). Christian clients also expect certain techniques such as confession, forgiveness (Worthington et al., 1988), prayer (Larson, 1986), religious imagery (Propst, 1980) and Christian meditation (Carlson, 1988). However, there has been little research to investigate what professing Christian therapists in private practice or in mental health agencies actually do or what techniques they do in fact bring with them (Worthington et al., 1988). This research will attempt to explore this aspect of Christian counselling while recognising that Christian counsellors must abide by the ethics of their profession, which can constrain them from adopting a spiritual approach at times.

Worthington (1991) claims that Christians are more vocal about their beliefs than they used to be and are more often asking for religiously oriented counselling, with the use of Scriptures and prayer. Worthington (1991) has pointed out that in the next 30 years religious people in clinical practice will need to develop more competence in this area, and possibly more openness. We can see the accuracy of his predictions in the plethora of recent books on the subject, as indicated by the sample list of titles in Table 1:

Table 1. *Religious oriented counselling titles*

Title	Year
The Psychologies in religion: Working with the religious client	(Dowd & Nielsen, 2006)
Foundations for Biblical counselling; The counsel of heaven on earth	(Jones, 2006)
Faith & Mental Health	(Koenig, 2005)
Incorporating spirituality in counselling and Psychotherapy	(Miller, 2003)
Christian Counselling: An introduction	(Newton Malony, 2007)
A spiritual strategy for counselling and psychotherapy	(Richards & Bergin, 2005)
Psychotherapy and Spirituality	(Schreurs, 2002)

Tan – implicit and explicit integration.

Siang-Yang Tan (1999) presents two simple models of integration spirituality in counselling: implicit integration and explicit integration. He prefers to use the term "Psychotherapy" rather than "Psychological Therapy", arguing that "psychological" fits better with "humanistic-existential and cognitive behavioural treatment models compared to those practicing from a psychodynamic" perspective (p. 2). Both implicit and explicit integration depend on professional competence, being ethically accountable and being clinically perceptive for the benefit of the client.

Implicit integration does not include any particular religious input. However, if the client is expecting issues of spiritual relevance such as morality, value definition and the sacred, then appropriate consideration and understanding of the personal meaning associated with these issues would be discussed.

Explicit integration takes place when the counsellor uses overtly spiritual resources such as prayer, scripture, sacred texts and referrals to churches (Tan, 1996b). He stresses the

need for care to be taken when using extrinsic integration, such as, for example, the need to obtain permission from the client.

In explicit integration the counsellor would consider the possibility of using a range of spiritual resource such as forgiveness, guilt, sin and searching for meaning to address spiritual issues. Tan points out that developing the spirituality of both the client and the therapist requires dependence on God and the Holy Spirit for guidance in the use of various spiritual practices, such as prayer, confession, meditation, and fasting. He reiterates the need for appropriate training in this area and provides useful guidelines for the application of religion in psychological therapy in his writings. Tan also has a clear model of prayer counselling, Appendix F: (Tan, 1985, 1987, 1991, 1992, 1994, 1996a, 1996b, 1998, 1999).

Hurding – The Bible and Counselling.

Hurding (1992) lays a good foundation for the use of the Bible in counselling and offers some clear insight in *The Bible and Counseling*. Hurding attempts to classify the various approaches to Christian counselling in his useful diagram (see Figure 3). Four divisions of theories are depicted: Cognitive Behavioural Approaches, Analytic Approaches (psychoanalysis), Christian Personalism and Christian Transpersonalism. In each section, he shows how each theory handles the Bible and Christian counselling in distinctive ways. There is some overlap between the theories as will become evident in the following discussion.

The Cognitive Behavioural approach is reflected in the prophetic and prescriptive aspects of Christian counselling. This is particularly noticeable in Adams' Nouthetic counselling (Adams, 1986a). Hurding claims this is possibly one of the most utilised theories in Christian counselling. Other authors who fit in the cognitive behavioural segment of the diagram and whose books have had far reaching influence in Christian counselling are

Crabb's Biblical counselling (Crabb, 1981), Collins' discipleship counselling (Collins, 2001; Collins, 2007) and the Bobgans' spiritual counselling (Bobgan & Bobgan, 1987).

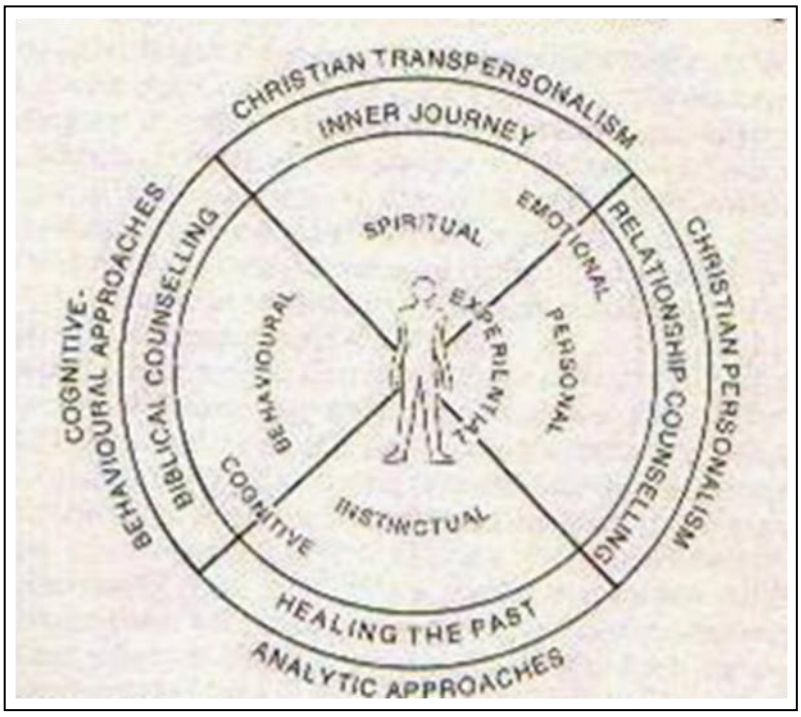

Figure 3. *Hurding - Christian counselling theories*

The analytic approach or the "archaeological dig" perspective, as Hurding (1992) calls it, stems from the approaches of secular authors such as Anna Freud, Melanie Klein and Karen Horney (Deutsch, Horney, Freud, & Klein, 1995). In the Christian field, authors such as Agnes Sanford (1982), Anne White (1987) and Catherine Marshall (1980) are identified as being in this frame. Others possibly belong there too, such as Paula and John Sanford (1982) with their Inner Healing approach, given that "Inner Healing" is strongly rooted in the Freudian concept of the power of the unconscious mind, and perhaps Ed Smith, the initiator of the Theophostic theory (Smith, 1996). This approach attempts to uncover past trauma, buried in the unconscious, and expose it to the healing presence of Jesus. Seamands (1981) describes it as "ministering to and praying for damaged emotions and unhealed memories" (p.7).

Prayer counselling is similar to Inner Healing but usually carried out by two or three counsellors. Although there are varieties of approach to prayer counselling, it typically involves extended times of prayer during which the client is encouraged to walk back through the past with Jesus and allow Him to deal with negative or traumatic memories, "with a sense of Christ's companionship" (Hurding, 2003, p. 366). Anne White's (1972) approach was implemented with very strict guidelines.

Christian personalism is seen as a pastoral and formative approach. Two theories stand out here. They are Clinebell's Growth Counselling (Clinebell, 1984) and Tournier's Dialogue Counselling (Tournier, 1965), Clinebell's Growth Counselling (1980) focuses on the present and the future. Growth counselling is sought to be facilitated in six basic dimensions of human experience: mind, body, relationship with others, with nature, with institutions and with God. Clinebell's book *BasicTypes of Pastoral Care and Counselling* is often used as a text in theological colleges. Clinebell (1987) holds to the Scriptures but could be considered to have a liberal perspective. For Tournier (1965) the essence of therapy is dialogue.

These perspectives lean closely on reliance on the Holy Spirit. According to John's Gospel, Jesus said-

> And I will ask the Father, and he will give you another Counsellor to be with you forever—the Spirit of truth. The world cannot accept him, because it neither sees him nor knows him. But you know him, for he lives with you and will be in you. I will not leave you as orphans; I will come to you (John 14:16-18, NIV).

Christian Transpersonalism. This approach is sacramental, contemplative and meditative. Christian transpersonalism is practised through the priestly role as seen in Catholic and Orthodox traditions. This is where formal confession fits.

The usefulness of Hurding's (1992) diagram and descriptions lies in the possibility of clearing up at least some of the confusion related to Christian counselling. Just as secular counselling is divided between different theoretical concepts and yet is seen as both valid and professional, Christian counselling also has its many theories and different ways of helping people within the varied forms of therapy.

One omission in Hurding's (1992) presentation of Christian counselling is exorcism. There is no place in his schema for this. Those who practise or believe in exorcism often refer to it as "deliverance ministry" or casting out of demons. Demons are mentioned frequently in the Bible, especially in the Gospels. They are also called spirits or evil spirits (Matthew 8:16; 12:43; 1 Timothy 4:1) or powers of darkness (Ephesians 6:12; Colossians 1:13). There are many accounts of Jesus driving demons out of people (e.g. Matthew 4:24; 8:16; 9:33-34). He is recorded as commissioning his disciples to do likewise (Matthew 10:1; Mark 16:17). There is considerable biblical evidence to demonstrate the belief that people can be influenced or even controlled by demons (Matthew 8:28-34; 17:14-21; Acts 8:7; Luke 4:41). The outstanding record is of the man named 'Legion' who after exorcism was found 'in his right mind' (Mark 5:15). It should be noted that biblical references to demonism are not necessarily to mental problems, as a distinction may be drawn between the two (e.g. Matthew 4:24).

This is an area where extremes have been experienced such as attributing almost everything to the work of demons – sickness, bad habits, insanity and almost any other life issue. In some situations, practitioners have left themselves open to abusing the client. For example, on 30 January 1993, a woman named Joan Vollmer, who had been discharged from the Ballarat Lakeside Psychiatric Hospital with a mental condition, died after a week-long exorcism or "deliverance" ritual at a farm in rural Victoria. When sentencing those involved,

the judge said the treatment was "rough and unwarranted and absolutely unjustified" (*Daily Telegraph*, 2nd December, (Howell, 1994).

On the other hand, there are documented accounts of people who have been significantly helped through exorcism. One example is Diane Taubert who was cured through exorcism from polyostotic fibrous-dysplasia, an incurable bone disease (Harris, 2006).

This approach is seen more as Christian ministry than Christian counselling. However some Christian counsellors, pastors and priests would consider themselves proficient in the area of exorcism.

Johnson and Ridley – Assumption model.

Johnson and Ridley (1992b) explain Christian counselling by using four major assumptions that they see as foundational to Christian Counselling. These are – "the Accommodation Assumption; the Hope Assumption; the Truth Assumption; and the Divine Agent Assumption" (p. 161). They recognised that not all Christian counsellors can be classified according to these four assumptions although it is interesting and helpful to see where different authors fit into this model.

The Accommodation Assumption incorporates a client's values in established therapeutic modalities modified for Christian understanding, enhancing the possibility of a good outcome. Cognitive or cognitive behavioural therapies have been used by Christians who incorporate the client's values with relative ease and translate the belief structures of the client into treatment. Other forms of Christian counselling reflect other theories such as a Christian form of Beck's cognitive treatment for depression and a Christian counselling approach from Ellis's RET (Johnson & Ridley, 1992b).

The Hope Assumption in Christian counselling arouses positive expectation beyond that of secular therapies due to the addition of a theological perspective of everlasting hope (Johnson & Ridley, 1992b). There are many biblical texts about hope, describing it as an

anchor for the soul (Hebrews 6:19; a living hope of an inheritance that can never perish (1 Peter 1:3, 4) and an expectation founded on God's love (Lamentations 3:21-23).

The biblical concept of hope is underpinned by passages such as Romans 8:28 which well indicate the hope perspective – "And we know that in all things God works for the good of those who love him, who have been called according to his purpose" (Romans 8:28, NIV). The therapist, regardless of therapeutic orientation, functions as a persuader within the hope assumption. Hope does not necessarily mean the problem goes away but it does mean that it can be viewed differently.

The Truth Assumption focuses on the literal truth of scripture. Belief is expected to lead to cognitive, behavioural and emotional change (Johnson & Ridley, 1992b). There is a strong focus on what the Bible shows the client and also what the client feels God has to say. Individuals are considered to be responsible for their own wrong doing. By accepting divine truth into their lives, clients change their behaviour in concert with their understanding of the theological system.

The Divine Agent Assumption assumes the presence of God to bring about change (Johnson & Ridley, 1992b) in contrast to the inner healing approach. While some authors such as Anna Freud, Melanie Klein and Karen Horney (Deutsch et al., 1995) focus on repairing emotional wounds, others like Adams (1986a), with his Nouthetic view of Christian counselling, focus on the direct work of the Holy Spirit. Adams's views are seen as extreme by some Christian counsellors, but he has made a valuable contribution by challenging Christian counsellors to come back to a biblical perspective. Adams denounces secular psychology completely. His position is seen as a mix between the Divine Agent Assumption and the Truth Assumption.

In the table (2) following, Johnson and Ridley (1992a) group most of the well known theorists in Christian counselling according to their main assumption. Although there is

overlap, the theorist's predominant assumptions are listed under each of the four headings. As Christian approaches to religious therapy are more prolific than those of other religious therapies, only Christian authors are listed:

Table 2. *Well known theorists and main assumptions*

Accommodation	**Hope**	**Truth**	**Divine Agent**
Backus & Chapian, 1980	Clinebell, 1980	Adams, 1986b,	Adams, 1986b
Collins, 2007	Guntrip, 1957	Bobgan & Bobgan, 1987	MacNutt, 1974
Crabb, 1977		Capps, 1984	Sanford & Sanford, 1982
Finney & Malony, 1985a	Tournier, 1965	Drakeford, 1967	Stapleton, 1977
	Kemp, 1984		
Lawrence, 1983	Vayhinger, 1973		
Lawrence and Huber, 1983			
Ragan et al., 1980		Mowrer, 1961	
Minirth & Meier, 1978		Seamands, 1981	
		Tournier, 1965	
Pecheur & Edwards, 1984			
Propst, 1980			
Thurman, 1989			
Tweedie, 1963			
Vitz, 1977			
Wilson, 1976			

Crabb – Spiritual transformation model.

Larry Crabb (1977) is one of the most popular, well known and influential professionals in the Christian counselling area.

A clinical psychologist, Crabb more recently seems to have been moving from focusing on psychology to emphasising spiritual transformation. His goals now are to help people encounter God, to have a genuine transformation and to enter into spiritual community. As the name of his website suggests (www.newwayministries.org), he encourages people to live a new way and to let Jesus invade their space. He runs schools in spiritual direction and has created a 12 lesson DVD course in Soul Care.

Crabb's *Effective Biblical Counselling* (1977) and *The Manual of Biblical Counselling* (1981) are his best known and most influential works. Other titles such as *Men and Women* (1991) and *The Marriage Builder* (1982) have a more specific focus on relationship perspective and preparing people for Christian marriage. The titles which have heralded his move from a more psychological focus to a devotional perspective are *Finding God* (1994a) and *God of my Father* (Crabb, 1994b). Whatever Crabb writes, integration of faith and practice is usually a central theme.

Drawing on his background and training in psychology, Crabb (1977) suggests that there are four different frameworks to describe Christian counselling. Their whimsical names are:

- Separate but equal
- Tossed salad
- Nothing buttery
- Spoiling the Egyptians (p. 33-48)

Separate but equal means there is a clear-cut wall between psychology and Scripture. Crabb (1977) indicates this is not helpful and must be firmly rejected, as theological beliefs

should be integrated with the whole life of a Christian. *Tossed salad* mixes the concepts of psychology and Christianity, by adding theological understanding to psychological thinking. *Nothing Buttery* refuses to consider the value of secular ideas with nothing but a theological approach in contrast to *Spoiling the Egyptians* where care is taken to filter out unbiblical concepts and adopt the best elements of value from secular insight (Crabb, 1977).

Other Models

Farnsworth (1996) raises a thought-provoking question when he asks what progress, if any, Christian counsellors have made in developing and maintaining a balanced, Christ-centred, Bible-based and Spirit-inspired (CBS) counselling practice (p. 129). He indicates some Christian counsellors only give "lip service" to this, while others are Christians in name only (CNO). Other again adopt an approach called Bible-grounded and Bible-guided (BGG), where nothing but the Bible can be used, much like Adams (1986a). It seems at least there is room for development in this area.

Miller (2003) has a similar approach as Farnsworth (1996) and perhaps was influenced by him. He argues that there is no need for complicated schemata such as those prepared by Hurding (1973) and Johnson and Ridley (1992b). For him there are only three types of Christian counsellors:

- Christians in name only (CNO)
- Distrust psychology, Bible-grounded and Bible-guided (BGG)
- Christ-centred, Bible-based and Spirit-inspired (CBS, (Miller, 2003, p. 39).

A question arises as to how Christian counsellors can approach what may seem to be the complex and challenging task of integrating their spirituality with their psychology. Education in religious and spiritual diversity seems to be part of the answer to overcome some of the complications in understanding how the role of spirituality in counselling can benefit the client and how a counsellor can effectively function theoretically and morally as a

Christian counsellor with appropriate integration (Shafranske & Malony, 1990; Sheridan, Bullis, Adcock, & Berlin, 1992).

Christian/Religious Counselling Techniques

Worthington (1986a) found three competing and useful views as to what constitutes religious counselling techniques. One is that any technique regardless of theory or theology of origin that is used in the context of religious counselling is a religious technique. The second defines techniques that originally come from formal religion as constituting religious counselling. Here he recognises that his critique is not counselling but spiritual guidance. He suggests that proponents of this perspective might respond that psychotherapy is "not an exact science" and that there is considerable flexibility in approach. The third view defines religious counselling techniques as those whose origin is in secular theories but which contain religious content. In countering critics who feel this approach is too religious, and perhaps not professional enough, he responds that proponents of this position do believe they are counselling appropriately and ethically (p. 427). Such an approach has been used regularly by Christians (Crabb, 1977; Adams, 1986; Collins, 2007).

Several articles have appeared in the literature to propose techniques for how spiritual issues can be dealt with (Nakhaima, 1995; Prest, 1993; Rotz, 1993; Walsh, 1999; Nakhaima, 1995). Propst's (1992) well-controlled study researching Christian imagery showed that depressed undergraduates who were exposed to Christian imagery displayed lower behavioural indications of depression (using the Beck Depression Inventory (BDI – Beck, Ward, Mendelson, Mock and Erbaugh, 1961), whereas a comparison approach using non-religious imagery did not demonstrate any difference in levels of depression.

Moon et.al (1991) has identified twenty Christian counselling techniques derived from Christian disciplines – "Concrete meditation; Abstract meditation (prayer); Intercessory prayer; Contemplative prayer; Listening prayer; Praying in the Spirit; Didactic use of

Scripture; Scripture memorisation; Confession; Worship; Forgiveness; Fasting; Deliverance; Solitude/Silence; Discernment; Journal keeping; Obedience; Simplicity; Spiritual history; Healing". These are listed in Appendix C (Moon et al., 1991, p. 157).

Spiritual assessment.

Intake assessment of clients is an accepted practice in introductory sessions of counselling covering a broad range of information. What has not been accepted practice is the inclusion of a spiritual component to this.

A thorough multifaceted approach as a basis for assessment of spirituality was proposed by Farran, Fitchett, Quiring-Emblem, & Burck, (1989) who selected seven categories: "Belief and meaning; Authority and guidance; Experience and emotion; Fellowship; Ritual and practice; Courage (hope) and growth; Vocation and consequences" (p.191). These categories were designed to help how the client's spirituality had impacted the client's whole life. To understand these areas they considered philosophy, theology, physiology, psychology, and sociology.

Hodge (2000) argues along similar lines and says there is a growing need for spiritual assessment because counsellors need to understand the clients' worldviews in order to provide the most effective counsel possible. Another influence is the popularity and use of the strength perspective (Armstrong, (no date); Ivey & Ivey, 2003) which fits particularly well with a positive Biblical approach. Lastly, is the need to be grounded in the best possible practice. Hodge (2003) looks at four useful types of spiritual assessment: Spiritual Life-maps; Spiritual Ecomaps; Spiritual Genograms; and Spiritual Ecograms. These tools are particularly useful for family therapy. Bergin (1980) advocates incorporation of religious assessment and beliefs into therapy as he targets values for the purpose of the client experiencing change. There are several benefits resultant from spiritual assessment. These include:

- Communication to the patient that his or her entire life experience is of interest and value to the clinician;
- Increased understanding of a clinical condition associated with a religious or spiritual problem (e.g. guilt over infidelity in a religious person);
- Development of a case formulation of interpersonal responses and psychological patterns (e.g. dependency on God is congruent with dependency in other areas of the patient's life);
- Identification of areas of support and community involvement that may be helpful adjuncts to treatment; and
- Redirection of a patient toward re-evaluation of his or her worldview (Josephson, Larson, D. & Larson, N., 2000, p. 537).

Is there a place for faith?

What place does religious faith have in relation to Christian counselling? William Osler's (1910) article in *The British Medical Journal* emphasised "The faith that heals." The practice of healing is outside our cognitive thinking and scientific understanding, yet it has had a long term influence. Frank (1975) deals with the issue of faith by making the point that in recovery, the process of getting well often requires faith. It can be faith in a doctor, in a counsellor, in God, or a combination of these:

> Faith in our drugs and methods is the great stock in trade of the profession… While we doctors often overlook or are ignorant of our own faith cures, we are just a wee bit too sensitive about those performed outside our ranks (p. 127).

A client's world view is a very important component in the process of a client's recovery (Peteet, 2001).

In recent years there has been an increasing amount of theoretical, scientific, and professional literature focusing on conceptualisation and measurement of spirituality (Bassett,

Camplin et al., 1991; Ellison, 1991; Hood, 1996; Hill, 1999) and this then leads into spiritual healing.

Spiritual healing.

Prayer for sick people has been part of Church practice since the time of Jesus when he healed the sick as recorded in the New Testament (Mt 9:27-31; Mt 12:9-14;Mt 20:29-34;Mk 8:22-26; Mk 10:46-52; Mk 7:31-37; Mk 3:1-6; Lk 6:6-11; Lk 18:35-43). Even prior to Jesus, God revealed himself as someone who cares about the sick (Ex. 15:26). Michael Harper (Harper, 1986, p. 85) points out that God revealed himself to his people as the "Lord of health" and the "healer of disease" (Ex. 15:26). Adamson (1976) sees prayer for healing (James 5:14-16) as a heritage of Christian believers, whereas sickness is seen in Scripture as a curse (Deut. 32:39).

Historically, manifestations of healing and miracles continued long after the time of Christ (Chant, 2008). Many are recounted by Augustine of Hippo in *The City of God.* He tells of miracle after miracle centuries after the time of Jesus. Some of these are attributed to the influence of relics or shrines of martyrs yet Augustine is careful to acknowledge that he believes the healings were from God (Chant, 2008; MacNutt, 2005).

Gradually, prayer and expectation that sick people could be healed by Jesus seemed to fade, although sprinkled throughout Christian history miraculous stories of healing emerged from time to time (Poloma, 2006). Taylor (1993) indicates that healing the sick has been always been part of the Church tradition, at some times with a weaker focus than others, but that Christ's commission to preach the gospel and heal the sick still stands today. Taylor enlarges on this with reference to two Lambeth Conferences of the Anglican Church, the last in 1978, that encouraged the renewal of the ministry of healing in the Church, resulting in prayer and counselling merging in some church settings today (Taylor, 1993).

Spirituality and health resurged in movements such as the Wesleyan and Pentecostal revivals in the last hundred years (Poloma, 2006). Growing interest in healing the physical, emotional and psychological needs of people has been the focus of prayer for the sick since then.

In Australia interest in divine healing was initially aroused by John Alexander Dowie (1847-1907). A Congregational minister, Dowie began praying for the sick in 1875, after an outbreak an unnamed illness, probably measles, during which he came to a fresh understanding of Acts 10:38 in which the Apostle Peter declares that sickness comes from Satan and that it is God's will to heal all who come to him. Within 25 years, Dowie achieved international fame: his writings and teachings on healing were read internationally and thousands claimed to be healed. Others in Australia followed his lead in teaching and preaching divine healing. A significant number of the early leaders in the Pentecostal movement had been associated with Dowie or influenced by Dowie's teaching, such as the chairman of the Assemblies of God, Charles Greenwood (Chant, 1973). In the USA, people with healing ministries directly influenced by Dowie included such well-known Pentecostal leaders as Gordon Lindsay, F. F. Bosworth and John G. Lake. Others indirectly influenced included William Branham, Aimee Semple McPherson, Kathryn Kuhlman and Oral Roberts who all became significant in healing ministry within Pentecostalism (Baer, 2001; Chant, 1973; Hacking, 2006, p. 35). In recent years, many other Christian groups have developed healing practices.

Variables in the area of spiritual healing include the respective roles of Christian counsellors and church workers, the clients' needs, the setting, the personalities involved and the impact of counsellors' Christian world view both on their function and on their clients values (Collins, 2007). Here we have overlap between Christian counselling and pastoral care.

Believers in theistic world religions who embrace God feel that spiritual guidance is possible at all levels regardless of whether it is done by a "priest, a pastor, a counsellor or a social worker and regardless of the context – church, office, home, jail or hospital" (Richards & Bergin, 2005, p. 254).

There are mixed reactions to prayer and the place of spirituality in the counselling community. Some counsellors have struggled with the ethical consequence of the inclusion of spirituality in counselling. However, now there are ethical mandates encouraging such inclusions. These come through the varied impact of multiculturalism and the need to work with people from different ethnic and cultural backgrounds who might have varying spiritual beliefs (Worthington, et al., 1996; Worthington, 1986). Out of multiculturalism and Positive Psychology many counselling models with a focus on wellness which include a spiritual component (Ivey, 2008).

Integrating prayer in an appropriate way with clients is a challenge for Christian counsellors. One area involves boundary issues; a second is transference (Richards and Bergin, 2005). Richards and Bergin stress the need to consider how appropriate the setting is and also to show concern for the client. They don't rule out the usefulness of prayer but do not show caution for the type of religious belief the client might have, especially if the client might only know some form of written prayer. So the obvious caution is given to "explore the client's beliefs and certainly to understand the belief systems of the client and the therapist before considering pursuing prayer" (p. 254). Empirical studies support the need for caution as they have not been favourable to the inclusion of prayer in counselling. The evidence for its use is weak (Finney & Malony, 1985a).

Christian counselling is described in detail by Horrobin (Horrobin, 2003a; 2003b, p. 264-270) the international director of Ellel Ministries. His second volume examines worthwhile Christian characteristics and virtues yet makes no mention of valuable training, or

important issues such as supervision, accountability or ethics, all of which are considered highly by international Christian counselling groups internationally, such as the Christian Counselling Association of Australian (CCAA), the American Association of Christian Counsellors (AACC) and the British Association of Christians in Psychology (BACIP), all of whom would encourage extensive training to be involved in counselling and healing ministry with the public.

One of the difficulties in discussing Christian counselling is the widely divergent views inherent in what constitutes Christian counselling and even what constitutes a Christian. Therefore it is not surprising that Christian counselling is seen as being complex. Perhaps this very complexity makes it hard to define. Worthington et al. (1996) attempt to clarify this by delimiting religious counselling to issues related to organised religion, which can contain discussion of topics like "sin, guilt, confession, forgiveness, and repentance; attendance at religious services; and religious duties" (p. 449). Religious counselling techniques are counselling interventions which take into account the religion's unique characteristics.

Worthington's (1996) description of religious counselling describes what usually happens in a church-based counselling situation, but it is not indicative of the whole picture. To some people the Christian counsellor represents someone who uses only the Bible in counselling; to others, someone who goes to a Christian church on Sunday and does secular counselling the rest of the week; to others, someone who integrates biblical perspectives thoughtfully, carefully and prayerfully with psychology.

Labelling someone a Christian counsellor can imply categorising them and identifying them with a certain group. It is argued that expansion in the scope and practices of counsellors can be partly explained in terms of Social Identity Theory (SIT) (Tajifel & Turner, 1986). SIT can be used to differentiate between the different elements of self-identity

or personal identity, the most obvious ones being race and gender. SIT can reflect a group identity such as a church group. According to SIT, Christian counsellors as a group could be classified as a social category, yet as there are no pre-defined boundaries that make up the social identity, just different individuals and different groups within the same category; it is a challenge to form an accurate or comprehensive description. Within the larger Christian counselling community there are different Christian sub-communities represented. Such as the Christian Counsellors Association of Australia (CCAA) which is made up of Christians from many different Christian groups, yet with a common thread of their faith, although they might function very differently from each other in their faith and in their professional capacity.

Tajfel et al. (1986a) analyse the different elements of SIT related to the individual's personality traits and personal identity. These form a sense of belonging or group membership. The counsellor's professional identity therefore is unavoidably interlinked with their faith and practice. The three elements in the usefulness of SIT are categorisation, identification and comparison (Tajfel, 1986). A consequence of group identification is the fear one group may have of the other. An example of this might be what Sorenson and Hales (2002) describe as a problem within the scientific secular community group, who are quite concerned that the prolific numbers of religiously affiliated counselling groups will "become hotbeds of fundamentalism, breeding grounds for all manner of behaviours and values that are anathema to APA ethics, including, but not limited to, bigotry, misogyny and homophobia" (Sorenson & Hales, 2002, p. 164).

In fact as Sorenson and Hales's (2002) research indicated, just the opposite is the case. When contrasting the views of Evangelical Protestant psychologists trained in secular programs, they found that Christian graduates from secular programs are more "conservative or fundamentalist" than the graduates from religiously affiliated programs. Interestingly, they

reflected on what can be described as the "us" versus "them" attitude which resulted in a defensive posture, with the secular-trained closing ranks when encountering faculty members who were unsympathetic to spirituality. This suggested that there was little or no discussion on spiritual issues in their secular training. Reactionary or defensive group identity can create gaps in professional cooperation, understanding and training, resulting in limited skills in this area (Sorenson & Hales, 2002).

Integration of Psychology and Theology

The integration of psychology and theology, psychology and Christianity, and faith and learning has resulted in extensive debate (Bouma-Prediger, 1990). "Theology" means literally the "study of God." It explores questions such as how we know God and how we discover who God is. It involves exploring the Bible and a disciplined study of God in order "to answer questions and suggest solutions/approaches to problems related to Christian life and doctrine" and "to help others to understand biblical principles and doctrines and to apply these principles beneficially in their daily lives" (Beard & Slape, 2003). Many clients are asking questions about the meaning of life and seeking guidance and assistance in coping with life. Dealing with the experience of lostness (Jones, 2006) and the relevance of theology to psychology is a challenge for the Christian counsellor.

In the process of attempting to clarify this question, Bouma-Prediger proposes a typology of four basic kinds of integration; "interdisciplinary integration, intradisciplinary integration, faith-praxis integration, and experiential integration" (Bouma-Prediger, 1990, p. 24).

In the process of attempting to clarify this question, Bouma-Prediger (1998) proposes a typology of four basic kinds of integration; "interdisciplinary integration, intradisciplinary integration, faith-praxis integration, and experiential integration" (p. 24).

Secular and Christian Models

Participants in the following research will be given opportunity to choose a mix of secular and Christian counselling models, such as: the

- Christian Counselling: Responsible Eclecticism; Christian Psychotherapy.
- Dynamic Psychologies: Classic Psychoanalysis; Contemporary Psychodynamic Psychotherapies.
- Behavioural Psychologies: Behaviour Therapy; Rational Emotive Therapy; Cognitive-Behavioural Therapy.
- Humanistic Psychologies: Person-Centred Therapy; Existential Therapy; Gestalt Therapy; Transactional Analysis.
- Family System Psychologies: Family Therapy. Post-Modern Psychologies: Narrative Therapy; Solution-focused Brief Therapy.
- Medical: General Practitioner (Hurding, 2003; Ivey, 2008; Jones & Butman, 1991).

Responsible eclecticism.

There is no one definitive secular model that can be integrated with Christian beliefs, values and attitudes. From a secular perspective some models, such as Positive Psychology, show more promise in their ability to integrate with Christian belief and practice than others according to Hart (Hart & Hart-Webber, 2009). It seems most counsellors work from more than one theory, hence the term "responsible eclecticism" (Jones & Butman, 1991). Richards and Bergin assume that Christian counsellors (*theistic psychotherapists*) will integrate with mainstream secular psychotherapy theories. A third to a half of all clinical psychologists describe themselves as eclectic, although eclecticism has been labelled by others as "muddle-headedness," "the last refuge of mediocrity," "undisciplined subjectivity," "conceptual laziness," "clinical indecisiveness," "professional nihilism" and even "minimal brain

damage" (P, 15). Jones and Butman (1991) go on to challenge counsellors as to how proficient they can be with different theories. Under the heading Behavioural Therapy the most often used therapy was Cognitive-Behavioural Therapy (see Appendix G). Cognitive-Behaviour Therapy has developed significantly from is early behaviourism roots. It is a popular way of working in the mental health field and is considered a major player in the field of psychology.

Of the humanistic therapies, Gestalt is popular with Christian counselling centres such as Anglicare Sydney. Gestalt therapy, an orientation that stresses life as experiential (Hunter, 1990), was founded by Fritz Perls (1893-1970), a German psychoanalyst who forged Gestalt therapy from existential philosophy, psychoanalytic and Gestalt ideas, and merged these with creative expressive arts (Jones & Butman, 1991). Carl Rogers (1961), born in 1902, was considered the founder of humanistic psychology. Rogerian Therapy demonstrates a strong regard for the client, referred to as *Unconditional Positive Regard.* In implementing his Client-Centred Therapy approach, a counsellor mirrors the client's feelings, enabling clients to understanding themselves (Hunter, 1990). The terms *accurate empathic understanding*, *congruence* or *genuineness* describe approaches towards healthy psychotherapeutic conditions (Jones & Butman, 1991). Rogerian Therapy has had a strong influence in Christian counselling agencies and was a strong part of the training for organisations such as Lifeline (researcher's experience 1999).

Family systems.

Family Therapy, which emerged in the 1950s, was not founded by a single individual but arose out of the recognition of a need – that the individual client most times had a family – and a hope, that if the family could experience therapy with the client then perhaps more lasting change could happen. There are overlapping models within family therapy. The three main schools of thought are: *systemic, structural* and *strategic* (Hayes, 1991).

There are 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 social constructionist family therapy.

The postmodern movement is gaining momentum in the twenty-first century, challenging the systems perspective in family therapy (Goldenberg & Goldenberg, 2008). Of the postmodern therapies Solution-Focused Brief Therapy (SFBT) and Narrative Therapy are of particular interest and are the popular theories.

Solution-focused Brief Therapy stems from the Mental Research Institute (MIR) in Palo Alto, California where the seed ideas of SFBT were developed by a diverse group of people, some of whom were Gregory Bateson, Jay Haley, John Weakland, Don Jackson and Virginia Satir, (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). As the name suggests, the focus is on solutions rather than causes. The other Postmodern therapy is Narrative Therapy, an innovative and influential family therapy pioneered by Michael White from Adelaide, South Australia, and David Epston from New Zealand. It is based on the idea that problems are based on the social, cultural, and political context of the client (Monk, 1997). Some of the original ideas emerged from the MIR, the same source as for SFBT. By externalising their problems clients can attach new meaning to their story (Goldenberg & Goldenberg, 2008). White, like SFBT therapists Durant (1993) and Cade (1982), was less interested in what caused the problem and more interested in what sustains it and how it can be resolved. The main focus of Narrative Therapy is how clients organise and maintain 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, 2008)

Conclusion

There is a consistent theme throughout the literature which is a recognition of the need for more research into all aspects related to counselling which incorporates spiritual, religious and Christian ideas (Johnson, 1993). One of the major problems with Christian counselling is the absence of reliable research into its efficacy. Empirical support is not available for some of the assumptions. Johnson and Ridley (1992b) call for an acceleration of empirical study and for an end to the antagonism between science and theology to enable this to be possible. Some of the difficulty has been that spirituality is often perceived as a construct that is not easily accessible to empirical research methodologies (MacDonald, 2000). Another factor is the belief among some psychologists and researchers that religiousness and religion are linked to pathology. These contrasting issues then are contributing factors affecting lack of research (Johnson & Ridley, 1992b).

Worthington (1986) agrees that more research is needed into Christian counselling techniques, as the research is scarce and inadequate. For example, he found no evidence that religious counselling was any more beneficial than secular counselling. Better quality research might clarify such issues. It might also eliminate some of the uncertainty in the counselling community about spiritual questions. It might also give religious clients more confidence in the mental health professions. Lastly, it would encourage both therapists and clients to be more open about spirituality and would foster the inclusion of spiritual issues in the area of training of mental health professionals and increase the awareness of its importance to the religious community (Jones et al., 1992).

There does seems to be renewed interest in achieving this and undertaking such research, even if only for the purpose of showing duty of care for religious clients. However,

the issue merits more attention than this, since it relates to the wider issue of people's well-being. Two extremes need to be avoided: ignoring the spiritual dimension altogether or overly exploring the spiritual aspects of a case (Josephson & Peteet, 2004).

There has been no known research into the phenomenon of Australian theological colleges teaching Christian counselling. Therefore it is important that this research be undertaken so that a clearer picture can be established as to what Christian counsellors are doing and how effective Christian education is in contributing positively to this endeavour. For this purpose the following hypotheses have been formed for the research.

Hypotheses

This study attempts to answer some of the following questions. What is Christian counselling? What do Christian counsellors do that is unique?

The major hypothesis was: *Graduates who are trained in theological institutions will be more likely to utilise Christian spiritual issues in their profession of counselling than graduates trained in secular institutions.*

Subsidiary hypotheses were:

1. Counsellors who have been exposed to Christian spirituality in training will be willing to utilise spiritual interventions in counselling.
2. The greater the degree of spiritual conviction the greater the likelihood that spirituality and spiritual techniques will be included in practice.
3. Christian counsellors who counsel Christian clients will use spiritual interventions.
4. Anxiety about ethical issues hinders the use of spirituality in counselling.
5. When God, religion, faith, prayers or spiritual issues are mentioned by clients, Christian counsellors will incorporate these into the counselling process.

The following chapter will describe the questionnaire instruments used for this research.

Chapter 4 - Methods

In this study the following hypotheses were tested. The major one was – Graduates who were trained in theological institutions will be likely to utilise Christian spirituality in their profession of counselling.

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4. Anxiety about ethical issues hinders the use of spirituality in counselling.
5. When God, religion, faith, prayers and spiritual issues are mentioned by the client in the counselling process, Christian counsellors will incorporate these in the counselling process.

This study involved the administration of a self-completion questionnaire to Christian counsellors across Australia. The questionnaire comprised four scales requiring responses on Likert scales, as well as two clinical scenarios which were followed by open-ended questions

The questionnaire therefore allowed both quantitative and qualitative data to be captured.

Rationale for Mixed Methods of Research

The methodology of this study is largely quantitative due to the survey instrument being in self completion question format. However the questionnaire items include both quantitative and qualitative measures. Historically since the 1970s, debates according to Donnelly (2004) have engaged the behavioural sciences regarding the merits of quantitative

versus qualitative research methods. Quantitative research methodology uses numerical values to analyse data. In fact it covers almost anything that can be counted (Donnelly, 2004), whereas the primary aim of qualitative research methodology is described as "to develop an understanding of how the world is constructed" (McLeod, 2001, p. 2) not the physical world, but the world of people. It is particularly useful for research which focuses on social issues and works through aspects of people's lives like feelings and attitudes and relationships. Quantitative methods are generally supported by positivist or empiricist perspectives, whereas qualitative methods are usually supported by constructivist or phenomenological orientations (Tashakkori & Teddie, 2003).

Parallel to the qualitative-quantitative debate has been the emergence of a third methodological movement, "the mixed method" (Tashakkori & Teddie, 2003). Proponents of this view indicate a mixed method approach can be more productive than a single issues approach. A mixed method design was implemented in this research.

It has been claimed that the mixed method design approach has been growing exponentially within psychological research (Tashakkori & Teddie, 2003). In recognition of these developments, the present study utilises a combination of quantitative and qualitative methods to consolidate the data across all stages of the study. This is done through the inclusion of qualitative scenarios (role-plays) in the questionnaire which are integrated with the quantitative material.

The clinical scenarios are designed for the purpose of giving participants opportunity to put their philosophy of counselling in their own words and for them to indicate the type of procedures and techniques they would implement with clients. These questions form an important part in testing the hypotheses for this research. Two client scenarios are presented and followed by these questions –

1. What three questions would you ask this client to understand his or her difficulties?
2. List the primary techniques and strategies you would use to assist this client.

General Description of the Questionnaire

A questionnaire was developed in order to facilitate the statistical investigation of relationships between various facets of participants' spirituality and their integration of spirituality into counselling practice.

The scales listed below were seen as the best scales available for the task. They were–

- The Daily Spiritual Experience Scale (Underwood & Teresi, 2002)
- Client Issue Scales (Curtis & Glass, 2002)
- Factors related to Spirituality in Counselling Practice (Chant, 2006)
- Religious Intervention Scale (Shafranske & Malony, 1990) Likert-scale measures were used for most items[3].

Discussion of the scales follows. (See Appendix H for the four scales)

[3] With the exception of items #27-#32 and #62-#65. As previously discussed the last four items in the questionnaire (#62-#65) took the form of two qualitative scenarios (Chant, 2006)

Scale 1: The Daily Spiritual Experience Scale (DSES)

The Daily Spiritual Experience Scale (DSES) (Underwood & Teresi, 2002) was considered to be the best available scale for assessing the level of spiritual conviction of subjects. The DSES was developed to fill a gap in scientific study of religion by opening up the notion of "spirituality" and was designed to be self-administered in private (Underwood, 2006).This sixteen-item instrument includes constructs such as "awe, gratitude, mercy, sense of connection with the transcendent, compassionate love, and desire for closeness to God" (Underwood, 2006, p. 2). The DSES measures feelings, sensations and "cognitive awareness" related to how participants' spiritual lives play out in their daily experience. The scale has been widely used and validated internationally, as well as translated into Chinese (Underwood, 2006; Underwood & Teresi, 2002)[4] .

The DSES was designed as a self-report measure of spiritual occurrences that happen in the day to day lived experience. The intent is to capture spiritual experiences that might play a significant role in the individual's actions, thoughts, and attitudes (Underwood & Teresi, 2002). Implicit in the scale is the understanding that day-to-day spiritual experiences can contribute positively to physical, psychological and social well-being.

The DSES has been used in over 50 health studies which target various aspects of religiousness and spirituality. The DSES has also been used for people of many different religious and cultural backgrounds, for example: "Validating a measure of religiousness/spirituality for Native Hawaiians" (Mokuau, Hirhinuma, & Nishimura, 2001).P

The scale comprises 16 items, although shorter versions (of eight or six items) have also been developed. The present research utilised the full 16-item version. The sixteen self-

[4] . Written permission for the use of this scale was received from Lyn Underwood (Appendix I)

report statements are designed to measure the ordinary or "mundane" spiritual experiences of daily life. Underwood draws an unexpected distinction between "spiritual" and "spirituality", indicating that spirituality would demand inclusion of additional different factors. Each item is presented in positive terms. The first 15 items are scored using a six point Likert-type scale that assesses the frequency by which DSE occurs, spanning "many times a day", "every day", "most days", "some days", "once in a while" and "never or almost never". The 16th item is scored with four response categories: "not at all", "somewhat close", "very close" and "close as possible" (Underwood, 2006).

Content validity.

For the full sixteen item scale, (Underwood & Teresi, 2002) held in-depth interviews and focus groups with different people from a variety of religious perspectives and reviewed varied relevant spiritual experience scales and writings. Underwood (2002) reviewed the instrument with different groups such as the World Health Organisation. She also conducted extensive focus groups with a variety of people including atheists, Buddhists, Christians, Hindus, Jews, and Muslims.

The internal consistency reliability estimates with Cronbach's alpha were very high for DSES – 0.94 and 0.95 respectively for the sixteen-item scale. The exploratory factor analysis of the DSES showed preliminary evidence "for construct validity, for rationale and purpose" (Underwood, 2006) (See Appendix H)

Scale 2: The Client Issue Scale (CIS)

A useful scale to test aspects of the hypothesis, "Counsellors who have been exposed to Christian spirituality in training will be willing to utilise spiritual interventions in counselling," is the Client Issue Scale (CIS) instrument created by Curtis and Glass (Curtis & Glass, 2002) The CIS was initiated as a small pilot program, with four questions only,

related to a university class titled "Spirituality in Counselling." It was used for evaluating a group of Masters students' confidence in integrating spiritual issues in meeting with clients.

- Expanding students' awareness of spirituality,
- Increasing students' awareness of their own spiritual development, and
- Increasing students' confidence in addressing spiritual issues with clients by teaching the students specific techniques (Curtis & Glass, 2002, p. 4)

No internal consistency reliability estimates have been conducted on this scale, as this was a one off small scale study. The items were based on the spiritual literature at the time and the issues and concerns that were pertinent to the subject[5] .

The usefulness of the scale in contrast to other scales was considered for this research due to the similar objectives in the class objectives for Curtis and Glass and the evaluation of their participants' experience of their training. The items were seen as relevant particularly to graduates of Christian colleges, enabling the researcher to evaluate the graduates' effectiveness and confidence in integrating spiritual issues into their counselling with clients.

The measure includes four items in which there is a 6-point Likert-type scale using the response options: "not confident" to "very confident" for the first question, "not helpful" to "very helpful" for the second question, "not often" to "very often" for the third and "not difficult" to "very difficult" for the last (see Appendix H).

[5] (R. Curtis, 2007, personal correspondence).

Scale 3: Factors Related To Spirituality in Counselling Practice Scale (FRSCPS)

The Factors Related to Spirituality in Counselling Practice Scale (FRSCPS) (Chant, 2006) was created by the researcher for this research for the purpose of assessing how participants integrated Christian spiritual values into the treatment of clients and what influence their training had on the inclusion of spiritual issues

This scale comprises thirty three items which ask participants to indicate their counselling philosophy and level of integration, as well as what Christian counselling techniques they use.

The items in this scale were derived from the factors emerging from the literature search, and through the researcher's own experience refined through teaching integration of spirituality in counselling to students in Tabor College, a Christian Education Centre in Sydney, Australia. Authors whose works were beneficial here include Brown (1991), Comstock and Partridge (1972), Johnson (1994), Koenig et al. (1988, 1993) and Levin et al. (1980). Items identified through the literature search of particular importance are: Well-being; Prayer; Training Issues; Forgiveness; Use of Biblical Resources; Experience of Religion; Spirituality and Values; Christian Counselling; Integrating Spirituality in Philosophy and Practice; Spirituality and Ethics; Self Disclosure of Spirituality.

Two small focus groups (four and three members respectively) were conducted to establish the unity of the FRSCPS items. One took place prior to the release of the questionnaire and one after. The small size of the focus groups is not a problem according to Dumas and Redish (1999). They say groups of three participants have managed to uncover half of potential usability problems, with four to five participants able to uncover 80% of potential problems and ten participants able to uncover 90%.

The first group was held prior to the questions being published. The purpose was to obtain opinions from participants in relation to the overall quality of the researcher-designed questions and in particular its suitability and efficacy. The researcher's supervisor at that time checked the process. The four participants were two men and two women, all well qualified for this task. Two had M.A. degrees and two had B.A. degrees. Each signed a consent form provided by the researcher. Each FRSCPS question was reviewed, the validity of the question was considered together with how appropriately it covered the issues. The results from this group influenced the FRSCPS development and its refinement. One particular benefit of the focus group was found in assessing terminology and language sensitivity. McLeod (1994) indicates how valuable interaction is in the process of brainstorming. Each participant rated the research questions and the factors according to the following criteria: validity; feasibility; importance. For samples of the moderating papers forms and responses (See Appendix J).

The second focus group met after the release of the questionnaire to assist in understanding responses to the FRSCPS and to inform analysis. Only three people were involved, due to daytime commitments. This also contributed to the need for the moderator (researcher) to be included. An attempt was made to have a breadth of experience represented with one clinical psychologist and one family counsellor. Components of the discussion and review were – purpose; background; objectives; target audience and communication. One issue which emerged was a concern that because of the grouping together of positively and negatively worded questions, participants might be confused in their responses. It was felt these should have been separated and spread throughout the questionnaire. Care was therefore taken to watch out for the impact of this in participants' responses. For example, reverse numbering was suggested for analysis of the negative data in items #35, #37, #39, #41, #44, #46, #48, #50, #53, #55, #59 and #61. Many of the additional comments raised were on philosophical issues that will be included in the discussion section of this study.

Scale 4: Religious Intervention Scale (RIS)

The Religious Intervention Scale (RIS) (Shafranske & Malony, 1990) was originally used with a sample of 1000 clinical psychologists randomly selected from their membership with the American Psychological Association (APA). This scale was published in *Psychotherapy*, 1990, in an article entitled "Clinical Psychologists' religious and spiritual orientations and their practice of psychotherapy." Both Shafranske and Malony are prolific authors on the topic of spirituality and have contributed to many journal articles and material on this topic. Their RIS study examined attitudes and practices regarding specific counselling interventions related to the religiousness and spirituality of the psychologists. Lastly, this scale was chosen by the researcher for the purpose of ascertaining how participants were exposed to spiritual issues in their training and for the purpose of gaining an understanding of how participants' religion and religious experience might impact their attitude to practice. It also seemed useful to assess the religious demographic information which was also part the RIS. The spiritual interventions were drawn from the literature on the subject (Shafranske, 1996a, 1996b; Shafranske & Gorsuch, 1984; Shafranske & Malony, 1990).

For the purposes of this study, twelve items were extracted from the sixty items that comprise the total religious intervention scale (RIS). Four items relate particularly to spirituality in training, and hence form the renamed "Training Issue Scale" (TIS). This scale utilises Likert-type items ranging from 1 to 9. For one item the format was "a great deal of the time" to "never". The next item ranged from "low satisfaction" to "high satisfaction." The last four Likert-type items gave the options, "Desirable for no one" and, "Desirable for everyone." The remaining eight items taken from the RIS contribute useful additional

demographic detail on religiousness and spirituality. Written permission for the use of this scale was received from Dr Edward Shafranske.[6]

Content validity.

No formal studies of the psychometric properties were conducted for the RIS. The authors relied on face validity for this study. Shafranske was unable to find the original scale which came out of discussions and reviews of existing literature conducted by the California State Psychological Association Task Force on Spirituality and Psychotherapy. He reported, "Access to data sets formatted on obsolete computer file mainframe were no longer available.[7]" He went on to say that items in the scale correlate where psychologists' personal spirituality was "associated with the endorsement and use of religious interventions" (Shafranske & Malony, 1990, p. 1). He continued, "There is room for improvement in this scale by defining the activities operationally and separating some of the items into more narrow categories." This supports the separating of the training issue components for this current research[8].

Invitation Letter

Individuals were invited to participate in this research by means of a printed invitation letter. This invitation was developed by the researcher and approved by Bond University Human Research Ethics Committee (BUHREC). The invitation letter introduced both the candidate and the supervisor. It then introduced the research topic with the following statement (see Appendix K):

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[6] Ph.D., Professor and Director, Graduate School of Education and Psychology, Pepperdine University, on the 19th July, 2006.(See Appendix I)

[7] Shafranske, personal communication, May 18, 2007. See Appendix I

[8] Shafranske, personal communication, May 18, 2007. See Appendix I

> 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.

The invitation outlined the two options for participants to take part in the research, either by hard copy questionnaire or electronically online.

Procedure for Administering the Questionnaire Package

With the hard copy of the questionnaire participants first received the Explanatory Statement which explained the rationale for the research and gave its title: "The integration of Christian spirituality in the practice of Christian counselling" Following on from this the participants completed the demographic details form and then the consent form. This was followed by the questionnaire. (See instrument package, Appendix K).

The electronic questionnaire on the internet was in the same format with a couple of exceptions. After entering www.barrychant.com the participants were asked to follow the prompts to "Vanessa's research" where they found a short greeting and were requested to key in their ID number in the box provided. The ID number (64A27ZP395) was on the invitation card. After keying in this number they could read the Explanatory Statement with instructions on how to proceed. The order of documents differed slightly from that presented in the hard copy version. Following the Explanatory Statement, participants completed the consent form, the demographic details form, and then the questionnaire. There were further instructions and details of where and how to submit responses. It was estimated that the questionnaire would take 30 to 45 minutes to complete.

Informed consent.

There were also other options for participants to request approval for wider use of the material provided. Some participants requested feedback. In response to this a two page summary of outcomes was available electronically on www.barrychant.com . Some of the colleges also requested feedback. This will be provided on an individual needs basis.

Process for Selecting Participants

Sampling.

The primary unit of analysis in this study is "Christian counsellors". This group was defined as being comprised of people belonging to any of the following categories:

- Those who have been trained as counsellors in Christian educational institutions.
- Those who identify as Christian who have been trained as counsellors in secular institutions.
- Those who work as counsellors or psychologists in Christian organisations.
- Those who identify themselves as being "Christian counsellors".

In order to access "Christian counsellors" the study employed a purposeful technique known as theory-based sampling or, alternatively, operational construct sampling. This is a conceptually orientated method, where the researcher samples people because they manifest or represent important theoretical constructs. In the case of this research, "Christian counsellors" were selected as they represent the theoretical integration of spirituality and counselling. Theory-based samples are by definition and selection representative of the phenomenon of interest, that is they are 'real world examples'. In looking at the overall concepts associated with the integration of spirituality in counselling it was therefore deemed appropriate to draw a purposefully selected theory-based sample of Christian counsellors,

thus permitting the testing, exploration and evaluation of theories, constructs and understandings surrounding the nature of Christian counselling.

Participants were selected from graduate lists of Christian counselling programs, from counsellors working for Christian organisations and from counsellors who held membership with the Christian Counsellors Association of Australia (CCAA). Invitations to participate in the research were distributed early December 2006 and January 2007, and the survey period ended on 31st January 2007.

Selecting college graduates.

Ten Christian colleges and one university were initially selected by which to access graduates of Christian counselling programs. The table shows the distribution of invitations across the colleges. Due to the slow response and end-of-year time pressures, the University of Notre Dame in Western Australia were also sent invitations to participate this was achieved electronically in late December 2006. The university only sent invitations to 2006 graduates.

The colleges were selected due to Christian counselling training being part of their curriculum as reported in the publication *Which Christian College: 2007 guide to Christian Colleges, Australia,* 10th edition (Glynn, 2007). Only one college declined to participate. Colleges were invited to send invitations to graduates of their Christian counselling programs. Following feedback from the colleges, the researcher sent colleges the required number of invitations between November 2006 and January 2007, with follow up contact being made late in December2006/January 2007. Due to privacy issues, all colleges elected to send the invitations on to their graduates through their own administration during December 2006. In response to an initial low response rate, reminders were sent out by five of the colleges during January 2007.

Table 3. *Distribution of invitations*

College	State	Invitations	Reminders
Tabor Sydney	NSW	85	85
Tabor Melbourne	VIC	120	120
Tabor Perth	WA	30	30
Tabor Hobart	TAS	-	-
Tabor Adelaide	SA	176	176
Morling College	NSW	50	-
Wesley Institute	NSW	40	-
Institute of Family Counselling	NSW?	140	Negative Response
The Pastoral Counselling Institute	NSW	30	Nil
Christian Heritage College	QLD	40	40
The University Notre Dame	WA	45	
Total		**756**	**451**

Accessing counsellors through professional organisations.

Invitations to participate were also distributed to participants at a professional development meeting of the Counsellors and Psychotherapists Association (CAPA), New South Wales, Sydney. This was facilitated through the researcher's own clinical membership with that organisation (Table 4).

Table 4. *Participating agencies*

Counselling Agency	State	Invitations Sent
CAPA Professional Development Seminar	NSW	100
CCAA	NSW	135
	SA	50
	VIC	230
	WA	30
NALAG	NSW	-
Total		**545**

Those present were given an explanation about the research, with the aims and information clearly stated by the researcher, followed by distribution of the invitations to those who showed interest.

Letters were also sent to the Christian Counsellors Association of Australia (CCAA) for permission for their members to receive the invitations to participate in this research. As each state office responded, the specified number of invitations was sent by the researcher, which were then distributed by their own administration due to privacy reasons.

Contact was made with Dr Glassock, the Vice President of the National Association of Loss and Grief (NALAG), New South Wales. Dr Glassock put to his executive a request for the invitation to participate in this research to be on their website. No further correspondence was received in this matter; therefore NALAG did not participate in this research:

Table 5. *Further participating agencies and organisations*

Selecting counsellors through Christian agencies.

Counselling Agency		Invitations	Reminders
ANGLICARE (Anglican)			
	NSW	28	13
	SA	20	20
	QLD	12	12
	NT	10	10
LIFE CARE (Baptist)			
	NSW	12	12
ST LUKE'S (Anglican)			
	VIC	265	
	NSW	9	9
WESLEY (Uniting)			
	NSW	10	
SALVATION ARMY			
	ACT	19	
SALVO CARE LINE			
	NSW	17	
	QLD	5	
TOTAL		**427**	**76**

As the initial response rate was low, further purposive sampling was used to contact Christian agencies see Table 4-3. Further contact was made with Christian agencies with 427 invitations to participate were extended to Christian counselling agencies known to the researcher, and a further 76 reminders were sent out mid January 2007.

Total sample.

In total 1728 people were invited to participate in this study. Of these 756 were graduates contacted by their respective colleges, 545 were contacted via professional organisations of which they were members, and 427 were contacted through Christian agencies where they worked.

Overall 129 people completed the questionnaire, meaning the response rate was a disappointing 7.5%. Several factors seem to have impacted the response rate. A major obstacle was evidently the timing. For various circumstantial reasons, the distribution of the questionnaire was delayed until the Australian holiday season (December/January) and this was clearly not helpful, as potential respondents were either not available or chose not to attend to such matters during that period. Another factor may have been that research experience was not as common in this constituency, as indicated by the previous lack of research in this area. Further, privacy considerations meant that individuals could not be contacted directly but had to be approached through their institutions. There was also a lack of incentives – completion of the task relied entirely on the good will of the participants. Another possible factor was unfamiliarity with electronic questionnaires – as some people did have difficulty managing the electronic format, even thought the option of a hard copy was available. Of those who did respond, however, the majority preferred the electronic option, with 108 electronic responses and 21 hard copies being returned. There appeared to be no difference in the nature of the hard copy responses and the 108 electronic responses. There was an error in by one agency in the printing of two of the hard copies of the questionnaire

resulting in missing pages relating to questions 47 to 62. One questionnaire was removed from the sample due to only three questions being completed. Thus the final sample was 128 participants.

Attempts were made to compare sample characteristics with demographics of members of counselling associations to understand whether the sample obtained reflected the age and gender of the population of counsellors. However this was not successful due to such information not being available. Contact was made with the Counsellors and Psychotherapists Association of New South Wales (CAPA), and the Christian Counsellors Association of Australia (CCAA). Neither organisation was able to provide the average age of their membership, or a breakdown of male and female counsellors. The Association of Christian Counsellors in the UK were able to indicate that 30% of their 2,650 member were male, but were unable to give a fair assessment of average age due to record problems[9] .

Procedures for Data Entry

As this was primarily a web-based questionnaire the majority of the data entry work was eliminated. Online submission of the questionnaire was hosted by www.barrychant.com. This site is maintained and hosted in turn 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 up of six (6) web pages:

- index.php
- consent.php
- explanatory.php

[9] Sylvia Swingler, reference secretary, personal communication, January, 2007, see Appendix I

- demographic.php
- questionnaire.php
- thankyou.php

At the end of the survey period the SQL database was exported into an Excel spreadsheet, which was then converted to an SPSS data file format (Further information see Appendix L).

Hard copy questionnaires.

The 21 hard copy responses were data entered manually by the researcher into an Excel spreadsheet. The benefit to the researcher of entering the data herself was the opportunity for in-depth reflection on participants' responses, which enhanced the process of understanding the data being generated. Once entered, all the data material was then imported into SPSS Graduate Pack 14.0 for Windows.

Combining the data in SPSS.

The two SPSS data files containing the electronic and hard copy responses were then merged for the purpose of making the material ready for analysis using SPSS Graduate Pack 14.0. Variable information and values were also imported into this file from Excel with each column being defined as a variable and each row representing a different case (see Appendix M for electronic process). Further variable information was added such as defining the variable type, measure and labels.

Data Management

The data was kept in a secure place under lock and key and was not available for public access. The participants' confidentiality was protected since the electronic version created a code for each participant and there is no way of connecting any individual to the data. Data from the hard copies were de-identified before entered and the hard copy questionnaires will be kept in a safe place for five years and then destroyed.

Procedures for Data Analysis

Data cleaning.

The data were checked for any possible errors. This involved coding missing values, checking for typographical errors, and checking whether any values fell outside the range of possible values for each variable. Where it was identified that data errors occurred, they were corrected. If this was not possible then the value was recoded as missing. For initial exploration descriptive statistics were used to describe the data and check frequencies for demographic information. This enabled further checking and initial exploration and understanding of the results. Cross-tabs were also used in preparation for further analysis.

Reversing items.

Responses to 17 questionnaire items were reversed so that responses to all questionnaire items moved from negative to positive. These were #16, #19, #20, #35, #37, #39, #41, #44, #46, #48, #50, #52, #53, #55, #57, #59 and #61.

Descriptive statistics.

The first step was to run descriptive statistics to begin data analysis. Demographic data was run first, followed by in the order in which they appeared in the questionnaire. Frequency tables were generated in SPSS output displaying the frequencies of each variable and statistics such as the mean, the median and the range of the variables.

New variables were created scores for the scales used in this study. Scores were calculated by summing responses to the items in each scale.

Significance Testing

Correlation of independent variables, t-test and chi-square tests were run to further explore the results and test the hypotheses posed in this research. Multivariate analysis of variance (MANOVA) was not conducted since MANOVA is seen to be unsuitable where there are more variables than experimental units and when the assumption of homogeneity of variance-covariance matrices is violated (Gower, 1999; Pallant, 2002) In this case, the small

sample size and unbalanced design meant that MANOVA was not appropriate. Unlike t-tests which allow us to determine precisely which independent variable affects each of the considered dependent variables, testing in a MANOVA framework can lead to ambiguity in this regard (Krzanowski, 2004).

An alternative analysis was to conduct multiple t-tests. This however increases the possibility of making Type 1 errors, that is, rejection of a true hypothesis, or of Type 2 errors, that is, acceptance of a false hypothesis, (Keselman, Cribbiee, & Holland, 2002). The Bonferroni correction is often used to compensate for this, however after informal advise from the Statistics Department of Macquarie University The Bonferroni correction aims to reduce the p-value to a reliable level but was seen as being too stringent for this research, more conservative in the control of false positives and likely to result in more false negatives. So the Benjamini and Hochberg False Discovery Rate (FDR) was used instead. Although the risk of more false positives with this approach is acknowledged, the FDR was still seen as being more appropriate for this research as it is the least stringent of the various corrections and yet still provides a good balance between discovery of statistically significant material and limitation of false positive occurrences (Benjamini, Drai, Elmer, Kafkafi, & Golani, 2001; Benjamini & Yekutieli, 2005; Koen, Verhoeven, McIntyre, & McIntyre, 2005; Kwong, Holland, & Cheung, 2002)

In order to conduct independent samples t-tests responses grouping variables (independent variables) were recoded into new dichotomous variables. These variables were–

- sex (male, female)
- work status (full time, part time)
- profession (psychologist, counsellor)
- qualification (post-graduate / BA, diploma)
- training (secular, Christian)

- relationship with organised religion (active, regular/identification)

T-tests were then conducted on dependant variables (test variables) using these grouping variables to see whether there were any significant differences between the means.

Quantitative and Qualitative Responses

The quantitative and qualitative material was viewed separately through a mixed methods sequential transformative strategy. The demographic variables of particular interest were education (either secular or Christian), spirituality from respondents' day to day spiritual experience perspective, church affiliation, and how these variables influenced the practical outworking in their practice through responses to two scenarios.

Chi-square testing was used to determine whether there were any significant relationships between the use of spiritual techniques in response to the scenarios and the above mentioned demographic variables.

The next chapter will test the demographic data to ascertain any significant factors in the results in each of the scales and what relationship the results have to the hypotheses.

Chapter Five – Results

This chapter presents the demographic characteristics of the sample and the results from the four scales included in the questionnaire: the Daily Spiritual Experience Scale (DSES), the Client Issue Scales (CIS), the Religious Intervention Scale (RIS) / the Training Issue Scale (TIS), and the Integrating Spirituality into Treatment Scale (FRSCPS). The percentages reported exclude those who did not answer the question.

Key Features of Participant Group

Age and sex: Participants' ages ranged from 22 years to 72 years, with the average age being 49 years (SD=11.7). There were 86 females (67.7%) and 41 males (33.3%). There was one missing value.

Cultural background: Participants were asked to indicate their cultural background in an open ended question. Most participants (88.1%, n=111) said they were Australian, this included those who said they were Australian with migrant ancestry including British, Lebanese, Hungarian, Dutch, South African and Greek origins.

Table 6. *Cultural background*

Cultural background	Number (n=126)	Percent
Australian and New Zealanders	111	
(Australian of Lebanese, British, Hungarian, Arabic, Dutch, South African and Greek origin)		88.1%
European (Polish, British, Irish, Scottish and Finnish)	8	6.3%
Other (Asian, South American, Canadian, South African and North American)	5	4%
Aboriginal	2	1.6%

Academic qualifications: Participants were asked to indicate their academic qualifications from the following options: PhD, Masters Degree, Bachelors Degree, TAFE Award, HSC and School Certificate. Among participants there 85.2% (n=109) university graduates with PhD, Masters or Bachelor degree level qualifications. The undergraduates group consisted of 12.5% (n=16) who had a Diploma, a TAFE award, an HSC certificate or no award.

University or college: The participants were asked which University or College they had attended. Their responses were grouped according to the type of institution in which they completed their training. Forty-eight participants were trained in Christian colleges (38.1%) and forty-four participants were trained in secular institutions (34.9%). A further 34 participants (27.0%) indicated they had awards from both secular and Christian institutions. There were two missing values. Therefore in total 65.1% (n=82) had obtained a qualification from a Christian institution.

Professional identification: Most participants (83.2%, n=104) identified as a counsellor or social worker, this included a pastoral counsellor, a social worker, a marriage counsellor or a family counsellor. A further 16.8% (n=21) identified themselves as psychologists or therapists. Three participants did not indicate any professional identification.

Nearly three-quarters of participants had up to 10 years experience (72.7%, n=88). This was followed by 20.7% (n=25) those who had 11 to 20 years experience and the 6.6% (n=8) who had 21 to 50 years experience. Seven participants did not indicate the length of their professional experience.

Major place of work: In reviewing participants' place of work, about half (50.5%, n=56) were working in a church-based or religious not-for-profit clinic, while 29.7% (n=33) worked in an independent private practice, 12.6% (n=14) in a secular professional

organisation and 7.2% (n=8) in another type of workplace. Seventeen participants did not specify a place of work.

Full-Time/Part-Time: Nearly two-thirds (64.2%, n=77) worked part-time, which was 1-3 days a week, and 35.8% (n=43) worked full-time which was considered to be 4-5 days a week. Eight people who did not identify the nature of their employment.

Membership of a professional organisation: The largest proportion (36.7%, n=47) indicated a membership with the Christian Counsellors Association of Australia (CCAA) nationwide and 13.3% (n=17) were members of the Counsellors and Psychotherapists Association of NSW (CAPA). Twenty-one percent (n=27) belonged to other associations (see the Code Book (Appendix N) for a breakdown of the individual organisations) and 28.9% (n=37) did not indicate any membership with a counselling association.

Religious affiliation: A large percentage of the 117 who identified their religious affiliation were Protestant Christians (90.5%, n=106). A further 4.3% (n=5) indicated '*Other*' (4.3%), 2.6% (n=3) identified themselves as Catholic and 2.6% as non-Christian (n=3).

A breakdown of the individual denominations involved is represented in Table 7. The largest group was the Pentecostal/Charismatic group with 28.2% (n=33) with another 23.1% (n=27) indicating they were Christian without reference to a church denomination.

Due to the sampling frame it was anticipated that the majority of the respondents would identify themselves as Christian. Most of those who participated in the survey were either graduates of theological schools, such as Morling and Tabor Colleges, were involved in counselling agencies such as Anglicare, or were members of associations such as CCAA. The figures for religious affiliation are obviously indicative of this.

Table 7. *Breakdown of Christian Denominations*

Church Denomination	Number	Percent
Charismatic/Pentecostal	33	28.2%
Christian	27	23.1%
Baptist	14	12.0%
Anglican	16	13.7%
Churches of Christ	6	5.1%
Uniting	6	5.1%
Catholic	3	2.6%
Presbyterian	3	2.6%
Non Christian	3	2.6%
Lutheran	1	0 .9%
Other	5	4.3%

Theological position: Participants were asked to identify one of six theological positions that best described where they stood. Of the 118 people who replied to this question, 110 (93.2%) aligned themselves the first of the six options – *There is a personal God of transcendent existence and power whose purposes will ultimately be worked out in history.*

Religious involvement: Participants were asked to rank their relationship with organised religion, with the options being: 1. Active participation, high level of involvement; 2. Regular participation, some involvement; 3. Identification with religion, very limited or no involvement; 4. No identification, participation or involvement with religion; or 5. Disdain and negative reaction to religion. Nearly two-thirds (62.9%, n=73) indicated that their involvement was active, and 36.0% (n=41) described their involvement as regular. Only

5.2% (n=6) said they had very limited involvement with religion, and less than 2% (n=2) said they did not identify or had a negative reaction towards organised religion. These results are not surprising as this research aimed to access a committed Christian target group with active or regular involvement with religion.

Scales

Four scales were chosen for this research. These were:

- Daily Spiritual Experience Scale – DSES (Underwood & Teresi, 2002).
- Client Issue Scales – CIS (Curtis & Glass, 2002).
- Factors Related to Spirituality in Counselling Practice Scale - FRSCPS (Chant, 2006).
- Religious Intervention Scale – RIS and Training Issues Scale – TIS (Shafranske & Malony, 1990).

Copies of these instruments can be found in Appendix K.

In order to identify whether there were any significant correlations between responses to the four scales and demographic factors significance testing was conducted using t-tests. The following demographics were tested: Females and Males, Full-time or Part-time counsellors, Professional Identity, Academic Qualifications, Secular-trained (STC) versus Christian-trained (CTC) Counsellors, and involvement with organised religious activity. As previously described in the methods section the Benjamini and Hochberg False Discovery Rate (FDR) was used for correction. (Benjamini, Drai, Elmer, Kafkafi, & Golani, 2001; Benjamini & Yekutieli, 2005; Kwong, Holland, & Cheung, 2002). With the Benjamini and Hochberg FDR the actual significance value (alpha value) of the t-test was corrected for each set of significance testing, with the critical value remaining at 0.05. Only those results that were found to be significant are presented below. For a full listing of results see Appendix O.

Scale 1: Spiritual conviction. DSES (Underwood & Teresi, 2002)

The DSES consists of 16 self-report statements designed to measure the ordinary or "mundane" spiritual experiences of daily life. The DSES utilises a six point Likert-type approach and asks participants to respond to 15 items, with the response pattern going from positive to negative. The categories offered were: *many times a day, every day, most days, some days, once in a while, and never or almost never.* The 16th item included four response categories, these being: *not at all, some what close, very close and close as possible*. Item 16 was reversed and converted into a six point item for consistency. Participants' responses to the 16 items in the scale were summed in order to calculate the total score for the scale. Total scores were only calculated for those who responded to every item in the scale. Responses to each of the individual items in the scale were also analysed.

The total mean score for the DSES was 39.9 (SD=11.78). As there are 16 items in the DSES with six options the maximum possible score for the scale was 96. This puts the mean in the positive end of the scale. Table 8 shows means and standard deviations for each of the 16 DSES items. From a psychometric standpoint, most items are somewhat skewed toward the more positive tail of the distribution, i.e. M<3. In this scale there were few participants who endorsed the *never or almost never* options, and for six items there was no endorsement of the *never or almost never* options.

The daily elements of spiritual experience that respondents engaged with most frequently were: "I feel thankful for my blessings" (M=1.92, SD=0.86), and, "...when connecting with God I feel joy which lifts me out of my daily concerns" (M=1.95, SD=0.91), both with an average of "every day". Those elements that respondents engaged with the least frequently were: "I find strength in my spirituality" (M=3.11, SD=1.16), and, "I feel God's love for me through others" (M=2.88, SD=1.13), both with an average of most days.

Table 8. *Frequencies of endorsement of DSES items*

Content	M	SD
1. I feel God's presence.	2.47	1.177
2. I experience a connection to all of life.	2.56	0.973
3. During worship, or at other times when connecting with God, I feel joy which lifts me out of my daily concerns.	1.95	0.907
4. I find strength in my religion or spirituality.	3.11	1.161
5. I find comfort in my religion or spirituality.	2.09	1.000
6. I feel deep inner peace or harmony.	2.58	1.127
7. I ask for God's help in the midst of daily activities.	2.31	1.193
8. I feel guided by God in the midst of daily activities.	2.63	1.204
9. I feel God's love for me, directly.	2.48	1.273
10. I feel God's love for me, through others.	2.88	1.127
11. I am spiritually touched by the beauty of creation.	2.22	1.083
12. I feel thankful for my blessings.	1.92	0.857
13. I feel a selfless caring for others.	2.77	1.021
14. I accept others even then they do things I think are wrong.	2.55	0.850
15. I desire to be closer to God or in union with the divine.	2.06	1.082
16. In general, how close do you feel to God?	2.78	0.626

In the Underwood and Teresi study (2002) the cross-population mean for #11 was, *I am spiritually touched by the beauty of creation*. Underwood and Teresi (2002) suggest that exposure to nature for some people encourages the transcendent dimension in life. Yet for this research, a higher mean was #3, *During worship, or at other times when connecting with God I feel joy which lifts me out of my daily concerns,* where 34.6% of the sample (n = 127) answered many times a day and 43.3% every day. This response fitted the target group's different understanding of spirituality in which two thirds indicated they were active in churches, compared to the cross population group in the Underwood and Teresi study.

Demographic factors.

Sex: Overall, females were found to more regularly incorporate spirituality into their daily life compared to males. The total mean DSES score for females was 38.04 (n=81, SD=11.20), compared to 43.71 for males (n=40, SD=12.29). This was found to be a significant difference (p=0.01). In looking at each of the DSES items individually, females engaged more frequently in fifteen of the sixteen elements of daily spiritual experience than did the males. For two items these differences were statistically significant. Females reported that they more frequently found comfort in their religion or spiritual life than did the males. The mean for females was 1.91 (n=86, SD=0.93) and the mean for males was 2.49 (n=41, SD=1.05) with p=0.03. Females also reported that when they connected with God, either during worship or at other times, they felt joy and were lifted out of their day-to-day concerns more frequently than did the males. The mean for females was 1.80 (n=86, SD=0.88) and the mean for males was 2.28 (n=40, SD=0.91) with p=0.05.

Employment type: The total mean DSES score for those who worked full-time was 42.29 (n=41, SD=10.31) and the mean for part-time workers was lower at 37.91 (n=73, SD=11.96). While not significantly different, the p-value of 0.051 suggests that the part-time workers in the sample incorporated spirituality into their daily lives more frequently than the

full-time workers. Significant differences were found between full-time and part-time workers for two of the individual DSES items. Part-time counsellors more frequently asked God for help in the midst of their daily activities with a mean of 2.05, i.e. every day (n=77, SD=1.10) compared to full-time mean of 2.69, i.e. most days, (n=42, SD=1.28). Similarly, part-time counsellors said they felt guided by God in their daily activities more frequently than full-time counsellors, where the part-time mean was 2.32, i.e. every day (n=77, SD=1.13) compared to the full-time mean of 3.05, i.e. most days (n=43, SD=1.15) with p=0.02. No significant differences were found between the responses of those with 0 to 10 years experience and those who had 11-20 years work experience.

Professional identification: Those who identified as Psychologists or Therapists had a total mean score of 45.21 (n=19, SD=12.90) for the DSES, slightly higher than those who identified as counsellors who had a total mean score of 39.76 (n=84, SD=11.41) for this scale. This was not a significant difference (p=0.07). In looking at each of the DSES items separately the means for counsellors were lower for fifteen of the sixteen items, indicating that spirituality may be more frequently incorporated into the daily lives of this group compared to the psychologists/therapists in the study, however these differences were not found to be statistically significant.

Academic qualification: Those with postgraduate qualifications (PhD/Masters/BA) had a total DSES mean score of 40.76 (n=104, SD=12.12), slightly higher than those with undergraduate qualifications (Diploma, TAFE award, HSC or lower) who had a total mean score of 34.70 (n=15, SD=8.80). This was not a significant difference (p=0.07). In looking at each of the DSES items individually the means for undergraduates were lower for all sixteen items, indicating that they may more frequently incorporate these elements of spirituality into their daily lives than those with postgraduate qualifications. These differences were significant for the following four items see table 9:

Table 9. *DSES Academic qualifications*

DSES item	Academic qualifications	N	Mean	SD	Sig. (2-tailed)	Benjamini and Hochberg FDR Correction
2. I experience a connection to all of life.	PhD/Masters/Bachelor	108	2.63	0.97	0.00	0.02
	Diploma/TAFE/HSC/none	16	2.00	0.63		
4. I find strength in my religion or spirituality.	PhD/Masters/Bachelor	107	3.25	1.13	0.00	0.02
	Diploma/TAFE/HSC/none	16	2.19	0.98		
6. I feel deep inner peace or harmony.	PhD/Masters/Bachelor	109	2.66	1.13	0.00	0.02
	Diploma/TAFE/HSC/none	16	1.94	0.77		
8. I feel guided by God in the midst of daily activities.	PhD/Masters/Bachelor	109	2.73	1.19	0.01	0.05
	Diploma/TAFE/HSC/none	16	1.94	1.12		

Training type: The total mean score for the DSES among those trained in secular institutions (STC) was 39.61 (n=41, SD=12.12), similar to the mean score of those with Christian training which was 40.09 (n=79, SD=11.82). There was no significant difference (p=0.83). Similarly, when looking at the DSES items individually there were no significant differences according to training type, with the responses to each item being similar for both the STC and CTC groups.

Religious involvement: The results for the DSES by religious involvement showed the greatest differences compared to the other characteristics tested. Those who said they were actively involved in organised religion were found to more regularly incorporate spirituality into their daily lives than those who were less involved. The total mean DSES score for those actively involved was 36.49 (n=70, SD=9.49), lower than those who said they were regularly involved where the mean score was 43.71 (n=41, SD=12.80). This was found to be a significant difference (p=0.001). In looking at each of the DSES separately, those who were actively involved in organised religion more frequently incorporated each of the 16 items into their daily life than those who were only regularly involved. The differences for

the following nine items were found to be statistically significant following the Benjamini and Hochberg FDR Corrections:

Table 10. *DSES item by involvement with religion*

Item No	Level of involvement with organised religion	N	Mean	SD	Sig. (2-tailed)	Correction
3. …when connecting with God, I feel joy which lifts me out of my daily concerns.	Active involvement	72	1.74	0.67	0.02	0.03
	Regular involvement	41	2.20	1.08		
4. I find strength in my religion or spirituality.	Active involvement	71	2.80	1.04	0.00	0.02
	Regular involvement	41	3.44	1.23		
5. I find comfort in my religion or spirituality.	Active involvement	73	1.82	0.77	0.01	0.02
	Regular involvement	41	2.39	1.12		
6. I feel deep inner peace or harmony.	Active involvement	73	2.27	0.96	0.00	0.02
	Regular involvement	41	2.95	1.28		
7. I ask for God's help in the midst of daily activities.	Active involvement	73	2.03	0.97	0.02	0.04
	Regular involvement	41	2.63	1.41		
9. I feel God's love for me, through others.	Active involvement	73	2.10	1.02	0.00	0.03
	Regular involvement	41	2.88	1.35		
12. I feel thankful for my blessings.	Active involvement	73	1.73	0.75	0.00	0.02
	Regular involvement	41	2.20	0.87		
13. I feel a selfless caring for others.	Active involvement	73	2.52	0.87	0.02	0.03
	Regular involvement	41	2.98	1.15		
15. I desire to be closer to God or in union with the divine.	Active involvement	73	1.81	0.84	0.01	0.03
	Regular involvement	41	2.39	1.26		

Scale 2: Integrating spirituality into treatment. Client issues scale (CIS) (Curtis & Glass, 2002).

The CIS included four items designed to measure the integration of spirituality into treatment. Responses to each item in the scale included six options moving from negative to positive, except for item #19 which went from positive to negative. In order to construct the scale, #19 was reversed for consistency. Participants' responses to the four items in the scale were summed in order to calculate the total score for the scale. Total scores were only calculated for those who responded to every item in the scale. Responses to each of the individual items in the scale were also analysed.

The total mean score of the CIS scale was 19.12 (SD=2.91). Since there were only four items in the CIS scale with six options, the maximum possible score for the scale was 24. Therefore as the mean score was 19 out of a possible 24 participants answered very positively to the CIS scale. This means that overall participants felt very confident about the integration of spiritual issues in the context of counselling.

In looking at each of the CIS items individually, participants most endorsed the statement "The integration of spiritual issues helps clients". The results indicated that 81.9% of participants answered this question as, *helpful* to *very helpful*. The most negative option was not used for any of the options in the scale. The last item was more complex due to the double negative wording, resulting in the responses being more evenly spread. The following table shows the mean and standard deviations for the CIS items. The response pattern goes from *negative* to *positive* with the scores reversed for #19 see table 11:

Table 11. *Frequency of CIS items*

Item	CIS Content	M	SD
17	Confidence in addressing spiritual issues with clients	4.87	1.086
18	Integration of spiritual issues helps clients	5.27	0.849
19	Judgmental thoughts (reversed)	4.76	1.126
20	Difficult not to share spiritual values	4.27	1.504

Demographic factors.

Overall no significant differences were found between responses to the CIS by the demographic factors tested.

Sex: The total mean CIS score was 19.00 for females (n=84, SD=3.01) and 19.49 for males (n=37, SD=2.66). This was not a significant difference (p=3.40). In looking that the four items individually, responses were similar for both males and females, with females answering slightly more positively for each of the items, however these differences were not significant.

Employment type: Full-time workers had a total mean CIS score of 19.24 (n=42, SD=2.89), similar to part-time workers who had a mean of 19.18 (n=72, SD=2.84). This was not a significant difference (p=0.92). Results for each of the four items individually were similar, with no significant differences between the full-time and part-time workers in the sample.

Professional identification: Psychologists/therapists and counsellors scored very similarly on the CIS with the mean scores being 19.63 (n=19, SD=2.34) and 19.25 (n=84, SD=2.95) respectively (p=0.60). There were also no significant differences when looking at each of the four items individually.

Academic qualification: Those with postgraduate qualifications had a total mean score of 19.17 (n=103, SD=2.81) and those with undergraduate qualifications scored a mean of 18.94 on the scale (n=16, SD=3.47) with no significant difference (p=0.76). No significant differences were found when looking at each of the four items individually.

Training type: The total mean score for the CIS was the same for those trained in secular institutions and those with Christian training at 19.15 (n=41, SD=2.54) and 19.11 (n=79, SD=3.07) respectively (p=0.95). No significant differences were found when looking at each of the four items individually.

Religious involvement: Those who were actively involved in organised religion has a mean score of 18.97 for the CIS (n=70, SD=2.69), similar to those with regular involvement where the total mean score was 19.98 (n=38, SD=3.01). There were no significant differences between the total mean score (p=0.21) or responses to any of the four items individually.

Scale 3: Factors related to spirituality in counselling practice. FRSCPS (Chant, 2006)

The Factors Related to Spirituality in Counselling Practice Scale (FRSCPS) was created by the researcher (Chant, 2006) for the purpose of assessing how participants responded to the concept of integrating Christian spiritual modalities, techniques and values into the treatment of clients and what influences their training had on the issue of the inclusion of spiritual issues. There were thirty three items in the FRSCPS scale, most of these items used a seven point Likert-type scale moving from negative (*1-Strongly disagree)* to positive *(7-Strongly agree)*, as well as the inclusion of an "*N/A"* option in the event that participants were unable to rate an item. There were a number of negatively worded items which needed to be reversed, namely items: #35, #37, #39, #41, #44, #46, #48, #50, #52, #53, #55, #57, #59 and #61.

Participants' responses to the items in the scale were summed in order to calculate the total score for the scale. Total scores were only calculated for those who responded to every item in the scale. Responses to each of the individual items in the scale were also analysed, with the scale items grouped according to each of the following factors reflective of areas identified from the literature search: Spiritual factors in training; Integration of Christian spiritual issues in treatment; Assessment of spirituality issues; Spiritual techniques; and Christian counselling. The total mean score for the FRSCPS was 161.17 (n=64, SD=17.13). Since there were 33 items with seven options the maximum possible score for the scale was 231. So the mean is situated at the positive end of the scale, meaning that overall, as with the CIS, the participant group felt positive and confident about the integration of spirituality into their counselling practice. The lower number of respondents who answered all the items in this scale is reflective of the higher number of items included in this scale and these questions being in the second half of the questionnaire.

In looking at each of the items in the scale individually most items are skewed toward the more positive tail of the distribution. The items in each of the five sub-groupings are discussed below:

- **Spiritual factors in training:** The most positively endorsed item in this group was #37 with 94.0% of participants (n=109) agreeing that they felt competent to address issues related to spirituality when they are raised by clients. The least endorsed item was #39 where 58.2% (n=67) agreed with the proposition that *It is inappropriate to discuss my own beliefs and attitudes in relation to my own spirituality*.
- **Integration of Christian spirituality in treatment:** Nearly all participants (99.1%, n=111) considered spirituality was an important part of the overall well-being of their clients. The majority of respondents answered positively

for all other items in this group except for #47 (*The only appropriate way for me to include spirituality in counselling is if the client specifically asks for the inclusion*) and #48 (*I am concerned about ethical issues when issues of spirituality are raised*), where the responses were similar at 46.6% (n=87) and 47.8% (n=65) respectively.

- **Assessment of spiritual issues:** There was a considerable range of responses to items in this category. Items answered most positively were: #46 where 86.3% (n=101) said they would not refer a client on if they wanted spirituality included in their treatment; and #43.I have found it useful to include spiritual factors in assessment as an integrated part of the assessment process with 73.4% (n=77) agreeing. For the other two items in this group most respondents answered negatively, where 62.70% (n=41) said that clients' spiritual backgrounds influenced how they are assessed, and 52.9% (n=54) said that they did not feel confident to use tools such as Spiritual Genograms for the assessment of spirituality with clients.
- **Spiritual techniques:** Most participants agreed with these four items that related to the incorporation of the bible and prayer into counselling practice. The two most endorsed items in this group were: I pray sometimes with my clients (84.3% , n=96); and I am comfortable to include passages from the bible that facilitate change for the client (80.5%, n=91).
- **Christian counselling:** Most participants agreed with the five items in this group, these related to the general inclusion of religion or spirituality into counselling. Nearly all participants (96.7%, n=113) agreed that it was helpful when clients clarified their religious or spiritual values. The item with least positive response was #59 which asked whether participants would feel

comfortable in dealing with an issue related to their client changing church or denomination, however most participants still answered positively with 62.9% saying they would feel comfortable (n=73).

Demographic factors.

Results to the FRSCPS were tested against demographic characteristics, both in relation to the total score for the scale, and the individual scale items. The Benjamini and Hochberg FDR was calculated within each of the five sub-groups to the scale.

Sex: The mean total score was similar for males and females at 163.56 (n=29, SD=17.84) and 159.64 (n=39, SD=16.72) respectively, with no significant difference. This was also true when looking at the 33 scale items separately, with similar average responses for males and females to each item and no significant differences found.

Employment type: The mean total score for part-time workers was 165.71 (n=38, SD=14.9), higher than those who worked full-time where the mean was 152.17 (n=23, SD=16.81). This was a significant difference (p=0.002). This suggests that overall, part-time workers in the sample felt more confident about the aspects of integrating spirituality into practice included in this scale. In looking at each of the items separately part-time workers answered significantly more positively to the statement: *#It is helpful when clients clarify their religious or spiritual values*, with a mean of 6.32 (n=71, SD=0.84), compared to full-time workers who had a mean of 5.74 (n=39, SD=1.19) (p=0.03). This was the only significant difference. While not significantly different, the responses of full-time (5-4 days) and part-time (3-1 days) participants in three of the sub-groups (integration of Christian spiritual issues in treatment, assessment of spiritual issues and general Christian counselling), also suggested that full-time counsellors may have felt less confident with the inclusion of spiritual issues in counselling than part-time counsellors.

Professional identification: The mean total score for the FRSCPS was similar for the Psychologist/Therapist group and the Counsellor groups at 158.18 (n=11, SD=10.89) and 162.40 (n=47, SD=17.77) respectively. In looking at each of the items separately across the five sub-groups Psychologists/Therapists agreed more strongly that client's religion had a connection to the process of counselling than did Counsellors. The means were 6.44 (n=16, SD=0.81) and 5.57 (n=81, SD=1.64) respectively (p=0.02). While there were no other significant differences, the results relating to disclose suggest that the Counsellors in the sample might be more inclined to agree that disclosing their own spiritual beliefs appropriately to the client is acceptable (m=5.80, SD=1.43, n=79) compared to the Psychologists/Therapists (m=4.44, SD=1.98, n=18) (p=0.08).

Academic qualification: There was no difference between how participants scored on this scale according to their qualifications with the mean for those with postgraduate qualifications being 161.41 (SD=15.87, n=58) and those with undergraduate qualifications scoring a mean of 161.20 (SD=31.37, n=5). Given the low numbers of those with undergraduate qualifications who answered all the items in this scale, an independent samples t-test was not conducted. In looking at each of the items separately, two were found to have significant differences according to qualification. The first related to the assessment of spiritual issues, where those with undergraduate qualifications agreed more strongly with the statement; *I have found it useful to include spiritual factors in assessment as an integrated part of the assessment process*, with a mean of 6 on the Likert scale (SD=0.85, n=12), compared to postgraduates who had a mean of 5.06 (SD=1.58, n=90) (p=0.02). The second significantly different item was related to the concept of Christian counselling with the statement being; *I feel Christian counselling is unique because it deals with the whole person, body, soul, and spirit.* While both means were very high, undergraduates again felt more

positive with a mean of 6.86 (SD=0.54, n=14) compared to postgraduates who had a mean of 5.92 (SD=1.77, n-93) ($p<0.00$).

Training type: There was no difference found for the average total scale score according to whether participants had received Christian training or not. The mean for those who had received Christian training was 161.71 (SD=17.21, n=38), and the mean for those with only secular based training was 160.92 (SD=17.47, n=25) (p=0.86). Two of the individual scale items showed significant differences by training type. Perhaps not surprisingly, the first was related to spiritual factors in training, where those with Christian training agreed more strongly that their training has given them the tools enable them to include spirituality in the context of counselling (m=5.91, SD=1.30, n=74). Interestingly the mean for those with secular training was also high at 4.93 (SD=2.04, n=43) (p=0.04). The second significant difference was in relation to assessment, where those with secular training more strongly agreed that the spiritual background of clients did not influence the way they were assessed (m=5.10, SD=2.01, n=41), compared to those with Christian training (m=4.04, SD=1.99, n=68) (p=0.05).

Religious involvement: The total mean score for those who were actively involved in organised religion was only slightly higher than those who were regularly involved, these being 162.69 (SD=16.68, n=39) and 158.79 (SD=18.28, n=24) respectively, with no significant difference (p=0.39). Similarly, when looking at the 33 scale items separately, the average responses for active and regular participants were similar, with no significant differences found.

Scale 4: Religious intervention scale (RIS) and training issues scale (TIS) (Shafranske & Malony, 1990).

The original RIS scale developed by Shafranske and Malony (1990) is a 66-item scale measuring the use of spiritual interventions in counselling. Twelve items were chosen from this scale to be included in the present study. These items were selected for the purpose of testing the hypothesis; "Graduates who are trained in theological institutions will be more likely to utilise Christian spirituality in their profession of counselling."

Six of the twelve items taken from Shafranske and Malony (1990) comprised the Training Issues Scale (TIS). These items employed a 9-point Likert-type scale where 1=Desirable for no one and 9=Desirable for everyone, except one item where 1=Low satisfaction and 9=High satisfaction. Item #21 employed a 5-point scale, this item was reversed and converted into a 9-point Likert-type scale in order to calculate total scores for the TIS. The remaining questions from the RIS were analysed independently. These items were related to spiritual reading (Bibliotheraphy), and religious demographics. The results of the latter have already been presented under key features of the participant group at the start of this chapter.

TIS results.

As with the previous scales presented total scores for the TIS were calculated by summing participants' responses to the six items in the scale. Total scores were only calculated for those who responded to every item in the scale. The total mean score of the TIS scale was 42.73 (n=123, SD=8.26). Since there were six items in the TIS scale with nine options, the maximum possible score for the scale was 54. Therefore participants answered very positively to the TIS scale, meaning that overall participants felt very positively about the issues related to training and spirituality covered by the scale (i.e. satisfaction with religious and spirituality in education and training and the desirability for people to participate in religion and have beliefs).

In looking at each of the items separately the average response to each item was high at greater than 6 for all six items on the 9-point Likert scale. The items that were endorsed most positively were items 24 and 26. More than half of participants (53.6%, n=67) said that it was desirable for everyone to have religious beliefs, with a total of 84.0% (n=105) answering positively on the Likert-type scale. Similarly, for item 26, nearly half the respondents (46.8%, n=59) said that it was desirable for everyone to deal with spiritual issues in supervision, with a total of 91.2% (n=115) answering positively on the Likert-type scale to regarding the desirability of dealing with spiritual issues in supervision. The table below presents the mean and standard deviation for each of the six items in the TIS

Table 12. *Frequency of endorsement of TIS items*

Content	M	SD
21. Religious and spiritual issues discussed in training.	6.80	2.53
22. Rating of satisfaction with education in religious and spiritual issues.	6.31	2.47
23. Desirability for counsellor/clinical psychologist to receive education in the psychology of religion	7.34	1.87
24. Desirability of dealing with spiritual issues in supervision.	7.94	1.36
25. Desirability of people in general to participate in organised religion.	6.55	2.29
26. Desirability for people in general to have religious beliefs.	7.70	1.86

Demographic factors.

Sex: The mean total score for the TIS was similar for males and females at 41.58 (n=40, SD=9.04) and 43.29 (n=83, SD=7.85) respectively. In looking at the scale items separately responses were also similar with no significant differences between males and females.

Employment type: The average total TIS score among those who worked part-time was 44.01 (n=75, SD=7.61), higher than the full-time workers where the mean score was 39.63 (n=40, SD=1.42). This was a significant difference (p=0.007). In looking at responses to each of the scale items individually, the average response on the Likert-type scale was higher among the part-time workers compared to full-time workers for each of the six items. However, no items showed significant differences.

Professional identification: Those who identified as counsellors had a significantly higher average total score on the TIS than did the Psychologist/Therapist group. The means were 43.10 (n=86, SD=8.02) and 37.44 (n=18, SD=9.60) respectively, with a p-value of 0.01. As with the results for employment type, the more positive results for the counsellor group carried through to each of the six items individually, however no significant differences were found between the two professional groups for responses to the individual items.

Academic qualification: The total mean score for those with undergraduate qualifications (Diploma, TAFE, HSC or lower) was slightly higher than those who had postgraduate qualifications (PhD, Masters, or BA). The means were 47.63 (n=16, SD=5.62) and 41.76 (n=104, SD=8.38) respectively. In looking at each of the six items separately two showed significant differences between the groups. The first was about spiritual issues being discussed in training (5-point scale), where the mean for undergraduates was 4.50, or “a great deal of the time” (n=16, SD=2.52), higher than the mean for postgraduates which was 3.79, or “often” (n=108, SD=1.31) (p=0.02). The second was in rating satisfaction with education

in religious and spiritual issues on a 9-point Likert-type scale. Again the mean for undergraduates was higher at 7.75 (n=16, SD=1.77), compared to 6.11 (n=108, SD=2.52) for postgraduates (p=0.02).

Training type: Those who had Christian based training had a higher average total TIS score than those with secular training. The mean for Christian trained was 44.41 (n=79, SD=7.29), compared to a mean of 39.24 for those with solely secular training (n=42, SD=9.02). This was a significant difference (p=0.001). The two individual items from this scale that were found to be significantly different according to training type were both related to the integration of spirituality in training and education. The Christian trained group had a higher average response to religious and spiritual issues being discussed in training (M=4.31, SD=0.93, n=81) compared to secularly trained participants (M=3.09, SD=1.43, n=44) (p<0.001). Similarly, on a 9-point Likert-type scale the Christian trained group had a higher average rating of satisfaction with their education in religious and spiritual issues (M=6.90, SD=1.86, n=81) than those who were secularly trained (M=5.23, SD=3.09, n=44) (p<0.001). This indicates that the Christian trained group demonstrated a higher level of appreciation of the focus on spirituality in the training they had undergone.

Religious involvement: The average total TIS score among those who were actively involved in organised religion was 44.06 (n=71, SD=7.25), similar to those with regular involvement where the mean score was 41.24 (n=41, SD=9.05). This was not a significant difference. In looking at responses to each of the scale items individually, the average response was higher among the actively involved group compared to those regularly involved for each of the six items. However, no items showed significant differences.

Preferred reading in psychology and spirituality.

Following the TIS questions participants were asked whether they had read a list of texts related to the fields of psychology and religion or spirituality. The table below lists the titles included in the questionnaire and shows both the number and percentage of readers.

Table 13. *Numbers and percentages of titles and readers*

Titles	Number	%
Peck, S. M. (1990). The road less travelled. London: Arrow.	68	53.1
Collins, G. R. (1993). The Biblical basis of Christian counseling for people helpers. Colorado Springs: Navpress.	67	52.3
Clinebell, H. (1984) Basic types of pastoral care and counseling. Nashville; Abingdon Press	49	38.3
Jones, S. L., & Butman, R. E. (1991). Modern Psychotherapies. Downers Grove, Illinois: InterVarsity Press.	49	38.3
Collins, G. R., Myers, D. G., Powlison, D., & Roberts, R. C. (2000). Psychology and Christianity. Downers Grove, Illinois: InterVarsity Press	39	30.5
McMinn, M. R., (1996). Psychology, theology and spirituality in Christian counselling. Wheaton: Tyndale House Publishers, Inc.	6	4.7
James, W (1902). Varieties of religious experience. London: Longmans, Green & Co.	7	5.5
Allport, G. W. (1950). The individual and his religion. New York: The Macmillan Company.	-	0
Pruyser, P. W. (1968). A dynamic psychology of religion. New York: Harper & Row.	-	0
Other titles	48	37.5

The most read title was Peck's *The road less travelled* (1990) with 52.3% of the participants (n=68) indicating they had read it. The second most read book was Gary Collins's *The biblical basis of Christian counselling for people helpers* (1993) with 51.6% of participants (n=67) nominating it. The respondents were also given the option to indicate what other titles they had studied related to the integration of spirituality into counselling practice. Forty-eight participants indicated other titles, including McMinn (2000) *Psychology, Theology, and Spirituality in Christian Counselling* (1996) which was nominated by six people (4.7%).

Chapter Six – Scenario Results

As we have seen one of the main purposes of this research is to explore and compare how Christian counsellors integrate spirituality in their day-to-day practice The previous chapters presented results of the questionnaire scales and other dependent variable items as background. This chapter will present the outcome variables and indicate how the participants say they would integrate spirituality into their counselling practice. Two client scenarios were designed in such a way as to provide an opportunity for the participants to indicate what they generally do, and what they say they would do. They will be named case-study one (questionnaire item #62) and case-study two (questionnaire item #64). A purpose of these case-studies was to establish what techniques the participants would implement and to what extent they would consider the use of spiritual techniques. It was expected that if participants had answered positively to previous questionnaire items specifically asking about the incorporation of spirituality in counselling, then they would choose to employ spiritual techniques in their response to these two role plays where appropriate.

There were fifteen missing values in this section which represented 11.8% of the participants. As these case-studies were the last items in the questionnaire and were open ended, it is possible that participant weariness was a contributing factor to the reduced response rate at this stage of the questionnaire.

Case-Study One

The first case-study (#62) was designed to present a problem with an obvious Christian component embedded clearly within the client's issues.

Permission was sought from the client to use the following real life case-study, for this thesis:

> A female client is diagnosed with clinical depression and is on medication. Due to this she has been bought home (Sydney, Australia) from working with a Christian

> mission in East Asia by her Mother. The side effects of this whole experience were depression, emotional difficulties and extensive skin allergy (which by the time she started counselling was clearing).
>
> The impact of coming back to Australia 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 (Chant, 2006, p. 5).

This scenario was followed by a question asking *"What three questions would you ask this client to understand her difficulties?"* (Chant, 2006). The questions participants said they would ask the client were coded according to Richards & Potts (1995) and coded as:

> 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).

Results.

In total 112 participants answered the question related to the first case-study. Of the 73.6% who chose a spiritual approach, 32% used two specific techniques, with 2.3% using three. Table 14 indicates the breakdown of the most common approaches identified and indicates where there were at least two or more techniques used. The two most common approaches used were the "God factor", that is, talking about God (59.8%), and "teaching theological concepts" (12.5%).

Table 14. *Item 62 – Techniques used 1-3 times*

Techniques	Chosen as first technique	Chosen as second technique	Chosen as third technique	Total people using each technique
0 - None	30			30
1 - God factor	67	2	1	70
2 - Prayer	1	1		2
3 - Teaching	14	32	2	48
4 - Scripture		3		3
5 - Sp. relaxation		1		1
6 - Forgiveness				
7 - Sp. self disclosure		1		1

Among those 30 participants who did not include a spiritual component in their answer, questions they said they would ask the client included:

- What are your goals in committing to counselling? Will they be measurable in time and of action? What will you be doing differently in the weeks/months?
- What was life like for you before the depression came into your life? If you were angry with someone, who would it be? How are you feeling now that you're home?
- What do you want from seeking therapy? How do you understand your situation? What was it like for you to leave East Asia?

For those who included a spiritual component in their questions to the client, these were either related to talking about God or faith (a 'God factor'), spiritual teaching or prayer. Among the 70 participants that included a God factor, responses related to how the client's

depression has affected their faith, how she viewed God or believed God saw her, what she wanted to achieve for God in East Asia or what she believed God's plan for her was. The responses in this category are exemplified by the following response:

- "What does she value most about her spirituality? What does she believe God wants for her? What does she want from God?"

Those respondents whose questions were categorised as spiritual teaching were those whose questions related more to the client's understanding of biblical or doctrinal teachings, or her understanding of the character of God. Forty-eight participants included questions that related to spiritual teaching. Two examples of responses included in this category are:

- "Can you please explain the pressure that you felt to become an evangelist? Have you looked at examples in the bible of people that thought they had failed? Do you consider that God still loves you regardless of any apparent failures?"
- "Formation of identity in her family? Parental messages. How she understood conversion, Biblical feelings, sense of call, identity in Christ. View of God (loving or judging)."

Seven participants included other questions in responding to the case-study, these related to either prayer, scripture, spiritual relaxation or spiritual self-disclosure. Comments related to prayer were about the client's personal communication with God through prayer. Questions about scripture were about asking the client whether she understood the concept of the grace and mercy of God. Spiritual relaxation included “Can you imagine God sitting in the room here?” and spiritual self-discloser was asking questions related to how her faith had been affected by her difficulties.

Demographic factors.

The use of spiritual techniques in response to the first case study was tested to see if there was any significant divergence between the following variables using Chi-square testing – *Females and Males; Full-time or Part-time counsellors; Professional Identity; Academic Qualifications; Secular-trained versus Christian-trained Counsellors; and Organised religious affiliation (active/regular…*). The results for each of these variables are presented below.

- **Sex:** A higher percentage of females (76.7%, n=56) than males (66.7%, n=24) included spiritual techniques in their response to the case-study. However, chi-square testing demonstrated that this was not a significant difference statistically (χ^2 (1, n =109) = 0.264 p > 0.05).
- **Employment type:** Similar proportions of those employed part-time and full-time employed spiritual techniques in response to case-study 1 (73.1% n=49 and 72.2% n=26 respectively, χ^2 (1, n=103) = 0.921 p > 0.05).
- **Professional identification:** A slightly higher percentage of those who identified as Psychologists/Therapists offered a positive response to the inclusion of Christian techniques than did the Counsellor group (83.3% n=10 and 70.5% n=55 respectively). This however was not a significant difference (χ^2 (1, n=90) = 0.356 p > 0.05).
- **Academic qualification:** There was some disparity between the responses of those with PhD/Masters/BA qualifications and those with Diploma/TAFE /HSC or no qualifications. A higher percentage of the PhD/Masters/BA group group included spiritual techniques than did those of the Diploma group (75.5% n=71 and 53.8% n=7 respectively). This was not a significant difference (χ^2 (1, n=107) = 0.099 p > 0.099.)

- **Training type:** Interestingly a higher proportion of those from the STC group (81.6%, n=31) included a spiritual technique than did those from the CTC group (68.6%, n=48), however this was not a statistically significant difference (χ^2 (1, n =108) = 0.146 p > 0.05.)
- **Religious involvement:** The response for both Active and Regular groups was similar at 71.0% (n=49) and 75.0% (n=27) respectively (χ^2 (1, n = 105) = 0.665 p = > 0.05).

Review of items from all scales related to the use of spiritual techniques in Case –study (1).

The use of spiritual techniques in response to the first case study was also compared to participants' responses to ten previous survey items asking about the integration of spirituality into practice. The results for each of these variables are presented below

Item 18. *To what degree do you believe that the integration of spiritual issues in counselling helps clients?*: Of the participants who agreed that the integration of spiritual issues helps clients, 72.4% (n=76) included a spiritual technique in their response to the first case study. Chi-square testing was not conducted due to the small number of participants who did not believe the integration of spiritual techniques were helpful.

Item 34. *My training has given me the tools to enable me to include the spiritual dimension in the context of counselling*.: Spiritual techniques were included in response to the first case-study by 70.7% (n = 65) of those who agreed their training gave them tools and 88.9% (n = 16) of those who did not think their training gave them tools. Chi-square testing showed that there were no significant differences between the two groups of participants (χ^2 (1, n =110) = 0.108 p > 0.05).

Item 40. *My spirituality is integrated through the whole of my philosophy of counselling. I would therefore call this Christian counselling*.: Spiritual techniques were

utilised by 69.0% (n = 60) of those who called their counselling "Christian counselling" and 93.8% (n = 15) of those who did not see their spirituality being integrated into their counselling. Chi-square testing demonstrated this was a significant difference (χ^2 (df=1,) = 0.041 $p < 0.05$.)

Item 41. *I feel my philosophy of counselling would be compromised if I included spirituality.* Spiritual techniques were used by 72.3% (n=73) of those who did not feel their counselling would be compromised by including spirituality, and by 87.5% (n=7) of those who felt it would be compromised. However, Chi square testing showed that there was no significant difference (χ^2 (df=1) = 0.*348 p* >0.05).

Item 43. *I have found it useful to include spiritual factors in assessment as an integrated part of the assessment process.:* A higher proportion of those who said they did not find it useful to include spiritual factors in assessment actually used a spiritual technique in response to the first case study (91.7%, n=22) compared to those who said it was useful to integrate spirituality into the assessment process (67.1%, n=49). This was a significant difference (χ^2 (1, n = 97) = 0.*019 p* < 0.05).

Item 45. *I feel competent to use some or all of the following: Spiritual Genograms, Eco-maps and Eco-grams for the assessment of spirituality with my clients.*: A higher proportion of those who said they did not feel competent to use these techniques included spirituality in their response to the case-study compared to those who said they did feel competent (78.7% n=48 and 64.7% n=22 respectively). Chi-square testing indicated no significant difference (χ^2 (1, n= 95) 0.138 p > 0.05).

Item 51. *I am comfortable to include passages from the Bible that facilitate change for the client.*: Similar proportions of those who were comfortable and were not comfortable in using the bible incorporated a spiritual technique in their response to the case-study (72.4% n=63 and 73.7% n=14 respectively, χ^2 (1, n= 106) 0.*910 p* > 0.05).

Item 54. *I pray sometime with my clients*.: Of those who said they sometimes prayed with their clients, 71.0% (n=66) included a spiritual technique in response to the case-study, compared to 92.9% of participants (n=13) who did not pray with their clients. There was no significant difference (χ^2 (1, n= 107) = 0.*082 p* = > 0.05).

Item 60. *I feel Christian counselling is unique because it deals with the whole person, body, soul, and spirit*.: Similar proportions of those who did and did not feel Christian counselling was unique in dealing with the whole person incorporated a spirituality in their responses to the first case-study at 71.4% (n=65) and 76.9% (n=10) respectively. There was no significance in the Chi-square test, (χ^2 (1, n =104) = 0.*679 p* = > 0.05).

Item 61. *The utilisation of spiritual interventions in counselling is just an add-on to secular counselling.:* Once again similar proportions of those who answered positively and negatively to this question included a spiritual technique in their response to the first case-study - 74.1% (n=60) and 69.6% (n=16) respectively. There was no resultant significance in the Chi-square test (χ^2 (1, n =104) = 0.667 *p* > 0.05).

Case-Study Two - Abuse in the Family

The second case-study (#64) was designed to present a problem with a less obvious Christian component. This case-study presented an example of abuse, a fairly common issue for counsellors. Permission was sought to use the following real life case-study, however some things were changed so that no identification was possible. Although the client wanted a Christian counsellor, this was not relayed to participants so as to ensure the case-study did not involve obviously spiritual issues.

> 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 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, ostracised, angry and alone. She comes to you expecting that you might help her get back to the family home (Chant, 2006, p. 6).

This case-study was followed by a question asking *What three questions would you ask this client to understand her difficulties?* (Chant, 2006). As with the first case-study, the coding for this question (#65) was taken from categories developed by Richards & Potts (1995).

Results.

In total 112 participants answered how they would respond to this case-study. Ninety-four of the participants (83.9%) did not use any spiritual techniques, with only 9.4% using the "God factor" (talking about God), and only 5.4% drew on theological concepts. The techniques used are represented in Table 15:

Table 15. *Item 64 -Techniques used 1-3 times*

Techniques	Chosen as first technique	Chosen as second technique	Chosen as third technique	Total people using each technique
0 - None	94			94
1 - God Factor	12		1	13
3 - Teaching	6	2		8

For those 94 participants whose responses did not include a spiritual component the questions they asked questions related to the clients' family history and history of abuse, the client's relationship with her children and husband, and questions related to the client returning to the family home. One client whose response did not include a spiritual component answered as follows:

- "What would be different if you were back in the family/home? Are you willing to explore the reasons for your anger? Do you love your children and/or your husband?"

The 13 clients who included a God factor in their questions to the client said they would ask questions related to God's love for the client, the client's relationship with God, how the client feels about God and the church, and God's role in helping her in her situation. One participant who included God in her response said they would ask the following questions:

- "What is happening for you Mary? What is God wanting to say in all of this? Are you prepared to give some time and work to allow God to help and heal you and enable you to get back to the family home?"

Eight clients included questions related to spiritual teaching or understanding in their response to this scenario. Responses in this category included the following:

- Assist client to understand Gods love for them as a person and not just in what they do.
- Discuss biblical truths regarding her value and worth. Discuss personal expectations and where they come from and perhaps engage in some form of prayer ministry.

Demographic factors.

As with the first case-study Chi-square testing was used to see if there was any significant divergence between the following variables – Females and males; Full-time or Part-time counsellors; Professional Identity; Academic Qualifications; Secular versus Christian Counsellors; and Organised religious affiliation These results are presented below. Due to low cell counts chi-square testing was unable to be conducted on each variable to determine whether there were any differences that were significant or not.

- **Sex:** A high proportion of both males and females did not include spiritual techniques in responding to case-study 2. , Only 11.8% of males (n=4) and 14.9% of females (n=11) included spiritual techniques.
- **Employment type:** Only 14.5% (n=10) of part-time workers and 11.8% (n=4) of full-time workers included spiritual techniques in their response to the second case-study.
- **Professional identification:** Low proportions of both the Psychologist/Therapist group and the Counsellor group indicated they would employ spiritual techniques in addressing this case-study (14.3% n=2 and 13.0% n=10 respectively).
- **Academic qualifications:** A slightly higher proportion of those with PhD/Masters/BA awards included spiritual techniques in their response to the case-study compared to those in the Diploma group (14.9% n=14 compared with 7.7% n=1).
- **Training type:** A higher proportion of those trained in Christian institutions included a spiritual technique for this case-study (17.6%, n=12), compared to those trained in secular institutions (7.5%, n=3).

- **Religious involvement:** A higher proportion of those with active involvement in organised religion incorporated a spiritual technique for this case-study (18.8%, n=13), compared to those who were regularly involved (2.9%, n=1).

Integration Issues in #64

"**Review of items from all scales related to the use of spiritual techniques in Case –study (2)**"

As with the first case-study, the inclusion of spiritual techniques in response to case-study 2 was compared with responses to previous questionnaire items that referred to the integration of spirituality into practice (#18, #34, #40, #41, #43, #45, #51, #54, #60 and #61).. Cross-tabs were used to compare the responses of participants who did include spiritual techniques and those who did not include spiritual techniques in the second case-study. Significance testing could not be conducted on these results due to the low cell count among those who integrated spirituality into their response to case-study 2.

Item 18. (*To what degree do you believe that the integration of spiritual issues in counselling helps clients?*).

Of the participants who agreed that the integration of spiritual issues helps clients, 14.4% (n=15) included a spiritual technique in their response to the second case-study. None of those who thought integrating spirituality did not help clients included a spiritual technique in responding to the case-study.

Item 34 *(My training has given me the tools to enable me to include the spiritual dimension in the context of counselling*.)

Spiritual techniques were included in response to the second case-study by 13.3% (n=12) of those who agreed their training gave them the tools and 15.8% (n=3) of those who did not think their training gave them tools to include spirituality in counselling.

Item 40 (*My spirituality is integrated through the whole of my philosophy of counselling. I would therefore call this Christian counselling*.)

A higher proportion of those who called their counselling Christian included spiritual techniques in responding to case-study 2 (17.2% n=15), whereas none of those who said spirituality was not part of their counselling philosophy included spiritual techniques.

Item 41 (*I feel my philosophy of counselling would be compromised if I included spirituality.*)

Spiritual techniques were used by 14.0% (n=14) of those who did not feel their counselling would be compromised by including spirituality, similar to the 12.5% (n=1) of those who felt it would be compromised yet still incorporated spirituality in their response to the second case-study.

Item 43 (*I have found it useful to include spiritual factors in assessment as an integrated part of the assessment process.*)

A slightly higher proportion of those who said they found it useful to include spiritual factors in assessment used a spiritual technique in response to the first case study (15.5, n=11) compared to those who said it was not useful to integrate spirituality into the assessment process (8.0%, n=2).

Item 45 (*I feel competent to use some or all of the following: Spiritual Genograms, Eco-maps and Eco-grams for the assessment of spirituality with my clients*.)

A similar proportion of those who said they felt competent to use these techniques included spirituality in their response to the case-study compared to those who said they did not feel competent (11.8% n=4 and 14.8% n=9 respectively).

Item 51 *(I am comfortable to include passages from the Bible that facilitate change for the client.*)

Similar proportions of those who were comfortable and were not comfortable in using the bible incorporated a spiritual technique in their response to the case-study (13.1% n=11 and 15.8% n=3 respectively).

Item 54 (*I pray sometime with my clients*.)

Of those who said they sometimes prayed with their clients, 13.2% (n=12) included a spiritual technique in response to the case-study, higher than the 7.1% of participants (n=1) who did not pray with their clients.

Item 60 (*I feel Christian counselling is unique because it deals with the whole person, body, soul, and spirit*.)

A higher proportion of those who felt Christian counselling was unique in dealing with the whole person incorporated a spirituality in their response to the case-study (13.5%, n=12), compared who did not feel Christian counselling was unique (7.7%, n=1).

Item 61 (*The utilisation of spiritual interventions in counselling is just an add-on to secular counselling.*)

A higher proportion of those who felt spiritual interventions were just an add-on to secular counselling included a spiritual technique in their response to the second case-study (15.0%, n=12), compared to those who did not feel it was an add-on (9.1%, n=2).

Theoretical Approaches

As well as identifying whether or not participants included a spiritual component in their approach to the two case-studies, responses were also analysed to identify the theoretical approaches respondents used. Following each of the two case-studies participants were also asked to *List the primary techniques and strategies you would use to assist this client*. A coding system for these responses was derived from (Jones & Butman, 1991, p. 5) For those approaches not listed in Jones and Butman (1991), other authors such as Hurding (1985)

were used for Humanistic Psychology and Ivey and Ivey (2003) for Post Modern Psychologies.

Table 16. *Breakdown of theories used in Items 63 and 65*

Theory	Breakdown
1. Humanistic Psychologies	Rogerian Gestalt Transactional Analysis
2. Dynamic Psychology	Psychoanalytic
3. Family Systems	Family Therapy Marriage and Family Therapy
4. Behavioural Psychologies	Behaviour Therapy (Journaling, Medical) Cognitive-Behaviour Therapy (Stress Management, Psychotherapy Education) Cognitive Therapy Rational Emotive Therapy Rational Emotive Behaviour Therapy Reality Therapy Psych Educational Anger Management Grief Management
5. Post Modern Psychologies	Solution Focused Therapy Narrative Therapy Emotionally Focused Therapy Grief Therapy
6. Christian Counselling	Christian Psychotherapy Responsible Eclecticism Deliverance Theophostic
7. Medical	Medication Visit GP Medical history

In Table 17 there is a list of participants' choices of theories in answer to questions (#63 and #65), with some participants indicating more than one theory. In response to the first case-study of the Christian missionary returned home, Christian counselling was the most common theoretical approach, mentioned by 71 participants. Christian counselling includes Christian Psychotherapy; Responsible Eclecticism; Deliverance Ministry and Theophostic. For the second case-study referencing abuse, due to the absence of an obvious Christian component the most common approach was behavioural theory, which was mentioned by 45 participants. Behavioural theory embraces other theories reported by participants such as: Behaviour Therapy (Journaling, Medical); Cognitive-Behaviour Therapy (Stress Management, Psychotherapy Education); Cognitive Therapy; Rational Emotive Therapy; Rational Emotive Behaviour Therapy; Reality Therapy; Anger Management and Grief Management (Jones & Butman, 1991, p. 5).

Table 17. *Participants choice of theories - Items 63 and 65*

Theory	**case-study Q.63**	**case-study Q.65**
Christian Counselling	71	34
Behavioural	36	45
Post Modern	28	22
Humanistic	28	31
Family Systems	9	33
Medical	5	3

Conclusion

In conclusion, through analysing the outcomes from both case-studies, the results from this study indicate that there is no striking disparity between the answers of those people who reported that they normally integrate spiritual techniques in their practice and the answers of those who reported that they do not. The data also does not support the main hypothesis that graduates who are trained in theological institutions will be more likely to utilise Christian spiritual issues in their profession of counselling. Nevertheless, further research is needed with a larger number of participants if this is worthy of further research. This could assist educators in the process of planning of curriculum and to appropriately address the usefulness or otherwise of the inclusion of spiritual issues in the context of training future counsellors.

Table 18. *Responses to Item 62: Spiritual Technique*

Item 62 Response	**Group**					
Female/ male responses	**Female**		**Male**		**Total**	
	N	%	N	%	N	%
No	17	(23.3)	12	(33.3)	29	(26.6)
Yes	56	(76.7)	24	(66.7)	80	(73.4)
Full-time/ part-time responses	**Full-time**		**Part-time**		**Total**	
	N	%	N	%	N	%
No	10	(27.8)	18	(26.9)	29	(27.2)
Yes	26	(72.2)	49	(73.1)	75	(72.8)
Professional responses	**Therapist/ psychologist**		**Counsellor etc**		**Total**	
	N	%	N	%	N	%
No	2	(16,7)	23	(29.5)	25	(27.8)
Yes	10	(83.3)	56	(70.5)	66	(72.2)
Graduate/ non-graduate responses	**PhD/ Masters/ BA**		**Diploma/ TAFE/ HSC/ None**		**Total**	
	N	%	N	%	N	%
No	23	(24.5)	6	(46.2)	29	(27.1)
Yes	71	(75.5)	13	(53.8)	84	(72.9)
STC/ CTC responses	**STC**		**CTC**		**Total**	
	N	%	N	%	N	%
No	7	(18.4)	22	(31.4)	29	(26.9)
Yes	31	(81.6)	48	(66.6)	79	(73.1)
Active/ regular attendees responses	**Active**		**Regular**		**Total**	
	N	%	N	%	N	%
No	20	(29.0)	9	(25.0)	29	(27.6)
Yes	49	(71.0)	27	(75.0)	76	(72.4)

Table 19. *Responses to Item 64: Spiritual Technique*

Item 64 Response	**Group**					
Female/ male responses	**Female**		**Male**		**Total**	
	N	%	N	%	N	%
No	63	(81.5)	30	(88.2)	93	(86.1)
Yes	11	(14.9)	4	(11.8)	15	(13.9)
Full-time/ part-time responses	**Full-time**		**Part-time**		**Total**	
	N	%	N	%	N	%
No	30	(88.2)	59	(88.5)	89	(86.4)
Yes	4	(11.8)	10	(14.5)	14	(13.6)
Professional responses	**Therapist/ psychologist**		**Counsellor etc**		**Total**	
	N	%	N	%	N	%
No	12	(85.7)	67	(87.0)	79	(86.8)
Yes	2	(14.3)	10	(13.0)	12	(13.2)
Graduate/ non-graduate responses	**PhD/ Masters/ BA**		**Diploma/ TAFE/ HSC/ None**		**Total**	
	N	%	N	%	N	%
No	80	(85.1)	12	(92.3)	92	(86.0)
Yes	14	(14.9)	1	(7.7)	15	(14.0)
STC/ CTC responses	**STC**		**CTC**		**Total**	
	N	%	N	%	N	%
No	37	(92.5)	56	(82.4)	93	(86.1)
Yes	3	(7.5)	12	(17.6)	15	(13.9)
Active/ regular attendees responses	**Active**		**Regular**		**Total**	
	N	%	N	%	N	%
No	56	(81.2)	34	(97.1)	90	(86.5)
Yes	13	(18.8)	1	(2.9)	14	(13)

CHAPTER 7 - DISCUSSION

This chapter will provide an overview of the results of this research together with a discussion of how these fit with the findings of the literature.

Demographics: The key variables of the participant group which will be discussed include: Females and Males; Employment type; Academic qualifications; Professional identification; Training type and Religious involvement. This will be done in order to highlight significant correlations between demographic factors and responses to the four scales which were used namely DSES, CIS, FRSCPS and RIS/TIS.

Scale 1: The Daily Spiritual Experience Scale (DSES) (Underwood & Teresi, 2002)

The purpose of the DSES is to measure the experiential and emotional aspects of the spiritual life as it is played out in the daily life of participants (Underwood & Teresi, 2002).

The overall score for the DSES was 39.9 (SD=11.78). The responses were at the positive end of the scale in relation to the 16 items in the DSES.

Females and Males.

There were 86 females (67.7%) and 41 males (33.3%). The total mean DSES score for females was 38.04 (n=81, DS=11.20). For males the total means score was 43.71 (n=40, SD=12.29). This was a significant difference (p=0.01) indicating that on average the participant group had a high level of daily spiritual experience.

Females engaged more frequently in fifteen of the sixteen elements of the daily spiritual experience items than did the males. The results were significant in two of the sixteen individual items. Females were more likely to report that they connected with God, either during worship or at other times. The mean for females was 1.80 (N=86, SD=0.88) and for males was 2.28 (n=40, SD=0.91) with p=0.05. Females reported that they frequently found comfort in their religion and spirituality more than the males. The mean for females

was 1.91 (n=86, SD=0.93) and the mean for males was 2.49 (n=41, SD=1.05), with p=003. The DSES scale indicated females' experience of spirituality was different from that of males and that female participants experienced a more positive awareness of spirituality, felt the effects emotionally in their day-to-day lives and were lifted out of their day-to-day concerns more than males. They also found more comfort in their religion and spirituality and enjoyed worship.

Worship was responded to positively by both females and males in item three. The overall response was high 1.95 (n=126, SD=0.907). Worship is an expected part of Christian life and enjoyment of worship would be expected from this purposely selected group. Martin and Carlson (1988) discuss the implications of the "spiritual dimensions of health psychology" and support the assumption that worship is what a spiritual person would engage in and that spiritual activities such as meditation and worship of God would be characteristic components of their devotional activity, although this does not fully cover the private experience of union and worship of God or the differences between females and males. Nevertheless, as we have seen, the male scores were also at the positive end of the DSES scale for all items.

In the Underwood study (2006) the response to worship was quite different. In their significance testing the participants were chosen from a cross-population sample and this group were spiritually touched by the beauty of creation. Underwood (2006) suggests that exposure to nature for some people encourages the transcendent dimension in life. It also shows that in targeting a specific group in contrast to a cross-population group the results can be contrasting. However, if this research had included the kind of qualitative interviews with participants as Underwood (2006) was able to do, further information might be forthcoming in reference to the experiential component and how the cognitive and spiritual feelings interact.

To understand what Underwood (2006) was looking for in reference to worship, it is of interest to look at Underwood's (2006) description of what is meant by worship by describing the focus groups' work prior to the release of the scale. The group reported what worship meant for them, which was the experience of singing and speaking aloud, which contributed to a strong experiential component drawing together the cognitive with the spiritual. If in this study worship is then equated with singing in the minds of the participants then this could explain the observed gender differences. This is not necessarily surprising. If an informal study of congregational singing habits from one Christian congregation in the USA is reliable, it was found that on average, men would sing only for six and a half minutes at a stretch, whereas women enjoyed singing for longer periods of time (Murren, 1996). Religious affiliation breakdown indicated the largest Christian group was the Charismatic/Pentecostal group (28.2%). Pentecostal corporate worship commonly involves the congregation standing and singing from twenty to forty minutes at a time. Obviously, this could impact males if six and a half minutes was the average length of time they would prefer to participate in congregational singing. This does not cover what might happen in the private devotion of worship for the individual participant.

A further reason these results are not unusual is that more females than males attend church. According to one report the breakdown in Australia for church attendance is 60 females for every 40 males across Christian denominations (Sterland, 2007). For both males and females in this research nearly two-thirds (62.9%, n=73) indicated their religious involvement was active and 36.0% (n=41) described their religious involvement as regular.

Strength and comfort is reported to be felt by both females and males in their religion or spirituality. Strength could perhaps filter through to the workplace allowing counsellors to be courageous in their own lives and in the way they interact with their clients. This fits well with Positive Psychology and what Gable and Haidt (2005) say in relation to combining basic

tenets, resilience, strength and growth. This strength and comfort also fits well also with the Assumption of Hope in Johnson and Ridley's model (Johnson & Ridley, 1992).

Finding strength in their religion for the participants is in contrast to the idea of religion being related to pathology. Bergin (1983) has addressed this head-on indicating that 23% of studies he researched reported a negative relationship between religion and mental health, but that a further 47% indicated a positive relationship with 30% suggesting a zero relationship (Bergin, 1983). The concept of finding strength in their religion for participants is in keeping with some of the literature that sees good support for the inclusion of spirituality in counselling and indicates positive outcomes for including a healthier lifestyle; positive mental health outcomes; social support networks and psychological and spiritual lift (Pargament, 1997; Worthington, 1986).

Employment type.

The total mean DSES score for those who worked full-time was 42.29 (n=41, SD=10.31) and the mean for part-time workers was lower at 37.91 (n=73, SD=11.96). While not significantly different with the p-value of 0.05, it could suggest that part-time workers incorporated spirituality into their daily lives more frequently than full-time workers. In the individual items, two showed significant differences between the full-time and part-time workers (#7 and #8). Part-time counsellors frequently asked God for help in their daily activities – a mean of 2.05 (n=77, SD=1.10) compared to full-time mean of 2.69 (n=42, SD=1.28) with p=0.05. In a similar way, part time counsellors said they felt guided by God more often than full-time counsellors, where the mean for part-time was 2.32 (n=77, SD=1.13) compared to the full-time mean of 3.05 (n=43, SD=1.15) with p=0.02.

The difference between the response of full-time counsellors and that of part-time counsellors could be a reflection of the difference in the numbers. There were 77 (64.2%) part-time respondents compared to 41 (35.8%) who worked full-time. It is also possible that

full-time/part-time status was a proxy for place of work. There were a range of workplace types, with 56 (44.4%) of the sample indicated they worked in church-based or religious not-for-profit clinics, while 33 (26.2%) indicating they worked in independent private practice, and 14 (11.1%) working in a secular organisation. However, as this was not cross-checked, the connection is not known. These figures could explain the overall positive response to this question, as many of the counsellors were reportedly working in situations in which it could reasonably be assumed there was freedom to address religious or spiritual issues.

On the other hand, one potential participant received the invitation to be part of this research but could not accept because, she wrote, "Although I work for a church organisation, Christian counselling is not allowed to come into my work practice…"[10] As this is not an isolated incident, the question might reasonably be asked, "If church based organisations are not able to facilitate Christian counselling, or counselling that includes spirituality, who can?" If the 44.4% of participants who worked in church-based or religious not-for-profit clinics found it necessary to refer clients to another practitioner for treatment with a spiritual component, it was not clear where they send them. Referral can be a positive outcome if it meets the need of the client. Further research might answer the question of where people would go who require professional counselling that takes into account religious and spiritual issues of clients. An obvious choice might be a church situation such as those identified in Mountain's (2009) study into 12 church-based counselling services in Melbourne, which indicates that the services offered respond to just the type of need mentioned above.

[10]Lyn Eden. personal correspondence, January 2007. (See Appendix I)

Academic qualifications.

The total mean for the DSES scale for the PhD/Masters/BA group was 40.76 (n=104, SD=12.12) which was slightly higher than the mean for those with undergraduate qualifications Diploma, TAFE award, HSC or lower which was 34.70 (n=15, SD=8.80), with p=0.07. Participants who indicated they had professional academic qualifications (PhD/Masters group) represented a large number of participants (82.5%). The lower the mean in the DSES suggests that, although it is not significantly different, daily spiritual experience was incorporated more frequently amongst the undergraduate group.

There was significant statistical difference in four of the sixteen items – Item Two. *I experience a connection to all of life.* Item Four. *I find strength in my religion or spirituality;* Item Six. *I feel deep inner peace or harmony;* and Item Eight. *I feel guided by God in the midst of daily activities.*

The DSES scale has been used widely in health studies and more recently with social sciences looking at the connection between spirituality and health. Koenig (2005) lists more current material that indicates the relationship between religion and mental health is positive.

It would seem undergraduates may more frequently incorporate elements of spirituality into their daily lives than those with postgraduate qualifications. This could be worth exploring if progress through education and permanent employment means some depletion in the spiritual functioning in people's day to day lives. It is also interesting to reflect what that means to the integration of spirituality in Christian counselling and what place, if any, the secularisation of counselling courses plays in this.

Professional identification.

Those who identified as Psychologists or Therapists had a total mean score of 45.21 (n=19, SD=12.90) slightly higher than for counsellors 39.76 (n=84, SD=11.41). The difference was not significant (p=0.07).

The means were lower for fifteen out of sixteen items indicating that the counselling group incorporated spirituality more in their daily lives. It could be the difference in the groups was due merely to chance or it could mean that the counselling group did in fact incorporate spirituality more in their daily lives but that the reason for lack of statistical significance is not clear.

Training type.

The total mean score in the DSES among those trained in secular institutions (STC) was 39.61 (n=41, SD=12.12). The mean for those with Christian training (CTC) was 40.09 (n=79, SD=11.82). There was no significant difference in the overall scores or the individual items. The hypothesis was, "Graduates who were trained in theological institutions will be likely to utilise Christian spirituality in their profession of counselling." After reading the literature leading up to this research it was expected there would be some difference between the two groups, secular-trained and Christian-trained. Issues such as the perceived antagonism between science and theology (Johnson & Ridley, 1992) and the tension between spirituality within counselling (Richards and Bergin, 2005) seem not to be an issue for those trained in secular universities. Also the negative effects of the spiritual attitudes of prominent theorists such as Freud and Ellis do not seem to have hindered these secular-trained Christian counsellors in their attitudes to spirituality (Ellis, 1980; Ross, 1994).

Religious involvement.

The results of this study support the positive impact of church attendance as reported in the literature. The total mean score for those actively involved was 36.49 (n=70, SD=9.49). This was lower than the mean score of those who said they were regularly involved which was 43.71 (n=41, SD=12.80). However both were at the positive end to the scale. Responses to nine of the sixteen DSES items were significantly different (Items 3, 4, 5, 6, 7, 9, 12, 13, 15, see Table 10 chapter 5). The depth of the experiential component of participants is

reflected in terminology used in the items. Words such as "feel" are used quite often to describe personal experiences of participants: "I feel peace", "I feel God's love", I feel thankful", "I feel a selfless…" Even when "feel" is not used it could easily be substituted by phrases like the following, "I find strength", "I find comfort".

The high level of participants' conviction is shown by the level of their involvement in and their commitment to a local church. This is not surprising as Christians were purposefully targeted for this research. Almost nine out of ten (89.8%, n=117) participants indicated they were Protestant Christian and 1.7% indicated they were Catholic Christians. This was reinforced with the percentage (62.9%) that identified themselves as "actively involved" in organised religion and the 30.2% who indicated "regular involvement". Church attendance has been researched in the literature as a health-related variable with positive findings for both females and males (Comstock & Partridge, 1972; Koenig, 2005; Sorajjakool, 2006). The level of spiritual conviction as assessed by DSES is correlated with the level of church attendance of the participants. This result supports the literature and indicates a consistency in the participant's overall positive response to day-to-day spirituality which results in a flow through to their worship experience.

Nearly four out of five (77.4%, *n* = 99) responses to item 13 (*I feel a selfless caring for others*) indicated that they felt a sense of caring for others either "*many times a day*", or "*every day*" or "*most days*". Only one person gave the answer "*never*" to this question. As was to be expected, this indicated a conviction that caring for others is central to most Christian spiritual activity and that this conviction applies across different spiritual traditions. Justification for this expectation is found in such Christian biblical texts as the second great commandment given by Jesus – "You shall love your neighbour as yourself" (Matthew 22:39, *The New King James Version*).

Scale 2: Integrating Spirituality into Treatment. The Client Issue Scale (CIS) (Curtis & Glass, 2002)

The CIS (Curtis & Glass, 2002) was originally designed as a self-report measure to evaluate responses of students from a class taught by the second author, Glass. The questions were designed to see if the objectives of the course were met. The objectives were: Expanding students' awareness of spirituality; increasing students' awareness of their own spiritual development, and increasing students' confidence in addressing spiritual issues with clients by teaching the students specific techniques (Curtis & Glass, 2002, p. 4).

The CIS scale included only four items for the purpose of measuring the integration of spirituality in treatment. The total mean score of the CIS was 19.12 (n=122, SD=2.91). The four items had six options indicating a maximum score of 24. Therefore a mean score of 19 indicated the participants answered positively overall to the CIS scale and this highlighted their confidence in reference to the integration of spiritual issues in counselling.

In the process of answering the items individually 81.9% agreed with the options "*helpful"* to "*very helpful*" indicating a positive response to all the items. The most negative option was not used by any participants.

No statistical differences were found in any of the following: Demographic factors, Sex; Employment type; Professional identification; Academic qualifications; Training type and Religious involvement.

The usefulness of the scale was considered due to the similar objectives in the class objectives for Curtis and Glass to the evaluation of participants' experience in this research. The first two items in particular were seen as relevant to this research and particularly to graduates of Christian colleges, enabling the researcher to evaluate the graduates' effectiveness and confidence in integrating spiritual issues into their counselling.

The results for item 18 (*To what degree do you believe that the integration of spiritual issues in counselling helps clients?*) indicated that integration helps clients. The majority of the participants (81.9%) answered this item as "*helpful* to "*very helpful".* There are different ways to describe how integration of spiritual issues in counselling can take place. One way is explicit integration, a term used by Siang-Yang Tan (Tan, 1999). According to Tan, integration is either implicit or explicit, both requiring professional competence and being clinically careful for the benefit of the clients. Another way to describe the CIS scale questions would be to say that it reflects a model of "Faith-praxis integration" (Bouma-Prediger, 1990). Faith-praxis integration is a way to live out one's faith commitment authentically in everyday life and to experience internal harmony or consistency between faith and commitment, which equals personal integrity. Bouma-Prediger present three other options for integration – interdisciplinary, intradisciplinary and experiential integration. However, faith-praxis integration is best for describing what transpires with the CIS and aspects of the other scales used in this research.

The question in the CIS related to having judgemental thoughts in reference to different religious values, other than participants own (#19), seems to have produced a positive response with 81.9% (n=123) of participants supporting the "*not often"* option.

The results were spread more evenly for item 20 (*How difficult is it for you to* ***not*** *share your won spiritual values with clients?*) The spread of results could be due to the structure of the question with its double negative.

Regardless of which integration model the participants used or which college they attended, their confidence in addressing spiritual issues with clients was high (#17) with 88.2% (n=127) in the "*very confident*" to" *confident*" category. It was a similar story with integration of spiritual issues helping clients (#18) with 81.9% (n=127) indicating that this was potentially a positive experience for their clients. This does seem to have relevance to

one of the subsidiary hypotheses – "the greater the degree of spiritual conviction the more likely spirituality and spiritual techniques will be included in practice." The DSES (Scale 1) revealed a group of people who were very positive about their day to day spirituality and now in the CIS (Scale2) this confidence in the importance of spirituality was seen as being translated into practice.

The item on self disclosure (#20) related to spirituality was no different, with 83.8% (n=126) feeling positive here, too. This response supports the literature that encourages openness in relation to the inclusion of spirituality for clients. There does seem to be renewed interest in the opening up of discussion and research into integration (Josephson & Peteet, 2004).

Scale 3: Factors Related to Spirituality In Counselling Practice (FRSCPS) (Chant, 2006)

This scale was created for this research by the researcher to assess how participants responded to the concept of integrating Christian spiritual modalities, techniques and values into the treatment of clients. It also looked at how their training influenced this. There are thirty three items in the FRSCPS on a seven point Likert-type scale, moving from negative to positive.

The total mean score for the FRSCPS was 161.17 (n=64, SD=17.13). Since there were 33 items with seven options a maximum possible score for the scale was 231. The mean is situated at the positive end of the scale, meaning the group seemed positive and confident about integration of spirituality in their counselling. The lower response number of participants is indicative of the higher number of items and the scale being in the second half of the questionnaire.

The items in this scale were grouped according to material collected for the literature review. These are: Spiritual factors in training; Integration of Christian spiritual issues in

treatment; Assessment of spirituality issues; Spiritual techniques; and Christian counselling. These headings were then aligned to the appropriate hypothesis.

Spiritual factors in training.

(#33-39)

"Graduates who are trained in theological institutions will be more likely to utilise Christian spiritual issues in their profession of counselling."

Item 34 dealt with training, whether participants had been given the tools to enable the spiritual dimension to be dealt with in the context of counselling, with 81.5% of participants were being positive they had the tools necessary to enable them to include the spiritual dimensions in counselling. This item was of particular interest in the light of the hypothesis above, as the secular-trained felt almost as confident as the Christian-trained participants in this regard. The STC group mean was 4.93 (n=43, SD=2.04). The CTC group mean was 5.91 (n=74, SD=1.30) with p=0.04. Perhaps in the light of these results, Passmore's (2003) comments that Australia is "dragging the chain" in relation to the inclusion of spirituality in secular training is no longer the case.

This research uncovered an association between how spiritual issues were dealt with in training and how spirituality was addressed in therapy. From the data collected, it was apparent that most of the participants who responded to this research – which included Christian psychologists trained at Universities who represented 34.7% of the sample and counsellors trained in Christian colleges who represented 37.9% – said they felt competent to deal with issues of spirituality. Some 94.1% of participants disagreed with #37 (*My response if clients raise issues of spirituality is to take note but move on to other issues because I don't feel competent*). Yet one participant who was engaged as a family therapist said – "If my clients wanted spirituality to be included in their treatment I would refer them on". On one hand this is good care but on the other hand Walsh (2009) indicates that a vast majority of

families adopt some form of expression of spirituality and as counsellors we need to attend to the spiritual dimension of human experience.

There is extensive research on the subject of integration. Sorenson et al. (Sorenson & Derflinger, 2004) have looked at this over a 10 year period with material drawn from 80 faculty members of USA schools accredited with APA. One of the most interesting findings of their research was the impact of the personal therapist *as a person* on the world view of the students. Another study found similar results with 1,500 alumni. It might have been helpful to have added some questions to this scale to compare the influence of faculty themselves in both secular and Christian training situations. This could be worth researching in the future.

Integration of Christian spiritual issues in treatment.

(#40-42, 47-50)

On of the stated hypotheses was that "Anxiety about ethical issues hinders the use of spirituality in counselling. Christian counsellors who counsel Christian clients will integrate spiritual interventions." One obvious way to have spirituality included is by making it a normal part of an overall assessment. Several items in the FRSCPS were devoted to assessing this.

Participants generally aligned with "*strongly agree"* or "*agree"* with ideas of integration, in item 42 with 95.5% responding positively. Item 40 was also of particular interest as 82.1% "strongly agreed" or "agreed*"* that their spirituality was so integrated that they could call their counselling Christian counselling. The exceptions were items 47 and 48 where the response was similar at 46.6% (n=115) and 47.8% (n=115) respectively, although there was no significant statistical difference in employment, sex, professional identity and academic qualification in relation to the subject of integration.

In item 48, there is a contrast between those who agree with the proposition, *I am concerned about ethical issues when issues of spirituality are raised,* and those who disagree,

with 45.2% checking "*strongly disagree"* and *"*"*disagree"* and 47.8% "*strongly agree"* and "*agree"*. This does seem to indicate that concern about ethics is a factor for participants dealing with spirituality in counselling. It also appears that there is concern on both sides of the issue. Sorenson and Hales (2002), for example, describe potential abuse, in relation to inclusion of spirituality, due to the fear that fundamentalists (a term which might well describe some of the participants) would be irresponsible in regards to the inclusion of spirituality while Quackenboss et al. (1986) call for more openness and transparency in dealing with spirituality, indicating that clients have the right for a focus on spirituality to be part of the counselling process.

In the literature some practitioners have difficulty in dealing with the mix of psychology and spirituality. According to Jones (1994), at best, psychologists tend to keep a respectful distance from religious and faith issues. In this present research, the respondents indicated support for the inclusion of spirituality in counselling. This evidently reflects the fact that the participants were not randomly sampled practitioners, but were all Christians. Some literature agrees that the inclusion stimulates hope and optimism and produces a sense of meaning; an experience of control by God which compensates for reduced personal control; a healthier lifestyle; positive mental health outcomes; social support networks; and psychological and spiritual lift (Pargament, 1997, 1996; Spilka, 1985; Worthington, Kurusu, McCullough, & Sandage, 1996).

So what issues hinder the use of spirituality in counselling? Concern about ethics is one possibility. The results of 45.2% *"strongly disagree"* and 47.8 *"strongly agree"* it do seem to at least indicate some disagreement on the issue. Another couple of questions on the topic might have made it possible to unpack this further.

Assessment of spirituality issues.

(#43-46)

Hypothesis: "The greater the degree of spiritual conviction, the greater the likelihood that spirituality and spiritual techniques will be included in practice."

A small section of the FRSCPS was devoted to assessment of spiritual issues in counselling with item 43 indicating participants were positive (73.4%, n=77) in regards to spiritual factors being part of the clinical assessment process. With Item 43, the mean for the PhD/Masters/Bachelor group was 5.06 (n=90, SD=10.31). The mean for the Diploma/TAFE/HSC/none group was 6.00 (n=12, SD=0.85 with p=0.02. Even though 73.4% of participants indicated the usefulness of spiritual factors in the process of assessment of clients, there was some concern that the unequal numbers could be a factor to consider here.

Item 44: This was a negatively worded (item reversed) indicating the spiritual background of clients does not influence the way clients are assessed. Response to this item (n=105) was 56.4% in the negative range and 47.3% in the positive range.

In contrast to item 43, item 44 was significant when comparing the CTC group with the STC group, indicating a difference between the two groups response to the concept that the spiritual background of clients does not influence the way the clients are assessed. Participants were fairly equally divided on this item (56.4% - 47.3%). The mean for the STC was 2.90 (n=41, SD=2.01, and the mean for the CTC was 3.91 (n=68, SD=1.99) with p=0.05.

The similarity of CTC with STC results does have some bearing on the question, "What is the impact of Christian training on the incorporation of spirituality in counselling?" As the participants were fairly equally divided on this issue, the apparent response would be that the difference is insignificant; however further research is needed with larger numbers to extrapolate more detailed information.

Spiritual techniques.

(#51,52,54,55)

Hypothesis: "Counsellors who have been exposed to Christian spirituality in training will be willing to utilise spiritual techniques in counselling."

For each of these items, between 68.4% and 84.3 of participants responded with "*strongly agree"* and "*agree"* , with the highest being for item #54, which indicated that the participants prayed with their clients sometimes. There were no statistically significant differences between and of the demographic sub-categories. The Psychologist group were more positive than the Counsellor group about these, which is a surprising result, although the difference is not statistically significant. The same result emerged for the STC group who, unexpectedly, were more positive than the CTC group. Lastly, the full-time respondents were more positive than the part-time. Because of the lack of statistical support and the incongruent numbers it is not possible to draw any conclusions except to say the results could throw interesting light on training and the freedom of counsellors to utilise spiritual techniques.

Christian counselling.

(#53,56-61)

Hypothesis: "When God, religion, faith, prayers and spiritual issues are mentioned in the counselling process Christian counsellors will incorporate these in the counselling process."

Item 53 was a reversed item with participants indicating that the client's religion does have a connection to the process of counselling, with 82.9% responding positively. This was a significant item in relation to the Psychologist/Therapist – Counsellor/Social worker group. The mean for the Psychologist group was 6.19 (n=16, SD=0.81) with the mean for the

Counsellor group being 5.57 (n=81, SD=1.64) with p=0.02. It seems the Psychologists group were more likely than counsellors to take the client's religion into account.

Overall the participants responded to item 56 extremely positively with 96.7% (n=113) agreeing that having the clients clarifying their spiritual values would be helpful. This item was significant for Full-time and Part-time participants with the mean for Full-time being 5.74 (n=39, SD=1.19) and the mean for Part-time 6.32 (n=71, SD=0.84) with p=0.03. When clients clarify their spiritual expectations, this is obviously helpful for the counsellor but it is not clear why the response from full-time counsellors is more significant than the response from part-time counsellors, unless it refers back to more rigorous ethical constraints in place for full-time counsellors. In #48 there was divided concern in relation to ethical matters.

Item 58 discussed helping clients work through changing churches or denominations. 75.6% responded positively to this, with the CTC group significantly more positive than the STC group. For the STC group, the mean was 4.78 (n=40, SD=2.07) and for the CTC group, 5.45 (n=73, SD=1.71). It was an unexpected finding that both groups were confident with this issue in which perhaps more caution would have been expected with such a challenging topic

Item 60 showed another positive response with 88.0% of participants in the "*strongly agree-agree"* range. It was a significant item with the PhD/Masters/Bachelor – Diploma/TAFE/HSC/none groupings all feeling that Christian counselling is unique. The mean for the PhD group was 5.92 (n=93, SD=1.77) and for the Diploma group the mean was 6.86 (n=14, SD=0.54) with p=0.00.

Demographic factors Scale 3 items 33-61.

Female and male: Overall there were no significant differences found: the score was similar for both, 163.56 (n=29, SD=17.84) and 159.64 (n=39, SD=16.72) respectively.

Employment type: Similar proportions of those employed part-time and full-time employed spiritual techniques in response to the first case-study 165.71 (n=38, SD=14.9) and 152.17 (n=23, SD=16.81) respectively).

Professional identification: A slightly higher percentage of those who identified as Psychologist/Therapists offered a positive response to the inclusion of Christian techniques than did the Counsellor group 158.18 (n=11, SD=10.89) and 162.40 (n=47, SD=17.77) respectively. This, however, was not a significant difference statistically.

Academic Qualification: There was some disparity between the responses of those with PhD/Masters/BA qualifications (161.41 (SD=15.87, n=58) and those with Diploma/TAFE/HSC or no qualifications 161.20 (SD=31.37, n=5). A higher percentage of the PhD/Masters/BA group included spiritual techniques than did those of the Diploma group. This also was not significant statistically.

Training Type: Interestingly, a higher proportion of those from the STC group 161.71 (SD=17.21, n=38), included a spiritual technique than did those from the CTC group 160.92 (SD=17.47, n=25) (p=0.86). However there was no statistical difference.

Scale 4: Religious Intervention Scale (RIS) and Training Issues Scale (TIS) (Shafranske & Malony, 1990) (#21-26)

The total mean for the TIS section of the scale was 42.73 (n=123, SD=8.26). There were nine options in the TIS scale, the maximum possible score was 54, indicating participants felt very positively about the issues related to training and spirituality covered by the scale (i.e. satisfaction with religious and spirituality in education and training and the desirability for people to participate in religion and have beliefs).responded positively to this scale and the items related to training and spirituality.

Employment type: The overall average of the total TIS score of those who worked part-time was 44.01 (n=75, SD=7.61). This was higher than for the full-time workers where the mean score was 39.63 (n=40, SD=1.42, p=0.007). Part-time workers also responded more positively to each of the six items individually, although there were no significant differences.

The results indicate that employment status appears to influence attitudes related to satisfaction with education in religious and spiritual issues, the desirability for counsellors/psychologists to receive education in the psychology of religion, and the desirability for people to participate in organised religion and have religious beliefs. All of these issues are seemingly unrelated to one's employment status. There was no information available on differences between part-time and full-time workers in attitudes of satisfaction to spiritual issues in education. Part-time counsellors and higher full-time counsellors still had positive attitudes towards the statements tested in the TIS scale. The implication of results overall across a number of the scales showed consistency that the part-time workers were more positive in relation to spiritual. Those who identified as counsellors had a significantly higher mean score on the TIS than did the Psychologist/Therapist group. The means were 43.10 (n=86, SD=8.02) and 37.44 (n=18, SD=9.60) respectively (p=0.01). Counsellors

responded more positively to each of the six items individually, although there were no significant differences.

Professional identification: Those who identified as counsellors had a significantly higher score on the TIS than did the Psychologist/Therapist group. The means were 43.10 (n=86, SD=8.02) and 37.44 (n=18, SD=9.60) respectively with a p-value of 0.01, which was significant. This was a similar outcome to that of the employment group in the individual items. Although there were more positive results from the counsellor group compared to the psychologist group, there was no significance.

A question arises out of these results, what is it about satisfaction with education in religious and spiritual issues, the desirability for counsellors/psychologists to receive education in the psychology of religion, and the desirability for people to participate in organised religion and have religious beliefs that would mean that the counsellors in this research would feel more positively about than the role of spirituality in practice than the psychologists? The differences between counsellors and psychologists that may be related to the course structure between the two but this is beyond the parameters of this research.

Academic qualifications: The mean score for the total undergraduate qualification (Diploma, TAFE, HSC or lower) was slightly higher than for those who had postgraduate qualifications (PhD, Master, or BA). The means were 47.63 (n=16, SD=5.62) and 41.76 (n=104, SD=8.38) respectively, with p=0.008. In looking at each of the six items in this section, two showed significance. The first was in reference to whether spiritual issues were discussed in training, where the mean for undergraduates was 4.50 for "*a great deal of the time*" (n=16, SD=2.52). This was higher than the mean for postgraduates which was 3.79, or "*often*" (n=108, SD=1.31) p = 0.02. The second applied to rating satisfaction with education in religious and spiritual issues. Again, the mean for undergraduates was higher at 7.75

(n=16, SD=1.77), compared to 6.11 (n=108, SD=2.52) p=0.02 for postgraduates. Interestingly, this represented a different outcome from the data recorded in the FRSCPS.

Training type: The CTC group had a higher TIS score then those the STC group. This was an expected outcome that Christian training would be positive for those trained in Christian colleges. However the STC group was also at the positive end of the distribution not the negative, indicating that there was some satisfaction with their training in relation to the spirituality content in training also. The CTC mean was 44.41 (n=79, SD=7.29) compared to the STC mean of 39.24 (n=42 SD=9.02), with p=0.001, which was a significant difference. A further two individual items were found to differ significantly between the CTC and STC groups both related to the integration of spirituality in training and education. The CTC group had a higher response to religious and spiritual issues being discussed in training with a mean of 4.31 (n=81, SD=0.93) compared to the STC mean of 3.09 (n=44, SD=1.43) with p=0.001. The CTC group also (9-point Likert-type) reported a higher average rating of satisfaction with their education in religious and spiritual issues. The mean was 6.90, (n=81, SD=1.86) compared to the STC mean of 5.23 (n=44, SD=3.09) with p=0.001. This indicates that the CTC group demonstrated a higher level of appreciation of the focus on spirituality in their training. Although the differences between groups were significant statistically, both were still in the positive range as we saw in the FRSCPS scale.

Religious involvement: The question change in the TIS here from training to religious involvement. The average total TIS score of those who were actively involved in organised religion was 44.06 (n=71, SD=7.25) which was similar to the response of those with regular involvement where the mean score was 41.24 (n=41, SD=9.05). The difference was not statistically significant.

In this current study, only 2.3% of respondents reported "*never*" to experiencing the guidance of God. These answers were compatible with responses to #25 in the TIS

questionnaire (*Rate the desirability for people in general to participate in an organised religion),* and #26, (*Rate the desirability for people in general to have religious beliefs*), where 68.8% of participants answered at the positive end of the distribution. More than eight out of ten people (84%) replied with a "*desirable for everyone*" response, indicating a pro-religious group of participants with strong convictions about involvement in corporate religious activity.

Case-Study One FRSCPS 3 (#62)

Little is known about what Christian counsellors do that would make religious counselling distinct from secular counselling, although theories abound (Worthington, 1986). The hypothesis to be tested was, "Graduates who were trained in theological institutions will be more likely to utilise Christian spirituality in their profession of counselling". The subsidiary hypotheses were: "Counsellors who have been exposed to Christian spirituality in training will be willing to utilise spiritual interventions in counselling"; "The greater the degree of spiritual conviction the more likely spirituality and spiritual techniques will be included in practice"; "Christian counsellors who counsel Christian clients will use spiritual interventions"; and, "Anxiety about ethical issues hinders the use of spirituality in counselling."

Two case-studies were included to explore what Christian counsellors say they would do in a clinical setting. The use of spiritual techniques in response to #62 was tested to see if there was any significant divergence between the following variables using Chi-square testing.

Item 62 was incorporated in this research to investigate participants' response to a client's spiritual issues. A female was diagnosed with clinical depression which resulted in her coming home from the mission field in Asia to Australia. She feels she has disappointed God and she wants to see a Christian counsellor. This is in contrast to the second case-study

(#64) in which there was also a spiritual issue but it was purposely less obvious and was more subtle and aimed to explore what approaches Christian counsellors claim they would use to address the client's issues and what techniques they would indicate would use in a situation with no obvious spiritual elements.

Item 63 asked participants to "List the primary techniques and strategies you would use to assist the client". As would have been expected the most popular range for #62 was Christian counselling which included: Christian Psychotherapy; Responsible Eclecticism; Deliverance Ministry and Theophostic Counselling.

Each case-study was followed by a question: *What three questions would you ask this client to understand her difficulties?* Responses to each case-study was coded with categories developed by Richards and Potts (1995).

Do Christian counsellors who counsel Christian clients use spiritual interventions? For item 62, where the issue was clear the response was positive with 73.6% (n=112) chose one spiritual intervention, 32% used two spiritual techniques 32% and 2.3% used three interventions. The interventions nominated by the researcher were: God Factor; Prayer; Teaching; Scripture; Spiritual relaxation and Spiritual Self Disclosure. Some participants were enthusiastic and even used two and three spiritual interventions, with 26% not referring to the client's issue of disappointing God at all. It is not clear which group of people would be in this percentage however it would seem some Christian counsellors although positive on many of the scales are not using the God factor when the issue is presented. In their model of Christian counselling, Malony and Augsburger (2007, p. 44) indicate that designing behaviours that will be supported by faith and support the clients faith endeavours is an important component. This perhaps supports the value of the work of Hodge (2003, p. 5) in helping Christian counsellors to include spirituality as part of a client's assessment because

for many the clients "spirituality is a central issue in their understanding of themselves and the world around them."

Demographic factors.

The use of spiritual techniques in response to item 62 was tested to discover any significant differences between – Females and Males; Full-time counsellors; Professional Identity; Academic Qualifications; Secular-trained versus Christian-trained Counsellors: and Organised religious affiliation (active/regular). There was no statistical difference in any of these factors.

The use of spiritual techniques in item 62 was then compared to participants' responses to the ten survey questions on this topic (Items 18, 34, 40, 41, 43, 45, 51, 54, 60 and 61). There was significance in item 40 ("*My spirituality is integrated through the whole of my philosophy of counselling. I would therefore call this Christian counselling*") where 69% (n=60) of participants responded positively and used spiritual techniques in what they acknowledge is Christian counselling. Only a small number (n=15) did not see spirituality being integrated into their counselling, However, it was significant with p=0.05.

With Item 43, ("*I have found it useful to include spiritual factors in assessment as an integrated part of the assessment process")* even though some participants said they did not feel competent using spirituality techniques, 91.7% (n=22) still included spirituality in their response to this case-study (#62), compared to the 67.1% (n=49) of those who said it was useful to integrate, with p=0.05.

Case Study Two (#64)

This case-study presents a hypothetical picture of a domestic violence incident by a mother (Mary) against her daughter (Dawn), which results in Mary being asked to leave the family home. The issue to be addressed is that Mary, the client, now wants to return to the family home. Against her will, she is referred to the same psychologist who was influential in triggering the decision for her to leave the family home in the first place. The church Mary attended gave their support to the husband and children, resulting in her feeling ostracised, angry and alone in her situation and feeling that everyone is against her as the perpetrator. The role play was purposely vague as far as spiritual issues are concerned. The participants were asked what three questions they would put to this client to understand her difficulties. Of the participants, 86.7% did not suggest any spiritual techniques, with only 8.1% using the God factor (talking about God) and only 5.4% employing theological concepts.

Examples of the use of the God factor were:

- How does she feel God sees the situation?
- How do you feel about the church, God, and Christians right now?
- I understand you sense that the church has rejected you – where is God?
- Are you prepared to give some time and work to allow God to help and heal you and enable you to get back to the family home?

There was no significant difference in the participant responses in relation to females and males, graduates or undergraduates, full-time or part-time counsellors or STC or CTC and organised religious affiliation.

Item 65 asked participants to *List the primary techniques and strategies you would use to assist these clients*. The most popular for #64 was Behavioural therapy, which embraced other theories including Cognitive-Behaviour Therapy; Cognitive Therapy; Rational Emotive Therapy; Reality Therapy; Anger Management and Grief Management.

In #64, it is obvious that Mary is angry at everyone, and as the alleged perpetrator she feels there is no support anywhere. This would not be unusual for a perpetrator. Further discussion of anger management is outside the parameters of this research but some reference needs to be made to it. Mary's anger at everyone in her world is very clear, yet only 9% of participants mentioned anger at this point. In contrast 15% of the participants focused on Mary's family of origin as a possible contributing factor to her problem. It would be helpful if there had been a further question of participants why her family of origin was seen as being so important and why her anger was overlooked.

It might well be expected that Christian counsellors would value the therapeutic intervention of forgiveness with Mary, as Christians generally value forgiveness (Newton Malony, 2007; Rokeach, 1973). According to McCullough and Worthington (1994), forgiveness was one of the possible techniques commonly embraced by Christian counsellors. Newton et al. (2007) stress the need for forgiveness to be included in counselling:

> Because Christian faith takes forgiving and reconciling so seriously—values it so highly—counsellors must resist any attempt to minimise its difficulty, must set aside any temptation to trivialise its process, and must disavow any approach that reduces it to propositions, divine commands, common solutions, or generic answers (Newton Malony, 2007, p. 53).

It does therefore seem surprising that not one single counsellor considered this as a possibility in approaching Mary's situation, especially since in this current research, in the section on measuring spiritual components in the responses of participants, forgiveness was number six of the most reported spiritual interventions.

> 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).

Perhaps it is because forgiveness is difficult.

Enright and Gassin (1992) propose models for interpersonal forgiveness as a tool to change or to provide a counterpoint to the societal focus on justice. As a process of interpersonal health McCullough (1994) encourages counsellors to help clients to forgive people who have hurt them. It is considered an important factor for change. It might well have been a help for Mary.

Items 63 and 65 asked participants, *List the primary techniques and strategies you would use to assist this client.* The answers from participants were coded from Jones and Butman (1991), Hurding (2003) and Ivey & Ivey (2003). Christian counselling was the most popular approach.

Christian Counselling Theories

As Christian counsellors were targeted and asked to be participants in this research it is perhaps not surprising that Christian counselling was the most popular approach. Of the 105 times Christian counselling was used, it was facilitated by linking the client's issue with God in a direct way, merging it in with their theories. For example, Christian counselling was combined with Cognitive-Behavioural Therapy, Grief counselling, or a Medical concern. In fact most Christian counselling was suggested in parallel with various secular theories. Christian counsellors mentioned prayer 7% of the time, but did not seem to indicate any particular format such as Rossiter-Thornton's (2000) Prayer Wheel, although a couple of participants referred to the equivalent of 'petitionary prayer' mentioned by Richards (1991) and a couple of other participants indicated intercessory prayer (Byrd, 1988). Three participants mentioned Theophostic counselling, a type of prayer ministry (Simon, 1996).

In this research a total of 3% of participants referred to Scripture. This is a low response when compared with participants' answers to #51 where 72.4% indicated they were comfortable with the inclusion of Biblical passages in counselling. Teaching theological

concepts was mentioned a couple of times and some form of Christian meditation was mentioned once. The absence of inclusion of Biblical passages in the case-studies is of interest, especially when the participants said they were comfortable with the its use. One possibility is that there is the presence of Biblical illiteracy amount the Christian counsellors? Other possibilities are fatigue at the end of the questionnaire, and yet another is that the options within the question were not adequate to allow enough scope for participants to develop their ideas.

Secular Counselling

Overall in both #63 and #65, the most often used theories were Behavioural Psychologies and Christian Counselling, closely followed by Humanistic Psychologies and Postmodern Psychologies. Some participants used multiple therapies. In #63, anger management, which was a major issue for the client, was mentioned 33 times. This was then incorporated into Behavioural Theories. Many of the participants' responses indicated an eclectic perspective. There was a mixture of the past focus of Psychoanalytical Therapy with the present and future focus of Solution-focused Brief Therapy.

The key categories of the participant group that were explored throughout were Females/Males; Academic qualifications; University or college; Professional identification; Major place of work; Full-time/Part-time; Religious involvement;

Reflection on Research

This research explored the proposition that graduates who are trained in theological institutions and Christian colleges in counselling and psychology will be more likely to utilise Christian spiritual issues and techniques in their profession of counselling than those trained in secular institutions and that when spiritual issues such as God, religion, faith, prayers and spiritual questioning are raised in the counselling process Christian counsellors will respond to these in the counselling process. In the context of this research, this seems not to be the

case, as within the training type, there was no significance between Christian trained counsellors and secular trained counsellors overall or in individual scale items in the DSES, CIS and FRSCPS. The exception was the TIS scale which showed a significant difference between CTC and STC overall and in two individual items. The CTC group felt more confident than the STC group in addressing spiritual issues with clients.

With #18. ("*To what degree do you believe that the integration of spiritual issues in counselling helps clients*?"), the options were "Not helpful" to "Very helpful". These were very direct and specific questions. So the responses were unlikely to be ambiguous or uncertain. In most of the other items in the different scales, both CTC and STC groups were at the positive end of the distribution. For example with #37, 94.0% agreed they felt competent to address spiritual issues raised by clients. Also both groups were unafraid to tackle issues such as the need for the client to change churches (#58). It is possible that to get more definitive statistically supported results more robust scales might be needed or perhaps more is happening in relation to the inclusion of spirituality issues in secular universities in keeping with the increase of literature on the subject.

Limitations of the Study

Limitations in this study's methodology and sampling are firstly related to the low response rate. Only 7.5% of the 1728 people who received invitations to participate actually did so. It could also be noted that for some participants the length of the questionnaire might have been a difficulty. There was some indication in the early feedback from participants that there were a couple of technical problems relating to completing the questionnaire on-line. This resulted in two modifications being necessary which are listed in the Web Page Layout Guide (see Appendix L). One modification extended the time allocated on the website for completion of the questionnaire, from one hour to twelve. The second modification was related to the participants initially being required to fill in all fields, which was set up to avoid

incomplete questionnaires. However, this meant that if a section was missed the questionnaire became invalid. It was possible that before these changes took place some participants were lost from the system.

As previously noted, another limitation was the timing. For reasons partly beyond the researcher's control, the issuing of the questionnaire was delayed and it was only finally made available from December 2006 to January 2007, which is summer holiday time in Australia. This could have restricted the number of potential participants. With a larger sample size, the researcher would have been better able to make meaningful comparisons between the responses from participants in different occupation roles, workplace settings and training situations.

The case-studies proved to be both a plus and a minus. They provided useful and interesting personalised feedback and offered insight into how respondents would actually deal with a client in a particular situation. On the other hand, the participants were presented with the opportunity to respond to only two case studies and were given opportunity to respond with only two questions for each, which made it difficult to obtain a full picture of how the counsellors would actually work with their clients over a whole session and therefore limited the evaluation. A more complete picture would have been possible if there had been more case-studies or more opportunities for questions or for more qualitative information.

More thought is needed about the best research method. There was considerable complexity in trying to combine both quantitative and qualitative measures. Further research on a mixed method approach could be more productive than balancing single issue approaches. With questionnaires where case-studies form the heart of the research, there is a need for flexibility. A related issue might also be the sensitive subject matter. Johnsen's (1993) view is that it is impossible to scientifically quantify the concept of God and spirituality, and therefore spiritual counselling may be relegated to the "too hard basket"

(Gorsuch, 1988; Johnsen, 1993) and Jones suggests that perhaps "science rests on facts and religion on faith" (Jones, 1994, p. 186), a possible difficult mix or just unquantifiable.

There was no striking discrepancy between participants' answers to either case-study. The data therefore does not support the main hypothesis that graduates who are trained in theological institutions will be more likely to utilise spiritual issues in their profession of counselling. Further research with larger numbers of participants could help graduates educators in planning curricula.

Concluding Remarks

As we have seen, for centuries healing has been associated with spirituality and religion, whether physical, psychological or moral (Jones 2006), and help for the community came through the Church which had a long tradition of pastoral care (Oden 1984). Then with the advent of the social focus on individuality and secularism, there was a separation of spirituality from religion. This was followed by a period where formal counselling moved away from almost any connection or mention of spirituality and the counsellor became a secular priest. Now there seems to be change. For example, there has been a call from people such as Dr Marie-Therese Proctor, psychologist-researcher at the Oncology department of the Children's Hospital at Westmead, Sydney, for health professionals to take a more holistic approach that considers the spiritual aspect of human experience (Proctor, 2009). This is postulated with the consideration that it might also lead to better therapeutic outcomes for the client (Bright 2007).

The emergence of new models of Christian counselling that might be more compatible with psychology could make a difference and help to eliminate some of the difficulty with Christian counselling. Arch Hart (2009) feels that Positive Psychology (PP) might be the vehicle for this purpose and believes that this particular psychological paradigm of PP has potential to be integrated into healthy theology.

Some of the 128 participants who participated in this research came from agencies with a mission focus, some from private practice, some from church based counselling centres, some from churches where there is possibly an overlap between pastoral care and counselling. In future research, it might be worthwhile to examine these groups separately.

The principal findings from this study indicate that there was also no significant difference between full-time and part-time counsellors in their attitude to the inclusion of Christian faith and techniques and that there is no significant difference between the

methodologies of Christian graduates from secular universities and those of graduates from Christian colleges in relation to the inclusion of spirituality and Christian belief in their counselling. Some of this might be attributed to the secular texts studied in both type of institutions. This is changing as new material more inclusive of spirituality emerges (Koenig, 2005; Richards and Bergin, 2005; Sorajjakool, 2006; Walsh, 2009).

There is also some evidence which has been well documented (e.g. Finlayson Smith, 2007) that Christians have been affected by the fear that their religious beliefs and values would not be respected in the clinical setting, or that government funding might be jeopardised.

Are graduates who are trained in theological institutions more likely to include spirituality and utilise spiritual issues in their profession of counselling than their secular trained Christian counterparts? The outcomes of this research suggest not. After evaluating the various responses and considering the outcomes of this research, the only reasonable answer to this question appears to be “no”. Alternatively, perhaps Christian teaching institutions may need to rise to this challenge.

References

A BS, S., A.B.O. (2002). Australian Bureau of Statistics: Census of population and housing: Selected social and housing characteristics, Australia. . *Catalogue No 20150*.

A., P. (1981). *Body Language.* Australia: William Collins Pty. Ltd.

Abbott, D. A., Berry, M., & Meredith, W.H. (1990). Religious belief and practice: A potential asset in helping families. *Family Relations, 39*, 443-448.

Abdullah, S. (2003). *Islam in Australia.* Australia: Allen & Unwin.

Abnernethy, A. D., & Lancia, J. J. (1998). Religion and the psychotherapeutic relationship. *Journal of Psychotherapy and Research, 7*(4), 281-289.

Adams, J. E. (1986a). *Competent to counsel*. Grand Rapids, Michigan: Zondervan.

Adams, J. E. (1986b). *More than redemption: A theology of Christian counseling*: Presbyterian & Reformed.

Adams, N. (1995). Spirituality, science and therapy. *Journal of Family Therapy, 16*(4), 201-208.

Adamson, J. B. (1976). *The New International Commentary on the New Testament: The Epistle of James*. Grand Rapids, Michigan USA.: William B. Eerdmans Publishing Co.

Aira, M., Hartikainen, S., & Sulkava, R. (2005, July). Community prevalence of alcohol use and concomitant use of medication—a source of possible risk in the elderly aged 75 and older?. *International Journal of Geriatric Psychiatry, . Retrieved July 16, 2008, doi:10.1002/gps.1340, 20*(7), 680-685.

Aldridge, M. (1996). Dragged to market: Being a profession in the postmodern world. *British Journal of Social Work, 26*(2), 177-194.

Allport, G. W. (1950). *The individual and his religion*. New York: The Macmillan Company.

American Psychiatric Association, D.-I.-T. (2000). *Diagnostic and Statistical Manual of Mental Disorders, 4th ed:* . Washington DC: American Psychiatric Association.

Anderson, D. A., Berry, M., & Meredith, W. H. (1990). Religious belief and practice: a potential asset in helping families. *Family Relations, 39*, 443-448.

Anderson, N. T., Zuehlke, T.E., & Zuehlke, J.A. (2000). *Christ Centered Therapy*. Michigan: Zondervan Publishing House.

Aponte, H. J. (1998). Love, the spiritual wellspring of forgiveness: an example of spirituality in therapy. *Journal of Family Therapy, 20*, 37-58.

Armstrong, S. ((no date)). Building on strengths: A system focused training resource for community based family workers. *Family Support Services Association NSW*.

Ashby, J. S., & Lenhart, R. S. (1994). Prayer as a coping strategy for chronic pain patients. *Rehabilitation Psychology, 39*(3), 205-209.

Atwater, J. M., & Smith, D. (1982). Christian therapists' utilization of bibliotherapeutic resources. *Journal of Psychology and Theology, 10*(2), 230-235.

Augsburger, D. W. (1986). *Pastoral counseling across cultures*. Philadelphia, PA: Westminster.

Backus, W., & Chapian, M. (1980). *Telling yourself the truth*. Minneapolis: Bethany House.

Baer, J. (2001). Redeemed Bodies: The Functions of Divine Healing in Incipient Pentecostalism. *Church History, 70*(4), 735.

Ballswick, J. O., & Balswick, J. K. (1989). *The family*. Michigan: Baker Books.

Bassett, R. L., Camplin, W., Humphrey, D., Dorr, C., Biggs, S., & Distaffen, R. (1991). Measuring Christian Maturity: A comparison of several scales. *Journal of Psychology and Theology, 19*(1), 84-91.

Bassett, R. L., Schwab, T., & Coisman, R. (1987). A comparision of Psychology Faculty teaching at Christian colleges and universities during 1972 and 1984. *Journal of Psychology and Theology, 15*(3), 234-242.

Beard, L., & Slape, D. (2003). *Tabor College Handbook 2004-2008*. Millswood: Tabor College.

Bearon, L. B., & Koenig, H. G. (1990). Religious cognitions and use of prayer in health and illness. *The Gerontologist, 30*(2), 249-253.

Benjamini, Y., Drai, D., Elmer, G., Kafkafi, N., & Golani, I. (2001). Controlling the false discovery rate in behavior genetics research. *Behavioral Brain Research, 125*, 179-284.

Benjamini, Y., & Yekutieli (2005). Quantitative Trait Loci Analysis Using False Discovery Rate. *Genetics, 171*, 783-790.

Benner, D. G. (1989). Toward a psychology of spirituality: Implications for personality and psychotherapy. *Journal of Psychology and Christianity, 8*(1), 19-30.

Berenson, D. (1990). A systemic view of spirituality: God and twelve-step programs as resources in family therapy. *Journal of Strategic and Systemic Therapies, 9*(1), 59-70.

Bergin, A. E. (1980). Psychotherapy and religious values. *Journal of Counseling & Clinical Psychology, 48*(1), 95-103.

Bergin, A. E. (1983). Religiosity and mental health: a critical reevaluation and meta-analysis. *Professional Psychology: Research and Practice, 14*(2), 170-184.

Bergin, A. E. (1985). Proposed values for guiding and evaluating counseling and psychotherapy. *Counseling and Values, 29*(2), 99-116.

Bergin, A. E. (1991). Values and religious issues in psychotherapy and mental health. *American Psychologist, 46*(4), 394-403.

Bergin, A. E., & Jensen, J. P. (1990). Religiosity of psychotherapists: a national survey. *Journal of the Division of Psychotherapy, American Psychological Association, 27*(1), 3-7.

Berinyuu, A. A. (1989). *Towards Theory and Practice of Pastoral Counseling in Africa*. Frankfurt: Peter Lang.

Beutler, L. E. (1979). Values, beliefs, religion and the persuasive influence of psychotherapy. *Psychotherapy:Theory, research and practice, 16*(4), 432-440.

Beutler, L. E. (1981). Convergence in counseling and psychotherapy: A current look. *Clinical Psychology Review, 1*, 79-101.

Bobgan, M., & Bobgan, D. (1987). *Psychotheresy*. Minneapolis: Bethany Fellowship.

Bolton, R. (1989). *People Skills*. Sydney: McPherson's Printing Group.

Bouma-Prediger, S. (1990). The task of integration: A modes proposal. *Journal of Psychology and Theology*.

Bouma, G. D. (2006). *Australian soul: religion and spirituality in the 21st century*. Port Melbourne: Cambridge University Press.

Bowers, R. (2006). *A sociological approach to aging, spirituality and counselling.* South Melbourne: CCA.

Bradley, P. (2004, Feb). What factors prevent and promote forgiveness? *InPsych,* 14-17.

Bright, S. (2007). Spirituality in psychotherapy: The non-specifically orientated or eclectic theologian-psychotherapist. *Psychotherapy in Australia, 14*(1), 66-70.

Brown, H. P. (1991). Assessing spirituality in addiction treatment and follow-up: Development of the Brown-Peterson Recovery Progress Inventory (B-PRPI). *Alcoholism Treatment Quarterly, 8*, 21-49.

Bufford, R. K., Gathercoal, K., Turlington, A., & Pearson, M. (2005). *Learning integration of psychology and Christian faith: A student's perspective on what counts.* Paper presented at the Christian Association for Psychological Studies, Dallas Texas.

Burgess, S. M. (2002). *The New International Dictionary of Pentecostal Charismatic Movements*. Grand Rapids: Zondervan.

Burgess, S. M., & Van Der Maas, E. M. (Eds.). (2002). Grand Rapids: Zondervan.

Byrd, E. K. (1998). A discussion of helping theory. Christian beliefs and persons with disabilities. *Journal of applied Rehabilitation Counselling, 29,* 25-30.

Byrd, R. C. (1988). Positive therapeutic effects of intercessory prayer in a coronary care unit population. *Southern Medical Journal, 81*(7).

Cade, B., & O'Hanlon, W.H. (1993). *A brief guide to brief therapy*. New York: W.W. Norton and Company.

Cade, B. W. (1982). The potency of impotence. *Australian Journal of Family Therapy, 4*(1), 23-26.

Capps, D. (1981). *Biblical approaches to pastoral counseling*. Philadelphia: The Westminster Press

Capps, D. (1984). *Pastoral care and hermeneneutics*. Philadelphia: Fortress Press.

Campbell, A. (1987). *A Dictionary of Pastoral Care*: London: SPCK.

Carlson, C. R., Bacaseta, P. E., & Simanton, D. A. (1988). A controlled evaluation of devotional meditation and progressive relaxation. *Journal of Psychology and Theology, 16,* 362-368.

Cashwell, C. S., & Young, J. S. (2004). Spirituality in counselor training: A content analysis of syllabi from introductory spirituality courses. *Counseling and Values, 48*(2), 96-110.

Chant, B. (1973). *Heart of Fire*. Unley Park, SA: House of Tabor.

Chant, B. (2008). Charismata in the First Five Centuries: A Brief Anthology. www.barrychant.com.

Chant, V. (2006). Factors related to spirituality in counselling practice. Tabor College.

Chubb, H. (1994). Spirituality, religion, and world view introduction to the special issue. *Journal of Systemic Therapies, 13*(3), 1-16.

Ciarrochi, J., & Bailey, A. (2008). *A CBT practioner's guide to ACT: How to bridge the gap between Cognitive Behavioural Therapy and Acceptance and Commitment Therapy*: New Harbinger Publications.

Clebsch, W. A., & Jaekle, C. R. (1967). *Pastoral Care in Historical Perspective*. New York: Harper.

Clinebell, H. (1980). *Contemporary growth therapies: Resources for actualizing human wholeness*. Nashville: Abingdon Press.

Clinebell, H. (1984). *Basic types of pastoral care and counseling*. Nashville: Abingdon Press.

Cobb, J. B. J. (1977). *Theology and Pastoral Care*: Fortress Press.

Cohen, L. J. (1994). Bibliotherapy: A valid treatment modality. *Journal of Psychosocial Nursing, 32*(9), 40-44.

Collins, G. R. (1972). *Effective Counseling*: FL: Creation House.

Collins, G. R. (1993). *The Biblical Basis of Christian Counseling for People Helpers*. Colorado: Navpress.

Collins, G. R. (2001). *The Biblical Basis of Christian Counseling for People Helpers*. Colorado: Navpress.

Collins, G. R. (2007). *Christian Counselling 3rd Edition*. Nashville: Thomas Nelson.

Collins, G. R., Myers, D. G., Powlison, D., & Roberts, R. C. (2000). *Psychology & Christianity*. Downers Grove, Illinois: InterVarsity Press.

Comstock, G. W., & Partridge, K. B. (1972). Church attendance and health. *Journal of Chronic Diseases, 25*, 665-672.

Coyle, C. T., & Enright, R. D. (1997). Forgiveness intervention with postabortion men. *Journal of Counseling & Clinical Psychology, 65*(6), 1042-1046.

Crabb, L. (1977). *Effective Biblical Counseling*. Grand Rapids: Zondervan.

Crabb, L. (1981). *Manual of Biblical counseling* Institute of Biblical Counseling, .

Crabb, L. (1982). *The marriage builder: a blueprint for couples and counsellors*. Grand Rapids, Mich: Zondervan Publishing House.

Crabb, L. (1991). *Men & women : enjoying the difference*. Grand Rapids, Mich: Zondervan, .

Crabb, L. (1994a). *Finding God*. Grand Rapids, MI: Zondervan, .

Crabb, L. (1994b). *God of my father : a son's reflections on his father's walk of faith*. Grand Rapids, Mich: Zondervan Pub. House.

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

Curtis, R. C., & Glass, J. S. (2002). Spirituality and counseling class: A teaching model. *Counseling and Values, 47*(1), 3-12.

Deutsch, H., Horney, K., Freud, A., & Klein, M. (1995). *Mothers of Psychoanalysis*. New York: Norton & Co.

DiBlasio, F. A., & Proctor, J. H. (1993). Therapists and the clinical use of forgiveness. *The American Journal of Family Therapy, 21*(2), 175-184.

Donnelly, R. A. (2004). *The complete Idiots's Guide to Statistics*. New York: Alpha Books.

Dossey, L. (1996). *Prayer is good medicine*. San Francisco: Harper.

Dougherty, S. G., Worthington, E.L. Jr. (1982). Preferences of conservative and moderate Christians for four Christian counselors' treatment plans. *10, 4.*

Dowd, E. T., & Nielsen, S. L. (2006). *The Psychologies in Religion*. New York: Springer Publishing Company.

Drakeford, J. W. (1967). *Integrity therapy: A new direction in psychotherapy*. Tennessee: Broadman Press.

Duckro, P. N. (1994). The effect of prayer on physical health: experimental evidence. *Journal of Religion and Health, 33*(3), 211-219.

Dumas, H., & Redish, J. (1999). *A practical guide to usability testing*. Portland: Intellect.

Durrant, M. (1993). *Residential Treatment*. New York: W.W. Norton and Company Inc.

Egan, G. (2007). *The skilled helper: A problem management and opportunity approach to helping 8th Ed.* Pacific Grove, CA: Brooks/Cole.

Ellis, A. (1980). Psychotherapy and atheistic values: a response to A.E. Bergin's "Psychotherapy and religious values". *Journal of Counseling & Clinical Psychology, 48*(5), 635-639.

Ellison, C. G., & Taylor, R. J. (1996). Turning to prayer: social and situational antecedents of religious coping among African Americans. *Review of Religious Research,, 38*(2), 111-131.

Ellison, C. W. (1983). Spiritual well-being: conceptualization and measurement. *Journal of Psychology and Christianity, 11*(4), 330-340.

Ellison, C. W., & Smith, J. (1991). Toward an integrative measure of health and well-being. *Journal of Psychology and Theology, 19*(1), 35-48.

Enright, E. D. (1996). Counseling within the forgiveness triad: On forgiving, receiving forgiveness, and self-forgiveness. *Counseling and Values, 40*(2), 107-127.

Enright, R. D. (1989). The adolescent as forgiver. *Journal of Adolescence*, 95-110.

Enright, R. D., & Glassin, E. A. (1992). The devil send errors in pairs. *Journal of Psychology and Christianity, 15*(2), 99-114.

Exorcism (1994, December 2nd). *Daily Telegraph*,

Faber, H., & Van dee Schoot, E. (1965). *The art of pastoral conversation*: Nashville: Abingdon Press.

Farnsworth, K. E. (1996). The devil sends errors in pairs. *Journal of Psychology and Christianity, 15*, 123-132.

Farran, C. J., Fitchett, G., Quiring-Emblem, H. D., & Burck, J. R. (1989). Development of a model for spiritual assessment and intervention. *Journal of Religion and Health, 28*(3), 185-195.

Finlayson Smith, A. (2007). Do clients want their spiritual and religious beliefs to be discussed in therapy? *Psychotherapy in Australia, 14*(1), 56-60.

Finney, J. R., & Malony, N. J. (1985a). Empirical studies of Christian prayer: a review of the literature. *Journal of Psychology and Theology, 13*.

Finney, J. R., & Malony, N. J. (1985b). An empirical study of contemplative prayer as an adjunct to psychotherapy. *Journal of Psychology and Theology, 13*, 284-290.

Francis, L. J., & Astley, J. (1996). Personality and prayer among adult churchgoers: a replication. *Social Behavior and Personality, 24*(4), 405-408.

Francis, L. J., & Gibbs, D. (1996). Prayer and self-esteem among 8-11 year olds in the United Kingdom. *Journal of Social Psychology, 136*(6), 791-794.

Francis, L. J., & Wilcox, C. (1996). Prayer, church attendance and personality revisited: a study among 16- to 19-year-old girls. *Psychological Reports, 79*, 1265-1266.

Frank, J. D. (1975). The faith that heals. *The Johns Hopkins Medical Journal, 137*, 127-131.

Freud, S. (1927). The future of an illusion. *Standard Edition, 21*, 5-56.

Freud, S. (1973). *Introductory lectures on psychoanalysis*. Middlesex: Penguine Books Ltd.

Fung, G., & Fung, C. (2009, May, 15th). What do prayer studies prove? *Christianity Today*.

Gable, S. L., & Haidt, J. (2005). What (and why) is Positive Psychology. *Review of General Psychology, 9*(2), 103-110.

Gartner, J., Larson, D.B., & Allen, G.D. (1991). Religious commitment and mental health: a review of the empirical literature. *Journal of Psychology and Theology, 19*, 6-25.

Gass, C. S. (1983). Orthodox Christian values related to psychotherapy and mental health. *American Psychological Association*, 230-237.

Gillespie, C., & Zagano, P. (2006, June 3-7). Positive Psychology and Spirituality: Conversations about conflation, collaboration, change and continuity. *Perspectives on Science and Religion*.

Glynn, T. (2007). *Guide to Christian Colleges Australia*. Roseville: TGA Publications.

Goldenberg, H., & Goldenberg, I. (2002). *Counseling today's families*. Pacific Grove, CA: Brooks.Cole.

Goldenberg, H., & Goldenberg, I. (2008). *Family therapy*. Belmont, CA: Thomson Brooks/Cole.

Gorsuch, R. L. (1988a). Psychology of religion. *Annual Review of Psychology, 39*, 201-221.

Gorsuch, R. L., & Meylink, W.D. (1988b). Toward a co-professional model of clergy-psychologist referral. *Journal of Psychology and Christianity, 7*(3), 22-31.

Gower, J. C. (1999). Analysis of distance for structured multivariate data and extensions to multivariate analysis of variance. *Royal Statistical Society, 48*, 505-519.

Gridley, H. (2009). Psychology, spirituality, religion and culture - harvesting the gifts of all our ancestors. *InPsych, 31*(4), 8-17.

Gubi, P. M. (2004). Surveying the extent of, and attitudes towards, the use of prayer as a spiritual intervention among British mainstream counsellors. *British Journal of Guidance & Counselling, 32*(4), 461-476.

Guntrip, H. (1957). *Healing the sick mind*. London: Allen and Unwin.

Gurman, A. S., & Kniskern, D. P. (1981). *Handbook of Family Therapy*. New York: Brunner/Mazel.

Gutsche, S. (1994). Voices of healing: therapist and clients journey towards spirituality. *Journal of Systemic Therapies, 13*(3), 3-5.

Hacking, K. J. (2006). *Signs and Wonders Then and Now*. Nottingham, UK: Apollos.

Hargrave, T. D. (1994). Families and forgiveness: a theoretical and therapeutic framework. *The Family Journal, 2*(4), 339-348.

Hargrave, T. D. (1997). The development of a forgiveness scale. *Journal Of Marital and Family Therapy, 23*(1), 41-63.

Harper, M. (1986). *The healings of Jesus*. London UK: Hodder and Stoughton.

Harris, L. (2006). *Legacy: A Compendium of Works by Leo Harris*. Adelaide, S.A.: CRC Churches Int.

Hart, A., & Hart-Webber, C. (2009). *Faith Based Positive Psychology*. Paper presented at the American Association of Christian Counseling World Conference.

Hart, T. (1994). *Hidden spring: the spiritual dimension of therapy*. New York: Paulist.

Haug, I. E. (1998). Including a spiritual dimension in family therapy: ethical considerations. *Contemporary Family Therapy*.

Hayes, H. (1991). A Re-Introduction to Family Therapy: Clarification of Three Schools. *Journal of Family Therapy, 12*(1), 27-43.

Henry, P. (2003). Psychotherapy and spirituality - practical issues. *Christian Counsellors Association of NSW, 6*(3), 10-13.

Herrick, J. A. (2003). *The making of the New Spirituality*. Downers Grove: Inter Varsity Press.

Hill, P. C., & Hood, R.W. Jr. (Ed.). (1999). *Measures of Religiosity* (1st ed.). Alabama: Religious Education Press.

Hodge, D. R. (2000). Spiritual ecomaps: a new diagrammatic tool for assessing marital and family spirituality. *Journal Of Marital and Family Therapy, 26*(2), 217-228.

Hodge, D. R. (2003). *Spiritual Assessment*. Botsford CT: North American Association of Christians in Social Work.

Hoge, D. R. (1996). Religion in America: the demographics of belief and affiliation. In E. P. Shafranske (Ed.), *Religion and the clinical practice of psychology* (pp. 21-41). Washington, DC: American Psychological Association.

Holt, B. P. (1993). *Brief history of Christian spirituality*. Oxford: A Lion Book.

Hood, R. W. J., Spilka, B., Hunsberger, B., & Gorsuch, R. (1996). *The psychology of religion* (2nd Ed ed.). New York: The Guilford Press.

Horrobin, P. (2003a). *Healing through Deliverance* (Vol. 1). Tonbridge, Kent, UK: Sovereign World.

Horrobin, P. (2003b). *Healing through Deliverance* (Vol. 2). Tonbridge, Kent UK: Sovereign World.

Howell, W. (1994, Friday December 2nd). Two exorcists jailed for farm ritual death. *The Daily Telegraph-Mirror,*

Hughes, M., Helm, J.C., Hays, E.P., Flint, H.G., Koenig, & Blazer, D.G. (2000a). Does private religious activity prolong survival? A six-year follow-up study of 3,851 older adults. *Journal of Gerontology: Medical Sciences, 55A*(7), M400-M405.

Hughes, P. J. (2000b). Australia's religious communities. Kew: The Christian Research Association.

Hunter, R. J. (1990). *Dictionary of Pastoral care and counseling*.

Hurding, R. (1992). *The Bible and Counselling*. London: Hodder & Stoughton.

Hurding, R. (2003). *Roots & Shoots*. London: Hodder and Stoughton.

Ingersoll, R. E. (1994). Spirituality, religion and counseling: Dimensions and Relationships Counseling & Values. *38, 2*(2), 98-111.

Ivey, A. E. (2008). *Intentional Interviewing and Counselling: facilitating client development in a multicultural society* (Eighth ed.). Belmont, C.A.: Thomson Brooks & Cole.

Ivey, A. E., & Ivey, M. B. (2003). *Intentional interviewing and counseling*. Pacific Grove: Brooks/Cole - Thompson Learning.

Jackson, D. D., & Weakland, J.H. (1961). Conjoint family therapy. *Psychiatry Journal for the Study of Interpersonal Processes, 24*(2), 30-45.

James, W. (1902). *Varieties of religious experience*. London: Longmans, Green & Co.

Jensen, J. P., & Bergin, A. E. (1988). Mental health values of professional therapists: A national interdisciplinary survey. *Professional Psychology: Research and Practice, 19*(3), 290-297.

Johnsen, E. (1993). The role of spirituality in recovery from chemical dependency. *Journal of Addictions and Offender Counseling, 13*(2), 58-62.

Johnson, W. B. (1993). Outcome research and religious psychotherapies: where are we and where are we going? *Journal of Psychology and Theology, 21*, 297-308.

Johnson, W. B. (1994). The comparative efficacy of Christian and secular rational-emotive therapy with Christian clients. *Journal of Psychology and Theology, 22*, 130-140.

Johnson, W. B., & Ridley, C. R. (1992a). Brief Christian and non-Christian rational-emotive therapy with depressed Christian clients: an exploratory study. *Counseling and Values, 36*(3), 220-230.

Johnson, W. B., & Ridley, C. R. (1992b). Sources of gain in Christian counseling and psychotherapy. *The Counseling Psychologist, 20*(1), 159-175.

Jones, I. F. (2006). *Foundations for Biblical Christian Counseling: The Counsel of Heaven on Earth*. Nashville, Tennessee: B & H Publishing Group.

Jones, I. F. (2009). *Biblical Counseling in the Historical Church*. Paper presented at the American Association of Christian Counsellors World Conference.

Jones, S. L. (1994). A constructive relationship for religion with the science and profession of psychology. *American Psychological Association, 49*(3), 184-199.

Jones, S. L., & Butman, R. E. (1991). *Modern Psychotherapies*. Illinois: Intervarsity Press.

Jones, S. L., Watson, E. J., & Wolfram, T. J. (1992). Results of the Rech Conference Survey on Religious Faith and Professional Psychology. *Journal of Psychology and Theology, 20*(2), 147-158.

Josephson, A. M., Larson, D. B., & N., J. (2000). What's happening in psychiatry regarding spirituality? *Psychiatric Annals, 30*(8), 533-541.

Josephson, A. M., & Peteet, J. R. E. (2004). *Handbook of spirituality and worldview in clinical practice*. VA: American Psychiatric Publishing Inc.

Kelly, E. W. J. (1995). Counselor values: a national survey. *Journal of Counseling and Development, 73*(6), 648-658.

Kemp, V. (1984). *A constructive relationship for religion with the science and profession of psychology: Perhaps the boldest model yet, Religion and the clinical practice of psychology.* Washington: American Psychological Association.

Keselman, H. J., Cribbiee, R., & Holland, B. (2002). Controlling the rate of Type 1 error over a large set of statistical tests. *British Journal of Mathematical and Statistical Psychology, 55*, 27-39.

Kessel, P., & Mc Brearthy, J. F. (1967). Values and psychotherapy: a review of the literature. *Perceptual and Motor Skills, 25*, 669-690.

Khan, J. A., & Cross, D. G. (1983). Mental health professional and client values: similar or different? *Australian Journal of Sex Marriage and Family, 4*, 71-78.

Kirkpatrick, L. A. (1990). Intrinsic-Extrinsic Religious Orientation: The Boon or Bane of Contemporary Psychology of Religion. *Journal for the Scientific Study of Religion, 29*(4), 442-462.

Koen, J. F., Verhoeven, K. L., McIntyre, S., & McIntyre, L. M. (2005). Implementing false discovery rate control: Increasing your power. *OIKOS, 108*(3), 643-647.

Koenig, H. G. (1988). Religious behaviors and death anxiety in later life. *The Hospice Journal, 4*(1), 3-24.

Koenig, H. G. (2005). *Faith & Mental Health: Religious resources for healing*. Philadelphia: Templeton Foundation Press.

Koenig, H. G., George, L. K., Blazer, D. G. Pritchett, J. T., & Meador, K. G (1993). The relationship between religion and anxiety in a sample of community-dwelling older adults. *Journal of Geriatric Psychiatry, 26*, 65-93.

Krzanowski, W. J. (2004). Biplots for Multifactorial Analysis of Distance. *Biometrics, 60*, 517-524.

Kurtz, E. (Ed.). (1999). *The historical context*. Washington DC: American Psychological Association.

Kwong, K. S., Holland, B., & Cheung, S. H. (2002). A modified Benjamini-Hochberg multiple comparison procedure for controlling the false discover rate. *Journal of Statistical Planning and Inference, 104,* 351-362.

Lake, F. (1966). *Clinical Theology: A Theological and Psychiatric Basis to Clinical Pastoral Care*. London: Darton, Longman & Todd.

Larson, D. B., Pattison, M., Blazer, D. G., Omran, A. R., & Kaplan, B. H. (1986). Systematic analysis of research on religious variables in four major psychiatric journals, 1978-1982. *American Journal of Psychiatry, 143*(3), 329-334.

Lartey, E. Y. (1997). *In Living Colour: An Intercultural Approach to Pastoral Care and Counselling*. London: Cassell.

Lessa, W., & Vogt, E. (1965). *Reader in Comparative Religion: An Anthropological Approach (2nd Ed)*: Harper Row.

Levin, J. S. (1980). Religion and health: is there an association, is it valid, and is it causal? *Society of Science and Medicine, 38*(11), 1475-1482.

Levin, J. S. (1994). Religion and health: Is there an association, is it valid, and is it causal? *Social Science and Medicine, 38*(11), 1475-1484.

Levin, J. S., Lyons, J. S., & Larson, D. B. (1993). Prayer and health during pregnancy. *Southern Medical Journal, 86*(9), 1022-1027.

Lewis, C. A., & Maltby, J. (1996). Personality, prayer, and church attendance in a sample of male college students in the USA. *Psychological Reports, 78*, 976-978.

MacDonald, D. A. (2000). Spirituality description measurement, and relation to the Five Factor Model of personality. *Australian Journal of Psychology, 68*(1), 61-67.

MacKinlay, E., B. (2006). *Aging, Spirituality and Palliative Care*. New York: Hamworth Press.

MacNutt, F. (1974). *Healing*. Notre Dame, Id:: Ave Maria Press.

MacNutt, F. (2005). *The nearly perfect crime: How the Church almost killed the Ministry of Healing*. Michigan, USA: Chosen.

Malony, H. N. (1985). Assessing religious maturity. *Psychotherapy Patient, 3*, 25-33.

Malony, H. N., & Augsburger, D. W. (2007). *Christian Counseling: An Introduction*. Nashville: Abingdon Press.

Martin, J. E., & Carlson, C. R. (1988). Spirituality dimensions of health psychology. In W. R. Miller, & Martin, J. E (Ed.), *Behavior therapy and religion* (pp. 57-109). Beverly Hills: Sage Publications.

Marwick, C. (1995). Should physicians prescribe prayer for health? Spiritual aspects of well-being considered. *Journal of the American Medical Association, 273*(20), 1561-1562.

Masters, K. S. (2005). Research on the healing power of distant Intercessory Prayer: Disconnect between science and faith. *Journal of Psychology and Theology, 33*(4), 268-277.

Matthews, D. A., McCullough, M. E., Larson, D. B., & Koening, H. G. (1998). Religious commitment and health status: a review of the research and implications for family medicine. *Archives of Family Medicine Chicago, 7*(2), 118.

McCullough, M. E. (1995). Prayer and health: conceptual issues, research review, and research agenda. *Journal of Psychology and Theology, 23*, 15-29.

McCullough, M. E. (1999). Research on religion - accomodative counseling: review and meta-analysis. *Journal of Counseling Psychology, 46*(1), 92-98.

McCullough, M. E., & Larson, D.B. (1998). Future directions in research. In H. G. Koenig (Ed.), *Handbook of religion and mental health* (pp. 95-107). San Diego: Academic Press.

McCullough, M. E., Worthington, E. L., & Rachal, K. C. (1997). Interpersonal forgiving in close relationships. *Journal of Personality and Social Psychology, 73*(2), 321-336.

McCullough, M. E., & Worthington, E. L. J. (1994). Encouraging clients to forgive people who have hurt them: review, critique, and research prospectus. *Journal of Psychology and Theology, 22*(1), 3-20.

McGrath, A. E. (1999). *Christian spirituality*. Oxford: Blakewell Publishers Inc.

McLeod, J. (1994). *Doing counselling Research*. London: SAGE Publications.

McLeod, J. (2001). *Qualitative Research in Counselling and Psychotherapy*. London: SAGE Publications.

McMinn, M. R. (1996). *Psychology, Theology and Spirituality in Christian counseling*. Wheaton,: Tyndale House Publishers, Inc.

McMinn, M. R., & Hall, T. W. (2000). Christian spirituality in a postmodern era. *Journal of Psychology and Theology, 28*(4), 251-253.

McSherry, W. (2006). *Making sense of spirituality in Nursing and Health Care practice*. London: Jessica Kingsley Publisher.

Meier, P. D., Minirth, F. B., Wichern, F. B., & Ratcliff, D. E. (1982). *Introduction to psychology and counseling*. Michigan: Baker Book House.

Meystedt, D. M. (1984). Religion and the rural population: implications for social work. *The Journal of Contemporary Social Work*, 219-226.

Miller, G. (2003). *Incorporating spirituality in counseling and psychotherapy*. New Jersey: John Wiley & Sons. Inc.

Miller, W. R. (Ed.). (1999). *Integrating spirituality into treatment*. Washington DC: American Psychological Association.

Minirth, F. B., & Meier, P. D. (1978). *Happiness is a choice: A manual on the symptoms, causes, and cures of depression*. Grand Rapids: Baker Book House.

Mokuau, N., Hirhinuma, E., & Nishimura, S. (2001). Validating a measure of religiousness/spirituality for Native Hawaiians. *The Pacific Health Dialog, 8*(2), 407-416.

Monk, G., & Epston, D. (1997). *Narrative therapy in practice: the archaeology of hope*. San Francisco: Jossey-Bass.

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.

Mountain, V. (2009). *Responding to need.* Nunawading, Victoria: Christian Research Association.

Mowrer, O. H. (1961). *The crisis in psychiatry and religion*. Princeton: Van Nostrand.

Murren, D. (1996). *Australian National Conference. Paper presented at the Christian Revival Crusade Conference*, Melbourne.

Nakhaima, J. M., & Dicks, B. H. (1995). Social work practice with religious families. *Families in Society: The Journal of Contemporary Human Services*, 360-368.

Newton Malony, H., Augsburger, D.W. (2007). *Christian Counseling*. Nashville: Abingdon Press.

O'Laoire, S. (1997). An experimental study of the effects of distant, intercessory prayer on self-esteem, anxiety, and depression. *Alternative therapies in health and medicine, 3*, 38-53.

Oden, T. C. (1983). *Pastoral Theology: Essentials of Ministry*. San Francisco: Harper.

Oden, T. C. (1984). *Care of Souls in the Classic Tradition*. Philadelphia: Fortress Press.

Osler, W. (1910). The faith that heals. *British Medical Journal*, 1470-1472.

Pallant, J. (2002). *SPSS survival manual*. Crows Nest, Sydney: Allen & Unwin.

Paloutzian, R. F., & Ellison, C. W. (1982). *Loneliness, Spiritual well-being and quality of life*. New York: Wiley.

Pargament, K. I. (1997). *The psychology of religion and coping*. New York: The Guilford Press.

Pargament, K. I. (1999). The psychology of religion and spirituality? Yes and no. *International Journal for the Psychology of Religion, 9*(1), 3-17.

Pargament, K. I. (Ed.). (1996). *Religious methods of coping resources for the conservation and transformation of significance*. Washington, DC: American Psychological Association.

Passmore, N. L. (2003). Religious issues in counseling: Are Australian psychologists "Dragging the Chain?" Australian Psychologist. *Australian Psychologist, 38*, 182-192.

Patterson, C. H. (1958). The place of values in counseling and psychotherapy. *Journal of Counseling Psychology, 5*(3), 216-222.

Pattison, S. (2010). Spirituality and Spiritual Care Made Simple: A Suggestive, Normative and Essentialist Approach. *Practical Theology, PRTH 3.3*, 351-366.

Pattison, S. (1988/1993). *A Critique of Pastoral Care*, London: SCM.

Peach, H. G. (2003). Religion, spirituality and health: how should Australia's medical professionals respond? *The Medical Journal of Australia, 178*(2), 86-88.

Pecheur, D. R., & Edwards, K. J. (1984). A comprison of secular and religious versions of cognitive therapy with depressed Christian college students. *Journal of Psychology and Theology*.

Peck, S. M. (1990). *The road less travelled*. London: Arrow.

Peteet, J. R. E. (2001). Putting suffering into perspective: Implications of the patient's world view. *Journal of psychotherapy Practice and Research, 10*(3), 187-192.

Pingleton, J. P. (1997). Why we don't forgive: A Biblical and Object Relations theoretical model for understanding failures in the forgiveness process. *Journal of Psychology and Theology, 25*(4), 403-413.

Poloma, M. (2006). Old Wine, New Wineskins: The rise of healing rooms in revival Pentecosalism. *PNEUMA The Journal of the Society for Pentecostal Studies, 28*(1).

Poloma, M. M., & Pendleton, B. F. (1989). Exploring types of prayer and quality of life: a research note. *Review of Religious Research,, 31*(1), 46-53.

Poloma, M. M., & Pendleton, B. F. (1991). The effects of prayer and prayer experiences on measures of general well-being. *Journal of Psychology and Theology, 19*, 71-83.

Post, S. G., Puchalski, C. M., & Larson, D. B. (2000). Physicians and patient spirituality: Professional boundaries competency and ethics. *Ann Intern Med*, 132.

Prest, L. A., & Keller, J. F. (1993). Spirituality and family therapy: spiritual beliefs, myths, and metaphors. *Journal of Marital and Family Therapy, 19*, 137-148.

Prest, L. A., Russel, R., & D'Souza, H. (1999). Spirituality and religion in training, practice and personal development. *Journal of Family Therapy, 21*, 60-77.

Proctor, M.-T. (2009). In sickness and in health: Including the spiritual domain as an aspect of psycyological assessment. *InPsych, 31*(4), 14-15.

Propst, I. R. (1980). The comparative efficacy of religious and non-religious imagery for the treatment of mind depression in religious individuals. *Cognitive Therapy and Research, 4*(2), 167-178.

Propst, L. R., Ostrom, R., Watkins, P., Dean, T., & Mashburn, D. (1992). Comparative efficacy of religious and nonreligious cognitive-behavioral therapy for the treatment of clinical depression in religious individuals. *Journal of Consulting and Clinical Psychology, 60*(1), 94-103.

Pruyser, P. W. (1968). *A dynamic psychology of religion*. New York: Harper & Row.

Quackenbos, S., Privette, G., & Klentz, B. (1986). Psychology and religion: Rapprochement or antithesis. *Journal of counseling development, 65*, 82-85.

Ragan, C., Malony, H. N., & Beit-Hallahmi, B. (1980). Psychologists and Religion: Professional factors and personal belief. *Review of Religious Research,, 21*(2), 208-217.

Rayburn, A. A. (1985-1986). The religious patient's initial encounter with psychotherapy. *Psychotherapy Patient, 1*(3), 35-45.

Richards, D. G. (1991). The phenomenology and psychological correlates of verbal prayer. *Journal of Psychology and Theology, 19*, 354-363.

Richards, P. S., & Bergin, A. E. (2005). *A spiritual strategy for counseling and psychotherapy*. Washington: American Psychological Association

Richards, P. S., & Potts, R. W. (1995). Using spiritual interventions in psychotherapy: practices, successes, failures, and ethical concerns of Mormon psychotherapist. *Professional Psychology: Research and Practice, 26*(2), 163-170.

Richards, P. S., Rector, J. M., & Tjeltveit, A. D. (Eds.). (1999). *Values, spirituality and psychotherapy*. Washington DC: American Psychological Association.

Rogers, C. R. (1961). *On becoming a person: A therapist's view of psychotherapy*. Boston: Houghton.

Rokeach, M. (1973). The nature of human values. New York: Collier Macmillan Publishers.

Ross, J. L. (1994). Working with patients within their religious contexts: religion, spirituality, and the secular therapist. *Journal of Systemic Therapies, 13*(3), 7-15.

Rossiter-Thornton, J. F. (2000). Prayer in Psychotherapy. *Alternative therapies in health and medicine, 6*(1), 128-127.

Rotz, E., Russell, C.S., & Wright, D.W. (1993). The therapist who is perceived as "spiritually correct": strategies for avoiding collusion with the "spiritually one-up" spouse. *Journal of Marital and Family Therapy, 19*(4), 369-375.

Sanford, J. L., & Sanford, P. (1982). *The transformation of the inner man*. Tulsa: Victory House.

Schneider, S., & Kastenbaum, R. (1993). Patterns and meanings of prayer in hospice caregivers: an exploratory study. *Death Studies, 17*(6), 471, 415p.

Schreurs, A. (2002). *Psychotherapy and Spirituality: Integrating the Spiritual Dimension into Therapeutic Practice*. London: Jessica Kingsley Publisher.

Seamands, D. A. (1981). *Healing for damaged emotions*. Wheaton: Scripture Press.

Seligman, M. E. P. (2004). *Positive Psychology*. New Jersey: John Wiley & Sons.

Seligman, M. E. P., & Csikszentmihaly, M. (2000). Positive Psychology: An Introduction. *The American Psychologist*.

Sells, J. N., & Hargrave, T. D. (1998). Forgiveness: a review of the theoretical and empirical literature. *Journal of Family Therapy, 20*, 21-36.

Shafranske, E. P. (1996a). Religious beliefs, affiliation and practices of clinical psychologists. In E. P. Shafranske (Ed.), *Religion and the clinical practice of psychology* (pp. 149-161). Washington DC: American Psychological Association.

Shafranske, E. P. (Ed.). (1996b). *Religion and the clinical practice of psychology*. Washington, D.C.: American Psychological Association.

Shafranske, E. P., & Gorsuch, R. L. (1984). Factors associated with perception of spirituality in psychotherapy. *The Journal of Transpersonal Psychology, 16*(2), 231-241.

Shafranske, E. P., & Malony, H. N. (1990). Clinical Psychologists' religious and spiritual orientations and their practice of psychotherapy. *Psychotherapy: Theory, Research and Practice, 27*, 72-78.

Sheridan, M. J., Bullis, R. K., Adcock, C. R., & Berlin, S. D. (1992). Practitioners personal and professional attitudes and behaviours towards religion and spirituality: Issues of education and practice. *Journal of Social Work Education, 28*(2), 190-203.

Sheldrake, P. (2010). Spirituality and Healthcare. *Practical Theology, 3*(3), 367-379.

Simon, D. (1996). Solution-focused therapy as a spiritual path. In S. D. Miller, Hubble, M.A., & Duncan, B.L. (Ed.), *Handbook of solution-focused brief therapy*. San Francisco: Jossey-Bass Publishers.

Smith, E. (1996). *Beyond tolerable recover: Moving beyond tolerable existence into Biblical maintenance victory free*. Campbellsville, KY: Family Care.

Sorajjakool, S. (2006). *When sickness heals: The place of religious belief in healthcare*. Philadelphia: Templeton Foundation Press.

Sorenson, R. L. (2004). How to anticipate predictions about integration's future trends. *Journal of Psychology and Theology, 32*(3), 181-189.

Sorenson, R. L., & Derflinger, K. R. (2004). National collaborative research on how students learn integration: Final report. *Journal of Psychology and Christianity, 23*(4), 355-376.

Sorenson, R. L., & Hales, S. (2002). Comparing evangelical protestant psychologists trained at secular versus religiously affiliated programs. *Psychology: Theory/Research/Practice/Training, 39*(2), 163-170.

Sperry, L. (2003). Integrating spiritual direction functions in the practice of psychotherapy. *Journal of Psychology and Theology, 31*, 3-13.

Spilka, B., Shaver, P., & Kirkpatrick, L.A. (1985). A general attribution theory for the psychology of religion. *Journal for the Scientific Study of Religion, 24*(1), 1-20.

Spindrift (1975-1993). The Spindrift papers: Exploring prayer and healing through the experimental test. *Journal of the American Society for Psychical Research, 87*(4), 387-396.

Spohn, W. C. (2001). Spiritual practices: The true test of spirituality. *A Journal of Theology, 40*(4).

Stander, V., Piercy, F.P., MacKinnon, D., & Helmeke, K. (1994). Spirituality, religion and family therapy: competing or complementary worlds? *The American Journal of Family Therapy, 22*(1), 27-41.

Stapleton, R. C. (1977). *The experience of inner healing.* London: Hodder and Stoughton.

Sterland, S. (2007). *National Church Survey*. Adelaide SA: Open Book.

Strommen, M. P. (1984). Psychology's blind spot: a religious faith. *Counseling and Values, 28*, 150-161.

Surwillo, W. W., & Hobson, D. P. (1978). Brain electrical activity during prayer. *Psychological Reports, 43*, 135-143.

Tacey, D. (2003). *The Spirituality Revolution: The emergence of contemporary spirituality*. Pymble: Harper Collins Publishers.

Tajifel, H., & Turner, J. C. (1986). *The social identity theory of inter-group behaviour*. Chicago: Nelson Hall.

Tan, S.-Y. (1985). *Cognitive behavior therapy: a biblical approach and critique.* Paper presented at the National Convention of the Christian Counseling for Psychological Studies, Grand Rapids.

Tan, S.-Y. (1987). Interpersonal integration: the servant's spirituality. *Journal of Psychology and Christianity, 6*(1), 34-39.

Tan, S.-Y. (1991). Religious values and interventions in lay Christian counseling. *Journal of Psychology and Christianity, 10*(2), 173-183.

Tan, S.-Y. (1992). The Holy Spirit and counseling ministries. *The Christian Journal of Psychology and Counseling, 7*(3), 8-11.

Tan, S.-Y. (1994). Ethical considerations in religious psychotherapy: potential pitfalls and unique resources. *Journal of Psychology and Theology, 27*(4), 389-393.

Tan, S.-Y. (1996a). Practising the presence of God: the work of Richard J. Foster and its applications to psychotherapeutic practice. *Journal of Psychology and Christianity, 15*(1), 17-28.

Tan, S.-Y. (1996b). Religion in clinical practice: implicit and explicit integration. *Religion and Clinical Practice of Psychology, 13,* 365-387.

Tan, S.-Y. (1998). The spiritual disciplines and counseling. *Christian Counseling Today, 6*(2), 19-46.

Tan, S.-Y. (1999). *Religion in psychological therapy.* Paper presented at the Annual Convention of the American Psychological Association, Boston, Massachusetts.

Tan, S. Y. (2007). Use of Prayer and Scripture in Cognitive-Behavioral Therapy. *Journal of Psychology and Christianity, 26*(2), 101-111.

Tashakkori, A., & Teddie, C. (2003). Thousand Oaks: Sage.

Taylor, H. (1993). *Sent to heal: A handbook on Christian Healing*. Ringwood, Victoria, Australia: The Order of St Luke the Physician.

Thoresen, C. E. (1998). Spirituality, health, and science: the coming revival? In S. R. Roth-Roemer, Robinson Kurpius, S.E., & Carmin, C (Ed.), *The emerging role of counseling psychology in health care*. New York: W.W. Norton.

Thoresen, C. E., Luskin, F., & Harris, A. H. S. (1998). Science and forgiveness interventions: reflections and recommendations. In E. L. J. Worthington (Ed.), *Dimensions of Forgiveness*. Philadelphia: Templeton Foundation Press.

Tournier, P. (1965). *The adventure of living*. London: SCM Press.

Tracy, S. (1999). Sexual abuse and forgiveness. *Journal of Psychology and Theology, 27*(3), 219-229.

Tweedie, D. F. (1963). *The Christian and the couch: An introduction to Christian Logotherapy*. Grand Rapids: Baker Book House.

Underwood, L. G. (2006). Ordinary spiritual experience: Qualitative research, interpretive guideline, and population distribution for the Daily Spiritual Experience Scale. *Archive for the Psychology of Religion, 28*(1), 181-218.

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 Behavioural Medicine, 24*(1), 22-33.

Vayhinger, J. M. (1973). *Psychiatry Christianity and the world of thought.* Chicago: Moody Press.

Vitz, P. C. (1977). *Psychology as religion: The cult of self-worship.* . Grand Rapids: Eerdmans.

Walls, G. B. (1980). Values and psychotherapy: a comment on "Psychotherapy and religious values". *Journal of Counseling and Clinical Psychology, 48*(5), 640-641.

Walsh, F. (1999). *Spiritual Resources in Family Therapy*. New York: The Guilford Press.

Walsh, F. (2009). *Spiritual Recourses in Family Therapy*. New York: The Guilford Press.

Weaver, A. J., Koenig, H. G., & Larson, D. B. (1997). Marriage and family therapists and the clergy: a need for clinical collaboration, training, and research. *Journal Of Marital and Family Therapy, 23*(1), 12-25.

Webber, Mason, M., & Singleton. (2007). *The Spirit of Generation Y*. Mulgrave Victoria: John Garrat Publisher.

Weld, C., & Eriksen, K. (2007). Christian clients' preferences regarding prayer as a counseling intervention. *Journal of Psychology & Theology, 35*(4), 328-341.

Wick, E. (1985). Lost in the no-man's land between psyche and soul. *Psychotherapy Patient, 1*(3), 13-24.

Wilson, B. R. (1976). *Contemporary transformations of religion*. London: Oxford University.

Wimberly, E. P. (1979). *Pastoral Care in the Black Church*. Nashville: Abingdon.

Witmer, J. M., & Sweeney, J. T. (1992). A holistic model for wellness and prevention over lifespan. *Journal of Counseling and Development, 71*(2), 140-148.

Worthington, E. L. (1988). Understanding the values of religious clients: a model and its application to counseling. *Journal of Counseling Psychology, 35*(2), 166-174.

Worthington, E. L., Dupont, P. D., Berry, J. T., & Duncan, L. A. (1988). Christian therapists' and clients' perceptions of religious psychotherapy in private and agency settings. *Journal of Psychology and Theology, 16*(3), 282-293.

Worthington, E. L., Kurusu, T. A., McCullough, M. E., & Sandage, S. J. (1996). Empirical research on religion and psychotherapeutic processes and outcomes: a 10-year review and research prospectus. *Psychological Bulletin, 119*(3), 448-487.

Worthington, E. L. J. (1986). Religious counseling: A review of published empirical research. *Journal of counseling development, 64*(7), 421-431.

Worthington, E. L. J. (1989). Religious faith across the life span. Implications for counseling and research. *The Counseling Psychologist, 17*(4), 555-613.

Worthington, E. L. J. (1991). Psychotherapy and religious values: an update. *Journal of Psychology and Christianity, 10*(3), 211-223.

Wyatt, S. C., & Johnson, R. W. (1990). The influence of counselors' religious values on clients' perceptions of the counselor. *Journal of Psychology and Theology, 18*, 158-165.

Zeiger, M., & Lewis, J. E. (1998). The spiritually responsive therapist: Religious material in the psychotherapeutic setting. *Psychotherapy, 35*(3), 415-424.

Zinnbauer, B. J., Pargament, K. I., Cole, B., Rye, M. S., Butter, E. M., Belavich, T. C., et al. (2001). Religion and spirituality: unfuzzying the fuzzy. *Journal for the Scientific Study of Religion, 36*(4), 549-564.

Appendix