

**OUR HEALING: AN EMPIRICAL STUDY OF THE INTERRELATIONSHIP BETWEEN
THERAPEUTIC INTERVENTION AND SPIRITUAL INTERVENTION IN A SOCIAL
WORK PRIVATE PRACTICE**

Submitted by
Rebecca Braid,
B.S.W. (N.S.W.), M.S.W. (N.S.W.),
Graduate Diploma C. and F. T. (N.S.W.).

A thesis submitted in total fulfilment of the requirements for the degree of
Doctor of Philosophy

School of Social Work and Social Policy
Faculty of Health Sciences

La Trobe University
Bundoora, Victoria 3086

Australia
February 2008

Table of Contents

Chapter 1. Introduction.....	1
1.1 Background to the Research Study.....	1
1.1.1 The History of the Practice.....	2
1.1.2 Private Practice and Referrals.....	3
1.1.3 Private Practice and the spirit of Inquiry.....	4
1.1.4 Private Practice and Theory.....	5
1.1.5 Private Practice, Research and Exploration.....	6
1.1.6 Research Objectives.....	8
1.1.7 Outline of the Thesis.....	8
Chapter 2. Literature Review.....	11
2.1 Introduction.....	11
2.2 Attention on spirituality in the public domain in 2001.....	11
2.3 Social Work and its origins in Religion.....	15
2.4 Social works movement away from religion: possible reasons.....	19
2.5 Reasons for the social work profession’s renewed interest in spirituality.....	28
2.5.1 Spirituality.....	33
2.5.2 Prayer.....	39
2.6 The state of social work research on spirituality.....	44
2.7 Conclusion.....	54
Chapter 3. Context of the Study.....	57
3.1 Introduction.....	57
3.2 Where Eden Therapy came from: a brief History.....	57
3.3 Where Eden Therapy is now: location and facilities.....	61
3.4 What Eden Therapy Does.....	69
3.5 What Eden Therapy Volunteers do.....	72
3.6 A case example using therapy and spirituality.....	76
3.7 Definition of key terms.....	82
3.7.1 Definition of key terms as used at Eden Therapy Services: Spirituality.....	82
3.7.2 Definition of key terms as used at Eden Therapy Services: Prayer.....	84
3.7.3 Definition of Key Terms as used at Eden Therapy Services: Interrelationship.....	85
Chapter 4. Methodology of the Study.....	89
4.1 Introduction.....	89
4.2 Grounded Theory.....	89
4.3 Four research objectives.....	92

4.3.1	Objective 1: To understand the process of healing for clients and volunteers	92
4.3.2	Objective 2: To explore the meaning of spirituality for both these groups	92
4.3.3	Objective 3: To understand the experience of the prayer volunteers	93
4.3.4	Objective :4 To develop a theory to explain the process involved in the counselling and prayer processes for clients.....	93
4.4	The operational research questions.....	94
4.5	Research Instruments.....	96
4.5.1	Interview Schedules 1, IS (1) and Interview Schedules 2 ISI(2).....	96
4.6	Implementation of the research objectives	98
4.6.1	Implementation in detail for Research Objective 1	100
4.6.2	Implementation in detail for Research Objective 2	101
4.6.3	Implementation in detail of Research Objective 3.....	103
4.6.4	Implementation in detail of Research objective 4	106
4.7	Sample Selection	108
4.8	Entering the Field and Establishing Rapport	110
4.9	Data Collection method and tools.....	112
4.10	Storing and Sorting Data	125
4.11	Focus Group – Pilot.....	126
4.12	Data Analysis.....	130
4.13	Ethical Concerns and Considerations	138
4.14	Strategies deployed for ensuring Rigor	140
4.14.1	Acknowledging the entangled role of researcher and therapist.....	140
4.14.2	Trustworthiness.....	144
4.15	Reflexivity	152
4.16	Qualitative research: a personal perspective.....	152
Chapter 5.	Results	158
5.1	Introduction.....	158
5.2	Results.....	158
5.2.1	Healing for Clients.....	166
5.2.2	Healing for clients.....	167
5.2.3	Form of the Healing	168
5.2.4	Helping the healing to happen	175
5.2.5	Volunteer Responses.....	206
5.2.6	Benefits for the volunteers.....	216
	Outcomes and Impact of Volunteers.....	223
5.2.7	Implications	229

Chapter 6. Discussion	258
6.1 Emerging and Understanding Healing for Clients.....	259
6.2 Exploration of Spirituality and its Interrelationship for Clients	260
6.3 Exploration of Spirituality and its Interrelationship for Volunteers.....	262
6.4 Understanding the Experience of Volunteers	263
6.5 The findings and the Literature.....	265
6.6 Thematic Analysis	268
6.6.1 Theme 1: Esoteric Client Theme	269
6.6.2 Theme 2: Change and Intervention Theme.....	272
6.6.3 Theme 3: Social Work Intervention Theme	276
6.6.4 Theme 4: Current Client Theme	280
6.6.5 Theme 5: Pattern Change Theme.....	282
6.6.6 Thematic Conclusion	284
6.7 Proposing a Theory of Social Work-Driven Spiritual Healing	289
6.7.1 Resurrection Theory	289
6.7.2 Introduction.....	289
6.8 Relationship Key 1	292
6.8.1 Definition	292
6.8.2 Implications of Relationship (Key 1) for Social Work Theory	294
6.8.3 Implications for Spirituality.....	296
6.9 Enactment Key 2.....	297
6.9.1 Definition	297
6.9.2 Implications for Social Work Theory	298
6.9.3 Implications for Spirituality.....	298
6.10 Incursion Key 3.....	299
6.10.1 Definition	299
6.10.2 Implications for Social Work Theory	299
6.10.3 Implications for Spirituality.....	301
6.11 Infiltration Key 4	302
6.11.1 Definition	302
6.11.2 Implications for Social Work Theory	302
6.11.3 Implications for Spirituality.....	304
6.12 Inflammation Key 5.....	305
6.12.1 Definition	305
6.12.2 Implications for Social Work Theory	305
6.12.3 Implications for Spirituality.....	307

6.13	Characteristics of Resurrection Theory Seen in Practice.....	308
6.14	Limitations of the Research	309
6.15	Further Research and Social Work Response.....	315
6.16	Implications of Results	318
6.17	Conclusion	321
	Appendices.....	324
	Bibliography	337

List of Figures

Figure 1: Christian City Church Site map to locate the offices of Eden Therapy Services.....	63
Figure 2: Theatre Building Level 2 plan to locate individual offices of Eden Therapy Services	64
Figure 3: The Flow from Research Problem to Interview Schedules.....	97
Figure 4: Relationship of Research Objectives, Questions and Instruments	99
Figure 5: Example of pilot focus group introduction page for data sorting	126
Figure 6: Age Distribution of Client Research Respondents.....	159
Figure 7: The Gender of Client Research Respondents.....	160
Figure 8 The Marital Status of Client Research Respondents	161
Figure 9: The Number of Children of Client Research Respondents	162
Figure 10: The Qualifications of Client Research Respondents.....	163
Figure 11: The Church Position of Client Research Respondents.....	164
Figure 12: The Occupations of Client Research Respondents	165
Figure 13: The Church Membership of Client Research Respondents	166
Figure 14 The Resurrection Theory Diagram.....	291

List of Photos

Photo number 1 Entry by car to complex.....	66
Photo number 2 Entry to offices by path.....	67
Photo number 3 Front door of the offices of Eden Therapy Services.....	68
Photo number 4 Office of Eden Therapy Services.....	69
Photo number 5 Mycenae.....	154

List of Tables

Table 1 Data collection process for study in 2001.....	122
Table 2 Strategies to deal with threats to trustworthiness.....	147

Abstract

The exploration of the interrelationship between therapy and spirituality emerged out of clinical experience. This research is a qualitative study of a social work practice in Sydney Australia, and the development of client's voice. Client perspective on their therapy and spirituality is an addition to the current professional exploration of spirituality. The profession has discussed the inclusion of spirituality in practice in literature and international forums, however, the inclusion of client's voice on this topic has been so far lacking. It is the hope of this research to inform the professional arena of the need for inclusion of psychosocial spiritual issues.

Through in depth interviews and focus groups, both clients (n = 24) and the volunteers (n = 6) providing the spiritual service were researched. This has provided a research study informed by the clients' perspective and the volunteers' perspective. The research has been able to observe a social work practice inclusive of clients' spiritual needs and an increased sense of the client in the community through use of trained and supervised spiritual volunteers.

The research aimed to answer four research objectives:

- To allow room to emerge and understand healing
- To explore spirituality
- To understand the experience of the spiritual volunteers
- To emerge a "Resurrection Theory" to frame the research findings for the profession.

The study found that healing had occurred for the clients with manifest benefits for them. Spirituality was seen as a positive inclusion in the practice particularly working in conjunction with the principles of therapeutic practice. Volunteers also increased the potency of the clients' spiritual and relational experience. The emergent resurrection theory has potential utility in a range of social work and counselling settings.

In answering these objectives, this research has provided the welcome addition of the client's voice to discussion of issues of service and spirituality from a professional perspective. The desire of clients for spiritually driven interventions was high and their satisfaction with the service was evident. The "Resurrection Theory" is currently being taught as a pilot program at a pastoral care level in an Australian Government accredited college. It is hoped that this theory will become a way to inform future practice.

STATEMENT OF AUTHORSHIP

“Except where reference is made in the text of the thesis, this thesis contains no material published elsewhere or extracted in whole or in part from a thesis submitted for the award of any other degree or diploma.

No other person’s work has been used without due acknowledgment in the main text of the thesis.

This thesis has not been submitted for the award of any degree or diploma in any other tertiary institution”.

FULL NAME: Rebecca May Braid

CLEARED BY ~~ETHICS COMMITTEE~~ FHEC00/179

SIGNED: ‘

DATE: ‘

Acknowledgments

Our healing is a topic of immense interest and poignancy for those who need it. After twenty-two years of practice as a social worker I have noticed the yearning for healing that people carry. It was that yearning and a need to answer it that emerged this research study. I have a great deal of admiration and debt towards the clients of Eden Therapy Services who agreed to be part of this study. I have a great deal of encouragement from the volunteers who provide a managed spiritual service to the clients of Eden Therapy Services. Without the clients and volunteers of Eden Therapy Services this research thesis would not have been possible.

I have had unwavering support from Associate Professor Dr Martin Ryan at La Trobe University. His supervision of this thesis has also made the work possible. He embodies a brilliant academic mind and the heart of a clinician, a rare man indeed in academia. His encouragement and guidance have been invaluable in bringing this work to be. His reassurance at conference presentations of this thesis have calmed many nerves. Thankyou Martin.

I am blessed to be supported by friends and spiritual warriors such as Amanda Teale, Lorraine Carr, Lisa Matthews, Ruth Anderson and Sonja Georgeson who have stayed faithful throughout the years of this research process. The spiritual oversight of Eden Therapy Services has been ably provided by Pastor Phil Taylor. The financial advice needed to keep the private practice of Eden Therapy Services going while this research was completed was generously provided by Ben and Lisa Matthews. The IT advice from Jason Teale and John MacNaughton have kept the computer and its programs ticking over. Thankyou.

It's time to release this work, so long ago since the dream began. I thank God for the privilege of carrying this work and remain grateful for the support of my husband, John MacNaughton, to see the task through. I can now answer my son James when he asks, "When are you going to finish your thesis Mum?".

Chapter 1. Introduction

1.1 Background to the Research Study

This thesis attempts to research and explore a unique private social work practice. This social work practice is based in Sydney Australia and is founded on spiritual principles of service, as well as sound social work service provision. The uniqueness of this study is in its observation of spirituality which is systematically and purposely structured into the social work service that the practice provides. The social work practice is also owned and run by the candidate and provides a rich research field for the work. The research will document and discuss the client and the volunteer perspective of spirituality which is incorporated in the therapeutic outcomes. This is achieved through the depth of data recorded in the focus groups and in-depth interviews of the clients and volunteers. Documenting the themes of healing and spirituality from the experience of the client and volunteer appear to be unique in social work research. The client's voice on spiritual perspectives remains pivotal to the direction of the therapeutic needs of the client. A unique private practice emerged which included the social work individual counselling session with some spiritual overtones, but with the addition of a volunteer prayer session. In this session a client could choose to meet with volunteer intercessors to pray face to face with them about the issues they presented for counselling.

This introductory chapter will explore the history of Eden Therapy Services that incorporates spirituality and social work practice. The way referrals come to the practice will be outlined and the spirit of qualitative inquiry which emerged from the practice will be considered. The use of social work theory and its influence on the private practice is described. The challenge of taking up research and exploration to inform the future work of the private practice is also discussed.

The research objectives are stated and the introduction finishes with the outline of the thesis chapters. The practitioner and researcher will be referred to as I for the purposes of the thesis.

1.1.1 The History of the Practice

I had a sense of spirituality as a person before I carried out a decision to become a social worker over twenty-five years ago. However, as a student and later as a qualified social worker the demarcation between spirituality and the work practice was marked. There appeared to be a lack of relationship between what students believed and the social work education at university. One lecturer told me I could not use the Bible as a reference book as it was fiction. That lack of the relationship between spirituality and practice has eventually led me, as a private practitioner, to provide a social work service aimed at providing spirituality and effective social work practice.

I began private practice while still employed as a social worker in an organisation and while still finishing a Masters Degree. The practice came from referrals which often involved a referee telling a potential client that the practice has a spiritual perspective and they would be able to speak freely about spiritual issues. I began to be curious about how strongly clients felt that their faith and spirituality had not been taken seriously by other counsellors or that they had searched for a private practice that had a spiritual component. Professional colleagues and friends felt strongly that the practice was fulfilling a need in the spiritual community and they stated they would help by praying for me. I suggested that rather than me needing the prayer the clients may appreciate it more, and it would increase their sense of spiritual freedom.

As a result, prayer and spirituality became a managed and focused part of Eden Therapy Services. The fact that the feedback from the clients was overwhelmingly positive and that clients' felt better with the addition of a spiritual process to their healing raised questions for me. In this way a research topic was formed. The question became how to understand what clients describe as their healing when social work practice is combined with a program of prayer with volunteers. A qualitative research study was one way to answer this question and record this event and give the clients a voice, so that future practice could be informed by client centered research.

1.1.2 Private Practice and Referrals

At present, the clinical work at ETS focuses on private referrals for individual work, couple and family therapy work. Referrals come from past colleagues in the field, the doctors I worked with at the FCC, local churches, and the general community and its organisations. Referrals also come from some government contract work with the Victims Compensation Tribunal and some insurance work. Teaching is also a part of the work and lecturing to students of the Pastoral Care and Counselling Course at a private government accredited college. Supervision of some of the students from this course keeps me in touch with the struggles of the laity in churches. It was in my clinical work I found some interesting themes emerging and this is where the idea of conducting research began to form. I knew I was on a journey to observe the interaction of therapy and spirituality.

1.1.3 Private Practice and the spirit of Inquiry

In the spirit of qualitative inquiry, I began to notice some "common factors" which emerged in the private practice work (De Vaus, 1991, p 13). I began to see that when people were made aware of the possibility of face-to-face prayer for themselves to support their counselling process they eagerly accepted. The people were eager to experience the spirituality, and the bookings for the once-a-month prayer day were often booked out five months in advance. Clients who had not experienced church life or a faith were also interested and, even if they chose not to take up the offer of this work, they were heartened to know that the ETS looked after people's spiritual issues as well as their therapy issues.

The people who volunteered to pray for clients were also exhibiting some common factors that were of interest. The intercessors, as they became known at ETS, were all enjoying this work immensely. They were all employed at various jobs in the workforce either in a full time capacity or in a part time capacity. They were committed to adjusting their work schedules and arranging baby-sitting for the once-a-month prayer day. They all made themselves available for debriefing after each prayer session and came to a training program for an evening every six weeks. The intercessors commonly stated they loved the work and the contact with people, and "went away with more than the person who we prayed for" or "learnt more about myself than I ever thought possible". I became more and more curious about this interaction between untrained volunteers of good will and clients, and how these volunteers intentions were making a visible difference in the people receiving counselling.

The intercessors were trained to adhere to confidentiality, be attentive listeners and generally make clients as comfortable as possible on meeting them for the prayer work. The intercessors

were instructed to ask very basic questions of the clients before the prayer began. Questions were kept simple and brief, such as: “What is it you were hoping for in prayer today?” or “What would you like to have from your prayer today?”. However, the depth of the clients’ responses was what was curious. After prayer, the intercessors would give some feedback in the debriefing session on the issues that were significant to the client being prayed for by them. I wondered about the provision of the safe working spiritual relationship that was, from verbal feedback from intercessors and clients alike, very helpful and illuminating to the client’s issues and quest.

1.1.4 Private Practice and Theory

After noticing some of these common factors emerging in my counselling and spirituality work with people, I wondered about the theories at the base of my work. I wondered what theoretical context, if any, this combination of counselling and spirituality would fit into. From an academic perspective, theory is meant to come first and inform practice as theory explains or assists practitioners to place a framework around what they observe; but none of my contact with theory relating to counselling helped in this situation. My undergraduate university days were informed by feminism and its challenge to a patriarchal society. My years as a manager exposed me to managerialism and economic rationalism at its infancy, but did little to inform the idea of counselling and spirituality; rather, in fact, it recommended ignoring anything like emotional support that was both costly and time intensive. My time with systems theory and family therapy was one of looking at the family as a whole rather than blaming one person or making a problem of one individual. I had personal exposure to the theory of theology which attempted to explain the healing ministry of the late 20th century. The new wave of God posited the view that counselling was unnecessary and only God's will for a person was important,

which did not sit with my own personal views and experience. My own upbringing, in the Anglican Church, would have seen the interaction of counselling and spirituality as a purely intellectual process informed by the evangelical preaching which was prevalent in my undergraduate years at University. My personal experience with the Pentecostal movement assumed that the theory of the Holy Spirit was the only thing necessary for change and that a touch of God in this spiritual sense was the only necessity for healing.

If considering spirituality and counselling were to be viewed from a feminist lens, then the healing that was occurring may become lost in a question of gender. If considering spirituality and counselling from managerialism, then the overwhelming economic cost of the research to the practice would never have allowed the research to be conducted. If considering systems theory, which values the beliefs and opinion of the client, then the current absence of the client's voice on spirituality became obvious and necessitated some research. If considering theology and social work theory, then a combination of spirituality and counselling is rarely considered. The question remained in considering theory and its contribution to spirituality and counselling: what aids the client's healing when spirituality is practised with therapy?

1.1.5 Private Practice, Research and Exploration.

The aim of this research study was not to argue for a dominant theory to support the qualitative research findings. Rather I hoped to explore what is happening to assist people's healing when the counselling process is worked alongside and with spirituality. A biographer of Germaine Greer once commented:

Greer's adult writing, like the work of Leavis, on the surface denies theory. Greer's judgements rest on her 'feeling' as Ruthven might put it. The lack of theoretical framework, or even much of a hint of one, is mysterious to readers approaching her work retrospectively from the standpoint of contemporary cultural theories. Wrestling with Catholicism had led her to hold strong views about the need to reconcile theory and practice; Leavisism gave her license for dogmatism without theory (Wallace, 1997, pp. 62-63).

While one does not wish to be dogmatic without being informed by theory, it is helpful to understand experience without having a complete theoretical explanation. The experience of the social work practice in combination with spirituality was bringing forth some individual characteristics of healing which theory did not entirely explain. In making the voice of the client heard in the research it was hoped that this research can inform current thinking on spirituality and generate new theory.

In other words, the way clients were enjoying and sensing freedom in the combination of counselling and spirituality had become a fascination I wanted to explore further. A feminist researcher once stated that "understanding is grounded in body and feeling as well as mind", and the way clients came to "know" about this in their work at ETS was what this research was about (Yllo, 1988, p41). What these people, both clients and volunteer intercessors, know about how they feel better and know themselves to have been helped is what the research came to be.

1.1.6 Research Objectives

Spirituality and social work has been explored from many aspects, but apparently not from the aspect of the clients' view. Little theoretical information existed on the clients' perspective of spirituality and practice. The dominant experience of my practice was that clients both want and need a spiritual intervention within their counselling experience.

The research of these clients' perspectives on their experience of spirituality and counselling for healing became the aim of this study. Four objectives were established to accomplish this aim:

- 1) To understand the process of healing for clients and volunteers;
- 2) To explore the meaning of spirituality for both these groups;
- 3) To understand the experience of the prayer volunteers; and
- 4) To develop a theory to explain the process involved in the counselling and prayer processes for clients.

1.1.7 Outline of the Thesis

The Introductory chapter has discussed the private practice experience of a social worker which has led to an enquiry about spirituality and counselling for healing. This enquiry into counselling and spirituality had four research objectives. These research objectives will be discussed further in the thesis in the methodology section and later in the discussion chapter.

Chapter Two reviews the relevant literature about spirituality and therapy for healing. The literature shows that attention to spirituality has been much greater in recent times with media

and the general populace showing an interest in the topic. This is also reflected in social work conferences, in academia, in publications, and in the development of social work and spirituality societies. This interest has not always been present in social work. The literature reveals various reasons for this. However, currently there is an upsurge in social work interest in spirituality, and yet the client's voice in the upsurge has been silent.

Chapter Three outlines the context of the research which is my private counselling practice. The nature of the practice is unique and needs explanation in terms of its history, location, use of volunteers and its operation. A case example from ETS is used to help clarify the operation of the practice. The working definitions of spirituality, prayer and interrelationship are outlined as used at ETS.

Chapter Four describes the methodology for the research. The research problem is restated in relationship to grounded theory while outlining in more detail the four research objectives. The operational research questions used to provide information for the research objectives are also discussed. Implementation of the research objectives is then outlined. The methodology continues with sample selection, the way the field of research was entered and rapport established. The data collection tools, methods and process are then outlined. Storing and sorting data and data analysis then followed. Ethical concerns and considerations, rigor and reflexivity are considered. The chapter concludes with some personal perspectives on qualitative research and a discussion of limitations of qualitative research.

Chapter Five outlines the results of the research, including the healing outcomes for clients, the findings regarding the form of the healing and what helps the healing to happen. The findings

include the clients' views on the interrelationship of the practice work and also the volunteers' views on the interrelationship. The results also look at the benefit of the work to the volunteers and the outcomes and impact of the volunteers themselves. This chapter also defines the use of terms such as spirituality, prayer and interrelationship.

Chapter Six focuses on the discussion of the research results. The emerging understanding of healing for clients, the exploration of spirituality and interrelationship for clients and volunteers, and understanding the experience of the volunteers are discussed. A new theory of practice is proposed, named the resurrection theory, with five key processes outlined. The implications for social work and the implication for spirituality for each of these five key processes is also discussed. A case example is also used to explore the result in light of the resurrection theory.

The limitation of the research, implication of the results and responses the social work profession could make conclude the sixth chapter. Chapter Seven is the conclusion to the thesis.

Chapter 2. Literature Review

2.1 Introduction

This literature review begins with comment on the attention that spirituality received in the popular media in 2001 when work on the present study began. The social work profession was also showing some curiosity about spirituality at this time, which will be outlined in the next section of this chapter. Social work has its history and origins in religion and spirituality, but the literature tends to indicate that social work as a profession moved away from religion and spirituality for a number of reasons which will be discussed in this chapter. The review will next discuss the resurgence of interest in spirituality by the social work profession and the complex reasons for this renewed interest. The chapter will then outline the current state of social work research on spirituality, including the gaps identified in that research. The chapter concludes by identifying the particular gap in current social work research on spirituality, i.e. the failure to examine the clients' views on spirituality and its meaning for them, in terms of interventions and healings sought which the present study to directly address.

2.2 Attention on spirituality in the public domain in 2001

In the post-modern culture of 2001, spiritual issues were the stuff of the public domain. Whole issues of the popular and widely read "Sunday Life" magazine from the Sydney "Sun Herald" newspaper were devoted to articles on spirituality. An issue entitled "The Spiritual Issue" was published in July 2001 when I began the research. The interviews for clients and volunteers was headed up with an article by the popular journalist Geraldine Doogue. The rest of the magazine was devoted to articles entitled "New Sage: Filling the spiritual void", "Have Faith: choosing a

religion”, “In the Cards: testing the psychics”, “Defy Logic: the thing about miracles” and “Devil in the Detail: Satan revisited” (Saxby, 2001, p3).

Lifestyle magazines were also displaying an interest in spirituality at that time. In the Sydney “Good Weekend” newspaper of May 19th 2001, a short article had appeared titled “Myth conceptions: Can prayer heal?” The author of this article, Dr Karl Kruszelnicki, tackled recent medical publications for asserting that intercessory prayer can make a difference to patient outcomes. He responded by using the canons of scientific proof to refute the possible outcomes of the study by Dr William Harris and colleagues from the Mid America Heart Institute at St Luke’s Hospital in Kansas City (Kruszelnicki, 2001, p11).

However, not only lifestyle sections of major newspapers were writing on spirituality; the Sydney-based press were also writing on prayer in the general news sections of their paper. In the Sydney newspaper “The Sunday Telegraph”, July 15th 2001, was an article entitled “Study on Prayers”. It was a review of a Macquarie University study of the language of 100 prayers from various denominations. It found there was a range of language used in prayer depending on the denomination of the person praying (Sunday Telegraph, 2001, p 48). Another article commented on the academic David Tacey’s view that “the search for spirituality has intensified in Australia”, but this has not seen an increase in religious observance (West, 2003, p 63).

The popular WebMDHealth electronic media for doctors cited a study on prayer titled “Can Prayer Heal?” (Davis, 2001, p1674.51527). This piece claimed that the research into the power of prayer in healing has nearly doubled in the past ten years. The article also cited various doctors, such as Herbert Benson, who used MRI technology to scan for the physical changes

that prayer allegedly can make to a patient. At that time Doctor Harold Koenig, was beginning the second phase of a trial which would assess 1,500 patients undergoing angioplasty procedures for the effect of prayer on their physical outcomes.

It would seem that not only was spirituality a popular issue in 2001, it was also embraced by the self-help movement. The popular view of personal development and the idea of commercialised therapeutic counsel had seen large sections of retail bookshelves filled with self-help books. This large growing self-help industry also launched an interesting perspective discussion around the difference between religion and spirituality. The popular author Stephanie Dowrick, who wrote for the “Good Weekend Magazine” stated:

Religion, sadly, is often obsessed with difference, even defining people by their differences. Spirituality turns that around. Meditation, personal prayer and simple stillness offer an opportunity to leave behind an isolated sense of self. Giving the mind a chance to settle, it becomes impossible not to experience how interconnected our lives are. (Dowrick, 2001, p 49)

In 2001 it seemed that spirituality was a hot topic in the public domain. Sections of the media, medical research and the self-help movement all seemingly were exploring spirituality in a public way.

Spirituality and the public domain could not be discussed without mention of the new age movement in the general community in 2001. The new age movement’s growth as a recent social trend had been called a symptom of the community’s need of things spiritual. “The revival of spirituality clearly is linked with the appearance of the New Age movement, although this has been a symptom, rather than the source of revival” (Rumbold, 2002, p 10). Rumbold

goes on to state that gracing the new age with the term movement “implies too great a coherence to the New Age” (Rumbold, 2002, p 10). The literature documented the self-help domain as spirituality focused on the self. Rumbold saw this in some ways as a misuse of spirituality: “Thus at one end of the spectrum the pursuit of spirituality brings about detachment from the world, while at the other, spirituality becomes a tool for empowering people to achieve worldly success” (Rumbold, 2002, p 11).

However, the self-help domain has provided victims and survivors of trauma with a viable alternative or adjunct to professional relationships in terms of spiritual based healing such as Mayumarri (Mullinar, 2006, DVD). Liz Mullinar, a survivor of childhood sexual abuse and a spiritual seeker, founded the Advocates for Survivors of Child Abuse or ASCA and runs a residential healing centre called Mayumarri: which she established with her own funds from the sale of her business and house in Paddington, Sydney (Mullinar and Hopkinson, 1997, pp 270 and 297). The foundations of survivor self-help works such as this are characterised by a spiritual provision for members which does not seek a monetary return, but rather membership and relationship. The focus is not on the sole development of self, but involves complex relationships which challenge the economic rationalist perspective. A well known spiritual healer and author in the U.S., Leanne Payne, encouraged the general public to embrace spirituality for the sake of these complex relationships. “To know the spiritual power that St Paul speaks of is to know the presence of God among and within us, bringing us into relationship with Himself and that which is ‘other’ than the self in isolation” (Payne, 1989, p 31). The new age, as Rumbold (2002) contended, is a symptom of a spiritual need. The development of survivor services with spirituality, such as Mayumarri, is another symptom of a spiritual need. The healing spiritual movement, such as those led by Leanne Payne (1989), is another symptom of a complex human response to and need for spirituality.

2.3 Social Work and its origins in Religion

The general public was interested in spirituality and the social work profession was beginning to mirror this interest in 2001. Social workers, such as Edward Canda (2002), were heading up worldwide interest in spirituality and social work. Conferences held in the United States with titles such as “Retrieving the Soul of Social Work” in 1995, “Expressing the Soul of Social Work” in 1996 and “Nurturing the Soul of Social Work” in 1997 were evidence of the profession’s interest in issues of spirituality and social work (Canda, 1998, p xii). These conferences were sponsored by the Society for Spirituality and Social Work which is still growing as a special interest group of social workers.

A number of helping professions seemed to be struggling with the idea of the soul, religion and spirituality around this time. Family therapists were involved in this debate, marital therapists had commented on the triangulation of a couple with God, psychotherapists were discussing the Source and psychologists proposed the idea of psycho-spiritual health. This interest can be seen in the following ways. Erickson was studying the question of religion and spirituality as “important aspects of culture” for family therapy in Erickson, Hecker, Kirkpatrick, Killmer and James’s pilot study (Erickson et al., 2002, p 109). Butler was writing that “in this article the impact of the shared religious beliefs on the marital system is explored in order to develop a model for understanding how religious marital partners mutually define their relationship with a higher spiritual being” for marital therapy (Butler et al, 1994, p 277). Giblett had said that “dinkum spiritual sensibility is a place of profound wonder, mystery and grace; where light and dark both have their place” when commenting on psychotherapists (Giblett, 2000, p 37). Giblett concluded his debate on spirituality and psychotherapy with a new model of practice and a

“sense that the magic comes from the Source of all love and all true therapy, the well that never runs dry and one whose love mine is merely a pale reflection of” (Giblett, 2000, p 38). David Benner, a psychologist who is the Director of the Institute for Psychospiritual Health, had begun using the term “psycho-spiritual” in literature in 1988 (Benner, 1988, p 161). While other helping professions struggled with the idea of spirituality and helping modalities, social work seemed to have gone further by directly embracing spirituality within social work as can be seen in the work of Edward Canda. In his forward for “Spirituality and Social Work: New Directions” in 1998 he wrote: “Many social workers are seeking guidance for how to address the religious and spiritual aspects of people’s lives while respecting and appreciating the diverse and sometimes conflicting expressions of spirituality for individuals and communities, (Canda, 1998, p xi).

It has been generally agreed that the origin of the social work profession has its roots in religion and thus issues of spirituality. Russel (1998) in the United States wrote:

Social work’s earliest roots in this country were religious (Leiby, 1985). Religious institutions were the first sponsors of social service programs and most of the earliest social workers in both the Charity Organisation Society and settlement house movements share a sense of spiritual mission (Holland, 1989; Loewenberg, 1988; Marty, 1980; Netting, Thibault and Ellor, 1990; Siporin, 1986) (Russel, 1998, p 16).

It has also been agreed that religious groups led the sponsorship of social welfare programs and the preaching of a moralistic philosophy to the community (Healy, 2005, p 84; Canda, 2002, p 1; Lindsay, 2002 p 17; Canda and Furman, 1999, p 6, Walton, 2007, p 171 and Russel, 1998, p 16). Ressler (1998) has documented social work’s origins and has written that the social work profession in the United States originated in religion (Ressler, 1998, p 82). Canda and Furman

(1999) have also reiterated the profession's origins in religion and charity, while, at the same time, documenting the cautions of some social workers, such as Salmon and Siporin, that the profession needed both moral views and secular establishment (Canda and Furman, 1999, p 6).

In Australia, social workers have also written of the origin of the profession in religion. Certainly one of the great founders of the profession, Norma Parker, was brought up Catholic, educated at the Sacred Heart High School and went on a scholarship to the Catholic University of America at the beginning of her career. She was also renowned for inviting influential church figures to serve the community. For example, she encouraged Archbishop Daniel Mannix to begin the Catholic Social Service Bureau (Baldwin, 2004, p 28). Lindsay (2002) stated that the roots of the social work profession are in religious philosophy (Lindsay, 2002, p 11). Lindsay also documented the rejection of the spiritual foundation as the social work profession secularised and struggled with scientific justification (Lindsay, 2002, p 16). As in the United States, there was also an occasional social worker, such as Cox, calling for a reworking of the moral foundation into the secular profession around the 1980s (Cox, 1985, p 5). Recently in Australia the rejection of social work's religious and spiritual roots has again been documented by Schuiringa (Gale et al. 2007, p 9) and Crompton (Gale et al., 2007, p 84). Social work appears to have had as its foundation religion and spirituality, and then promptly disowned its origins. Why was this so?

Edward Canda spoke of the history of religion, spirituality and social work in his keynote address for The First Annual Canadian Conference on Spirituality and Social Work, in May 2002. He stated about the first phase of the debate: "up to the early twentieth century, social services and charities that addressed spirituality were mostly based on Christian and Jewish

sectarian beliefs and institution” (Canda, 2002, p 1). The second phase (1920s to 1970s) saw: “social work formed into a profession and the governmental social welfare system became more extensive” and by the 1970s social work education had neglected spirituality (Canda, 2002, pp 1-2).

Social casework was based on the writings of Freud who “regarded religion as a form of institutionalized neurosis” (Lindsay, 2002, p 17). The first Council on Social Work Education (C.S.W.E.) in the USA in 1953 included the term “spiritual influences” in its curriculum policy statement; however by 1970 the term was dropped (Russel, 1998, p 16). Towards the end of the twentieth century, prolific authors such as Edward Canda (writing with Leola Furman) were calling on the profession to rethink this position: “Social work in its best sense can be considered a spiritual vocation. This does not mean that all social workers follow the beliefs of the Judeo-Christian tradition or that they are religious. Rather it means that there is an awareness of suffering and the possibility for transformation” (Canda and Furman, 1999, p 9).

Canda notes an occasional call for the inclusion of spirituality in social work and marks the third phase of the debate (1980 through 1990s) to being characterised by a call for the inclusion of spirituality in literature and conferences (Canda, 2002, p 2). The culmination of these calls has seen: the formation, by Canda (1990), of the Society for Spirituality and Social Work, (<http://sehd.binghamton.edu/affprograms/sssw/>), the formation of the Canadian Association for Spirituality and Social Work (2002)(<http://www.stthomasu.ca/academic/scwk/cass/>) and the inclusion of a sub theme on spirituality at the Global Social Work Conference in Adelaide (2004). The Society has launched the *Journal of Religion and Spirituality in Social Work Social Thought* (<http://www.HaworthPress.com>). Several web sites also now exist specifically for the

debate on spirituality and social work such as the International Symposium on Spirituality and Social Work in Croatia (<http://www.spirituality-and-social-work.net/>) and the Council on Social Work Education (CSWE) has a link (<http://www.cswe.org/spirituality>) specialising in spirituality and education for social workers.

2.4 Social works movement away from religion: possible reasons

Australian social workers Cox (1985) and Lindsay (2002) have noted social work's exclusion of religion and spirituality. Despite social work's origins in religion, and a return to some interest in spirituality, the profession has tended to exclude spirituality. Cox argued for three dimensions to mankind: the physical, psycho-social and spiritual (Cox, 1985, pp 5-6). He concluded by writing: "My argument is that social workers should explore carefully the evidence for a spiritual dimension and, if convinced of its existence, even if it does not prove very real to them as individuals, be prepared to conduct their work accordingly" (Cox, 1985, p 11). Lindsay (2002), in her more recent study of spirituality through the eyes of academics supervising social work students in placements who were having value clashes with their placement, described her own revelation about the neglect of spirituality in curriculum. She states that social work educators only involved themselves with spirituality when this was getting in the way of a student's progress: "...the educator's behaviour was reactionary, rather than a normal part of social work education" (Lindsay, 2002, p 5). Despite these voices throughout the history of the profession, and statements that psychosocial casework is "characterised by its direct concern for the well being of the individual" it is surprising that spiritual issues for practice have not been addressed until recently (Hollis and Woods, 1981, p 25).

Various reasons have been put forward for this neglect of spirituality by social work: First, there have been definitional problems in regard to spirituality and social work. Second, there has been confusion over the meaning of and interrelationship between religion, spirituality and psychosocial social work practice (Lindsay, 2002, pp 46-47). Third, there are social work claims that spirituality is “unobservable” or cannot be seen clearly to be researched and documented (Early, 1998, p 68). Fourth, that spirituality has imposed values that are not in line with social work (Early, 1998, p 68). Fifth, that the topic of spirituality has been too controversial for some social workers (Lindsay, 2002, pp 59-63) and sixth, that social work was dominated by positivism and that a bias against spiritual experiences had resulted, and finally, that social work cannot adapt to issues of the spirit versus holistic dualism (Healy 2005, p 87) (Cornett, 1992, p 68).

Reasons for social work having moved away from religion and spirituality will now be discussed in turn. First, the literature has struggled with the definition of spirituality and related terms such as prayer. Sermabeikian, in her work on spirituality and social work, noted that:

Spirituality has found a place in the areas of death and dying and catastrophic illness or life events, but it has not been fully examined for its application in life and living.

Spirituality is an important feature of social work practice and ethics and should be considered an area for educational and clinical training (Sermabeikian, 1994, p 178)

She went on to state that Jung’s archetype theory described the spirit as “Universally present in the pre-conscious makeup of the human psyche” (Sermabeikian, 1994, p 179). She then allocated a humanistic definition of spirituality by Elkins, Hedstrom, Hughes. Leaf and Saunders that reflected nine dimensions of spirituality, “: “...transcendent dimension, meaning

and purpose in life, mission in life, sacredness of life, material values, altruism, ideals, awareness of the tragic and fruits of spirituality” (Sermabeikian, 1994, pp 179-180). Her final comments on spirituality noted that it is recognised as being one of the six forms of intimacy that operates in relationships according to Powell and Renshaw (Sermabeikian, 1994, p 182).

While Sermakbeikian’s exploration of spirituality and social work is helpful to understanding spirituality definitions of spirituality have been contentious and remain somewhat lacking in clarity.

“Definitions of spirituality vary considerably. Some definitions are tied specifically to a belief in God or a transcendent being, while others refer to spirituality as a connection to nature and beauty” (Carlson et al, 2002, p 159).

While definitions vary it has been noted that some “therapists’ believe there is a strong differentiation between the concepts of religion and spirituality””, as noted by Prest and Keller (Carlson et al, 2002, p 159). Other definitions state that spirituality includes “the search for meaning, purpose, and connection with self, others, the universe, and ultimate reality, however one understands it, which may or may not be expressed through religious forms of institutions” (Sheridan, 2004, p 10). Other practitioners take a broader definition such as Drearey (2008) who noted that: “spirituality has come to symbolise the human quests for depth and values, our vision of the human spirit and whatever practices or lifestyles enable this vision to achieve its fullest potential” (Drearey, 2008, p 2).

The literature’s definition of spirituality has often been confused with concepts of religion. Brawer et al while researching psychologists for training and education on Religion and Spirituality decided that “Historically the terms religion and spirituality have been used

synonymously, and several definitions have been used for both” they decided to use the two terms concurrently for their research (Brawer et al, 2002, p 204). Rose et al also decided to use the terms concurrently in their research in 2001 discussed when discussing the client’s belief about the “appropriateness of discussing religious and spiritual concerns in counselling” (Rose et al, 2001, p 61). Other researchers in the social work field have used different definitions of religion and spirituality, Heyman et al and Sheridan have said Religion is defined as “a structured set of belief and practices shared by a community”, while spirituality is defined as “the search for meaning and purpose to fulfil a relation with the self, other people, and the universe, however a person understand it” (Heyman et al, 2006, p 80) and (Sheridan, 2004, p 10). One of the most helpful definitions of spirituality has been made by Hodge, who explored the definition by asking individuals to make the definition for themselves. “The most common definitions for spirituality were the feeling or experience of connectedness with God/Christ/higher power/transcendent reality/nature” (Hodge, 2006, p 639). The research then outlined nine categories for spirituality definitions and twelve categories for religious definitions in considerable detail (Hodge, 2006, p 644-646). Hodge concludes by saying that this assists the profession of social work to ask further questions of other groups, such as, students and practitioners about their definitions so that clarity can continue to be sought on definitions (Hodge, 2006, p 651).

Whilst it can be difficult to decide on a definition of spirituality, it is relatively easier to decide what to exclude from such a definition for the purposes of this research. The debate on the definition of religion was not included in this the present study. In reviewing the literature and its beginnings of the definitional debate about religion, further research may assist with clarity which for the purposes of this study has not reached fruition. Further research is needed on the interrelationship of these terms and the literature is still not in agreement about that

interrelationship. Other researchers such as Sheridan (2004) and Heyman (2006) have made the distinction between the two terms and this differentiation was adopted for the present study because the current practitioner research studies show that spirituality is important to clients and practitioner alike. What became the working definition of spirituality for the present research study was influenced by excluding the following: spirituality is **not** religion, religion can be an expression of spirituality. Spirituality is **not** just issues of the spirit and the soul, but rather the issues of the whole. Spirituality is much more than religion, spirit and soul; it is the combination and interplay of key relational social work aspects that makes for healing, so that everything is balanced and bearable.

Second, the neglect of spirituality in social work has been seen in the defining principle of psychosocial practice. By definition psychosocial practice has encouraged the individual to think anew about their life. By comparison, spirituality associated with modern day churches was seen as a way to invite individuals to constantly conform to societal norms. Psychosocial practice, as Hollis and Woods (1981) point out, "...does not have a purpose in bringing the individual into conformity with society and thus rid society of the social hazard presented by the discontented, unsatisfied, rebellious individual" (Hollis and Woods, 1981, p 25). By comparison, David Tacey (1985) wrote that: "The church will most likely close its doors to the new revelations of the spirit, because its primary task is to defend and support orthodoxy, rather than to chart the course of the wayward spirit" (Tacey, 1995, p 126).

It is difficult to merge these two conflicting processes of psychosocial principles and spirituality in the church, as they appear to be in direct opposition. Tacey resolved this process by

proposing that spirituality will be embraced by individual “mavericks” at the expense of the church:

It is almost certain that an explosion of the spirit will not lead to an immediate revisualisation of the church because by definition the newly arising psychic contents are in opposition to the ruling cultural cannon, and at best they will act in a compensatory way to the established religious orthodoxy. The psychological revolution will make spiritual lone rangers and mavericks of many of us, since the new psychic energies cannot be poured into the new religious moulds (Tacey, 1995, pp 125-126).

Possibly, in much the same way, social work tended to exclude spiritual issues until a maverick emerged to broaden the definition of psychosocial to embrace issues of spirituality.

Third, the neglect of spirituality in social work practice has been because “the spiritual is unobservable” (Early, 1998, p 68). Yet, almost in contradiction to her own statement, Barbara Early wrote a paper on the “psychospiritual crisis of the dying and death of her adolescent client” (Early, 1998, p67). Healy also explored the concern around spirituality being excluded by the profession when the profession rests on rational and objective knowledge that is observable, as dictated by the dominant scientific discourse. Healy states: “Religious discourses are incompatible with the human science discourses through which professional social work is constituted. Some hold the view that religious and spiritual ideas are incompatible with the image of a modern profession as founded on rational and objective knowledge” (Healy, 2005, p 87).

Certainly, with the development of ethnology and anthropological studies, combined with developments in qualitative research methods, it would seem that the impact of the spiritual can

be researched. Robin Russel, the past Director of the Society for Spirituality and Social Work at the University of Nebraska, has written:

Research on spirituality and social work is in its infancy and has primarily focused on the attitudes and practices of social work practitioners and educators. Research is needed on the impact of including the spiritual dimension in practice as well as on the efficacy of spiritually derived interventions (Russel, 1998, p 27).

Rae Lindsay describes the issues of the unseen from an educator's point of view when she suggests the differences were in the frame of education. Universities have traditionally been framed by propositional knowledge rather than a personal and process frame of knowledge (Lindsay, 2002, pp 46-47). She compares social work to a liberal arts qualification and outlines the main difference between the two:

One of the ways in which social work education differs from a liberal arts education is that while the latter gives priority to propositional knowledge, social work education also emphasizes the importance of personal and process knowledge and the way these more private forms of knowledge interact with professional values and principles (Lindsay, 2002, pp 46-47).

It is this personal and process knowledge that is the unseen of the spiritual that many in the helping professions see as invisible and therefore not worthy of formalising. Lindsay herself wrote: "For many, this personal knowledge includes religious concepts, beliefs and values" (Lindsay, 2002, p 47). Lindsay saw teaching of process and personal knowledge as a defining characteristic of the profession of social work and essential for future social work graduates.

Fourth, the neglect of spirituality in social work practice is due to the possible threat of the imposition of the social worker's religious or spiritual beliefs on the client problem, which is

seen as contrary to social work values (Early, 1998, p 68). Healy expanded on this concern of the religious belief being an ultimate answer for a client by stating: "...religious institutions have, historically, played a role in the oppression and dispossession of some groups of service users' (Healy, 2005, p 87). Spiritually sensitive practitioners, such as Hodge, have suggested that: "...some practitioners may hold certain values so firmly that they risk imposing their positions on the client, in which case they should refrain from undertaking spiritual assessments with populations that are likely to hold differing values" (Hodge, 2001a, p 210). Hodge goes on to suggest an example of exercising such caution would be the case of a feminist worker in evaluating a Muslim family. The worker "...should engage in thorough self-examination before undertaking spiritual assessment with Muslim families who commonly affirm complementary gender roles" (Hodge, 2001a, p 211). Hodge and Russel both have noted the increasing uptake by students of subjects which discuss spiritual issues. Their response is to sensitise future social workers to issues of the spirit regardless of what religious affiliation they possess (Russel, 1998, p25). Hodge encourages the clinical use of spirituality, but at the same time expressing caution and being aware of the many possible limitations (Hodge, 2001, p 210).

A fifth reason for the apparent exclusion of spirituality by social work educators was based in the controversy surrounding religion and spirituality. Lindsay, who researched and interviewed social work educators, identified that "...differences in belief positions frequently lead to controversy and conflict" (Lindsay, 2002, p 58). This controversy and conflict was evidenced by educators thinking that students "...approach issues of the social order with arrogant and reductionist points of view" (Lindsay, 2002, p 59), and educators were concerned about "...a danger of rigid fundamentalist beliefs being imposed on students and clients" (Lindsay, 2002, p 62). She went on to write: "While the dangers of bigotry and hypocrisy should be recognized it is perhaps even worse to omit religion entirely from training and practice" (Lindsay, 2002, p

63). She also stated that the reasons she sees for this objection to educators including spirituality in social work were "...a reflection of the educators' lack of confidence in facilitating values accommodation", and the cultural component in Australia of privacy around belief (Lindsay, 2002, p 65).

The sixth reason for the exclusion of spirituality by social work was suggested by Lindsay. Lindsay noted that social work has been dominated by positivism and that bias against spiritual experiences has resulted. Lindsay states:

Social work in the twentieth century has been dominated by a positivist approach and this has produced a very biased attitude towards subjective experiences, including spiritual and religious experience and beliefs. The writings of Freud and Marx have also been influential in the devaluing of religion and spirituality and in excluding these topics from inclusion in social work education. However, in recent years there has been an increasing recognition of the significance of the subject, and a growing interest in understanding how people construct their world view and explain their own and other's behaviour (Lindsay, 2002, p 20).

The exclusion of spirituality by social work does appear to have some sound and well-founded reasons behind it.

The final reason for the neglect of spirituality in social work profession was a very curious one. Cornett (1992) put forward the idea "...that acceptance of spirituality confirms that there are aspects of human nature that are beyond our capacity to adapt" (Cornett, 1992, p 68). Some practitioners saw this as an advantage as it will lead the profession to develop the idea of "holistic dualism" to embrace western and eastern social work definitions of practice. Koenig

and Spano (1998) thought that this dualism aided the profession's ability to ask more questions rather than be limited by things beyond its capacity. "Some of the emerging emphases on concepts such as empowerment, synergy, healing and holism may open to perspective to a broader range of ontological paradigms including those from Eastern traditions like Taoism" (Koenig and Spano, 1998, pp 52-53). Certainly the profession can rise to being curious about things that seem to some to be "beyond our capacity to adapt". Thyer, as editor of the 2000 special edition of *Research on Social Work Practice* which specialised in faith based social work programs, wrote: "If a prestigious group like the Cochrane Collaboration can commission a systematic review of the effects of intercessory prayer on health (Ahmed, 2000), it is most certainly appropriate that the critical lens of scientific research be applied to faith-based social work services" (Thyer, 2007, p 170).

2.5 Reasons for the social work profession's renewed interest in spirituality

From the beginnings of the social work profession to the present, a contradiction emerges: The profession's foundations were born from the expression of the spiritual and charitable (Canda and Furman, 1999, p 6; Lindsay, 2002, p 11). The rejection of the spiritual foundation as the profession secularised and struggled to become scientifically justified (Lindsay, 2002, p 16). Lindsay certainly noticed this when she began teaching at the University of Western Australia: "I unquestioningly adopted the unwritten philosophy of the School at that time: that social work was a secular profession in a secular society" (Lindsay, 2002, p 4). Yet, there has been a return to the issues of spirituality for social workers as Canda supports: "Many social workers are seeking guidance for how to address the religious and spiritual aspects of people's lives while respecting and appreciating the diverse and sometimes conflicting expressions of spirituality for individuals and communities" (Canda, 1998, p x).

The upsurge in interest by the social work profession can be evidenced in the Australian context by a number of articles published recently in the journal *Australian Social Work* (Edwards, 2002; Rice, 2004). Edwards interviewed six Tasmanian social workers by semi-structured in-depth protocol to thematically analyse the links between the secular and spiritual in their work (Edwards, 2002, p 78). Edwards commented that while the social work practitioners he studied were cautious about imposing their own spiritual values on clients he also noted “little concession to more spiritually explicit transpersonal strategies, or to approaches founded in specific social models of spiritual well-being” (Edwards, 2002, p 85). Sue Rice researched social workers’ experiences of spirituality in practice (Rice, 2004, p 9). She commented in the Spirituality and Social Work Forum that the Australian Association of Social Worker National Ethics Committee has rewritten the Code of Ethics “to include spirituality as a basis for conscientious objection (Section 5.1.3)” (Rice, 2004, p 9). This inclusion appears to be evidence of the renewed interest in spirituality by social work.

Social work practitioners have also written of the clinical struggles involved as the profession moves closer to reclaiming a religious and spiritual background. I agree with Smith (1998) when she wrote:

Social work, with its holistic focus on person-in-environment, has long acknowledged the importance of mind, body, spirit integration. Social workers in hospice and healthcare settings have been among the first in the profession to explore the significance of religious/spiritual belief as a means of relieving psychological distress in the face of life-threatening illness and death (Smith, 1998, p ix-x).

We may have acknowledged the spiritual issues we must face as a profession, but Smith goes on to argue that what the profession has not addressed is the "...viability of treating the individual's spiritual health" and that this is only recently being "openly accepted" (Smith, 1998, p x). The challenge, as Smith sees it, is: "Given this post-modern context for social work practice of multiple spiritual realities, the profession faces a profound clinical challenge" (Smith, 1998, p x). Sermabeikian has acknowledged the influence of clinical thinkers such as Jung in the development of the issues of the spirit. "Jung believed spiritual and transcendental values can aid the therapeutic process by helping a person resolve suffering or painful issues so that they are able to recover, heal and grow beyond them" (Sermabeikian, `1994, p 181). Jung himself learnt about religion with discussions in theology as a child and came to conclude that "": "...theologians are in a more difficult situation than others. On the one hand they are closer to religion, but on the other hand they are more bound by church and dogma. "The risk of inner experience, the adventure of the spirit, is in any case alien to most human beings" (Jung, 1995, p 164). Jung concluded by saying "The possibility that such experience might have psychic reality is anathema to them" (Jung, 1995, p 164). One would hope that the social work profession does not fall into the fate of Jung's theologians and neglect the experience of the spiritual.

In contrast to this clinical challenge, the profession is now mentioning spirituality in its texts to train undergraduate social workers. The term spirituality appears twice in the subject index of Malcolm Payne's second edition of *Modern Social Work Theory* (Payne, 1997, p 8 and 12). The two references appear in the first chapter of the text entitled "The Social Construction of Social Work Theory". The first reference to spirituality is discussed in terms of Canda's call for the inclusion of spirituality in social work, as it appears in "a wide variety of ethnic groups in all societies" (Payne, 1997, p 8). The second reference to spirituality occurs when Payne argues that: "Euro-American cultural dominance may lead to resistance in other cultures" and thus the

emergence of new social work models of practice. He refers to Schiele who argues that “Afrocentric world view emphasises interdependence, collectivity and spirituality and may be a better basis to promote equality through social work than Western individualist models of humanity” (Payne, 1997, p 12).

Payne’s two references to spirituality appear to subsume spirituality to the debate on cultural receptivity to the predominance of western social work theory. Indeed when debating social work’s grasp of Hindu belief, he suggests that “some philosophies which might be relevant to social work remained as tools for spiritual rather than social services development” (Payne, 1997, p 8).

In contrast, Karen Healy in her recent *Social Work Theories in Context* (2005) has allocated a chapter to “Alternative Service Discourses: Consumer Rights, and Religion and Spirituality”. She stated:

For at least two decades, religious and spiritual discourses have re-emerged as powerful practices in health and welfare services. This influence can be attributed, largely, to the privatization of service delivery and the growing role of religious organizations as key providers of non-government health and welfare services. In addition, the growing influence of spiritual discourses in health and welfare services can be attributed to agitation from service providers and service users who have argued that recognition of spiritual needs is critical to holistic and culturally sensitive health and welfare service delivery (Healy, 2005, p 69).

Rather than seeing a spiritual discourse as not relevant to social service development, as Payne has done, Healy argued for the inclusion of these alternate discourses which were already in use

in practice and meeting specific needs in terms of holistic service provision (Healy 2005, p 87). Indeed in recent American research by Russel (2001) it was found that “there are now 50 schools offering electives on spirituality and/or religion and social work” (Russel, 2001, p, 9).

Interest in spirituality and social work is certainly evident in the literature. This manifests itself in a clinical interest in spirituality and the incorporation of spirituality into current social work texts to the extent of urging its consideration as an alternative discourse in social work practice (Lindsay, 2002, p 120). The literature outlines a dialogue with a sophisticated discussion of definitional problems of religion and spirituality.

The literature gives evidence of the debate between definitions of religion and spirituality and the use of these terms concurrently or individually. Many authors describe the use of religious belief in the system of their client or their client’s culture. Butler and Harper, as marital therapists, suggest: “The interaction and influence of religious belief systems, and belief systems generally, with marital and family system dynamics represents a new and exciting frontier” (Butler and Harper, 1994, p 277). Hunter, as a family therapist, suggests that when discussing her work as a “non-religious therapist in a relatively non-religious culture to speak of spirit and the soul seems almost out of place” (Hunter, 1994, p 82). Butler and Harper use the definition of religion in their work individually, that is apart from definitions of the spiritual. Hunter has used the definition of religion and spirituality concurrently. Russel (1998) defined religion as “...the institutional context of spiritual beliefs, a social process having to do with shared rituals, beliefs and practice” (Russel, 1998, p 17). Healy (2005) saw religion and spirituality as part of an alternative discourse. She contends that religious discourses: “...usually produce forms of organized service activity in addition to supporting individual spiritual search”

(Healy, 2005, p 83). She goes on to define spiritual discourses as: "...the search for meaning and purpose in life and an understanding of one's place in the universe" (Healy, 2005, p 83). She proposed the definition of spirituality as concurrent to religion, or that one is an expression of the other. Carroll (1998) defined religion as: "...a set of organized, institutionalized beliefs and social functions as a means of spiritual expression and experience" (Carroll, 1998, p 2). Carroll also seemed to see the definition of religion as having included spirituality. More recently in the literature, Wearing (2007) has defined spirituality as: "...a living spirituality that engages each person in the realities of their own and others life worlds" (Gale et al., 2007, p 206). At the same time Coholic was responding to a client who thanked her for her social work intervention by saying: "I can see a spiritual future which has been inspired by our session", This puzzled Coholic as her intervention had not been purposefully spiritual, but the client had perceived that this had indeed occurred (Gale et al. 2007, p 142). This client's reference to spirituality was separate from a definition of religion and lends evidence of a perception of spirituality being separate from religion.

2.5.1 Spirituality.

However, in considering a definition of spirituality it is important not to exclude issues of religion. Bruce Rumbold (2002) contends that it is akin to professional neglect if religion is ignored when considering spirituality in client care. Rumbold sees the separation of spirituality and religion as the clinicalisation of client care. As social workers may want to have quantifiable outcomes in practice, they may choose to limit the knowledge that spirituality and religion offer. "By ignoring the insights of religious studies, the healthcare literature's discussion of spirituality has all too often reflected the inadequacies of clinical ways of knowing...scientific ways of knowing are substituted for the ways of knowing attested to in

religious experience” (Rumbold, 2002, p 19). Rumbold summarised the issues further in the preface of his book when he stated: “...knowing about religious traditions or providing a strategy to renew a client’s spiritual path is not enough” (Rumbold, 2002, p ix). In his view, the practitioner needs to consider religion and spirituality for client care. He goes on to say: “Neither view gives sufficient attention to the social and cultural contexts in which palliative care-and contemporary approaches to spiritual care-are being practised” (Rumbold, 2002, p x). If religion is to assist in the broader definition of spirituality, it would seem wise to also include the idea of the social and cultural context of spirituality. It is a definition which may be contentious for its inclusive nature, but it strives to encompass the complexity of spirituality and the client’s experience and add to the debate on spirituality rather than seeking to exclude spirituality.

If religion is one form or expression of spirituality, and if the discussion of human relation to spirit and soul is another form of spirituality, and if social and cultural contexts are also to be included, then the question remains: what else is spirituality? Canda (1998) interviewed eighteen social workers who had a vested interest in their professional practice and the definition of spirituality. He discovered seven recurrent themes in the definition of spirituality:

- 1) “Spirituality is an intrinsic and irreducible aspect of the person;
- 2) Spirituality is expressed through individual development and relationship with the environment;
- 3) Spirituality integrates all aspects of the person;
- 4) Spirituality involves the search for meaning and purpose;
- 5) Spirituality involves loving relationship with all which exists;
- 6) Spirituality provides a way of understanding human suffering; and

7) Spirituality integrates the everyday worldly aspects with the transcendent aspects.”

(Carroll, 1998, p 3)

This expansive definition of spirituality would seem to explain why the issue of spirituality has become so popular today. It seems to embrace for us, as people, all the intrinsically meaningful aspects of life. Spirituality embraces the search of the Buddhist and fundamental Christian alike without the abuses of power that were often part of dogmatic religion of any belief. Giblett (2000) explored these themes around spirituality resulting in papers with titles such as: “The Journey to Consciousness: Depth Psychotherapy Plus Dinkum Spirituality”. Giblett (2000) summed up the journey into spirituality when he wrote: “...suffice to say, the journey from a purely therapeutic modality to one that embraces spirituality has been for me like moving from simply having the pieces of a jigsaw to also having the box-lid that gives me the overall picture” (Giblett, 2000, p 36). An expansive definition of spirituality also allows for themes not usually addressed in the professional social work literature, such as intuition. Barbara Luoma states: “...although intuition as a subject is rarely addressed explicitly in the social work literature, it is currently receiving extensive attention in many fields” (Luoma, 1998, p 43).

The contention and lack of clarity surrounding definitions of spirituality is not restricted to the social work profession. A recent study by Orchard (2001) entitled *Spirituality in Health Care Contexts*, presented an overview of academics’ and practitioners’ pastoral responses to spirituality in health. Orchard herself introduces the idea of the macro investigation in defining spirituality within the organisational context when she wrote:

We begin with an attempt to focus on an area of spirituality as yet somewhat under-explored. While the literature bears witness to an interest in spirituality from both a

macro (societal) and micro (individual) perspective, interest in the spiritual dimension of that unit we refer to as the organisation has been limited (Orchard, 2001, p 11).

This expanded the definition of spirituality even further by considering of the idea of the spiritual organisation. She recommended expansion of this definition as a way to develop a shared terminology between the client, the practitioner and the organisation. In this way, Orchard saw the narrative of the organisation as being understood and ministered to for the benefit of all. She went on to say that this may not help clarity of the discourse, but it has "...started to name the domain" (Orchard, 2001, pp 11-12).

Attempting to resolve the contention and lack of clarity of spirituality in the social work field is a continual struggle. Healy (2005) summarises spiritual discourses in social work by writing of their advantages and disadvantages. The advantage of a spiritual discourse is that: "...religion and spirituality can extend our capacities to achieve our practice purposes and, in particular, how these ideas challenge the dominant discourses shaping many contemporary practice contexts" (Healy, 2005, p 89). The disadvantage of a spiritual discourse is that: "...these discourses, like all discourses carry within them truth claims that can silence other ways of knowing and responding to the needs of service users and of doing social work practice" (Healy, 2005, p 89). Another disadvantage of the spiritual discourse is the possibility that the counsellor by considering the possibility of the discourse for a client is inadvertently challenged or changed by the discourse. Watson noted this when cautioning:

To encounter another as 'other' requires that I give up my 'congenial' preference for safe investments and limited liabilities' (Lewis, 1960). I risk loss of control, a disrupted horizon, a broken heart. I risk being loved back; I risk encountering Christ in the other and being forever changed; I risk losing part of my self (Watson, 2000, p 290).

This sense of risk in losing a part of self when working with clients in a spiritual based counselling process could be too much to ask some counsellors. For some, there could be a perception that by incorporating religion and the spiritual in their practice, it could be interpreted as abuse. When a group of social workers in Southeastern USA were asked what would not be appropriate spiritual interventions, they answered that they would not use exorcism and healing by touch as practitioners (Stewart et al. 2006, p 80). Helminiak suggests there are “: “...facets of spirituality that the competent therapist needs to reject outrightly”, he lists these as: not working with satanic control and hexes, prohibitions against being angry with God, prohibitions against questioning and equating inner peace with the will of God when there is lack of responsibility for behaviour and its effect on others (Helminiak, 2001, pp177-180). Sermabeikian summarised the concerns about the possibility of the abuse of spirituality and religion when she stated “As a human need, spirituality is multidimensional, and as such it can be manifested in healthy and unhealthy ways....Religious pathology, rigid ideologies, religious fervor associated with mental illness, cult involvement, and the nonconstructive consequences of certain beliefs and practices present additional challenges to professionals.” (Sermabeikian, 1994, pp181-182)

Lyall (2005) summarised spiritual discourse in health care and pastoral work by noting a chaplain’s struggle. He noted that chaplain, Peter Speck, wrote in 1988 that religious needs and spiritual needs were different in patient care. Speck stood firm when a patient asked for a miracle so that the deeper spiritual issues could be discussed. Lyall noted, though, that ten years on Speck is more cautious about drawing such a distinction between the discourses of religion and spirituality (Lyall, 2005, pp 48-50). As Healy suggested, there are advantages and disadvantages to a spiritual discourse. There are the contentious definitions of spirituality which

can range from what spirituality is not, to a belief divorced from religion. This contention is not easily resolved by a definition that embraces both religion and spirituality as clinical ways of knowing. The search for a definition of spirituality in the social work will go on.

For the purposes of this study, the definitions of spirituality which have religion nested in the overall definition of spirituality are helpful. Healy (2005) states the two terms cannot be separated from the current discussion of consumer defined health services (Healy, 2005, p 69). Hodge and McGrew (2006) also located the funding of agencies such as the National Institutes of Health with increased emergence of the understanding of spirituality and religion (Hodge et al. 2006, p 638). The studies that inform social works definition of the terms spirituality and religion must come from the clients that social work endeavours to serve. Hodge and McGrew (2006) have accomplished the first qualitative study of social work students to address the depth of information to inform future debates on spirituality and religion (Hodge et al, 2006, p 641). This study produced nine themes on the definition of spirituality and twelve themes on the definition of religion (Hodge et al, 2006, pp 645-646). A further study on the definition of spirituality and religion from the clients' perspective in a qualitative style would further inform the social work debate and research.

To return to the influences on this study in considering a definition of spirituality, the work of Dudley and Helfgott (1990) is also helpful. They took the stance that "Religion is encompassed within spirituality, but spirituality is viewed as broader than religion" (Dudley et al, 1990, p 287). They saw religion and spirituality as a wide range of belief systems such as, "Christian fundamentalism, Orthodox Judaism, Catholic contemplative mysticism or liberation theology, Zen Buddhism, native American spiritism and new age religious eclecticism" (Dudley et al,

1990, p288). This study took the view that definitional problems with spirituality often rest in the relationship it has with religion. They went on to say that spirituality remains important to social work because it assists social work to understand culture, life stage development and mental health (Dudley et al, 1990, p 288). This delineation of the relationship of spirituality to religion informed the research study and allowed for the consideration of the culture of the study being predominantly Christian, with specific life stage developmental issues and often having had mental health services misunderstand the client's need for a spiritually driven service.

2.5.2 *Prayer*

Another contentious term in the literature is prayer. Prayer has been defined by Carroll (1998) as a tool "...linked with spirituality and spiritual growth" (Carroll, 1998. p 9). Carroll identified other therapeutic tools such as meditation, contemplation, ritual, scripture study, consciousness states, dreams and imagery (Carroll, 1998, p 9). Others, such as Cascio (1998), have defined prayer in the form of meditation and ritual as a social work intervention alongside journaling, bibliotherapy and metaphor (Cascio, 1998, p 527). Cascio saw prayer as "...generally thought of as verbal prayer, that is, the individual conversing with God whether to praise, give thanks, or ask for help, it is not limited solely to that form of expression" (Cascio, 1998, p 528). Cascio agreed with Canda that prayer could be verbal but also meditative, contemplative and ritualistic (Cascio, 1998, pp528-529). Hodge (2001), when introducing his interpretive anthropological framework for spiritual assessment, has also included prayer as a social work intervention. Hodge saw prayer as a common spiritual strength, alongside other elements. He acknowledged the use of prayer in prayer meetings as a way for a client to gain strength by "...participation in faith based communities" (Hodge, 2001a, p 209). Interestingly, he also stated that "...creative

hunches or flashes of insight are often significant resources in clients' lives"; and while he cautiously describes this as not empirically validated and anecdotal, it is familiar to the way clients describes prayer (Hodge, 2001a, p 209). Hodge also went on to provide a definition of intercessory prayer:

Intercessory prayer is commonly defined as prayer offered for the benefit of another person (Tloczynski and Fritxsch, 2002). Typically, either a silent or verbal request is made to God, or some other type of transcendent entity, which the petitioner believes is able to effect change in another person's life ... (Hodge, 2007, p 174).

The Australian Rae Lindsay has also attempted to define prayer. Lindsay (2002) includes prayer as one technique that may be helpful for clients (Lindsay, 2002, p 149). Lindsay also identified the task for the "spiritually-aware worker" as needing to identify spirituality as part of the social work assessment intervention. This intervention was a stated part of the assessment; with spiritual Genograms, journaling, recommending spiritual reading and use of metaphor (Lindsay, 2002, pp147-149). Lindsay also cautioned the use of prayer and recognised the need for sensitive assessment of a client's spiritual orientation when proposing any prayer tools. She went on to state: "While it is inappropriate to assume that these will be meaningful, various forms of prayer and meditation are part of both eastern and western religions and eastern meditative techniques have been adopted by new age spiritualities" (Lindsay, 2002, p 149).

While prayer has been seen by social work as a viable tool to explore spirituality on behalf of a client, at the same time caution has been expressed over the use of prayer as a tool. Canda (1998) encouraged of the use of guidelines for "assessing client willingness and readiness to use

these transpersonal forces and tools” (Canda, 1998, p 11). Lindsay also called for caution with the use of prayer and recognised the need for sensitive assessment tools: “As with any therapeutic technique, however, they are meaningless unless the worker knows how, when and with whom they are appropriate, and uses them with a clear purpose in mind” (Lindsay, 2002, p 149). While social workers engaged in a debate about the definition of spirituality, at the same time social work has appeared to recognise the use of prayer as a tool in practice.

Social work has only just begun to respond to the need for therapeutic practice in utilising the spiritual. Whilst social work academics have raised the issue for some time, the response of practitioners has been slow and is still in its infancy. Cox in Australia (1985) stated: “It is suggested that social workers mostly ignore the spiritual dimension, thus effectively implying that people are circumscribed by their psycho-physical condition and the environments within which they exist” (Cox, 1985, p 5). Meanwhile in America, academics such as Canda (1998) were also seeing the need for the profession to respond to the spiritual and he founded the Society for Spirituality and Social Work in 1990. There has been an upsurge in writing over the last seventeen years by social workers such as: Becvar (1997), Canda (1998), Meinert, Pardeck and Murphy (1998), Hodge (2001), Russel (2001) and Lindsay (1998).

There have been a number of writers and researchers in social work exploring spirituality through quantitative study which have indicated practitioner interest in spiritual interventions. Prest, Russel and D’Souza (1999) used quantitative measures to study 52 student marital therapy trainees and their view of spirituality in their work with clients. The results showed that therapists value the role of spirituality and religion in their own and their client work (Prest, 1999, p 72). This work was supported by Stewart, Kieske and Kieske (2006) in their

quantitative study of 221 social work practitioners who used religious based interventions (Stewart et al. 2006, p 69). Heyman, Buchanan, Musgrave and Menz (2002) in their study limited their study to the term spirituality and did not include religion. They found 83 per cent of their respondents would gather information about a client's spiritual background (Heyman et al. 2002, p 86). Carlson, Kirkpatrick, Decker and Killmer's quantitative research study with marital and family therapists found that therapists are more comfortable working with the term "spirituality" than religion (Carlson et al. 2002, p 167). Sheridan (2004) in his quantitative study of 204 social workers found the practitioners utilising 14 different spiritually derived techniques with clients (Sheridan, 2004, p 5). Murdock (2005) quantitatively found a similar attention to the inclusion of religion and spirituality in education and practice in his quantitative study of nine299 social workers (Murdock, 2005, 131). These writings are evidence of an upsurge of interest in spirituality in social work and help make available to practitioners the current research on spirituality through quantitative studies of social work practitioners and their practice.

Accompanying this upsurge of interest in spirituality, social work academics have encouraged the inclusion of spirituality in the curriculum of social work courses. This inclusion has been recent and spearheaded by the personal interest of social work educators within universities (Russel, 1998, p 23). Robin Russel listed several authors calling for the education of social workers on issues of spirituality. She mentioned Joseph (1988), Denton (1990), Dudley and Helfgott (1990), Kilpatrick and Holand (1990), Sheridan et al (1992), Cowley and Derezotes (1994), and Sermabeikian (1994) (Russel, 1998, p 18). These social workers all contributed to the view that spirituality and social work was a legitimate field of exploration by social work students.

Russel (1998) went on to provide a list of reasons for this inclusion of spirituality in social work courses. The reasons for the inclusion of spirituality in social work courses were; that clients expressed interest in the spiritual for their counselling; that students needed to understand themselves to intervene with a client; that people became social workers sometimes due to a spiritual motivation; so that clients could reach a full potential which necessitates the use a spiritual perspective; because literature outside the social work profession supported interventions such as prayer and meditation, and, finally, because social work educators were increasingly interested in spiritual interventions (Russel, 1998, p. 18).

A client-centred psychosocial development model that underpins much of social work could easily be expanded to include the spiritual dimension. This could then be called a psychosocial spiritual model. At least some authors would go so far as to suggest it is a parallel experience where life stage development with psychosocial issues is paralleled by a faith life stage development (Carroll, 1998, p 6). It could be suggested that the last twenty years of academic exploration has tentatively detailed the use of the spiritual as a reasonable course content for preparing the student for future social worker practice, because the spiritual is so central but also so personal. Russel (1998) summarised this well when she concluded her study of spirituality and graduate education: “Research on spirituality and social work is in its infancy and has primarily focused on the attitudes and practices of social work practitioners and educators. Research is needed on the impact of including the spiritual dimension in practice as well as on the efficacy of spiritually derived interventions” (Russell, 1998, p 27).

2.6 The state of social work research on spirituality

As the profession of social work engaged with the links of spirituality and practice, and as increasingly sophisticated responses have been made, spiritually sensitive assessment tools and intervention have been created. As early as 1998, Toni Cascio was writing about the “general guidelines” and “assessment” tools for use of spirituality in social work. His recommendations for assessments included: the social worker must aim at “...creating an atmosphere conducive to the discussion of spirituality”; assessments could use “...spiritual Genograms”; that “...spiritual evolution” through a graphical time line be used for assessment as also recommended by Bullis and; that “...a spiritual history” conducted by the social worker would also assist interventions (Cascio, 1998, 525-527).

Cascio also recommended specific spiritual interventions that could be used when working with clients. His recommendations for interventions included five points. First, the gestalt techniques of psychodrama and the empty chair as an intervention. Second, “stepping stones” in journaling as proposed by Rainer which list a client’s significant life events in a spiritual context. Third, “Bibliotherapy” where the social worker utilised current texts on spirituality for “guided discussion”. Fourth, “metaphor” and finally his fifth recommendation was use of “Prayer” such as meditation and ritual (Cascio, 1998, 527-529).

Other social workers have recommended the use of “religious or spiritual history” (Hodge, 2001a, p 205). Hodge (2001) advocated the use of qualitative measures to intervene with issues of the spirit as most appropriate for social work intervention. He added another six tools to those recommended by Cascio. One, the spiritual quest which used a sentence compilation format as an intervention. The sentences relate to a time period in the client’s life and are

supplemented by questions he calls items which focus on the spiritual. Two, seven categories for pastoral diagnosis which included questions related to the clients awareness of what is holy, what is providence and, hope. Three, the 7 x 7 model placed the assessment of seven spiritual dimensions within a broader framework of factors such as beliefs and meaning, vocation and consequences, experiences and emotion, courage and growth, ritual and practice, community and authority, and guidance. Four, the denominational framework that consisted of an overview of contemporary religious belief systems with ten markers of spiritual pathology and five, indicators of spiritual maturity. Five, the stage models were similar to psychosocial stages of life assessment. Six, spiritual lifemaps were also added for spiritual assessment of specifically Native American clients (Hodge, 2007, pp 205-206).

Hodge went further in evaluating these assessment tools by writing that assessments could be grouped on a continuum. “At one end of the continuum are spiritual histories, which impose a low degree of structure on clients’ spiritual reality.... At the other end of the continuum are stage-theory models which impose a high degree of structure on clients’ experiences” (Hodge, 2001a, p 206). He critiqued the end of the continuum of stage theory assessment models for needing “expert clinician” interpretation (one form of the stages reality), and a “deficit mindset” to work with the stage theory for spiritual intervention (Hodge, 2001a, p 206). Hodge continued by listing the advantages of low structure assessment tools which “foster respect for clients’ narratives, implicitly maximizing client autonomy” (Hodge, 2001a, p 207). He then proposed a combination of an initial narrative framework and an interpretive anthropological framework to harness the advantages of both the low structure and high structure qualitative assessment tools (Hodge, 2001a, pp 207-208). Hodge’s most recent work on a “Spiritual Competence Scale”, which assesses the spiritual competence at the program level, was yet another significant development in the assessment of spirituality in social work practice (Hodge, 2007, p 287).

While it would seem that the debate in social work circles about spiritual assessment tools will continue for some time, many forms of innovative spiritual practice have emerged. Mielin Augustine (2002) documented the use of “bhajans (religious group songs)” in casework with elderly deserted Indian senior citizens (Augustine, 2002, p 5). He continues with:

Our experiences with commercial sex workers, many of whom are also addicts, suggest that belief in a higher power certainly helps in their rehabilitation...After long term counselling laced with spirituality, one of the women is now happily married. Another works from home, tailoring clothes. This kind of rehabilitation came about because these women were inspired to trust themselves and the divine (Augustine, 2002, p 4).

Augustine concludes with an observation of the profession: “...social workers themselves are finding their own innovative means to keep their spirit and motivation alive” (Augustine, 2002, p 6). Crompton, in working with children, has informed her social work practice with Quaker faith traditions, “: “...especially writing and teaching about spiritual wellbeing, and illustrates aspects of Quaker faith and practice in relation to interactions with children” (Gale et al. 2007, p 81).

Another trend in social work practice, which includes spirituality, has been seen in the return of previously disillusioned social workers to the profession as it has embraced spirituality in an innovative way. For example, Benedict, who was a professional environmentalist before becoming a social worker, contended “...social work had a limited conception of person-in-environment” (Benedict, 2002, p 5). After attending a Society for Spirituality and Social work conference, Benedict proposed: “...psycho-spiritual development and maturity is key for truly embracing a wider unity. “On both micro and macro levels we can begin the healing process for

ourselves and for our clients” (Benedict, 2002, p 5). She continued by giving micro examples of social work spiritual intervention as “...spend time in nature, walking, observing, journaling, sketching to gain feelings of peace and relaxation, nature imagery in sessions, hypnotherapy and vision quests” (Benedict, 2002, p 5). Macro level examples of social work spiritual interventions are social workers partnering with “deep ecologists and other environmentalist in shaping environmental policy, strategic planning and activism regarding a host of socio-environmental issues including environmental racism and ecojustice” (Benedict, 2002, pp 5-6).

It would seem that the debate that social work is in the process of engaging with spirituality is eliciting many different social work assessment tools and responses. Canda has ridden a wave of professional interest in spirituality and continues to call for its inclusion in conferences and professional discussion. Social workers such as Cascio (1998), Hodge (2001) and Benedict (2002) have developed unique spiritual characteristics and practices in their interventions.

Research on spirituality is indeed needed for the social work profession to proceed to include spirituality into methods of practice. However, client-centred research on spirituality in practice is characterised by some specific and special challenges. Larimore, Parker and Crowther (2002)), when advocating the use of spiritually derived social work interventions with clients, have proffered a solution to the definitional problems of spirituality and religion by stating that “positive spirituality” can be generally supported for social work. Positive spirituality “...involves a developing and internalized personal relationship with the sacred or transcendent” and further “This relationship is not bound by race, ethnicity, economics, or class and promotes the wellness and welfare of others and self” (Larimore et al. 2002, p 71). Client centred research

could be greatly enhanced by this definition of spiritual positivism to settle the definitional arguments in current debates.

Other client centred researchers have agreed with Larimore, Parker and Crowther (2002) when they call for the use of spiritually driven social work services. Mathai and North (2003) studied the spiritual histories of their clients who attended a child and adolescent mental health service. Mathai stated: “The effectiveness of health promotion and treatment programmes with an explicitly spiritual or value based framework has been empirically established” (Mathai et al. 2003 p 172). The researchers concluded: “Professional colleges need to actively address this area and educate their members on the importance of including a spiritual history in assessment and treatment protocols” (Mathai et al, 2003, p 172). Rose, Westefeld and Ansley also researched clients’ responses to spirituality via recognised testing instruments (Rose et al, 2001, p 63). The researchers concluded: “Clients believed religious concerns were appropriate for discussion in counselling and had a preference for discussing spiritual and religious issues in counselling” (Rose et al. 2001, p 61). Similarly Arnold, Avants, Margolin and Marcotte (2002) researched the attitudes of inner-city HIV positive drug users and how they define spirituality and if this has any relationship to client harm reduction and health (Arnold et al. 2002, p 319). They concluded “: “...any intervention that attempted to address the spiritual needs of drug users would need to be flexible enough to allow for several interpretations of spirituality...Rather, individuals should be able to define it for themselves” (Arnold et al. 2002, p 324). Many of the researchers on spirituality agreed that the special and specific challenges involve the definitional association of spirituality and religion and the need for further research on client views of spiritually driven services. Rose, Westefeld and Ansley (2001) called for a “: “...broadening of the research beyond the Christian tradition” (Rose et al. 2001, p 62). Arnold, Avants, Margolin and Marcotte (2002) stated: “We hope that findings such as ours, although

preliminary, will encourage clinicians and researchers to develop spirituality-focused interventions that can be subjected to empirical evaluation (Arnold et al. 2002, p 325).

Lynda Campbell, lecturer at the School of Social Work University of Melbourne, wrote in an article, entitled “Good and proper: Considering ethics in practice research”, that clinical research is about managing multiple interests (Campbell, 1997, p 31).

The search for multiple perspectives on practice takes the practitioner-research into the swirling waters of intra-and inter-agency politics, the power dynamics of worker-client relationships, and potentially hurtful interventions in the rhythm of service. To add to this, most of us (worker, graduate students, social work academics alike) are drawn to research those practice problems about which we care, sometimes passionately, and toward which we are hoping the field can develop some new approaches (Campbell, 1997, p 31).

If these twin issues of definitional problems and further client informed research can be managed then Campbell stated that the other challenge to “good and proper” client centred research is “...when the insider researcher goes the extra step and seeks to research his or her own practice” (Campbell, 1997, 31).

Research has been conducted on specific social work modalities modified to include a spiritual dimension. Cognitive therapy which “...focuses on identifying unhealthy thought patterns that underlie unproductive behaviours” was modified by “...substitution of spiritual precepts that are similar to the non-spiritual, secular precepts used in traditional cognitive therapy” (Hodge, 2004, p 11). The therapy was then applied to three faith traditions: Islam, Mormonism and Christian. The Muslim trial employed one group of clients who received traditional cognitive

therapy, while another group of clients received comparable therapy enhanced with a spiritual component. The results showed that:

Researchers found that the spiritually enhanced therapy was at least as effective as traditional therapy with anxiety disorders (Azhar, Varma and Dharap, 1994), bereavement (Azhar and Varma, 1995a), and depression (Azhar and Varma, 1995b). In all three studies, however, problems were ameliorated at a faster rate, an especially significant finding in light of time constraints under which many social workers function under (Hodge, 2004, p 11).

Several studies have been conducted on Christians using clinical trial research design to treat depression. Biblical beliefs were used instead of traditional cognitive therapy techniques in studies conducted by Haqkins, Tan and Turk (1999), Johnson, Devries, Ridley, Pettorini and Peterson (1994), Johnson and Ridley (1992), and Propst (1996) (Hodge, 2004, p 11). “In all studies conducted, spiritually modified cognitive therapy was as least as effective as traditional therapy in reducing symptoms of depression” (Hodge, 2004, p 11). In his most recent writings reviewing the empirical literature on intercessory prayer, Hodge (2007) concluded by writing: “The findings of his review are unlikely to satisfy either proponents or opponents of intercessory prayer” (Hodge, 2007, p 185).

The impact of studies of this nature raises the debate about the inclusion of spirituality in practice and encouraged further research endeavour. The founder of cognitive therapy, Albert Ellis, has been moved to rethink his position on spirituality which he had traditionally seen as a psychopathology. Ellis stated that the Bible has: “probably enabled more people to make more extensive and intensive personality and behavioural changes than all professional therapists

combined” (Hodge, 2004, p 12). However, while the academic debate about justification of spiritually influenced traditional forms of intervention continues on its tentative path, it would seem important that clients’ views as consumers of a spiritual intervention need to be represented in the research. Social work research has long held the view that consumer based research is important in evaluating and assessing the efficacy and the effectiveness of their interventions; this should be encouraged and supported in research into spirituality and social work. While the government funded and auspiced initiatives of President Bush, under faith-based Executive Order No. 13,279,3 C.F.R., 2002 (Walton, 2007, pp 171-172), gave credibility to researching the partnership of faith-based services with standards of accountability, the idea that the perspective of clients in spiritual interventions seems to have been neglected even in these recent initiatives.

Another modality for social work intervention is the use of systems theory which had been modified to include a spiritual component. Hodge in his article entitled “Spiritual Genograms: A Generational Approach to Assessing Spirituality” had taken the debate on spirituality and individual perspective and enlarged the debate further having included the influence of other systems (Hodge, 2001, p35). He cites Withnow’s 1999 ethnographic study (N = 200) on religious perceptions where Withnow states that religious perceptions were influenced generationally by direct contact with grandparents, grandparents’ memories and gender differences (Hodge , 2001, p 35). His argument was that spiritual Genograms were a systemic assessment tool: “...designed to identify and operationalise the spiritual and religious strengths that exists in clients’ family systems” (Hodge, 2001, p 36).

Research into spirituality and social work, whilst it has increased still remains relatively rare. The research that has been done has explored spirituality and its addition to accepted methods of practice. McGrath writes: “The reasons for the lack of attention to research into spirituality are complex, involving such issues as barriers to funding, epistemological concerns, and definitional problems” (McGrath, 2002, p 180). She also states that: “Legitimation of the spiritual discourse through research is essential if it is to command the ‘knowledge/power’ (Foucault, 1972, 1973, 1980) to be integrated appropriately into the mainstream biomedical discourse” (McGrath, 2002, p 179). McGrath’s most recent research on spirituality was conducted on behalf of the Queensland Cancer Fund and preliminary data revealed that in understanding patients’ issues of spirituality new language for social work and client discussion on spirituality was paramount (McGrath, 2002, p 186).

Academics, such as Russel, have called for studies that are assessing the impact and efficacy of spirituality in practice. Cascio, Hodge, Canda, Lindsay and others have experimented with spiritual assessment tools that are informed by accepted current practice. It is encouraging that the most recent professional literature on spirituality has included work on evaluating faith based programs (Walton, 2007, p 171). As guest editor of the particular volume of *Research on Social Work Practice*, Walton noticed that:

The contributing authors for this issue provide a wide range of perspectives on this acknowledged slippery slope of academic inquiry. Their conclusions focus on meeting human needs and addressing human behaviours—the shared objective of academic and religious social workers (Walton, 2007, p 172).

It is encouraging to read such an introduction to Hodge’s most recent work on the Spiritual Competence Scale (Hodge, 2007), Hodge and Limb on Spiritual Lifemaps (Hodge and Limb,

2007) and Hodge on reviewing the literature on Intercessory Prayer (Hodge, 2007). It is unfortunate that Hodge's Spiritual Competence Scale is aimed "at the programmatic level, specifically educational programs" but, as he argues, it could be adapted to client services or even self assessment (Hodge, 2007, p 289). Spiritual lifemaps add to the growing interventions that are embracing cultural and "cyclical, circular or collectivistic worldview" (Hodge and Limb, 2007, p 302). Hodge limited his most recent review to distance healing using intercessory prayer which has been implemented with a population of clients and tested with standardized measure (Hodge, 2007, p 175). Hodge also suggested that the person providing the intercessory prayer, in other words the volunteer, could be researched so that other practitioners could replicate the test for the validity of intercessory prayer (Hodge, 2007, p 183). Thyer, as editor of *Research on Social Work Practice*, in the special issue on faith based services stated that: "I believe that the field of evaluating faith-based organisations is so embryonic that encouraging initial investigations, even pre-experimental ones, is a useful service" (Thyer, 2002, p169). The guest editor (Walton) noted the change of voice in academic and passionate faith-based program writing which needs to be acknowledged and struggled with: "Perhaps the message of this issue is that it is logical, consistent, and appropriate to expand that passion to include whatever works-including faith-based programs" (Walton, 2007, p 172).

It is acknowledged that accepted practice models have been important and safe ways to practice with spirituality and client work. However, it may be time to bridge a gap and consider theories of practice which are totally informed by client need for spirituality rather than being faith-based programs. It would also seem important to research the volunteers who have provided the spiritual process, the kind of people that they are, the faith related views that they hold and how they manage to be present for the sometimes challenging client needs. If the gap cannot be

bridged, then the comments by British social worker and researcher Margaret Lloyd may become a reality. She stated:

If they (social workers) are not able to offer a genuinely holistic approach, it may mean that recognition of the physical, emotional, social and spiritual needs which, as a whole, comprises the pain of the dying or bereaved person, is available only to those who can purchase it (Lloyd, 1997, p 189).

2.7 Conclusion

If we are to understand and explore what Karen Healy calls “alternative service discourses”, then client-centred spirituality research is essential. She states that the benefit of spiritual and religious discourses for social workers is that it may “offer more holistic responses to service users than are typically available through more secular welfare services” (Healy, 2005, p 87). One way to assess the benefits and concerns of the alternative religious service discourse is client-centred research. If clients consider that spiritually provided service benefits them then social work can take steps to include spiritually driven intervention and also ameliorate the concerns of spiritually driven intervention expressed by some professionals. Client-based research on spiritually appropriate services would seem to me to be essential.

The trends in social work research on spirituality have evidenced an active debate on definitions of key terms, such as spirituality and prayer. The literature has documented the increased use of spirituality in curriculum for social work. Innovative uses of spirituality can be seen in tools of spiritual assessment, spiritual history taking and spiritual competence scales. Spirituality has

been integrated into current social work theories such as cognitive therapy and systems theory. The trend toward exploring spirituality and its meaning for social work will continue and may be augmented by the client and volunteer perspective. The present research study has endeavoured to document clinical practice that is based in spiritual endeavour. This is not research with an accepted form of practice such as cognitive therapy, but rather a client-driven spiritual intervention where social work and spirituality are in interrelationship.

This review of the literature provides evidence of social work's relatively recent engagement and interest in issues around spirituality and social work. The literature has struggled with appropriate definitions of religion, prayer and spirituality. This chapter has overviewed the available literature on spirituality and social work; focusing on the development of a range of tools used for social work assessment of spirituality. Some of these interventions have been used and evaluated, and these are examples of incorporation of spirituality into social work education.

This review has revealed that a gap in research has been on critically examining clients' views on spirituality and the meaning of spirituality for them in terms of intervention and healing. Another gap that has been identified has been the use of volunteers in clinical social work practice and their use in intercessory prayer. The present research focused on clients' perspectives and the perspectives of volunteers who were managed and trained and held the belief that their relationship with the client would be of use to them by the provision of intercessory prayer. It is envisaged that the present study will augment the research literature on social work and spirituality.

A gap in the social work research would appear to be in the area of the clients' views on spirituality and its meaning for the clients' interventions and healing. This gap also includes research on the use of spiritually driven volunteers to augment a social work service. There appears to be no research on volunteers who are managed, trained, receive regular supervision and believe that their relationship to the client will be of benefit spiritually to the client through the provision of intercessory prayer. It is hoped that this study will go some way to adding to the literature on social work private practice and the provision of spiritually driven services which have been researched from the client and volunteer point of view to illuminate clients' perspectives in social work.

Chapter 3. Context of the Study

3.1 Introduction

This chapter on context for Eden Therapy includes its history, location and facilities; with a brief explanation of what Eden Therapy does as a private practice. The context for Eden Therapy could not be complete without the operation of its volunteers and what they do. The actual operation of Eden Therapy is explained using a case example. Finally, in this chapter the working definitions of key terms such as spirituality, prayer and interrelationship are defined. These key terms can be seen in the literature review, however, Eden Therapy Services uses particular working definitions of these key terms.

3.2 Where Eden Therapy came from: a brief History

I graduated in social work in 1984 and began practising as a social worker at Royal Prince Alfred Hospital, Camperdown, in Sydney. After several years of practice with an undergraduate social work qualification I decided to extend my studies. The Non-Government Organisation (NGO) that I was employed by at the time had strongly suggested that I enrol for a business masters. I was very aware at the time of the trend to de-professionalise social work and the CEO encouraged me to further study with lucrative offers of positional power and monetary rewards as long as I did an MBA. I chose the social work based articulated masters course that was being offered by the University of New South Wales and Relationships Australia, and promptly resigned as Head of Social Work at the NGO. The masters course in couple and family therapy had two qualitative research specialists. I had not studied qualitative research in my

undergraduate years and suddenly realised how much this methodology honoured the clients and encouraged their story to be told.

The completion of the Masters involved a minor thesis. I chose qualitative research methods to explore “Our Say: Women’s response to the False Memory Debate”. I still use the results of that thesis for social action on an individual level with my clients. I knew at the completion of my minor thesis that I would use the methods again to research my clinical work involving therapeutic interventions, intercession and prayer.

The history of the private practice began with an innovative idea from several local church parishioners. In January 1993 the Family Care Centre (henceforth referred to by its abbreviation FCC) was set up at premises in Manly, a seaside suburb of Sydney. It was a dream of an accountant in the local Anglican Church in 1989 who commissioned a report from various qualified parishioners as to the viability of a Christian medical centre. This vision was thoroughly researched and then laid aside as the local Anglican Church went through a change of leadership. The vision of the Christian medical centre was picked up by another local church, this time the Assemblies of God in Manly. The pastor of this church, Jim Thwaites, persuaded a parishioner, a local businessman, to enter into a financial partnership a Christian multi-disciplinary clinic established.

An advertisement for interested practitioners was placed in the newsletter of “Health Care in Christ” in 1992 and several people responded. I was one of those practitioners and people who showed interest in working with the concept of a Christian multi-disciplinary clinic. The vision of 1989 became a reality in 1993. Two medical practitioners became involved: Ken Curry, the

Director of Health Care in Christ and Yvonne Amos, a local general practitioner. The reception duties of the clinic were run initially by a person employed by the church; and the doors of the FCC opened in January 1993.

A small leaflet was created to describe the services as “Christian Doctors and Counsellors coming together to serve the community”. Over time and after many meetings, the concept of a strategic plan was taken up by the founding members of the FCC. This document also included a mission statement and areas of responsibility for staff. This was quite a challenge for doctors and clergy not used to management issues and was mainly implemented by social work strategies such as group work experience to run effective team meetings. As the strategic plan, policy and implementation became acknowledged the FCC began to take shape. The advertising for the FCC had increasingly become more sophisticated and targeted to the general public as well as local church pastors and other local practitioners.

In 1999 the FCC outgrew its premises at Manly and the business of the FCC became independent of any financial affiliation with the Manly Community Church that had set it up. Out of these changes was born the private practice of Eden Therapy Services (or ETS), owned and run by myself, which re-located to rooms at Oxford Falls Sydney. This provided a wonderful opportunity for a private practice with a strong relationship to the FCC plus having the advantage of a quiet, accessible and safe place to see counselling clients. The biggest advantage of the physical move was to be able to provide more comfortable surroundings for the prayer work which often did not mix well with a busy medical practice’s waiting room and people coughing and generally looking unwell. The new landlord of ETS was Christian City Church which seemed synchronistic as the practice continued to explore the idea of good

professional practice and spirituality. ETS has continued to operate from the land and buildings that Christian City Church owns and runs for the last eight years. The senior Pastor, Dr Phil Pringle, has been bold in agreeing to the business of a private counselling practice being run from church premises.

At this stage, Eden Therapy Services was a private practice carried out one day and one evening a week. The practice was growing and it was time, after the Masters was completed, to resign from a part time social work position in Palliative Care and concentrate on the Eden Therapy Services as a full time registered business and practice. As the practice grew the time for researching prayer and therapy became more possible.

The practice became a full time private practice which adhered to the professional standards of the Australian Association of Social Work. In addition to this, it is important to acknowledge the spiritual dimension of the practice which was evident in the prayer work and the prayer team. The team members come from several different religions: Catholic, Anglican, Uniting and Pentecostal church traditions. However their common characteristic was the need to express their faith in a practical way through spiritual principles of prayer. The religion of the team members is never discussed with clients of Eden Therapy Services and has never been a relevant question for clients to have asked. While Eden Therapy Services must be acknowledged as a Christian practice due to its owner's spiritual beliefs and the similar beliefs of the prayer teams, the practice is interested in people's healing no matter what their beliefs. In the same way that many native American communities see "wellness and spirituality are inseparable" (Weaver, 2002, p 7). Eden Therapy Services would practice in this way. In the same way that "Eastern philosophies of Buddhism, Taoism, Confucianism, energy work, body-

mind connection and traditional medicine can shed new light on patients' physical and mental health" (Chan et al, 2001, p 262)), Eden Therapy Services was searching out the clients best, not the patient's best. As Jung employed spirituality in clinical practice possibly more than other practitioners before him, Eden Therapy Services has also endeavoured to include issues of the spirit in the delivery of its services (Sermabeikian, 1994, p 178).

It took several years to begin the process of applying to La Trobe University for admission to a doctoral program. I took heart from the explanations of qualitative researchers, Anselm Strauss and Juliet Corbin, when they explained that "users of this method have been shaped through the process." (Strauss and Corbin, 1988, p4) This shaping I found emotionally time consuming right from the start as I asked myself questions such as "Will the Ethics Committee approve the work?", "If it gets approved what am I really trying to say?", "Will I get on with my supervisor?" and "Would my husband put up with another round of books on the bedside table with notepad and pen at the ready for any hour of the night?". The approval to proceed did come through, and in true qualitative style I decided that I needed the research respondents to work with me to decide what to say. Dr Martin Ryan was assigned to me as a supervisor at La Trobe University and the writing began.

3.3 Where Eden Therapy is now: location and facilities

Eden Therapy Services operates from Oxford Falls, a suburb of Sydney, on the lower northern beaches. It is surrounded by bushland and close by are the older suburbs of residential development such as Forestville and Beacon Hill. New residential development has recently encroached on the bushland surrounding the church property. This development is of the MacMansion variety for which Sydney has become renowned.

The settings of the study can best be described visually by the following maps:

Figure 1: Christian City Church Site map to locate the offices of Eden Therapy Services

CHRISTIAN CITY CHURCH SITE MAP

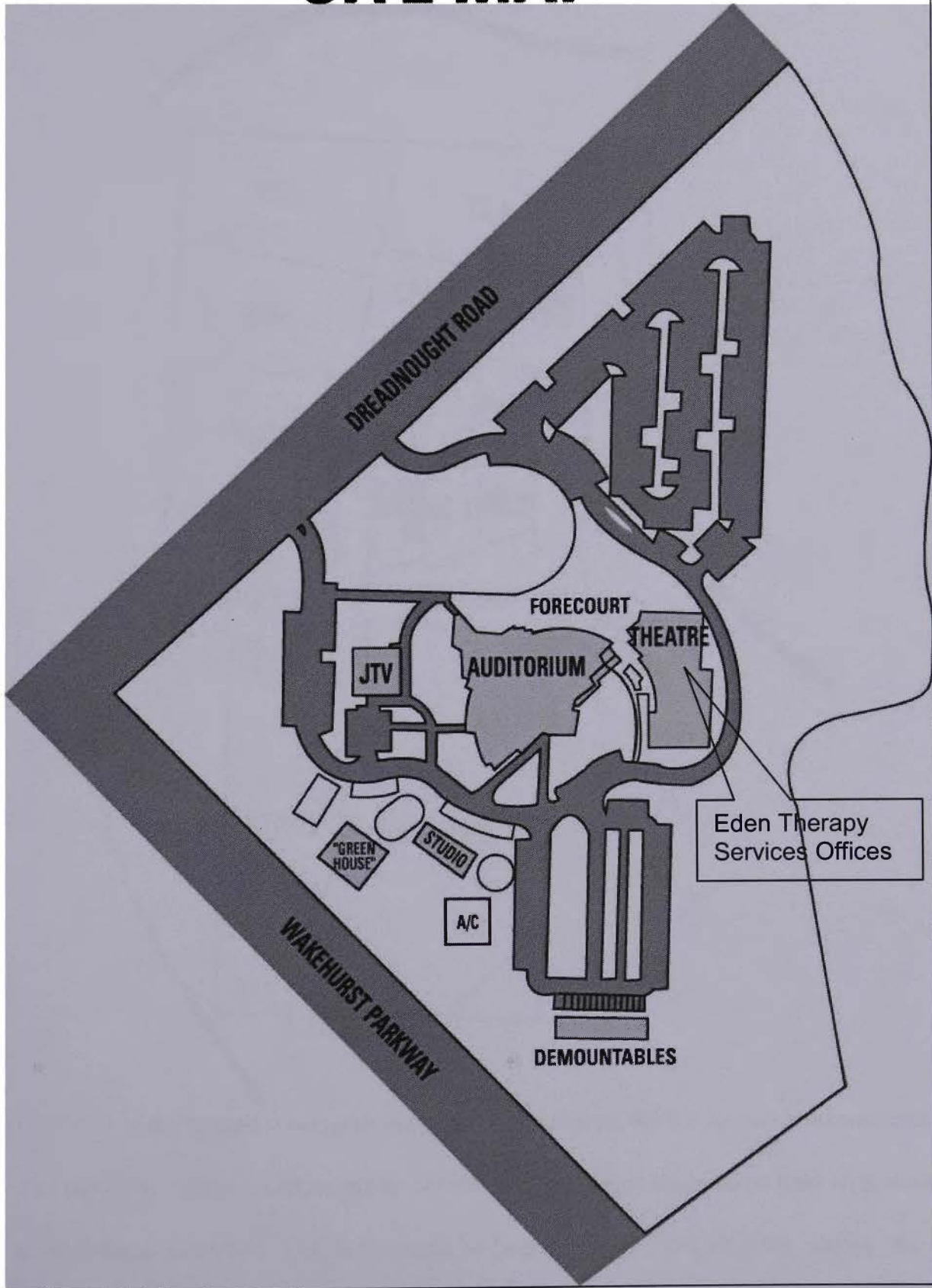
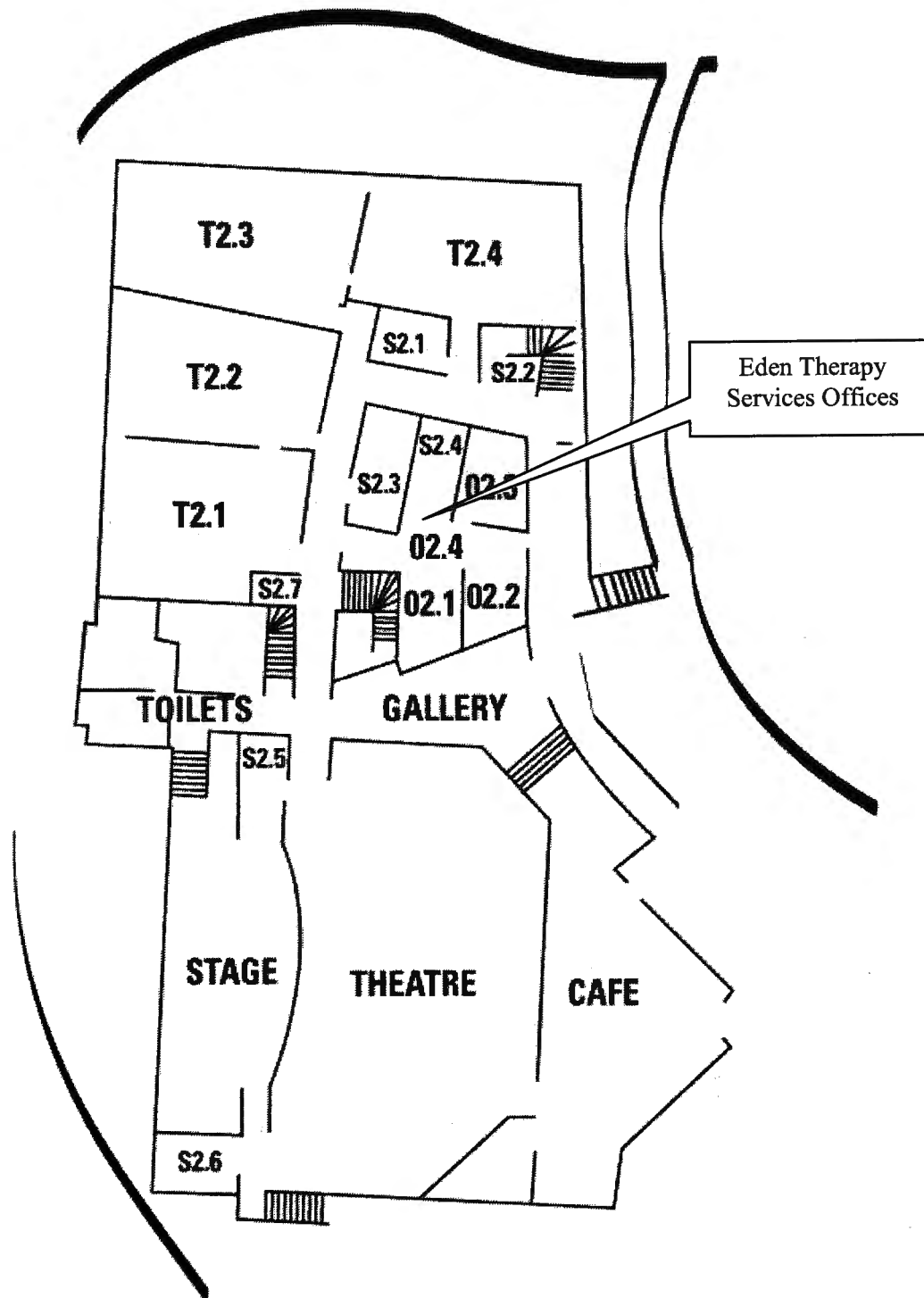


Figure 2: Theatre Building Level 2 plan to locate individual offices of Eden Therapy Services

THEATRE BUILDING LEVEL 2



Office O2.3 is the largest room and one of the best settings for the research respondents. The size of the room enabled a focus group utilised in the present study to be held with as much ease as an individual interview. The desk would be largely empty except for tea, coffee, the forms needed for ethics and demographic measures, and some pens. The chairs were all separate so

that research participants had their own personal space and the small coffee table held the tape recorder and microphone for data recording. A wall is covered by reflective glass allowing the research respondents to view an external walkway without being observed in any way. The wall of glass looks further out over a courtyard and children's play equipment.

Office O2.2 was used on one occasion when Office O2.3 was taken up by the requirements of the landlord. Office O2.2 provided much the same physical setting with one desk used for tea, coffee and forms. Once again the chairs were separate and a small coffee table held the recording equipment for data collection. Office O2.2 also had an external window for a sense of space with a glazed front allowing research respondents to look out without being observed. The window overlooks external stairs leading to a courtyard.

A third office, Office O2.1, was used for more intimate individual in depth-interviews. Office O2.3 could also provide this setting but several of the individual in depth interview research participants were nervous and I found Office O2.1 useful for creating a very intimate small space. Office O2.1 had a desk for tea, coffee, forms and recording equipment. It did not provide a window and this enhanced some respondents need for a small and completely private space which suits the intimacy of the individual in-depth interview.

On entering the property by car, clients see a complex of buildings. Photo No. 1 shows the entrance way by footpath and roadway onto the property, with the car park to the left.

Photo number 1: Entry by car to complex



After parking in the car park areas clients see a “theatre building” on their left containing a coffee shop and rooms for the operation of the church’s government accredited college. On their right as they walk through the forecourt is the church auditorium.

Photo number 2: Entry to offices by path



Clients walk between the two buildings past landscaping and trees to reach the office door to Eden Therapy Services; which is shared with Christian City Church Pastoral Care Management run by psychologist Julie Crabtree. In Photo No. 2 the pathway leading down to the office entrance on the left can be clearly seen.

Below the front door of the office can be clearly seen in

Photo No. 3: Front door of the offices of Eden Therapy Services.



Clients are greeted by the Office Manager, Amanda Teale, and remain in the waiting area before being greeted by their therapist and shown to the office they will be working in. Once in the therapy office, clients are seated in comfortable tub chairs which the therapist also uses. Photo 4 shows the office layout for therapy clients.

Photo number 4: Office of Eden Therapy Services



3.4 What Eden Therapy Does

Eden Therapy Services offers counselling as its primary business: provided by four therapists. Eden Therapy Services is owned and operated by myself as a practitioner. One therapist, Lorraine Carr, operates her own business in conjunction with overflow referrals from Eden Therapy Services. The other two therapists are contract workers to Eden Therapy Services, also working on overflow referrals. All therapists are tertiary qualified with a minimum of one post-graduate credential and a maximum of three post-graduate credentials. All therapists have worked in health care settings all their working life. The practice is social work based as the philosophy of the practice was begun by a social worker. Referrals come from the community

for individual counselling, marital and family therapy work, professional supervision and Victims Compensation Tribunal work.

Eden Therapy Services has become known for its work in managing a variety of client issues and no one is ever turned away if they request counselling. However, there are some common reasons for referral for the clients who attend Eden Therapy Services and therefore some common characteristics for the client research respondents for this study. The most common reason for referral is for women who are survivors of violence and abuse. The experience I have had as a social worker in women's health and managing domestic violence has meant that women hear about and seek out Eden Therapy Services. The practice has close links with victim survivor organisations, like Mayumarri, and community organisations such as local women's refuges, the Housing Department, Community Housing Options and local pastoral care networks. Another common reason for referral is for couple issues. The post graduate training I have received in Couple and Family Therapy has meant that churches and local pastors commonly refer marital issues for counselling. Also, past clients who have been helped by Eden Therapy Services often greatly encourage others to attend. The clients who have attended the research study have reflected these common reasons for referral. The majority of the clients came for counselling for domestic violence and abuse issues. The violence and abused ranged from verbal intimidation to gross physical abuse requiring hospitalisation and police intervention. The next most common reason for referral was for communication in couple issues which could be past or current couple work. Other less common reasons for referral for the client research respondents were complicated grief reactions and childhood adoption issues affecting adult decision making.

Referrals are taken by the Office Manager and discussed at weekly referral meetings to decide which therapist is available to work with each client's needs. Once a referral is given to a

particular therapist the client remains with that therapist for the duration of their counselling.

The Office Manager explains fees to the client over the phone before their first appointment and lets them know about fee relief programs that Eden Therapy runs.

Once a client has arrived for an appointment and is shown to an office the therapist will continue the introduction process. All clients are introduced to the business and what it provides. Firstly, clients are asked if they found the offices easily with directions provided by the Office Manager. Secondly, they are told about the confidentiality of the work and how this is a professional requirement for their protection. Thirdly, they are told of the qualifications of their therapist and encouraged to ask any questions about the practice. Finally, they are told about the professional association that the therapist belongs to in case they are unhappy with their counselling and wish to talk to the professional association about their concerns.

The second part of the philosophy of Eden Therapy is then explained to clients. They are told of the provision of spiritual work while they are receiving their counselling. Clients are informed that the practice has a foundation in spiritual principles and that they may make use of this if they wish. Clients are told that the practice is a social work practice which is wholistic and based on systems theory. The wholistic practice is explained in terms of the client's whole of life issues and perceptions; and that includes their spiritual beliefs. The Milan Systemic Therapy practice is explained as viewing the client and their experiences neutrally: a cornerstone of Milan therapy being the neutral stance of the counsellor. In other words, no judgement will be made about the client and their issue presented in the counselling work. Finally clients are informed of the social justice philosophy of the practice and that they can see evidence of this in the contract work with the VCT, the local police, the local domestic violence liaison officer, the

local women's refuge and various community resources that are used, such as the women's legal resource centre. In this way the client receives a service that is a social work service. The philosophy of the service is based on client choice and client need unlike a diagnostic service facilitated by a doctor or psychologist. The philosophy of the service includes the community in a way through social work referral networks, but uniquely through members of the community who are volunteers meeting and supporting the client in a professionally managed environment to meet the client's spiritual needs. The inclusion of spiritual beliefs in this service is imperative to the social work aim of a wholistic approach to client care.

If a client decides they wish to know more about any of these services then it is discussed. If a client decides they wish to know more about their spirituality, then the therapist introduces the availability of a booked prayer session which can be arranged by their therapist. If the client chooses this service they will discuss with their therapist the best time to use the prayer in relation to their counselling. They may go on a waiting list which is kept by the Office Manager and checked each week at referral meetings.

3.5 What Eden Therapy Volunteers do

Volunteers to Eden Therapy Services are referred to work with clients by the relationship they have with the therapists or other volunteers. In other words the work is by invitation only. Once a volunteer has been invited to work with Eden Therapy they are interviewed by the senior therapist, office manager and one current volunteer. At this interview volunteers are asked:

“What do you think you can bring to clients of Eden Therapy?”,

“What do you want from your work at Eden Therapy?” and

“Are you prepared to volunteer once a month to pray for clients, every six weeks for on-going training and to sign a confidentiality agreement?”.

If volunteers are prepared to discuss their skills and goals openly and appropriately with the volunteer team, they are accepted into the program. Using this simple screening process, Eden Therapy has never been placed in a position where it has had to ask a volunteer to leave due to difficulties in the volunteer relationship. Volunteers who have left the program have done so for reasons such as to overseas posting for work, change in job responsibility requiring more time at their workplace, and impending motherhood.

Once accepted onto the Volunteer Program, the new volunteer is put through a prayer session themselves just as a client would experience. This prayer session is run by more senior and experienced volunteers and later discussed with the therapist as to their view of the appropriateness of the new volunteer’s behaviour. Volunteers are experientially trained so they can be aware of what the clients go through by receiving the prayer themselves before they begin praying for others. The volunteer is also allocated a buddy volunteer who will look after their follow up after each prayer day to see that the experiences they have as a volunteer are supported.

Volunteers are expected to attend training sessions every six weeks where a therapist or pastor will take them through relevant subjects of interest, for example “anger” (Appendix 1).

Volunteers receive a calendar of working days for each year and an individual prayer letter which allocates and describes their work for the day (Appendix 2). Volunteers are expected to be available each month for ten months of the year. On the “prayer day” Eden Therapy Services does not have counselling consultations, all work is focused on the prayer teams. Each prayer

team is made up of three volunteers. Two prayer teams work in the morning sessions and two prayer teams work in the afternoon. Two further prayer teams work in the evening. In total, six client prayer sessions are offered on a prayer day with five teams being made up of female volunteers and one team being made up of male volunteers. On any given prayer day up to eighteen volunteers are used. Therapists are available to greet clients and check on volunteers' progress, but they do not participate in the actual prayer session.

On a prayer day, the volunteers for the morning and afternoon sessions arrive a half hour before clients. They are met by myself, as the senior therapist of Eden Therapy Services, and briefed on their day and given any relevant information about the client they will be seeing (if the client has released information for them). At this point, minor adjustments to the prayer teams are made depending on volunteer team members' last minute issues, such as illness and unavailability. Volunteers wait in their teams until the therapist introduces the client they will be working with and settles the client into the room. Volunteers ask three simple but useful questions to begin their sessions. The questions are:

“What do you want from the session today?”

“Have you had any ideas spiritually about what you want today from your session?” and

“Is there anything you think we should know about the counselling work you are doing which would help your prayer work?”.

Volunteers will then work with the client to pray about what the client wants from their faith.

Volunteers will also include spiritual ideas and experiences the client feels are relevant to their work. Clients are informed by their therapist that they do not have to reveal any of their counselling work to volunteers. The majority of clients will choose to withhold information about their personal issues. A few clients will talk about their issues in generalities; for example,

a client may share that her husband is going to court over an AVO or a client may share that they are sad because their wife has left them. The volunteers prefer working with clients who do not tell them anything about their counselling as this allows them to pray without prior knowledge of the client's concerns. If a client is sad and this is revealed in the prayer by a volunteer saying; "As I am praying with you today I sense God is wanting to console you for a deep sadness you have", this prayer is often very comforting as the client has not hinted at their sadness and sees this as "revealed" by the prayer. Revealed spirituality is seen by the client as valuable because God's concern for them rather than the volunteer's good wishes. The volunteer's good wishes, intentions and presence certainly soothe the client during prayer, but revealed information is what some clients see as miraculous. Revealed information is deemed to be a volunteer receiving from God, in prayer, information that the client has not told either the therapist or volunteer and which directly relates to their current circumstance. Clients often sense this "revealed" information from the spiritual process, as quite precious. Revealed information can be quite specific in prayer, ranging from identifying an emotion the client is feeling at the time of the prayer to specific information about an incident relating to the client's distress.

The majority of the prayer session is taken up with the volunteers listening to what they understand to be spiritual revelation on behalf of the client. The client may sit in the chair at this point with eyes closed or open, but most will go into an attitude of prayer that is comfortable for them. Volunteers will usually remain in their chairs and also go into an attitude of prayer. Volunteers are encouraged to keep their eyes open and to communicate with other team members if they believe they have a revealed issue for the client. This communication is done verbally and in front of the client much like a traditional Milan Family Therapy feedback

session where clients hear from the therapy team what they think about the family (Milan, 1987, p 37).

Volunteers terminate their session when given a time-keeping signal by the office manager. The signal is a quiet knock at the door of the office the team has been working in. The termination of the session focuses on three issues:

- 1) Settling the client into moving back into their everyday activity
- 2) Asking the client how they are after the prayer session
- 3) Talking to the client about their need for further prayer and if they wish their therapist to have feedback from the prayer session.

After a client has left their session, the prayer team is debriefed by myself as senior therapist. Debriefing focuses on how the volunteers are after being with the client. Volunteers have many and varied reactions to praying with clients. Transference and countertransference issues are the major debrief focus. Most commonly, volunteers wish to talk about how an experience in their life was brought to mind by hearing and being with the client.

3.6 A case example using therapy and spirituality.

To further clarify the operation and context of the counsellors' and volunteers' work, a case example may be helpful. The case is made up of multiple real case histories but reflects no one case history and pseudonyms have been used. The case example involves a married couple, Bob and Sue, who have two children: Brad who is ten years old and Penny who is eight years old. The common therapeutic issues of generational violence, early pregnancy, subsequent relationship difficulties and poor interactional patterns are evident alongside spiritual

commitment to the local church. The case example is structured in terms of contact with the service and includes the therapeutic and spiritual issues which arose at each contact.

- **First Contact with the Eden Therapy Services**

The office Manager for Eden Therapy Services has been contacted by Sue. She was **referred to marital counselling** by her pastor who is worried about her depression. She has heard that Eden Therapy Services is a “Christian practice” and wants a person with spiritual awareness to see her and her husband Bob as she wants her marriage to survive. She books a session with Eden Therapy Services for two weeks time.

Therapeutic issues: marital work needed.

Spiritual issues: client’s need to view marriage as spiritually precious.

- **Second Contact to meet the therapist and first interview**

Bob and Sue arrive at reception and after being introduced to their counsellor and settled in an office give their reason for referral. Bob states he thinks they could improve their communication for their children’s sake. Sue states she is worried that there is something wrong with her as she cries all the time and thinks she is wrong as a mother. The children are a ten year old boy Brad and an eight year old girl Penny. Both children attend a local Christian private school. **Sequencing for the couple** reveals that Bob often talks over the top of Penny and is quite critical of her opinions. Bob believes that he will leave Sue unless she “smartens up and stops crying so much”. Sue believes she is at fault and has been sad ever since they were a young couple and chose to abort their first pregnancy. The **onset and development of the issues** seems to begin with Sue’s brother leaving home when she was sixteen just before she met Bob. Sue became pregnant soon after. Prior to the issues being spelled out, Bob stated his

father was abusive both verbally and physically, Sue likewise describes being fearful of her father. The couple attend church and find that **spirituality** helps them feel better and part of a large family of other couples and children. Bob attends the church's fishing club and Sue likes her mothers' group held weekly.

Therapeutic issues: The couple have very little understanding of the concept of abuse and the interactional patterns they have set up possibly due to their domestically violent upbringings.

Hypotheses include the idea that their communication patterns are underpinned by violent family-of-origin issues and may be the cause of their relationship difficulties. Future issues need exploration around the children and sequenced examples of their communication.

Spiritual issues: The couple are spiritually fed in the church they are in and surrounded by a community of sorts. **Hypotheses** include the idea that their spiritual commitment has helped them encounter other functioning families who give them a perspective of hope for their marriage, however, they may have underestimated the extent of their history of abuse.

- **Third and contact with Eden Therapy Services and second interview**

Changes that the couple have noticed are that they are fighting more and more. Sue is finding it increasingly difficult to do anything right for Bob. Bob is tired with work as a forensic specialist in the police force. Sue revealed in interview that last time she cooked dinner for the family the children were out of control and angry with her, and Bob came home and told her she was an idiot and threw her against the wall. Bob describes being exasperated with Sue's timidity and behaviour.

Therapeutic issues: Discussion with Bob that his actions constitute domestic violence and that safety plans for Sue and the children will be discussed. Bob may need support with his work-related stress and is asked to explore that with his superior.

Spiritual issues: Sue considers the only people she can trust are her “mothers’ group” who will pray for her.

- **Fourth Contact with Eden Therapy Services and third interview**

Bob has refused to return to therapy and has left the family home. Sue is scared as he was very angry and threatened to put an axe through her head. Since the last interview Bob has called the house and left sexually explicit phone messages on the message bank threatening her. Sue is tearful and frightened. We discuss referral to the Victims Compensation Tribunal for support financially for her counselling work. Also discussed is referral to the Domestic Violence Liaison officer at the local police station. Also discussed is a safety plan for herself and her two children.

Therapeutic issues: Sue is displaying many characteristics of domestic violence syndrome. She is hopeless and frightened and does not think she can survive without Bob but does not want him back either. She is having nightmares about him harming her and she has not eaten for weeks.

Spiritual issues: Sue has asked for prayer as she does not think the police will help as they all know her husband. Sue will meet with the domestic violence liaison officer who can issue an AVO against Bob for the explicit phone calls which breach the Telecommunications Act. A prayer session will be booked for her in three weeks time.

- **Fifth contact with Eden Therapy Services and fourth interview**

Sue has described years of neglect by her mother as a child. Her brother cared for her and raised her until he left home. She was devastated and very soon moved in with Bob. All her life she

has known criticism from people except her brother. She recounts Bob's abuse as always being in the confines of their home as in public he is well liked.

Therapeutic issues: She has made contact with police, VCT funding has been approved and will focus on non-abusive communication, and a referral made to lawyer for a consultation. Referrals to the community resources, such as the police and VCT, are necessary for her safety but it has increased her anxiety.

Spiritual issues: Her prayer session may address her belief that she must work on her marriage even in the face of violence. Her spirituality may provide her with some strength which she needs at the moment as her weight drops and her sleep is still disturbed.

- **Sixth contact with Eden Therapy and Prayer session**

Sue is introduced to the team of three volunteers she will be with for her prayer session. The volunteers ask three questions which begin the session.

“What do you want from the session today?”

Sue says she wants to feel happy again as she has now decided its not worth having a marriage if it is abusive.

“Have you had any ideas spiritually about what you want today from your session?”

Sue says she wants to hear what God wants for her and her children.

“Is there anything you think we should know about the counselling work you are doing which would help your prayer work?”

Sue says she is worried that the church will be critical of her for her decisions.

Most of the prayer time focuses on the volunteers sharing and praying words of their own and words from the Bible that are encouraging Sue not to fear. She is remembering in the prayer a

vision of herself as a child happily enjoying a day at the beach. She knows in her heart this is what she wants for her children and the happy time at the beach now includes her as an adult without her husband present. In the vision her children are asking her for things like happiness, as if it is an apple in the bag of things they brought from home. In the vision Sue gives them all they want.

After two hours the volunteers terminate the session by asking Sue how she is. She is exuberant she states. Not like coming out of a counselling session which always makes her feel good, this is an energy that she thinks is spiritual. She understands she can accomplish her aims in life and has hope for her future. The volunteers ask her if she wishes to come back and she says she does.

Therapeutic issues: Prayer may affirm her decision to not live with violence.

Spiritual issues: Sue has been energised so that her difficult work ahead of her to say no to domestic violence will be assisted in a way that enhances her counselling and enables her to be sure of the decision she has taken even if people in her church disagree with her.

- **Seventh and subsequent contacts with Eden Therapy were made**

Therapeutic issues: Sue had to work hard over another ten sessions to create a new narrative for herself to live by.

Spiritual issues: Sue met with the volunteers another three times and found the spiritual happiness that enabled her to stand by her decision and deal with court appearances, rent a new home, get a job after being unemployed since she was sixteen and become stronger.

The case example of Bob and Sue gives the context of Eden Therapy Services its meaning. The practice philosophy is therapeutic and spiritual. The emphasis of the practice is on wholistic,

systemic and social justice-orientated client decision making. The spiritual process in the practice's therapeutic case management is managed and confidential. As a result a positive interrelationship has been created to the community through the volunteers. The context of Eden Therapy Services provides a safe environment where clients' whole-of-life issues are supported which includes utilisation of their spiritual skills and experiences. In this way outcomes for couples like Bob and Sue are enriched and enabled.

3.7 Definition of key terms

3.7.1 Definition of key terms as used at Eden Therapy Services: Spirituality

In defining spirituality it is not my purpose to end up with an unwieldy definition which tries to cover many areas such as religion, spirit, soul, overall view and intuition. I would rather define spirituality in a social work style that incorporates the psychosocial and spiritual development of the individual in culture and world view. In my practice as a social worker, I have seen recurrent themes of spirituality emerging from clients' needs, clients' social systems and clients' views on world affairs. Therefore the definition of spirituality is in its infancy. I would agree with Russel when she says the exploration of the spiritual gives us an opportunity to "resacralize" the work of students and educators. ETS purposely created a client environment that is inclusive of the sacred and the spiritual, a client environment that upholds the sacred in whatever form the client chooses. As a practitioner I would include myself in the resacralization of social work intervention on the ground or at the coal face and this includes remaining open to defining spirituality. I would also agree with Allan Kellehear when he wrestled with defining spirituality when writing about palliative care: "No pithy definition of spirituality is adequate to capturing the diversity and complexity of spiritual desire. Spirituality can be understood as a

desire for transcendence, a search for meaning that will take the person beyond the immediacy of his or her personal suffering” (Kellehear, 2002, p 169).

A working definition of spirituality for the purposes of this study would draw on the clients’ perspective. Definitions of spirituality that have drawn on the views of social workers themselves are catering to social workers’ views and not the clients’ perspective. Rae Lindsay in her research of practicing social workers’, asked the respondents if social work education should include issues of spirituality. All respondents said yes and then in the depth of qualitative data she collected came this practitioner definition of spirituality:

I would say that at the core of human existence are the questions of meaning, purpose, identity, creativeness. I’d almost draw it as a set of concentric circles. At the core of these circles would be the spiritual question if you like, which then informs the biological, the psychological and the social dimensions. I think that any framework that fails to offer some kind of spiritual assessment or perspective about a situation is incomplete. Just as I think that spiritual diagnoses on their own are incomplete if they don’t take due account of what is going on psychologically or systemically or socially or whatever (Lindsay, 2002, p 84).

Definitions have called on the need to be inclusive of things of the spirit. Clients themselves see spirituality as something elusive that they desire to give their life meaning and direction despite hardships, victimisation and cruelty. They define spirituality as a desired sense, a hopefulness that would increase their peacefulness, fulfilment and ability to manage the future once they are no longer in the social worker’s office.

At ETS the working definition of spirituality is that clients are utilising embodied principles of spirituality which work through in counselling via the foundation of the practice, the attitudes of the counsellors, the offering of a directed and safe prayer encounter and a belief that the interrelationship of client, counsellor and spirituality is a dynamic healing process. Spirituality is the keystone of the spiritually-driven therapeutic relationship.

3.7.2 Definition of key terms as used at Eden Therapy Services: Prayer

To define prayer for the purposes of this study, I will begin with a developmental personal belief surrounding prayer. My understanding of prayer and thus the use of prayer in this research has been underpinned by a traditional conservative Anglican upbringing which taught me nothing about prayer other than that which was suggested in the recited prayer book (Standing Committee of the General Synod of the Church of England in Australia, 2000, pp16-103). After noticing a change in the way people prayed during charismatic renewals, I attended conferences run by American Evangelists, such as John Wimber, during the 80's. I learnt more about requiring something of God in prayer which God was happy to give. I then learnt much more about this relational prayer by listening to and praying with the Australian Jesuit Community; mainly the techniques and teaching of Father John Doenau at Canisius retreat house in St Ives, Sydney and later at Campion retreat house in Kew, Melbourne. Prayer has become a way of listening and talking to God for my healing, my sense of my world, direction and discernment.

Biblical prayers are the manna of the publicly widespread and utilised Bible of today. People reading their Bibles encounter many examples of prayers. The use of prayers is best summarised by the Christian psychiatrist John White when he says; "It is what you see through them that

matters. For they are windows on eternity, looking out on the profoundest issues of life and death. Before long you forget you are dealing with a prayer, so startled are you by what you see beyond it” (White, 1977, p 8).

Taking into account that prayer is a documented tool for social work intervention and that there are very reasonable professional cautions about its use; how does that influence a definition of prayer for this study? Prayer is not just the one way direction of a spiritual intention by the social worker to engender healing and wellbeing to the clients. Prayer is the foundation of the business of the private practice that the client is welcomed into when they ask for help. Prayer is the interrelationship of the spiritual intentions of the face to face intervention of the social worker and client. Prayer is the interrelationship of the volunteer prayer team with the client in face to face sessions which are professionally introduced, supervised and debriefed by the social worker. Prayer is the active partnership of client worker and volunteer to seek out the spiritually discerned insight that will enable the client to heal. This is the working definition of prayer for this study.

At ETS the working definition of prayer is the managed and safe way a client can access issues of the spirit with the assistance of the interrelationship of the client to the counsellor and the team of volunteers.

3.7.3 Definition of Key Terms as used at Eden Therapy Services: Interrelationship

In reading Dr Robin Russel’s description of the research on spirituality courses at MSW programs at the University of Nebraska, Omaha, she concludes that “...clearly, the interface

between spirituality, religion, and social work is beginning to be more widely viewed as a legitimate focus of study in M.S.W. programs” (Russel, 1998, p 25). Her use of the term interface struck me and made me consider again the term interrelationship as a term that could describe the working definition of prayer being practised at Eden Therapy Services. The definition of prayer had taken into account the reciprocal nature of the spiritual intervention of prayer. The reciprocity of the prayer-based worker-client relationship, the reciprocity of the prayer-based volunteer and client relationship, the reciprocity of the prayer-based volunteer and supervising/social worker relationship. What was being proposed was an interface and yet when dealing with spirituality it implied still more. The use of prayer as a tool speaks to the mystical interlinking of all these professionally guided relationships. It speaks to the interrelationship of therapy and spirituality.

Lindsay resolved this by suggesting that a spiritual cosmology “acknowledges the inter-relationship between the personal and the political and could be described as a reflection on spirituality from a macro perspective” (Lindsay, 2002, p 117). Lindsay acknowledges personal spirituality and joins with authors such as David Tacey who suggest that personal models of spirituality must push further into the idea of an underlying assumed cosmology (Lindsay, 2002, p 119). Lindsay’s “alternative cosmology which is emerging in the literature of contemporary spirituality, focusing on four frequently occurring motifs: relationship with the natural environment; compassion; social justice and non violence. “The principles of partnership or interconnectedness, reciprocity and exchange are central characteristics of each of these themes” (Lindsay, 2002, p 120-121). This alternative cosmology effectively describes the functioning of prayer within the private practice of Eden Therapy Services. The interrelationship of the client to the “natural” environment of the spiritually-focused practice is emphasised. The interrelationship of compassion, social justice and non violence is practised at

many levels in the work. The partnership of the interrelationship is expressed in the volunteer's reciprocity and exchange with the clients. While Lindsay referred to the alternative cosmology in a more macro sense of professional consideration and discussion, the interrelationship is best defined by the interplay or interweaving of spiritual principles, evidenced by prayer, in a way that creates powerful healing for the client. This could be considered to be an example of a micro perspective.

In this micro perspective the cosmology of the client and worker relationship is seen purely in the interrelationship. Rumbold (2002) noticed the reciprocity when assessing spiritual need in palliative care. His response, as editor of a volume entitled "Spirituality and Palliative Care", was to write: "The approach to spiritual care described, discussed, or implied by the various contributors to this collection is consultative, discursive, grounded in genuine relationship, and open to possibility" (Rumbold, 2002, p 208). He describes the workers as "companions rather than instructors" (Rumbold, 2002, 212). He sees the worker as carrying the spirituality for the client and states: "Embodiment is more important than information" (Rumbold, 2002, p 212). Hodge also notices that the emphasis on the micro spirituality of the client in current literature does not embrace "...historically orientated environment factors" when exploring spirituality (Hodge, 2001, p 35). He is proposing focus on the generational influences on the client's spirituality to discover client strengths. Interrelationship however takes that micro exploration even further to include the creation of a spiritually discerned client environment. This interrelationship includes the client, social worker, volunteers and the foundation of the spiritually-based service of change for the client. Hodge likens the use of the divine and the natural to a constructivist perspective which: "...holds that individuals construct their reality based upon interactions with significant others, both transcendent and temporal" (Hodge, 2001,

p 36). In this way the interrelationship becomes a true “embodiment” and begins to entertain the idea of the reciprocity of the relationship including both creation and creator.

At ETS the working definition of interrelationship is the embodiment of spirituality and prayer by the counsellor, client and volunteer for the healing of the client through counselling and managed prayer intervention. The interrelationship as embodiment acknowledges the influence of the past, generational inheritance and the social context in which the client lives in.

In conclusion, the context of Eden Therapy Services is that of a safe and spiritually supportive office environment. Eden Therapy Services has a history in the local community and is known for its spiritually driven therapeutic services. The volunteers have provided a unique relationship for clients to participate in: to augment their counselling with prayer. Eden Therapy Services has actualised spirituality, prayer and interrelationship to facilitate a dynamic healing for clients of the service.

The next chapter will outline the methodology for exploring both the clients’ and the volunteers’ perspective of spirituality in a social work practice and will show how the interrelationship of spirituality and counselling is designed to lead to healing.

Chapter 4. Methodology of the Study

4.1 Introduction

It was the hope of this research study that not only would clinical experience be documented and recorded in a thorough and thought provoking way, but also that theory would emerge from the work. The role of grounded theory in this study will be considered in this chapter alongside the research problem. An outline of the four research objectives will follow with a description of how these research objectives were implemented and achieved. The operational research questions will be outlined. The methodology chapter will then outline the data collection process and data collection tools, particularly the interview schedules, site and sample selection, how the field of research was entered, rapport establishment, ethics and the rigor of the research. The methodology concludes with a personal perspective of qualitative research.

4.2 Grounded Theory

Grounded theory is one method of qualitative research used to handle large amounts of qualitative data for meaning. “The codification and documentation of qualitative methodology during the 1970s and 1980s were heavily influenced by Glaser and Strauss’s (1967) grounded theory approach (Padgett, 1998, p 5). John Creswell succinctly outlines the purpose of grounded theory: the “...intent of grounded theory study is to generate or discover a theory, an abstract analytical schema of a phenomenon, that relates to a particular situation” (Creswell, 1998, pp 55-56). It is interesting to note that Corbin and Strauss, who have written extensively on grounded theory, introduced their method by stating:

Our version of qualitative analysis offers a cluster of very useful procedures-essentially guidelines, suggested techniques, but not commandments. We also offer a methodology, a way of thinking about and studying social reality. True, only God can tell fallible humans the “real” nature of reality.....but hopefully research moves us increasingly toward a greater understanding of how the world works. (Strauss and Corbin, 1998, p 4)

The biblical analogy is interesting to consider when reading around theory and methods for this research thesis. The private practice has been grounded, if you like, in not slavishly following any commandments but rather listening on behalf of the clients to the life giving process operating in their lives.

In this way, grounded theory became a natural choice for this research project. The method had been used in my Master’s thesis, so experience with the method was present, but the method also honours the journey through time of the research respondents. The journey, not the theory, is primary to the study in the researcher’s world view. The research still remains grounded in systemic analysis and categorisation of the data. The saturation of the data through the researcher’s view allows for the research respondent’s view to be substantiated and confirmed rather than tested. While most importantly through use of open, axial and selective coding, a theory can emerge which is thoroughly grounded in data made up of the client’s experience (Strauss and Corbin, 1998, pp 57-58). Open Coding is the “analytic process through which concepts are identified and their properties and dimensions are discovered in the data” (Strauss and Corbin, 1998, p 101). The sort of open coding used in this research involved memo notes in the raw data of the researcher’s view, and the search for concepts which lead to categories to better understand the data (Strauss and Corbin, 1998, p 113). Axial coding or “the process of relating categories to their subcategories” seeks to answer questions about the phenomena being researched (Strauss and Corbin, 1998, pp 123-125). Selective coding is “the process of

integrating and refining the theory” that has emerged from the use of open and axial coding (Strauss and Corbin, 1998, p 143).

In summary, grounded theory is appropriate for use in this study because:

- 1) It allows theory to emerge to describe and explain phenomena that are observed in practice;
- 2) It has acknowledged it cannot describe a whole phenomena, but with a sufficient sized sample and rigorous data collection and analysis processes it attempts a reasonable working description of the phenomena;
- 3) It has been familiar to the researcher from a Master’s thesis;
- 4) It allows for the interplay of researcher and data in a saturated format;
- 5) It places primary importance in the data on the work which informs the theory.

1. Research problem

The key research question emerged out of years of practice experience. It was: how do clients describe and understand their healing when social work practice is combined with a program of prayer facilitated by volunteers? The research problem was how to describe, document and record these events in a way that gave clients the primary voice, so that future practice could be directed by client-centered needs focused on healing. From this research question came four research objectives.

4.3 Four research objectives

4.3.1 Objective 1: To understand the process of healing for clients and volunteers

This objective allows the clients and volunteers of Eden Therapy Services to describe how they experience their healing if such a positive experience is indeed present. It is not unusual in qualitative research to study what is observed in practice and what is familiar. Padgett (1998) points out: “For social workers, opportunity to study the familiar comes from human service agencies where they are employed and from the clients they serve. This is all quite natural for clinically applied disciplines where the pursuit of knowledge meshes with the goal of improving practice” (Padgett, 1998, p26). This is exactly what the first objective of the research question was meshing with. The clinical and the curious had led to a natural outcome for the practising social worker, which was to research and allow for room to emerge and understand healing.

4.3.2 Objective 2: To explore the meaning of spirituality for both these groups

The second research objective came out of the personal belief that the inclusion of spirituality and therapy in practice had produced a quicker and more intense change in clients’ issues. The objective also explored the clients’ experience and allow for speculative depth in their responses. This objective was a way for clients to explore and define this spirituality and for volunteers to comment on spirituality as well. In their book on qualitative research Ely et al. (1997) put this well “How do we bring to life what was buried beneath the obvious and literal? In some ways it’s like trying to figure the undercurrents beneath the surface of what we studied and then refiguring those through writing” (Ely, Vinz, Downing, Anzul, 1997, p 19).

4.3.3 Objective 3: To understand the experience of the prayer volunteers

To be able to provide an environment in practice with good therapy and spiritual support, the voluntary time of concerned independent individuals was needed. These individuals had been gathered to the practice because of my personal relationships developed over years and my commitment to the church environment. My third research objective was to develop a way of understanding the experience of the volunteers and why they do what they do for the spiritual development of someone they have never met and will likely not meet again. As a social work manager, it had been challenging to employ volunteers in charitable organisations in an environment where the recognition of volunteers had not yet been enhanced by the Sydney 2000 Olympic experience. I have run teams of over a thousand volunteers between two organisations, and attracting and keeping volunteers in the health and disability fields had become increasingly difficult. Yet here, in private practice, a voluntary team had been operating for ten years with no one leaving, and the popularity of the team growing so much that in 2002 an apprenticeship program to train future prayer team volunteers was begun. Therefore, to understand the experience of these prayer volunteers and how to manage and replicate this experience for the future of the practice would be explored in this objective.

4.3.4 Objective :4 To develop a theory to explain the process involved in the counselling and prayer processes for clients

The fourth research objective developed as the strength of what the clients wanted to say became obvious through the pilot study. The objective was to develop a theory to explain the process involved in the counselling and prayer processes for clients. Clients felt very strongly that a spiritual component of their work used in relationship with their therapy work was a key to their healing. Preliminary results presented to a group of interested psychologists from the

Australian Psychology Association also showed that professionals were interested in how these preliminary results could be theorised (Appendix 3). Peer discussions with this special interest group made the idea of developing a theory of practice from the data all the more interesting.

4.4 The operational research questions

The seven operational research questions aimed to implement the four research objectives and provide answers to the original key research question. The seven operational research questions were:

- 1) Has there been healing for clients of ETS?
- 2) If healing happens for clients of ETS, what form does this take?
- 3) If healing happens for clients of ETS, what helps the healing happen?
- 4) What is the interrelationship between the therapy work and the spiritual intervention the clients receive?
- 5) What benefits do volunteers get from their work with clients of ETS?
- 6) What are the outcomes and impact of volunteers providing a spiritual service to clients of ETS?
- 7) What are the implications of this research study of interweaving the spiritual with therapeutic practice for professional and other helpers?

Operational research Question 1-3 were designed to illuminate what respondents thought about whether healing occurred for them, the form of their healing and what if anything actually helped the healing to occur. These three questions are clearly linked to the first research

objective and they were answered through demographic data and qualitative data. The demographic description of the respondents helps to get a time-limited picture of the demographic features of the respondents. The qualitative data from the focus group and in-depth interviews provided the depth of information to draw out the understanding the respondents had of their experiences of healing.

Operational research Question 4 attempts to explore the interrelationship of the counselling and spirituality. The word interrelationship implies the idea that the two interventions are equally balanced. The professional therapeutic intervention is balanced and interlinked with the spiritual intervention. Rather than seeing the professional intervention as dominant, it is cast as interwoven with the spiritual intervention to provide a service that needs definition and exploration. This question relates directly to the second objective which was the exploration of the spiritual.

Operational research Question 5 and 6 meet the third objective of understanding the volunteer experience. The volunteer respondents were demographically pictured and qualitatively researched with a set of questions appropriate to their involvement in the work. In this way their experience as volunteers was explored for meaning. The questions explored the idea of why volunteers would be so committed to and interested in this work? What benefits would a volunteer receive personally from providing this work for clients of ETS? The questions relate directly to the “outcomes” and “impact” these volunteers believe they are making on clients. “Outcomes” and “impact” are key words used in the interview schedule questions for the volunteers. These key words can be traced to the interview schedule questions they relate to by referring to figure 3.

Operational research Question 7 relates to the research goal of developing a theory for social work. The qualitative instrument questions that focus on developing this goal are social-action based and aim eventually to inform other areas of influence on client outcomes such as how a pastoral minister could learn from the clients in the study. In this way the client research respondents and volunteer research respondents are asked directly what they think professionals and other people in helping fields should know about the delivery of spiritual interventions and what good practice should be like. The key words, “what would you like to say” can be traced to the interview schedule questions. Referring to Figure 4 may help visualise the links of the research questions to the research objectives.

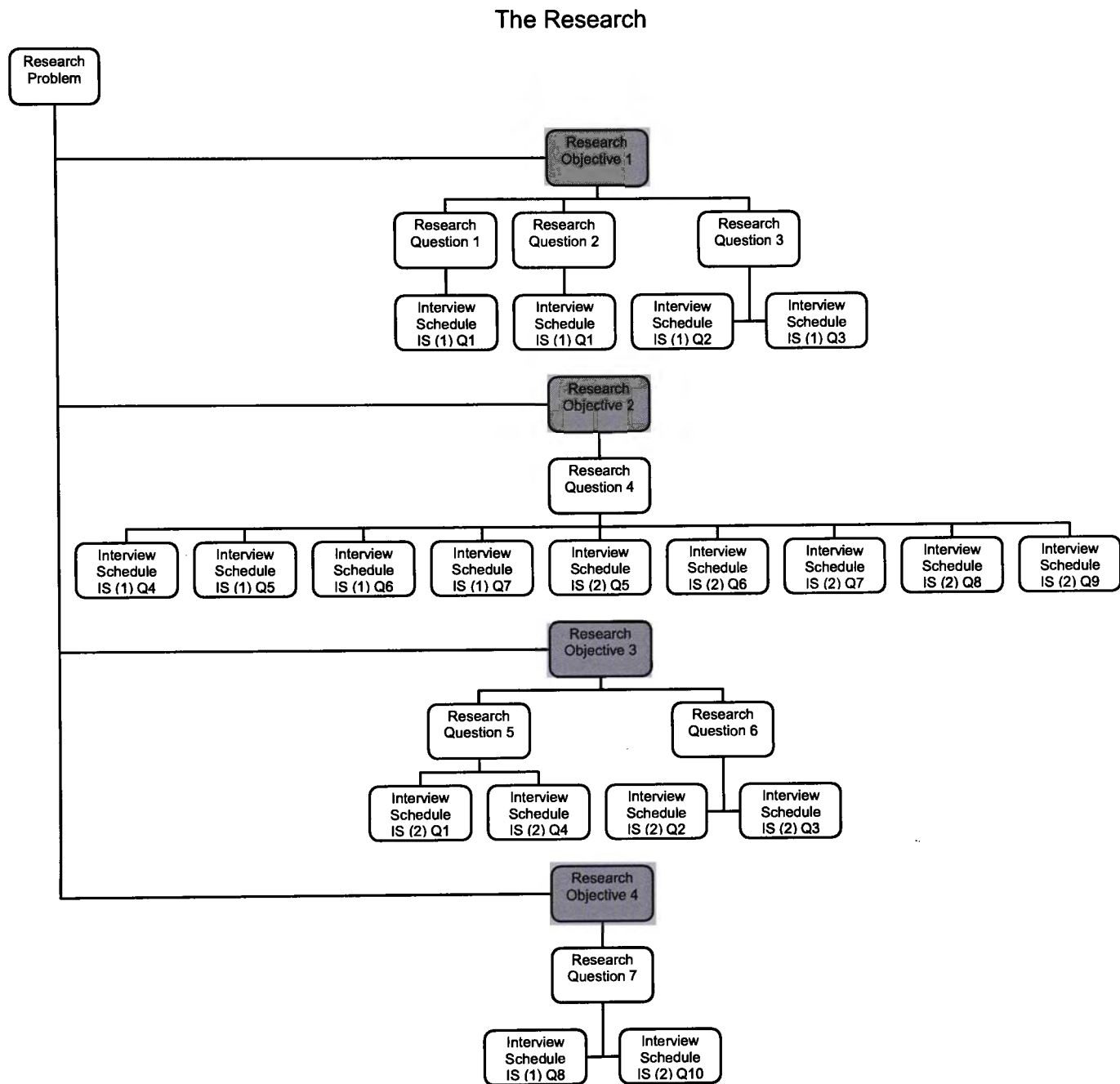
4.5 Research Instruments

4.5.1 *Interview Schedules 1, IS (1) and Interview Schedules 2 IS (2)*

The research problem had produced the four research objectives. The four research objectives were implemented in seven research questions and the seven research questions were embedded in the interview schedules. Interview Schedule 1 or RI (1) was used in the focus groups and individual interviews with the clients who agreed to be research respondents (Appendix 4). Interview Schedule 2 or RI (2) was used in the focus groups and individual interviews with the volunteers who were research respondents (Appendix 5). (The Interview Schedules invitations for clients attending the focus groups are in Appendix 6, for the client attending the in-depth interview are in Appendix 7. The Interview Schedules invitation for volunteer attending the focus groups are in Appendix 8 and for the volunteer attending the in-depth interview are in

Appendix 9). A diagrammatic representation of the flow from research problem to interview schedule follows in Figure 3:

Figure 3: The Flow from Research Problem to Interview Schedules



All of the questions used in the research instrument are worded in such a way as to be understood by the client and volunteer demographic. This demographics' educational background was broad-ranging: from incomplete secondary school to tertiary level education and employment. In view of this, the questions were kept as simple as possible and used language that clients and volunteers could easily understand.

4.6 Implementation of the research objectives

The four research objectives outlined in the study are:

Objective 1: To understand the process of healing for clients and volunteers

Objective 2: To explore the meaning of spirituality for both these groups

Objective 3: To understand the experience of the prayer volunteers

Objective 4: To develop a theory to explain the process involved in the counselling and prayer processes for clients.

To implement these objectives, operational research questions were asked by the researcher.

The implementation of these operational research questions was done with clients and volunteers in the focus groups and in-depth interviews using the two interview schedules. The first interview schedule or IS (1) was used with the clients and IS (2) was used with the volunteers to implement the research objectives. In Figure 4 the implementation can be seen as:

Figure 4: Relationship of Research Objectives, Questions and Instruments

Research Objectives	Operational Research Questions	Corresponding Questions in interview schedules
Objective 1 To understand the process of healing for clients and volunteers	1 Has there been healing for clients of ETS?	IS(1) Q1
	2 If healing happens for clients of ETS what form does this take?	IS(1) Q1
	3 If healing happens for clients of ETS what helps the healing happen?	IS(1) Q2 IS(1) Q3
Objective 2 To explore the meaning of spirituality for both these groups	4 What is this interrelationship between the therapy work and the spiritual intervention the clients receive?	IS(1) Q4
		IS(1) Q5
		IS(1) Q6
		IS(1) Q7
		IS(2) Q5
		IS(2) Q6
		IS(2) Q7
		IS(2) Q8 IS(2) Q9
Objective 3 To understand the experience of the prayer volunteers	5 What benefits do volunteers get from the work with clients of ETS?	IS(2) Q1 IS(2) Q4
	6 What are the outcomes and impact of volunteers providing a spiritual service to clients of ETS?	IS(2) Q2 IS(2) Q3
Objective 4 To develop a theory to explain the process involved in the counselling and prayer processes for clients	7 What are the implications of this research study for professionals and other helpers for interweaving the spiritual with best therapeutic practice?	IS(1) Q8 IS(2) Q10

4.6.1 Implementation in detail for Research Objective 1

Implementation of objective 1 was accomplished by first asking the research question: “Has there been healing for clients of ETS?” or operational research question 1. The research study never presumed that healing had been happening for clients, but asked the question of the clients at the start of their interview. This was worded to the clients in IS (1) Q1 as: “Has there been healing (improvement in your well being) for you? If so, what form did this healing take?”. This first research objective allowed for a negative response to the possibility of healing, and also allowed for an exploration of the form of that response.

The second operational research question asked: “If healing happens for clients of ETS, what form does this take?”. The idea of the form of the healing has been introduced in the IS (1) Q1. The use of word “form” in the research instrument is very purposeful, as it is neither a negative nor a positive term and rather invites explanation as the use of “form” implied many possible ways clients could see and experience healing.

The first research objective was contained in operational research question 3: “If healing happens for clients of ETS, what helps the healing happen?”. If the study of healing is to emerge then understanding as much as possible from the client’s perspective about healing would seem appropriate to accomplish the research goal. This understanding was explored in IS (1) Q2 and enhanced in IS (1) Q3. Clients were asked “Which part of the work with ETS most helped with this healing? Why do you think this was so?” and “In what way was your healing helped, a) by your therapy work?, b) by your spirituality work?, c) or by a combination of both? Why did you select a), b) or c)?”. In this way the healing was understood in terms of “parts” and “way” with

IS (1) Q3 offering a much more leading choice of explanation for the healing, but only offering this after the more open ended “parts” were explored.

In summarising the implementation of the first research objective: the clients are led into the possibility of no healing happening with the start of IS (1) Q1. Then, if there was healing, the clients were to reflect about the form of the healing with the end of IS (1) Q1. The form of the healing was then further understood in terms of which “part” of the work of ETS helped, and finally the client is given three choices in terms of work that they would have experienced at ETS and asked to select which “way” their healing was helped. As a result, an understanding of healing and an emergence of client-centred ideas on healing would be likely to become available to the study.

4.6.2 Implementation in detail for Research Objective 2

Implementation of research objective two was accomplished through operational research question 4 and through IS (1) Q4, IS (1) Q5, IS (1) Q 6, IS (1) Q7, IS (2) Q5, IS (2) Q6, IS (2) Q7, IS (2) Q8 and IS (2) Q9. To clarify the flow of the accomplishment of the research goal refer back to Figure (3) on page 98.8 The main difference between the accomplishment of the first and the second research objective was that both the clients and the volunteers were the source of data for the second research objective. Four questions were asked of the clients and five questions of the volunteers; to explore the meaning of spirituality for them.

The fourth operational research question was: “What is the interrelationship between the therapy work and the spiritual intervention the clients receive?”. This may have seemed a little

presumptuous as a targeted way of exploring spirituality. Previous questions were designed to ascertain whether healing had occurred and then to explore the interplay of the complexities that had taken place to achieve that healing. As a result IS (1) Q4 asked: “If both the therapy and spirituality work helped your healing, how would your healing have been affected without both parts of the work being done?”. The question was intended to explore the client experience and give the participants a chance to speculate on their experience. The question was to help clients think deeply and clearly about what really happened to them. This was quickly followed by IS (1) Q5 which was posed in the negative: “In your work with Eden Therapy Services, what was unhelpful?”. The negativity of these questions was quite deliberate to provide an opportunity for clients to say if they thought the therapy or spirituality or service from ETS was not what they needed or wanted.

The implementation of the second research objective continued with a question addressed to clients or IS (1) Q6 continued the negative exploration by allowed for the possibility of a client who found only one part of the work helpful. The instrument asked “If only one part of the work was helpful and not the other, why was this so?”. This question explored the possibility of an unequal interrelationship existing for the clients, while IS (1) Q7 explored the possibility of an interrelationship not existing at all by asking: “If none of the work, either the therapy work or the spiritual work was helpful, why not?”

In the second research objective, a similar set of volunteer focus group questions was asked of the volunteers. IS (2) Q5 and IS (2) Q6 were mirror images of each other exploring yet again the interrelationship of therapy and spirituality by considering that if the work helped the clients, how would their work as volunteers been affected by parts of the work not being done. The

instrument questions were worded as: “If clients are helped by their therapy and spirituality work, how would your work with clients have been affected without the therapy work being done?” and “If clients are helped by their therapy and spirituality work, how would the clients have been affected without the spiritual work being done?”.

Implementation of the final questions for the second research objective involved the negative research instrument questions, but this time to the volunteers. IS (2) Q7 asked: “In your work with clients of ETS, what was unhelpful?”. IS (2) Q8 asked: “If only one part of the work was helpful for clients and not the other, why do you think this is so?”. IS (2) Q 9 finished the negative research instrument questions by asking: “If none of the work, either the therapy work or the spiritual work, was helpful why not?”. These questions provided a unique opportunity to have previous client information compared and contrasted to the views of volunteers who had somewhat less of a stake in the research than the researcher or client respondents who may have been trying to please the researcher.

4.6.3 Implementation in detail of Research Objective 3

The third research objective related to the phenomenon of the volunteers’ commitment over time to spiritually intervening for clients of Eden Therapy Services. The formation of this objective related to the popularity of the role of volunteer and the apprenticeship training program trialled in 2002. The volunteer respondents’ demographic characteristics were described and their involvement qualitatively researched with a set of questions related to their role in the work. In this way, their experience as volunteers was explored for meaning and understanding.

The third research objective was implemented by operational research questions 5 and 6, and used the research instrument questions located in Interview Schedule Two which were directed at volunteers. IS (2) Q1 and IS (2) Q4 were related to operational research question 5 and IS (2) Q2 and IS (2) Q3 were related to operational research question 6 (Refer to Figure(3) on page 98 for clarification of the connections). IS (2) Q1 began the volunteers' descriptions and was followed by IS (2) Q2 which moved to the outcomes of their work and then to IS (2) Q3 which asked about the impact the volunteers have and then swung back with IS (2) Q4 which queried the help the volunteers think the clients get from their work at ETS. The flow of the questions was designed to allow for an understanding of the volunteers' experiences beginning with a "description" of their work from a neutral stance. They then moved to a more cognitive process of examining the "outcomes" and "impacts" they had noticed, before leading into a more open and philosophical reflection about whether they "think clients are helped". As a result, the two instrument questions relating to research question 6 became nested in between the two instrument questions relates to research question 5.

Operational research question 5 asked: "What benefits do volunteers get from their work with clients of ETS?". Rather than assume that volunteers would choose to describe benefits to them when considering their work with ETS, the first questions in the research instrument for volunteers were as neutral as possible. This was particularly important as the volunteers were either Protestant or Pentecostal, or a combination of both, in their backgrounds and could have been thought to have been inclined to be self-effacing when considering their own achievements or works. IS (2) Q1 began the understanding of the volunteers experience, by asking: "How would you describe your work with people who attend ETS?". IS (2) Q1 began with seeking a neutral description of the work the volunteers did with the clients they had seen.

Operational research question 6 was: “What are the outcomes and impact of volunteers providing a spiritual service to clients of ETS?”. IS (2) Q2 and IS (2) Q3 were posed to the volunteers. IS (2) Q2 was: “What have been the outcomes for the clients you have worked with at ETS? And IS (2) Q3 was: “What impact do you think your work has had on clients of ETS?” These three questions directed the volunteers in a more closed way to think about what their work did. First came a general question about the outcomes and impact of volunteers providing a service. This was followed by the description of their work and finally, they were asked to comment on the effect their work was having on others.

Finally, to implement the third research objective, the volunteers were asked a much more open-ended question in the research instrument. IS (2) Q4 asks: “Do you think clients are helped by their therapy and spirituality work at ETS?”. This research instrument question may not seem to relate to research question 5 about the benefits that volunteers get from their work at ETS, however by asking them to comment on the help the clients received from the therapy or the spirituality work, an opening was given to them to comment on their own evaluation of volunteering. This question also involved them in an enquiry directed at emotion about what they saw happening or not for clients, and how this affected them and their perspective.

To summarise, the questions that were designed to meet the third research objective were intended to understand the experience of the volunteers. This was accomplished by an open-ended exploration of the description of the volunteers’ work in IS (2) Q1. This was followed by a direct exploration in IS (2) Q2 and IS (2) Q5 of the “outcomes” and “impact” that the volunteers saw for the clients they worked with. Finally, a more open-ended consideration of

the volunteer experience was accomplished in IS (2) Q4 to draw out what the volunteers thought.

4.6.4 Implementation in detail of Research objective 4

The implementation of the fourth research objective was begun through operational research question 7 which states: “What are the implications of this research study for professional and other helpers for interweaving the spiritual with best therapeutic practice?” The two questions that emerged to explore this were IS (1) Q8 and IS (I) Q10.

The question was aimed at information that clients and volunteers would wish to direct to professionals and which they would not usually have a chance to communicate unless involved in something such as this research. It was important for the clients and volunteers to have a voice in telling professionals and other untrained helpers what they thought about the healing they had experienced. This question was deliberately constructed in a way that clients and volunteers had a safe experience of the research, and could feel empowered by the supportive nature of the group in the focus group or the supportive interpersonal process in the individual interview, so they could freely say what they thought. As a social worker, I am always interested in the client-centred view over and above what another professional might say about the use of volunteers and prayer. I was also interested to add the volunteer helpers’ perspective on information they may wish other professionals to have about what they saw as the nature of their work. The research participant by his or hers involvement moves from “illusory beliefs that may be irrational and contradictory to a more enlightened understanding of the impact of social structures on their lives” (Fawcett, Featherstone, Fook and Rossiter, 2000, p 143).

The research instrument questions varied only fractionally according to whether the clients or the volunteers were being addressed. IS (1) Q8, which was directed at clients, asked: “What would you like to say to professional counsellors, pastors, people training as pastoral care workers or people in training as intercessors about combining therapy and spirituality for healing?”. IS (2) Q10 asked a very similar question, but was directed to the volunteers: “What would you like to say to professional counsellors, pastors, people training as pastoral care workers or people considering being intercessors about combining therapy and spirituality for healing?”. The clients were asked to consider this question in relation to professionals, pastors, pastoral care workers or people training as intercessors. The volunteers were asked to consider this at first for the three professions and then as people considering doing what they did as volunteers. It was hoped that the clients would give their views to inform the professional arena, but also for future work for the volunteers. It was hoped that the volunteers’ views would inform the professional arena and also by utilising the personal experience of being a volunteer that they would then advise possible future volunteers considering this role for themselves. I had hoped to integrate the findings from this research into future training programs for health care professionals and the volunteer intercessory prayer team apprenticeship program that ETS had established in 2002.

The implementation of the four research objectives in detail has described the processes used to achieve the objectives. However, sampling, entering the research field and establishing rapport, specific data collection tools and data collection methods were also used to achieve the research objectives and the implementation of the research objectives. The sample selection, research field and rapport, data collection tools and methods will be outlined in the next section of the methodology.

4.7 Sample Selection

The sample came from a group of clients seen at Eden Therapy Services who had also voluntarily participated in “intercessory prayer” for their own needs. It was decided that the clients must have ceased their counselling and prayer work for at least a year before they were invited to participate in the research. This is an unusual step in research however, the importance of allowing clients to substantiate their changes and healing over time after finishing counselling is imperative. It was deemed necessary that the possible wellbeing of research participants was a higher priority over their attendance at the research interviews. One could argue that this decision provides evidence of the difficulties of conflict between the practitioner and the researcher roles and that the practitioner prioritised her needs over and above the researcher’s needs. However, the research was carried out and also weighed against the risk to the social worker’s private practice which was also her way of making a living. Finally, this decision ensured that any sensitive issues that would have been pertinent to the clients counselling had time to settle before they were considered as possible participants.

After examining the possible list of clients that fitted the criteria of having had counselling prior to 1999, that is those who had both finished their counselling and had experienced prayer, 50 possible participants were identified. These possible 50 participants were sent a letter entitled “Recruitment Letter for Clients of Eden Therapy Services: An Invitation to be Involved in Research” (Appendix 6 and 7). Possible participants were invited to ring the office if they wished to be involved in the research. The number of participants needed for the actual research was taken out of the 50 invitations. The participants responded quickly with 48 out of the 50 invitations either phoning the office or writing to confirm their interest. The secretary for Eden

Therapy Services began to negotiate some dates and times for some participants who could not attend at the times requested in the recruitment letter. The respondents were very positive and enthusiastic and several who could not be involved, due to work commitments or holidays, expressed regret at not being available.

The sample selection was finalised by taking into account my assessment of the voluntary intercessory prayer team. The sample selection therefore also included invitations to six of the volunteers who were most likely able to attend a focus group. As some volunteers are married to other team members and have children, obviously only one volunteer from a couple could attend due to child care issues. All of the six volunteers agreed to participate in the research. As a result of wanting to have a sample that looked at the importance of interrelationship it seemed appropriate to invite clients and the volunteers to be included in the research. The volunteers placed themselves in relationship with people they had never met who happen to be clients of Eden Therapy Services. The voluntary team consisted of six people, four women and two men who regularly committed once a month for four hours to make themselves available to meet with clients and pray with them. "An Invitation to be involved in Research" was sent to these six volunteers who all eagerly agreed to participate (Appendix 8 and 9). The number of these volunteers is small due to the need for this team of people to have been selected over the years for their maturity and ability to maintain confidentiality as volunteers, despite not being required to do so by the requirements of a professional affiliation or membership.

As a result of the sample selection, there were 30 research participants who confirmed they would be involved in the research. Of the thirty, twenty four were clients of Eden Therapy Services who were available for the times selected to run either the focus groups or in-depth

interviews. The remaining six were voluntary intercessory team members responsible to Eden Therapy Services.

4.8 Entering the Field and Establishing Rapport

When considering entering the field of research the primary focus was to make the field as safe as possible for research respondents to feel at ease and able to talk. The site as previously described above certainly engendered safety with its well-lit grounds and green peaceful landscaping. The field of the research requires an intensifying of the safety and peacefulness of the setting for the research respondents to open up and enter the research itself. I was also aware that I wanted the research respondents to arrive at the research site and, while getting assurance from the familiar surroundings in which they had received their counselling and prayer in or provided voluntary intercession in, to also understand that they were in the research site and could be relaxed and chat. I facilitated this shift for the research respondents from client or volunteer to research respondent by including myself and my secretary in the site, casually dressed, with tea and coffee prepared and with time for an informal chat before the research actually began. I made a point of indicating this transition by the different positioning of furniture into a relaxed lounge room setting. Office doors were left open while tea was being prepared, and my secretary did not take up her usual position behind her desk where she makes appointments but wandered casually around making sure people were comfortable and had a drink.

The research site was further enhanced by the structure of the data collection, as it flowed from a drink of tea or coffee to begin, to the demographic data collection sheet to the more complex discussions around the research questions which will be described later in the methodology. It is

enough to mention here that the setting for research was now firmly established in the mind of the research respondents when I asked them initially to fill out a demographic data collection sheet. Clients and volunteers of Eden Therapy Services are rarely asked to put anything in writing so the research role was firmly established as different from what they had encountered in their previous roles.

As the location for the research emerged as relaxed and comfortable in a familiar setting, the research respondents themselves relaxed and began to enjoy the opportunity the research was providing them to talk about a subject that most found they had a lot to say about. A subjective measure of the rapport that was established was shown in one particular group of research respondents which included a solicitor, a person performing home duties and a person of generational welfare background. I was initially concerned that the tertiary level education of one respondent would tend to dominate the minimal education level of the other respondents. I was surprised to find that each had participated equally in the research and also came to understand a little of each other's different life experiences with both curiosity and respect.

Rapport was also enhanced by the clear boundary that was established by the way the research participants were introduced to each other. In the letters of participation, the research participants were told they would be introduced to other research participants on a first name only basis if they were attending a group. This restriction or boundary was experienced by most participants as a rapport building exercise they felt that even if they ran into someone from the research later, in a social setting, they would not know their surname or the intimate details of their reason for utilising Eden Therapy Services. Each research respondent felt they could converse with and identify each other by first name and that this was useful for the rapport

purposes of the research, but that their privacy was also being taken into account by no surnames being used in the research.

4.9 Data Collection method and tools

Three main data collection tools were used in the research and three methods of data collection corresponded to each tool. The data collection methods were: questionnaire, focus group interview and an individual interview. The data collection tools used were the demographic data sheet, the focus group, the individual in-depth interview, schedules and the appropriate appendices containing these tools.

Method 1- the questionnaire

The questionnaire was chosen as a research method to gain information on the client and volunteer research participants. The questionnaire was devised specifically for the research, by the researcher, to gather basic demographic information on the research participants and to ascertain their church affiliations and/or positional authority they had in their spiritual lives .In this way what Padgett describes as an “interview guide” begins the research process. “An interview guide should contain an initial set of questions that focus on your areas of interest. “The guide should provide enough detail to cover key domains, but should not become a straitjacket” (Padgett, 1998, p 60). The demographic information asked is based on age, marital status, number of children, education level reached, occupation, church membership and position within the church (Appendix 10). The demographic information was requested after the research participants had read and signed the Information and Consent Forms. In this way, it was an easy introduction to the beginning of the question and answer process as many participants were concerned about giving the “right answers”. As demographic data is

something a participant owns, in a sense, and therefore cannot get wrong, the introduction to the first research tool seemed to ease some tension for research participants as they began unfolding information about the research and themselves. The disadvantage of the demographic data collection sheet is that it was not by any means exhaustive as it was intended as a way into the research for the participants who are not only concerned about wrong answers, but about answering questions about themselves. However it did provide a social profile and appears in graphic format in the research to give an overview of how the research respondents look demographically and how they fit with church membership and church positions.

Method 2- The focus group interview

The focus group interview was chosen as a research method because of the ability of group dynamics to provide a fertile field for emerging research results (Padgett, 1998, p 63). As a researcher, I have had undergraduate training in group dynamics and saw a similar opportunity that I had in my Master's work to utilise my skills for the research. Qualitative researchers such as Minichiello, Aroni, Timewell and Alexander emphasise the use of basic group dynamics in qualitative research in the form of interview techniques, strategies for starting, control and rapport (Minichiello, Aroni, Timewell and Alexander, 1995, pp 76-79). The disadvantage of choosing the focus group was that it could have provided a challenge to the clients' sense of their confidentiality or what Padgett calls "highly sensitive topics" (Padgett, 1998, p 65). The attendance at the focus group meant actually meeting other clients of Eden Therapy Services. In some ways this disadvantage was alleviated by the invitation to the research project being a choice for the client with no further consequences to their relationship to Eden Therapy Services. The clients could refuse the letter of invitation by choosing not to reply to be part of the research. In other ways this disadvantage was alleviated as the clients also knew I would be present during the research and as I already had a therapeutic relationship with each of them.

This relationship was based on trust and could be useful in strengthening the focus group dynamic.

Method 3- The individual interview

While the focus group method has the advantage of group interaction occurring within the method itself as a way of emerging data, the depth of the data can be lost. The depth of data that can be gained from interviewing an individual research respondent can provide for a larger quantity of data to the research, and an opportunity for the researcher to further explore areas of interest. It was intended that the focus group would tease out themes and categories of information and then the individual in-depth interview would provide a one-to-one researcher and respondent environment to check the emerging themes and categories. The use of the individual interview provided an opportunity to record data that was in-depth and concentrated. The individual interview allows the researcher to concentrate on one research participant only. It was hoped that the use of both the focus group tool and individual interview tool would provide the advantages of a group process and the depth of the one-to-one interaction.

Tool 1 The demographic data sheet.

The demographic data sheet was created specifically for the research. The sheet included questions about church membership and church role as well as basic information about age, vocation, marital status and family. This data sheet was given to all research respondents. The completion of the sheet served as a calming process for all research participants as they adjusted to the research setting before beginning the more challenging and intricate process of responding to the questions of the focus group and individual interview.

Tool 2 The focus group

The focus group proved itself to be a lively interactive way to gather data. Participants were shown to the room on arrival and introduced to other participants on a first name basis. The

stages of the groups activities were introduced by the researcher and demographic data sheets filled out. The focus group questions were taken one at a time and introduced by the researcher and answers invited from the group. The researcher directed the time allocated to each question and gently directed the flow of the discussion so each question was covered.

Tool 3 The individual in-depth interview

As a tool, the use of the individual in-depth interview can be a little confusing as some researchers use the in-depth interview in a group setting as well (Minichiello, Aroni, Timewell and Alexander, 1995, p 71). The confusion was clarified once the method was seen as valid for the focus group as much as the individual interview. The individual in-depth interview method employed in an individual interview provided some concentrated rich data. A further advantage to this method is that the research data is increasingly deepened as the focus group tool and individual in-depth interview tool were used over and over again during the research study time of raw data collection. An analogy to describe the advantage to the combination of the methods is like a wave which brings an action to the beach and changes the beach then withdraws only to break again over the beach and withdraw again creating, yet another change to the overall look of the beach landscape. The wave of focus group information was dumped on the beach and the beach changed a little. The next wave of individual in-depth interview information was dumped on the beach and the change continued as the focus group and individual in-depth interviews were run until a view of the beach landscape was revealed wave by wave.

The semi-structured interview schedule for clients and volunteers

For clients:

The eight questions asked of the client research respondents were deliberately chosen to elicit data surrounding the idea of therapeutic intervention, intercessory intervention and how these relate to each. The eight questions were:

1. Has there been healing (improvement in your well being) for you? If so, what form did this healing take?

2. Which part of the work with Eden Therapy Services most helped with this healing? Why do you think this was so?

3. In what way was your healing helped?

a) by your therapy work?

b) by your spirituality work?

c) or by a combinations of both?

Why did you select a) b) or c)?

4. If both the therapy and spirituality work helped your healing, how would your healing have been affected without both parts of the work being done?

5. In your work with Eden Therapy Services what was unhelpful?

6. If only one part of the work was helpful and not the other, why was this so?

7. If none of the work, either the therapy work or the spiritual work, was helpful why not?

8. What would you like to say to professional counsellors, pastors, people training as pastoral care workers or people in training as intercessory prayer about combining therapy and spirituality for healing?

The advantage of this choice of questions is that the information gathered directly relates to what I believed, as a private practice social worker, were the issues of practice to study. In this way data was gathered on research objective one around healing and research objective two on spirituality. The advantage of using years of practice work to give direction to the most appropriate questions to access the research data also assisted in the formation of the eight questions. The obvious disadvantage of the use of self to produce the semi-structured questions is that my world view, ideologies and choices could have affected the data collected. In some ways this disadvantage can be alleviated by close supervision by colleagues in the field, in this case my thesis supervisor. In other ways, this disadvantage could be alleviated by being clear about the types of questions to suit particular purposes chosen by the researcher:

Question 1 and 2 were chosen as “primary types of questions” which begin interviews and introduce the idea of the topic.

Question 3 and 4 were chosen as “structural types of questions” to find out how respondents structure their understanding.

Question 5 was posing the negative and is the counterpoint to what researchers call “posing the ideal” type of question which elicits another story by working with extremes.

Question 6 and 7 were “secondary types of questions” which give further detail to the data (Minichiello et al, 1995, pp 88-90).

Question 8 was influenced by, and intended as, a social action question that comes from the feminist theory of research that action should come of research. Ann Oakley alluded to the need to bring research into “action” when she talked about not working from traditional research interview techniques. She suggested:

Interviewing women was, then, a strategy for documenting women’s own accounts of their lives. What was important was not taken-for-granted sociological assumptions

about the role of the interviewer, but a new awareness of the interviewer as an instrument for promoting a sociology for women, that is, as a tool for making possible the articulated and recorded commentary of women on the very personal business of being female in a patriarchal capitalist society (Oakley, 1986, pp 245-246).

This question urges respondents to feel empowered to see themselves as experts to be able to give advice to the therapeutic community via the research. The researcher is then responsible for taking this empowered opinion into research results and finally, informing practice.

For volunteers:

The semi-structured interview schedule was adjusted when used with the voluntary intercessory team research respondents. The ten questions were aimed at information that directly related to the achievement of Objective 3 which was to explore the experience of the volunteers. The ten questions were as follows:

1. How would you describe your work with people who attend ETS?
2. What have been the outcomes for the clients you have worked with at ETS?
3. What impact do you think your work has had on clients of ETS?
4. Do you think clients are helped by their therapy and spirituality work at ETS?
5. If clients are helped by their therapy and spirituality work how would your work with clients have been affected without the therapy work being done?
6. If clients are helped by their therapy and spirituality work, how would the clients have been affected without the spiritual work being done?
7. In your work with clients of ETS what was unhelpful?

8. If only one part of the work was helpful for clients and not the other, why do you think this is so?
9. If none of the work, either the therapy work or the spiritual work, was helpful why not?
10. What would you like to say to professional counsellors, pastors, people training as pastoral care workers or people considering being intercessors about combining therapy and spirituality for healing?

The questions were varied to provide another way of viewing the data from the volunteers' point of view in relation to the therapeutic and spiritual interventions. The disadvantage of this may seem that the data becomes confused or fuzzy with the introduction of the volunteers' view of the work. However, I believe one of the advantages of this to the research is that there is something inherently healing for both client and volunteer in the interrelationship, which needs to be included in the research study as part of the whole. The disadvantage was alleviated even more by clearly setting out the types of questions chosen and why they would be useful to the research.

Question 1 was chosen as a "primary question" to begin the topic.

Question 2 was chosen as a "knowledge question" which was a little more challenging for the mainly tertiary educated volunteer group.

Question 3 and Question 4 have been chosen as "structural questions" to explore how the volunteers understand what they think about their work.

Question 5 and Question 6 have been chosen as "contrast questions" to explore comparison and meaning in relation to their work.

Question 7 was another example of what I call "posing the negative" to elicit another story

Question 8 and Question 9 have been chosen as “secondary questions to provide further clarifying detail (Minichiello et al, 1995, pp 88-90).

Question 10 was to provide the volunteers an opportunity to tell professionals how their practice could possibly be improved.

Having considered the tools chosen for the research and the advantages and disadvantages of each tool, it may appear that the variety of tools may be confusing the work or the job at hand. However, I hoped the variety of tools used would enhance the research results. The idea of “thick data” or “rich data” is emphasised by the multiple tool use and the wave-like information gathering over time. In order to build on the information about the collection of data with the four tools, the purpose of the data collections instruments needed to be outlined.

Data Collection Process

Data was collected during 2001. The timetable for the research began in 1999 with the research proposal to La Trobe University. Preparation and planning continued in 2000 with letters of interest inviting potential research respondents to a pilot program. In January 2001 letters of invitation to participate in the research were posted and data collection began with the first focus group. Data collection continued throughout 2001 with the final focus group run in October of that year.

The following table shows the process of the three research instruments tools used for the data collection in 2001.

Table 1
Data collection process for study in 2001

Date	Type	Respondents
Pilot Study		
4 April 2001	Questionnaire and Pilot focus group interviews	client research respondents
9 April 2001	Questionnaire and Pilot individual in-depth interview	client research respondents
Client Study		
9 May 2001	Questionnaire and focus group interviews	client research respondents
14 May 2001	Questionnaire and individual in-depth interview	client research respondent
11 July 2001	Questionnaire and focus group interviews	client research respondents
16 July 2001	Questionnaire and individual in-depth interview	client research respondent
8 August 2001	Questionnaire and focus group interviews	client research respondents
16 August 2001	Questionnaire and individual in-depth interview	client research respondent
Volunteer Study		
7 September 2001	Questionnaire and focus group interviews	volunteer research respondents
17 September 2001	Questionnaire and individual in-depth interview	volunteer research respondent

The pilot study consisted of a focus group of five client research respondents and an in depth interview of a client research respondent. The pilot respondents were selected from the client list of ETS archives representing clients who had finished their therapy work and had participated in the spirituality program of ETS when they attended their counselling. The pilot respondents were volunteers who were selected from the list of volunteers currently working with ETS. A list of possible research respondents were then invited to participate and some of these respondents who contacted the offices of ETS then self-selected the date for the pilot program. The only research respondents who did not have as much choice participating on different dates were the volunteers. Most of the volunteers were directed to the last focus group in September 2001 and one volunteer was directed to the individual in-depth interview also in September 2001.

The pilot study respondents were confirmed to participate in the study by phone after consultation with the office manager over times and their availability. Closer to the date of the pilot focus group two respondents could not attend due to child care and work commitments. The pilot focus group went ahead with three respondents and the in-depth interview went ahead with one respondent as planned. After entering the room to attend the group or interview, the research respondents were given the demographic data sheet and asked to fill this in. The thought required for demographic questionnaire had in some ways ushered in a climate that was ripe for discussion. At no time were there long silences after a question had been posed and, at times, the role of the researcher was spent closing down discussion and encouraging movement through the questions due to time constraints. All of the discussion was recorded on audio tape with the research respondents being comfortable with this process and no one refusing permission to be taped.

The pilot focus group of client research respondents provided the themes which were the basis of the pilot in-depth interview. The pilot in-depth interview was guided by the themes and categories gathered from the pilot focus group of research respondents. In this way, the themes from the clients' perspective were dominant and created dominant client research categories to inform the rest of the data collection including the volunteer intercessory research respondents. The changes that were put in place as a result of the pilot study were:

- The quantity of data coming from the research respondents' answers to the questions needed to be reduced due to the time constraint of trying to keep to a maximum of two hours.

- The researcher had to take more initiative to manage the time available and move respondents onto the next question more quickly to conserve time.
- If there was something the researcher wanted qualified, then it became apparent that the individual in-depth interview was an opportunity to check emerging themes.

The study then consisted of three other focus groups of client respondents which were each followed by three individual in-depth interviews of client respondents. The same process applies to these groups as to the pilot program where clients were invited to attend by letter and then given, this time, a possible number of dates to attend the three focus groups or three in-depth interviews. The categories that emerge from each focus group then informed the in-depth interview to follow.

The final stage of the study was the volunteer focus group and volunteer individual in-depth interview. The volunteers currently working at ETS were all included in the research and no one decided not to participate. Once again the categories and themes emerging from the previous research were considered in light of the research from the volunteers. The focus group was attended by six of the volunteers and the in-depth interview by one of the volunteers. One of the volunteers felt strongly that she wished to participate in the individual in-depth interview as she wanted the concentrated attention of the researcher on a one-to-one basis conducting the interview in the day suited her commitments to her family more so she was offered this time. These research respondents were the most difficult to manage; they were verbal, articulate and even critiqued the questions of the research as to their validity.

The research respondents were then asked to answer the research questions specific to either the client research respondents or volunteer research respondents (Appendix 7 and 8). The concentration involved in completing the questions created an atmosphere of keen anticipation to answer the rest of the questions.

4.10 Storing and Sorting Data

At the end of each focus group or individual in-depth interview the forms relating to the demographic data and the signed Information and Consent form were taken to a locked filing cabinet in the secure storage area of the Offices of Eden Therapy Services. The forms were stored according to the focus group or individual in-depth interview that they were collected in and then locked away until needed for data analysis.

The recorded tapes from the focus groups and individual in depth interviews were also stored in the storage area of the Offices of Eden Therapy Services and taken into the general office area when worked on for transcription. The transcription was performed by Amanda Teale as secretary to Eden Therapy Services, and was carried out at times when no clients were present in the office. The transcription took up a great deal of time throughout 2001 and each time the tapes were used they were then secured and locked in the storage area which is then locked within the Offices.

Data collation

The collation of the data was directed by the tools and procedures of the research. The demographic data was sorted easily into a visual table for the analysis of the data. The

qualitative data was sorted into themes or categories. To sort the qualitative data took the most time as it constituted the largest part of the data. The sorting was facilitated by the formatting for transcribed data first recommended by Minichiello, Aroni, Timewell and Alexander (1990). Once the data was transcribed, a page of introduction to each focus group was formatted. This introduction recorded the type of qualitative research tool used, the date the tool was used, the research respondents present, the topic, the place, the time, relevant information, special circumstances and reflections of the researcher. The transcript itself followed and was divided into three columns: one column to record the counter time on the tape for each page, the next column for the raw data and the third column for the memo notes that I would write as the data was analysed. The sorting was finished with a personal file note to record my sense of the progress of the qualitative data over the time of the data collection, which was roughly a year (Minichiello et al, 1995, pp 220-223). An example of the sorting of the pilot focus group is provided below to show the introduction page, a page of transcript and the researcher's personal file at the end of the transcript file.

Figure 5: Example of pilot focus group introduction page for data sorting

4.11 Focus Group – Pilot

RESEARCH RESPONDENTS: Three women

TOPIC: Our Healing: The Interrelationship between the Therapeutic and Spiritual interventions.

DATE: 4.4.01

PLACE: Offices of Eden Therapy Services Main Room

TIME: 7pm to 9.30pm

RELEVANT INFORMATION: First respondent arrived on time closely followed by the second respondent. The third respondent was fifteen minutes late due to traffic, but as we had prepared tea and coffee to begin with she was still present for all the research questioning.

SPECIAL CIRCUMSTANCES: Preparation for a group within the college building was also occurring and people were walking around so I was a little concerned for the respondents' anonymity; My secretary Amanda Teale was very effective in keeping the area secure.

REFLECTIONS ON THE FOCUS GROUP

At the last minute the two male participants had been unable to attend the group of three women and two men. One had unexpected work commitments and the other had child care issues. I wondered whether it is harder for men to come and meet with four other clients even though they stated in response to the invitation that they would come. Second thoughts may have prevented their attendance or their reasons for not attending may have been their whole truth.

I was aware of the informal clothing I was wearing, trying to make a physical statement about the different nature of this work from therapy work. My clothing style was very relaxed and casual, very different from my appearance when working therapeutically with clients. I realised that I was more open and less stiff, I was metamorphosing into a researcher who was responsible for the environment of the research and for moving the group through the questions. I felt relaxed not to be in charge of each client's emotional well being, from a clinical point of view, on exiting the group.

On beginning the group after the three women were settled and introduced, I wondered about how verbal I was. I must get out of therapy mode and into research mode and stop encouraging answers but rather let them unfold. The women were great, they were relaxed and very verbal. They slid easily into taking turns in talking and listening and were aware of building on each other's process. One would pick up on a word used by another participant, such as journey or safety, and they would build from there.

Themes, that emerged strongly, even before data analysis were: the safe place of the therapy and spirituality, the journey even before coming to see me and the journey after being bolstered by knowledge that God goes with people and the quick journey through the therapy being accompanied by spirituality. I was shocked to get feedback on my role as therapist being one representing such a difference for one woman who had been to a church-based counsellor who never mentioned God. It helps the heart to know you are doing something that adds to outcomes for clients as a helpful thing.

The following is an example of recording raw data from the pilot focus group for data sorting. In the example the RB initials refer to Rebecca Braid as the researcher and the other capitals, for Example M, refer to the research respondent's first letter of their given name:

Question 1

Has there been healing (improvement in your well being) for you? If so, what form did this healing take?

M – Spiritually or.

RB – Mm.

RB – So in coming here and being part of the counselling and the prayer work, has there been a healing?

S – Do you want us to talk about it individually or together?

RB – Either is okay. This is where with this sort of research it's not about me prescribing it. If you want to talk about it together, go right ahead. That's part of what I'm interested in with the research, what your thoughts are.

M – I can say yes to the first bit.

RB – Good, okay, great.

RB – That's good M.

M - I just have to work out the wording.

RB – Yes, it's a hard question. So if you felt there was a healing what form did it take, or maybe how would you describe it. The questions are difficult. So don't worry if we need to tease them out a bit we can, that's the beauty of qualitative research.

S – I think in terms of one thing I found that it is it helped me understand a lot of who I am today and it kind of helped me understand my journey into the person I have become. But it also so it's interesting because in one sense there's you can almost see that there's a social work aspect and there is a

Fantastic first statement about the “found understandable journey”

spiritual aspect and yet the two aren't intermingled together.

And I actually found that it's, I found that I wouldn't be where I am at now if the spiritual aspect hadn't been incorporated into it.

RB – Great. This is where the researcher can hardly contain herself.

S - So because I found by bringing God into the situation, there were things about my *patterns and cycles* and things of that sort that had *been revealed* to me that I don't think I would be able to look at before hand if there hadn't been a spiritual component because to actually *look at and face certain issues and truths* and things of that sort without it just the habit in my life without there being some sort of purpose to understanding that I think what it has actually done is that it has helped me to go on somewhere from that today to say okay there is this *healing journey* and its actually started but it kind of gives me a *hope* to see where its going, for down the track so that I actually, it will actually affect and change my future and things of that sort.

RB – That's wonderful. Thank you.

The following is an example of a personal file kept for the pilot focus group:

PERSONAL FILE

I want to record my thoughts in response to the pilot focus group in an unstructured personal file that allows me to think randomly. I am wondering about the way I am actually doing the research and whether it will be described in the literature. It's interesting how, as a student, you trawl through information looking in some ways to identify with or have validated your experiences of the research. I realise more and more that this research is not in the literature. I hear myself say maybe I haven't read everything yet? What an arrogant assumption that one could read everything anyway and what use would that be.

Martin said to me that the practice of what I do is the unique thing. I am no academic but I do hope that I can inform the practice arena of social work about what is actually happening in one social worker's office.

Social Work aspect and spiritual aspect are not intermingled but in the process of therapy it has "been" incorporated. How? What does this say about the interrelationship?

By bringing God in patterns are revealed, issues and truths are looked at and faced so that a healing journey of hope occurs.

4.12 Data Analysis

The data analysis certainly begins when data collected starts to gather as the research data collection is begun. However, despite an actual beginning with this process, coding was somehow initiated for me several years before. I had begun an alphabetical reference box with what I knew to be identified categories and themes that clients raised around their therapy and spirituality work. The categories related to a current theory, literature and what I described as my own practice experience and information gathered from clients comments. What Strauss and Corbin describe in their discussion of practical considerations for qualitative research I had already done by being in the job I was doing. I had a practice area involving spirituality where I felt there were professional questions to answer (Strauss and Corbin, 1996, pp 36-38). I had a practice area that involved my interest and had already begun to develop sensitivity to the meaning in the interrelationship of therapy and spirituality (Strauss and Corbin, 1996, p 47). The categories that emerged prior to the research being conducted were recorded on cream index cards and informed by current theory, and literature was listed as follows:

Discourse
Eden
Evangelical
Evil
Family Therapy
Gender
Hebrew World View
Healing
Interrelationship
Managerialism
Narrative
Pentecostalism
Post Modernism

Prayer
Psychosocial
Systems Theory
Spirituality
Theology
Redemptive Structure
Research
Social Work

The categories that emerged on the white index cards were informed by practice experience and information gathered by client comment was as follows:

Change for clients
Change for volunteers
Church
Gender
Healing
Intercession
Marriage of therapy and spirituality
Prayer
Revival
Spirituality
Stuck
Therapy
Wound

These categories seem rather bald, but they were the genesis of the ideas behind the formal initialisation of the research. They were generated from experience, contact with the practice profession and general literature which did not overtly discuss the practice and the spiritual. It is these initial categories that informed the initial analysis of the data.

After the study began, the categories were again considered in data analysis and coding decision making. These categories were moved and formed into groups of themes which were then colour coded to compare against the raw data with its memo notes. For example, from the list of original categories which included over thirty categories from current theory, literature, client comment and therapist musings, seven themes emerged. The seven themes were: ideology theme, esoteric literature and theory theme, social work intervention theme, current literature and theory theme, change and intervention theme, esoteric client theme and current client theme.

Categories from literature and theory

Discourse

Managerialism

Pentecostalism

Post Modernism

Hebrew World View

1` Ideology Theme

Categories from literature and theory

Evil

Healing

Prayer

Spirituality

2 Esoteric literature and Theory theme

Categories from literature and theory

Family Therapy

Narrative Therapy

Psychosocial

Systems Theory

Research

Social Work

Gender

Interrelationship

3 Social Work Intervention Theme

Categories from Literature and Theory

Eden Therapy Services

Evangelical

Theology

Redemptive

4 Current Literature and Theory Theme

Categories from practice and clients

Change for clients

Change for Volunteers

Stuck

Therapy

5 Change and Intervention Theme

Categories from practice and clients

Healing

Intercession

Prayer

Spirituality

Wound

6 Esoteric client Theme

Categories from practice and clients

Church

Revival

Gender

Marriage of therapy and spirituality

7 Current client Theme

By taking the themes that had emerged one at a time and by using the memo notes recorded against the raw data, these categories were then explored. This exploration employed further microanalysis, questions, comparisons and recording any new and emerging categories.

Then the demographic data needed to be analysed. The basic demographic data from each of the research respondents was inserted in tables and examined for information that would inform and develop the categories already observed. The demographic data provided a pictorial representation of the respondents and their relationship to each other in regard to age, marital status, children, education level, occupation, church membership and position held within their church.

I included church membership and the position the respondent held within a church to the demographic data in order to give the data a frame of reference relating to how people express their spirituality. My assumption was that membership and position within a church are tied to their sense of the spirit, but was not as an entire representation as some people will express spirituality not in relation to a formal group. The main aim of the demographic data was to give a representation of the world in which the respondents sat.

Analysis of the focus group and in-depth interviews was by microscopic examination of the transcripts. The transcripts provide a rich data field to generate observations and relationship to the initial categories. Straus and Corbin call such microscopic examination microanalysis:

Doing microanalysis compels the analyst to listen closely to what the interviewees are saying and how they are saying it. This means that we are attempting to understand how they are interpreting certain events. This prevents us from jumping precipitously to our own theoretical conclusion, taking into account the interviewee's interpretations (Strauss and Corbin 1996, p 65).

In this way the analysis generated a new frame of reference from the one informed by practice, general literature and client feedback. This new frame of reference hopefully compelled the researcher, in this case me, to stand back and wonder about the original questions one asks oneself in practice and to think again while being guided by microanalysis data. In this way the research became not just a way of describing an observed practice phenomenon, but rather a way of theory building which is the essence of grounded theory development. Strauss and Corbin call microanalysis an “important step in theory development. It is through careful scrutiny of data, line by line, that researchers are able to uncover new concepts and novel relationships and to systematically develop categories in terms of their properties and dimension” (Strauss and Corbin, 1996, p 71).

Microanalysis continued in a fluid way through the research. By the time line by line microanalysis had been performed for the pilot focus group and the pilot in-depth interview, the use of memo notes had helped the emerging new categories to be described. By the time the line-by-line microanalysis had reached the third focus group and in-depth interview, the detailed analysis continued and was enhanced by the categories already discovered in the pilot studies. Analysis continued and developed by being able to scan new data for category information (Strauss and Corbin, 1996, p 70). A sense of confidence in the analysis was emerging in that not only were categories present, but an understanding of dominant ideas and client-informed information was present as the data was enhanced by each subsequent focus group or in-depth interview. By the time the last focus group with volunteer research respondents and in-depth interview with volunteer research respondents was conducted, the microanalysis was enhanced by making theoretical comparisons and asking questions across a range of the raw data.

As confidence in the analysis grew and the analysis deepened, the use of analytic tools became more and more automatic. Strauss and Corbin recommend the use of questions; analysis of a word, phrase or sentence; and comparisons to deepen analysis (Strauss and Corbin, 1996, pp 89-93). Questions were asked not as a means to answer the data, but to expand a sense of growing theory. “Questions become stimuli for thinking about where to go to theoretically sample or what further questions one should ask of interviewees and what other observations one should make” (Strauss and Corbin, 1996, p 91). One of the questions that begged to be asked after getting into the second focus group and in-depth interview was: what is this thing that clients feel so strongly about, but find they struggle to have words to describe? It was as if the focus groups, in particular, provided an environment where respondents could assist each other to try to describe the very thing that they had each found helpful in their work at Eden Therapy Services. This was worth questioning and following up as confidence in the analysis grew and more thick data emerged.

Another tool that was used was that of analysis of a word, phrase or sentence. I thought this was sometimes confused with microanalysis as a general qualitative measure. Microanalysis in this research provided an initial view of the huge amounts of data that were obtained by the qualitative measures. Microanalysis, intensified by memo notes, located the data that then deserved analysis by word, phrase or sentence. Strauss and Corbin define this tool by saying “when we get stuck in an analytic rut we often can pull ourselves out through analysis of a word, phrase or sentence. This technique is especially valuable because it enables the analyst to raise questions about possible meaning, whether assumed or intended (Strauss and Corbin, 1996, p 92). I am not comfortable with the work “stuck” in this sense as the analysis of a word, phrase or sentence seemed to naturally flow from located pieces of data that had been microanalysed and memo noted anyway. Certainly what was very useful was the sense of again

returning to questions about meaning and this flowed naturally into the third tool that Strauss and Corbin recommend.

The third tool used in analysis was making comparisons. Strauss and Corbin recommend two different types of comparisons: what they call firstly, incident to incident comparison and secondly, comparing categories. Incident to incident comparison is made to discover the “similarities and differences among their properties to classify them” (Strauss and Corbin, 1996, p 94). Comparing categories is made to “bring out possible properties and dimensions when these are not evident to the analyst” (Strauss and Corbin, 1996, p 94). Both these tools again became part of the data analysis over time as more information and data were layered on top of the previous data with more questions and analysis of words, phrases and sentences. The comparison of data from focus group to focus group and in-depth interview to interview seemed to begin making comparisons naturally. When a category began to recur and when compared, incident to incident, it furthered the understanding of respondents’ struggles to identify this healing thing which defied words but had happened.

The analysis can be summarised by describing the movement of the data through the process. Concepts were brought to the research even before the formal research was begun. Those concepts were alphabetically recorded and observed as they were subjected to the data and kept as reference points while the raw data was analysed. On reading the raw data the initial categories emerge not from the literature and current theory but from the raw data. Through microanalysis of each line, phrase and word of the raw data and through memo notes recorded as the raw data is read the analysis continues to begin to search for categories from the data itself. Open coding then began with the categories that have emerged through questions and

word, phrase and sentence analysis. Through comparison and searches axial coding was carried out to produce subcategories to begin to answer the research question. The subcategories can be studied to see how the raw data relates at this point (Strauss and Corbin, 1996, p 142). Context and phenomena can be observed at this point encapsulating the axial process, with the resultant central categories emerging. Finally, selective coding was used to refine the central emerging categories for the formation of a new theory.

Analysing and coding the data that emerged from the research process has been an unfolding event. The concepts and initial coding somehow pointed to a central category that was occurring for the research participants. The central category was about the hope that research respondents felt and the knowing of a great and helpful thing when they found it. It was more than a feminist knowing as Yllo talks about (Yllo, 1988, p 41); it was more than a sense of caring, it was a way of seeing beyond what was causing a distress. The best way I could describe this to myself while the analysis continued was to name this “the resurrection process”.

4.13 Ethical Concerns and Considerations

One of the most difficult ethical concerns faced was the whole idea of asking people who had paid for a service from Eden Therapy Services to be involved in this research. The ethical dilemma this raised was mainly to do with my own therapeutic concerns that the clients of the service could possibly be compromised in their counselling outcomes if they volunteered to be part of the research out of some sense of allegiance to the practice. Clients can feel grateful and therefore vulnerable after completing intense and sometimes lengthy counselling, and I wondered about this for some time. My Master’s work had answered some of this ethical concern. One of the findings of my research entitled “Our Say: Women’s Response to the False

Memory Debate” (Braid, 1996, p 60) uncovered a great desire for clients to speak out and to have an opportunity to say what they thought. In being able to do this they felt that their counselling work and their experience was validated. I called this a new subjectivity that encouraged therapists to add to the new discourse that the women incest survivors wished the general community to understand (Braid, 1996, p 48).

I hoped that the concepts I was observing around healing, therapy and spirituality would also be something that people felt strongly enough about to see this research project offer them an opportunity to speak. I was very gratified by the responses to the invitations to be involved in the research and my fears were allayed. People invited to attend, who had finished their counselling at least a year prior to the invitation, were very happy to be involved and even expressed regret if their schedule did not allow their participation on certain dates offered. I discovered again that if you provide a safe enough environment for research respondents they will take up the challenge of the research as a way to get their views heard.

To create the safe environment for the research respondents, the Application for Ethics Approval for Research Projects as set out by La Trobe University Faculty Health Sciences Committee (FHECOO/179, 10th of May 2001) was able to put a structure around ethical concerns. The questions about confidentiality being maintained and record keeping all pointed to practical steps that could be taken to keep information safe and secure. This was not difficult as the practice operates on locked confidential record systems at present to meet professional social work guidelines, and the handling of the research data became an extension of this and included La Trobe University as the site of more permanent information storage.

4.14 Strategies deployed for ensuring Rigor

Padgett opens her chapter on rigor by stating; “One of the most vexing questions surrounding qualitative research involves definitions of rigor” (Padgett, 1998, p 88). Researchers Minichiello, Aroni, Timewell and Alexander comment that qualitative research has a grave disadvantage in being able to provide reliability:

It is often pointed out that ‘the claim to fame’ of qualitative research is its ability to provide valid understandings of the meanings informants attach to behaviour, events, attitudes. It is also claimed that its major flaw is in providing and assessing reliability because of the difficulty of replicating such research (Minichiello et al, 1995, p 178).

Practising rigor in qualitative research is one way to alleviate the concern that qualitative research is unreliable and unable to be replicated. Padgett states that: “Rigor refers to the degree to which a qualitative study’s findings are authentic and its interpretations credible (Lincoln and Guba, 1985)” (Padgett, 1998, p 88). To be authentic with this research, the role of the researcher will be discussed and trustworthiness is explored. Prolonged engagement, triangulation and negative case analysis all contribute to the research being rigorous.

4.14.1 Acknowledging the entangled role of researcher and therapist

One of the first strategies deployed for ensuring rigor in this research was to acknowledge the entanglement of the roles of researcher and therapist in one person. Campbell (1997) states that the practitioner/researcher is a “unique hybrid” which can give rich data through the research (Campbell, (1997), p 31). The very nature of the research problem emerging from practice meant that the therapist was first aware of the need for possible research. However, having used qualitative research previously, it was unrealistic to assume the research roles and therapist roles could ever be totally separate. The entanglement could have been resolved by paying for

another researcher to come to the practice to conduct the interviews but this was impossible for me to afford. If the research was to be done it would have to occur within the entanglement of roles. As Campbell states (1997) it is often impassioned social workers who provide the research which furthers social work and its understanding of issues even if personal investment has the possibility of distorting data (Campbell, 1997, pp 31-33).

Padgett's work on the researcher as instrument was a helpful guide to the entangled researcher and practitioner roles by suggesting what indicates success for the researcher as instrument (Padgett, 1998, p 19). Padgett states: "A qualitative study's success depends much more on the researcher's personal qualities as well as intellectual capacity" (Padgett, 1998, p 19). Padgett lists the qualities of a qualitative researcher as creativity, insight, maturity, self discipline, ability to maintain a critical distance, flexibility and reflexivity (Padgett, 1998, pp19-20). While it is hard to assess these qualities within oneself, whenever a problem arose within the research the study these qualities were very useful reference points as a source of guidance.

Padgett then lists the skills of the qualitative researcher as observation and interpersonal communication, empathy and sensitivity and conceptual thinking and writing skills (Padgett, 1998, p 21). She goes on to state that while these skills are the skills of the social worker it is helpful to see the social worker as having to challenge her training of engagement with clients to allow for observation and communication only. In the same way, empathy and sensitivity were the norm, at the same time as not being engaged with clients and listening to seek knowledge and understanding were present (Padgett, 1998, p 21). Thinking conceptually and writing about this has been a skill that as a private practice therapist develops alongside the practitioner's isolation, in contrast to the social workers active engagement in employment in

large government or non government organisations. With these skills in mind, the constant challenge to the ways of entanglement with the researcher as therapist were managed.

Campbell (1997) suggests that the solution to the practitioner/researcher hybrid is complex but possible. The entangled roles can be managed by critical reference groups, supervision, tailoring questions to be least intrusive, anticipate the consequences of the research, use feedback and make clear the differences in respondent and researcher views (Campbell, 1997 p 34). Over the years of the research study reference groups where the researcher discussed preliminary results of the research with students of the government accredited college, informed the role of the researcher. The supervision, both professional and academic also informed the role of the researcher. The questions of the research were carefully monitored during the year of 2001 as they were delivered time and again to research participants. The consequences of the research were discussed with colleagues, the clinical supervisor and the academic supervisor. The researcher drew on feedback from stakeholders so as to be constantly mindful of the entangled roles. It is hoped that this awareness and acknowledgement of the entangled roles would provide a fertile field of enquiry and questions for the researcher.

Out of this enquiry about roles the researcher employed some practical differences to try to ameliorate the entangled roles; in practice the roles were disentangled by physically presenting the research respondents with a casually dressed researcher preparing tea and coffee. Research respondents were greeted differently by the office manager, less formally than when they attended their therapy work. The researcher verbally made comment on the different roles with statements such as: "It is a little unusual to see me in a different role for the research; I don't usually wear jeans and we don't usually sit to have coffee or tea but that is because you are here for the research and not counselling". The researcher also commented that getting the letter of invitation on La Trobe letterhead indicated a different role for the research respondents. In this

way, written, oral and visual cues allowed the research respondents to shift their view of the therapist to the researcher.

Padgett sees (1998) saw that the entangled role of researcher and therapist as not something of sufficient concern to prevent research. Rather, when others in the field were calling for further research, especially on spirituality and client driven comment, it is worth managing the “researchers unique position” (Padgett, 1998, 19). The research roles and therapists roles may be difficult and peer processing and discussions with supervisors may assist the entanglement, however, the urgent need for further research on spirituality from the client’s perspective has been raised by social workers worldwide (Prest, Russel and D’Souza, 1999; Rose, Westfield and Ansley, 2001; Arnold, Avants, Margolin and Marcotte, 2002; Sheridan, 2004 and Stewart, 2006). The challenge to attempt the research study with full awareness of the entangled roles did not negate the need to attempt to enquire into client informed social work perspectives on spirituality.

In concluding a discussion of the entangled role of the researcher and therapist a word on the way knowledge is acquired by social work needs to be made. Fook (2000) argues that professional expertise is defined and owned by the post modern professional who is licensed to practise in a technical, rational and objective way (Fook et al, 2000, p 108). “In this way, the role of the researcher/academic/theoretician becomes privileged over that of the practitioner and service user, since it is assumed that only knowledge which is generated and used in this way is valid (Fook et al. 2000, p 109). Fook(1995) and colleagues Ryan (1995) and Hawkins (1995), have been addressing and researching professional practice experiences by the practitioner themselves and adding to the knowledge the profession has of its practitioners and service users.

It could also be argued that the next step to this is to take on the challenge of the practitioner/researcher to add to the post modern expertise of social work. As Fook (2000) states “Can social work expertise be characterised in ways which are more representative of practitioner and service user experience”, one would hope so (Fook, et al. 2000, p 109). One last word from Flaskas (2002) would encourage the attempt at the practitioner/researcher role when she states “However, in theorising therapy practice, one is always holding the experience of the realities of practice alongside the theory ideas” (Flaskas, 2002, p 7).

4.14.2 Trustworthiness

Another strategy deployed for ensuring rigor is employed with the qualitative data is trustworthiness, a term coined by Guba and Lincoln in 1985. Padgett states “trustworthiness is not a matter of blind faith, but must be earned by rigorous scholarship” (Padgett, 1998, p 92). Padgett suggests trustworthiness as an alternative rigor to more commonly used quantitative rigor measures such as: random sampling, generalisability and reliable and valid measurement. (Padgett, 1998, p 91). “What do we substitute for these...A trustworthy study is one that is carried out fairly and ethically and whose findings represent as closely as possible the experiences of the respondent (Steinmetz, 1991)” (Padgett, 1998, p 91). A trustworthy study is one in which demonstrated faithfulness in the data as a means of telling the story of the research respondent is documented and elucidated for people interested in the research findings and the meaning of the findings.

Trustworthiness in the data can be threatened by several factors. According to Padgett, reactivity, researcher bias and respondent bias are serious factors of threat. Reactivity, or the “potentially distorting effects of the qualitative researcher’s presence in the field”, was an issue

within the present study (Padgett, 1998, p 92). The effect of research bias and respondent bias also needs to be discussed in relation to the research study.

The reactivity possibilities are present in this study as I was the researcher present in the data collection process with respondents that had been clients. However, the obverse of this issue is that all respondents had a relationship with the researcher as a therapist that was characterised by honesty and openness in a safe setting. In this way it could be argued that reactivity was ameliorated by the prior existence of the therapeutic relationship that required a safe field for exploring attitudes and beliefs. The respondents arrived at the research already prepared for an environment that was in some ways non-reactive or, in therapy terms, an environment of neutrality.

The researcher bias is defined by Padgett as being “the temptation to filter one’s observation and interpretations through a lens clouded by preconceptions and opinions” (Padgett, 1998, p 92). I find the wording Padgett used to describe this assault on trustworthiness very interesting. It is not only tempting but part of the intrinsic nature of the researcher to filter data past experience, professional expertise, preconceptions and opinions. The process is unavoidably human but when understood can be tempered rather than being a temptation. In understanding the researcher’s background and lifelong exploration of faith and prayer it was hoped that this would enhance the data rather than nullify it.

The respondent bias is what Padgett describes as “respondents may withhold information and even lie to protect their privacy or to avoid revealing some unpleasant truths” (Padgett, 1998, p 92). Once again, as with researcher bias, this threat to trustworthiness is better acknowledged as

human experience. When approached by a qualitative process of data collection any respondent may withhold information if they have their mind on a pressing personal matter or they may find the galah outside the research site window more interesting than the last question. The way the respondent is asked to be part of the research, the amount of information and explanation given about the research and the conducting of the process in a timely frame will all enhance the respondent's ability to deliver data to the research. It is the responsibility of the researcher to provide for the environment and atmosphere of the research so that respondents can be aware of their biases and move past them. One respondent, as she settled into the site and setting of the research with a cup of tea, said she was worried about saying what was helpful. At this point, the researcher can assist respondent bias by simple statements like "it's helpful just having you here today and whatever you say will be helpful no matter what you think I want to hear".

The ways in which the threats to trustworthiness are ameliorated have been tabled by Padgett (1998) in her work on qualitative methods (Padgett, 1998, p 95). Of the six strategies she recommends to deal with threats to trustworthiness, this research has employed five which are set out below in table 2.

Table 2: Strategies to deal with threats to trustworthiness (Padgett, 1998, p 95)

THREAT TO TRUSTWORTHINESS

STRATEGY	Reactivity	Researcher Bias	Respondent Bias
Prolonged Engagement	+	-	+
Triangulation	+	+	+
Peer Debriefing and Support	O	+	O
Negative Case Analysis	O	+	O
Audit Trail	O	+	O

KEY TO SYMBOLS

+ = Positive effect in reducing threat

_ = Negative effect in reducing threat

O = no effect

In explanation of the table and the strategies employed to reduce the threat to trustworthiness, Padgett suggests prolonged engagement, triangulation, peer debriefing and support, negative case analysis and audit trail. These five strategies were used in the research to ameliorate the threats to trustworthiness and an explanation of each of them and how they were used in the study follows.

Prolonged engagement relates to the amount of time spent in the field of research. Certainly I did not spend time in research respondents' homes observing their behaviour in relation to their therapy and spirituality, but a great deal of time was spent with respondents throughout 2001. Windows of time throughout 2001 occurred with every in-depth interview and with every focus group conducted in the twelve months of 2001. I believe that this prolonged year-long

engagement was able to address reactivity as I could look at results from each window of opportunity to observe threads of similarity and difference. The influence my presence had on the setting of the research was also weighed against the length of time the research took, from two to three hours for each focus group or interview, which allowed for threads of information to be repeated and embellished for validity. It could also be argued that prolonged engagement also allows for the researcher bias to not be addressed or even intensified as the length of time a bias is held only gives it strength. For this reason, the strategy of prolonged engagement is seen as having a negative effect in reducing the threat to trustworthiness. However when looking at prolonged engagement's effect on respondent bias, a positive effect is noted as once again many respondents' responses could be checked over time.

Triangulation has a positive effect on trustworthiness by ameliorating all three threats.

Triangulation as described by Padgett "refers to using two or more sources to achieve a comprehensive picture of a fixed point of reference" (Padgett, 1998, p 96). In regard to reactivity the presence of the researcher in the field during the research was unavoidable.

However the reactivity can be reduced by being aware of the issue and taking some practical steps towards rigor. The researcher dressed differently to the appearance of the therapist. Casual clothes were used to indicate to the research respondents the different role the researcher was taking. The offices used were arranged differently to the appearance of the therapist's rooms. Chairs and coffee tables were strategically placed in difference positions to again indicate that the therapist was not operating but the researcher was. The success of this strategy to create trustworthiness in the research was seen in the humour of the research respondents commenting that they were not used to seeing the researcher in this way. Triangulation also ameliorates the threat of researcher bias through the ongoing professional research supervision which is required by universities when researchers are postgraduate students and operating under

University Ethics Committees. Ongoing discussion went on throughout the research which provided another professional research opinion. This was further enhanced by peer discussion with other researchers at the University which provided a different view to the researcher's biases. The professional training of the researcher also helped to ameliorate researcher's bias as social workers are drilled in maintaining client choice or therapeutic client neutrality which requires the therapist/researcher to remain separate from the clients' issues. In other words, I am used to engaging client self determination and following theoretical frameworks such as Milan Systemic Therapeutic neutrality which professionally dictates therapeutic separation for the counselling and thus the researcher. Triangulation finally counteracted the respondent bias by obtaining data from more than one respondent as a data source. Respondents were able to choose to attend focus groups or in-depth interviews. Respondents included clients and volunteers as source of data so that again similar threads and differences could be observed and noted when they appeared multiple times. To further triangulate by data source to ameliorate respondent bias, the memo notes made at the end of each session of data collection meant that similar recurring themes could be picked out to check against respondents either withholding information for privacy or trying to "help" by providing the "right" answer.

Peer debriefing and support was hard to obtain during this study as the researcher was at a distance from the University for a variety of reasons. However, fortnightly supervision by Dr Martin Ryan was available by teleconference and provided a great opportunity on a regular basis to have professional academic input. Peer debriefing also occurred via supervision for the private practice work of Eden Therapy Services; and incorporated informal discussion with my supervisor Gayle Westcott, a psychologist who holds the position of General Manager for Relationships Australia in Sydney. Colleague support also provided links into various interest groups, so that preliminary findings were presented at the Christianity and Psychology Interest

Group, May the 25th 2001. At this group the excitement with which the research was received was encouraging, but most importantly the effect of research bias was challenged as colleagues approached me with ideas and comments that helped me think differently. For example, one comment from Steve Fyson, the Director of Pastoral Care for Pacific Hills Christian School, was: “The sociology of religion would help describe some of the struggles of the language of the heart, the process of secularization (e.g. Peter Berger) and privatization of faith” (Fyson, 2001, p3). Professional presentation of preliminary results of the research at the Australian Association of Social Work National Conference in Canberra in 2003 also provided another form of peer debriefing. In this way, peer debriefing and support had a positive effect in reducing the threat of researcher bias by opening other views and challenging ways of thinking the researcher held about the data. However, this strategy has no effect on the reactivity and respondent bias in the research.

Negative case analysis is wonderfully described by Padgett as “a sort of self imposed devil’s advocate position assumed during data analysis” (Padgett, 1998, 101). The idea of a devil’s advocate position in a study on healing, prayer and therapeutic intervention I found to be quite a humorous one. In reality, the idea of a devil’s advocate is helpful when the researcher bias can be challenged by taking views that would be expressed by critics. Jane Goodall was chosen by Louis Leaky to research chimpanzees because she had “a mind uncluttered by the theory of reductionism, over simplistic, mechanistic science” (Goodall, 1999, p 74). In using negative case analysis Leaky had known that his and Goodall’s critics would never see the chimps as they did because they would use accepted research theories. I could use the same negative case analysis by asking: what would a reductionist, over simplistic and mechanistic scientist say about researching therapy and spirituality? However, rather than taking Leaky’s lead, negative case analysis could ask questions like: ‘Would the research results be valid with such a small

number of research respondents? Would the research be hindered by having respondents who possibly held a strong spiritual perspective before being in counselling thus negating the strength of their reaction to the spirituality and counselling? Could the respondents desire to help the researcher weaken the results of the research?'. These questions aside, as with peer debriefing, negative case analysis has no bearing on the threat of reactivity and respondent bias according to Padgett's analysis (Padgett, 1998, p 95).

The final strategy is that of the audit trail which Padgett describes as "adopting a spirit of openness and documenting each step taken in data collection and analysis" (Padgett, 1998, p 101). The audit trail was preserved by transcribing all data from the focus groups and in-depth interviews and analysing this data word-by-word with memo notes. The audit trail was enhanced by the researcher's notes at the end of each session of data collection which were recorded in a brief journal fashion with the transcribed data. When having discussion with social workers in the field, one of my colleagues asked with a concerned expression after hearing about the steps taken in the research and how she could replicate the research. She wondered if I had taken on too much and that studying the clients and volunteers as respondents was a little too difficult. I felt pleased that she could see what I was doing so clearly and that she was aware of one of the pitfalls she would need to consider before beginning herself, that of the time requirement in qualitative research. The openness of the discussion had aided my consideration of my own time and availability. Documenting data collection steps and presenting those steps alongside preliminary analysis to students of the Pastoral Care and Counselling Course also helped me to keep clear about what I was doing and to have it accessible to others. Students would state they did not understand certain things about the data collection or the analysis and it would make me stand back and see that people do not often understand exploring raw data for meaning. The auditing that went on included marking things that I found difficult about the

research such as noting that the focus group I took when I had the flu was probably going to have a very different data collection process as I was not at my physical best. However, audit trails certainly do not affect the threats of reactivity or respondent bias, but as a strategy they do challenge researcher bias.

4.15 Reflexivity

As a social worker trying to describe and analyse my work in the field I have always known that my personal presence makes an active tool in the work place. When considering reflexivity I have used the opportunity my private practice has provided to build into the research some “member checks, peer groups and audit” as Padgett describes (Padgett, 1998, p 111). These took the form of presenting preliminary results to students I was teaching in the Pastoral Care and Counselling Course and to psychologists involved in a special interest group of the Australian Psychologists Association, or APA. I have also taken informal discussions with colleagues in the field as a way of understanding the research results I have heard. Lastly, reflexivity has been involved intrinsically in my supervision during the years of this study. While this acknowledgment of me as influential to the research study is important and these reflexive activities were conducted throughout the research they only sharpen me as a tool for the research. The research itself is the words and voice of the respondents.

4.16 Qualitative research: a personal perspective

The role of the researcher as part of the methodology of qualitative research must be acknowledged. Strauss and Corbin (1988) noted that the qualitative researcher changes throughout the qualitative research process. These changes were characterised by researchers

who “really enjoy working with the data not simply with the ideas in the abstract. “They relish the interplay between themselves and the data” (Strauss and Corbin, 1988, p5). I certainly enjoyed the excitement and enthusiasm of research respondents who had agreed to be part of the research. I also enjoyed the process of the data collection and the feedback it gave me had the most amazing emotional impact that encouraged me to continue in my practice and also with the research. Strauss and Corbin go on to say that the qualitative researcher is characterised by being “unafraid to draw on their own experiences when analysing material because they realize that these become the foundations for making comparisons and discovering properties and dimension” (Strauss and Corbin, 1988 p5).

Other characteristics of the qualitative researcher that were noted were the use of the flexible self in the research (Ely et al, 1997, p 5). I have learnt through nearly twenty years of continuous social work employment that the self and the ideas that are held are the tools of the trade. I can try to influence social structures, policy, powers and individual rigidity but I am only as effective as far as I can stay open to process and not be overrun by the circumstances swirling around the client. I have had a great deal invested in this research process and it has been mirrored in my creative painting as I have worked. I have watched the use of the flexible self as I painted an ancient Mycenaean scene which represented to me the power of the approval process of the research.

Photo number 5: Mycenae



I have watched myself paint a deep water cistern that sustained the Mycenaean city while I dug deep to bring about the data collection which would sustain the research. Gathering the data was so like going into the forbidding opening of the dark water cistern but rewarding as you find water and life. I have watched myself paint the Mycenaean city heights and the upward movement from the view of the old arched colonnade while completing the data coding. One needs lots of light and air to deal with data coding and analysis just as one experiences light and air and creativity when painting a scene. So the self remains inextricably coiled around the research process and I have been heartened to find authors such as Strauss and Corbin to concur with this idea of the researcher being a tool in themselves (Strauss and Corbin, 1988, p 6).

It is also heartening to hear a reverberation of the creative emotional process being experienced by other qualitative authors while in the process of research. I was surprised to find that my research had become so personally pervasive that I was mirroring the research journey in my series of art works at the same time. In deciding the methodology for this research I completely related to Ely, Vinz, Downing and Anzul (1997) when they wrote:

The questions for us as we begin to write out our data become: How do we animate that which we studied? How do we bring to life what was buried beneath the obvious and literal? In some ways it's like trying to figure the undercurrents beneath the surface of what we studied and then refiguring those through writing. (Ely, Vinz, Downing and Anzul, 1997, p 19)

Deborah Padgett also talks about this creative process when comparing quantitative data analyses to qualitative data analyses. She states:

For example, a quantitative researcher can draw on an existing array of concepts and measures for the study's conceptual framework and even hire a statistician to carry out

the data analyses. By comparison, analysing qualitative data is more closely analogous to an artist sculpting than to a cook following a recipe (Padgett, 1998, pp21-22).

The personal nature of qualitative researcher cannot be untangled from the research. If the researcher is creative, able to be self-reflective and analytical this can make for an advantage to the research process. The personal influence of the researcher is a fact, as Padgett states: “The researcher-as-instrument is a defining characteristic of qualitative research” (Padgett, 1998, p 24). Campbell (1997) describes this interaction of researcher, practitioner and research as creating a “hybrid”.

Social work research generated from and destined for the worksite creates a hybrid practitioner. This practitioner-researcher is concerned with ‘cases’ of practice, in which ‘the case’ is a complex episode of practice comprising ‘person-in-situations’ (service users, social workers, and other players) who come together in a process to create a highly specific product. Such ‘cases’ yield rich data which, along with analysis by a seasoned social worker, are valuable sources of information for the development of the profession (Campbell, 1997, p31).

In concluding the methodology chapter it is the aim of the research to have attempted to answer the research question. To do this grounded theory has been used, four research objectives followed and made operational through research questions and interview schedules. The sample selection was provided by the work of Eden Therapy Services. The field of the research has been augmented by the work of the private practice and rapport-assisted. The data collection tool and methods have been used to be sensitive to the research participants. The data storage, sorting, analysis and research rigor been achieved with the guidance of researchers such as Strauss and Corbin (1998) and Padgett (1998). It is hoped that by conducting a research study while being a practitioner and researcher that the very practice one is performing every working

day will initiate an inextricable change process for the practitioner and hopefully for informed client work as well.

Chapter 5. Results

5.1 Introduction

The results of the research study will begin with a brief demographic picture of the client respondents. The results then continue with the responses to the seven operational research questions asked of the clients and volunteers in the research. These seven questions outlined in the methodology were as follows:

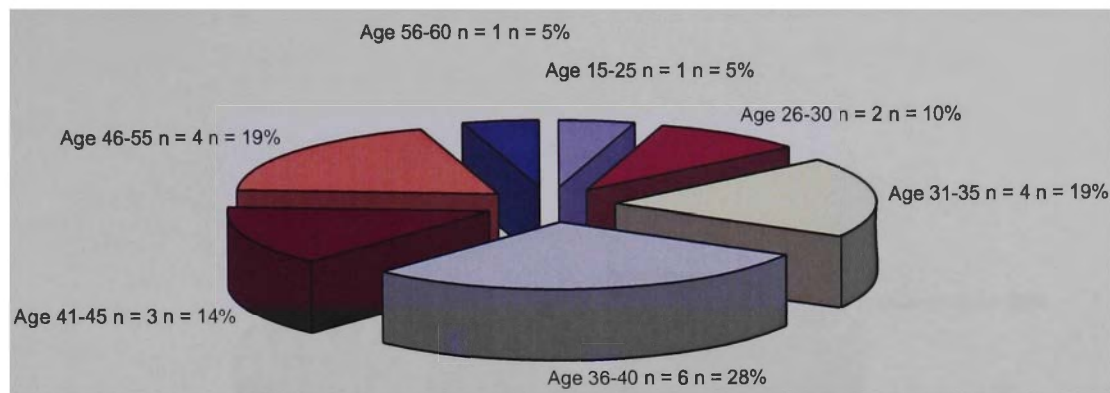
- 1 Has there been healing for clients of ETS?**
- 2 If healing happens for clients of ETS, what form does this take?**
- 3 If healing happens for clients of ETS, what helps the healing happen?**
- 4 What is the interrelationship between the therapy work and the spiritual intervention the clients receive?**
- 5 What benefits do volunteers get from their work with clients of ETS?**
- 6 What are the outcomes and impact of volunteers providing a spiritual service to clients of ETS?**
- 7 What are the implications of this research study of interweaving the spiritual with best therapeutic practice for professional and other helpers?**

5.2 Results

The findings will begin with the demographic picture of the client research respondents.

The age of client research respondents is presented in Figure 6.

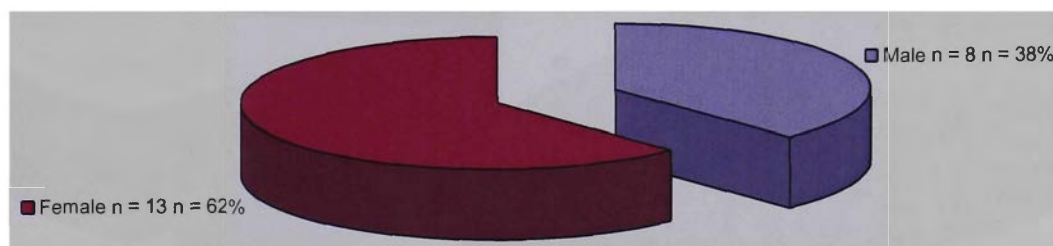
Figure 6: Age Distribution of Client Research Respondents



The majority of client research respondents fall into the 36-40 year old age category. In comparison, the overall age distribution of the practice of Eden Therapy Services would be similar, except for the 15-25 year old age category which would be larger due to the number of children under 16 years of age seen in the practice for family therapy or individual therapy.

The gender of client research respondents is presented in Figure 7.

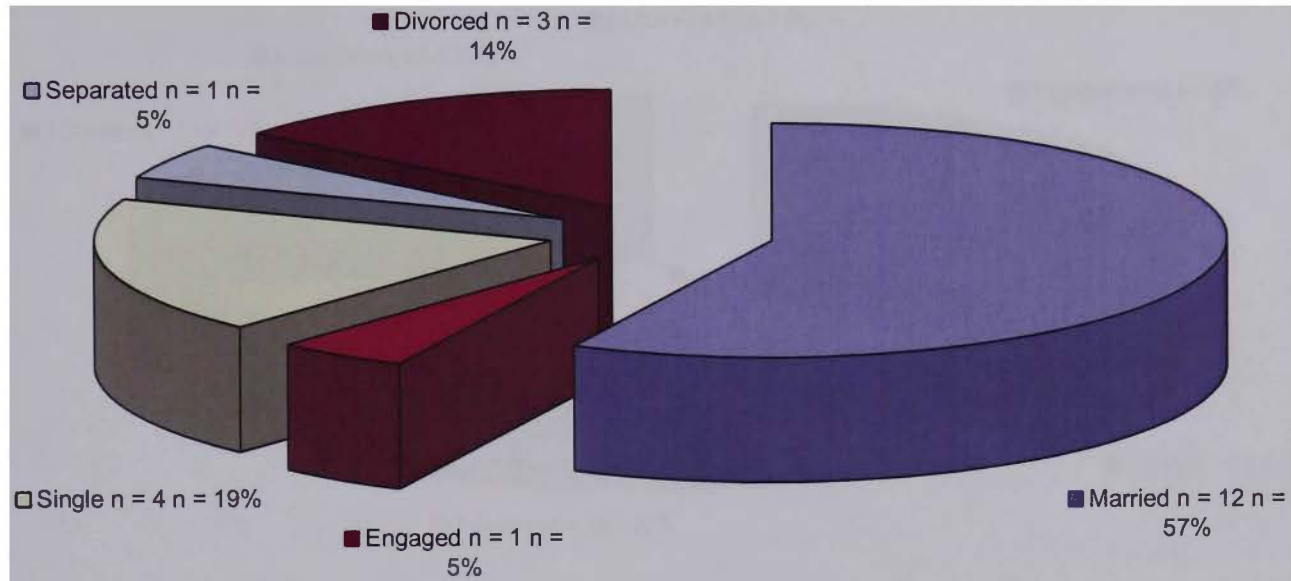
Figure 7: The Gender of Client Research Respondents



The high proportion of female client research respondents is typical of counselling practices. Male attendance at counselling is very low and the relatively large percentage of male client research respondents is noteworthy.

The marital status of client research respondents is presented in Figure 8 .

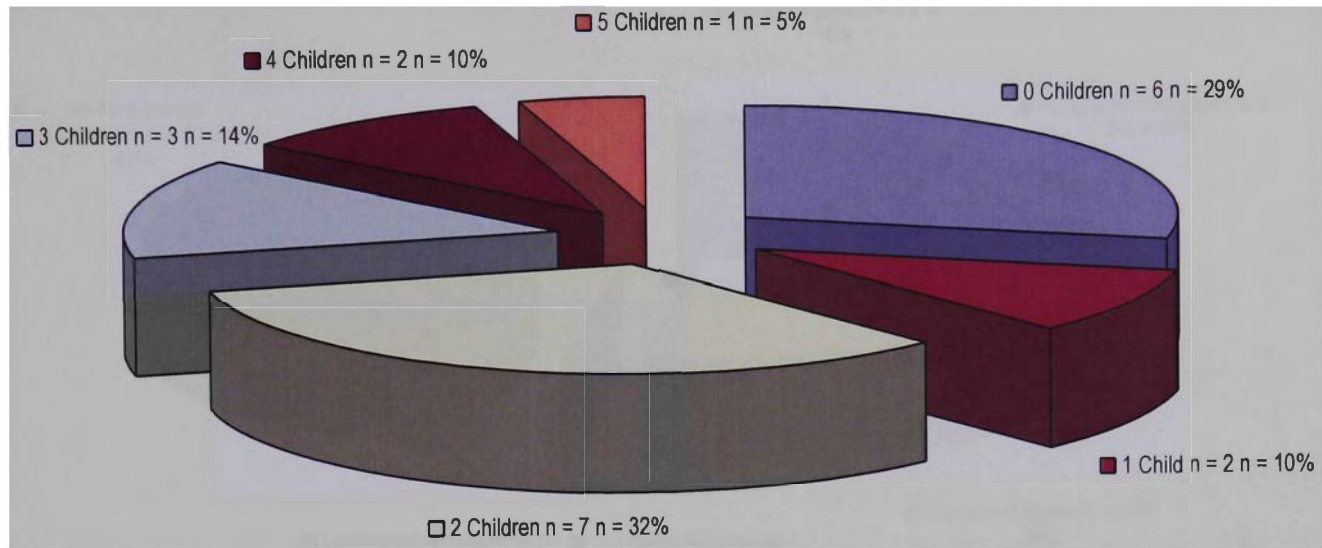
Figure 8 The Marital Status of Client Research Respondents



The over representation of married client research respondents reflects the nature of the practice which performs a great deal of marital or couple therapy.

The number of children of client research respondents is represented in Figure 9.

Figure 9: The Number of Children of Client Research Respondents

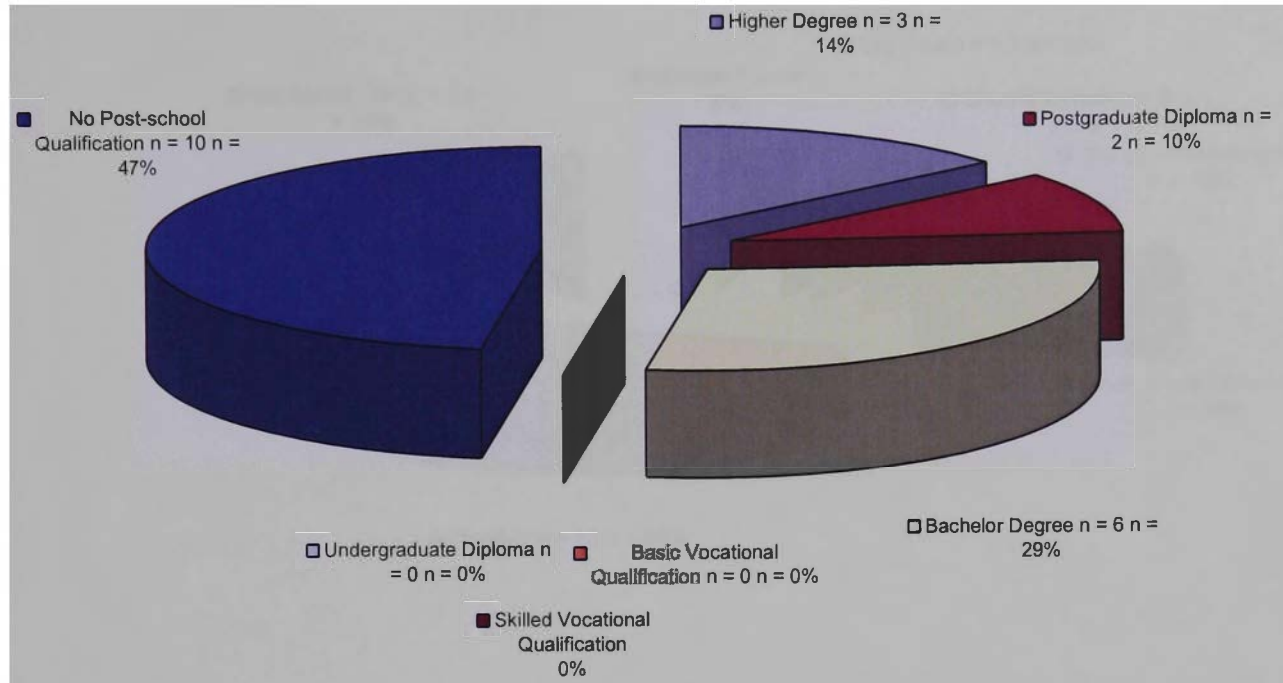


The large number of client research respondents with two children is common in my practice.

The second largest group represented is the research respondents who have no children.

The qualifications of client research respondents are represented in Figure 10.

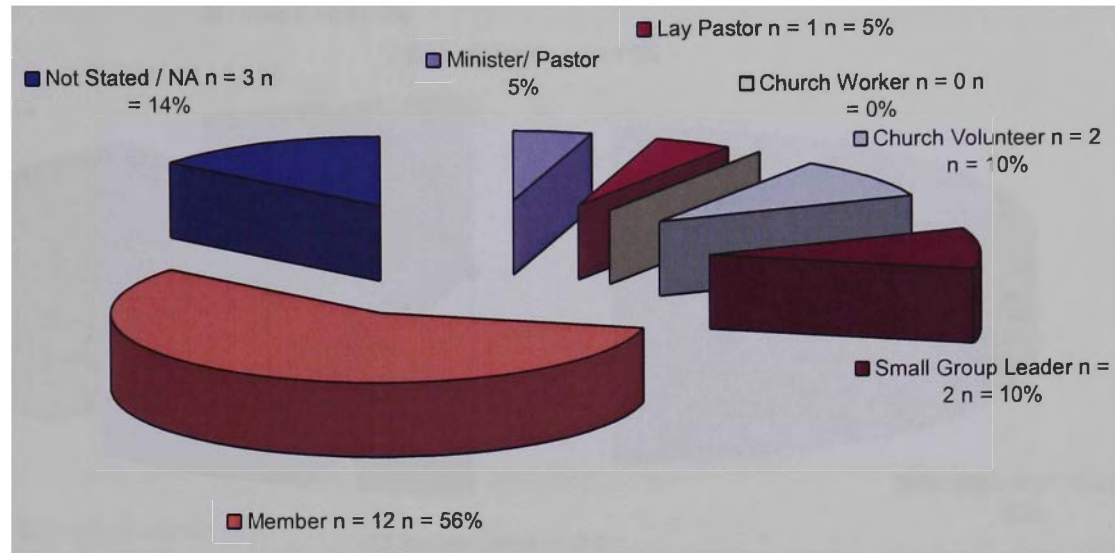
Figure 10: The Qualifications of Client Research Respondents



The overall education level of the client research respondents would appear to be high.

The church position of client research respondents are represented in Figure 11.

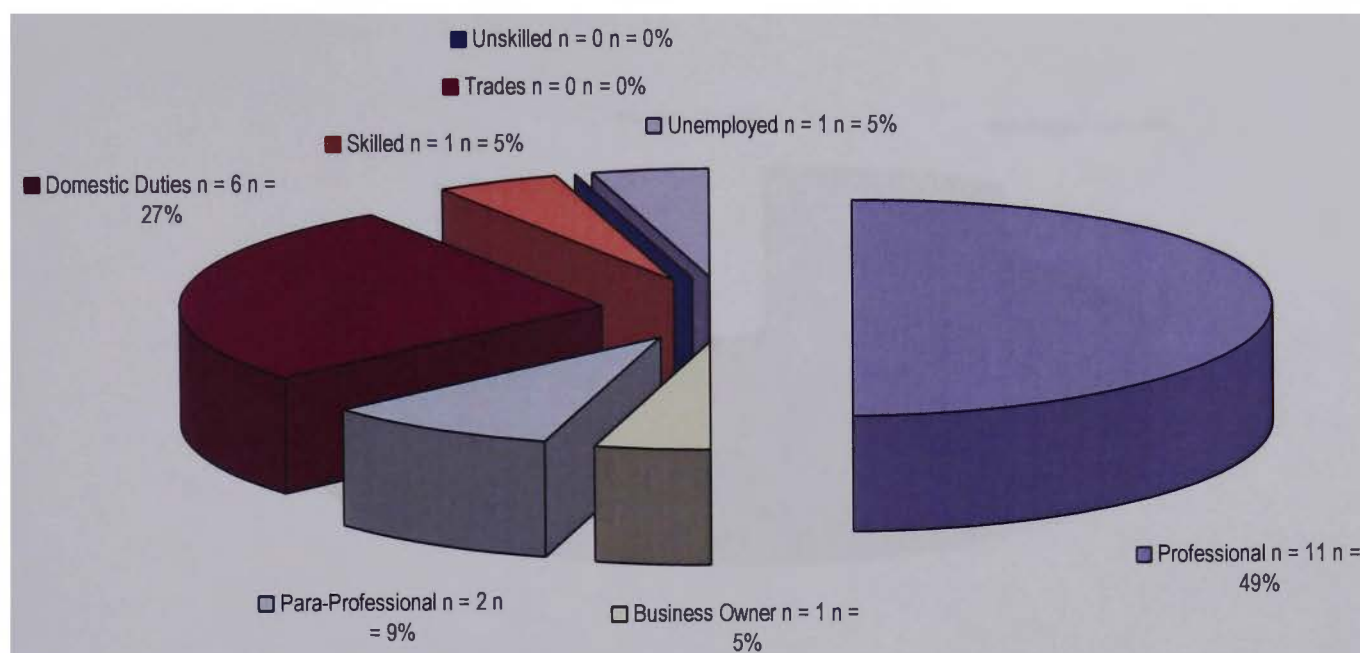
Figure 11: The Church Position of Client Research Respondents



The majority of client research respondents are members of the churches they attend. By membership it has meant they attend services of their church and are on official membership lists. A small percentage of the clients have been church volunteers or group leaders.

The occupations of client research respondents are represented in Figure 12.

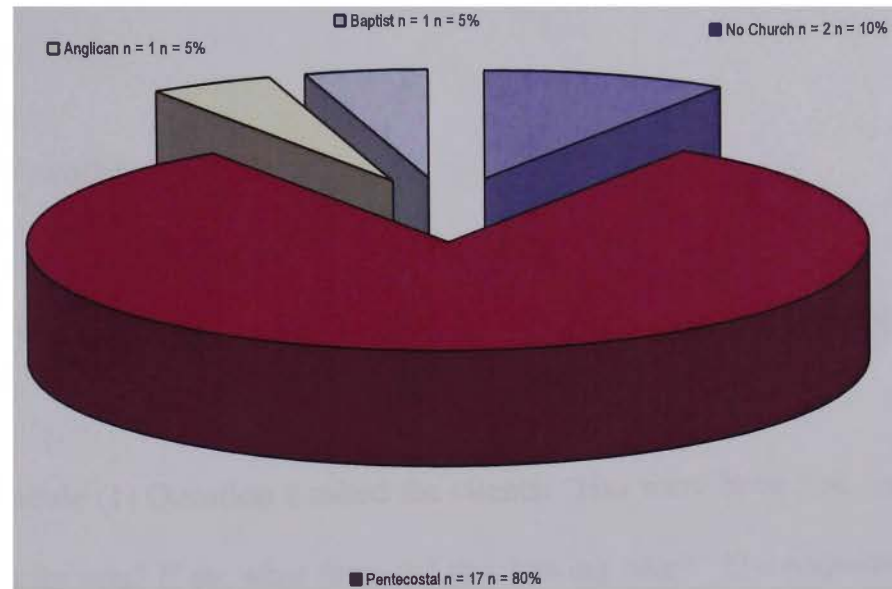
Figure 12: The Occupations of Client Research Respondents



The high representation of client research respondents in professional occupations could be connected to the high level of education represented by the figure 10. The same reasons that applied to the education levels previously would appear to also account for this phenomenon.

The church membership of client research respondents is represented in Figure 13.

Figure 13: The Church Membership of Client Research Respondents



The overrepresentation of Pentecostal church membership in the client research respondents is explained by the connection of the researcher and social worker to the Pentecostal church. This connection is through a landlord/tenant relationship and referrals coming from Pentecostal ministers.

The high church membership rates for the client research respondents' reflects the referral networks for Eden Therapy Services. The service is known for its use of spiritual principles and therapy and therefore gets many referrals from people who have a faith.

5.2.1 Healing for Clients

The findings continue with the answers to the seven operational research questions. Each operational question is taken one at a time and a summary of the most relevant client and volunteer responses quoted are considered. To present the results in this manner seemed to be

the most logical and convenient way of consistently following the process of the methodology.

Questions 1 to 3 of the operational research questions have been answered by the clients.

Questions 4 and 7 of the operational research questions have responses from both the clients and volunteers and these answers are presented separately. Questions 5 and 6 of the operational research questions have been answered by the clients.

5.2.2 Healing for clients

HAS THERE BEEN HEALING FOR CLIENTS OF ETS? (OPERATIONAL RESEARCH QUESTION 1)

The Interview Schedule (1) Question 1 asked the clients: “Has there been healing (improvement in your well being) for you? If so, what form did this healing take?” The responses to this first question for the focus groups and individual in-depth interviews for clients of ETS were very full. No one hesitated to answer and while some respondents were taking time before answering they used this time for pondering and thinking. Whilst healing had reportedly occurred for all the respondents, there was one person who redefined his healing in a way that no other respondent had and provided a negative case example. Overwhelmingly, the response was that healing occurred, but the respondents gave multiple answers and multiple meanings to the form that their healing took.

Of those who reported healing, some of the responses included the following:

“Yes to the first bit. I just have to work out the wording.” (1 FG 4.4.01, p 3) (This notation has been adopted throughout this chapter. In this instance this translates to the first focus group, FG, run on the 4.4.01 with the quote to be found on page 3 of the raw data),

“There’s definitely been a healing that’s for sure.” (2 II 9.4.01, p 2) (The reference here used II to refer to individual interview),

“In my case there was improvement and well being as opposed to healing for me it’s been just a general awareness”. (3 FG 9.5.01, p 2),

“I suppose I’ve had a definite improvement in my well being, in the way I see myself.” (4 II 14.5.01, p2),

“There definitely has been healing from the first time that I came to now.” (5 FG 11.7.01, p 2),

“Well, there was healing. I wasn’t so negative after I saw you.” (6 II 16.7.01, p 2),

“Yes, there has been a definite healing.” (7 FG 8.8.01, p 2) and

“I think I’m probably just beginning to have the healing begin to happen.” (8 II 16.8.01, p 2).

Respondents were so definite about healing or improvement having occurred. Respondents felt they were healed, but had a comfort level with the term “healing”. When given an option most respondents chose the word “healing” over well being or improvement.

5.2.3 Form of the Healing

IF HEALING HAPPENS FOR CLIENTS OF ETS, WHAT FORM DOES THIS TAKE? (OPERATIONAL RESEARCH QUESTION 2)

In Research Instrument (1) question 1 asked the clients “Has there been healing (improvement in your well being) for you? If so, what form did this healing take?” The respondents’ descriptions of the **form** that their healing took were overwhelmingly full and varied. A typical response included this idea of understanding:

I found that it is it helped me understand a lot of who I am today and it kind of helped me understand my journey into the person I have become. I found by bringing God into the situation, there were things about my patterns and cycles and things of that sort that had been revealed to me... (1 FG 4.4.01, pp 3-4).

Other ways in which respondents described the form of healing were by comparison to the healing they had experienced in the new age movement which many had participated in. In this typical way, respondents began to see not only an understanding of the form of their healing, but also that the healing form was a journey:

I started on this healing journey here it, it's almost as if I was really so much searching for God but kind of found God in the midst of it with the new age. It's much more of a relativistic type of journey in terms of this healing journey and it's kind of was intermingled with a God and you know a church, what I actually found was this it actually set a reference point from which I could actually heal (1 FG 4.4.01, p 6).

The form of this person's healing was not "relativistic" as in the new age, but rather it created a "reference point" from which to heal.

Another way the form of healing was described was:

"I knew I had to go through all the stuff I had been pushing away...it was all timing" (2 II 9.4.01, p 2).

The form was about going through and timing. This explanation of the form of the healing was expanded by another respondent saying:

It's related to the number of sessions we had over quite a period of time. So I don't know how many times that's been, but I think for me it's been just a general awareness of what may be the causes of some of the issues that I've had and the time spent here

with you has helped identify some of the issues and some of them are maybe hypothetical too. I'm drilling into those it has fuzzy edges. (3 FG 9.5.01, p 2).

The form started to be a way of "going through", "a number of sessions", "timing", "awareness of the cause of issues", "identifying some of the issues", "drilling" and trying to describe an experience of form that is "fuzzy". When encouraged to describe the form associated with this fuzziness, a respondent clarified it with the following:

"I don't know if any of this is absolute because everything is kind of on a continuous, very loose; it's like so many things come to bear in everybody's lives, mine's dynamic" (3 FG 9.5.01, p 2).

The form had become a dynamic, continuous, loose thing, like life. Another respondent went further with the form of their healing by identifying the outcomes of the form of their healing:

The healing was more, of more me seeing myself as how God sees me, instead of just of the shame and the guilt of what was put on me. And so I suppose that led to an improvement of how I saw myself, how I was able to communicate to other people, how I was able to feel comfortable in a group. I suppose improve my self esteem I suppose I was confident in myself and then more confident in making decisions, and feeling comfortable with that. I was more confident in being able to say what I felt and thought, instead of sitting back and just listening and I suppose I was more confident in going with my intuition, my gut feeling about things (4.II 4.5.01, p 2).

The outcome of this form of healing resulted in a greater connection with other people, a comfort in groups and in the respondent's own decision making. What was most interesting was the form of the healing increased her confidence in her intuition and gut feelings. The respondent noticed the outcomes of this at her work place and this form of her healing was

echoed by other respondents. Another respondent stated that the outcome of the form of his healing has meant:

“The healing has been in me personally. In my self esteem, my self confidence and I know who I am in God now basically much more than I did before” (7 FG 8.8.01, p 2).

Yet another respondent stated:

“...my efficiency has improved and not expecting that much in myself I think my faith has grown yeah” (5 FG 11.7.01, p 2).

These outcomes seemed to highlight very positive changes in the way respondents operated in their environments of internal intuition and external interaction.

It was curious that respondents started linking their faith and God in the answers to this question, as the question did not contain these words. I pushed further into this idea when the in-depth interview in September began with a one paragraph answer to question 1, using the term God. I asked about the further definition of the form and the respondent replied:

“Just a feeling of peace and acceptance and joy I guess peace that I can be who I am” (6 II 16.7.01, p 2).

When asked about anything that she would add to this definition of form leading from her mentioning God she answered:

“But the prayer was good because it helped me seal something that I needed to know about not looking back and just looking forward to tomorrow” (6 II 16.7.01, p 4).

Now a level of depth was emerging that related to healing being an affirmation of the person's peacefulness and a sealing over of this affirmation, so that the client had a new view of themselves.

When asked to elaborate on the meaning of spiritual healing one respondent said:

I think somehow related to it all was also a spiritual healing as well but that's much harder for me to define or place within that whole thing it was much more, much less direct than the emotional and mental healing that I experienced (5 FG 11.7.01, p 2).

I was able to ask for further clarification and the respondent stated that in the past he had asked for emotional help from Christians and got unhelpful spiritual answers. At ETS he:

....found that the direction assistance from you (the therapist) came, was certainly focusing on actual things you know as human things and it was only indirectly as a consequence of that that I also saw that there was a big spiritual dimension to it too (5FG 11.7.01, p 3).

The idea of the interrelationship having such consequences was further explored when the same respondent noted that his friend who goes to church with him:

“...always takes the spiritual focus and when I look at his life there's just so many human relationships that he has difficulties with” (5 FG 11.7.01, p 4).

It was curious to see that the spiritual aspect on its own was not seen as helpful, but rather, for him, the interrelationship made the healing process potent. This respondent was stating that spiritual perspectives on their own were not a way to answer emotional distress, but he had found many more answers in the combination of the two.

An example of a respondent having a therapeutic experience on its own without the spiritual intervention was the statement:

there was no spiritual aspect and there was no healing, it was just go along to why you shouldn't be together. It made a difference. I was still out there in square one even though I knew I shouldn't have been but I was still weak (7 FG 8.8.01, p2).

By comparing this work to the work at ETS the form that healing took for another respondent was:

“So I was able to see clearer” (7 FG 8.8.01, p 2).

The non-spiritual therapy work had made a difference for the respondent before she came to ETS but when at ETS the combination of the therapy and spirituality made things clearer for her.

What became even more curious at this point of the emerging data was that the respondents when urged to further define what they meant by the form of their healing identified that some aspects of this were hard to define. The respondents were grappling with concepts that were not easily discussed or able to be proved. After clearly saying his self esteem had improved and so had his relationship with God, one respondent said later when urged for more information:

“There's definitely been healing and the form is a difficult thing I'm sort of, not because I'm not aware of it but I think is almost general well being I think I don't know” (7 FG 8.8.01, p 3)

It was as if the respondents could identify that the form of the healing was an increase in many beneficial aspects to their life, but it was also “fuzzy”, “dynamic”, something the respondents were “not aware of” and found hard to “weigh it up”. There were clear examples of spiritual advice or therapy from a non spiritual perspective making a difference, but not in the same way that the interrelationship of therapy and spirituality had interwoven to create “general well being” (7 FG 8.8.01, p 3) and respondents sense of “life is good” (7 FG 8.8.01, p 4).

The negative case example is interesting to explore at this point. This negative case example came toward the end of August 2001. This respondent describes his healing in a way no other respondent had. His therapy, as with all respondents involved in the research, had finished the year before, but he stated that his healing was only just beginning over a year later. The form the healing took was much less active than the other respondents and he described:

“the form I think it’s taken, that my days are far more predictable the only thing that seems to remain as a dominant thing with regard to healing completely is the aspect of loss” (8 II 16.8.01, p 2).

The form of healing certainly had occurred for this respondent, but the healing embodied loss and his wound which he knew was open, but he was on the other side of it. Predictable days, loss and open wounds are not what I had expected to find, but this “found journey” included aspects of the interrelationship of therapy and spirituality that were almost negative. I think in this respondent I had found another dimension to the interrelationship. “I’m just coping generally with life” he stated with the emphasis on just coping.

Looking back over the raw data, knowing about the microanalysis of the data, re-reading memo notes and remembering the bald categories and themes that emerged for me as a practitioner before even beginning the research led to the idea of open coding for a new category or theme, that of the found understandable journey. Respondents felt very strongly about this found understandable form that their healing took and they embraced the idea that their descriptions included some content relating to spirituality before the questions about spirituality as a term were even asked. The negative case example broadened this to include the wounds and pain of the found and understandable journey which possibly leads to a more complex interrelationship of therapy and spirituality than had been anticipated.

5.2.4 *Helping the healing to happen*

IF HEALING HAPPENS FOR CLIENTS OF ETS, WHAT HELPS THE HEALING HAPPEN? (OPERATIONAL RESEARCH QUESTION 3)

Which part helped the healing?

Once again the answer to this operational research question was so full that many different parts of the work were described and added to the idea that the interrelationship is not only multi-dimensional, but individual for each research respondent. Interview schedule (1) question 2 asked the clients: “Which part of the work with Eden Therapy Services most helped with this healing? Why do you think this was so?”

One of the research respondents began describing the part by saying:

“...there was a normality there that I wasn’t seeing...helped to see that my reactions were okay” (1 FG 4.4.01, p 8).

Another described the part by the counsellor bringing it into the session and stated:

“...you brought God into the situation...you’ve actually made it safe” (1 FG 4.4.01, p 9).

“Initially the very first thing would have been, being in a safe place. A place of feeling absolutely safe that I could say or describe whatever (8 16.8.01, p 4)

In that safe place the part of the healing continued for this respondent with:

I could actually get out what I needed to get out and to say what I need to say what you said to be little bits of revelation that would stick their little heads out and pop up and I would be going oh! And then I would start making links that I hadn’t made before....I

would actually get mental pictures it was actually confirming things for me...(1 FG 4.4.01, p 9).

The one-to-one work was described as a part of the healing in that it gave “perspective”, “safety”, “permission” and “revelation” (1 9.4.01, p 10). The God aspect as one respondent called it was the part that helped:

“...at the very beginning to actually step into something” (1 9.4.01, p 11)

and then later in the process of the healing it was said about the prayer

“I thought it was like a sealing” (1 9.4.01, p 11)

and

“I think the prayer was just a seal” (6 16.7.01, p 3)

and

“I guess it kind of was the final seal I guess on other things that were going on (7 8.8.01, p 5).

In noticing the parts of the work that helped with healing, the prayer was described as a “sealing” and the therapy as a “seeing”.

Other parts of the healing involved the aspect of truth:

“I had to always be truthful and it was telling the truth” (2 9.4.01, p 3).

Another respondent’s response was:

we were talking in truth and the truth” (3 9.5.01, p 10).

But what was this seeing, sealing and truth like? As the research developed, I asked more of the respondents in defining this part of the healing for them. As one said:

“There were many parts that helped. It wasn’t just one or two things” (3 9.5.01, p 7).

The respondents listed a large number of parts that helped the healing. The therapist's "knowledge", "memory", "understanding", "listening" and "direction" were some of the parts (2 9.4.01, p 3). Yet another respondent listed the therapist's "sensitivity" and "non judgmental" attitude as part of the healing. Another respondent stated that increased skills were part of her healing.

"The therapy gave me practical skills of coping. You know my coping mechanisms were to shut down and yeah and it gave me different skills to use" (4 14.5.01, p 4).

Another respondent stated that the therapy work itself had helped her:

"...bare my soul so to speak" (6 16.7.01, p 3),

and yet there was so much more to these parts.

Other respondents went on to describe the effects they experienced as a result of the parts of their healing. They had trouble naming the part that made the healing for them but they certainly could name the effect the healing had on them, as one respondent put it:

Yes, I'd have to say that with me, personally, being able to trust the person that you are confiding in is, I suppose, the major part in my healing where I was able to trust that person and open up. And once I'd got out what I wanted to get out and I remember also just coming and thinking of all these things in my head that I wanted to ask and when I got in the room just the real things that came out are the things that needed to come out. And I knew that was the hand of a spiritual relationship with God and He was in the room and that truth was there and that trust was there and then in conjunction with that there was prayer and it was perfect timing ...(7 8.8.01, p 4).

This effect of a coming together of trust, openness, questions, knowing that what comes out is needed and a knowing again of the spiritual connection reflected in the actual face-to-face

prayer. Another respondent clearly identified that there were two parts of his healing, but went on to describe the effects of the healing in this way:

I think there's two things. One was just the therapy sessions and I think one thing for me is has been learning the process of learning how to verbalise thought and feelings, emotions and that sort of thing into language that I can convey to someone else. And the other thing I think was in the spiritual side most of it was confirming my own sort of perceptions that things that were nice to hear from other people who didn't really know all the background and that sort of thing and so it was that just gave a I guess a solidity to it that yeah, they were the two things (7 8.8.01, pp 5-6).

It was interesting to notice through microanalysis that respondents were already trying to define the part of their healing and stating that it was hard to define and yet knowing that it included changes for them that they name an inclusion of spirituality. The question had not asked anything about spirituality, but the respondents had already included this in their responses. The best example of this respondent's struggle can be seen in this answer:

I think for me it is I guess when it comes down to it it's been coming for quite a while and knowing that I can, that your coming from a point of, I guess the difference between this therapy and say outside of in the, you know, I guess working with God and I guess your relationship with God has made the difference for me because I know that your coming from, you're not coming from you own agenda, I can come in here I can feel trust. I feel that your helping me. It's hard to sort of explain (3 9.5.01, p 9).

The complexity and dimension of the part was extended by the respondents trying to describe, and ending up struggling with, the idea that the spirituality part of their healing for them occurred even before they arrived at the session of therapy. I had limited the therapy and prayer

to two distinct events with the therapy preceding the prayer. The respondents, however, identified the spiritual aspect, happening before they came to the sessions. “I used to pray on the way down here and say God you know I’m seeing Rebecca today I need to be really, really clear about this, I need to come out feeling, knowing what I know and being sure of this (3 9.5.01, p 11). Some respondents even suggested that renting the premises from a church made the ground of the work different for them and that the spiritual part for them was the church property and the fact I may be praying for them, for example:

“We are on the church ground and the fact that you may unbeknown to me be praying on my behalf” (3 9.5.01, p9).

Yet another complexity was the part of the healing I represented was the scientific, and the prayer was personal to him:

“I got Rebecca as the embodiment of the scientific part and the spiritual thing is my own personal belief” (3 9.5.01, p 11).

Yet another complexity with the part of the healing was the idea that:

“...a lot of my answers I actually nussed out with God and Rebecca confirmed that well what I was hearing was that was logical and it was quite right (3 9.5.01, p 12).

The part of the work that helps the healing can best be described in this complexity of parts as interconnected. The parts are so different for each respondent that one respondent in a focus group toward the end of the research instrument 1 question 2 stated:

It’s like a big interconnected, yeah it’s quite amazing, to me it’s the world of that coming together is more real than the world we think, it’s a bit like the Matrix (referring to the movie the Matrix where characters enter another realm of reality where the battle against evil is suddenly seen) it really is (3 9.5.01, p 12).

The part of the work that helped healing is complex, interconnected and interrelated. After being inductive and trying to allow for microanalysis of the data to explore individual responses to the parts making up healing, it was a respondent, a health professional, who best described this complexity that was emerging:

I would probably say it was a combination of both the counselling and the prayer. The counselling helped me understand what was actually happening to me, what I was feeling, what I was thinking and put it into perspective of what actually happened. And the prayer actually, the prayer helped me from a spiritual point of view and my belief in God that he's almighty and powerful and he's in control and that he's the one doing the healing and changing. And that I suppose that he's the one in Jesus that gives me a role model of who I can look to become. So it wasn't just only the prayer, cause the counselling sort of helped me understand, which I needed to do. But I needed the prayer from the spiritual point of view, to know that I didn't have to do all the changing, that God was going to help me change. To know that I wasn't alone, that there was others with me. And I suppose because my abuse was on a spiritual level, not just physical, that I wasn't bound to that (4 14.5.01, p 3).

As an image, or analogy, another respondent described the complexity and interconnected parts that make up healing as the client represented by a boat on a lake. The issues that draw the client into counselling push and pulls the boat, backward and forward, out to sea and in again to the lake with the client being completely tossed. Suddenly, the therapy places a rope over the bow and while the boat is still being tossed there is one anchor point. The other anchor point is made up of the church, order and friends, or what I would call spirituality (8 16.8.01, p 5). This anchors the boat in one place with two anchor points. It seems to me that the complexity of the image with the client being influenced by the water, the tides, the lake, the sea and the anchor points was an apt analogy of the interconnectedness of the parts of people's healing.

An aspect of the healing that I had not expected respondents to talk about was how ETS had worked to not make them dependent on the counselling they received. This arose twice from two different respondents in response to this question about the parts of healing; in some ways the client-centered and self-empowering volunteer prayer work had interconnected respondents to an independence.

“I think as well I worried I would become too dependent on you it didn’t dominate my life it just sort of allowed me to see it just like some how it altered the way everything else would do that’s all” (5 11.7.01, p 5).

Another respondent stated about the parts for healing:

“Yeah. Well it gives you the two references because you know it’s no use me becoming co-dependent on you either” (8 16.8.01, p 6).

The way the interrelationship between the therapy and the spirituality had worked made clients empowered and independent of their own concerns of dependency.

The final part of the healing that is worth commenting on related to a negative case example. Several research respondents were health professionals currently working in a hospital setting. One of the respondents compared her experience of therapy and counselling with what would occur in her hospital ward at a major Sydney Teaching Hospital. She stated:

Here (at ETS) is the exact opposite to what happens at work. Especially with that safety aspect, that people don’t feel safe that people are scared that people are keeping things in and it makes you wonder if that spiritual aspect if that sort of doesn’t provide that release and that freedom to do that (1 4.4.01, p 11).

This respondent appears to be implying that in ignoring clients' spiritual needs in health, professionals may be contributing to the lack of safety, increased fear and containment of clients. By interrelating therapy and spirituality as professionals, release and freedom may be more available for the client.

The impact of therapy and/or spirituality work on client healing

In trying to find out more about this complexity and what the parts of the healing are about, question three asked the respondents to narrow their healing experience by choosing a way their healing was helped. Interview Schedule (1) Question 3 asked the clients: "In what way was your healing helped, a) by your therapy work?, b) by your spirituality work?, c) or by a combination of both?", and "Why did you select a) b) or c)?" Eighty percent (12) of respondents chose c) indicating that a combination of the therapy and spirituality work helped their healing. Twenty percent (3) of respondents chose a) indicating the therapy work was the way their healing was helped, and no respondents chose b) indicating that none of the respondents believed that their spirituality work alone, while at ETS, would have helped their healing. The endorsement for the combination of spirituality and therapy for healing appears evident. This choice of the combination could be explained by the emerging complexity of the parts of respondents' healing that they were trying to describe.

Some of the respondents reflected that they knew that the combination had helped them but they were unsure as to why. One commented that:

"...a combination of both directly to me it was the therapy that seemed to have a direct effect on me but I have no doubt there was also a spiritual dimension to it" (5 11.7.01, p 6).

Respondents wondered if this spiritual dimension was to do with the therapist's understanding:

"Well I just imagine sometimes that your insight and understanding that I was talking about before sometimes I believe that the spiritual aspects are certainly to do with that" (5 11.7.01, p 6).

Another respondent wondered if the spirituality process was about being:

"...told that there is a loving father who was there to help me in times of great trouble and need" (6 16.7.01, p 4).

The respondent was sure it was the combination that helped. Another respondent said the combination was like dispelling an old belief that:

"...you should be able to get what you got from counselling directly from God" (7 8.8.01, p 7).

One respondent stated the combination was:

"...such a powerful and great way to get to the particular point and it just was very useful" (7 8.8.01, p 7).

Respondents' reasons to why they felt the combination of therapy and spirituality had helped their healing were once again varied. One respondent stated the combination helped her get unstuck, find "breakthrough" in the prayer and "revelation and breakthrough afterward"; meaning after the session of therapy finished (1 4.4.01, pp 14-15). This idea of the timing of healing was interesting and continued as respondents answered why the combination had helped:

"... it was all timing, it was all like, it was almost structured, healing was in God even though I didn't believe it, even though I thought it was impossible but I could see it" (2 9.4.01, p 3).

This response was curious as I had not thought that therapy combined with spirituality could be holding the client's belief for a time, while the client themselves could not. This idea is common in counselling however, as the therapist holds all possibilities for the client outcomes, but it had

not occurred to me that by holding another aspect of the possibility for the client they can then heal with the combination of the two elements. Interestingly, this combination allowed the respondent to describe their healing intensely as:

“...understanding and gaining almost like a spiritual knowledge that like He (as in God) was there the whole time and He hated what was happening (meaning what happened to the client as an abuse survivor)” the result was “joy that comes back in your heart” (2 9.4.01, p 4).

This respondent had concluded that the idea of timing was relevant to his past and present perspectives of his healing at ETS. He stated:

“As far as with ETS like I always thought of the prayer thing not really a part of here even though it is” (2 9.4.01, p5).

At the time, on interview, the respondent said that he thought that healing was a combination of therapy and prayer, however he said that did not start his therapy with that view.

Other respondents were clear about the fact that the combination helped their healing and was interconnected, “I can’t even extract it from one another because it was all such an interconnected thing” (3 9.5.01, p16). This respondent had listed the elements in the combination as therapy, her friends, time alone, talking to God about identity, being accepted and overcoming fear with spirituality (3 9.5.01, pp 16-18). Another respondent described the combination as being:

“I suppose I have gained an understanding of what’s happening on the counselling side, going in and having prayer and having you know the guilt and the shame being spoken into and being able to just pray into all of that I think has helped me move a lot more quicker” (4 14.5.01, p 5)

This brings in the idea of timing again. Not only is the combination providing for an interconnection that is timed to support the client heal, but the healing may happen more

quickly because of the combination. This respondent concluded by describing the combination again in this way:

“...on the counselling level you’ve got the physical and mental aspects of it, the prayer is actually under-birthing the spiritual side” (4 14.5.01, p 5).

In therapy the physical and mental aspects of a client’s work are addressed, but is this new birth ignored? This is a powerful way to describe something that appears to need to be examined further professionally. “Without the prayer, my spirit would still be crushed” a respondent concluded (4 14.5.01, p 7).

What of the respondents who thought the therapy alone helped their healing? They too seemed to allow for the spirituality as an important part of their healing, but not as the main focus. One respondent stated:

“I have to say for me because I only had one session with the prayer team it was more the therapy, but there is an awareness of the need for more prayer because it just seems to be that the therapy was a launching pad for the stuff and realising that the one place to go is prayer (1 4.4.01, p 13).

This respondent may have replied in answer to the question about her healing but also acknowledged the spiritual aspects. The other respondent who answered that the therapy was what helped then qualified this by saying:

For me it’s the counselling piece. The spirituality is a different issue, completely separate. I hedge my bet though and I pray a little bit, just in case so the spirituality thing for me, you know I just float along; it’s kind of hanging off on the side somewhere (3 9.5.01, pp 16-17).

Yet again this respondent answered the question with their therapy being central to his healing and then qualified this by acknowledging that almost grudgingly the spirituality is there. The final respondent who stated their healing was in the therapy also acknowledged the spiritual aspect, but could not relate to it as his emotional collapse was also a spiritual collapse.

“This situation because I feel like was also part of the cause and its been such a 28 year burden to carry that the, it’s yeah I found it difficult to go to God for my strength” (8 16.8.01, p7).

These respondents were also in a way struggling with the interconnectedness of the healing as they logically felt their healing was in the therapy, but then could not ignore the operation of spiritual issues even in the negative sense.

In the interconnectedness of healing for respondents through therapy and spirituality a helpful image emerged to summarise the interrelationship. The analogy came from one respondent defining the intertwined nature of the combination. It was like the process of sewing something with thread from the underneath (say the therapy) and a thread from the top (say the spirituality) which creates a seam or a healing:

It was the way you guys have it set up here intertwined all the way...it was like you actually have a sewing machine, and you are sewing a piece of cloth, you have a thread that comes from underneath and a thread that comes from the top and the two intermingle and you end with one seam along there and that is what it felt like (1 4.4.01, p 13).

The interrelationship seemed to be undeniable. The quality of this interrelationship required further investigation. It was something that respondents felt strongly about, to entertain the idea of a combination of therapy and spirituality for their healing even if they found it difficult to define. The two approaches were interconnected, interwoven and intermingled.

Interrelationship for clients

WHAT IS THE INTERRELATIONSHIP BETWEEN THE THERAPY WORK AND THE SPIRITUAL INTERVENTION THE CLIENTS RECEIVE? (OPERATIONAL RESEARCH QUESTION 4):

Research Instrument (1) Question 4 asked the clients: “If both the therapy and spirituality work helped your healing, how would your healing have been affected without both parts of the work being done?”. Respondents began answering this question with questions of their own. One respondent said:

“When you ask about spirituality are you talking about specifically just about the prayer teams or are you talking about the spirituality within because we brought spirituality in here?” (1 4.4.01, p 15).

Another respondent stated:

“God is definitely in the room” (meaning the counselling room) (1 4.4.01, p 15).

The interrelationship suddenly broadened to include not only the therapy work and the spiritual intervention, but the spirituality within the client that came to the session and the spirituality that was already present in the counselling room when a client arrives.

Respondents also felt strongly about their healing being affected by both parts of the intervention. If the therapy was not included in their healing and **only spiritual** work done then as one respondent stated:

“...with the spiritual things like God can speak to you, but it’s hard to really pick up and really know what He is saying or hard to really tune in” (2 9.4.01, p 7).

Another respondent stated more strongly:

I wouldn't be able to understand what was really happening and why it happened. Like I wouldn't be able to understand why I felt so ashamed if I was just having prayer. I wouldn't be able to understand why I carried so much guilt. I wouldn't be able to understand why I wasn't able to talk out and I suppose now what's happening I wouldn't be able to understand why I am battling myself with thoughts...(4 14.5.01, p 7).

Another respondent was much more critical of healing work with only spiritual intervention by using examples he had experienced in his own church environment:

I guess I can only answer by example, I could say times when I went to people before and just received a spiritual counsel or say prayer and that sort of thing. I invariably came away very disheartened and felt, I think it actually distanced me from my problems even more and so it acutely had, actually I'd say it had a very, very strong negative effect on me in fact probably the most emotionally difficult times I've had was when I was directly involved with Christian groups and was getting purely spiritual advice (5 11.7.01, p 8).

This respondent concluded very strongly by saying:

“So just the spiritual and you know would have been death it would have sort of crushed me” (5 11.7.01, p 9).

The respondent clarified this by saying:

“I always feel so empty when just the expression like, you know, just turn to God and things like that” (5 11.7.01, p 9).

The emptiness he felt was caused by the spiritual intervention of catch phrases, used in most churches and church services, which meant to him that the people using the phrases were practising a:

“form of avoidance for themselves” (5 11.7.01, p 9).

If the spirituality work was not included in their healing and **only the therapy** work done then respondents stated:

“...you are working in your own little circles, your own little world and then it (meaning the therapy) stopped and that was it” (1 4.4.01, p 19).

Or another respondent stated:

“...my healing for me, I think if there was no spiritual aspect on it, all my hope would still be lost” (2 9.4.01, p 7).

Another respondent stated that the therapy:

“...without the prayer, my spirit would still be crushed” (4 14.5.01, p 7).

Another stated that without the spirituality:

“I don't think it would have had the, I don't know, the power behind it” (5 11.7.01, p 8).

The idea of the therapy work as an intervention on its own being limited to little circles and the world of the client is an interesting one. The strongly emotive terms to describe the therapy only intervention as leaving the client lost, with a crushed spirit and without power are even more curious.

The most interesting aspect of the respondents' answers to this question, however, was in their struggles to describe the operation of both parts of the work. Quite meaningfully, the respondents seemed to find it hard to describe the parts and their effect on their healing without trying to describe the interrelationship. For example:

“I think with, if you look at the human person in terms of you have a body, a soul and a spirit and you’ve got intertwining within that we’ve got our emotions, our will, our mind that sort, I think if you leave the God aspect out of it, you can’t really fully heal” (1 4.4.01, p 16). Another respondent stated:

“It’s more like them both, they have to complement each other with the therapy and the spiritual side” (2 9.4.01, p 7).

Another response stated: “I suppose it wouldn’t have been complete for me” (5 11.7.01, p 7) without the two interventions. Yet another response summed up the intricacy of the interrelationship by saying:

“I don’t know if you can ever really separate the two or determine which is what (5 11.7.01, p 8).

Yet the combination, or what I have called the interrelationship of the therapy and spirituality created some interesting healing. Respondents stated that within the interrelationship their healing “went hand in hand”:

I think if I hadn’t had the continually confirming things on the spiritual side that I really knew was encouragement from God, I wouldn’t have been as clear I just wouldn’t have got this far. I just wouldn’t have been as strong and I think if I hadn’t have had the therapy side I would be felt very, very alone because I would’ve felt like I was just some nut with weird ideas; it all went hand in hand (3 9.5.01, p 18).

The respondent, quoted in the last paragraph, in describing the complementarity of the interventions explained the nature of this complementarity as:

“That I wouldn’t get that clarification. I’d still be, is this right, is this wrong. I’d still be indecisive and that sort of thing with my direction” (2 9.4.01, p 7).

Yet another respondent used an analogy to describe the interrelationship by saying you “get through” rather than having to “beat the thing down and kick it down”. With the combination you don’t have to keep “building or doing it”. Another respondent stated:

“I know that I wouldn’t be seeing clearly and I wouldn’t be able to see where my problems were coming from so that I could get on with my life as I have today. And from the spiritual aspect I was able to go further than what I originally came here for” (7 8.8.01, p 8).

The respondent who was most unable to describe the effect of the combination on his healing could at least say that it was the relationship with his new girlfriend that helped his pain and the prayer gave him strength (8 16.8.01, p 7). Even this last response included the idea of the combination of relationship and spirituality being helpful.

For only one respondent the therapy was the most important part. She stated in answer to the question:

“Well I wouldn’t have gone anywhere without the therapy, because I needed to talk about in depth stuff”.

She then moved on to describing the understanding therapist as being helpful:

“I think also because you understood really where I was at”.

This respondent concluded that:

“I think you are really in tune with spiritual things, and people and their spiritual needs” (6 16.7.01, p 5).

The respondent had expressed the therapy work had been the part that helped her go somewhere. However, she also identified that her healing was interwoven with the therapy and

she identified the spiritual aspect as being involved in her healing through the spirituality of the therapist.

One of the most interesting discoveries that I had not predicted in answer to this question was the idea that the therapy work had provided an example of caring human relationships. There is no surprise around the idea that therapy is caring and represents relationships, but this was in context of comparing it as a caring human endeavour to the church which is considered the very pinnacle of a caring endeavour in a cultural sense, no matter what the denomination. The respondent had been very critical of seeing:

“...who I perceive as being strongly Christian people didn’t have any, they didn’t really even express a strong human aspect”:

The respondent then concluded that:

“...of course God’s like that too, he doesn’t care, he doesn’t understand emotions” (5 11.7.01, p 11).

What made a difference for this respondent was seeing the therapy work:

“...more as I say I’ll call it human side of things was so important to me for people to see actual human relationships and to see how incredibly powerful they are” (5 11.7.01, pp 8-9).

The respondent concluded by saying:

“...it was so important to me that to see in the Christian world you know there were people like you who also understood the human side of it” (5 11.7.01, p 9).

The idea of the interrelationship of therapy and spirituality was tested against the next operational research question. To explore the idea of the interrelationship possibly being not helpful, the respondents were then asked what was unhelpful about their work with ETS.

What was unhelpful in the work?

Interview Schedule (1) Question 5 asked the clients: “In your work with Eden Therapy Services, what was unhelpful?” This question was designed to explore the negative response that respondents may have to their work with ETS. The invitation to state what was unhelpful also balances out the possibility of the respondents wanting to help the researcher by only giving positive responses about their work at ETS. Four of the fifteen respondents expressed there was nothing unhelpful about their work with ETS. Only two of the respondents asserted what was unhelpful about their work with ETS. Five of respondents described what could improve the work at ETS and then promoted some practical solutions and new ideas to incorporate into ETS. Two of the respondents stated that what was unhelpful about their work with ETS was the pain of their journey through counselling and prayer. The final two respondents answered the question in a different way by imagining a possible unhelpful experience which did not occur and possible complications with therapeutic outcomes.

Of the two respondents who stated that they had experienced something unhelpful in their work at ETS, both described administrative issues that can be easily addressed. One respondent stated that what was unhelpful was having the counselling rooms in a college building where people knew her:

“Oh just going to counselling is a bit stressful in itself because you might be seen by someone who thinks you are altogether” (6 16.7.01, p 7).

The session times were also seen as unhelpful:

“Just the time was never long enough: it’s like you are always sort of thinking ah the hour is nearly up (6 16.7.01, p 7).

The other unhelpful part of the work at ETS was not being able to call on a landline: “That the therapist didn’t have a land line, so I could ring more often” (8 16.8.01, p 11).

Five of the respondents did not find anything unhelpful in their work with ETS, but were full of useful ideas about how the service could be improved. Respondents suggested a record of their session to help clarify their ideas:

“A tape where I could’ve listened and thought that’s right, you said that and what did she mean by that or what did she say by that, things like that or even if you had have I don’t know made a couple of notes” (3 9.5.01, p 21)

This respondent had particularly liked a letter I had sent her summarising her marital issue:

“You know as, cause I liked those letters you sent out first off” (3 9.5.01, p 22).

Another respondent in the focus group replied to this suggestion by adding:

“So that’s why I started to bring a notebook cause I wanted to know what we discussed, the specific issue, cause it also focuses me.” (3 9.5.01, p 22).

Obviously some of the suggestions need to be considered with respect to confidentiality and any legal issues regarding clients who are victims of abuse. However, “tapes”, “notes”, “reports”, “letters” and “notebooks” to remind the client of the outcomes of a session were all useful ideas.

Another respondent suggested that feedback from the prayer team would be helpful:

“I suppose what I would like is more feedback, not about the counselling, cause we talk about that. Maybe because of, maybe about the prayer and how the team feel about it” (4 14.5.01, p 7). I asked her to clarify this and she suggested:

“I suppose I’d like it with the prayer team and you just saying what they thought came out of it” (4 14.5.01, p 8).

The respondent likened this to being able to have someone clarify what was being said. When she initially began her therapy she came with a friend who sat in the sessions with her until she felt comfortable with the process. Then, after each session, she would ask her friend for confirmation of what she thought she had heard.

Another respondent stated that he had found it hard to organise appointments:

“I guess a couple of times like administratively it can be quite difficult to organise appointments and things” (5 11.7.01, p 13).

He recognised a solution which should interest educational institutions:

“...so I guess it’s got to do with education like it would be nice if there were other Christian counsellors or social workers or counsellors like yourself who are equally as confident” (5 11.7.01, p 13).

Another suggestion this respondent had was that unavailability of the counsellor can also be a “...good thing how rarely I’ve seen you. It makes it real life” (5 11.7.01, p 13).

Yet another suggestion he made was that:

“...those Jesuit articles, I personally didn’t get a lot out of them, whereas other people might” (5 11.7.01, p 15).

In my practice I give out readings of articles and this respondent is referring to the Jesuit Examination of Consciousness by Veltri (1979) which was originally developed by Saint Ignatius Loyola the founder of the Jesuits (Veltri, 1979, pp105-106).

The question was answered by thirteen per cent of the respondents as a way to comment on the pain and anger they experienced in their therapeutic work. It is not that the work at ETS was unhelpful, but in some ways it necessitated an experience that was not always pleasant. One respondent stated:

I found with one of the prayer sessions that I did I was very angry about three days later, but I didn't blame the prayer. It was good and I know the anger was something that just was an after effect. Like I'd been numb for so long and all of a sudden bang I'm awake (7 8.8.01, pp 10-11).

Another respondent summarised the experience by saying:

“Therapy takes time and waiting for an appointment is part of it and that's kind of fine. Revelation from God comes in an instant and that's where you get angry pretty much straightaway. If I'd known what the journey was going to be I don't think I would have come. But it's like He (God) got my life and shook it and there were lots of things that had to come out so from that point of view it's not stuff I would choose that I would want to go through but I had to go through for us to get the end result (7 8.8.01, pp 11-12).

This experience was echoed by another respondent who struggled to describe the experience as well as the other respondents. He stated:

I think I gave myself as much as I could to the therapy because I wanted to stay upright, physically stay upright and otherwise I wanted to, somehow I wanted to get through and desperately wanted the help, so by giving myself to it I was not objective at all (8 16.8.01, p 11).

To him the process of giving himself to the work was unhelpful as he was a very controlled and successful businessman. He concludes by saying:

“I just have to say nothing was not helpful” (8 16.8.01, p 11.)

The final few respondents answered the question in different ways that were unexpected, with one respondent imagining a possible unhelpful experience which did not occur, and another respondent describing the complications with therapeutic outcomes. The first respondent imagined the possibility of the therapy being helpful and the spiritual work being unhelpful. She stated that:

“The only thing I could think of is if I had my therapy and finding that helpful and then I went to the prayer thing and if I didn’t find that helpful well then okay there wouldn’t be truth in it” (2 9.4.01, p 7).

This respondent was sure that if her therapy had been helpful and then the prayer was not then the truth is not confirmed for her in her journey. The spiritual work provides a way of confirming the helpfulness of the therapy work; it was almost as if the respondent can use the spiritual process as a test of the validity of the therapy process.

Another respondent declared that:

“For me and I’m not sure if it’s unhelpful it’s, I just want to keep getting at the root of things now and I think having the chit chat, like last week, just having a whinge session isn’t very helpful” (3 9.5.01, p 20).

If only one part of the work was helpful?

Interview Schedule (1) Question 6 asked the clients: “If only one part of the work was helpful and not the other, why was this so?” Three of the respondents would not consider this question.

They felt strongly that the question was to be answered with no response. One respondent answered by saying he felt he had explained this already. However, the attempts to answer this question were interesting. The question was asking the respondents to grapple with the idea of breaking up the interrelationship they had been describing, and trying to find out what that would be like. Only one respondent found one part of the work was unhelpful for him in his experience at ETS. The other respondents either refused to answer or imagine what it would be like to have only one part of the work being helpful.

One respondent imagined that if one part of the work was helpful and not the other then the counsellor would need to improve their listening skills:

“It comes down to the counsellor and themselves. Listening skills, if you don’t have good listening skills, you can’t be a counsellor” (2 9.4.01, pp 8).

This respondent looked at the spiritual side as well and stated the counsellor was responsible for this part of the work as well.

“If you’ve got like being a Christian and loving God, if the counsellor can’t identify with that then it wouldn’t work because it is a big part of my life” (2 9.4.01, p 8).

This respondent finished by saying:

“...how can I leave a part of my life when through my therapy I’m trying to bring everything, put my whole life together, not separate it” (2 9.4.01, p 8).

Another respondent who initially answered with:

“Why would I think that?” (4 14.5.01, p 10),

tried very hard to imagine a situation where one part of the work was not helpful. She answered by saying:

I suppose if I wasn't a Christian, the prayer aspect wouldn't really be a significant thing because therapy might be sufficient, but because I'm a Christian and I believe that I'm of my spirit and that in part of me being damaged, my spirit was damaged, that that's where the prayer work is attending to (4 14.5.01, p 10).

In other words, if you have no faith then the therapy work may be enough for healing. This view was echoed by another respondent:

“Well I think if I wasn't a Christian, therapy work would be helpful without the spiritual work...if it wasn't offered (the spiritual work) you would probably say well this is wonderful because you probably haven't seen anything else so you don't know any different” (6 16.7.01, pp 8-9).

One respondent took this explanation further. He stated, as had other respondents, that:

“Well if one part of the work was unhelpful it would have to be the spiritual side of it...I mean that would only be if you weren't open to God basically” (7 8.8.01, p 12).

However he clarifies this further by stating that because the counsellor in his situation was open to both parts of the work then:

“...both sides work together as a unit I think” (7 8.8.01, p 12).

In exploring the operational research question of the interrelationship, it is interesting to see it emerge here as an explanation for the spiritual side possibly being unhelpful. The respondent has tried to imagine one part of the work being unhelpful and he has chosen the spiritual side as many respondents have. He then qualified his answer by saying that the counsellor is open to

God in his experience and as a result carries “both sides” which “work together as a unit” for healing. In some way the counsellor carrying good therapeutic skills and a spiritual perspective creates an interrelationship that helps the healing.

This respondent further clarified this opinion by talking about how he experienced the counselling and the prayer:

“I think therapy is I mean it was confrontational, but in a more gentle sort of way I suppose in very conversational and very gentle I suppose is the work but the confrontation of prayer time is a lot more intense and a lot more direct” (7 8.8.01, p 13).

If one part of the work was helpful and not the other then why was this so? This respondent had imagined that with the interrelationship being so strong the client may not find parts of the work helpful because they can choose to:

“...either sort of accept it believe or ignore it and both ways and both paths are difficult” (7 8.8.01, p 13).

His assumption was that for himself both parts of the work had helped his healing but he imagined that if one part did not help it could be to do with the need for the client to manage the “...gentle confrontation” of the therapy and the “intense confrontation” of the prayer work.

Another respondent echoed this view. This respondent was the only person to state that one part of the work had been unhelpful for him and that was the prayer:

“It ended up being a defensive exercise like you know really just wanting out of there and having to continually explain” (5 11.7.01, p 18).

The respondent clarified this by saying that his next experience of the prayer was more positive “...much less confrontational I didn’t feel like I had to move onto the back foot quite as much” (5 11.7.01, p 18).

Even with this different experience of the part of the work initially being unhelpful and then later helpful this respondent echoed the view of the previous respondent by his own example. He had found the part of the spiritual work at ETS unhelpful at first then helpful, and he explained this by saying:

“...your sort of rapport is very unfrontational and not passive at all and so the only reason I went is because I trusted you sort of thing and you suggested it” (5 11.7.01, p 18).

A further explanation for one part of the work not being helpful followed this pattern where the respondent stated:

“I suppose I found them both helpful” (5 11.7.01, p 19).

This respondent again stated that this was not his experience to find one part of the work helpful and not the other, but if he imagined this to have occurred he stated:

“...but if I wasn’t healed by one of them I wasn’t willing to put in the practice where you go” (5 11.7.01, p 19).

Again the idea that the healing is dependent on another aspect to the relationship which is where “you go”, meaning the therapist. If the therapist goes to a place in the work with therapy and spirituality then the client can be offered a place to go there too. The therapist needs to be in an interrelationship with the client that is leading to a place where the client can see that both aspects of healing can work.

A final explanation for one part of the work being helpful and not the other is the idea of the client's resistance. This explanation looked at the client who has no spiritual insights who may show:

“resistance principally because there will be a lack of understanding, they will not understand where that will take them and they may even feel too vulnerable to run the two in parallel if they haven't already established you know a spiritual sort of view” (8 16.8.01, p 12).

The explanation went further to include the client who is:

“...over spiritual”,

or

“...immature in their spirituality. They may feel that the psychology side of this therapy is not done by God's book, it is done by man's book and therefore show resistance to it” (8 16.8.01, p 12).

Once again the respondent had chosen the spiritual aspect of the work at ETS and looked to the client being resistant if they find some part of the work not helpful.

It was interesting to find that one respondent who also chose the spirituality part of the work to answer the question was not confronted by the prayer did not find it challenging and did not resist the work. One respondent in her focus group had just finished saying: “I mean when you are sitting in there and all prayer is and four or three people is aiming right at you it's quite daunting you know, all this is for me kind of you know” (7 8.8.01, p 13). She responded with:

One girlfriend said to me why don't you go out and spend \$100 on a massage, facial and this and that and I'm thinking when I'm in the prayer session it feels much more than

just a massage and a facial, It felt like a million dollars was being spent on me and for the first time I felt like I wasn't ripped off (7 8.8.01, p 14).

While one respondent found the spiritual work a little daunting having three or four volunteers focus on him for a time, this respondent had felt an overwhelming sense of being cared for, and it had not cost her a cent. She even went further and compared her work with ETS to the service she received from government departments and voluntary agencies like Lifeline:

You know with government departments, or Lifeline, or something that where they're not focusing on God or something, they go there, there and they're focusing on the dark side too much. But then in therapy you know that there's a white side or light side, an easy way so yeah. Money can't describe it. It's a feeling, more than being told well that was evil and we need to put you in this program and that program and you just feel like a sheep, nothing is getting resolved (7 8.8.01, p 14).

When considering the interrelationship that ETS provides, this respondent describes being in a state where money was being spent on her and she was not being "ripped off". This was in comparison to service providers who do not espouse an interrelationship of service with spirituality where she felt that she was being told what others thought she needed and placed in programs where she felt undervalued "like a sheep". The interrelationship of the therapy and the spiritual intervention provided her with resolution and acknowledgment that was legitimate in her eyes.

If no work was helpful, why not?

To test out the idea that respondents may be providing information that was only positive, the last question to explore the interrelationship the respondents were experiencing was asked in the following way, Interview Schedule (1) Question 7: "If none of the work, either the therapy work

or the spiritual work was helpful, why not?" Several of the respondents felt they had answered this question already. Most of the respondents answered the question by imagining why none of the work would have been helpful because not one of the respondents found none of the work helpful. As one respondent very colourfully put it:

"...probably if they were brain dead. If they needed to go into a psych ward and they came here instead" (8 16.8.01, p 12).

That was the only way he could imagine none of the work being helpful.

Other respondents answered the question in a similar way but with less colourful language.

They imagined a scenario where none of the work was helpful and came up with ideas around client response and responsibility:

I had to actively listen...to act on what you've heard...it's your own motivation to want to be healed...you just keep hoping and getting through it...you have to want to try and make a change or try your best and see how you go. It's just that I could see things working (2 9.4.01, p 8).

Or another respondent imagined that:

If neither was helpful may be because I wasn't at that place yet, because I wasn't strong enough yet or confident enough in myself, it either went straight over the top or I couldn't use it, I couldn't do that yeah and that's the only time it wouldn't have been helpful (3 9.5.01, p 24).

Another respondent mentioned:

"...when you are in a really negative frame of mind" or "maybe you don't want to change either maybe you are happy with the way you are" (5 11.7.01, p 19).

Yet other respondents echoed this:

“I’d say the person wasn’t ready for help and wasn’t willing to share herself or himself or bare their soul...I mean you have to want to get better I think” (16.7.01, p 9).

The final imagined reason around client response considered attitude, mind and heart:

“I think it would have to be because you’d got into it with the wrong attitude. You’d go into it with a closed mind and a closed heart” (7 8.8.01, p 14).

Other than the imagined client responsibility for the work not being helpful, one respondent concluded that the work may not have been helpful if it had not spread to all of her life. She commented that the therapy is limited to the time of the session, but it needs to spread to all of your life to have an outcome:

“I guess I can only see that sort of thing being so if ...it didn’t sort of spread to you know the entirety of you life, if it was an experience that you only had in the counselling room” (5 11.7.01, p 20)

I wonder if the interrelationship of the therapy to spirituality provides a practical way of making the work operational in the client’s life. Another respondent echoed this idea when he answered by saying:

“They’re (the therapy work and spiritual work) not going to give you all the answers in life you know, no prayer meeting will, no, nothing will but if they are viewed as tools you have to come and pick them up before you can turn them on” (8 16.8.01, p 13).

If the interrelationship of therapy to spirituality can provide clients with tools to affect the entirety of their life then a more holistic and lasting change for healing can be made.

The only other explanation that respondents explored about the work not being helpful in any way was to do with belief. Respondents stated that:

“It would have to be where you were an agnostic on every level. You know I would say you are just opposed you didn’t want help cause I think the two levels complement each other perfectly” (8 16.8.01, p 12).

Another respondent explained it this way:

“I think the spiritual side is because I haven’t come from that space, I’m not outside of the therapy or whatever, I don’t operate in that space other than hedging my bet” (3 9.5.01, p 23)
this respondent was saying that having no “space” or not “operating” in a belief system was the only reason he could see for the work of ETS not being helpful.

One of the strongest responses to this question came with a life or death sense to it. The respondent made only a brief response but it was a direct and honest one:. When asked “if none of the work, either the therapy work or the spiritual work, was helpful why not?” she replied “I suppose if it didn’t work, I wouldn’t be here”. All respondents could only imagine the therapy and spirituality not working, which is enough to raise professional curiosity.

5.2.5 Volunteer Responses

WHAT IS THIS INTERRELATIONSHIP BETWEEN THE THERAPY WORK AND THE SPIRITUAL INTERVENTION THE CLIENTS RECEIVE? (OPERATIONAL RESEARCH QUESTIONS 4.)

If therapy work was not done? What the volunteers thought.

Interview Schedule (2) Question 5 asked: “If clients are helped by their therapy and spirituality work how would your work with clients have been affected without the therapy work being done?” The first response from the volunteers to this question revealed that even if the therapy work is not done, faith still exists for the client and the work:

“Just for me what first comes to mind is it’s a faith level. I think if people have that faith ...the healing is there for them” (9 7.9.01, p 18).

An opposing view was that:

“I still think you need the therapy work for the prayer work because the therapy work gets their head around, it might solve some head as well as heart issues for them” (9 7.9.01, p 18).

The general feeling was that God would never leave someone without something:

“He meets the person wherever they are at” (9 7.9.01, p 18).

As well as being met by God, the volunteers stated that clients will benefit from therapy in its ability to have practical application, for example domestic violence escape plans:

“God will meet her needs, God will do a work for her. (work here implies a miracle) But he will not sit down with her and work out an escape route” (9 7.9.01, p 19).

The summary of the argument was suggested by one volunteer describing the reciprocity of the issue:

“...the therapy provides that tool as C said to deal with personal management issues that you need to do but God is underpinning that in a Christian therapy sense, God underpins that anyway even if he is not overtly mentioned” (9 7.9.01, p 20).

The question had worked hard to make the volunteers consider an either or option and they answered with reciprocity.

One respondent said that this interrelationship is like taking vitamin they can be taken certain ways or taken in one way to deliver an effective result:

“It’s like putting a Berocca in a water, you can take the Berocca any way you like but if you put it in the water you will get the fizz and the drink. And if you put the two together (the therapy and spirituality) you get a different level of outcome” (9 7.9.01, p 19).

Another volunteer said it was like:

“...two sides of a different picture, not contradictory though”. it seemed hard for the volunteers to consider a negative case example which separated the therapy and spirituality (9 7.9.01, p 20).

The in-depth interview revealed an interesting consideration that the volunteers would be unsafe without the therapy work having happened. The volunteer considered an earlier team referral from a general practitioner who had worked at the Family Care Centre. The prayer work had not been “right” for this client and the volunteer considered that:

“In terms of the therapy work there’s a protection for us in it too because often you don’t really know what a person is like until you get them in a room. And at least having gone through therapy you as a therapist have a feel for what sort of person are they” (10 17.9.01, p 8).

One of the volunteers, who is a health professional consulting to the insurance industry, best summed up the idea of the spirituality work without the therapy by stating:

I don’t think God’s restricted in the way he works but what he had done with Eden Therapy Services is created this particular way of working and it’s not the only way or the absolute way or the right way, its just the way that God has allowed and blessed to

develop here. And it happens to be in this order and it happens to be the right mix for the people that we are and for the people that come for prayer (9 7.9.01, p 21).

If spiritual work was not done?

Interview Schedule (2) Question 6 asked: “If clients are helped by their therapy and spirituality work how would the clients have been affected without the spiritual work being done?” The answer to this question began the same way question 5 was answered, by volunteers stating that if the spirituality work is not done God will still love his people in anyway he can:

“I believe that God loves his people and he would bring people to a place of healing regardless and we see it over and over and over and over again” (9 7.9.01, p 21).

There was the opposing view given just as in answer to question 5

“As a Christian the spiritual work can’t be separated from the personal work...we’re more than just mind and body, we are spiritual as well. So yeah it can’t really be separated” (10 17.9.01, p 9).

Once again the reciprocity of the work came through, the volunteers found it hard to consider one option being offered and not the other:

This happens to be a very effective, fast delivery system and for God’s people that he has ordained in this way they get an instant delivery straight to the stomach, straight to the bloodstream and it’s done, do you know what I mean. That’s just an effective fast delivery service (9 7.9.01, p 22).

The volunteers identified that with all the regulations that face practice it’s “a brave soul who sets out on this path” a therapist combining, the therapy and spirituality. The therapist faces: “the way society is set up and the way all of the regulatory authorities with what therapists can

do, can't do", "all of those ethics questions", "consequences if people are offended", "pressure group within you know the political bodies, or the associations", "insurance" and "the medical profession" (9 7.9.01, p 22). The volunteers also suggested that it takes more ego strength to practice in relation to others rather than the social worker being the sole healer:

"...and also having the ego strength to do it cause a lot of therapists would say I can heal you myself I don't need anybody else to help" (9 7.9.01, p 22).

The volunteers were adamant about this idea that it was bold and worthwhile to include spirituality but not usually done:

I know there wouldn't be many Christian therapists or obviously non-Christian therapists who would say, putting God aside for a moment, I get half a dozen lay people who have not been trained in counselling to assist me in my counselling practice, like, hello, I don't think so (9 7.9.01, p 23).

One volunteer had discussed the idea with another psychologist in private practice who thought the idea wonderful, but missed the main thrust that the spiritual intervention was provided for the clients. The psychologist thought it would be great to have all these people praying for her:

"She was so taken with the idea and talked to me about it for ages and as I started to listen to what she was saying, she was talking about having a prayer team to support her and it just cracked me up cause I thought this is just so...the prayer team is actually there for the client".

She concluded by saying:

"...it does take a person of extraordinary insight and strength to do it, to even go there" (9 7.9.01, p 23).

The volunteers were able to give evidence to the interrelationship of the work they perform at ETS and the counselling. The volunteers all felt strongly that faith carries clients through their

work and that their work with clients is just one way God can help. They also admired the way the social work practice of ETS carried the spiritual into such a practical application of volunteer work.

What was unhelpful as a volunteer?

Interview Schedule (2) Question 7 asked the volunteers: “In your work with clients of ETS what was unhelpful?” One volunteer stated that:

“...relating some of their things, their problems to maybe things that were relevant to me in my life”(9 7.9.01, p23).

This was one of the unhelpful elements in the volunteers work. Another volunteer pinpointed that her need for structure and preparation she found to be unhelpful as the relationship with the client in the prayer became more obviously important to her:

"And so it was unhelpful for me to think that it was too important, my human effect was too important to the process" (9 7.9.01, p 25).

The volunteer clarified this further by saying:

You see I really started out with my checklist which is now of course is a major joke, but I get teased about every now and again, it was helpful for me to have a framework to not feel like I was just standing there naked but it was more unhelpful than helpful in the end because you really just have to listen to God (9 7.9.01, p 26).

This sense of the work being unhelpful if given over to a structure or a framework was reinforced by other volunteers. One used an analogy of his early Christian life when he had been taught a step program of prayer and how he applied this to a person at church he was asked to pray for and the man's response was:

“Oh God don’t let me be held back now” (9 7.9.01, p27).

The issue the volunteer had seen was how unhelpful formulae are when applied to spiritual people in need. He could remember the formula he had been taught:

the Christian people doing the prayer will basically follow down a list of okay first we will prayer for this issue, this global issue and then we will pray for that global issue and then that one...we better pray first through the person’s life history and just see if there are any crises in, even though that is not the presenting issue, then we will pray through and spiritual you know evil that might be present there, then we will pray through this other thing and then those other things, then this other thing, etc then sure enough down through doing that process they finally hit on the blinking obvious which the person has been saying when they came in the door (9 7.9.01, p 27).

The volunteers were very clear about the relationship being more important than what they thought would be a helpful structure or formula for the client:

“...what happens here is about relationship and it’s a relationship; it’s a third dimension relationship” (9 7.9.01,).

The physical environment the volunteers practised in was also another limitation. In the time when the work was done in Manly at the Family Care Centre the volunteers found access to toilets for themselves and the clients very limited. The facilities were shared with backpackers, for a period of time, while the landlord renovated the upstairs area. The new facilities at Oxford Falls had improved bathroom facilities, however, one of the rooms was too small and had an odd shape:

“I can say that about one of the rooms here. The one where you have to stand under people’s armpits” (9 7.9.01, p 24).

The only other physical limitation was the noise of others in the office environment:

“Having other people pottering in and out, too, I don’t like very much” (9 7.9.01, p 24).

The final unhelpful process was the possibility that the volunteers have:

“...said yes or no about certain things and if we don’t agree with something or we don’t think its quite right, then we’ve often told you” (10 17.9.01, p 9).

The volunteer, who had been doing the work for over ten years, was identifying the process of the work evolving, and the need to protect the time and energy of a volunteer:

“You guys look after us (meaning the therapist and office manager) you are always out there if we need you, if the session’s running long you knock on the door and that might be a saving grace” (10 17.9.01, p 10).

Volunteers found listening and praying for issues that had a resonance in their own personal life unhelpful. They also found trying to use a checklist for a human delivery service unhelpful, and needed reassurance by the social worker managing the team that they could talk about and debrief on their concerns. The lack of appropriate physical facilities like toilets or quiet space had also been unhelpful for volunteers. The interrelationship of the social worker and volunteers had protected volunteer’s personal concerns, and physical facilities were negotiated when not appropriate. Most importantly the relationship the volunteers offered had to be respected and valued rather than thought of as something for the social worker to use personally.

If only one part was helpful?.

Research Instrument (2) question 8 asked the volunteers: “If only one part of the work was helpful for clients and not the other, why do you think this is so?” As the volunteers were getting a little tired, humour reigned initially for this question:

“Well it’s all your fault, its got nothing to do with us sorry” and “It’s either the therapist's fault or God’s, its nothing to do with us” (9 7.9.01, 28).

After more thoughtful consideration some other answers emerged.

If only one part of the work is helpful for the client then:

1 “...she wasn’t able to receive”

2 “...she wasn’t able to take on changes”

3 “...you have to translate”

4 “...the whole process for her didn’t work”

5 “...timing is important”

6 “...a person’s capacity at the time” for “maximum possible benefit”

7 “God cares about the people sitting in the chair” and “will not leave people without help” (9 7.9.01, p 29)

8 “It’s always God’s will to heal” (9 7.9.01, p 30)

Other respondents struggled to answer this question as one stated:

“...not in our case here because you combined the two in your practice”(10 17.9.01, p 11).

Trying to struggle with the idea of two parts, one of the volunteers stated:

“...you would have a different animal, you would have two different animals” (10 17.9.01, p 11). The volunteer struggled to imagine the work of the therapist without the prayer and could only conclude that it would still be spiritual as the therapist carries the spiritual aspect within themselves:

“It just made me think we only see a small portion of people that you see, so in practice, your practice does work without us but it doesn’t work without God cause I know you’re very prayerful about it” (10 17.9.01, p 12).

The volunteers were loath to consider the question of separate parts. They understand that some clients may not find the combined process helpful and that the right time for the combination in their work may not have occurred. Volunteers were clear that the work of ETS reflects both parts of the work and they were hard pressed to consider it as not being an embodied part of what clients receive.

If none of the work was helpful? The volunteers were asked.

Interview Schedule (2) question 9 asked the volunteers: “If none of the work, either the therapy work or the spiritual work, was helpful why not?”. One volunteer stated that if nothing was working he would look to change something:

“...if it was within our capacity to change it, we would change it” (9 7.9.01, pp30-31).

Volunteers considered that “tone of voice” could even influence outcomes which they would not be able to control (9 7.9.01, p 31). However, on a more complex level, volunteers identified their use of language could influence an outcome. The volunteer recalled praying for a ritual abuse survivor and she used the blood of Jesus in the prayer and later realised that this was inappropriate for this particular woman.

The volunteers emphasised that:

“...part of it is simply a maturity about understanding about conditions that are beyond our own experiences”,

and

“...part of it is about a maturity in our relationship with God, part of it is about timing, part of it is, it’s a process, it’s not only end product” (9 7.9.01, p 31).

Two volunteers summed up the responses by one stating:

“...it’s a complicated, complicated interaction that we are dealing with” (9 7.9.01, p 32),

and another volunteer stated:

“Well it’s their issue isn’t it”.

The volunteers were concerned to observe and participate in the complicated interaction with clients, but could also be free to have no responsibility, ultimately, for how the client fares.

When pushed to consider what had happened if none of the work was helpful, volunteers became reflective about their tone and presentation to clients. They considered their own maturity to face the issues clients were grappling with, and their possible lack in facing complex issues. They also very appropriately stated that the client still owns the issue even if they get little from the service, giving evidence of volunteer training in remaining aware that ETS not the volunteers is responsible for client outcomes.

5.2.6 Benefits for the volunteers

**WHAT BENEFITS DO VOLUNTEERS GET FROM THE WORK WITH CLIENTS OF ETS?
(OPERATIONAL RESEARCH QUESTION 5)**

Description of the volunteer's work.

Interview Schedule (2) Question 1 asked: "How would you describe your work with people who attend ETS?" The volunteers were very enthusiastic in their responses to this question. One volunteer wanted to know if the question related to what he did or what he felt. Another volunteer began the response with describing her work as "emotionally draining"; another stated "hard", yet another, it's "work" and "extraordinarily fulfilling" (9 7.9.01, p 2) as well as "tiring" and "liberating" (10 17.9.01, p 3). One very articulate volunteer stated:

I find the sense of achievement and fulfilment to be greater because of the intense awareness of God being involved so intimately with the people and through the process of the work and seeing such radical changes in such a short time. People walk into the room oppressed and afflicted and walk out of the room, encouraged and supported and with hope, and it's incredible (9 7.9.01, p 2).

The idea of the work at ETS being draining and hard yet extraordinarily fulfilling was curious.

The volunteers went on to say that the work is this way because:

"I have to let go of all the other stuff that is going on...for me or whoever else"

"...come into that place of closeness with God regardless of how I feel"

"...respond completely to someone else's need"

"...go to God on their behalf"

"...it takes you to a place that isn't your own but you feel it just as keenly, just as intensely"

"It is work to carry someone else emotionally to a place where they can re-establish a relationship with God"

“...you have to wade you know gut level deep in crap basically to get to the place so they can reconnect to God”

“...you are putting yourself out personally and going into someone else’s space” (9 7.9.01,p 3).

This perspective of it being hard work was balanced by one volunteer who said:

“I haven’t found it hard, I haven’t found it like work, it’s been easy in actual fact. I haven’t been emotionally drained. I’ve been compassionate....it’s an amazing privilege” (9 7.9.01, p 4)

His words are interesting as he then describes a form of work he does as a volunteer to keep what he hears in balance for himself. He states:

“You don’t hear the things that we hear and not feel something, but you can keep that in balance, I can keep that in balance” (9 7.9.01, p 4).

When I queried this volunteer about this difference by suggesting that it may be due to a gender difference, the volunteer stated:

“...that’s exactly the way the girls would be” (9 7.9.01, p 4).

However, another male volunteer who also confirms he experiences differences to the women’s description of the work being hard by saying:

“Afterwards I’m not fatigued by it; in fact I find it strangely invigorating afterwards. I find myself usually encouraged you know strengthened” (9 7.9.01, p 5).

He then goes on to say it could be gender that makes a difference between the women’s and men’s volunteer teams. However, another possibility is held by the volunteer who states:

“It also could be a difference in intercession I’m not sure.” In other words the difference could be in the style of prayer or intercession (9 7.9.01, p 5).

The rest of the volunteers agreed with this perspective, stating that gender was not so much the issue in the way they worked, but rather their different personal intercession styles. The women’s team were compared to the Ezekiel style of volunteering where:

“...you know groaning and travailing on behalf of the person being prayed for” is common (9 7.9.01, p 6).

The men were compared to the “prophetic” style of intercession, delivering words directly from God. Another volunteer compared the difference between volunteers who are “cut and dry” in their work, and volunteers who “do more of a joining around the issues” (9 7.9.01, p 6). This volunteer concludes that she knows women who can be cut and dry and men who are not, and that the differences are not due to gender, but style.

The discussion of gender and difference in styles was concluded by the volunteers discussing what surprised them about their work at ETS. One volunteer stated:

“I’m amazed how often our work with the men’s team does not go there, almost never do we correct people or ask you’re doing the wrong thing or in any way be critical of them” (9 7.9.01, p 7).

Rather, the volunteer noticed that the work is about:

“...what they need to receive for their healing which is beautiful and light and lovely and that’s another reason why it’s not a work” (9 7.9.01, p 7).

Another volunteer stated that when she gets impatient with the work because a person may be upset and cannot work on the issue, this is when she understands her work as God saying to her: “She’s here, she’s my daughter and you deal with it, you know what I mean” (9 7.9.01, p 7).

The volunteer respondent involved in the in-depth interview answered this question more from the point of view of the work’s effect on the person. She states that the work is about:

“...a process and here’s something that happens in the room when we are with people, that is hard to pinpoint and describe because it just happens” (10 17.9.01, p 2).

She:

“...makes herself available in terms of time and commitment and ...listen to people and pray with them” (10 17.9.01, p 2).

As this happens then she explains why it’s hard to describe because:

“God and the Holy Spirit ...does a work in them, whether they are carrying unforgiveness, whether they’ve got a huge rage about something or whatever, the burdens of whatever they are carrying are usually lifted (10 17.9.01, p 3).

The benefits, to herself, as a volunteer are the:

“...joy and release that we feel afterwards” (10 17.9.01, p 3).

The volunteers were excited about this description of their work at ETS. They enjoyed discovering differences in the way each of the volunteers work and that they all had personal styles in the way they prayed for clients. The volunteers found they received by giving their time into their volunteer work, and it could be a joy.

Volunteers' opinions on how clients are helped:

Interview Schedule (2) Question 4 asked: "Do you think clients are helped by their therapy and spirituality work at ETS?" All the volunteers felt that the work was helpful to clients of ETS.

The reasons that they felt convinced that the work was helpful were varied, and they used analogies such as "groundwork", "peace and hope" and descriptions of "infection" and "Band-Aids".

One volunteer described the work as being about the therapy forming a groundwork for the spiritual to occur:

"I don't think you could have the spiritual work without the therapy first that sets the groundwork" (9 7.9.01, p 15).

Another stated that:

...the thing that I observe is that there's a lot more peace around this and it's easier. And that there's an ease that the person is able to receive from God...the person doesn't come out feeling that they have been labelled as having all this evil stuff on them that's been removed (9 7.9.01, p 15).

This volunteer concluded by saying:

"I think it's a real important mix to have hope, to have the therapy and the prayer work and not just any old therapy but really good therapy" (9 7.9.01, p 16).

Another volunteer described secular therapy as:

...it's a bit like having an infection and putting a Band-Aid on it okay...take therapy from the Christian perspective and couple it with this spirituality work...and not only

are you given the Band-Aid, but the infection is cut out and got rid of and therefore you don't need the Band-Aid anymore (9 7.9.01, p 16).

What was so striking was that the volunteers had no idea of the interrelationship themes being explored by the research, yet spoke of the helpfulness of the work in combination. One volunteer stated that:

For men I have the suspicion that if it was prayer work alone without therapy for a lot of guys, they would not actually continue in their recovery...Whereas therapy forces on them some personal responsibility and some realities outside of that extraordinary impact that that I was describing in the last question of the miracle (9 7.9.01, p 17).

Another volunteer described the combination of the therapy and spirituality in this way:

I guess by the time we get to see them they are often ripe...so they have had to do a few circles and things to get to the point where they pray with us which is the work that they do with you. And then they sort of reach a point where we really just sort of help them pick the fruit (10 17.9.01, p 6).

It was clear that the volunteers saw a process to their work with the spirituality work as having a very important role to bring people into an intimate relationship which is healing. It was described beautifully in the in-depth interview in this way by one volunteer:

They've been trying to circumnavigate their circumstances with you and sort it out on the periphery with God, but coming and actually praying with somebody as sort of an intimate thing to do...But when you are with other people who are I guess strong in faith who have a strong faith and a good relationship with God then you can't hide, there's nothing to hide behind, its almost like you are stripped bare so and it's not a judgement thing...it's pure relationship with God (10 17.9.01d, p 7).

All the volunteers were emphatic in their answer to this question: “Do you think clients are helped by their therapy and spirituality work at ETS?”:

“Oh absolutely” came the reply (10 17.9.01, p 5).

The spirituality work was described and affirmed by one volunteer observing:

“...they often don’t disclose things to you, that they disclose to us” (10 17.9.01, p 6).

The in-depth interview emerged as an opportunity to ask one volunteer: “Why have you done it for eight years?” (10 17.9.01, p 7). The reply was full and very meaningful to the volunteer. She stated:

I just had a burning desire to want to serve God and everyone, almost all people have a heart for other people...I just don’t get tired...my heart’s just in it...I’m serving God, this is how I know I should be serving God. I have a peace about it, I’m not hassled by it...it sits spiritually right with me and personally right with me (10 17.9.01, pp 7-8).

The volunteers knew that the counselling and therapy work with ETS sets up a foundation and a readiness for the client to use when with their volunteers. The volunteers saw the benefit of the client being prepared by the counselling and this helped affirm the use of their time in service to what they believe.

Outcomes and Impact of Volunteers

WHAT ARE THE OUTCOMES AND IMPACT OF VOLUNTEERS PROVIDING A SPIRITUAL SERVICE TO CLIENTS OF ETS? (OPERATIONAL RESEARCH QUESTION 6)

Volunteers' perceptions of outcomes.

Interview Schedule (2) Question 2 asked: "What have been the outcomes for the clients you have worked with at ETS?" The volunteer respondents all thought that they could easily identify outcomes for the clients they see. One volunteer working with male clients stated:

"We see guys coming in with a whole bunch of stuff, leaving without it. They're fixed up" (9 7.9.01, p 7).

One of the volunteers working with female clients stated:

"...the immediate effect on a lot of people who walk into the room, is that they walk out looking different I guess...they have overcome their mountains basically" (10 17.9.01, p 3).

The volunteers also qualified the outcomes by saying:

"We haven't had 100% success rate...I mean we have had a few guys come back three times, at the most I think, five times; we had a guy five times" (9 7.9.01, p 8).

Other volunteers added to the idea of the success rate by saying:

"I'd say that in all cases, rather than go the success, non success thing, I'd say that in all cases people walk out better than they walked in" (9 7.9.01, p 10).

Yet another volunteer stated that outcomes to her were about clients being pleasantly surprised:

"It appears that the clients go away pleasantly surprised that they have benefited from the session" (9 7.9.01, p 10).

Understanding that the outcomes for clients mean they "walk out better than they walked in", the volunteers stated that outcomes are influenced by timing of the prayer. Some clients are:

“...different and I think it has a lot also to do with, we speak about God’s timing...you know you just trust that they are going to be okay eventually” (9 7.9.01, p 8).

Other influences on outcomes for clients are to do with how the client arrives at the session and how inviting the process has been made:

“One client who was extraordinarily tight and untrusting and didn’t want to go there...he was in the room by choice, but I think the process was too intimidating” (9 7.9.01, p 9).

Volunteers themselves can influence the client outcomes by having an “off day” or just by the tools they are trying to give to a client:

“...the guys do feel like we are giving them some tools in the session that they can take away and use and that they now have as I said before some hope and some ability to actually take a hold of their situation and do something about it” (9 7.9.01, p 9).

Volunteers also aim to not make the client dependent on the sessions, they watch for the client who:

“...was making a connection with God in the session that he was not getting at all in his normal time...on his own” so the volunteer’s outcome is then “to strengthen him and also sort of kick him out of the nest a bit” (9 7.9.01, p 9).

The in-depth interview asked for further clarification on what the volunteers meant by clients walking out better than they walked in. One volunteer clarified this by saying:

“It’s like a shift across a line basically...they’ve been trying to deal with and getting some therapy in relation to but they haven’t been able to cross a line” (10 17.9.01, p 4).

The shift across a line involved being:

“...a bit uncomfortable because they are facing people that they’ve never met before. They’ve got to trust these people and they’ve got to trust God enough too for some issues that they have been holding onto” (10 17.9.01, p 4).

The shift across the line is then encouraged by the client realising:

“...that they are in a sort of safe place basically, it’s all confidential, we are not going to say anything, we’re going to stand with them and stand with them as they pray and as they seek God, they sort of relax into it” (10 17.9.01, p 4).

The shift involves for the client:

....a whole range of emotions from just a total mess on the floor almost in tears, to like well this person is floating around the room, let’s bring them down. Yeah the emotions can totally range but often, often people walk out and their faces just look lighter at the end. They look, there’s no stress, they’re not carrying stress, they’re just ah wow you know I’m just feeling so much better inside about something, about you know the issues that I’ve been carrying (10 17.9.01, p 4).

The volunteers all identified outcomes for the clients they worked with. Those outcomes were evaluated by the volunteers not through percentages but rather through the changes, shifts and process of the work. The volunteers clearly saw many issues influencing the outcomes for the client and seemed to be able to balance these issues sufficiently for the clients As a result of this balance the clients were able to settle into the process, feel safe and then invite others in relationship to them, that is the volunteers, to stand with them until they can release the issues they hold onto.

Volunteers' perceptions of their impact on clients.

Research Instrument (2) Question 3 asked: "What impact do you think your work has had on clients of ETS?". The volunteers were once again very sure about an impact having occurred. Not one of the volunteers stated there was no impact; what was interesting was the amount of depth surrounding their attempts to explain the impact. One volunteer summarised it as:

"It's a miracle in the true sense of the word" (9 7.9.01, p 14),

and another stated:

"I think it's had a positive impact but the other side is hope. I hope it's had a positive impact" (10 17.9.01, p 4).

The depth of the impact emerged as one of the volunteers continued to define the impact as:

"There's no doubt in my mind that the guys that we see are introduced or reintroduced, made aware perhaps of an aspect of God that they didn't previously know or understand. I mean God is real that's why this stuff works, Jesus is real, that's why this stuff works" (9 7.9.01, p 11).

The impact of the work offers an understanding and knowledge of the spiritual the clients did not previously have. This was further explained by another volunteer who stated:

"It's like revelation is a cliché word that we often use and its like I get it now you mean I don't have to be oppressed by this, I don't have to be under the power of that, that's exactly right because that's what Jesus did, that's it." (9 7.9.01, p 11).

The impact of the work releases the client from oppression and being under another's power.

The volunteers then began adding this impact to an integration with the therapy work. One volunteer stated:

I suppose for me I see a process, I see that there's a person who does work with you, you deal with a lot of their emotional stuff. They reframe their issues, they look at it differently then the impact of being in a prayer session is a lot of that can be left; it loses its hold on the person (9 7.9.01, p 12).

The volunteers saw their work as part of a process of the whole work offered to the client. A great analogy came from one volunteer at this point:

They (the clients) are able to shed a skin in a way that I think just talking about it and thinking about it doesn't do. There is an intense emotional intimacy, there is a relationship that happens in the prayer not only with us but with God. There is a joining and they become part of something without that emotional stuff that they have been carrying for years so its like they step out of this old skin and they are able to take on a new skin....it means that you can find a healing for your soul, for your heart you know in a way that you can't just by exploring emotional issues, there's a depth that is open (9 7.9.01, p 12).

The volunteers discussed what prayer would be like without the therapy work being done. This proved interesting as they saw their impact being reduced without the therapy:

"If you don't go through the emotional stuff ...you hit their emotional stuff immediately which often can just flare things because they haven't sorted through stuff" (9 7.9.01, p 12).

With the therapy work done as well as the prayer, the end result was permanent change as one volunteer stated:

If they have looked at stuff and dealt with some of it and gone through that time process you know of having some therapy and talking about things and working things through, reframing how they feel about themselves, rethinking it, then to touch the core of who they are spiritually doesn't explode them, it means they can actually change like really

actually change. So when it works you actually get real permanent change the way the person chooses to really permanently be changed (9 7.9.01, p 13).

Another volunteer described the impact as:

“I think they get an awakening with new skills to be able to go oh I can have a relationship with God on a newer level, on a different level and I can do it myself” (9 7.9.01, p 13).

The skills added were giving them “scripture”, reminding them “it’s been dealt with”, encouraging and talking about “change of habit” and that telling them there is a:

“...different way of thinking, being and feeling that they are exposed to and able to walk in” (9 7.9.01, p 13).

The volunteers also felt that the therapy provided a trust for them to work with that enhanced the impact of their work:

“Because you trust us and they trust you, they trust us, so I guess the impact is greater” (10.17.9.01, p 5).

5.2.7 Implications

WHAT ARE THE IMPLICATIONS OF THIS RESEARCH STUDY FOR PROFESSIONALS AND OTHER HELPERS FOR INTERWEAVING THE SPIRITUAL WITH BEST THERAPEUTIC PRACTICE? (OPERATIONAL RESEARCH QUESTION 7)

What the clients want the professionals to know.

Interview Schedule (1) Question 8 asked: “What would you like to say to professional counsellors, pastors, people training as pastoral care workers or people in training for intercessory prayer about combining therapy and spirituality for healing?” As all respondents

felt they had some form of healing from the work at ETS and as all respondents were struggling in a way to define the interrelationship which made the part of their work at ETS so healing, then this question on the implications of the work became a way to satisfy my professional curiosity about this interrelationship. One of the best ways to explain a research phenomenon is to ask the client who has received the service to define the phenomenon. Once defined, even if the client has struggled to define something that is hard to process, then it is time to ask the client what they would want others in the profession to know about this experience of theirs. Thus the final question asked of the research respondents is a social action question giving them the power and authority to decide what to say to professionals, pastors, pastoral care workers and intercessors about “Our Healing: The interrelationship between the therapeutic and spiritual intervention”.

The response to this question was overwhelming. It was the last question in the focus groups and in-depth interviews, and rather than being tired respondents seemed to gain renewed energy and gave long answers to this question. The respondents were all motivated about being given a voice to the professional and lay ministry areas. To make access to this voice a little easier, the client research respondents’ voices will be heard in response to the following questions:

“What would you like to say to professional counsellors?”

“What would you like to say to pastors?”

“What would you like to say to people training as pastoral care workers?”

“What would you like to say to people in training for intercessory prayer?”

The enthusiasm of the response uncovered some data that related indirectly to the question and will also be discussed as respondents felt so strongly about the combination of therapy and spirituality for healing.

“What would you like to say to professional counsellors?”

“That’s the ultimate answer” stated one client in a focus group and another member responded with:

“Absolutely, the only way to go” (6 16.7.01, p 10).

The initial enthusiasm for this combined approach in professional life was overwhelming. As the clients contemplated the reaction from professionals they tempered their enthusiasm to:

“I think you’d have to tread very gently but you’d have to speak out of your own personal experience and say exactly what happened to you and show them that it’s you know it’s a moving, breathing miracle” (6 16.7.01, p 10).

In combining therapy and spirituality, the clients were firm about the advantages of this work for professionals:

“You might heal the mind, you might heal the body, you might make somebody feel better about themselves but that feeling better won’t be long term and it won’t have all the eternal implications” (1 4.4.01, p 23).

One of the strongest responses was from a respondent who is a health professional, working predominantly with children who have eating disorders. Her use of personal experience in the field related to seeing children with eating disorders who would say to her that seeing their therapist was “a negative experience”, and the respondent hypothesised that the treating professionals were not acknowledging or utilising the spiritual component of healing:

I know that they don’t recognize any spiritual aspect and so many times some of the girls have said to me there’s just this great big huge empty hole in their lives and they

don't understand what it's all about, and you just go well I'll refer you on to the chaplain, but the psychiatrists won't acknowledge that big black empty hole (1 4.4.01, p 22).

Her response to the professional counsellors is to say:

“...so they need to acknowledge that there is another side to people even though they may not realise it themselves; it's got to be dealt with because you are just missing out on one great big chunk of someone's life” (1 4.4.01, pp 22-23).

Not only had she felt strongly about the efficacy of the work for herself, but translated this to her own health field and saw that adding the spiritual side to good professional practice would include a part of life that is currently ignored.

One respondent even wanted to challenge professionals about the idea that the therapy or the professional ethics is the more important factor. She chose to answer the question of what to say to professionals by stating:

“I think the spiritual realm actually supersedes the natural realm and until you actually get a breakthrough in the spiritual realm you actually can't get on in the natural realm” (1 4.4.01, p 27).

She used the analogy of the professional counsellor without the spiritual realm as being like someone trying to break down a door with a hammer or a jackhammer and other tools, but never really getting anywhere rather like :

“...(a) rat running around in a box” or a “maze” (1 4.4.01 p 28).

The focus group moved onto the idea that professionals without the spiritual combination can provide a “breakthrough” but they felt that the therapeutic breakthrough would be lacking something:

“I wonder if anything does go beyond that because I mean here when there is prayer, when there is the spiritual aspect that there is hope, that there is more things to move on to” (1 4.4.01, p 28).

It was an interesting idea that for the professional who does include spirituality in their practice then it may be possible to leave the client with more hope and movement on towards a possible future than occurred with a professional intervention that lacks spirituality.

Yet another respondent gave a graphic analogy to professional counsellors in the form of a rat image. She postulated that professional counsellors who do not include a spiritual dimension to their work are like a therapist who sets up a maze for the rat which:

“...hits so many dead ends that the rat says well I may as well give up the game you might get the rat out of the maze but then the rat walks out of the maze and ...there’s no point to the rest of this and off I go and the headland looks really, really good” (1 4.4.01 p30).

The respondent compares this to a therapist who includes God where the client may think:

“Okay I’m out of the maze then I can actually choose where I want to go from there and even though the big roads look really scary and I might get smacked every now and then, at least I can choose where I want to go and what I want to do” (1 4.4.01, p 30).

Clients talked about the advantage of professionals realising that healing is a spiritual process that the professional cannot do for the client:

“Because it’s something in your heart, I don’t think there’s any one person can substitute, whether it be a partner or anything like that, that can really truly heal the heart. It’s a spiritual thing” (2 9.4.01, p 10).

Clients wanted this explained to professionals:

“It’s giving evidence of a spiritual side that isn’t physical to touch or it’s hard to measure but if you’re getting confirmation that other people are seeing your own healing...and explain it to a professional”(2 9.4.01, p 11).

Clients want professionals to acknowledge that:

“Everyone has a God awareness I think and I think it’s the most important part of therapy. Well not the most important, but it’s very important part of therapy to have that seal at the end” (6 16.7.01, p 11).

Other clients stated what they believed professionals should know. “I’d say first understanding their limits”, “you’ve got to be a people person”, “listen and not comment if it’s not going to help”. In terms of the combination of therapy and spirituality:

“...if you come out of the science side, you have to understand that there’s a spiritual side, and if you come out of the spiritual side, you have to understand that there's the scientific side and your way isn’t the only way” (3 9.5.01, pp24-25).

The idea of professionals recognising both science and spirit was further reinforced by this statement:

I would like to say I know the spiritual realm is out of scientific range or gauging and what they would prefer to do but it exists and I say we have to give credence to that. And that that’s part of the whole body needing healing and until we start attending to

that side of people, they're not going to get complete healing. They will improve but there will be part of them that isn't healed (4 14.5.01, p 11).

All that clients were asking was "be open to the other side, don't close off to the other side at all...embrace it like you may not live it but embrace it as someone else's reality" (8 16.8.01, p 13).

Respondents also considered advice to professionals who want to involve too many spiritual aspects to their work. One respondent recognised that trained counsellors are able to deal with their work in the framework of their training alone. The concern he had was if:

"...someone (that is the professional) who was too over the top could easily go the other way and their desire to have a spiritual dimension to their work would make it very difficult for them to effectively help someone" (5 11.7.01, p 21).

The over spiritualised professional may not be of any use in healing the client, however what the respondents wanted professionals to hear was that:

"...everyone has a God awareness I think and I think it's the most important part of therapy. Well not the most important, but it's very important part of therapy to have that seal at the end" (6 16.7.01. p 11).

Respondents did not want therapy from an over spiritualised therapist. They did want the spiritual included in their work as an awareness. The respondent who overemphasised this awareness and then modified it to mean a "seal" for the work wished to highlight an area of practice so often overlooked by the professional.

Clients felt that it is hard for professionals to include the idea of a combination of therapy and spirituality as:

“I think that there would be a little bit of scepticism about spiritual things” (6 16.7.01, p 11).

Clients felt professionals would see clients as “spooky” or “loopy” if they raised spiritual issues.

Clients gave reasons for their belief that professionals would be sceptical and stated:

“Because they are so busy doing their studies and their research and the worldly stuff that they don’t have time for spirituality” (6 16.7.01, pp11-12).

Clients were very clear that professionals being busy, studying, researching and being part of that culture were factors influential in professionals tending to exclude a spiritual dimension.

According to one respondent, clients will improve with good practice, but complete healing will occur when professionals add the spiritual component to the practice intervention. The respondent who summarised this best called on professionals to see the repressed memories debate as an example of the combination of therapy and spirituality for healing. She believes that the spiritual:

exists and I say we have to give credence to that. And that that’s part of the whole body needing healing and until we start attending to that side of people, they’re not going to get complete healing. They will improve but there will be part of them that isn’t healed (4 14.5.01, p 11).

Her healing was a combination of the professional’s belief, good therapy practice and the professional’s ability to hold a spiritual perspective. The results were:

I suppose that most difficult thing I’ve had to come to terms with is that I haven’t trusted myself and I haven’t believed myself and so believing in my memories has been difficult so to then have someone else not believe in them, would confirm my disbelief and I

would have just gone with that. But to just actually have someone stand with me and believe me even when I didn't believe myself has made a huge difference (4 14.5.01, p 11).

The professional's ability to hold a spiritual perspective was in a practical way translated into the prayer this respondent received. Her healing was tied up within this spiritual perspective. The abuse she survived was ritualistic so for her to heal the combination of therapy and spirituality was essential:

And to be able to get before a prayer team that I know are strong women in a relationship with God that have a discerning spirit that are able to tell me whether it's true or not, was extremely important. And I suppose to know that that prayer support is constant, it's not just a one off, see you later. It's there, they are standing with me constantly and I know that (4 14.5.01, p 12).

Clients qualified this by saying that without the combination of therapy and spirituality you have:

"...cup of tea type therapy, which is sort of very nice, warm and fuzzy but it doesn't sort of get to the meat of it and do something" (1 4.4.01, p 23).

Another client described the lack of combining therapy and spirituality would mean the professional's work would be lacking a key:

"...a therapist who didn't bring the God into it and didn't have any sort of a prayer, healing or a prayer network behind it then it would almost be as though you were banging down this door and you are trying to get this door open, but you actually don't have a key" (the key for the client in this case is their spirituality in comparison to other techniques of counselling which only "bang on the door") (1. 4.4.01, p 28).

Yet another client stated that without the combination of therapy and spirituality:

“They could do me a lot of good, but the value of it would be no way near as substantial” (5 11.7.01, p20).

A final description of the therapy without the spirituality was:

“I think you would be working blind. You know it would be just trying to stab in the dark and trying to sort things out but it’s God that knows the whole picture” (7. 8.8.01, p 18).

It was summarised beautifully when one client stated:

“...if you want a victory” then “you’ve got to combine both”, that is the therapy with the spirituality (5 11.7.01, p 20).

Clients saw the combination as important for long term healing that is meaty, including the whole picture and made easier by the use of keys (meaning the key of counselling and spirituality in interrelationship rather than banging on the door as one respondent suggested) so the work is then substantial and victorious.

In summary one client stated that:

“I don’t think I would have been as capable as I am today and in everything that I do” (7 8.8.01, p 17).

The combination of therapy and spirituality created a capability that the client took into her life:

“I guess just for myself I know it’s the linking of the two that was the really powerful” (7 8.8.01, p 18).

If we do not address professional expertise in combination with spirituality:

“...then what actually happens is that its like one rat trying to help the other rat” (1 4.4.01, p 27).

What would you like to say to Pastors?

Clients were clear that a pastor's role is one to be respected in the church and that they are looked up to. They also felt that pastors could benefit from counselling skills. As one respondent stated:

“If they haven't got the counselling skills but they've got the spiritual side, yeah, I think God can help them but there's also a technique with counselling”(2 9.4.01, p 11).

Another client recommended:

“It would be a great help if they (the pastors) could combine it in their training, both the prayer work and the theory, but also recognise your limitations” (4 14.5.01, p 13).

Pastors need to understand the process sometimes takes time:

“...you can use a bit of fire and brimstone and to try and get the person to mould into yes this is what you've got to do but it's really it can be a slow process” (2 9.4.01, p 11).

Pastors were expected to see more of the person:

“I think it's easier to memorise a rule book...it's probably easier to learn off rules and go by the rules, but to look at how God would look at somebody as an individual” (2 9.4.01, p 12).

The sense of a pastor being able to recognise an individual's abilities alongside knowing their own limits was repeated in this statement:

I'd probably say, you're not God and you don't have all the answers so don't even start to pretend that you do. And to treat the people that you come across with respect that they can take responsibility for their lives and they can work their life out with the right

encouragement, and that it's so much bigger than just belonging to a church or figuring out a few theories (3 FG 9.4.01, p 25).

The pastors were critiqued for being too heavenly orientated without being practical:

“So that we say to the pastors they need to get out of the spiritual clouds and get into the real dirt and grit and filth of what's really happening in life and not be so heavenly minded they're no earthly good”(3 9.5.01.p 26).

They could also seem to be too doctrinally and theologically motivated when trying to help people, as one respondent noted;

“You just can't go marching in there with all your doctrine and theology and just tread on everybody's toes and set yourself up as some sort of righteous authority you know, you're just going to lose and burn more people that you can know” (3 9.5.01, p 27).

The clients attempted to explain these deficiencies in pastors' abilities by stating that:

“...they shut themselves away in their ivory towers” (3 9.5.01, p 28).

Another client saw this as the church being for pastors:

“...almost like a social club” (3 9.5.01, p 28).

Clients wondered how pastors handle counselling issues because it can affect them quite negatively when they hear about a parishioner's distress:

“It shakes so much of what's in them; it actually challenges everything that's within them” (3 9.5.01, p 28).

One client encouraged pastors to acknowledge the hurts people have suffered:

“...they have to admit that there are hurting people out there” (6 16.7.01, p13).

Once admitting to the hurt, this client encouraged pastors not to “pass it over” but rather address their own sense of themselves so they could help. For pastors who cannot support counselling the one client saw this as pastors not knowing their own self worth:

“They don’t think counselling is important at all, I don’t know why to be honest. I guess they would lose their own self worth, do you think?” (6 16.7.01, p 13).

In terms of the issues of past experiences, clients were very clear that clichés such as:

“...the past is the past” and “leave it behind” or “get on with life “ are not helpful (4 14.5.01, p 12). Rather what clients felt pastors should know is that emotional healing of past abuses needs to occur and best occurs in therapy in combination with spirituality:

I think there’s a need sometimes to say that our past needs to be left but we need to be at an emotional level of being allowed to do that. Like I have heard pastors say well things of abuse shouldn’t be looked into and so if that was true those people will be stuck in that, that will be part of their lives that they cannot now hand over to God and so they will, their relationship with God won’t grow to a point of completeness. And I don’t say we go and delve into everything, I don’t believe that’s true either. It needs to be from God and that’s why the prayer work is so important (4 14.5.01, p 12).

One unique and very poignant perspective came from a respondent struggling with the end of his marriage. His advice to pastors concerning therapy and spirituality was to say:

“...you know that things aren’t just black and white”

which had been expressed by other respondents. He went on to clarify this though as:

“...you know that death does come to marriages, death comes to people’s bodies, they need to clear that one up” (8 16.8.01, p 13).

Interestingly this respondent interestingly found the provision of spirituality for him was acknowledgment of his situation so that:

“...my personal time with the intercessors was absolutely profound” (8 16.8.01, p 14).

In summary, a rather controversial comment from one client for pastors was:

“...without the human side of things you won’t be able to do anything that lasts” (5 11.7.01, p 22).

Another client stated it this way:

“They don’t see. They think that all they have to do is read the Word of God and then you will be set free, but it doesn’t work that way. They are not seeing the work that goes on cause it’s all undercover” (6 16.7.01, p 12).

A final recommendation to pastors was not be so “goal orientated”, but rather know that “buried within patterns of behaviour” are the areas to discover.

What would you like to say to people training as pastoral care workers?

Clients were aware that pastoral care workers must understand the miraculous does occur, but that healing is also a process which they need to consider committing to in terms of their time and energy:

“It’s a matter of being able and willing to actually see someone through” (1 4.4.01, p 27). One client also recommended that pastoral care workers need to wait for people to “trust “ them and be “very sensitive too” (5 11.7.01, p 23).

Respondents continued their enthusiastic response to this question now, addressing what they would say to people in training about combining therapy and spirituality for healing.

Respondents reiterated the point made to pastors in this context. They stated that pastoral care workers often come to their work with the idea that:

“...you just need a touch from God and then you are healed”,

but one respondent clarified this:

“...and true I believe in instantaneous revelation and miracles and things of that sort and God can definitely do that but I also think that there actually is something that is important in terms of the healing process and so it doesn't necessarily happen overnight” (1 4.4.01, p 27).

Yet again what respondents wanted pastoral care workers to know was that:

“...it's actually called the healing process because there is a process to it...it's a matter of being able and willing to actually see someone through” (1 4.4.01, p 27).

If they can make this commitment pastoral care workers were seen as adding a valuable alternative to paid therapy:

“I think it is amazing that they can give up their time, to do that. I think that it is fine so people who can't afford services, I think that is fantastic cause there's your alternative” (2 9.4.01, p 12).

If pastoral care workers are giving up their time, clients felt they should be

“...continually updated”, “have a real understanding of issues” and “ a sixth sense” in regard to counselling (2. 9.4.01, p 13).

Clients went further with this recommending that pastoral care workers should be operating in an environment that was professionally managed:

“I can only suggest that with the combination that it be done in a professional environment like what I’ve been through with you” (7. 8.8.01, p 22).

Clients also saw the pastoral care worker as being able to refer the client on towards counselling. “And they would be the ones that would probably be pushing people towards counselling” (6 16.7.01, p 14). Clients saw this as a valuable way in which they could get support for issues that needed professional expertise.

What would you like to say to people training for intercessory prayer?

Clients began with a warning to people considering an intercessory role; “not anyone can do it” (1. 4.4.01, p 32). Clients saw the role as “vital...it’s more that by ushering in healing they’re really sort of opening the door wide and then they’re ushering in the work of the Holy Spirit and they are working with the Holy Spirit” (1 4.4.01, p 31). One client described her use of the intercessory process in this way:

I didn’t realise that my journey was actually a spiritual journey at all; I just thought it was patterns and cycles and try to figure things out, but the moment I got a spiritual revelation of it and I got a God revelation of that there’s actually, that there is actually good and bad, there actually is light and dark, there actually is a spiritual realm involved in the healing process it was literally like someone had lifted a veil off my eyes and I could see the situation that much more clearly...the intercessory thing, it’s such a key area (1 4.4.01, p 33).

Another client found that intercessory prayer “gave me direction”, dispelled the sense of being alone and allowed for the idea that:

“...someone is there actually interceding and talking to God on your behalf” (2 9.4.01, p 12).

One client felt that intercessory prayer helped her when she “didn’t trust myself and I didn’t believe myself”. She used the intercessory prayer to:

get before a prayer team that I know are strong women in a relationship with God that have a discerning spirit that are able to tell me whether it’s true or not, was extremely important. And I suppose to know that that prayer support is constant, it’s not just a one off, see you later. It’s there, they are standing with me constantly and I know that (4 14.5.01, p 12).

This client was not surprised by the spiritual process of the intercession, but rather knew it would be helpful and truthful for her. In light of this, clients recommended that intercessors:

- 1 “...trust what God is doing”
- 2 “...trust what you are hearing from God”
- 3 “...even when it doesn’t make sense to you to speak it out”
- 4 “...we need intercessory prayer ...for you guys as well” (4 14.5.01, p 13)
- 5 “I’d say just wait on God and go for it” (6 16.7.01, p 14)
- 6 “...keep a close relationship with God”
- 7 “...pray about the person before and after they are seen”
- 8 “...continue on to stay in a group meaning that they’ve got that relationship as prayer people with each other”

- 9 don't tell people something from "...their own thoughts its something from God"
- 10 get feedback from the client a day later
- 11 write down some of the intercession for the client so they remember all they need to
- 12 show the client "...a sense of agreement" between the team on a word (7 8.8.01, pp 25-30).

Clients became very emotional when answering this question as they grappled with how important the intercession had been to them. One client cried as she finished her in-depth interview with this statement:

I suppose in the times that have been my darkest when I've been at home, it's been a great comfort knowing that there were other people standing with me. That I was not totally alone in all this and even in the times when I felt totally depressed that it was all black and nothing looked clear, that there still was someone out there with me. And I suppose to being able to come as a Christian and honestly say hey I felt like giving up and taking my own life and I wasn't put down for (these views) (4 14.5.01, p 14).

Yet another in-depth interview was finished with this emotional conclusion:

"Oh the aching heart. The needing to hear from God and knowing that you are in a place where you can actually really know and trust these people that you are going to be with. You know that they are hearing from God, it's very important" (6 16.7.01, p 15).

In conclusion to this question, it would not be answered fully without including some of the discussion that occurred amongst clients that was not in direct response to the research questions. This indirect discussion revealed some interesting ideas about the combination of therapy and spirituality for healing. In describing his or her experiences one client stated that:

it wasn't so much what I said, there was stuff that was happening behind all of that and it was like, God was actually taking me to a place...They (that is the therapist) need not to listen even...they need not to think that's what it's about, because really to be honest that wasn't often what it was about...I had to explore areas that I had never explored before (1 4.4.01, p 25).

In other ways the combination of therapy and spirituality for healing meant that:

“I mean here (Eden Therapy Services) when there is prayer, when there is the spiritual aspect that there is hope, that there is more thing to move onto” (1 4.4.01, p 28).

Without that combination the client felt that after the therapy the client is left bereft:

“In secular, that you maybe the therapist, has been the one who's brought about this and so then they go away and then they don't have that” (1 4.4.01, p 28).

Clients also considered that a client without a belief would benefit from the spiritual aspects of the therapy practised at Eden Therapy Services without even realising it:

“I was thinking, with an atheist and if you were a Christian counsellor and you wanted to use both maybe you sneak in the back door...and slowly ease him into it” (5 11.7.01, p 21).

Clients also cautioned that this would need to be managed well so that trust was not compromised:

...someone who was too over the top could easily go the other way and their desire to have a spiritual dimension to their work would make it very difficult for them to effectively help someone who didn't want that spiritual cause; it would sort of affect the trust of the relationship (5 11.7.01, p 21).

The combination of therapy and spirituality for healing provided an interrelationship in this analogy of guides, roads and God:

“you take that road where you guide people without actually telling them what to do but drawing it out of themselves and God’s guiding you in how to guide them” (7 8.8.01, p 20).

What the professionals should know from the volunteers’ perspective.

Interview Schedule (2) Question 10 asked: “What would you like to say to professional counsellors, pastors, people training as pastoral care workers or people considering being intercessors about combining therapy and spirituality for healing?”. The volunteers were also very vocal in their response to this question. The voice of the volunteers was loud and strong, just as was the clients, about their support for the idea of combining therapy and spirituality for healing. Once again this section will be divided up into responses to the following questions:

What would you like to say to professional counsellors?

What would you like to say to pastors?

What would you like to say to people training as pastoral care workers?

What would you like to say to people considering being intercessors?

What would you like to say to professional counsellors?

A word of caution arose from one volunteer for professionals considering the combination of therapy and spirituality for healing. The cautions was centered around the following points:

- 1 1 “...you have to be very certain about your spiritual basis, what are you worshipping, where is it coming from”
- 2 “...watch your back because if you haven’t got it right then somebody will become your master”

- 3 "...if you start inputting spiritually then you will have an unseen effect on them (that is your clients)"
- 4 "...spirituality and spirits come from something and your source would be the thing of great concern" (10 17.9.01, pp 13-14).
- 5 "I'd also say count the cost" (9 7.9.01, p 35)
- 6 "Kellogg's Corn Flakes type counselling course" can be "more damage than good" (9 7.9.01, p 34)
- 7 "It's more of a holistic healing approach" (9 7.9.01, p 34)

In considering some spiritual cautions one of the volunteers explained his concern for professionals through a biblical analogy from the Book of Acts:

And I can say without reservation to any professional therapist or counsellor, like the people, the sons of Sceva in the book of Acts, if you are not a Christian and you realise you may receive some knowledge through whatever source that the person you are dealing with actually has a spiritual problem, and you may think okay I'm going to attempt to deal with the spiritual problem because I've seen some you know, quote, some Christian prayer, unquote, and you may have a go at it, if you do not have the Holy Ghost in you, those demons will tear you apart literally (9 7.9.01, p 35).

Once these cautions and considerations have been taken into account the volunteers recommended to the professionals that they:

- 1 "...spend a lot of time with God"
- 2 "Really seek Him out" (Him is with a capital H as it refers to God)
- 3 "...what does He want for you in what you are doing"
- 4 "...what is His heart for what you are doing"

5 “What has He called you into”

6 “What is He wanting you to do”

7 “...start to pray around what He gives you to pray around”

8 “He will bring people” (9 7.9.01, p 33).

The volunteers were saying to professionals to examine their reasons for considering therapy and spirituality for healing. To question yourself professionally was what they saw to be important:

“That takes a lot of questioning about why you are doing it in the first place; is it about you or is it about the other people?” (9 7.9.01, p 34).

To the professional who already has a faith, one was clear in recommending the use of spirit in their work:

“if you are truly a person of faith what are you doing if you are not involving in prayer in your work in some kind of practical way more than just saying oh Lord please help me today at the office” (9 7.9.01, p 34).

What would you like to say to pastors?

“Why not start by considering some kind of a partnership with a professional counsellor someone you are going to refer people to where you realise it is more about a counselling issue and refer early not late, refer when there is still time to pull that person out of the fire” (9. 7.9.01, p 34). The volunteers were also recommending that pastors be monitored, supervised and looked after so they can perform their job well. They encouraged pastors to have someone

administering them who is “clean with their issues before God” and to question why they are taking on this role:

“...why are they doing it? Are they doing it to help people because of their own experiences or because of their heart? Are they doing it because of their own need and want to be a part of this team and ego?” (10 17.9.01, p 14).

What would you like to say to pastoral care workers?

The volunteers responded to pastoral care workers:

- 1 “...be cautious about it”
- 2 “...be prayerful about it”
- 3 “...the right people are raised up around you” for your support
- 4 “...a lot of people can’t hold information and be confidential”
- 5 “...have somebody backing you up because of the issues that you face”
- 6 “...have that spiritual back up” (10 17.9.01, p 15).

What would you like to say to people considering being intercessors?

Volunteers listed the many benefits they see for themselves as what they would first mention to those considering being intercessors:

- 1 Volunteers get ministered to themselves

“I think after virtually every session G (another volunteer) and I say we feel that we’ve been ministered to as a result of praying for the person and ministered to by the client even though you know they haven’t realised it or intended it” (9 7.9.01, p 36);

2 Volunteers learn through their work

“I’ve learnt through it, I just couldn’t put it into words, far more than you could learn from any book or doctoral thesis or anything else; It’s going there and doing the thing. It’s a beautiful experience and the power of it is, that power touches me every time” (9 7.9.01, p 36);

3 volunteers feel part of a whole

“I think it puts things in perspective really nicely it does. It settles rather than wandering around in this I, me, me, me haze. You see that you are part of a whole range of relationships” (9 7.9.01, p 36);

4 Volunteers see a future, purpose and place for themselves and the client

“And there’s a perspective, you see that there’s a future and a purpose and a place and you can see things coming into place and into being. It is a whole creation process that God allows you to walk in” (9 7.9.01, p 37).

As well as the description of the benefits, the volunteers also described the actual work they performed in order to try to define to others what they would be doing if they became intercessors:

1 Volunteers are “instruments”

2 Volunteers are “aware of your own weaknesses”

3 Volunteers are “knowing that this extraordinary power of God which is not mine is flowing through you to the person and just changing them”

4 Volunteers see this process as “surreal” but being “convinced by the effect of it and by the experience of commune with God in the process, He is completely incontrovertible” (9 7.9.01, p 37).

5 Volunteers must be able to be self-exploratory and ask themselves “what they want out of it”, “help them get a sense of it themselves” and be aware of the cost of the work. “It costs because the spiritual issues that you deal with often are again the unseen things, the unseen work; again it’s the unseen things that can really get to you” (10 17.9.01, p 15).

In concluding this question to volunteers, there was also indirect discussion occurring when answering this question. The idea of the combination of therapy and spirituality for healing produced some vehement responses such as:

“I would say how could you consider doing it otherwise and expect success?” (9 7.9.01, p 33).

One of the volunteers thought that the idea of the combination was the best way of asking professionals and other helpers to explore themselves:

“That takes a lot of questioning about why you are doing it in the first place. Is it about you or is it about the other people?” (9 7.9.01, p 34).

While the volunteers supported the combination of therapy and spirituality for healing there was one caution:

“But if you start inputting spiritually then you’ll have an unseen effect on them, so you mightn’t see spiritually depending on where you are at” (10 17.9.01, p 14).

In a concluding summary, beginning with the demographic data, the results show that this was a well educated and articulate client and volunteer group. The demographics possibly reflect the general population demographics for the lower north shore of Sydney. The demographics varied from the general population in the lower north shore of Sydney in their high level of church attendance and belief in monogamous couple relationships.

The first research objective found that healing had occurred, the word “definitely” was used repeatedly in both focus groups and individual interviews in answer to this question. However, the meaning that clients gave to this healing was complex. Clients found it challenging to describe the complexity of their healing but they knew it had occurred.

The second research objective found that the form of healing was for the clients a “found and understandable journey”. The healing form had made what was hard to understand, clear and dynamic, and resulted in the client feeling more confident not only in their life and in their counselling work, but also in their life outside the sessions. The potency of the healing came from the interrelationship of therapy and spirituality.

The third research objective found that what helped the healing to happen had been a sense of safety, truth and the therapist’s skills. The complexity of the combination of the therapy and spirituality provided something that clients were surprised with. They felt less dependant on the therapist and able to rest knowing the therapist also carried a sense of the spiritual. For the client that prioritised their therapy for their healing, there was also acknowledgment that the spirituality helped them.

The fourth research objective found that for clients the interrelationship was impacted upon by many factors including the belief of the therapist, the belief of the client, the environment of the work and the administration of the work. If the spiritual work is performed without the therapeutic, there is no human understanding or representation of how powerful that relationship was. If the therapeutic work is performed without the spiritual work there is learning, but no

powerful movement forward. If the counsellor carries the interrelationship, then healing is likely to happen.

In terms of the fourth research objective, it was found that for the volunteers the interrelationship was unavoidably reciprocal. The therapy work helped a client's understanding and the spirituality helped their heart. The volunteers felt the reciprocity of therapy and spirituality dimensions was so strong that without it they may be unsafe in the volunteering they were offering, as they experienced a transference of sorts at times and relied on the therapist themselves for strength to deal with this.

In response to the fifth research objective, volunteers experienced great satisfaction and fulfilment for themselves in the work with clients. They felt strongly that the interrelationship of the therapy and spirituality had made their work a joy; as they saw a client at a time when their healing was ready and they contributed to that which was liberating for them and the client. The volunteers felt the work was hard and made them reassess themselves, but at the same time it was very worthwhile.

In terms of the sixth research objective, volunteers were sure of the outcomes and impact of their work. Outcomes were observed as being a client overcoming their issues, or being better when they left, or being able to be present while someone experienced God differently. The impact they identified was like watching a permanent change occur for a client who had been in therapy and receiving spirituality.

In response to the seventh research objective, clients wanted therapy and spirituality from professionals as it made their healing permanent, with long lasting benefits to them. Clients wanted professionals to recognise both science and spirituality so that their work could be not just good but substantial, gaining them more than they expected i.e. providing them with gains beyond their initial expectations. Clients wanted pastors to know that counselling is a helpful skill which recognises the process people go through, and to recognise their limits as pastors. Clients wanted pastoral care workers to know about the process of the healing as well, and that this takes time. For people training as intercessory prayer team members, clients wanted them to know that they are there to offer to pray, and discern with the client what was valuable about the prayer.

Further responses to the seventh research objective were that volunteers wanted the professionals considering combining therapy and spirituality for their work to know that the spiritual base they are working from should be clear to them. The volunteers wanted pastors to know that a partnership with a professional counsellor can enhance healing and that they should refer early rather than late. The volunteers wanted pastoral care workers to respect confidentiality and supervised. The volunteers wanted people training as intercessors to know that it was important to be aware of their own limits in this work.

In conclusion, the research study found that healing had occurred for clients. The healing lay in the interrelationship of therapeutic practice and spiritual intervention through a team of supervised volunteers. The therapeutic intervention on its own does provide change for clients', however, clients declared that the combination of therapy and spirituality provided a permanent change for them. The power of the relationship of the counsellor who believed in the spiritual

and the client who was seeking a professional intervention plus spiritual understanding revealed a revelation of change for the client. Volunteers observed and participated in this change and as a result were enriched in their own lives.

The research findings will be discussed in the next chapter commencing with a summary of how the four major research objectives were attained. A theory of social work intervention, which is inclusive of spirituality, known as the resurrection theory will be presented. The implications of the findings, the limitations of the study and indicators for further research will also be outlined.

Chapter 6. Discussion

The discussion chapter will begin with a summary of the key research findings. The four research objectives will be restated followed by a summary of the key findings. The findings will be discussed in light of the available literature. A theory of social work and spirituality, the resurrection theory, which has been drawn from the research results will then be outlined. This theory will be presented in terms of five key processes for practice, with definitions of each key process, the implications for social work theory of each key process and the implications for spirituality of each key process.

This study gave an opportunity for the clients of a social work service to comment on the use of spirituality as an interrelated aspect of the social work service in a private practice. Clients were clear that they were finding healing in this service. The healing was complex; as they understood the issues they received counselling for, the spirituality provided a way to make that understanding clearer and stronger in light of professionally managed relationships. The healing without the counselling lacked understanding and the healing without the spirituality lacked clarity and strength. Clients were convinced of the value of the relationship of the therapy and spirituality for their healing. While the social work literature is reviewing spiritual assessment tools for inclusion in intervention, this study has explored the interrelationship of therapy and spirituality as active and intertwined service provision. This service provision has produced a new theory of social work intervention, the resurrection theory, which utilises no current tools for inclusion in social work interventions, but rather is a new way of creating a dynamic service provision with expanded relationship possibilities for intervention.

6.1 Emerging and Understanding Healing for Clients

The results showed that clients of ETS were definite in their experience of receiving healing. The majority of the clients were comfortable with the term healing while some used improvement, but all had a sense of positive change in their life. The clients' responses were full and enthusiastic as if they were discussing a very familiar subject. The results show that while definite healing occurs it is not individual but complex. The healing the clients experienced is based in a multi-dimensional relationship which the professional intervention can facilitate, manage and grow with the interrelationship of trained volunteers.

The results further confirmed the complex process that clients attempted to describe. When asked to describe the form of their healing, clients talked about how they came to "understand" their "journey". Clients spoke about this understanding including the idea that they did not aim to search for a spiritual perspective in their counselling but certainly found it. Clients made comparisons to the new age "relativistic" counselling and stated that their work at ETS gave them a "reference point". Authors such as Rumbold saw the new age as a "symptom" of a need for the spiritual rather than an effective way for the general public to have access to relationship in the spiritual. The results showed that the form of the healing for clients included more than the relativistic new age. It was about a "number of session", "timing", "awareness of the cause of issues", and resulted in a client being empowered in their relationship with others and their workplaces. The form of the healing made for a clearer and stronger client outcome, the clients struggled with the complexity of the form, but knew that indirectly spirituality was a part of this form of their healing. What can be seen with these results is that when clients are offered counselling with spirituality in relationship to the counselling, then the healing is definite

according to the clients, and assists the client to see the complexity of their issues and to be clearer about how to manage this. This would seem to be of great benefit to a profession that seeks to empower its clientele rather than just accept a standard “treatment”.

The study continued by trying to tease out the form and parts of the healing that helped healing. The results were again complex and individual. The results talked about the importance of the safety of the counselling and the introduction of the idea of “God” through the spirituality work. The therapist’s knowledge, memory, understanding and direction were part of the healing, but this was alongside the “sealing” of the spirituality. Clients clearly thought that their ideas about the session prior to the research interviews, the setting of the service and the possibility of them getting their work confirmed by others i.e. the volunteer prayer team, all combined for their healing. While the social work literature has begun to document the efficacy of including spirituality in social work curriculum, Russell (1998, p 25), Canda (2002, p 2) Sheridan and Amato-von Hemert (1999, p 140), there have been calls for the research on client views. For example Russell (1998, p 27). The results are clear from the present study that clients want spirituality in their healing; they see it as an interconnected part of their healing and that each person will experience this differently. In this way social work can embrace the challenges of a “new cosmology” characterised by “reflective practice” (Lindsay, 2002, p 152).

6.2 Exploration of Spirituality and its Interrelationship for Clients

The study further clarified that the use of both parts of the work combined to produce healing by asking the client respondents what it would be like if only one part of the healing was present. If only the therapy had been done the clients were working in their own little circles, with lost hope, a crushed spirit and no power. If only the spiritual work had been done, clients were

finding healing hard to understand and even negative, with spiritual interventions on their own being negative, empty, death-like and crushing. The results showed there were quite negative consequences being imagined by clients if the interventions were not combined. The literature certainly documents the use of spirituality and prayer as tools for social work. Benedict,(2002, p 5),Carroll (1998, p 6), Cascio (1998, p 525-527), Hodge (2001, p 210), and Lindsay (2002, p 120) all see prayer and spirituality as useful to social work interventions and for incorporation as assessable tools. What can be seen from the results of the present study is that the client-driven intervention is multi-faceted. It is not just about professionals considering the use of some aspects of assessable spirituality or prayer, but rather the interrelationship of the social work intervention and the spiritual intervention which has been designed specifically for social work use.

The study's respondents were clear about their support for the combination of therapy and spirituality for healing. Clients had been asked to imagine their healing with only one part of the combination. Finally, the study had asked if both parts of the work were present for healing but if only one was helpful, why was this so? The results were interesting with some respondents refusing to answer or saying "Why would I think that?" Others said the therapy was more gentle and the spirituality confrontational as the only way to explain the possibility of one part not being helpful. This struggle with the idea of compartmentalising the healing work has not been present in the literature. The closest the literature came to mentioning this was Russel (1998, p 25) and Lindsay (2002, p 36, 45, 120-144) talking about the relationship being important to understanding the interface of the spiritual with social work. Rumbold (2002, p208) has discussed the client dilemma most tellingly when he wrote about the professional as the embodiment of the spiritual relationship. If the professional embodies the issues of spirit in practice for healing then when asked about compartmentalisation the client does not have to

answer. “Why would I think that?”. Rather, what clients want is the counselling to be in relationship to spirituality through managed professional interventions where, the difference between the counselling and spirituality is not obviously in parts, but presented as a whole for the intervention.

6.3 Exploration of Spirituality and its Interrelationship for Volunteers

The literature review found no documentation of social work interventions combining spirituality for healing that relied upon the use of volunteers. One of the very reasonable critiques in the literature of the individualistic new age spirituality in healing environments was the total focus on self (Tacey, 2003, p 24-25). Most definitions of spirituality included the idea of individual wholeness and a relationship with others. Spirituality in the professional literature is being argued as a way of highlighting the need for community. It may be unique that the present study looked at the volunteers’ view of being involved in therapy and spirituality for healing.

Without the therapy part being done, volunteers felt that the intervention they performed would see clients lacking in understanding about what was happening to them. They also felt the therapy was important to the practical work such as domestic violence escape plans. The volunteers agreed that their work without the therapy would be unsafe for them and the client. If the work was performed by them without the spiritual intervention they were sure God would look after the clients, but they believed that the work is reciprocal and that the therapeutic and spiritual approaches were not able to be separated. The volunteers saw the therapist ego or bravery to take on long-cherished professional ethics as a necessary challenge to professionals who think they can heal without other interventions.

The study also revealed that there were some unhelpful experiences for volunteers. Occasionally their own experiences would relate to what they were hearing from a client. Some volunteers found they focused on structuring their time with clients only to discover that this was not helpful to the healing for the client. Volunteers also felt strongly that the therapist and the office manager roles meant that they felt looked after with the work, and that issues for them that were unhelpful or problematic were always listened to and they were debriefed adequately.

When asked to consider what the work would be like without a particular part being done, the volunteers were loath to consider the question. The volunteers believed that because Eden Therapy Services embodied the two approaches to the work they could not consider one of the parts not working. If it was at all possible that one of the parts did not work the volunteers ascribed that to the client not being ready to receive, or able to receive, or it maybe that it was not in the right time, or the client's capacity was not sufficient. The volunteers were all convinced that this did not mean God does not love the person or desire to heal them, but rather would do so maybe at another time. It is interesting to note that the volunteers were uncomfortable with the idea of considering the parts of the work not being in tandem. The volunteers' views reflected the results from the clients in that they all had to work hard to imagine the two parts of the healing not being interrelated.

6.4 Understanding the Experience of Volunteers

The volunteers knew they were doing something practical for a client yet realised that the work was emotionally fulfilling for them. They enjoyed this act of relationship as well as the personal

compassion they were drawn to express. The volunteers did not think their services varied with gender differences in the team of volunteers, but rather with the style of personal prayer and intercession that each team member brought to their work. The volunteers understood their experience as being available with time and commitment, and seeing great joy emerge in the people they worked with.

All the volunteers felt they helped clients. They felt the combination of therapy and prayer provided a groundwork, or framework, for healing. Providing this groundwork was a great personal satisfaction for volunteers who stated a desire to give of themselves to others. One volunteer understood the work with ETS as satisfying a “burning desire” to give to others (10 17.9.01, pp 7-8).

The volunteers understood the impact of their work on clients by the client finishing their work and being visibly more relaxed and happy on leaving the volunteer. They saw for themselves a sense of “fixing up” people. They became aware of their own “off days,” as they called them and that they needed to be aware of their own needs and the importance of debriefing when sessions are over. The impact on the client was to offer another way of thinking or praying about their issues.

The work of the volunteers and an understanding that this work was pivotal to emerging a spiritually based practice. The volunteers were supervised and managed in the context of a professional practice to invite the client to experience many more relationships in safety than a counselling practice could do without volunteer input. If the client chose to meet with volunteers in a team, in the safety of the professional context, their healing was enhanced. The

volunteers also received an extraordinary human contact that was managed and safe for them. In an environment where volunteers are drying up particularly due to women's increased participation in the paid workforce and unavailable to government and non-government charities and institutions, the long tenure of all ETS volunteers is of note. Volunteer commitment is restricted to once-a-month client contact and training at six weekly intervals, which suits all working volunteers with families and contains overuse of the volunteers.

6.5 The findings and the Literature

The attention to spirituality in the media, amongst the general populace and via new age thinking is well documented. Rae Lindsay has called for a new cosmology characterised by "reflective practice" to begin to embrace spirituality in social work (Lindsay, 2002, p 152). Thomas Capshew's comparison between Jack and the Giant in the old story of the Beanstalk uses the narrative to explore spirituality. The public who are western and media exposed are still searching for something else and increasingly so. Capshew states "As long as we continue to value what we have more than who we are, there will be a widening gap between Jack and the Giant, and as the gap widens, the Giant will grow more insecure about maintaining what he has" (Capshew, 2004, p 9). While the media are not philosophers, they do point to current issues of zeitgeist and discourse, the spirit of the age and the dominant discourse has been curious about issues of spirituality. The social work profession could be more responsible for responding, to and providing for safe and effective spiritual intervention for clients and the community.

The curiosity of the social work profession about spirituality was evident in recent conferences, academic authorship, publications and emerging societies. The reasons for the exclusion of

issues of religion and spirituality from social work have already been considered in this thesis, e.g. the contentious nature of religion, the lack of clarity regarding spiritual concepts, prayer and how it relates to counselling. The current upsurge in professional interest in spirituality has manifested itself in calls for greater inclusion in curriculum and researching practitioners' attitudes. It is common to find literature which states: "Given the current dialogue about the need to revisit the role of religion and spirituality in social work practice and education, it is essential to include the view and experiences of all stakeholders in this important discussion" (Sheridan et al, 1999, p 128). However, the stakeholders often referred to are students and practitioners. The literature seems unlikely to champion seeking the views of the most important stakeholder to the social work service, the client.

Social workers such as Hodge (2001), Cascio (1998), Augustine (2002) and Benedict (2002) have attempted to include spirituality in social work services. The literature documents Hodge (2001) and Cascio (1998) utilising well recognised social work interventions as assessment tools for spirituality. Augustine and Benedict have chosen to embrace spirituality in practice through already accepted spiritual practices or embracing a spirit of creation. These are all very reasonable social work endeavours but research on clients' views informing the profession and motivating the profession to provide what clients want and need in regard to spirituality in relationship with counselling could better inform future social work initiatives. For the social worker offering an overt spiritual service as an option is what some clients want. For the social worker, it is not just a matter of assessing the spiritual needs of the client, but also of offering an active service choice which caters to their spirituality. The social worker can further enhance the experience of spirituality as healing by the embodiment of spirituality themselves, the active offer of a spiritual service and the inclusion of interrelationship which represents the essence of the spirituality intervention and relationship.

When Healy (2005) writes that social work services which include spirituality are “alternative service discourses” this could marginalise the impact of a social work service that has combined spirituality and professional standards for healing. The clients themselves wanted professionals to know how spirituality in a managed professional context extended their healing to a long term life change. Indeed the clients view on non-spiritually orientated services in current health settings were critiqued for engendering at worst fear in the clients they serve and at best a sense of being pushed into a program and then deserted.

Despite the lack of clarity around a definition of spirituality, there has been a call for greater inclusion of spirituality in curriculum and research into practitioners’ attitudes to spirituality. Chan, Ho and Chow developed a model of an “individuals body-mind-spirit total well being” for use in social work practice (Chan et al, 2001, p 263-264). Heyman has studied the extent to which “social workers in the New York region used spiritual interventions in practice and to reveal what factors are related to social worker’s employment of spiritual interventions in their practice” (Heyman et al, 2006, p 80). Sheridan surveyed social work practitioners on their use of spiritually derived interventions and concluded:

The discussion must now turn to how to provide social workers with the knowledge, skills, and values required for effective and ethical practice in this area. Relevant contact related to this goal could be offered as a specialized course or through infusion into existing courses, both of which are occurring with increasing frequency in social work programs (Sheridan, 2004, p 23).

6.6 Thematic Analysis

Raw data analysis drew on the grounded theory approach (Strauss and Corbin, 1998). The raw data from each focus group and individual in-depth interview was transcribed and analysed throughout 2001 and then analysed comparatively when all of the data was collected by the end of 2001. Initial memo notes and possible themes were compared to some of the “Categories from Practice and Client work” that were outlined previously in the thesis. These bald categories were clarified in the earliest investigations of the groups of words that seemed to hold significance for the start of this study (refer to page 130-131).

As the analysis developed and color coding, further reading and re-reading of the raw data was done the qualitative research tools of microscopic examination, microanalysis, analysis of word and phrases and comparisons was also employed. (refer to page 132-133). As the analysis process unfolded, themes began to emerge from the data. The themes of relationship of the counselling to the volunteers and the social worker challenged respondents to be inquisitive and reflect on the ramifications of those relationships. The way these relationships were managed or acted out seemed to provide healing for the respondents. The healing that happened suddenly or was only evident once the respondent described going through the experience was almost like a covert military operation in the tradition of the history of Milan family therapy and its roots in the cold war. The final theme noticed seemed to imply the pain and the difficulty of the whole process, but the undiscovered experiences, now discovered and understood, made the journey of the counselling worthwhile from the clients’ perspective.

6.6.1 Theme 1: Esoteric Client Theme

“Themes arc across wide swaths of the data and capture patterns of human experience” (Padgett, 1998, p 83). It became obvious when looking at the raw data from a years work in focus groups and in-depth interviews that discussing healing and change were difficult topics to cover with words. Respondents were increasingly aware of trying to describe a relationship of what had previously been categorized as the “Esoteric client Theme” (refer to page 134 of thesis). Even while noticing these categories from practice and client comment, the further analysis by color coding, and microscopic examination of the raw data revealed the curiosity and complexity in respondents detail was impressive.

The memo notes color coded for this category included comments such as: “The part of the work that most helped the healing not the therapy or spirituality as clearly defined but rather an environment that could foster the truth” (FG 9.4.01, p 2). Another memo not stated: “Timing again? I wonder if this describes a factor outside of therapy or spirituality. Is this essentially spirituality rather than serendipity?” (FG 9.4.01, p 3). Yet another memo note recorded “Great explanation of form of improvement in wellbeing”, whilst the original form of the respondents comment was: “I don’t know if any of this is absolute because everything is kind of on a continuous, very loose, it’s like so many things come to bare in everybody’s lives” (FG 9.5.01, p 2). One respondent even stated that healing had occurred while the original reason for referral was still present but he was now able to see himself differently. The memo note was “Interrelationship in healing effected ‘self esteem’, ‘self confidence’ and ‘who I am in God’ (FG 8.8.01, p 2). Did interrelationship actually help heal the spiritual that already existed? What had originally been described as the esoteric client category had unfolded some complex components of the therapeutic relationship. The microanalysis revealed the idea of truth in the

counselling relationship, the need for timing in the relationship, the need for the relationship to be continuous and loose, with sometimes little regard for the original reason for referral.

Respondents themselves tried to explain the esoteric client categories in relation to the healing in many ways, one said:

“I know there would still be this big gap that no matter how many nice words and constructive ideas couldn't quite fill that hole there” (1 FG 4.4.01, p4).

Another stated:

“...sure you can get to a point but having someone to understand the spiritual aspects and things like that....is such a big part of my healing” (2 II 9.4.01, pp3-4),

and yet another said:

“I think somehow related to it all was also a spiritual healing as well but that's much harder for me to define or place within that whole thing it was much more, much less direct than the emotional and mental healing that I experienced” (5 FG 11.07.01, p 2).

Occasionally a respondent was more able to describe with some insight what had happened to them in their counselling and healing:

I think there's two things. One was just the therapy sessions....learning the process of learning how to verbalise thoughts and feelings, emotions and that sort of thing into language that I can convey to someone else....and the other thing I think was in the spiritual side....I guess it kind of was the final seal I guess on other things I, that were going on....(7 FG 8.8.01, p 5).

However, more often than not the healing and improvement in wellbeing that respondents tried to explain, challenged them. When asked to describe the part of the work at Eden Therapy Services that helped them, the respondents used expressions and terms that implied a relational connection that was “truthful”, “timely”, held “loosely” while respecting that the “reason for referral” may not be the counselling issue. Respondents would describe the understanding they had gained of themselves in therapy and prayer, but that the “incorporation” of these things made them feel better. Terms such as “related, understanding, incorporation and intermingled” were used to describe their experience. The therapy was important and the spirituality was important, but these aspects stood alone and were somehow in relation to each other. This theme is best described by the following statement:

I found that it is it helped me understand a lot of who I am today and it kind of helped me understand my journey into the person I have become. But it also so its interesting because in one sense there’s you can almost see that there’s a social work aspect and there is a spiritual aspect and yet the two aren’t intermingled together. And I actually found that its, I found that I wouldn’t be where I am at now if the spiritual aspect hadn’t been incorporated into it (1FG 4.4.01, p 3).

It could be suggested that in relationships we can find the apparent conflict of the individual, who needs understanding, the spiritual sense which also exists in the respondents experience and the need to somehow incorporate these issues in the human contact people experience in everyday life. The esoteric client theme identified early in the analysis process was then renamed the relationship theme of the resurrection process. The relationship had been difficult for respondents to articulate, they had clearly seen several parts to their counselling relationship,

volunteer relationship and incorporation of these relational experiences in their counselling. The respondents had an idea that these parts were somehow “incorporated” to their benefit. “I found that they were both really helpful but in different ways” (1 FG 4.4.01, p9).

6.6.2 *Theme 2: Change and Intervention Theme*

To leave the relationship aspect as a theme on its own in this study, does not do justice to the other emerging thematic complexities. The categories that unfolded into the “Change and Intervention Theme” were certainly resonant in the raw data. Change and intervention were central to the interrelationship of the counselling and spirituality. The microscopic examination of the transcripts pointed to the way this relationship was acted out, or acted upon, or enacted in the research respondents’ view. The relationship theme was increasingly about the counselling providing a view of the respondent which was then enhanced by the spiritual view. What was curious was how this occurred or was enacted out in the respondents’ descriptions. Respondents then described a whole area of direction or growth that happened to them without them necessarily cognitively recognising the change.

Microscopic examination revealed that the relationship intervention was enacted by a “combination” of the therapy and spirituality (FG 4.4.01, p 6). Memo notes next to this noted: “Combination helped healing. Great description of the interrelationship being an intertwining, like two cords on a sewing machine” (FG 4.4.01, p 6). Another memo note stated: “Combination helped to get breakthrough from the prayer and getting unstuck in the session so that after revelation, breakthrough would follow” (FG 4.4.01, p 7).) If just one relationship is provided then the memo notes read: “Interrelationship is also trust. If just the therapy was provided the story would be heard but the direction and hope would be lost” (II 9.4.01, p 4) and

the memo note concluded with, “if just the spiritual was provided its hard to pick up and know or tune in to what you believe about yourself. Interrelationship is to ‘compliment’ ” (II 9.4.01, p 5). The microscopic analysis has delivered a theme of change and how respondents see this change.

Further analysis of the words, phrases and sentences of the research respondents themselves revealed more about the enactment of the interrelationship for healing. In analysis of word, phrase and sentence respondents described their experiences as, to “set a reference point” (1 FG 4.4.01, p 6), “gives me more of a direction so I can move on and get through that part to go onto the next thing” (2 II 9.4.01, p 4), “other things have come up” (3 FG 9.5.01, p 10) and “things were sort of being drawn out” (7 FG 8.8.01, p 6).

The way that respondents saw their healing enacted was through the combination of the relationships offered by the counselling and volunteers. In more detail one respondent explained it as:

Because of the spiritual side of me and I know that God’s always been there for me even though you know for years, but you don’t sort of really recognise that. Okay with just the therapy. It would be just like someone is hearing my story but then there would be and that would be a release in itself, a big release, but where does it go from there like for my healing for me, I think if there was no spiritual aspect on it, all my hope would still be lost (2 II 9.4.01, p 4) .

Hearing the respondent's story in the counselling in a therapeutically supportive environment is helpful, but this experience had been enhanced by the volunteers and the hope the respondent felt. This respondent went on to say that the spiritual process of the counselling helped with "clarification" (2 II 9.4.01, p 5). For other respondents, the way the counselling and the volunteers interacted was not so clear, however they still felt that the combination was curious and useful. "This is where the, even from this session, where the spirituality fits in or doesn't and separated from or is somewhere interweaved with or integrated with the psychological part" (3 FG 9.5.01, p 6). The respondent finishes by saying he is left with a sense of wondering what else goes on when he leaves, "I'm always wondering and when she closes the door I'm thinking what is she doing, is she typing up the notes, praying for me, I don't know?" (3 FG 9.5.01, p 7). Even when respondents were not sure of the change and intervention, they knew they were connected relationally after the session not just by the social worker's professional responsibility, but by their spiritual intention as well.

Another way in which respondents saw the counselling and volunteer spiritual intervention acted out for them was to describe a "check and balance". "Its two different things and I try and put them together and say well here I got two things working together here, one's a check and balance kind of thing" (3 FG 9.5.01, p 11). Another way was that the respondent saw the counselling and the spiritual as her personal journey rather than the volunteer carrying a spiritual perspective:

the most exciting part was what God actually told me when I wasn't here and I would come in and I would say this has happened and this had happened and I'd see now Dah, Dah, Dah and Rebecca would be right, that's right and so a lot of my answers I actually

nuted out with God and Rebecca confirmed that well what I was hearing was that was logical and it was quite right (3 FG 9.5.01, pp 11-12).

And yet another respondent's perspective saw their healing enacted by the spiritual being emphasised:

I would like to say I know the spiritual realm is out of scientific range or gauging and what they would prefer to do, but it exists and I say we have to give credence to that. And that's part of the whole body needing healing and until we start attending to that side of people, they're not going to get complete healing. They will improve but there will be part of them that isn't healed (4 II 14.5.01, p 11).

And finally, there was the respondent's view that the counsellor having a faith of their own which they were made aware of was important to enact their healing:

Well I just imagine sometimes that your insight and understanding that I was talking about before sometimes I believe that the spiritual aspects are certainly to do with that...there were certainly spiritual aspects to me appreciating the meaning of the work that we did (5 FG 11.7.01, p 6).

Another respondent put it this way: "I think you are really in tune with spiritual things and people and their spiritual needs" (6 II 16.7.01 p 5).

The Change and intervention Theme identified by the categories at the beginning of the analysis had been enhanced. The view of the counselling relationship and spiritual relationship was intertwined for healing in the microscopic examination of the data. The intertwined enacted relationship provided the change for the respondents. Microanalysis focusing on word, phrase and sentence was enacted by characteristics: reference points, directions, being drawn out, experiencing release and hope while knowing that they were remembered was all useful for respondents. Respondents wanted to be confirmed in their counselling that the direction they were on was right for them and to have a sense that this was spiritually right too. Respondents wanted to get better but do this as a whole with the assurance that their counselling carried the spiritual as well as social work principles. Respondents want their counselling to go further: “I know that I wouldn’t be seeing clearly and I wouldn’t be able to see where my problems were coming from so that I could get on with my life as I have today. And from the spiritual aspect I was able to go further” (7 FG 8.8.01, p 8). The change and intervention that the respondents described was complex and active. In the light of the development of this theme it was renamed the Enactment theme because to enact something means the complexities of the relationships are played out in safe ways be that the counselling or the prayer.

6.6.3 Theme 3: Social Work Intervention Theme

It is not unexpected that in the analysis of the data that respondents would not comment on the social work service they received. Social Work as a profession can be unclear as to what it provides as compared to a medical practitioner, but the unexpected findings of the respondents relate directly to an aim of social work as a profession. Social work in relationship to managed spirituality can provide a new view of an individual in their culture or society. One respondent stated that: “I found by bringing God into the situation there were things about my patterns and

cycles and things of that sort that had been revealed to me” (1 FG 4.4.01, pp 3-4). Another respondent stated: “There’s so many fears and without that spirituality and without that having that on the inside of you, I wouldn’t be able to take the steps....I would not have been able to make those steps without my faith in God” (3 FG 9.5.01, pp 18-19).

In microscopic examination of the transcripts one of the memo notes that picked up on this theme stated: “The one to one therapy being Christian made the difference to healing and gave, perspective, safety, permission and revelation” (FG 4.4.01, p 5). Another memo note recorded: “Interesting comparison to how spiritual would affect a major teaching hospital with safety, release and freedom” (FG 4.4.01, p 6). A memo note from another focus group said: “Belief about fear and insecurity running people, but she has chosen change. This change has included challenging authority and growing up” (FG 9.5.01, p 4). A final memo note stated: “Interrelationship here again is combination, but it is such a circular description, the therapy does not come first, but rather the life stage development awareness, then the spirituality looking for truth in identity and then the healing” (FG 9.5.01, p 17).

If microanalysis by word, phrase and sentence is enlisted for analysis, then another way to see this theme is the movement from childlike life stage development to the adult stage of responsibility, as in psychosocial development. One respondent who was a domestic violence survivor saw the incursion on herself as a growth to adulthood. She discovered something she was not expecting. Several quotes in sequence pick up this incursion.

I've really realized that how much people live out of their fear and live out of their insecurity which they then try to throw onto you to sort of move you....I suppose authority figures have been, because I've been quite teachable and respond to authority but I've given it a place I shouldn't have and in a lot of ways I've feel like I've grown up. I feel more like a woman and more like an adult because especially being in a relationship that I was in, I never felt like an adult. I always felt like my adulthood was always challenged and trying to still be a childlike person....well the healing process I guess it was coming here was the kick off to that was for me to be able to say I'm entitled, I can accept my healing and that I need healing really, it was the big, was the big. It was the door for me to first of all to be able to see that I needed the healing and that there was the doorway for me to be able to walk through to enter that healing....an to be able to I guess accept that God was there....Its quite sort of deep, its sort of hard to explain, its only something that I've sort of had revelation of lately (3 FG 9.5.01, p 4).

This same respondent later stated that: "He came in (during a couple session) to nail me basically and he came in with his own agenda and as soon as we sat down that agenda just disappeared because we were talking in truth and the truth" (3 FG 9.5.01, p 10). This outcome could be explained by not just by counselling, but the mention of the agenda being incurred upon her happened immediately for her, before the counselling work set its agenda. The use of the word "truth" also implies the spirituality connection for the respondent. Her belief led her to see a violent partner's agenda change immediately and instead, truth became the focus.

The respondent describes well the sudden release they felt. "I found with one of the prayer sessions that I did, I was very angry about three days later but I didn't blame the prayer, it was

good and I knew the anger was something that just was an after effect. Like I'd been numb for so long and all of a sudden bang I'm awake" (7 FG 8.8.01, p10-11). Incursion implies a quick response after the quiet and delicate preparations of the counselling. The same respondent concluded the relationship of the counselling to the spirituality by saying: "I think therapy takes time and waiting for appointments is part of it and that's kind of fine. Revelation from God comes in an instant and that's where you get angry pretty much straight away" (7 FG 8.8.01, p 11).

One respondent stated that:

Government departments or Lifeline or something they've got this authoritativeness over you because they see you are weak and you can't problem solve....they are focusing too much on you trying to help yourself instead of unlocking; it's being pushed down "(7 FG 8.8.01, p 6)

Incursion is a very descriptive word that was chosen as a theme for findings that were unexpected. The findings were close to the reframe view of the systemic therapist, or the new story of the narrative counsellor and the life stage development of the psychosocial social worker. What was unique and beyond social work intervention at this time was the incursion of the counselling and the spirituality. As the term "incursive" implies, something is taken or reclaimed that was not expected or done almost under cover. The incursive relationships work together to "unlock" that which other helping agencies respondents had used such as Lifeline or government departments to suppress issues the respondents felt needed help and further

exploration. In this way the incursive theme encompasses the perspective of safety, release and challenge to an old view of functioning.

6.6.4 Theme 4: Current Client Theme

The findings that showed the benefit of relationship were enhanced by the sense of how the relationship was enacted. The incursion of the combination of counselling and spirituality, took back or took advantage of unexpected experiences to unlock the respondents sense of wellbeing. Respondents were then left with a sense of peace or a sense of having gained something or having been filled. The current client theme identified early in the research had included a client view of the lack of peace and refreshment in the current church and how could this be improved. Improvements were suggested by revival: a common church theme of refreshment. Improvements had also been seen as possible with peace between genders and the incorporation of counselling and spirituality.

In microscopic examination, the memo notes of the “current client” theme were noted. The need to see all resources both church and professional working toward their well being was apparent. The memo notes state: “Professional counselor brings process, theory and systems to therapy and this needs to intermingle with pastors” (FG 4.4.01, p 13). Another noted: “This respondent is an independent health professional in private practice who now thinks that teamwork of therapy and prayer makes for more and quicker healings” (FG 4.4.01, p 14). Memo notes recorded such beliefs as: “For professional counsellors they need to understand the healing of the heart is a spiritual thing, it cannot be done by just therapy or even a partner” (II 9.4.01, p 7) and: “Professional counsellors cannot provide the knowing, the okay, that you are being healed” (EE 9.4.01, p 7) and finally: “Pastors need to learn about counselling because of the position

they hold of being looked up to, respected and listened to. It would help them observe and listen” (II 9.4.01, p 7).

Respondents stated that: “I honestly felt but I know that I actually stepped over and for me it was like a total freedom to be me. The change is unbelievable” (1 FG 4.4.01, p 5), or: “I’ve had so many doubts at so many different points and realizing bit by bit that those little inclinations are actually almost like the thread that sows up the garment to the picture” (1 FG 4.4.01, p 32). Another respondent stated: “Well, yeah peace that I can be who I am and not try to be someone that I’m not and that’s something you really helped me see, this person that I’m meant to be, me. I don’t have to be anybody else” (6 II 16.7.01, p 2). Yet another respondent said: “I’ve never had praying like that before and I think it you know sort of in one evening it sort of confirmed it; I guess (it) helped me sort of just rest in the place where I was and like I said before confirmed the process of therapy” (7 FG 8.8.01, p 9). So, “bit by bit” we see the respondents with “little bits of revelation” and “total freedom” being “confirmed” by the “rest” and the spiritual process. The respondents reveal a peaceful new view of themselves in the infiltration theme. Conversely they also reveal a need to see different professions of healing modalities, that is counselling and pastoring, working together for people’s benefit.

The infiltration as a theme is most evident when the change in the respondent is noticed and accepted yet when they return to their everyday life the change is challenged. In other words, there is a difference they see when the process is removed. There is an active fight to retain the infiltration. “Often I would come out of a session I’d feel really clear and good and everything and then I’d get a bit of barrage or something a few days later and I’d think what did Rebecca say about that, what were we talking about that ?” (3 FG 9.5.01, p 21).

The infiltration is also about the respondents realizing that they bring to the counselling and spirituality an active role themselves. Respondents expressed that “When you ask about spirituality are you talking about specifically just about the prayer teams or are you talking about the spirituality within because we brought spirituality in here” (1 FG 4.4.01, p 15).

6.6.5 Theme 5: Pattern Change Theme

From the bald categories to the themes drawn from them, nothing had touched on the idea of the pattern change. This was a new view that had not occurred in the consideration of possible themes. The microscopic examination of the raw data seemed to be pointing to a description of a pattern change for respondents; this was a very neutral way to describe the changes the respondents observed in their counselling. The cycle of the relationship of the counselling and spirituality produced enacted change results in the quick incursion and then slow infiltration for the respondents. What was observed finally was the respondent’s sense of changed patterns in their experience. The respondents found this challenging and difficult, but also imperative for their development.

Memo notes from the raw data described this pattern change. “With God you can get out of the rat race and get excited or without God you can still get out, but it’s scary outside” (1 FG 4.4.01, p 17). The respondent was commenting on what it was like to change the pattern of her life, she had used the analogy of a rat in a maze, and that with spirituality the pattern change was not as fearful. Another memo note stated: “If just the therapy was provided, the story would be heard but the direction and hope would be lost” (2 II 9.4.01, p 4). Once again the story can be

enhanced by direction and hope which gives rise to a complex pattern for healing. In another in-depth interview the respondent commented on her sexual abuse survival and the memo note recorded “Brilliant explanation of disassociation as a God given coping mechanism. Systemic therapy reframe” (4 II 14.5.01, p 6). The pattern of her healing was to see her abuse differently, the combination of counselling and spirituality had allowed her to change her view of desertion by people and God to a new pattern of cleverness in her disassociation. Yet another memo note stated: “Value of healing is ‘substantial’ when therapy and prayer combined. Uncombined help is just ‘good’ ” (5 FG 11.7.01, p 20). The difference between ‘substantial’ and ‘good’ is complex and can imply a greater pattern of support for the respondent. Another way this was described in a memo note: “Therapeutic interventions do ‘go all over the place’. Then the spiritual gives an added dimension of the ‘security’ ” (7 FG 8.8.01, p 24).

In the microanalysis of the respondents’ raw data, this pattern of complex elements to create healing were again observed. One respondent described the pattern as: “...little bits of revelation that would stick their little heads out and pop up and I would be going oh! And then I would start making links that I hadn’t made before” (1 FG 4.4.01, p 10). This same respondent went on to comment on the spiritual intervention having the same effect: “then with the prayer session what I actually found was it was interesting because I had never done that before and I didn’t know what to expect but it was kind of...I would actually get mental pictures” (1 FG 4.4.01, p 10). There was a sense of linking vital information for the respondent’s well being and seeing a picture that clarified their counselling work.

Another respondent stated that “And once I’d got out what I wanted to get out and I remember also just coming and thinking of all these things in my head that I wanted to ask and when I got

in the room just the real things that came out are the things that needed to come out” (7 FG 8.8.01, p 4). The respondent described talking about what they discerned was for their counselling and then on entering counselling other “things” emerged which later proved to be the vital part of their process. This respondent went on to explain that he wasn’t lazy or undisciplined, but had experienced “things that you just....can’t even get to because buried within patterns of behaviour that have come from things and often you just can’t identify and you don’t often need to go right through that process” (7 FG 8.8.01, p 19).

In one of the in-depth interviews, one respondent stated that: “I’m on the other side of the wound if you like; I’m that’s the part of my life that seems to be you know become more stable and moving on” (8 II16.8.01, p 2). It was interesting that he did not say he was fine and that the wound had healed or was over but stated he was on the “other side of the wound”. The pattern changes and links that respondents described seem to imply a painful time of growth or maybe readjustment to themselves, plus an end result that reveals time taken and a result that is unexpected but useful. The similarity to the inflammation process of physical healing is stark, when a wound is cleaned and creates granulation then healing can begin. This healing then takes time and care, the wound needs to be kept clean and dry. It is the same for the client, the wound needs the application of complex relationships for healing. The healing is then takes time and repeated application of the relationships to keep the healing moving.

6.6.6 Thematic Conclusion

The bald categories of the initial investigations for the research were grouped into seven themes:

Theme 1: Ideology Theme

Theme 2: Esoteric literature and Theory theme

Theme 3: social Work Intervention Theme

Theme 4: current literature and Theory Theme

Theme 5: Change and Intervention Theme

Theme 6: Esoteric Client Theme

Theme 7: Current Client Theme

These themes were further integrated and analysed with the raw data collected throughout 2001 and revised into five themes relating to the raw data and informed by the original seven themes.

The five themes were:

Theme 1: Esoteric Client

Theme 2: Change and Intervention

Theme 3: Social Work Intervention

Theme 4: Current Client

Theme 5: Pattern Change

For simplicity and to convey the essence of the findings under each of these themes, the themes are now:

Theme 1: Relationship

Theme 2: Enactment

Theme 3: Incursion

Theme 4: Infiltration

Theme 5: Inflammation

The Relationship connection for the respondents was a curious key to their well being or healing. The Enactment of the relationship of the counselling, counsellor and spiritual volunteer service was the how of the respondents experienced these. The Incursion theme explained a complex set of changes for the respondents that happened because of the relationships and surprised the respondents. The Infiltration theme explained some of the peace that followed these experiences while the Inflammation theme emphasised the need to understand the pattern changes.

If such a complex process is occurring for the clients, as the emergent themes suggest, the volunteer research respondents may have also experienced this. A volunteer respondent described this work as: “it can be emotionally draining” (9 FG 7.9.01, p 1) and another stated: “and extraordinarily fulfilling too” (9 FG 7.9.01, p 1). Another volunteer respondent described the work as: “it puts me on the line with someone else so I have to let go of all the other stuff that is going on, all the stuff that’s going on for me....it takes you to a place that isn’t your own but you feel it just as keenly, just as intensely and yeah so its is work” (9 FG 7.9.01, p 3). A stronger definition of the work was: “I would say it’s intense and it’s intense because you’re

putting yourself out personally and going into someone else's space" (9 FG 7.9.07, p 3). One volunteer respondent stated: "I haven't found it hard, I haven't found it like work...I've been compassionate....it's an amazing privilege" (9 FG 7.9.07, p 4). This respondent felt the difference in the work maybe a gender one (9FG 7.9.01, p 4).

The work of the relationship in the process could be reason for the complexity or it could be a gender difference. The majority of the volunteer respondents stated that the work was hard because "you have to go right into it, you have to wade you know gut level deep in crap basically to get to the place so they can reconnect to God" (9 FG 7.9.01, p 3). The volunteer respondent felt the intensity of the volunteer work was directly related to the spiritual work. The gender differences were settled by a decision that people have different prayer styles. The impact of the prayer was to be: "introduced or reintroduced, made aware perhaps of an aspect of God that they didn't previously know or understand" (9 FG 7.9.01, p 11). Another volunteer respondent stated: "So I guess that's the difficult in describing it because it's a process and there's something that happens in the room when we are with people" (10 II 17.9.01, p 2).

The volunteer respondent best described the way the relationship of the volunteer to the client was enacted by stating:

They are able to shed a skin in a way that I think just talking about it and thinking about it doesn't do. There is an intense emotional intimacy, there is a relationship that happens in the prayer not only with us but with God. There is a joining and they become part of something without that emotional stuff that they have been carrying for years, so it's like they step out of this old skin and they are able to take on a new skin (9 FG 7.9.01, p 12).

The volunteer respondent felt that this created a “real permanent change” (9 FG 7.9.01, p 13).

Another volunteer respondent stated the enacted relationship was like watching the client “laboring and we are standing with them” (10 II 17.9.01, p 3).

Another volunteer pointed to what was the quick and invasive change that can happen in the work. The counselling can make the client ready and then the prayer “hits them” and “they hit the floor or it’s like you see all of the pain of the years of whatever just flowing out of them all over the carpet and they stand up and it’s like there’s a different person in front of you” (9 FG 7.9.01, p 14). In much the same way as the incursion then follows the infiltration and the peace. Another volunteer observed “there’s a lot more peace around this and its easier...there’s an ease that the person is able to receive from God” (9 FG 7.9.01, p 15). Another volunteer stated the infiltration process by saying “It settles rather than wandering around in this I, me, me, me haze. You see that you are part of a whole range of relationships not only with the prayer team” (9 FG 7.9.01, p 36).

A great deal of further research would be necessary to draw too many conclusions from one in-depth interview of the volunteer research respondents and the focus group volunteer research respondents’ feedback. However considering managing these teams of people is time consuming and the individual volunteers are unique in their desire to pray for clients, one can at least value their contribution to the research. Their contribution appears to be affirming the findings of the client research respondents as to the centrality of the relationships enacted on their behalf for healing. It also affirms that the rapid succession of change and healing is followed then by its peacefulness and a hope for new patterns.

What clients want is for social workers to be professional in their personal beliefs and to be able to articulate those beliefs in a respectful manner and, if required, to be able to include issues of the spirit in their counselling work. They wanted them to be able to examine their own spirituality, and if they can manage to integrate this into their practice then it will benefit clients' healing. However, what can further enhance a client's healing is to extend the psycho-social healing to be in relationship with spirituality for their healing. Thus, the social worker who is already trained to assess spiritual needs, to observe their own beliefs and the interaction of these beliefs with their work can go further to produce a service, with interventions which embody the spirit of the spiritual, that can heal relationships. A theory to describe this social work intervention as a psycho-social spiritual process is the one I have formulated from the findings of the present study and which I have called the resurrection theory.

6.7 Proposing a Theory of Social Work-Driven Spiritual Healing

6.7.1 *Resurrection Theory*

6.7.2 *Introduction*

The resurrection theory is the psychosocial spiritual movement of a client from the place they enter counselling in interrelationship with their spiritual beliefs towards healing. In proposing a resurrection theory for the arena of social work, the idea of practice being psychosocial-spiritual in orientation is introduced. A resurrection is not complete unless the whole of the person is supernaturally moved to another existence. The resurrection theory proposes the movement of a client from a place of referral, surrounded by anxiety and distress, to a place of relationship and resurrection surrounded by a new understanding of their whole being. While this has resonance

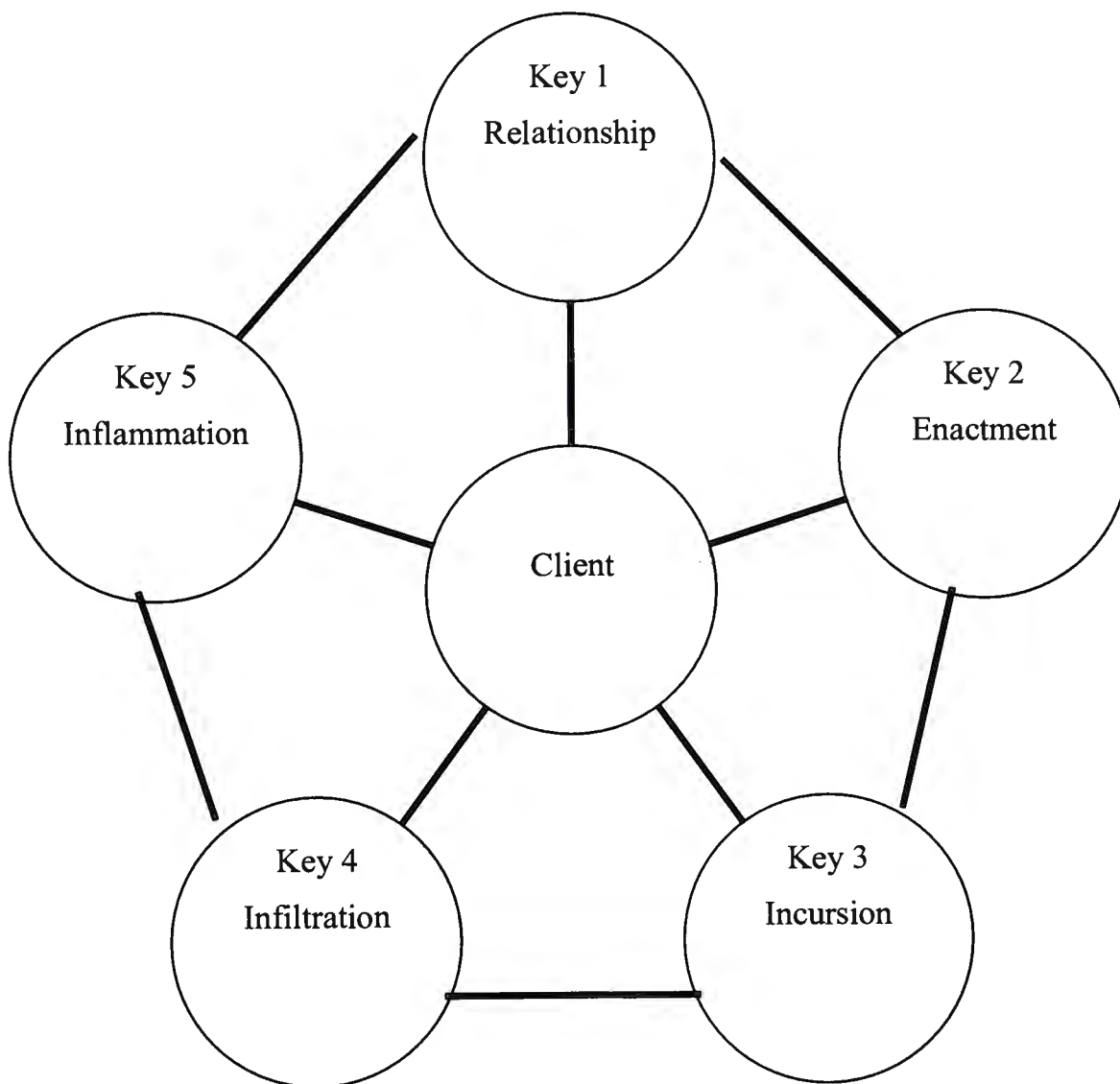
with the foundation principles of social work, the resurrection theory challenges the long held resistance of the profession to actively include spiritual issues in education and practice. The profession has apparently not formally raised the issue of psychosocial-spiritual practice with clients or asked the clients' permission to actively practice interventions on the clients' behalf with a psychosocial-spiritual component. The resurrection theory is based on the study's findings and my years of such practice where the interrelationship of social work intervention and spirituality has been combined to produce healing for clients.

The resurrection theory is drawn from this research study where the enthusiasm of clients and volunteers involved unfolded. The research showed how strongly clients and volunteers felt about their experiences. The resurrection theory became a name for this, after contemplation of what was becoming apparent through the year of 2001 when the raw data was being collected, and throughout the entire research study. The spiritual had something to say to best therapeutic practice and the accomplishment of what clients wanted from social work services.

In considering the resurrection theory, the key words that developed as wave after wave of analysis occurred were **relationship, enactment, incursion, infiltration and inflammation**. The **relationship** was that of the therapeutic to the client to the volunteer, and the healing that followed. The **enactment** was the actual action of the three relationship elements. In other words the way the relationship is provided and cared for should be clearly involving spiritual principles in safety for the client. The **incursion** seemed to relate to the action or work that was needed to change the client's distress or reason for referral. The **infiltration** was the infilling of the client to the therapy process and also the caring volunteer process. The **inflammation** was related to the researcher's need to do something with this information and to be agitated enough

about the effort and results to tell others. **Inflammation** also related to the clients' and volunteers' experience of agitation as they challenged or changed old patterns, or ways of living their lives, due to their experiences at ETS.

Figure 14 The Resurrection Theory Diagram



The Oxford Dictionary definition of resurrection is “rising from the dead. Christ’s rising from the dead, revived after disuse, inactivity or decay” (Fowler, 2007, p 908). The theory of resurrection explains the movement of the client from a place of immobility to a place of

possibility and height. The resurrection theory has been used with clients who have despaired of their life and looked to the immobility of death to soothe them. The use of the theory in these circumstances has birthed hope and movement toward the possibility of life and the use of life for peace and pleasure. Resurrection theory is about the revival of client's most distressing abuses and circumstances of pain to a use of their spiritually determined existence to create a new way of seeing their future.

Five keys form the basis of resurrection theory and practice, and each of them will now be discussed in more detail:

6.8 Relationship Key 1

6.8.1 *Definition*

Relationship is explored in many ways in resurrection theory. The **relationship** of the client to the social worker is paramount. However, other major relationships have emerged in the research. One is the **relationship** of the client to the spiritual preparation they are in, or can observe, prior to their entering the client social work relationship. Another is the **relationship** of the social worker to the physical, psycho-social-spiritual environment into which the social worker invites the client. There is also the **relationship** of the social worker and client to the volunteer prayer person and the direct relationship of the client to the volunteer. A further one is the **relationship** of the client to spiritualism as opposed to spirituality, and the relationship of the spiritual beliefs of the client to the spiritual beliefs, insights and revelation of the social worker.

The interplay of the relationships is somewhat of a mystery as it is experienced differently by every client and social worker. The mystery creates another uniquely different interaction and practice. The research has described what the relationship mystery aims to provide as: perspective, safety, permission to explore, revelation, trust, truth, prayer and timing for the client. Clients as research respondents would say, as typified by one respondent,

...having God as a part of the therapy was important because that was one thing that I had to have because that the whole different perspective on things. And then just the one-on-one I think the safety issue was really important....So I think having that permission there and yet those little bits of revelation and yeah okay (1 4.4.01, p 5).

Another client added:

Yes I'd have to say that with me, personally, being able to trust the person that you are confiding in is I suppose the major part in my healing where I was able to trust that person and open up. And once I'd got out what I wanted to get out and I remember also just coming and thinking of all these things in my head that I wanted to ask, and when I got in the room just the real things that came out are the things that needed to come out. And I knew that was the hand of a spiritual relationship with God and He was in the room and that truth was there and in conjunction with that there was prayer and it was perfect timing (7 8.8.01, p 4).

The resurrection relationship combines the interplay of the individual therapy that sees and the individual prayer that "seals" over the mystery of the change for the client (6. 16.7.01, p 3).

6.8.2 Implications of Relationship (Key 1) for Social Work Theory

The resurrection theory states that the relationship of the client to the social worker is not enough for powerful long term change for the client. Psychosocial theory has always been committed to the idea that the client and worker relationship is central to the change process of the client. Hollis and Woods (1981) make this claim in their text, "Casework: A Psychosocial Therapy". They state: "Basic to psychosocial casework treatment, and one of its most powerful tools, is the relationship between worker and client. Experience has demonstrated that successful treatment depends heavily on the quality of this relationship" (Hollis and Woods, 1964, p 284).

However, the results of the present study challenged this idea of the paramount nature of the client and social worker relationship. It is certainly a tool of social work intervention, but client research respondents were clear about what it does not provide, which challenges the all encompassing importance of the relationship in psychosocial theory. One of the clients in the research stated that: "...someone is hearing my story but then there would be and that would be a release in itself, a big release, but where does it go from there like for my healing for me. I think if there was not spiritual aspect on it, all my hope would still be lost" (2 9.4.01, p 4). This client was acknowledging the foundational psychosocial aspects of the helping relationship, but presenting the need for the client to have a hope that is involved in their own personal healing, which is owned by the client and not engendered by the social worker or embodied by the social work relationship.

In considering a psychosocial-spiritual intervention the term more clearly encompasses the clients' change process and inclusiveness of their spiritual understanding. Another client stated

that "...without the prayer my spirit would still be crushed...I couldn't grow in my relationship with God because there was a wounded part of me" (4 14.5.01, p 7). Another client's analogy from the research may better describe the importance of the interrelationship of the psychosocial-spiritual processes:

It was like you actually have a sewing machine, and you are sewing a piece of cloth, you have a thread that comes from underneath and a thread that comes from the top and the two intermingle and you end with one seam along there and that is what it felt like (1 4.4.01, p 6).

The resurrection theory is stating that social work needs to do more than just add a spiritual component to its foundational principles of relationship. Rather, what the resurrection theory is stating is that social work and its foundational principle of the client relationship can be inclusive of the interrelationship, so that the combination of social work and spirituality can provide the strong "seam" that the client is describing for their healing (1 4.4.01, p 6). The client should experience something like this: "...the way you guys have it set up here, intertwined all the way through" (1 4.4.01, p 6). The client and worker relationship should be characterised by a basic relationship which is then interwoven with spiritual principles to create interrelationship from which a resurrection can occur.

It also acknowledged that the relationship of the client to a spiritual source of comfort is not enough for healing. If the relationship of the social work to the client only focuses on the spiritual aspect of the healing then as one client found: "...when I went to people before and just received a spiritual counsel or say prayer and that sort of thing I invariably came away very disheartened and felt, I think actually distanced me from my problems" (5 11.7.01, p 8). Healing

is found in the interrelationship of the social work intervention and spirituality. If relationship is described in the Oxford Dictionary as “state or instance of being related”, (Fowler, 2007, p 895) this increases the mystery of professionals understanding their spiritual responsibility and connection to a client. If social workers operated professionally from the view that clients were their kin or family, then the relationship could reach a mysterious powerful healing place.

6.8.3 Implications for Spirituality

The relationship of God to Jesus and the Holy Spirit has been widely accepted as a mystery. The Bible describes the relationship with a specific word, Trinity. The spiritual idea is that God is omniscient, omnipresent and omnipotent over all things, and yet another two parts of God exist to make up the trinity, Jesus and the Holy Spirit. Rather than debate which part of God is more prominent or which part of God people should pray too or which part of God is more female than male, the resurrection theory leans on the mystery of the interrelationship of these parts of divinity. What this mystery would appear to be saying to us is that many things remain inexplicable in a mystery, however, they can be described. Even if the mystery of the trinity will always be inexplicable the description of the parts of the trinity goes some way to understanding the inexplicable. In the same way the resurrection theory may not be able to explain the interplay of the interrelationship for healing, but it can go some way to describing the five key components of the theory, the first being the relationship.

6.9 Enactment Key 2

6.9.1 *Definition*

To enact something is to establish an ordination or decree, or to “play a part on stage or in life”. Enactment is to make a “law enacted” (Fowler, 2007, p 349). In other words, the act of doing social work with a spiritual interrelationship takes action to bring about a resurrection for the client. Social work has a long history of being a change agent on behalf of the clients it serves. Social work creates a true enactment of the law by making the law serve people. A great example of this I have seen in my own social work experience was how the profession, in partnership with the women’s movement, created services for women, such as domestic violence refuges (Stevens, 1995, p 30) and a change to hospital policy so that women and men can grieve the loss of a pregnancy in a publicly affirmed way, if this is their wish. The action of many social workers in this regard can be seen enacted in the number of women’s refuges available to the community today or the basic provision of remembrance symbols after the death of a child, such as photographs of the child taken by hospital staff.

In the resurrection theory, to enact a social work relationship that also includes spirituality is to make the provision of a service with good practice and spiritual principles possible. Clients should be sure they can access this form of working if they choose. Clients should be provided with a safe way of enacting spiritual principles for their interventions. Clients should always be in control of the intervention and able to ask questions of the process of the enactment. Clients should be able to discuss the intervention, and its benefits and deficiencies, in a non judgmental way.

6.9.2 Implications for Social Work Theory

In other words, the way the intervention is done is to bring spiritual truth of the prayer alongside the social work interventions for healing. As some of the clients in the study described, the spirituality is like intense confrontation and the social work intervention like gentle confrontation. To enact the theoretical principle of psychosocial-spiritual intervention, the social worker would see the client experiencing interplay of intense and gentle interventions for healing. One client described it this way: “I think therapy is, I mean it was confrontational but in a more gentle sort of way I suppose in very conversational and very gentle I suppose is the word, but the confrontation of prayer time is a lot more intense and a lot more direct” (7 8.8.01, p 13). These gentle and intense interventions are characterised by the use of gentle confrontational social work and intense direct spiritual interventions. The social work intervention combined with the spiritual intervention bring a reference point for healing that is dynamic, continuous and loose, if somewhat mysterious.

6.9.3 Implications for Spirituality

The Bible certainly describes many laws in the Old Testament that were made so that people lived well and within a framework. In the Christian tradition fulfilment of the law though is said to be in the supernatural life of Jesus, who spent his life on earth challenging enacted laws by parable and narrative. Jesus followed the law of God on earth, but in some ways resurrected it to a new place of love and healing, to another mystery.

Jesus’ perception of another view in his parables and narratives challenged the accepted view of his time for understanding people’s pain and suffering; e.g. Jesus would heal people on the day

not decreed by law; Jesus would challenge the synagogues or churches about how they were financially managed; Jesus would also reframe the Pharisees' or the law makers' decrees in favour of an individual person's healing. In the same way, the resurrection theory is challenging the prescribed way that social workers have practised within the conventions of the profession.

In combining social work intervention and spirituality for healing, the resurrection theory is decreeing the importance of the interrelationship for healing. In other words, the way the intervention is done is to bring the God-like truth of the prayer alongside the Jesus-like gentle confrontation for healing.

6.10 Incursion Key 3

6.10.1 Definition

An incursion is an "invasion or attack, esp. sudden or brief" (Oxford Dictionary, 2007, p 540).

6.10.2 Implications for Social Work Theory

The resurrection theory needs to be incursive to develop healing for clients. The incursion is done in social work practice often without the client being aware of the whole process. The incursion implies that something is suddenly invaded so that there is the incursive agent and the agent being invaded. The incursive agent is the social worker with all their "skills", "knowledge", "memory", "understanding", "listening", "direction", "sensitivity" and "non judgementalism" (2 9.4.01, pp 2-3). The agent being invaded, by invitation, is the client who is asking for illumination on their healing. The imagery may sound a little alien to social work, but certainly has parallels with Milan family therapy:

The therapeutic encounter was expressed in terms of secret battles, denied coalitions, moves, counterattacks, escalations, tactics and ploys. Much of this language may have been inherited from the influence of game and coalition theory on the Bateson project, which took place during the Cold War. Early Mental Research Institute writing in fact is full of Cold War terminology. Whatever the source, original Milan team discussions sounded like councils of war. The therapists took care, however, not to challenge the family openly. They preferred to operate like guerrillas using creative deceptions that would bypass client's resistance. Much time and thought was spent on ways to keep the family from rendering the team powerless (Boscolo et al, 1987, p 7)

The social worker may be going through a number of sessions or interactions looking at the right timing to move on the client's issues, and considering an awareness of the causes of the client's situation that may not be clear to the client at various points in the healing. The characteristic of the incursion is that in retrospect the client can see their healing and say, as one client in the study did:

The healing was more, of more me seeing myself as how God sees me, instead of just the shame and the guilt of what was put on me. And so I suppose that led to an improvement of how I saw myself, how I was able to communicate to other people, how I was able to feel comfortable in a group. I suppose improve my self-esteem (4 14.5.01, p 2).

The sudden attack can best describe the suddenness of "seeing" differently and then allowing for the implications of a changed view to emerge. One client described their incursive point after a prayer session as being "awake":

I found with one of the prayer sessions that I did I was very angry about three days later but I didn't blame the prayer, it was good and I knew the anger was something that just was an after affect. Like I'd been numb for so long and all of a sudden bang I'm awake (7 8.8.01, pp10-11).

The client gives permission for the process of the incursion but does not fully realise the mystery of the interrelationship. Each client that comes to Eden Therapy Services and asks for the incursion of the prayer is not fully aware of the timing of the social work intervention, the prayer, the spiritual view the volunteers offer and the view of themselves seen as a created spiritual being without shame or guilt.

6.10.3 Implications for Spirituality

The resurrection theory provides a number of elements that are incursive, invasive and sudden. Once the client has agreed to the prayer work, already through the agreement an action has begun and works its way out in the relationship of the prayer to the client and the volunteers. Jesus provides some examples of invasive action and sudden attack. In considering the Biblical example, the community that Jesus existed in had not expected any threat from a man without army or wealth. Jesus spent time with common people and entered their lives in an incursive way that was sudden and unexpected. This stands in contrast to the Roman occupation of power and dominion.

6.11 Infiltration Key 4

6.11.1 Definition

Infiltration is to “enter a territory gradually and surreptitiously” (Fowler, 2007, p545).

6.11.2 Implications for Social Work Theory

Infiltration offers an opportunity which is almost covert, at a time when the client is wanting some form of change in their lives. Permission is sought for the infiltration, but the client really has no idea of how they will be at the end of the process. Trust in the skills of the infiltrative team are necessary and the belief that the work will in the end provide something worthwhile to future living. The process is gradual, over a number of sessions which the client and the social worker set together. The process is often surreptitious and unobserved by the client as their energy is taken up with the idea of a new story or possibility for themselves. The occupation of the client by other views, reframes, narratives and possibilities is allowed by the client, but may disturb the behaviours that are current and known. The group of people who infiltrate for the client can include the social worker, the volunteers, and other people the client gives permission to such as friends, and religious helpers such as priests or pastors.

The social worker and volunteer team form the group of people who are practising the infiltration. In this way, the interrelationship is providing a therapeutic and voluntary work to evolve the supernatural represented by the infiltration. Clients often describe that as they feel the activity of the therapy and volunteers they then discover the spiritual component of their work. As one client said: “I think it’s more complete because I, I consider myself not only

physical and mental but spiritual as well; and while on the counselling level you've got the physical and mental aspects of it, the prayer is actually under-birthing the spiritual side" (4 14.5.01, p 5). While infiltration may have connotations of a process being done without permission, in the resurrection theory permission is always sought from the client and there is a continuous relational interchange about what steps to take next in the infiltrative process. The ongoing work of the infiltration requires permission, another move forward, observation about the next step and then permission again to carry out the next step.

Infiltration is such a key component of the resurrection of the clients' issues. Infiltration is the key which provides a possibility of territory previously occupied by doubts, fear and insecurity to be occupied by a supernatural understanding of changes the client can choose to make so that the territory can be introduced to new ways of being and thinking. In other words, the client is given skills to see that the territory, when taken little by little in a gradual process, can be occupied by them in a new way. The best theoretical explanation of this infiltration can be seen in Michael White's narrative therapy. When asked to explain what he meant by narrative White wrote:

It's to propose that it is the story or self narrative that determines which aspects of our lived experience get expressed, and it is to propose that it is the story of self-narrative that determines the shape of the expression of our lived experience. It's to propose that we live by the stories that we have about our lives, that these stories actually shape our lives, constitute our lives, and that they "embrace" our lives (White, 1995, pp13-14).

Infiltration takes the story, or the narrative, one step further to include the idea of a trusting therapeutic relationship which proposes a new spiritual narrative so that the client can include a new view of themselves informed by the relationship and the spirit.

6.11.3 Implications for Spirituality

The spread of the Christian faith throughout the world is an interesting example of the gradual, unobserved occupation of territory by small groups and parties. The movement of the Christian faith was initially not backed by great wealth or prestige. In fact, membership of the initial groups of Christians meant possible death. However, for the purposes of this key of resurrection theory what stands out is the infiltration of people by others convinced they are offering something that will change the person's life. The very things that are being offered in the resurrection theory are just as infiltrative as they were in the early days of Christianity.

The best example of infiltrative spirituality is demonstrated by Jesus. Jesus allowed for a new narrative, at a time when people expected a king to be raised, by giving permission for his capture by the Roman authorities. He moved into a new narrative of the historic discussion with Pilate, observed the next step when his conviction was leading to crucifixion, and then gave permission to be carried forward past his death to resurrection when he replied to God: "Forgive them for they do not know what they do" (Holy Bible New International Version, 1986, p933). Rather than offer the kingdom that the people expected: one of power, politics and authority, Jesus offered an alternative narrative which challenged, and still challenges people's, ideas of relationship and forgiveness through a new story.

6.12 Inflammation Key 5

6.12.1 Definition

The Oxford definition of inflammation is an “act or instance of inflaming, bodily condition with heat, swelling, redness and usually pain” (Fowler, 2007, p 546).

6.12.2 Implications for Social Work Theory

In the resurrection theory, the inflammation process that the client proceeds through is certainly necessary to their healing. Clients will often give permission for social work intervention without realising that the challenging of long held beliefs will be inflammatory. This inflammation for the client has the effect of some beliefs being let go, changed and altered. The chosen inflammation of a belief can be shattering for a client and the heat and distress created need to be soothed and addressed. However, the inflammation process is one that is intricately intermingled with the healing for the client and cannot be avoided. It is interesting to note that many of the Pentecostal healings are characterised by people experiencing heat, discomfort and emotional turmoil which they have given permission to for their healing.

Certainly many clients in the research study described the interrelationship of therapy to spirituality in terms of the effect on their body. The way clients explained this ranged from “gut” reactions to “wounds”. As one client said: “And I suppose I was more confident in going with my intuition, my gut feelings about things when it happened, instead of questioning all the time” (4 14.5.01, p 2). The description of a bodily wound is complex and described in this way by one client:

Probably the only thing that seems to remain as a dominant thing with regard to healing completely is the aspect of loss. The decisions I made that seem to bring on the wound, open the wounds up, there sometimes seems to be that, cause I opened the wounds up that the healing is being delayed in actually coming. The wound is not closing because I opened it up and so each time I feel that pain and I look into the wound and I consider at times not very often but at times, how much did I unnecessarily did I open this wound up. Not that my fundamental decision was wrong, but did my subsequent decisions impact on it negatively so therefore the wound is still gaping and I'm on the other side of the wound if you like I'm that is the part of my life that seems to be you know become more stable and moving on (8 16.8.01, p 2).

This client describes the challenge to the dominant system in his life and the way he has experienced "loss". He states that the inflammation or the "wound" has been his decision as he chose to open the wound. It is interesting to see that he then believes that this action has delayed his healing and even in some ways has kept the wound open. This description is so like the idea of challenging a client's system and then having to predict the negative consequences that the client will have to face as a result of the challenge to their long-held system of beliefs. The inflammation is resolved by a process of being "on the other side of the wound". The client's initial belief was that the wound left unopened would lead to healing, but now his belief is that his healing is about moving through the wound to the other side, rather like a development of resilience toward the wound rather than an eradication.

6.12.3 Implications for Spirituality

The actual death of Christ was very much a morbid process and it affected the whole of his body. The injuries he is said to have sustained would certainly have produced heat, swelling and redness, before his eventual death from crucifixion. Interestingly, Chinese medicine sees heat, swelling and redness as part of the healing process of the body. Western medicine tends to attempt the dissolution of these symptoms, but Chinese medicine sees them as pinpoints to healing (Firebrace and Hill, 1988, p 32-33).

As much as the clients described the process of inflammation leading to healing and a new resilience, the volunteers agreed with this description for spiritual issues as well. Bodily imagery was potent in the spiritual description of the volunteers understanding what they do for clients by therapy being a Band-Aid when practised in a secular model. When therapy is in a Christian context and combined with the prayer, the Band-Aid assists the process, but the origin of the infection is also dealt with. One of the volunteers described it this way:

I don't know anything about the therapy, absolutely nothing but it strikes me as amazing in how you can have secular therapy that actually works, it's a bit like having an infection and putting a Band-Aid on it okay...Take therapy from the Christian perspective and couple it with this spirituality work, call it bloody prayer work that's what it is. Call it what it is and not only are you given the Band-Aid but the infection's cut out and got rid of and therefore you don't need the Band-Aid anymore but you need the Band-Aid initially because there is a process, there's an operative process of opening it up, getting rid of the infection, drying it all out and that's what God does (9 7.9.01, 16).

In summary, the resurrection theory is practised when the five keys are utilised. The relationship key is utilised when the major relationships in the counselling and volunteer sphere are initiated

and used for the client's healing. The enactment key is utilised as the client experiences the "laws" associated with a social work counselling practice that is offering a managed volunteer program also focussed on spirituality in interrelationship. The incursion key is utilised when the incursive agent, the social worker, in relationship with the client who is being invaded at strategic points for healing, is actively engaged in the search for the issues that have agitated the client into counselling. The infiltration is utilised when the client knows a gradual process of healing is taking place over time with the counselling and spirituality, but the client does not yet know the end result. The inflammation is utilised when the client experiences challenges to long held beliefs and perceptions, especially on a spiritual level.

The following six points which characterise use of the resurrection theory in practice may further clarify the use of the five keys for the resurrection theory.

6.13 Characteristics of Resurrection Theory Seen in Practice

When the resurrection theory is used, six characteristics are identified as common to social work practice experience from the client's point of view.

- 1 The client experiences the reason for referral as a need rather than a problem to be distanced from.
- 2 The client experiences a strong power in human relationship that the client had previously not understood.

- 3 The client experiences spiritual intervention on its own as not enough for their healing and it ignores their emotional distress leaving them empty. They sense the spiritual work as a form of avoidance.
- 4 The client experiences therapeutic intervention on its own as weak and not as clear as they need. They sense the therapy as working in its own circle with no hope and no power.
- 5 The client experiences a combination or interrelationship of therapy and spirituality as the dynamic necessary for their healing.
- 6 The client has found the work safe, contained and it invokes no fear.

The outline of the five keys to the resurrection theory will need further development and explanation. The characteristics of the resurrection theory's use in practice aim at strengthening the social work intervention with spiritual principles. The discussion would not be complete at this point without a consideration of the limitations of the research study.

6.14 Limitations of the Research

The limitations of the research were varied. The research methodology was predominantly a qualitative study. The nature of the qualitative method leaves the researcher with huge quantities of time-consuming data. The methodology that includes the researcher as social worker holds role conflicts. The ownership of the work by the practitioner and researcher cannot be denied. The uniqueness of the practice and subsequent methodological choices means the work tends to stand alone until other similar studies are made. The client demographic can also pose some limits in its unique characteristics. It is hoped that other comparative studies with

different client and volunteer demographics will soon be available and some of the limitations of this study will be allayed.

This research methodology has been qualitative in nature with all of the benefits of qualitative research which honours the client's experience and story. The limitations of qualitative research reside in its advantages. Quantitative research has the advantage of large numbers of respondents to justify findings. It also has the advantage of being a pre-eminent form of research which is largely understood and accepted by the general public. It also can be done with little interaction with the research respondents, through survey contact only rather than the long and often drawn out relational contact of the qualitative focus group or in-depth interview. However, the very nature of the self-funded practice evaluation involved in this research and the limitations of the researcher's experience with quantitative research has meant that the qualitative study has been more affordable and more possible, considering skills and expertise.

The limitations of a totally qualitative methodology have been mentioned previously as the amount of data collected can become overwhelmed by rambling information. Certainly the volume of information collected in this research study was challenging. Padgett notes that "Even experienced qualitative researchers are surprised by the sheer quantity of raw data generated by studying "only a few" people" (Padgett, 1998, p 74). This volume of work needed to be managed from a time-frame point of view and was limited by the amount of time I could "afford" to be away from the practice and still earn a living.

While this research study has made statements about the possibility of disentangling the researcher role and the professional practitioner role, the limitation of this relationship must be

explored. If the two roles in qualitative research are inextricably linked then awareness of the limits of this shared role need to be explored. Lynda Campbell explored this in a research article by stating:

Owing to their personal investment in both practice and research, practitioner-researchers can have great difficulty in separating data and analysis. Their experience of the field shapes their perceptions of responses, places specific theory screens over the data, and sometime dictates desirable outcomes. These become ethical issues when respondents feel misrepresented to their detriment, and when research is perceived to be 'untruthful' (Campbell, 1997, p 33).

Awareness, self reflection, peer de-briefing and personal auditing can all be practiced to alleviate the concerns Campbell outlines. It is worth the effort of monitoring these possible data distortions rather than not accomplishing the research at all for fear of researcher and practitioner bias.

This limitation of the researcher/practitioner can be balanced by what Hodge writes:

"Spirituality seems better served by qualitative assessment methods" (Hodge, 2001a, p 204). He cites Franklin and Jordan (1995) who state qualitative approaches tend to be holistic, open-ended, individualistic, ideographic and process oriented which offers strength to spirituality research. He also cites Hartman (1995) who states qualitative research fosters a collaborative strengths based atmosphere (Hodge, 2001a, p 205). The over involvement of the practitioner/researcher can be balanced by the advantages qualitative research offers the field of spirituality and counselling. Lindsay would go further to say that the differing roles of the practitioner and researcher ameliorate the limitations that could operate in this study. Lindsay sees the roles as differing due to paradigm assumptions, goals, education and training,

disciplinary influences, client/respondent relationship and the criteria for success of the clinical and the researcher (Lindsay, 1998, p 14). While the role of the clinician who is also the researcher needs to be acknowledged as a limitation to the research, it is also able to be critiqued and observed for influence and balanced by the advantage of having the research carried out at all.

Certainly limitations in researching the practice phenomena of one's own work are rather stark. The work was carried out with research respondents who have had a therapeutic relationship with me and who, it could be argued, are trying to please me by attending. However, each respondent travelled and gave up their time for a fairly time consuming process, which clarified their own personal decision about attending the research. Recently the Australian Association of Social Work Standards Committee conducted consumer feedback research to inform future social work standards (Bland, Laragy, Giles and Scott, 2006, p 35). The results of this work reinforced consumers desire to have an empowering relationship with their social worker (Bland et al., 2006, p 45). The benefit to the profession in listening to their consumers far outweighs the limits of the profession observing itself. In a similar way the benefit to the profession of listening to a consumer view on spirituality and therapy outweighs the limits of researching one's own work.

The limitation of personal ownership of the research by the researcher has been defined by other researchers. Campbell calls this person the "unique hybrid" and that researching what you are "impassioned about" can have disadvantages (Campbell, 1997, p 31). Campbell goes so far as to say that personal investment can distort data and allow clients to be identifiable (Campbell, 1997, 33). The limitations of the practitioner/researcher can be alleviated by supervision, peer

supervision and being mindful of personal involvement. It must be acknowledged that passion for one's work can alter research outcomes. While every measure in the research can be put in place to protect clients identity, such as security of records, security of research data, addressing research respondents in focus groups only by first names, and discussing how to manage accidental meetings of other research respondents in the general community after the research, the research is still limited to the brave clients who will volunteer to be researched.

The uniqueness of the social work practice that offers a managed form of voluntary prayer support to its clients is in itself a limitation. It is unique in its observation of the clients' view on spirituality and counselling. As a result, there have been no colleagues to compare research results with or to bounce ideas off. The peer discussions, teaching and professional paper presentations have worked some way to creating an interface for ideas and methods to be critiqued. However, this does not ameliorate this limitation totally. It is hoped that as others in the field take up similar research studies comparisons and vital colleague discussions can occur.

Since this research began qualitative study of the client's perspective on spirituality and therapeutic practice in a group experience of dream work has been conducted. Coholic's research explores "Investigating the Helpfulness of Dream Exploration in Spiritually Influenced Group Work" (Coholic and Breton, 2006, p 1). Coholic's research explores the client outcomes in combination with spirituality in a social work group setting rather than this study's social work setting. Hodge has developed a Spiritual Competence Scale, which is not aimed at client feedback, but could be adapted to this use (Hodge, 2007, p 294). This present research study has established that clients want spirituality and therapy in their individual counselling work. The study has also established that this can be managed by the professional supervision and

implementation of a volunteer team alongside therapeutic practice. In this way the clients' sense of community and relationship is increased. This encouraging development of community and relationship is a hopeful development in the face of social work's concerns for the increased breakdown of community and relationship. Therefore, the uniqueness of the study means it lacks comparison with other research studies but provides a view of clients responses to spirituality and counselling.

The client demographics was an obvious limitation of the research study and methodology. The demographics for the lower north shore of Sydney present a picture of well educated and affluent residents. The fact that clients who volunteered for the research held a faith and were all in receipt of prayer intervention meant there were no comparisons to clients who had attended therapy and did not choose a spiritual intervention for their healing. Likewise the volunteers showed a very high level of tertiary education and affluence. Faith and church attendance were also obvious factors which limit the methodological results to those who have been convinced that prayer was a reasonable intervention. It is acknowledged as a limitation of the study that the sample group demographics present a very biased group due to the nature of their problems and their religious outlook. Simple tests of association would have been difficult to perform due to this bias and the difficulty in obtaining relevant statistics about the broader population of the suburbs from which the clients come from.

It is hoped that the limitations of the qualitative research study, which is exploring an area of practice that has had little research applied to it, will be ameliorated over time. The volume of data and work needed for the research can be balanced by possible quantitative studies. Other researchers may be able to apply research methodology to the work of Eden Therapy Services

and overcome the researcher/practitioner bias. It is possible that other, as yet unpublished, social work research on clients' experience of spiritually driven practice are yet to emerge. Over time it is hoped that other research studies based on spirituality and clients' view will add to the research study findings at ETS and alleviate some of this research study's limitations.

6.15 Further Research and Social Work Response

I am not aware of any other social work practice that manages the therapy process and prayer and spirituality work in the way Eden Therapy Services does. ETS has provided a service of interrelationship of spirituality and therapy to clients, and researched the results of this service from a clients' view. Another practice that uses a Christian process is the Northern Beaches Care Centre in Sydney where prayer is used on behalf of all who attend and practice at the Centre. However, this service is not offered in a face-to-face context and in conjunction with the referring practitioner. The NBCC does not have a group of volunteers who provide that intercessory work. This is reflective of other Christian practices that I am aware of through the network Health Care in Christ. Many practices throughout Sydney and NSW are of Christian foundation and some medical practitioners choose to offer prayer to their clients as an adjunct to their treatments but not as a sole service.

Further research is to be encouraged in the area of spirituality from the clients' perspective. However, this endeavour is difficult if the practical availability of social work services that honour spirituality as an active part of the service are limited. This difficulty for further research is complicated by many professionals seeing spirituality as a "nice add on" that happens at the

conclusion of a consultation rather than a managed, supervised and reviewed part of a whole service. Further research into such practices that honour professionally managed practice spirituality equally would be helpful in confirming the interrelationship of therapy and spirituality. Such research could aim at a larger sample size, and research clients' expectations of their spiritual beliefs and how these were or were not honoured in the social work services they received. Future research could aim at ensuring future public policy includes more and more informed debate on clients' needs around their spirituality and services they receive. For example, several service types of social work could be researched specifically targeting feedback from clients on their spiritual needs. Quantitatively sensitive research from hospital settings, non-government organisations and social workers in private practice could go some way to beginning the documentation of clients' needs for spirituality in social work intervention. This form of research in combination with qualitative research, such as in this thesis, could be submitted to professional organisations, such as the AASW, for inclusion in lobbying for current client needs, such as the current Mental Health Care service provision.

For the professional social worker, as Adjunct Professor Maev O'Collins suggested at the 2003 Australian Association of Social Workers National Conference, we need to meet the challenge of spirituality and culture. "In order to meet these personal and professional challenges we need to be able to reflect on our own spiritual and cultural world view, and be aware of how these may be filters which help or hinder our understanding of other beliefs and practices" (O'Collins, 2003, p 1). Further research on how we as a profession educate, professionally develop and explore spirituality according to clients' needs is necessary.

Walton as guest editor of *Research on Social Work Practice* recently stated: “Academia is in the beginning stages of figuring out its relationship to faith-based institutions” (Walton, 2007, p 172). The regular editor, Thyer, also stated “I believe that the field of evaluating faith-based organizations is so embryonic that encouraging initial investigations, even pre-experimental ones, is a useful service” (Thyer, 2007, p 169). Hodge in his recent review of the literature on intercessory prayer looks for certain criteria to satisfy the professional social work response to prayer. Interventions should be clear so that other practitioners can implement them The amount of prayer should be clear, the type of prayer, the type of person providing the prayer and replication of interventions possible (Hodge, 2007, p 183). The research at Eden Therapy Services has attempted to document and record the spiritual social work intervention so it can be implemented by others in the field. The research has asked for the clients’ view on the amount of prayer given, working on a booked two hour session, the type of prayer which is face-to-face with a small personal team, the person providing the prayer is trained and monitored and the research has provided feedback which has improved the process of the spiritual interventions already given at ETS. As a result, a theoretical framework has been developed by informed client participation and practice through social work research. It is hoped that the new developments in competence scales, such as Hodge has released, will be able to be adapted to further research the ETS practice to enhance client service provision (Hodge, 2007, p 294).

Further research at ETS about the clients’ experience of the implementation of resurrection theory would be helpful as continual improvement of services is necessary. Clients attend social work services with a range of often uninformed views on counselling. The resurrection theory is designed to be practised with therapy and spirituality in place. Research on clients’ perspective of the resurrection theory assisting their understanding of their therapeutic experience would be useful. Further research on other social workers practising using the resurrection theory in a

different practice setting would also be valuable. The theory has been taught in 2005, 2006 and 2007 at the Pastoral Care Management course in Sydney, and the response as professionals and pastoral care workers use the theory will be interesting and may require further investigation.

6.16 Implications of Results

This research has endeavoured to emerge an understanding of therapy and spirituality in a social work practice. As this understanding increased, the research study has challenged the therapeutic and intercessory fields to consider each other. If the social work community could be encouraged to consider the idea of prayer and its efficacy then a strategic blow for interweaving the benefits of therapy with prayer would be struck. Likewise if the intercessory community could be encouraged to consider the idea of therapy and its efficacy, then a blow for demystifying the intellectual would be struck. Thus the research may suggest further work on the interdependence of whatever modality creates healing for people rather than an increasing compartmentalisation and justification for the survival of each distinct healing modality.

This research has also encouraged the use of face-to-face intercessory prayer and therapeutic interventions as part of a publicly known treatment modality. In the field at present we have several Christian medical centres in Sydney, but none willing or perhaps able in the face of the economic rationalist reality to risk advertising themselves as actively spirit directed and professionally directed. As practitioners observe that the therapeutic and spiritual can be managed in a safe and controlled professional manner, it is hoped that this research would encourage strategic inquiry leading to the enmeshing of healing modalities for the benefit of people.

It is also hoped that the use of client-informed research on spirituality as an emerging era of academic inquiry will best inform future social work interventions. As a profession that has a foundation of client-centred principles, it would seem important to add an informed client view to the current academic debate on spirituality. This research has endeavoured to provide that view.

The social work profession based on inclusion, wholeness and social justice has remained reliant on its psychosocial theory of practice, or what O'Collins calls "boundary focussed approach" (O'Collins, 2003, p 6). But what of other forms of practice that embrace the clients' spiritual questions for post modern living. In what way has social work responded to the spiritual needs of clients in a psycho-social view? If we as a profession propose a psychosocial-spiritual context for client work can we be yet more inclusive and appropriate to the post modern client. The results of the present research would certainly support a client driven psychosocial-spiritual context for professional practice.

The research conducted at Eden Therapy Services gave clients an opportunity to speak to the improvement or healing that they had experienced in receiving a social work intervention interrelated with a spiritual intervention. The therapeutic professions have been uncomfortable with the term healing. Michelle Webster, when concluding her recent PhD study on physical holding in psychotherapy, comments that "Although healing is a term not generally employed in psychotherapy to discuss therapy outcomes, I want to use this term to consider the outcomes in Emotionally Focused psychotherapy because there seems to be something active in its usage, a sense of aliveness for the client and for the process of the therapy" (Webster, 2002, 178).

Di Divett, a colleague working in New Zealand, in concluding her PhD study also used the term healing and found that clients described “parts” of their healing. As a clinical psychologist, Di who is developing a theory of Refocusing based on clients being encouraged into their God Space was emerging a new clean language of therapy around exploring spirituality. When meeting at a conference in 2004, I found some interesting use of similar language in her results. In this present research study a respondent commented on the parts of her healing by saying when distressed “You’re not in that place where you feel that you can use it” (3 9.5.01, p 14). On healing she commented “Well you’ve got a space for it, like you said” (3 9.5.01, p 14). Her use of the terms place and space was exactly what Divett was teaching. The respondent further clarified the healing space as something to fight for and maintain: “And when you taste that freedom and that peace then some of the energy that you sort of use, that you would usually be using all the confusion, then you think I’m going to fight to get that space because in here I get that strength” (3 9.5.01, p 15). So part of the healing also included the respondent feeling that a space and a place for their strength and healing. It is of note that these respondent comments were from women who had been victims of physically and emotionally violent relationships. Also of note is that Webster’s research in 2002 also saw clients describe a space for healing. “All the respondents spoke of how they experienced the therapeutic relationship during the physical holding; what happened between us, what it gave them and what it meant to them. In their discussion they used phrases that incorporated the work space” (Webster, 2002, p 156).

The implications of the research study can best be summarised by the following points:

- 1 The research has explored the use of spirituality and therapy for the development of discussion within the profession of social work and other healing modalities so that the interrelationship of spirituality and counselling can be further explored.

- 2 The research has documented a social work practice example of spirituality and therapy in a managed and safe therapeutic environment.
- 3 The research has an informed clients' view on spirituality and therapy which will add to the professional social work discussion of clients' perspectives on spirituality.
- 4 A client informed theory of psycho-social spiritual practice has been researched to inform current practice about the need to incorporate spiritual principles in social work practice.
- 5 A client informed view of spirituality and healing to bring the social work profession information on the client's perspective of counselling and spirituality for healing.
- 6 The resurrection theory has emerged as a new theory of practice which incorporates spirituality and counselling in interrelationship in a managed social work private practice.

6.17 Conclusion

This research was done because of a desire to observe and evaluate issues of the spirit that were being noticed in practice. The use of volunteers to provide an increased healing environment alongside therapeutic practice appeared to be making for an understood and quick healing. This research study endeavoured to find out what it was I had observed in the interrelationship of spirituality and counselling. As a result, a client informed theory of practice called the resurrection theory has been developed which interrelates spirituality and therapy for healing.

The research thesis began with some discussion about a private social work practice (Eden Therapy Services in Sydney), its referral patterns, the spirit of enquiry which drove it, its theoretical standpoints and the curiosity which led to this research study. The literature revealed many efforts by social workers to define spirituality but little work on the clients' perspective of

spirituality and healing. The context of this research has involved a number of limitations, but also the research study has allowed the question of a professionally managed spiritual social work practice to be examined. The case example, which was included in the context chapter, was a compilation of case histories which have reflected the experiences of the client research respondents. The most important healing for clients has been the knowledge that their spiritual perspectives and beliefs were incorporated into their work at ETS. They felt their healing was more understandable, quicker and more accessible with the spiritual principles worked out in the social work setting. They were also able to surmount any dealings with police, domestic violence liaison officers, Centrelink, the Department of Housing or other public bodies with hope and confidence that there are caring relationships they can rely on outside of the health services they have to deal with. The clients felt that the volunteer prayer team were with them and that their counselling was supported and considerate of their state of being after the counselling sessions; so they felt the spiritual healing went with them into their life and not just during the counselling. "Sharing the spiritual, social and helping journey may be as significant as any concrete practical advice or assistance which social workers are able to provide" (O'Collins, 2003, p 11). It is hoped that the social work interrelationship of client informed spirituality will continue to make the profession curious about spiritually informed services to future clients.

Social work has proved a resilient profession in the face of current economic rationalism and the idea of practice being justified by measurable outcomes. This research study was a way of honouring clients' voice and clients' perspective which is a foundation of the social work practice. Increasingly as clients' voice can be lessened by the requirements for social workers to measure outcomes in practice it is vital that the profession continues to practice according to client driven outcomes. It is certain that from this research study that the clients' voice is clearly

supportive of social work practice in interrelationship with spirituality for healing. Social work will increasingly remain relevant to human service provision as the clients it serves are empowered to state what they want, and from the findings of this study they want spiritually informed practice.

Appendices

Appendix 1:Ps Phil Taylor Volunteer Training Notes

ANGER

Feelings are our friends; they represent messages to us, not commands to control us.

Proverbs 16:32

He who is slow to anger is better than the mighty, and he who rules his spirit than he who takes a city.

A feeling is a feeling; emotion is a feeling with an attitude tied to it. Negative feelings are not sinful, it is what you do with it = an attitude = emotion.

Ephesians 4:26

Be angry and do not sin: do not let the sun go down on your wrath.

Notice "be angry (1) and sin not, (2) let not the sun go down on your wrath." The first qualification limits anger and forbids any sinful thought or sinful expression of anger. The above scripture suggests anger not dealt with correctly "will give place to the devil".

Proverbs 25:28

Whoever has no rule over his own spirit is like a city broken down, without walls.

The Bible permits righteous indignation and condemns all selfishly induced anger. An example of righteous indignation is Jesus expelling moneychangers from the temple (*Matthew 21:13*). It is quite clear that righteous indignation is acceptable but personally induced sin is wrong and destructive.

Following are some biblical instructions regarding anger:

Ecclesiastes 7:9

Do not hasten in your spirit to be angry, for anger rests in the bosom of fools.

Psalm 37:8

Cease from anger, and forsake wrath; Do not fret; it only causes harm.

Proverbs 19:11

The discretion of a man make him slow to anger, and his glory is to overlook a transgression.

Proverbs 15:18

A wrathful man stirs up strife, but he who is slow to anger allays contention.

Proverbs 15:1

A soft answer turns away wrath, but a harsh word stirs up anger.

Ephesians 4:31

Let all bitterness, wrath, anger, clamour, and evil speaking be put away from you, with all malice.

PRACTICAL STEPS TO DEAL WITH ANGER

1. Recognize angry feelings:

How does my body feel?

What are the external and internal triggers involved?

2. Calm down:

Take three deep breaths. Count backwards slowly. Get out of the situation. Talk to yourself.

3. Think about the consequences before you make a choice:

Aggressive? Passive

Aggressive? Assertive?

-Express

-Suppress for now Is it safe?

Is it fair?

4. Identify your deeper feelings and decide if you want to act to solve the problem or not:

Use an anger iceberg.

Talk it out.

Use "I" statements.

5. Think about it later: What worked?

What didn't work?

What could I do differently?

Did I do a good job?

The above scriptures contain commands from the Word of God - therefore we can choose to obey the Word of God - and the Holy Spirit will empower us to adhere to them.

Finally remember-

Psalm 103:8

The LORD is merciful and gracious, slow to anger, and abounding in mercy.

Appendix 2: Letter to Volunteers with Annual Calendar of Events

17.1.05

Dear Team

Well it's the beginning of another year of Prayer Team work and clients are already seeking God's word for them. I hope you have all had a great break and some great family time with the holiday season.

The Program for the Prayer Team is looking good. We have Pastor Phil Taylor looking after our spiritual needs for another year which is a great privilege. We have the core team members all ready to go and interviews are being conducted for the apprentice positions. Lorraine is already busy with her practice and Anita has begun her second Apprentice Therapist year with Eden Therapy Services.

These are the following dates for your dairy for 2005, Prayer day is on
7.2, 14.3, 4.4, 9.5, 6.6, 25.7, 15.8, 12.9, 17.10, 14.11.

Prayer Day is always held at the offices in Christian City Church Oxford Falls and the day preparation work begins at 9.30am for clients to be seen by 10am for the morning. A short debrief will be held after the morning session before lunch. Lunch is usually held at the Bantry Bay Shops in Food Tales and back to CCC for the afternoon preparation sessions at 1.30pm and clients will be seen at 1.45pm followed by debriefing is done before the team leaves. Evening preparation is at 6.45pm for clients to be seen at 7pm. Debriefing is done by follow up after Prayer day has occurred.

(NB Apprentice Prayer Team Members begin their work in March on the 14th)

Core Team Training dates for Core Team members only are
19.2, 1.4, 20.5, 22.7, 2.9

Core Team members know the location for these events as per last year and the trip to Noonaweena has been booked for 4-6 of November and Eden Therapy will be providing lunch on Saturday and dinner on Saturday for all team members.

Apprentice Prayer Team Members will also have Training dates during 2005 as follows
25.2, 29.4, 10.6, 29.7, 16.9

It is essential that apprentices attend all training dates and confidentiality agreements and manuals will be given out at the February Meeting. Training is always held at Amanda Teale's home 8/15-19 Gulliver Street Brookvale, 9939 5504 from 7.15pm

Our end of year get together is BYO at Clontarf for a great day in the sun on 26.11.05

We have some great changes with our lecture program which will include a new program based on the "Resurrection Theory" which is outworked from the Ph.D. research. PCC has requested this as a separate lecture series which is very exciting. To all of you who were involved in the raw data research in 2001 it is now a reality in our teaching processes.

Prayer Day 7th of February is as follows

The morning session of Lisa, Sandy and Lorraine will be seeing a follow up and Ruth and Joadi will be seeing another follow up who is preparing for marriage in April. In the afternoon we will be catching up on the year's activities and discussing the Apprentices coming in. The evening session will be Ceejay and Barb seeing a follow up from last year of a woman who has seen the new thing come to pass that they prayed for in 2004 and wants to celebrate. John and Ben are also seeing a follow up who has just started recovering specific and graphic abuse memories after they saw him in November 2004 and he has his first therapy session in 2005.

Looking forward to a great and growing year with our new apprentices and Anita as our apprentice therapist.

See you all soon

Rebecca

B.S.W., Grad Dip C & F T, M. S.W.

Accredited VCT Therapist

Member AASW

Appendix 3: PRELIMINARY RESULTS OF 'OUR HEALING; THE INTERRELATIONSHIP BETWEEN THE THERAPEUTIC AND SPIRITUAL INTERVENTIONS

TALK TO CHRISTIAN PSYCHOLOGISTS GROUP 18.5.01

THANK JULIE FOR THE INVITATION

INTRODUCTION

My background and how I came to be researching prayer and therapy. My practice includes a volunteer group.

RESEARCH METHOD

Quantitative: Postcounseling questionnaire Client Form by Professor Siang-Yang Tan, measure is delivered at the time of the group or interview process

Qualitative: Focus Groups, In-Depth Interview are, measure is delivered over a six month period so research can be triangulated over time for validity.

Each research respondent or participant receives a questionnaire, a demographic questionnaire, a copy of a three page information and consent form and a verbal delivery of eight questions.

RESEARCH ANALYSIS

Quantitative we grew up with in our training in research methods, but I get excited about qualitative research. I have not yet decided whether to use traditional grounded theory and themes to analyse the data or the idea of emerging bins of information which are then sorted and studied. This moves us from linear to reciprocity. P 164 of Ely, Vinz, Downing and Anzul.

QUESTIONS

The advice that clients want to give therapists is in the last question of the research. Let's look at the themes we see as a way we could work.

Appendix 4: Interview Schedule (1) or IS(1)

**OUR HEALING: THE INTERRELATIONSHIP BETWEEN THE THERAPEUTIC
INTERVENTION AND THE SPIRITUAL INTERVENTION**

**RESEARCH QUESTIONS FOR FOCUS GROUPS
GROUP MEMBERS ARE CLIENTS OF ETS**

1 Has there been healing (improvement in your well being) for you? If so, what form did this healing take?

2 Which part of the work with Eden Therapy Services most helped with this healing? Why do you think this was so?

3 In what way was your healing helped,

a) by your therapy work?

b) by your spirituality work ?

c) or by a combinations of both?

Why did you select a) b) or c)?

4 If both the therapy and spirituality work helped your healing, how would your healing have been affected without both parts of the work being done?

5 In your work with Eden Therapy Services what was unhelpful?

6 If only one part of the work was helpful and not the other, why was this so?

7 If none of the work, either the therapy work or the spiritual work, was helpful why not?

8 What would you like to say to professional counsellors, pastors, people training as pastoral care workers or people in training as intercessory prayer about combining therapy and spirituality for healing?

Appendix 5: Interview Schedule (2) or IS(2)

**OUR HEALING: THE INTERRELATIONSHIP BETWEEN THE THERAPEUTIC
INTERVENTION AND THE SPIRITUAL INTERVENTION**

**RESEARCH QUESTIONS FOR FOCUS GROUP
GROUP MEMBERS ARE VOLUNTEERS OF ETS**

- 1 How would you describe your work with people who attend ETS?
- 2 What have been the outcomes for the clients you have worked with at ETS?
- 3 What impact do you think your work has had on clients of ETS?
- 4 Do you think clients are helped by their therapy and spirituality work at ETS?
- 5 If clients are helped by their therapy and spirituality work how would your work with clients have been effected without the therapy work being done?
- 6 If clients are helped by their therapy and spirituality work how would the clients have been effected without the spiritual work being done?
- 7 In your work with clients of ETS what was unhelpful?
- 8 If only one part of the work was helpful for clients and not the other, why do you think this is so?
- 9 If none of the work, either the therapy work or the spiritual work, was helpful why not?
- 10 What would you like to say to professional counsellors, pastors, people training as pastoral care workers or people considering being intercessors about combining therapy and spirituality for healing?

Appendix 6: Recruitment Letter for Clients in Focus Groups

RECRUITMENT LETTER FOR CLIENTS OF EDEN THERAPY SERVICES FOCUS GROUPS

AN INVITATION TO BE INVOLVED IN RESEARCH

Dear

I am currently doing research at La Trobe University in Melbourne for a Ph.D. I am studying therapy and spiritual interventions and would like to invite you to be involved in this research.

If you would like to be involved it would mean you would attend a group at Eden Therapy Services offices at Oxford Falls on the morning of _____ at _____. The group would be small in number and first name basis only would be used to introduce you to the other group members. For the evening you would be given some more detailed written information about the research, asked to sign a consent form showing that you wish to be involved, fill out a brief questionnaire and then asked to discuss some questions in the group. The questions would be about what you think about your therapy work and your spiritual work. You would not have to discuss your personal reasons for coming to therapy or reveal any personal details you do not wish others to know.

If you do not want to be involved in the research, that is fine. You are always welcome to contact Eden Therapy Services if you have any future needs in counselling.

If you do wish to be involved in the research please give Amanda Teale, my administrative assistant, a call to register for the group. The group will run for approximately two and a half hours and tea and coffee will be provided. I will look forward to seeing you there.

Rebecca Braid

B.S.W., Grad. Dip. C.& F.T., M.S.W. C.& F.T.

Member A.A.S.W., Accredited V.C.T. Therapist.

Appendix 7: Recruitment Letter for Client in In-Depth Interview

**RECRUITMENT LETTER
FOR CLIENT OF EDEN THERAPY SERVICES
IN-DEPTH INTERVIEW**

AN INVITATION TO BE INVOLVED IN RESEARCH

Dear

I am currently doing research at La Trobe University in Melbourne for a Ph.D. I am studying therapy and spiritual interventions and I would like to invite you to be involved in this research.

If you would like to be involved it would mean you would attend an in-depth interview at Eden Therapy Services offices at Oxford Falls. The interview time would be arranged to suit you during the day or evening. At the interview you would be given some more detailed written information about the research, asked to sign a consent form showing that you wish to be involved, fill out a brief questionnaire and then asked to discuss some questions and information gained from the focus groups also working on the research.

If you do not want to be involved in the research, that is fine. You are always welcome to contact Eden Therapy Services if you have any future needs in counselling.

If you do wish to be involved in the research please give Amanda Teale, my administrative assistant, a call and she will arrange a convenient time. The interview will run for approximately two and a half hours and coffee and tea will be provided. I will look forward to seeing you there.

Rebecca Braid

B.S.W., Grad. Dip. C.& F.T., M.S.W. C.& F.T.

Member A.A.S.W., Accredited V.C.T. Therapist.

Appendix 8: Recruitment Letter for Volunteers in Focus Group

RECRUITMENT LETTER FOR VOLUNTEERS OF EDEN THERAPY SERVICES

AN INVITATION TO BE INVOLVED IN RESEARCH

Dear

I am currently doing research at La Trobe University in Melbourne for a Ph.D. I am studying therapy and spiritual interventions and I would like to invite you to be involved in this research.

If you would like to be involved it would mean you would attend a group at Eden Therapy Services offices at Oxford Falls on the evening of at . The group would include other volunteers you know who decide to attend. For the evening you would be given some more detailed written information about the research, asked to sign a consent form showing that you wish to be involved and then asked to discuss some questions in the group. The questions would be about your work as a volunteer supporting the clients you see.

If you do not want to be involved in the research, that is fine. You will always remain a valued volunteer team member of Eden Therapy Services.

If you do wish to be involved in the research please give Amanda Teale, my administrative assistant, a call to register for the group. The group will run for approximately two and a half hours and tea and coffee will be provided. I will look forward to seeing you there.

Rebecca Braid

B.S.W., Grad. Dip. C.& F.T., M.S.W. C.& F.T.

Member A.A.S.W., Accredited V.C.T. Therapist.

Appendix 9: Recruitment Letter for Volunteers in In-Depth Interview

**RECRUITMENT LETTER
FOR VOLUNTEERS OF EDEN THERAPY SERVICES
IN-DEPTH INTERVIEW**

AN INVITATION TO BE INVOLVED

Dear

I am currently doing research at La Trobe University in Melbourne for a Ph.D. I am studying therapy and spiritual interventions and I would like to invite you to be involved in this research.

If you would like to be involved it would mean you would attend an individual interview at Eden Therapy Services offices at Oxford Falls. The interview time would be arranged to suit you during the day or evening. At the interview you would be given some more detailed written information about the research, asked to sign a consent form showing that you wish to be involved, fill out a brief questionnaire and then asked to discuss some questions and information gained from the focus groups also working on the research.

If you do not want to be involved in the research, that is fine. You will always remain a valued volunteer team member of Eden Therapy Services.

If you do wish to be involved in the research please give Amanda Teale, my administration assistant, a call and she will arrange a convenient time. The interview will run for approximately two and a half hours and coffee and tea will be provided. I will look forward to seeing you there.

Rebecca Braid

B.S.W., Grad. Dip. C.& F.T., M.S.W. C.& F.T.

Member A.A.S.W., Accredited V.C.T. Therapist.

Appendix 10: Demographic Data Sheet for the Client Research Respondents

**OUR HEALING: THE INTERRELATIONSHIP BETWEEN THERAPEUTIC AND
SPIRITUAL INTERVENTIONS**

DEMOGRAPHIC DATA FOR RESEARCH PARTICIPANTS

NAME

AGE SEX (M or F)

MARITAL STATUS

CHILDREN (INCLUDING SEX AND AGE)

EDUCATION LEVEL REACHED

OCCUPATION

CHURCH MEMBERSHIP(e.g. yes or no and name of church attended if yes)

POSITION WITHIN THE CHURCH (e.g. a member, a parishioner, a pastor, a priest, a deacon,
a coordinator of children's ministry etc)

Bibliography

Arnold, R. M., Avants, S. K., Margolin, A. M. and Marcotte, D., (2002). Patients attitude concerning the inclusion of spirituality into addiction treatment. *Journal of Substance Abuse Treatment*, 23(4), pp 319-326.

Augustine, M., (2002). Spirituality in Diversity: The Application of Spirituality to Social Work in a Few Voluntary Organizations in India. *The Spirituality and Social Work Forum*. 9(3), pp:4-6.

Baldwin, S., (2004). This Life: Compassion the key to a true pioneer. *Sydney Morning Herald*, 21 May p 28.

Bearup, G., (2003). Praise the Lord and Pass the Chequebook. *Good Weekend Sydney Morning Herald*, 25 January, pp: 14-20.

Becvar, Dorothy, S., (1997). *The Family, Spirituality and Social Work*. Binghamton NY: Haworth Press.

Benedict, J., (2002). Healing Ourselves Healing the Earth. *The Spirituality and Social Work Forum*. 9(1), pp: 5-6.

Benner, David, G., (1989). *Psychotherapy and the Spiritual Quest: Exploring the Links between Psychological and Spiritual Health*, London : Hodder and Stoughton.

Bland, R., Laragy, C., Giles, R. and Scott, V., (2006). Asking the Customer: Exploring Consumers' Views in the Generation of Social Work Practice Standards. *Australian Social Work*. Vol. 59, No 1 March 2006, pp: 35-46.

Boscolo, L., Becchin, G., Hoffman, L. and Penn, P., (1987). *Milan Systemic Family Therapy: Conversations in Theory and Practice*. United States of America: Basic Books.

Braid, R., (1996). *Our Say: Women's Response to the False Memory Debate*, Unpublished Master of Social Work thesis, University of New South Wales.

Brawer, P. A., Handal, P. J., Fabricatore, A. N., Roberts, R. and Wajda-Johnston, V. A., (2002). Training and Education in Religion? Spirituality Within APA-Accredited Clinical Psychology Programs. *Professional Psychology Research and Practice*, 33(2), pp 203-206.

Butler, M.H. and Harper, J. M., (1994). The Divine Triangle: God in the Marital System of Religious Couples, *Family Process*, Vol 33, pp: 277-286.

Campbell, L., (1997). Good and proper: considering ethics in practice research. *Australian Social Work*. 50(4), pp: 29-36.

Canda, Edward, R., (1998). Foreword. In *Spirituality in Social Work: New Directions*, (ed). Canda, Edward, R. Binghamton NY, Haworth Pastoral Press, p: x1-x111

Canda, E. R. and Furman, L. D., (1999). *Spiritual Diversity in Social Work Practice: The Heart of Helping*, New York, The Free Press.

Canda, Edward, R., (2004). *A World Wide View on Spirituality and Social Work: Reflections from the USA Experience and Suggestions for Internationalization*, http://fsw.ucalgary.ca/currents/articles/articles/Canda1/canda_main.htm, pp:1-11, (Accessed 9 June 2004)

Capshew, Thomas F., (2004). We Don't Know Jack: A Path to War and A Path to Peace. *Society for Spirituality and Social Work Forum*. 10(2), pp: 8-9.

Carlson, T. D., Kirkpatrick, D., Hecker, L. and Killmer, M., (2002). Religion, Spirituality, and Marriage and Family Therapy: S Study of Family Therapists' Beliefs about the Appropriateness of Addressing Religious and Spiritual Issues in Therapy. *The American Journal of Family Therapy*. 30, pp: 157-171.

Carroll, M. M., (1998). Social Work's Conceptualization of Spirituality, In Canda, E. R. (Ed). *Spirituality in Social Work: New Direction*, Binghamton NY, Haworth Press, pp: 1-14

Cascio, T., (1998). Incorporating Spirituality into Social Work Practice: A Review of What to do. *Families in Society*, 79(5), pp: 523-531.

Chan, C., Sik Ying Ho, P. and Chow, E., (2001). A Body-Mind-Spirit Model in Health: An Eastern Approach. *Social Work in Health Care*, 34(3/4), pp 261-282.

Coholic, D., (2007). Social Work Group Practice. In Gale, F. et al (Ed). *Spirited Practices*, Crows Nest Sydney: Allen and Unwin, pp 205-215.

Coholic, D. and Breton, J. Le., (2006). Investigating the Helpfulness of Dream Exploration in Spiritually Influenced Group Work, paper presented at *Spirituality and Social Work Conference*, Laurentian University North America, pp: 1-20.

Compton, B. R. and Galaway, B., (1979). *Social Work Processes*, Homewood Illinois: Dorsey Press.

Cox, D., (1985). The Missing Dimension in Social Work Practice, *Australian Social Work*, 38(4), pp: 5-11.

Creswell, J. W., (1998). *Qualitative Inquiry and Research Design: Choosing Among Five Traditions*, Thousand Oakes CA: Sage Publications.

Crompton, M., (2007). Working with Children. In Gale, F. et al (Ed). *Spirited Practices*, Crows Nest Sydney: Allen and Unwin, pp 205-215.

Davis, J., (2001). Can Prayer Heal? Does prayer have the power to heal? Scientists have some surprising answers, (online) Available:<http://my.webmd.com/content/article/1674.515227> (accessed 21 September 2001).

Dearey, P. (2008). Spirituality Studies: Interdisciplinary Spirituality Group. (online) Available: http://www.hull.ac.uk/php/isg/index_files/Page433.htm (Accessed 22 November 2008).

De Vaus, (1991). *Surveys in Social Research*, Sydney: Allen and Unwin.

Doogue, G. (2003). Psyche and Soul. In Compass ABCTV (online) Available: <file:///C:/Documents%20and%20Settings/juliec/Local%20Settings/Temporary%20Inte...> (Accessed 14 October 2003)

Dowrick, S., (2001). Free spirits: Enlightenment comes not only from the pulpit-exploring your personal spirituality also offers sublime rewards, *Inner Life Good Weekend Sydney Morning Herald*, 7 July: 49.

Dudley, J. R. and Helfgott, C., (1990). Exploring a place for Spirituality in the Social Work Curriculum, *Journal of Social Work Education*, 26(3), pp287-294.

Early, Barbara, P. (1998). Between Two Worlds: The Psychospiritual Crisis of a Dying Adolescent. In Canda, E. R. (Ed). *Spirituality in Social Work: New Directions*, Binghamton NY, Haworth Pastoral Press Haworth Pres, pp: 67-80.

Edwards, Peter B., (2002). Spiritual Themes in Social Work Counselling: facilitating the search for meaning. *Australian Social Work*. 55(1), pp: 78-87.

Ely, M., Vinz, R., Downing, M. and Anzul, M., (1997). *On Writing Qualitative Research: Living by Words*, 1 Gunpowder Square London: The Falmer Press.

Erickson, J. M., Hecker, L., Kirkpatrick, D., Killmer, M. and James, E., (2002) Clients' Perceptions of Marriage and Family Therapists Addressing the Religious and Spiritual Aspects of Clients' Lives: A Pilot Study, *Journal of Family Psychotherapy*, 13(1/2), pp:109-125.

Fawcett, B., Featherstone, B., Fook, J. and Rossiter, A., (2000), *Practice Research in Social Work Postmodern Feminist Perspectives*, London, Routledge.

Firebrace, P. and Hill, S., (1994). *A Guide to Acupuncture*, London: Constable and Company.

Flaskas, C., (2002). *Family Therapy Beyond Postmodernism: Practice challenges Theory*. East Sussex London, Brunner-Routledge.

Fook, J., (2000). Deconstructing and reconstructing professional expertise. In Fawcett B., Featherstone, B., Fook, J. and Rossiter, A., (2000), *Practice Research in Social Work Postmodern Feminist Perspectives*, London, Routledge. Pp 104-119.

Frankl, V. E., (1962). *Man's Search for Meaning: An Introduction to logotherapy*, New York: Simon and Schuster.

Giblett, N., (2000). The Journey to Consciousness: Depth Psychotherapy Plus Dinkum Spirituality. *Psychotherapy in Australia* . 6(4 August), pp: 34-39.

Goodall, J., (1999). *Reason for Hope: A Spiritual Journey*, London: Harper Collins.

Healing prayers, (2000). *Medicine Today*, (Jan): 14

Healy, K., (2005). *Social Work Theories in context. Creating Frameworks for Practice*, Hampshire and New York: Palgrave MacMillan.

Helminiak, D. A., (2001). Treating Spiritual Issues in Secular Psychotherapy. *Counseling and Values*, 45, pp 163-189.

Heyman, J., Buchanan, R., Musgrave, B. and Menz, V., (2006). Social Workers' Attention to Client's Spirituality: Use of Spiritual Interventions in Practice. *Arete*, 30(1), pp 78-89.

Hodge, D. R., (2001a) Spiritual Assessment: A Review of Major Qualitative Methods and a New Framework for Assessing Spirituality. *Social Work*. 46(3), pp: 203-214.

Hodge, D. R., (2001b). Spiritual Genograms: A Generational Approach to Assessing Spirituality. *Families in Society: The Journal of Contemporary Human Services*. 82(1), pp: 35-48.

Hodge, D. R., (2004). Spiritually Modified cognitive Therapy: Evidence for Effectiveness. *Society for Spirituality and Social Work Forum*. 10(2), pp: 11-12.

Hodge, D. R. and McGrew, C. C., (2006). Spirituality, Religion, and the Interrelationship: A Nationally Representative Study. *Journal of Social Work Education*, Fall 42(3), pp 637-654.

Hodge, D. R., (2007). A Systematic Review of the Empirical Literature on Intercessory Prayer. In *Research on Social Work Practice*, Sage, Mar 2007: vol, 17, pp: 174-187. (online), available <http://online.sagepub.com/cgi/markedcitation/print?gca=sprsw%3B17%2F%2F296&wr...> (access ed 26.05.07)

Hodge, D. R., (2007). The Spiritual Competence Scale: A New Instrument for Assessing Spiritual Competence at the Programmatic Level. In *Research on Social Work Practice*, Sage Mar 2007: vol, 17, pp: 287-294. (online), available <http://online.sagepub.com/cgi/markedcitation/print?gca=sprsw%3B17%2F%2F296&wr...> (Accessed 26.05.07)

Hodge, D. R. and Limb, G. (2007). Developing Spiritual Lifemaps as a Culture-Centered Pictorial Instrument for Spiritual Assessments with native American Clients. In *Research on Social Work Practice*, Sage, mar 2007: vol, 17, pp: 296-304, (online), available <http://online.sagepub.com/cgi/markedcitation/print?gca=sprsw%3B17%2F%2F296&wr...> (access ed 26.05.07)

Holy Bible New International Version, (1986). United States of America Nashville, Tennessee, Broadman and Holman Publishers.

Hollis, F. and Woods, M. E., (1981). *Casework A Psychosocial Therapy*, New York: Random House.

Kellehear, A., (2002). Spiritual Care in Palliative Care: Whose Job is it? In Rumbold, B. (Ed). *Spirituality and Palliative Care: Social and Pastoral Perspectives*, South Melbourne, Oxford University Press, pp: 166-177.

Koenig, T. L. and Spano, R. N., Taoism and the Strengths Perspective. In Canda, E. R. (Ed). *Spirituality in Social Work: New Directions*, Binghamton NY United States of America: Haworth Pastoral Press Haworth Press, pp: 47-66.

Kruszelnicki, K. S., (2001). Myth Conceptions: Can prayer heal?, *Good Weekend Sydney Morning Herald*, 19 May: p: 11

Larimore, W. L., Parker, M. and Crowther, M., (2002). Should Clinicians Incorporate Positive Spirituality Into Their Practices? What Does the Evidence Say? *Annals of Behavioural Medicine*, 24(1), pp 69-72.

Lindsay, R., (2002). *Recognizing Spirituality: The Interface Between Faith and Social Work*. Crawley Western Australia: University of Western Australia.

Lloyd, M., (1997). Dying and Bereavement, Spirituality and Social Work in a Market Economy of Welfare. *British Journal of Social Work*, 27, pp175-190.

Luoma, B. B., (1998) An Exploration of Intuition for Social Work Practice and Education. In Canda, E. R. (Ed). *Spirituality in Social Work: New Directions*, Binghamton NY United States of America: Haworth Pastoral Press Haworth Press, pp: 31-46.

Mathai, J. and North, A., (2003). Spiritual history of parents of children attending a child and adolescent mental health service. *Australasian Psychiatry*, 11(2), pp 172-174.

Mayumarri, (2006) *Healing Survivors of Child Abuse*, DVD Video, available from www.mayumarri.com.au, New South Wales, Australia.

McGrath, P., (2002). New Horizons in Spirituality Research. In Rumbold, B. (Ed). *Spirituality and Palliative Care: Social and Pastoral Perspectives*, South Melbourne Victoria Australia: Oxford University Press, pp: 178-194.

McIntosh, P., (2000). Faith Is Powerful Medicine: Scientific research supports what people have believed for centuries, *Reader's Digest*. 157 No.941 September, pp: 133-136.

Meinert, R. G., Pardeck, J. T., Murphy, J. T. and Murphy, J. W., (1998). *Postmodernism, Religion and the Future of Social Work*. Binghamton NY, Haworth Press.

Minichiello, V., Aroni, R., Timewall, E. and Alexander, L., (1990). In-Depth Interviewing. *In-Depth Interviewing: Researching People*, Melbourne: Longman Cheshire.

Minichiello, V., Aroni, R., Timewall, E. and Alexander, L., (1995 (Second Edition), *In-Depth Interviewing: Principles, Techniques, Analysis*, Malaysia: Longman Australia.

Moore, B., Editor, (2007), *Australian Pocket Oxford Dictionary sixth edition*, London: Oxford University Press.

Mullinar, L. and Hopkinson, S., (1997). *The Liz Mullinar Story*. Australia and New Zealand: Hodder Headline.

Murdock, V., (2005). Guided by Ethics: Religion and Spirituality in Gerontological Social Work Practice. *Journal of Gerontological Social Work*, 45(1/2), pp 131-154.

O'Collins, M., (2003). Social Work in a Spiritually Diverse Society Challenged to Collaborate, paper presented at the 28th Australian Association of Social Workers National Conference, *Co-Operating for Social Justice*, 28th September-1 October 2003, Canberra, pp: 1-13.

Orchard, H., (2001). Introduction: Health Care contexts-Spiritual Care Debates. In Orchard, H. (Ed). *Spirituality in Health Care contexts*, London: Jessica Kingsley Publishers, pp: 9-18.

Padgett, D. (1998). *Qualitative methods in Social Work Research: Challenges and Rewards*, Thousand Oaks, CA: Sage Publications.

Payne, L., (1989). *The Healing Presence*, Eastbourne: Kingsway Publications.

Payne, M., (1997) 2ed. *Modern Social Work Theory*, Hampshire and New York: Palgrave.

Pincus, A. and Minahan, A., (1973). *Social Work Practice: Model and Method*, Itasca, Illinois: Peacock Publishers.

Prest, L. A., Russel, R. and D'Souza, H., (1999). Spirituality and religion in training, practice and personal development. *Journal of Family Therapy*, 21, pp 60-77.

Reason, P., (1988). Introduction. In Reason, P., (Ed). *Human Inquiry in Action*, London: Sage Publications, pp: 1-2.

Ressler, L E., (1998). The Relation Between Church and State: Issues in Social Work and the Law, Canda, E. (Ed). *Spirituality and Social Work: New Directions*, Binghamton: Haworth Pastoral Press, pp 81-97.

Rice, S., (2002). Magic Happens: Revisiting the Spirituality and Social Work Debate. *Australian Social Work*. 55(4): 303-312.

Rice, S., (2004). Reflections: An Australian Story. *The Spirituality and Social Work Forum*. 11(1), pp: 8-9.

Rose, E. M., Westfield, J. S. and Ansley, T. N., (2001). Spiritual Issues in Counseling: Client's Beliefs and Preferences. *Journal of Counseling Psychology*, 48(1), pp 61-71.

Rumbold, B., (2002). Dying as a Spiritual Quest. In Rumbold, B. (Ed). *Spirituality and Palliative Care: Social and Pastoral Perspectives*, South Melbourne Victoria Australia: Oxford University Press, pp:195-220.

Rumbold, B., (2002). Preface. In Rumbold, B. (Ed). *Spirituality and Palliative Care: Social and Pastoral Perspectives*, South Melbourne Victoria Australia: Oxford University Press, pp: 1x-x1.

Rumbold, B., (2002). From Religion to Spirituality. Rumbold, B. (Ed). In *Spirituality and Palliative Care: Social and Pastoral Perspectives*, South Melbourne Victoria Australia: Oxford University Press, pp:5-21.

Russel, R. (1998). Spirituality and Religion in Graduate Social Work Education. In Canda, E. R. (Ed). *Spirituality in Social Work: New Directions*, Binghamton NY United States of America: Haworth Pastoral Press Haworth Press, pp:15-30.

Russel, R., (2001). Director's Notes. *The Spirituality and Social Work Forum*. 8(1), pp: 9.

Ryan, M., Fook, J. and Hawkins, L. (1995). From beginner to graduate social worker: preliminary findings from an Australian longitudinal study, *British Journal of Social Work*, 25(1), pp17-35.

Saxby, J. (2001). The Spiritual Issue: Sunday Life, *The Sun-Herald*, 15 July, p: 3

Sermabeikian, P., (1994). Our Clients, Ourselves: The Spiritual Perspective and Social Work Practice. *Social Work*, March 39(2), pp 178-183.

Sheridan, M. J., (2004). Predicting the Use of Spiritually-Derived Interventions in Social Work Practice: A Survey of Practitioners. *Journal of Religion and Spirituality in Social Work*, 23(4), pp 5-25.

Sheridan, M. J., and Amato-von Hemert, K., (1999). The Role of Religion and Spirituality in Social Work Education and Practice: A Survey of Student Views and Experiences. *Journal of Social Work Education*, Winter 1999; Vol 35, No1, pp: 125-141.

Smith, Elizabeth, D., (1998). Canda, E. R. (Ed). Preface. In *Spirituality in Social Work: New Directions*, Binghamton NY: Haworth Pastoral Press Haworth Press.

Stewart, C., Koeske, G. F., Koeske, R. D., (2006). Personal Religiosity and Spirituality Associated with Social Work Practitioners' Use of Religious-Based Intervention Practices. *Journal of Religion and Spirituality in Social Work*, 25(1), pp 69-85.

Strauss, A., and Corbin, J., (1998), (2nd ed.). *Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory*. Thousand Oaks London: Sage Publications

Stevens, J., (1995). *Healing Women: A History of Leichhardt Women's Community Health Centre, Sydney: First Ten Years History Project*, Wild and Woolley Pty Ltd.

Tacey, David, J., (1995). *Edge of the Sacred: Transformation in Australia*. Pymble New South Wales: HarperCollins.

Tacey, David, J., (2003). *The Spirituality Revolution: the Emergence of Contemporary Spirituality*. Pymble New South Wales: HarperCollins.

Tan, Siang-Yang, (1991). *Lay Counselling: Equipping Christians for a Helping Ministry*, Grand Rapids, Michigan: Zondervan Publishing House.

Taylor, P., (2005). *Eden Therapy Intercessory Prayer Team Training Notes*, Sydney, Christian City Church Publishing.

The Standing Committee of the General Synod of The Church Of England In Australia Sydney, (2000), *An Australian Prayer Book*, Sydney Australia, Standing Committee of the Church of England in Australia, General Synod Office, St. Andrew's House, Sydney Square, N.S.W.

Thwaites, J., (1998) *Unpublished Manuscript*. As supplied by the author.

Thwaites, J., (1999). *The Church Beyond the Congregation: The strategic role of the church in the post-modern era*, Cumbria, U. K. , Paternoster Press.

Thyer, B. A., But Let Every Man Prove His Own Work...A Note from the Editor. In *Research on Social Work Practice*, Sage, Mar 2007; vol, 17, pp: 169-170 (online), available <http://online.sagepub.com/cgi/markedcitation/print?gca=sprsw%3B17%2F%2F296&wr...> (access ed 26.05.07).

Turner, B. A., (1981). Some Practical Application of Qualitative Data. *Quality and Quantity*, 15,pp: 225-247.

Veltri, S. J., (no date). *Orientations Vol 1: a collection of helps for prayer*, Ontario Canada: Loyola House, Guelph.

Wallace, C., (1997). *Greer: Untamed Shrew*. Sydney: Macmillan.

Walton, E., (2007). Evaluating Faith-Based Programs: An Introduction From the Guest Editor. In *Research on Social Work Practice*, Sage, Mar 2007; Vol, 17, pp 171-173. (online) available <http://online.sagepub.com/cgi/markedcitation/print?gca=sprsw%3B17%2F%2F296&wr...> (access ed 26.05.07).

Watson, R. A., (2000). Toward Union in Love: The Contemplative Spiritual Tradition and Contemporary Psychoanalytic Theory in the Formation of Persons. *Journal of Psychology and Theology*, 28(4), pp 282-292.

Wearing, M. (2007). Buddhist and Christian Paths to Healing, in Gale, F. et al (Ed). *Spirited Practices*, Crows Nest Sydney: Allen and Unwin, pp 205-215.

Weaver, J. N., (2002). Perspectives on Wellness: Journeys on the Red Road. *Journal of Sociology and Social Welfare*, March Vol xxix Num 1, pp 5-15.

Webster, M., (2002). *Physical Holding in Psychotherapy*. Unpublished Doctoral thesis, University of Western Sydney.

West, A., (2003). Terrorism Sends us on New Search for Spirituality. *The Sun Herald*. 14 September: 63.

White, M. (1995). *Re-Authoring Lives: Interviews and Essays*. Adelaide South Australia: Dulwich Centre Publications.

Yllo, K., (1988). Political and Methodological Debates, Yllo, K. and Bograd, M. (Eds). In *Wife Abuse Research. Feminist Perspectives on Wife Abuse*, Newbury Park CA: Sage Publications, pp: 28-50.