

# Therapists' Religion

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Dialogical Processes in the Self-Narratives of  
Christian Clinical and Counselling  
Psychologists

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September 2008

Signature .....

Date .....

# **Therapists' Religion: Dialogical Processes in the Self-Narratives of Christian Clinical and Counselling Psychologists**

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A thesis submitted in fulfilment of the requirements of the University of Wolverhampton for the practitioner doctorate degree in Counselling Psychology.

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## **Abstract**

Ever since the establishment of a link between religious identity and positive mental health there has been a growing interest in the role of religion in Counselling and Psychology. Research suggests that it is therapists' own spiritual orientation and individual belief system that determines their clinical approach to the religious and spiritual issues of their clients. The aim of this study was to explore the therapists' personal religious and spiritual belief systems and the impact of these on their work. The literature reviewed included material regarding the role of religion and spirituality in relation to psychology and therapy, identity, and especially, the person of the therapist. The present qualitative investigation applies the theory of the Dialogical Self to the narratives of five practising Christian Clinical and Counselling Psychologists. It draws on a narrative-interpretative frame that favours the analysis of the whole of the narrative to allow for process-oriented, context-sensitive interpretation. Using a case study format it investigates the influence of practitioners' faith on their personal and professional identity by exploring the dialogical relationships between therapists' Self positions in relation to their practice. The analysis of the narratives highlights the centrality of faith in the participants' identity. Besides a Christian Self position each narrative also reveals Professional Self positions associated with internalised professional codes of conduct. Dialogical moments at the interface of professional and spiritual domains are described and interpreted. Although there is considerable variation in each narrator's approach to dealing with his or her Self positions, ranging from the attempt to integrate, context-dependent dominance of Self positions, dominance of a pervasive Christian Self, and fluidity in balancing positions, to a loose integration within a broad worldview, all narratives clearly display dialogical processes. The

current study provides in-depth insight into these internal dynamics and the high levels of self-awareness, reflexivity and ethicality that are generated as a result.

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# **1. Literature Review**

## **1.1 Introduction**

Over the past two decades there has been a renaissance of interest in religion and spirituality within the social and applied sciences and health professions, as evidenced by a mounting body of conceptual literature and empirical research (Worthington, Kurusu, McCullough, & Sandage, 1996; Pargament, 2007). Within the fields of psychotherapy, clinical and counselling psychology this interest is based on a growing appreciation of the influential role religious beliefs and practices hold in many people's lives, making this dimension an important aspect of client diversity that must be taken into account when offering services (Worthington et al., 2003).

Research suggests that, mediated by a pervasive lack of relevant professional training, it is therapists' own spiritual orientation and individual belief system that determines their clinical approach, not only to the religious and spiritual issues of their clients (Shafranske & Malony, 1990) but to their therapeutic practice in general (Bilgrave & Deluty, 1998). Such findings necessitate that attention be paid to therapists' personal religious and spiritual belief systems and the impact of these on their work. This paper aims to review and discuss the current state of knowledge regarding the role of religion and spirituality in relation to psychology and therapy, identity, and especially, the person of the therapist. It seeks to draw out and consider clinical implications and areas for further research.

## **1.2 Definitions and Search Strategy**

There are considerable variations in definitions of the terms “spirituality” and “religion” with no clear boundary between them. Current literature reflects a broad level distinction which locates spirituality in the realms of personal meanings, affective experience, and transcendence (including a personal relationship with God or a sense of connection with the universe) whereas religion is associated with formal institutional structures and associated belief systems and religious practices (e.g. Worthington, Kurusu, McCullough, & Sandage, 1996; Shreve-Neiger & Edelstein, 2003; Walker, Gorsuch, & Tan, 2004). There is however a growing recognition that for most people religious beliefs and spiritual experience are inseparably entwined (Shafranske & Malony, 1990; Carlson, Erickson, & Seewald-Marquardt, 2002). In the light of these findings both terms were considered for this review. Articles were located through thorough searches of five databases (Ingenta, PsychInfo, Science Direct, SocIndex, & Swetswise). Thesaurus mapping was employed to enhance searches for the following keywords: “religious”, “spiritual”, “counselling”, “psychology”, “therapist”, “self”, “identity”, and “mental health”. Individual articles, books or authors mentioned repeatedly in the literature were followed up via the university’s “electronic journals” facility or obtained from its library. A search of PsychInfo alone revealed several thousand articles<sup>1</sup>, which reflects an exponential increase of literature on the topic over the past few decades. Consequently, this review cannot claim to be exhaustive, though care has been taken to take account of the main arguments and findings.

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<sup>1</sup> The majority of the literature emanates from the USA and focuses on the Judeo-Christian religious tradition

### **1.3 Religion, Psychology and Mental Health: a Complex Relationship**

Historically the relationship between the disciplines of psychology and religion has been ambiguous and difficult (Sorenson, 1997; Myers, 2004). According to Plante (2007) mainstream psychology, apart from the noteworthy exception of the distinguished works of psychology forefathers, such as William James, Gordon Allport, and Carl Jung, has shown little interest in, if not outright antagonism towards, issues related to spirituality or religion. Freud (1927/1961, in Plante, 2007), for example, saw religion as an “obsessional neurosis”, and Ellis (1981, in Worthington et al., 1996) considered religiousness as irrational and implicated in emotional disturbance. Plante (2007) suggests that this uneasy relationship may be understood as a function of the divergent epistemologies underlying each discipline. Psychology is essentially a modernist endeavour based on secular philosophy and scientific thought, whereas religion and spirituality reflect a curious mix of traditional and postmodern ideologies and usually concern matters that are not easily observable or measurable through scientific research (cf McLeod, 1997; Plante, 2007).

Nevertheless, issues of spirituality and religious beliefs constitute key aspects of cultural identity by contributing to cultural discourses on moral and existential issues (Fowler, 1981; Bilgrave & Deluty, 1998). According to demographic estimates over 80% of the world’s population is affiliated with some form of religion. Although prevalence rates in Britain appear somewhat lower than in other countries - about 70% vs about 90% in the USA or nearly 100% in parts of Asia – (Johnstone & Mandryk, 2001; adherents.com, 2008) this suggests a certain status of religious or spiritual beliefs in many people’s lives for which they may seek support from psychological services.

This is important as there is growing evidence suggesting that individuals' spiritual lives are related to physical health (Faull, Hills, Cochrane, Gray, Hunt, McKenzie, & Winter, 2004; Faull & Hills, 2006), mental health (e.g. Worthington et al, 1996, in the USA; Dezutter, Soenens, & Hutsebout, 2005, in Belgium; Pieper & Uden, 2005, in the Netherlands; King, Weich, Nazroo, & Blizard, 2006, in the UK;), coping (Pargament, 2007), anxiety (Shreve-Neiger & Edelstein, 2004), panic disorder (Bowen, Baetz, & D'Arcy, 2006), and substance misuse (e.g. Pardini, Plante, Sherman, & Stump, 2000; Avant, Beitel, & Margolin, 2005).

Empirical studies in these areas have produced mixed findings, though Worthington, Kurusu, McCullough, and Sandage (1996), in their review of 148 empirical articles, conclude that results have generally been consistent, if religion is further subdivided into extrinsic and intrinsic dimensions. Extrinsic religious orientation describes individuals who use religion as the means to an end such as gaining security or social status, whereas intrinsically oriented religious people value religion for itself and experience it as a core aspect of their life and being (Allport & Ross, 1967, in Bergin 1991). Extrinsic religiosity is generally linked with negative mental health aspects, whereas intrinsic orientation is associated with psychological well-being (Worthington et al., 1996; Miller & Thoresen, 2003). This trend was also confirmed by Bergin (1991) in his longitudinal study of Mormon university students. Intrinsic scores were negatively related with pathology and positively with a range of desirable character traits, whereas this pattern was reversed for students scoring high on extrinsic religiosity. Bergin further found students' religious and personality development intertwined with different pathways to mental health. Mentally healthy students had

experienced benevolent parenting, smooth or continuous religious development, and mild religious experiences. For these individuals institutionalised religion provided a positive framework that reinforced positive aspects of family life and personal growth. In contrast, individuals with more troubled lives, including mental health disturbances such as anxiety, rigid perfectionism and depression, were found to have had conflict-laden childhoods and discontinuous religious commitment. Bergin noted however that some of this group later found healing in intense religious experiences that alleviated distress and promoted social adjustment, though it did not always resolve deeper rooted issues and sometimes even added to self-defeating life patterns. This highlights the complexity of religion as a multidimensional construct with conflicting qualities and effects (Bergin, 1991).

In conclusion, the association between religion and mental health has been found to be generally positive. However the relationship between these two dimensions remains complex as both constructs are multifaceted and the way they are measured and defined varies across studies (Pieper & Uden, 2005). Furthermore, research so far has been correlational in nature, so causal links have not been ascertained, and the processes that mediate these connections are as yet insufficiently understood (Miller & Thoresen, 2003). Future research needs to determine *why* and *how* religion exerts its influence, which is especially important for the fields of clinical/counselling psychology and psychotherapy if, as above research suggests, clients' physical, social, and emotional concerns are often inseparable from their religious or spiritual belief systems.

#### **1.4 Religion and Spirituality in Therapy**

Religion and spirituality clearly play an important part in many people's 'worldview' and sense of self (Fowler, 1981; Bilgrave & Deluty, 1998; Pieper & Uden, 2005). This is confirmed by Worthington et al.'s (2003) research, which identified religious commitment as a key factor in how religious people understand their world. The sheer prevalence of religious and spiritual beliefs indicates that a large proportion of people entering therapy are likely to hold religious or spiritual worldviews. Clearly, this has implications for clinical practice as purely secular psychotherapy may be alien to these people's frame of reference and they might prefer approaches that take their belief system into account (Bergin, 1991; Worthington et al., 2003).

Empirical data of an American survey of 1000 likely voters lends support to this premise. The investigation found that 83 percent felt their spiritual faith and religious beliefs were closely linked to their mental and emotional health, and 75 percent thought it important to see a therapist who would integrate their values and beliefs into the counselling process. The survey noted that whilst there is general support for faith based mental health care, women, African Americans, devout Evangelicals, and those who attend church regularly, were particularly likely to value this type of therapy. Furthermore, the second most common reason for not accessing mental health services was a fear that their spiritual values and beliefs would not be respected (AAPC, 2000).

Worthington et al.'s (1996) review drew similar conclusions. They observed that highly religious people (those scoring in the top 10-15% on measures of religious

commitment) appear to view the world through religious schema and so view counselling differently than do less religious individuals. Specifically, they tend to prefer religious therapists and explicitly religious counselling, although they may not want their counselling to focus exclusively on religious or spiritual issues. Furthermore, therapists' self disclosure of religious beliefs or values was found to positively affect clients' expectations about the therapy process and outcome if both parties shared similar beliefs.

Unfortunately most research in this area so far has been analogue and not directly linked with outcome data. There are some noteworthy exceptions however. Rose, Westfield, and Ansley (2001), for example, examined the impact of spiritual experience (rather than religiosity) on individuals' preferences for discussing religious or spiritual matters in therapy. They surveyed clients (N = 74; 64 female, 10 male) from six counselling sites, including two mental health care centres. Seventy-seven percent of respondents indicated a preference for discussing these dimensions in therapy, either as a matter of course (55%) or if there was a spiritual or religious element to their presenting problem. The degree of past spiritual experiences accounted for a substantial level of variance in clients' preferences. These findings suggest that clients with a religious or spiritual orientation wish for this dimension to play a role in their therapy.

Propst, Ostrom, Watkins, Dean, and Mashburn (1992) compared the efficacy of religious versus non-religious interventions in the treatment of clinically depressed Christian clients. Fifty-nine clients were assigned to one of four conditions: Christian

CBT (Cognitive Behavioural Therapy), standard CBT, pastoral counselling or waiting list. Each CBT condition was delivered by both Christian and non-Christian therapists whereas pastoral counselling was delivered only by Christian therapists. Results revealed that both religious CBT and pastoral counselling outperformed standard CBT on post treatment measures. Interestingly, the best outcomes were obtained for religious CBT delivered by non-religious therapists. In contrast to previous findings, which stressed the importance of value similarity between client and therapist, this suggests that religiously tailored interventions themselves may be the significant factor in treatment outcome.

Worthington and Sandage (2001) conducted a meta-analysis on nine studies that compared traditional therapies with religiously tailored versions of the same treatments. Most of these focused on treatment for depression using a CBT approach. Religiously tailored therapy involved interventions such as the reading of bible scriptures, religious imagery, and reference to Christian theology. In all cases religiously integrated CBT has been found equal or superior to standard CBT for religious clients. Based on these results the authors considered religiously tailored therapy to be about “75% along the road to being an empirically supported intervention” (p. 476). However, they also argued that the small number of studies and sample sizes somewhat limit the conclusion that can be drawn. Furthermore, many of these studies involved analogue clients and maintained some kind of experimental control (such as the use of manualised CBT approaches designed and delivered for research purposes). Effectiveness studies to determine whether these effects hold when integrated into actual therapy as practised in the field are, therefore, still needed.

Wade, Worthington, and Vogel (2007) explored the effectiveness of religiously tailored interventions in Christian therapy, involving 220 Christian clients, 51 therapists, and six Christian agencies across the United States. The main finding of this investigation was an interaction between clients' religious commitment and therapists' use of religious interventions, which determined both clients' perception of closeness to their therapists and treatment effectiveness as measured by client-rated change. This was especially true for the more religiously committed clients, supporting Worthington & Sandage's (2001) findings that religiously integrated therapy may be particularly beneficial for this group. However, no interaction was found between client and therapists' religious commitment on either closeness or outcome, which is similar to Propst et al.'s (1991) findings (where non-religious therapists using religious interventions achieved the best results). The authors note that the exact processes by which perception of closeness and change occur are as yet unknown. This reflects an ongoing debate in general psychotherapy research, which locates the healing properties of therapy in factors common to all genuine approaches, such as the therapeutic relationship and hope or faith in the treatment (Ahn & Wampold, 2001). Therefore, specific ingredients of religious interventions, rather than being directly linked to outcome, may instead be effective through their ability to promote common curative factors.

To summarise, the studies above demonstrated that religion and spirituality play an important part in many people's lives, which is reflected in a preference for therapy that takes these beliefs and values into account. Value-neutral therapy that does not take account of these dimensions is out of touch with clients' reality. Empirical evidence

points towards better outcomes for religiously integrated therapy, at least for highly religious clients. This effect appears to be mediated by religious clients' perceived closeness to therapists (religious or otherwise) who show sensitivity to clients' spiritual worldview. Such findings suggest that therapy outcome is largely influenced by therapist variables. Nevertheless, although the evidence is compelling, there are limitations that need to be considered in further research. For instance, most studies focused exclusively on Christianity, perhaps reflecting the cultural context of American research. As yet comparatively little is known about therapy that integrates other religious or spiritual orientations. Studies often involved only small sample sizes (with the exemption of Wade et al., 2007) and in general tended to be analogue rather than using actual clients and treatments, though exceptions were presented above. Religiously accommodative therapies usually used a CBT design and often focused on depression. Further research should investigate other therapeutic models and presenting problems. Finally, definitions for the terms religion and spirituality are not standardised and are used interchangeably or carry different meanings across studies, making direct comparisons impossible. Despite these limitations, it seems clear that religion and spirituality matter to clients and that therapy process and outcome are influenced by therapists' ability to accommodate clients' belief and value systems. Consequently, emphasis needs to be placed on the role and qualities of the therapist rather than particular treatments.

### **1.5 Religion, Spirituality and the Therapist**

Historically, therapy and its practitioners have been seen as representatives of the secularisation movement of modern culture. Tantam and van Deurzen (1999) for

example state: “the role and function of psychotherapy as a new paradigm for living is closely related, we believe, to the replacement of old religious and spiritual values” (p. 231). Indeed past research suggests that psychologists on the whole show less religious commitment than the general public (Ragan, Malony, & Beit-Hallahmi, 1980).

Nonetheless, Jensen and Bergin (1988) noted that therapists are far from value-free. Their survey of 425 mental health professionals revealed a consensus among respondents endorsing a set of ideals that the authors identified as an “amalgam of professional concepts and traditional values” (p. 295), the latter derived from a Judeo-Christian heritage embedded in Western culture. These included the traditional values of self control, forgiveness, work satisfaction, and family commitment as well as the clinical values of psychological autonomy, communication skills, self-awareness, and interpersonal affection. There was a strong relationship between these professionals’ perception of a value’s significance and its role in guiding their therapeutic practice. Bergin and Jensen (1990) observed a significant level (80%) of religious participation and personal spirituality amongst the same sample, though only 29% thought religious matters important in therapy. The authors suggest that this discrepancy between personal beliefs and professional practice may be due to the secular framework of professional training and practice within which respondents operate.

In contrast, the majority (71%) of Shafranske and Malony’s (1990) sample of Clinical Psychologists (N = 409) reported current affiliation with organised religion, and viewed spiritual and religious matters to be relevant to their clinical work. This was reflected in

a general appreciation of the role of these dimensions in clients' lives, though they differed in their views on and use of religious interventions in therapy. In the absence of appropriate training (85% reported that religious or spiritual issues were rarely or never covered during their training), the prime determinant of whether and how spiritual issues were addressed in therapy, was the respondents' own spiritual or religious orientation (see also Walker, Gorsuch, & Tan, 2004).

Several other large scale investigations confirmed a considerable level of religion or spirituality among psychologists and professionals of allied fields (Bilgrave & Deluty, 1998, 2002; Smith & Orlinsky, 2004; Walker, Gorsuch, & Tan, 2004). In Bilgrave and Deluty's (1998) study of Clinical and Counselling Psychologists for example, 82% of respondents identified with some form of religion. Of these, the majority asserted that their religious beliefs influenced their therapeutic practice, and vice versa. Smith and Orlinsky (2004) on the other hand found comparatively low levels of formal religious affiliation in their international sample of therapy practitioners from New Zealand, Canada, and the USA. However, they also noted a high degree of what they called "personal spirituality," leading them to conclude that the image of therapists as "adamantly secular and critical of religion" is unjustified. Instead they suggest that therapists' spirituality is multifaceted and its individual meanings warrant further exploration.

To summarise, although prevalence studies reveal lower levels of spirituality and religion among psychologists and therapists compared with the general public, the

majority of practitioners do exhibit spiritual or religious orientation in both their personal lives and their professional roles. As these dimensions rarely feature adequately in training programmes (Shafranske & Malony, 1990; Schulte, Skinner, & Claiborn, 2002), practitioners rely on their own experiences and religious or spiritual frameworks to guide their approach to these matters in their work with clients. This raises the question of how to integrate spiritual matters into therapy.

Numerous authors have explored this issue (e.g. Richards & Bergin, 1997; Chappelle, 2000; Passmore, 2003; West, 2004; Pargament, 2007). There seems to be a consensus about the need for ethical practice in accordance to professional codes of conduct. For psychologists in Britain this centres on a framework of four principles of respect, competence, responsibility, and integrity, within which all issues must be considered. It states clearly that “psychologists should respect individual, cultural and role differences, including (but not exclusively) those involving age, disability, education, ethnicity, gender, language, national origin, race, *religion* [italics added], sexual orientation, marital or family status and socio-economic status” (BPS, 2006, section 1.1 (i), p.10). Accordingly, several writers have called for explicit assessment of religious or spiritual orientation as part of client diversity (Worthington et al., 1996; Worthington & Sandage, 2001; Worthington et al., 2003). Passmore (2003) stresses that respectful therapy requires self-awareness on the part of the therapist as there is a potential for both religious and non-religious personal backgrounds to bias clinical judgment. Competent practice further involves evaluation of boundary issues, including the decision about whether to deal with spiritual issues in therapy or to refer on to a member of clergy (in Britain, Mental Health Trusts employ spiritual care teams for this

purpose). Therapists' approach to integrating religious matters in therapy may be explicit (such as open disclosure of their own faith or direct discussion of spiritual concerns as part of a religiously accommodative approach) or implicit (such as privately praying for clients outside therapy). The choice of approach is largely determined by both the setting and therapists' spiritual or religious orientation (Walker, Gorsuch, & Tan, 2004). Working at the interface of secular professional and spiritual domains therefore brings with it a potential for value-clash situations, especially when dealing with value-charged topics such as, for example, abortion or homosexual relationships (Chappelle, 2000; Passmore, 2003). This raises the question of how therapists experience and engage with these issues in the course of their work.

Several British studies explored this issue using qualitative paradigms. Martinez and Baker (2000) studied the narratives of eight religiously committed psychodynamic psychotherapists. Their grounded theory approach revealed three themes: a spiritual development or transformation of their faith, issues related to faith disclosure, and a lack of room for discussion of spiritual matters in training. Their findings echo results of prevalence research (e.g. Shafranske & Malony, 1990) whilst illustrating how prominent and important these issues are for Christian practitioners. In particular, the narratives emphasised the discrepancy between personal relevance of spiritual matters and their low status in training and supervision. The study concludes by raising a multitude of questions for discussion, inviting further research on the need for and challenge of addressing religious issues during training and professional practice.

Similarly, Crossley, and Salter's (2005) grounded theory study of eight Clinical Psychologists with a range of spiritual positions also emphasised a need for better training on dealing with spiritual issues. Specifically, they highlighted the breadth and ambiguity surrounding spirituality, making it an elusive concept with potentially contradictory meanings. There was considerable variation in participants' interpretation of and approach to spiritual matters in therapy though all stressed the importance of suspending their individual opinions in order to empathise with their clients' beliefs. In the light of these findings the authors call for greater engagement with spirituality within training through reflexive consideration of therapists' personal and cultural orientations towards these issues.

Golsworthy and Coyle (2001) offer an account of 12 therapists working with bereavement. Like Crossley and Salter (2005) they noted great variation in participants' conceptualisations of religion and spirituality, with the latter being seen as broadly encompassing anything that gives meanings to life, including religious beliefs. This substantiates Smith and Orlinsky's (2004) findings of spiritual diversity among therapists. Golsworthy and Coyle's participants viewed spirituality as inherent in the therapeutic relationship and manifest in a sense of optimism and belief in change. Participants' work with religious and spiritual dimensions was seen as strongly influenced by personal approaches and experience rather than their schooling, since many found inadequacies in both theoretical models and training. Therapists' personal development and clinical approach are therefore important concerns as they will impact on the kinds of relationship that can be offered to clients. All this points to a need for a

better understanding of therapists' individual spirituality and its role in who they are, as this is what they bring to therapy (Ahn & Wampold, 2001).

Finally, Baker and Wang (2004) examined the connection between values and practice in 14 Christian Clinical Psychologists using a range of qualitative procedures. Their analysis revealed three themes: faith providing an added dimension to their work (a sense of divine involvement that offered containment and strength), issues of disclosure with both colleagues and clients, and the challenge of integrating professional practice and Christian identity. Participants viewed their integration of spiritual and professional dimensions in existential terms, involving both "moments of communion" (p. 136) or unity, and times of contradiction, necessitating a certain degree of inner compartmentalisation. Reflecting on their findings the authors note that "...what our participants were trying to put across, was that their sense of identity as Christian psychologists (the experience of 'the connections' between work and religious commitment) was one of fluctuation, rather than of static position. Far from being viewed as problematic, a shifting sense of personal identity may indeed be the ordinary outcome of the intersection of two major and potentially competing roles" (p. 136). Baker and Wang suggest that the wealth of ambiguities experienced by participants, rather than indicating "inherent contradictions" (reflecting an incoherent or unstable personality, p.136), might best be understood as the experience of "multiple subjectivities" (or Self positions) within a polyphonic or, "Dialogical Self" (Hermans & Kempen, 1993).

To summarise, these studies draw attention to the individual and multifaceted meanings and functions of spiritual and religious values and beliefs to therapists' own meaning making horizon and approach to clinical practice. They highlight a sense of divide between professional and spiritual or religious domains, maintained and reinforced through lack of adequate coverage in training or professional discourse. Consequently, therapists are left to develop their own ways of integrating these domains, which for many appears to be an ongoing process marked by experiences of ambiguity and contradiction, value congruence and value-clash situations. Shafranske and Malony (1990) warn of the potential ethical implications of this kind of individualistic approach, whilst Passmore (2003) stresses the high degree of reflexivity and self-awareness necessary for achieving ethical integration. The qualitative designs of these studies not only capture these processes of ethical awareness and decision making within therapists, but also draw out the fundamental role of religion or spirituality to their sense of self.

### **1.6 Religion, Spirituality and Identity**

Bilgrave and Deluty's (1998, 2002) studies clearly demonstrate the extent to which therapists' personal and professional selves appear shaped by cultural influences, including their professional and religious orientations. The authors cast their findings in a wider cultural picture, emphasising that people possess a "personal Weltanschauung", or "unique map of the world and picture of self" (1998, p.329), which "helps the individual determine what to lift from the background and make foreground, what to judge valuable and what to judge worthless, what to strive for and what to avoid, and what to do and what not to do" (1998, p.330). They consider this personal belief system to be socially constructed and strongly influenced by a wider cultural worldview. In the

West, they say, this involves a fusion of religious, humanistic, scientific and romantic elements, stemming from Judeo-Christian traditions, Greco-Roman heritage, and the intellectual developments of the Enlightenment. This leaves the individual with the task of fashioning a personal identity from a complex array of influences and value bases.

Fowler (1981) refers to these influences as “shared centres of value and power” (p. 17), which he sees reflected in the narratives and formative myths of people’s social groups, including the family system, school and work settings, churches, clubs and organisations. Loyalty to and trust in these centres shape personal commitment and identity. Psychologists and therapists operating at the interface of religious and secular humanistic domains are therefore faced with the challenge of integrating the diverse roles and loyalties associated with these centres into some workable unity. Fowler queries whether this task leads to a fragmentation of the self, wherein identities are adapted and reshaped according to role requirements; or whether individuals develop a way of incorporating their various Self positions, or “multiple subjectivities” into a coherent sense of self. Baker and Wang’s (2004) study illustrated the complexities of this process, which for their participants, involved a dynamic interplay of their various Self positions and a degree of compartmentalisation of these different aspects of self. It therefore stands to reason that we cannot fully understand the personal meanings and outworkings of individuals’ faith or spirituality without considering its embeddedness in personal identity, and the interplay of Self positions that result from this.

## **1.7 Summary and Conclusion**

Overall, evidence from American surveys and British qualitative studies indicates that religion and spirituality constitute an important part of human experience, and must therefore be taken account of in therapy. Therapists' personal spiritual orientation was found to influence their professional practice, which carries ethical connotations and makes the person of the therapist an important area of study. Research into religion and spirituality has mushroomed over the past two decades, contributing to a wealth of knowledge. Limitations of this research have been addressed throughout, though it may be noteworthy to highlight again that most of the prevalence studies were conducted in the United States and may therefore represent a cultural bias. However, the themes revealed in UK qualitative enquiries confirm the general trend of American research, which suggests a degree of cross-cultural validity, at least for Western culture; even though religious affiliation is much lower in Europe than in the United States (Gallup Poll, 2008). More European prevalence surveys are needed to clarify this point. This work may then also focus on non-Christian religions, especially in Britain, given its multicultural society.

Qualitative investigations called attention to the complexities faced by therapists trying to integrate their professional and spiritual selves. This type of research may not lay claims on generalizability, but it does provide valuable insights into personal meanings and internal dynamics associated with this process. Further research should focus on issues related to training and supervision, including trainee therapists' experiences, perspectives and responses regarding the way spirituality and religion are addressed in training. Attention also needs to be given to therapists' spiritual orientation in relation to

their identity and worldview. Baker and Wang's (2004) study clearly demonstrated the immense importance of faith to their participants' sense of self, and how this related to their experiences at the interface of professional and spiritual worlds. Further research is needed to explore these experiences of integration by looking closely at the internal dynamics and interplay of therapists' Self positions in this context. The study described subsequently will contribute to current understanding by investigating the influence of faith on Christian Psychologists' identity and their capacity as practitioners.

## **2. Introduction to the Research Report**

### **2.1 Introduction**

Therapy is influenced by the person of the therapist who draws on his or her value-base and belief system to guide the counselling process (Beutler, 1979; Jensen & Bergin, 1988). Therapists themselves are informed by a myriad of influences, including their professional and religious orientation, which contribute to and shape their personal make-up, worldview and sense of identity (Bilgrave & Deluty, 1998). The Self of the therapist may therefore be understood as a host of internal voices or Self positions, engaged in perpetual dialogue with both itself and the outside world (Rober, 2005).

The present study aims to contribute to our understanding of Christian Psychologists' experience of practicing in secular work settings. Specifically, it seeks to investigate the influence of practitioners' faith on their personal and professional identity by exploring the dialogical relationships between therapists' Self positions in relation to their practice. I start by offering a working definition of Christian faith. I then briefly recap previous work regarding Christian Psychologists' experiences before proposing the concept of the Dialogical Self as a framework for understanding Christian Psychologists' experience of different Self positions. Finally, I introduce the purpose and aims of this research and the questions that stimulated it.

## 2.2 Christian Faith

Christian faith, like other forms of spirituality or religion, has many expressions. The Christian religion encompasses a wide range of denominations, spanning from the orthodox traditional to the fundamentalist evangelical, charismatic and liberal. There are distinct differences in interpretation and emphasis of doctrine across different church communities and even among members of the same group. Christians, like adherents of other religions, vary widely in the emphasis they place on aspects of worship and doctrine, how they practice their faith, and the meaning it carries in their lives (Williams, 2003). Appreciating this diversity, Fowler (1981; 2000) proposed seven styles of faith within a lifespan development framework: primal faith, intuitive-reflective faith, mythic-liberal faith, synthetic-conventional faith, individuative-reflective faith, conjunctive faith, and, finally, universalizing faith (see [appendix 6](#) for a synopsis of these faith styles). These are too complex to describe in detail here but will be discussed as appropriate in the analysis.

What is common to all Christian churches, and what distinguishes them from other religions, is an official acknowledgment of the Christian Creed (e.g. the Nicene Creed (325AD) or the older Apostles' Creed; see [appendix 10](#)). Historically, creeds have been drawn up at times of conflict about doctrine so their purpose is to uphold correct belief. Christian creeds identify belief in the trinity of God<sup>2</sup> (including the divinity of Christ), creation, the virgin birth, forgiveness of sins, the resurrection of Christ, and the Christian church, as the core tenets of the Christian religion (McGrath, 2001). The central aspect of the Christian message is the invitation for a personal relationship with

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<sup>2</sup> Consistent with the Christian faith, 'God' is written capitalised throughout, and referred to in the masculine gender

God, made possible through the reconciling sacrifice of Christ (the Bible, John 14; Romans 5-8). For many, this makes Christian spirituality a highly personal and relational endeavour; a way of life that centres on relationship with God and other people (Tenney, 1998, 2000; McGrath, 2001; Carlson, Erickson, & Seewald-Marquardt, 2002).

### **2.3 Christian Psychologists' Experience of Secular Practice**

Carlson, Erickson, and Seewald-Marquardt (2002) stress this relational aspect of faith as central to their own work as marriage and family therapists:

for us, our lives involve a continual search for the spiritual, a quest to embody and to live that which uplifts and enlightens, that which flows from God – the source of all good. ... We believe more than ever before that our spiritual lives and our professional lives are inextricably interconnected. We feel called by our spirituality and by our work as family therapists to connect with others in a spirit of mutuality, compassion, love and community” (p.219).

Carlson and colleagues strongly encourage therapists to develop their own spiritual lives and draw on them as a resource in their work. They see spirituality as a largely relational endeavour that centres on relationship with God and people. For them this then also makes it an ethical endeavour, as relationship, at least in therapy, inevitably invites mindfulness, reflexivity, interaction, and the considerate sharing of self.

Baker and Wang (2004) found similar sentiments amongst a group of UK Christian Clinical Psychologists who took part in their study. The aim of this qualitative

investigation was to explore the interplay of professional and religious values encountered by these practitioners in the course of their work within the National Health Service. A main issue for these practitioners concerned latent ethical dilemmas surrounding potential value clash situations, including the question of whether or not to disclose their faith.

Traditionally, good practice is associated with relative non-disclosure and this is still largely advocated in many training courses, although opinions differ across (and within) different theoretical orientations (Tillman, 1998; Barrett & Berman, 2001; Jeffrey & Austin, 2007). On the other hand the Christian religion is essentially evangelistic so Christians are taught to be open about their faith and share it freely. This then clearly poses a value conflict for Christian practitioners, with which they have to engage and find their stance towards when relating to both colleagues and clients. Appropriate ethical decision making is of course a key aspect of professional demeanour, and concerns have been raised that personal religious bias may jeopardise therapists' judgment and conduct (Evans, 2003). In contrast, Baker and Wang's study suggests that the combination of contrasting values at the interface of personal faith and professional workplace seems to promote, not hinder, ethicality because it fosters self-awareness and reflexivity. In fact, the therapists of their study construed their experiences in terms of personal and professional integrity and identity. One person's reflection, cited by the authors, aptly illustrates this:

Sometimes I kind of switch between two selves, in the sense of me-as-a-Christian, and me-as-a-psychologist (I don't ever think that I'm

not a Christian, and I don't ever think I'm not a psychologist...). There are times in terms of the here and now, I'm feeling that I'm moving backwards and forwards between these modes...[and then] there are times when I'm comfortable in both roles... (Baker & Wang, 2004, p. 134).

The challenge of amalgamating these central aspects of identity was often characterised by a degree of compartmentalisation (as a means of protecting religious beliefs from being unduly influenced by professional values) and by vacillation between states of dissonance and integration. Accordingly, participants' sense of identity as Christian Psychologists was one of fluctuation and change necessitated by the tricky juxtaposition of potentially conflicting belief and value systems. Baker and Wang wondered whether these inconsistencies in participants' self narratives reflected internal contradictions, or whether they ought to be conceived of as representing "multiple subjectivities" (p.136). This latter view is consistent with the notion of a Dialogical Self in which various differing Self positions are engaged in dynamic interaction with each other and the outside world.

#### **2.4 The Dialogical Self**

The conception of the Self as dialogic goes back to Russian literary scholar Mikhail Bakhtin's (1927-1973) work on the polyphonic novel. The central feature of this kind of novel is its structure in that it is composed of numerous independent and opposing perspectives personified by characters engaged in dialogical relationships (Hermans & Kempen, 1993). Similarly, the Self, conceptualised as a polyphonic novel, is a host of storytellers - relativistic and multifaceted. It contains a multiplicity of inner voices or Self positions, each with its own viewpoint and story to tell. In this sense the self is

constantly in process, constantly involved in dynamic interaction with itself and its environment (see [appendix 7](#) for a more detailed account of the concept of the Dialogical Self)

Social constructionist writers have expanded on Bakhtin's ideas. Wetherell (1995), for example, conceives of identity as a "melding and meeting point of discourses" (p. 135). When constructing our identities we draw on the wider social and cultural discourses available to us. In Western society these are broadly influenced by humanistic, scientific, religious and romantic elements stemming largely from our Greco-Roman heritage, our Judeo-Christian traditions and the intellectual developments of the Enlightenment (Bilgrave & Deluty, 1998). These various influences are poised in an uneasy balance of conflicting voices, which is reflected in the multiplicity of Self positions within the Dialogical Self. Wetherell (1995) reflects that this invariably leads to a degree of fragmentation, contradiction and ambivalence in one's sense of self as we come to be constructed, positioned and repositioned within different narratives and contexts.

In a similar vein, Fowler (1981) has written extensively about this challenge to our sense of self and quest for meaning. According to Fowler faith is a human universal and intrinsically linked with identity and selfhood. Like Carlson et al (2002) he views faith as relational and active:

I trust, I commit myself, I rest my heart upon... . All these paraphrases show us that faith is a *verb*; it is an active mode of being and

committing, a way of moving into and giving shape to our experiences of life. They also show us that faith is always *relational*; there is always *another* in faith. ‘I trust *in* and am loyal *to...*’ (p. 16).

He conceives of faith as a “covenantal pattern of triadic relationships” between oneself, important others and what he calls “shared centre(s) of value and power” (p. 17). These shared centres of value and power (scvp) represent the narratives, discourses, and formative myths of our culture and subcultures, including the social groups we belong to and are invested in, such as our family, our church, our workplace, our professional association, etc. It is our loyalty to and trust in these centres that inform our worldview and shape identity. Consequently, Christian Psychologists and therapists who practice in secular work settings are faced with the challenge of integrating their diverse roles and loyalties associated with these centres into some workable unity. Fowler, like Wetherell (1995), queries whether this task leads to a fragmentation of the Self, wherein identities are fashioned and renegotiated according to context and role requirements; or whether individuals are able to integrate their various Self positions into a coherent sense of self. Baker and Wang’s (2004) study portrayed the complexities of this process, which for their participants, involved a dynamic interplay of their various Self positions. It seems therefore clear that in order to appreciate genuinely the individual meanings and outworkings of Christian therapists’ faith, we must consider its embeddedness in personal identity, and the dialogic relationships of Self positions that shape it.

## **2.5 This Study**

The purpose of this study is to contribute to current understanding by investigating the influence of faith on Christian Psychologists’ personal and professional identity and

clinical practice. Specifically, I am interested in how Christian practitioners balance their commitment to potentially differing value systems, how their Christian convictions affect their relationships in the workplace, and how they may help or hinder their therapeutic practice. I mean to do this by looking closely at practitioners' internal dialogic processes and how these inform personal meaning making and professional conduct. This raises the following questions, which I seek to address:

- How does faith inform Christian psychologists' identity?
- Do they experience multiple subjectivities or Self positions?
- If so, by which processes do these operate and relate?
- How do therapists integrate these Self positions into their sense of self as a person and as a psychologist?

### 3. Method

*At its heart, qualitative research involves doing one's utmost to map and explore the meaning of an area of human experience. If carried out with integrity, this is a process that can result in unique learning both for the person who is the inquirer, and for those who are his or her audiences.* McLeod (2001, p.x)

This section concentrates on methodological issues, comprising the design of this study as well as a brief representation of the philosophical and theoretical perspectives that underpin it.

#### 3.1 Conceptual Framework

The purpose of this research is exploratory and interpretative, which is best accomplished using a qualitative paradigm and a small number design that allows for detailed analysis. The challenge here lies in determining the method most suited for the particular data set and research goal. Chamberlain (2000), in this context, warns against the temptation of “methodolatry” – an overemphasising of correct method at the expense of the actual substance or meaning of the research text. Good qualitative research, she argues, seeks to answer the *how* and *why* questions of the phenomenon under study and considers them within a theoretical frame. To avoid methodolatry she advocates a strategic approach to research planning that treats methods as tools, not ends in themselves, and starts by identifying, and separately considering, issues of epistemology, theoretical perspective, and design. I tried to take all these points into account when developing a method for this study, the process of which is outlined below.

### **3.2 Epistemology: Critical Realism**

Critical realism falls broadly within the social constructionist epistemology (Burr, 2003), which is a theoretical orientation that underpins a range of approaches critical towards the taken-for-granted knowledge and realist assumptions of traditional psychology and social science approaches. Radical social constructionism challenges the notion of knowledge as an unequivocal perception of reality, that there is an objective truth that could be discovered through the stringent application of scientific methods. Instead, it regards the social world, its values, concepts and meanings, solely as the product of societal processes, linguistically created in social interactions (Burr, 2003).

In contrast, critical realism acknowledges the existence of a relatively enduring reality (such as social structures, the Self, agency, emotions, and the personal dimension of human experience) as the basis for our perceptions and sensations. However, it views our knowledge and understanding of this reality as socially constructed. This position then is ontologically realist in that it recognises the existence of an underlying reality independent from human understanding, but constructionist in that highlights the constitutive function of social discourse (Madill, Jordan, & Shirley, 2000). In terms of research this means that the knowledge acquired through study is constructed and therefore context specific and subjective.

As analysis is inevitably interpretative, it is important that I position myself so that the reader may judge the extent to which my beliefs, expectations and meaning making system have influenced my interpretations<sup>3</sup>. I am a practising Christian and a Counselling Psychologist working clinically in the secular sector. Both my faith and my therapy practice are central to me and this research was motivated by my desire to understand more fully the internal dynamics of integrating these aspects of personal identity at the interface of spiritual and professional worlds.

### **3.3 Theoretical Perspective: Narrative Knowing and the Dialogical Self**

I have chosen a narrative approach because it positions itself at the interface of humanistic-phenomenological and language-based epistemologies and so encompasses both an appreciation for felt experience and an understanding of the role of story-telling in constructing and re-constructing personal meanings (Crossley, 2000).

In trying to understand our world and ourselves we draw on the ideas and categories available to us in the wider social and cultural discourses, which serve as a framework for understanding and meaning making. The individual narratives that spring from these processes, though not a record of facts, do constitute a form of knowledge and personal truth (Gergen & Gergen, 1988). They reflect people's attempts at tackling the confusion and complexities inherent in human experience. In this sense narratives are efforts of persuasion and self-understanding whereby facets of experience are selected and put together in a way that renders our story, and our life, intelligible and coherent.

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<sup>3</sup> For a detailed account please refer to section 6

Josselson (1995) argues that to understand another person means to be able to understand their story. By listening empathically to another's story we may come into dialogue with their meaning making system and begin to grasp what it means to be human. Narratives, like their narrators, are complex and multi-voiced. Josselson (1995), applying the theory of the Dialogical Self to narrative research, emphasises the need for addressing the polyphony of interview texts. For this, she contends, we must locate those parts within the narrative where the self is most markedly in dialogue with itself:

We might conceive of [these] dialogic moments ...[as] personal keys to meaning making, the place where a person's self-understanding is put to a self-imposed test. By witnessing the working-through of internal contradiction, we are at the heartbeat of psychological organization,...and herein, I think, lies the key to psychological entry into another (p.37)

In response to Chamberlain's challenge, Josselson's method of approaching narrative for research purposes offers a convincing theoretical frame for analysis that seeks to explore the *how* and *why* of human experience. It also lends itself, both theoretically and technically, to my research goal of exploring the dialogic relationships between religious and professional Self positions of Christian Psychologists. These epistemological and theoretical considerations have determined the design and analysis of this investigation as follows.

### **3.4 Design**

#### **3.4.1 Participant Selection:**

Five self-confessed Christians took part in this study. Four were qualified Clinical or Counselling Psychologists, one was a trainee. All worked within the National Health Service (NHS) as part of Community Mental Health Teams, Primary Care Psychology and Family Therapy, Substance Misuse, and Neuropsychology services. All were known to me as fellow psychologists. Three participants had identified themselves to me as Christians prior to commencing the research and were subsequently invited to take part in this research. In response to their suggestion two others were contacted and included. Each person was approached individually and provided with both verbal and written information ([appendix 3](#)) about this study and what their involvement would entail. Written informed consent was obtained and participants were informed that they were free to withdraw at any point and that their anonymity would be preserved in the final write-up.

#### **3.4.2 Data Collection and Text Construction:**

Each participant was invited to take part in an audio-taped interview lasting up to one hour. The interview was semi-structured and involved open questions and a reflexive dialogue with the aim of encouraging storytelling (Mishler, 1986). The main content areas of the interview schedule comprised therapists' Christian background, their personal definitions and meanings attributed to their faith, their experience of holding Christian values and beliefs in the context of therapeutic practice and workplace relationships (see [appendix 5](#) for the full interview schedule). Interviews were

transcribed and securely stored as electronic data. Each participant was offered a hard copy of their interview transcript<sup>4</sup> and invited to comment on it. Audiotapes, electronic and hard copy transcripts were stored securely with only myself and persons involved in the evaluation of the study having access to the material. Ethical approval for the research was gained from the University of Wolverhampton's Ethics Committee ([appendix 1](#)). NHS ethics approval was not sought as participants were not approached as NHS representatives but as private individuals in their own time, usually before work or after work, or during lunch hours.

### **3.4.3 Analytic Steps:**

There are many approaches to the analysis of narratives (Langellier, 1989). Research may focus on the narrative as a whole (see Josselson & Lieblich, 1995) or discuss individual aspects (see Etherington, 2000). It may concentrate on narrative form and discursive construction of meaning (e.g. Gergen & Gergen, 1988; Riesman, 1993), linguistics (e.g. Gee, 1991), content (e.g. Lieblich, Tuval-Mashiach, & Zilber, 1998) or take a life story approach (e.g. Weiland, 1995). As there is no standardized step-by-step guide for conducting narrative investigation, and Josselson's (1995) proposed method of attending to the polyphony of interview texts is conceptual, rather than practical; I have drawn on Chamberlain's (2000) criteria for qualitative research to inform and guide my own analysis. These are as follows:

1. The chosen method of analysis should be derived from the ontological and epistemological considerations that inform the research. As such the method is there to serve, not dictate, the analytic process.

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<sup>4</sup> transcripts are not supplied in order to preserve participants' anonymity

2. The aim of analysis should be concerned with interpretation, rather than description or illustration. It should evidence thought, creativity and promote insight – “get inside what is going on and present it for readers” (p. 290).
3. Research should be reflexive and offer an account of how the phenomenon under study might be theorised.

In my analysis I aimed to apply these criteria to Josselson’s (1995) conceptual method by adopting the approach described below.

### *1) Analytic method*

I decided to present my analysis in case study format, detailing the development and processes experienced by each of my five participants. This is a somewhat unusual choice for presenting qualitative research, though not uncommon within narrative forms of investigation (e.g. Josselson & Lieblich, 1995; or Lieblich et al, 1998). Mishler (1986) argued that ways in which stories are organised, the dynamics and interplay of different themes and meaning elements, can only be conveyed by the story-as-a-whole; in other words, the whole is more than the sum of its parts. This seemed particularly important when looking at self-narratives and dialogic processes. Dialogic moments are embedded in the polyphony of the overall story; they arise when the various planes of Self (or Self positions) meet in a process of meaning making or an effort of communication or persuasion. Previous research by Baker and Wang (2004) highlighted the challenge of integrating differing aspects of identity as a central concern for Christian Psychologists, a struggle for a consistent sense of self that is fought for and achieved within a narrative frame. Analysis in terms of themes, meaning units, or decontextualised categories would have been at the expense of the substance of these

narratives; it would have fragmented the very essence of the selves participants sought to convey. The choice of using an individual case study design is the result of careful consideration for a “best fit” between research aim and method, with the ultimate hope of bringing the narrators’ experiences to life (Elliot, Fischer, & Rennie, 1999). Heeding Chamberlain’s (2000) advice, I did not want to be harnessed by method but to be led by the stories themselves. If stories are meaning making endeavours and sense is made through their construction; if they are co-constructed in dialogue, including interview dialogue, then it seems important and useful to consider participants’ stories in their wholeness. This, however, raises questions regarding the anonymity of the narrators. Therefore, in order to preserve participant anonymity, pseudonyms were used and every effort was made to omit or alter identifying details whilst aiming to preserve the spirit or essence of individual narratives.

Narrative analysis entails two kinds of narrative – the interview narrative, which belongs to the participant; and the researcher’s narrative, which constitutes the investigator’s interpretation of the interview narrative. Consequently, my analytic process involved two phases: a) the “getting inside” each participant’s narrative, and b) the creation of a super-ordinate, interpretative researcher’s narrative for each case study (see Josselson, 1995).

## 2) *“Getting inside what is going on” – the interview narratives*

McLeod (2001) describes the necessity of a period of immersion in the data texts to allow for “processes of incubation, uncertainty and chaos, discovery and critical appraisal to take place” (p. 135). Interviews were transcribed and each transcript was

read repeatedly until I felt I had entered the narrator's world. This involved copious notes of reflections, thoughts, queries, and quotes, immortalised in my research diary, notebooks, loose paper and other kinds of surfaces. From these I created a visual representation of the structure of each narrative using content units and writing them down in chronological order of their appearance in the text. For this A4 sheets of paper were taped together and a line was drawn lengthwise to create a margin. I used the main body to note quotes from the text, my own thoughts and interpretations; line numbers were put in the margin for cross-referencing. This process constituted a journey of discovery undertaken from a position of reflexive curiosity in the hope of "getting inside of what is going on". Its purpose was to gain an impression of the tone of each story and the meanings it tries to convey, thus providing an overall frame within which to understand each narrative. The end product of this phase, then, was an initial map of the participants' narrative construction of their subjective realities (see [appendix 8](#) for an example), which was used to inform the second part of analysis, the research narrative.

### *3) Developing a theorised interpretation – the researcher narratives*

To ensure thorough, systematic analysis, a table was drawn up for each interview narrative. Each column within it covered one interview question/area. These were colour coded and cross referenced with the transcript to create an initial overview (see [appendix 9](#)). After colour coding the transcripts accordingly, individual meaning units (as direct quotes or descriptive paraphrases) were identified within each colour text and transferred to the table (in black font). Throughout this process I aimed to maintain a position of curiosity about the *how's* and *why's* of these findings, seeking answers both

from within the text and wider theory. These interpretations were noted in corresponding columns (using blue font), and were used as basis for identification and interpretation of dialogical processes.

Using the Dialogical Self as a theoretical frame, polyphonic places within the narrative were identified as “dialogic moments”. Given the research topic and aim, I focused primarily on Christian and professional Self positions. However, given the diversity of religious and therapeutic orientations, care was taken not to presume positions would carry the same individual meaning across participants. Most narratives also revealed additional Self positions or a range of “sub-Selves” within the same Self position (e.g. a Christian Self may be composed of different, sometimes conflicting, strands), which seemed integral to the narrator’s inner dialogue and were therefore incorporated in the analysis. It is important to note here that the identification or labelling of a Self position is an interpretative endeavour and the reader may well reach a different understanding. This does not so much constitute a weakness of the current interpretation as it is a reflection of the dynamic and multilayered nature of narrative and narrative research, and as such should perhaps be seen as enriching, rather than diminishing. Finally, the dialogic processes and interplay of Self positions are discussed with regard to the research questions stated earlier in the introduction.

The completed analysis aims to reflect all these analytic steps and is presented in six chapters, comprising five individual case studies and an overall discussion and concluding thoughts in the final section. Each case study chapter starts with an

overview and includes quotations from the interview text. Line numbers are offered in brackets for easy cross- referencing. Quotes are reproduced as accurately as possible, including non-lexical utterances and pauses where appropriate. Pauses of three seconds or more are registered as three dots. Where words have been left out for concision this has been indicated by three dots in a square bracket [...]. Words emphasized by the narrator are printed in italics.

#### **4. Analysis**

In this section I present a series of case studies, which illustrate the role and personal meanings of faith in the life and work of five Christian Psychologists. “Alex<sup>5</sup>”, “Wendy”, “Joanne”, “Hannah”, and “Annabelle” have shared their stories with great openness and honesty. This analysis provides an insight into the way they experience, think about and deal with the voices of their Christian and Professional Self positions. These voices and the dialogical processes they produce take place and are interpreted in the context of their clinical practice. Each case study begins with a chapter overview and a brief introduction to the individual narrator. This is followed by an exploration of the way faith informs the narrator’s personal identity, and, in turn, his or her Professional Self and therapeutic work.

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<sup>5</sup> All participants’ names are pseudonyms to protect their anonymity

## Chapter Four: Participant Number One

### ALEX

*“I don’t know how well I dealt with it really. But – I just sort of cut that part of me off for that” (269f)*

#### 4.1 Chapter Overview

##### ***Being a Christian:***

- *‘Finding faith’*
- *‘God is the most important person and thing in my life’*

##### ***Being a Psychologist:***

- *‘I don’t want to be misconstrued’*
- *‘Struggle for integrity’*

Alex’s narrative presents a curious blend of single and multi-voiced accounts. In substance, it addresses what appear to be two key components of his selfhood, namely what it means to be a Christian, and his identity as a psychologist. Alex’s story of his Christian Self appears single-minded and straightforward, unlike the complex, multi-voiced, reflexive illustration of his reality as a psychologist with Christian faith. Both aspects, though different in content, are intrinsically linked. Therefore, even though this study is predominantly concerned with issues of polyphony and dialogical moments, I believe these can only be understood in relation to Alex’s Christian identity and its role in his life. Consequently, in the first part of this chapter I turn my attention to Alex’s

construction of his Christian Self, before discussing the dialogical processes manifest in the context of his professional practice.

#### **4.1.1 Being a Christian**

Alex is in his thirties and comes from a non-Christian background. He found faith at the age of 21 during his time at university, after which he embarked on a career in Clinical Psychology where he now works full time in a split post.

Alex's spiritual journey started at university and he is very clear that his faith is "the most important thing in my life" (59). He doesn't elaborate on his conversion or its timing, leaving me wondering about the possible factors involved in his decision to become a Christian. Why would someone coming from a non-religious background, undertaking science based studies, be attracted to a monotheistic religion whose authority in Western culture has been gradually eroding over the course of two centuries? Perhaps this might, at least in part, be understood by considering it from a life-span developmental perspective (Fowler, 1981; 2000; Sugarman, 2001).

University experience sometimes marks a period of transition from adolescence to adulthood. According to adult development theorist Erik Erikson (1963, 1980; in Sugarman, 2001) human growth constitutes a succession of life stages, each of which poses a core task or challenge to the individual's development. Adolescence is characterised by a quest for personal identity, which provides the foundation for one's

commitments and life direction. The task of early adulthood lies in the intimate engagement with what is “other-than-self” (be it of intellectual, relational, or spiritual nature). For some, university may be their first experience of living independently, away from their families and engaging in an adult world on their own terms, as individuals. The university environment may offer exposure to new experiences and environments, of defining oneself and finding causes worthy of one’s commitment. In this sense it is perhaps not surprising that Alex should start his spiritual journey at that time; but why did he decide on Christianity of all the available philosophies, ideologies and religions?

Both Fowler (1981) and Erikson (1963; in Sugarman, p. 96), in this context, highlight processes of questioning and critical distancing from previous assumptions and value systems. Perhaps, having had a secular background, Alex now felt attracted to what is historically the most influential religion of the Western European culture he grew up in, and, presumably, was exposed to at some level via school and media, if not his family. University commonly offers a variety of social and religious groupings, so it is possible that Alex’s main relational influences may have been Christian. Perhaps he did explore a number of avenues but found fulfilment in this one. To understand this further we must look at how he now understands his faith and the role it plays in his life.

In response to my enquiry about his faith, Alex states:

I believe in the Trinity, God the Father, the Son, and the Holy Spirit; I believe that Jesus is the son of God, and that by his Spirit I have his

presence in me [...]. I see it fundamentally as a relationship with God, but in my opinion that's only possible through Jesus [...]. He died on the cross to give us the opportunity to re-establish fundamental relationship with God (22-28).

The anaphoric rhetoric and word choice of Alex's statement initially mirrors the Nicene and Apostolic creeds of the Christian church. However, he is not simply re-iterating what he evidently has been taught, as it might appear at first glance. The rest of his narrative suggests a very personal and dynamic faith which, although defined in accordance with official doctrine, becomes alive on a day to day basis. It is essentially personal, intimate, and relational: "I believe very much that God is in me and works through me" (90); "I have his presence in me" (25). It is also secure enough to accommodate doubts, inconsistencies and difficulties: "When I first became a Christian I had this wrong idea that if I became a Christian I wouldn't have problems and that isn't the case, [as] I've experienced" (49-53). Alex's faith is not based, nor does it depend on, unquestioned observance of religious practices (he does not mention any of these at all in his narrative, indicating, conceivably, that they carry little importance to him) or a trouble free life. Instead, it is manifest in a relationship with his God. For Alex, God represents the Other, "the most important person and thing in my life" (63). God is for him, the source of hope, strength, purpose and meaning, and this, it seems, has an impact on all aspects of his life and work.

Consistent with the tasks of the life stage during which he acquired his faith, namely establishment of identity and investment in commitments, Alex's faith appears to be the

main motivating force in his life. Ultimately it is what he draws on to explain his career choice of Psychology:

I believe God called me into this [...]. I believe that some of the gifts that God has given me [...] particularly compassion, I guess that kind of fits with a career in clinical psychology. [...] And I've had various things happen [...] I feel God has drawn my attention, assured me that I was doing the right thing (89-147).

The process of career choice highlights the relational nature of his faith. God is cast as father figure, a wise and caring parent who has a plan and the resources to guide him through the path of life. God is also the source of desirable character qualities, such as compassion. God is holding moral authority and is the ultimate arbiter of right or wrong (“[He] assured me I was doing the right thing”...) and so provides existential containment as well as a moral frame. Alex’s faith then is intrinsically linked with who he is, how he leads his life and how he frames his experience.

In conclusion, Alex’s Christian Self seems to represent elements of what Fowler termed “synthetic-conventional” and “individuated-reflective” forms of faith. The former is reflected in Alex’s commitment to an external doctrine (the Christian creed), and the way he has synthesised his values and beliefs into a personal ideology consistent with the master story of his church. On the other hand, his faith is also highly personalised and reflective. Alex’s identity is individuated from his faith community; it is informed, but not defined, by it. Instead it is embedded in an active, intimate, reflexive relationship with God. There is a sense of consistency and harmony, as doubt and difficulties, though certainly acknowledged, become reconciled within the wider frame

of his faith. This makes this part of his narrative appear strikingly single voiced, especially when juxtaposed with his account of his professional world.

#### **4.1.2 Being a Psychologist**

When talking about his work life, Alex provides an intensely reflexive account. He seems acutely aware of how what he says might be construed by me or some hypothetical other(s). Speaking in this way appears to carry a great risk of misunderstanding and potential judgment. The various voices of his Christian Self, and, what I shall call his “Therapist” and “Professional” Self positions are poised in dialogic relationships not only with each other, but also with me and with the internalised or imagined voices of his colleagues. Alex’s narrative, I suggest, conveys his attempts to harmonise this chorus of voices within a consistent sense of self.

For the most part there seems little discrepancy between his Christian and Professional Self positions:

I suppose, let’s see... the Holy Spirit is talked about as a counsellor, so I suppose... I think there’s something fundamental about how God is with people that – I don’t want this to be misunderstood that I’m trying to put myself on a parallel with God here – but, you know, there is something about God’s nature that is nurturing and supportive. A little bit about that can be expressed in being a psychologist (356-361).

Alex takes a spiritual view of therapy, likening God’s parental relationship with creation with his own work as a psychologist. By doing so Alex is able to unite his faith and his profession at a philosophical level, ironing out or superseding, perhaps, practical

conundrums and conflicts. Interestingly, in the middle of this comparison Alex stops his train of thought to stress that he doesn't want to be misunderstood as putting himself "on a parallel with God here" (359). This seems a curious remark to make, causing me to wonder about what might have prompted it.

On reflection, I believe he might have made this statement with me in mind, which demonstrates the co-constructive nature of narration. Even though I remain silent at this point, Alex seems to anticipate my potential criticism of what, in the eyes of his Christian Self, I might perceive as blasphemy; and so seeks to pre-empt this by clarifying his position as a humble Christian. Alex knows of my faith and addresses me as a fellow Christian who shares a reverent view of God. His comment also keenly illustrates the reflexivity by which he operates, even when there is little obvious conflict of opinion or positions, as is the case here. This reflexivity, and his concern about being misunderstood, become especially pronounced as he talks about his experience of the ethical dilemmas surrounding issues of self disclosure and value conflict.

Self disclosure is a much debated topic within the therapeutic fields, with a dominant discourse arguing for a cautious stance on ethical grounds (cf. Tillman, 1998; Jeffrey & Austin, 2007). Alex seems clearly influenced by these views, stating that he is "extra sensitive not to volunteer much about my faith; or, you know, make suggestions relating to faith or religion" (245-246). There is regret in his tone as he qualifies this stance with an example of a recent therapy experience with a "very lonely" (224) client. Alex had thought of church as a resource for this person but had not dared make the suggestion:

...perhaps I was *over* cautious but... didn't want to make a suggestion like that, that could have been misinterpreted, and – does that make sense? ...So I wouldn't want... anywhere, anybody in any way thinking that I was trying to influence somebody in terms of their, sort of, religious beliefs by making that suggestion. I suppose it's a shame really because if I weren't a Christian I might have offered that as an idea, and it might have been a real help or resource (228-234).

This short excerpt shows the richness of Alex's dialogic processes at work. The Christian tradition strongly encourages the sharing of one's faith for the benefit of others. Alex, the Christian, has experienced his relationship with God as a source of hope and strength and so recognises the church as a valid source of social support for his client. As a therapist, too, his main concern is for the well-being of the individual and this, reasonably, involves a widening of her social network. So, what prevents him from offering these ideas to his client?

The positions of Alex's Christian and Therapist Selves, I suggest, are set against the voice of a Professional Self, which represents the internalised authority of the profession's code of conduct and regulating body. This is demonstrated by the striking vehemence with which he distances himself from what might, by a minor stretch of imagination, be interpreted as ethical misdemeanour. His choice of rhetoric –“I wouldn't want *anywhere, anybody in any way* thinking...” (230; italics added) further underscores this by drawing on the three dimensions of time, place and person(s), leaving nothing to chance. This highlights the powerful presence of an (imagined) audience, perhaps including me, not as a Christian this time, but as a potentially critical representative of the profession. His unease is reflected in his speech: he pauses several

times, explicitly states his concern about being misinterpreted, and checks with me that I accurately understood him and there is no danger of my misconstruing his intentions (“does that make sense?...”, 229). This is all the more interesting as he claims that, had he not been a Christian, he might have felt more able to suggest the client join a church. Why should his own Christianity prevent him from using religion as a resource in therapy?

Alex speaks of his “awareness of other people’s experience with, with [...] religious people, and people trying to force their beliefs on other people” (239-242). It seems Alex expects others to hold a negative view of Christians, and, by association, of him. He seems clearly concerned about his reputation and to this end keeps his conduct within professional boundaries. So, in the end his Professional Self takes precedence over his spiritual and therapeutic convictions. Paradoxically, in this case then, the very safety measures meant to protect the public from harm, namely the profession’s ethical codes of practice, are what prevent Alex from offering what he believes to be a valuable source of help to his client.

In a similar vein, Alex reflects on the more direct challenge of value clash situations, such as offering relationship therapy to a homosexual couple:

Part of it is that, you know, I don’t think [homosexuality] is right. But also, well, obviously I try and keep that in check and make sure – and working with the team helps with that – but obviously I don’t want to do the *client* an injustice that if I have a strong belief about something that maybe they get a not-as-good a service [...], (so) I shut like part of

me off. I'm there only, you know, fundamentally just trying to help people, which is consistent with... God (264-276)

This part of Alex's narrative clearly illustrates the Dialogical Self. There is polyphony of voices as Alex considers the religiously contentious issue of homosexuality from various angles. For his Christian Self the matter is clear – homosexuality is not “right” and this creates a conflict with his Professional Self, who is sworn to uphold non-judgmental and non-discriminative practice. This tension is evident in his choice of words –“I keep that in check”, which construes his belief as a force in its own right that might break out if it weren't constrained by his Professional Self, or within the boundaries of team work. On the other hand, as both a Christian and a therapist he is “fundamentally just trying to help” (275). He reflects that he would have liked to consult with his team on these matters but decides against this in the end, because he “didn't know how that would go down with them” (284). The worry of being misunderstood seems paramount again here and overshadows all other positions.

This concern though is not exclusive to Alex; but was also noted by Baker and Wang (2004), who confirmed such anxieties among more recently qualified psychologists, but not seasoned staff. Given these findings Alex's experience may be temporary and a reflection of his developing professional identity. In the meantime, how does he deal with the incongruencies that arise at the interface of his spiritual and professional worlds?

Alex's narrative evidences three strategies that he draws on to negotiate value conflicts: the use of reason, a focus on 'common ground', and a 'shutting off' of part of himself. Alex, pondering on the issue of homosexuality, reflects on the concept of 'free will': "God's given a free will, so it's their own responsibility" (413). This use of reason, according to Fowler (1981), is consistent with Alex's individuative-reflective faith, and pays tribute to his Therapist and Professional Self positions, both of which endorse respect for client autonomy. Secondly, concentrating on common ground by focusing on values intrinsic to both his Psychologist and Christian selves, namely his care for people and a desire to help, allows Alex to value and accept the other person irrespective of his or her lifestyle choices. Adding to this the concept of free will, which sits equally well with both his Christian and professional ethics, means that Alex is free to respect others' choices even when they contravene his biblical beliefs. Finally, on the rare occasions where the gap between his beliefs and others' choices appears too great to be bridged, Alex tells of shutting out his Christian values to prioritise his professional ethics. He explains this move as being motivated by his desire to pay respect and not offend, which makes his faith "central but also quite private (203-204)".

#### **4.1.3 Conclusion**

Alex's narrative juxtaposes the single-voiced, clear-cut story of his Christian identity with the reality of his professional life, at the interface of which his account becomes polyphonic. Alex views his faith as fundamental to both his person and worldview, yet within the professional arena the voice of his Professional Self takes precedence. This change appears to be mediated by Alex's concern for his professional reputation should others' misunderstand and judge his Christianity.

Storytelling is essentially a meaning making process, and Alex's narrative may be viewed as an endeavour to make sense of the conflicting allegiances within himself. Through the telling, he is weaving together different strands of his experience, fashioning a relatively consistent sense of Self. However, the multiplicity of discourses inherent in his story resists a final unification, leaving Alex "grappling with things" (416) at times. Far from threatening his professional or ethical integrity, however, this polyphony seems to enhance Alex's self-awareness and reflexivity, and, in turn, his ethicality.

## Chapter Four: Participant Number Two

### WENDY

*“So my life would have probably been different” (451)*

#### 4.2 Chapter Overview

##### *Being a Christian*

- *A Journey of self discovery: about church shackles and individuation*

##### *Being a Psychologist*

- *Integrating faith and professional values: about opposing Selves, relating Selves, and boundaries*

Wendy’s interview is atypical in that, rather than responding to my questions directly, she considers them in relation to her life story. She speaks in stories and metaphors and I decide not to interrupt but trust that what I need to know will emerge in the course of her telling. Indeed, by listening empathically it is possible to enter her world and trace her development from a single-minded, church-defined Christian identity to a dialogical, reflective Self. A major part of this chapter therefore gives voice to Wendy’s spiritual development and the transformation of her Christian Self in response to loss and life change, and herein I believe, lies the key to Wendy’s self-understanding both as a Christian and as a psychologist.

### 4.2.1 Being a Christian

Wendy is a Counselling Psychologist who came to her profession as a second career after long-term vocation within her church. She is now in her mid-forties and works within a multidisciplinary team treating people with severe and enduring mental health problems.

Wendy was brought up within a devoutly religious, church-oriented subculture where she learned about Christian teachings from an early age:

when I was 9 years old [...], I *could feel a presence* [...] and I clearly remember in my heart saying ‘God, please don’t let me die until I get baptised’ because baptism for me was like, you know, I thought if you died before you got baptised –full immersion in water – that, you know you gonna end up going to hell (36-53).

Wendy’s memory of her childhood beliefs conjures up frightening pictures of hell fire and despair, which in her young mind, can only be (magically) averted through the ritual of baptism. Her statement illustrates remnants of what Fowler (1981) called “mythic-literal” faith. During this phase of development beliefs are bestowed with literal interpretations. The child is deeply affected and influenced by the myths and observances of his or her community. Powerful stories and images like going to hell can have a long lasting impact and, according to Fowler (1981), if endorsed enough, might even frighten a child into premature, foreclosed commitment to his or her faith community. In this case the young person takes on the adult faith identity of their religious group without (ever) stepping outside their belief and value system or questioning it explicitly and systematically. For many years this seems to be the case with Wendy.

When I ask her about her faith she says:

I would define it in, er, terms of the organization I belong. [...] I would say that I'm a born-again Christian in the sense that [...] I was born in sin as it were, and that sort of separated me from God, my relationship with God. So by [...] accepting Christ as my... my saviour, [...] and then accepting Him to take control of me, my spirit, my heart and to probably give me a new direction in life [...] guide me back on this spiritual path, really (19-34)

Wendy's statement encapsulates the key features of her faith, reflecting the master story of her denomination. There is a clear dichotomising between bad (sin) and good (the spiritual path), which can be achieved by relinquishing control and accepting God's authority. After attending a youth revival, Wendy becomes actively and deeply involved in church: "it was like an extended family (135) ... I was in everything, I, I was – actually even put my career on hold (146)". The church becomes Wendy's home; its members her family. It is her reference point for moral judgment, self-evaluation, and decision-making. Her outlook is structured in interpersonal terms and attuned to the opinions and expectations of her faith community, which appears to be autocratic in nature: "our organization was *the* organization and there was like an exclusiveness about it, so even when you saw another Christian [from a different church] it was spiritual adultery" (420-421). For Wendy, the consequences are far-reaching. She does not date men from outside her church. She discards her dreams of pursuing training in counselling and psychology because "it wasn't the done thing" (154). She also declines a place on a social science course as this would have taken her away from her church and, consequently, God's blessing: "How I summed it up, I thought if I went away and got into trouble, I felt God wouldn't have helped" (171-172). Wendy's story then, up to

this point, portrays a one-dimensional, single-voiced, epic Christian Self that carries the internalized expectations and standpoints of her faith community. This single-voicedness, I suggest, may perhaps best be understood as a reflection of what Fowler (1981) called 'synthetic-conventional faith', where personal beliefs, values and actions are organised in accordance with the ideology and master story of an overarching faith community.

By the time I meet with Wendy, however, she has become a psychologist and her ties with her church have significantly loosened. What kinds of experiences or processes could have produced such a notable departure from her previous path? And how does it affect the single-voicedness of her Self?

Wendy goes through a time in her life where she experiences significant physical and emotional changes:

And that was a big thing [...]. I'm single... and no children, which growing up was something I had hoped, you know, I'd have. [...] and the thing is the finality of it! I took a step back and I took time out and I was, I was angry [...]. How did I let this happen? [...] but on the other hand... being a Christian as well has a lot of positives in the sense that I've had – it's given me a good grounding. (412-439)

The finality of the experience is devastating for her as a woman. The loss of her fertility spells the end of a life stage and the hope of having her own children. It brings to the fore her feminine Self and calls into question, seemingly for the first time, the beliefs

and values of her church. Wendy is suddenly aware of having “missed out a lot” (423) and it is at this point that she takes a step back and examines previously accepted norms.

A new, emancipated, voice – Wendy, the woman – enters her consciousness and her Self is no longer single-voiced. Her “Emancipated” Self looks at her life with new eyes and sees how things might have been different; how her allegiance to church may have held her back from pursuing a family, a career and financial stability. Although there are obvious regrets, these are juxtaposed with the “positives” of being a Christian. Her religion, despite its restrictions, has “given [her] a good grounding, good discipline for life” (439-441). In comparing her own experience with that of her non-religious peers she concludes that “whichever life you’re leading [...] it’s *never* perfect” (402-403).

Wendy’s inner world is no longer straightforward; it is complex and thoughtful. Her Self has become dialogic, holding conflicting positions. And it is here, to quote Josselson (1995), that Wendy “becomes other than she was” (p.37). She takes up secular training in psychology and distances herself from her church. She acknowledges that this is a process: “I’m trying to let go, not of my values as a Christian, but the shackles, my mental shackles of those kinds of thinking” (429-430). She now strictly distinguishes between her faith and her religious organisation, a narrative strategy that allows her to hold on to one whilst discarding the other: “God set you free ... and the organisation can put you back in chains” (307-308). The use of this metaphor poignantly illustrates Wendy’s emancipation from her church. Separating the organisational from the spiritual enables her to retain a sense of personal integrity:

whilst her faith in church might have been misplaced, her faith in God was not. The stepping back from church also allows Wendy to “seek His guidance on my own” (306) regarding her life, and as a result she feels directed towards a career in Counselling Psychology:

Every door I tried for social work closed, and the door for psychology opened. And through the counselling route I did a postgrad diploma... without my undergraduate degree and the door just opened and the finance was provided [...] I think that's linked to my Christianity, my faith (179-185).

Interestingly, despite these developments, she continues to locate agency and authority firmly outside herself, which is underscored grammatically by the use of the passive voice (“doors *were opened*, finances *provided*”). Her source of power, however, is no longer the church but the person of God. Wendy is accepted on training courses, has her fees paid by a Christian friend, and finally succeeds in competing for a post.

She becomes animated as she tells this story – a story of overcoming obstacles and adversity, of reaching higher and moving further. Her narrative spans a sequence of events, each following the same plot structure of problem, prayer, resolution, and an acknowledgement of “God’s hand in it”(293). Wendy’s image of God has changed. He is no longer a distant authority demanding obedience, but a close friend and parent who has shown His faithfulness and earned her devotion and respect.

In some ways Wendy’s narrative still conveys her experience in epic terms; meaning is construed solely in relation to God and His influence on her life. But there is a

qualitative difference between her previous Self and now. The sense that Wendy makes is her own. It is hard fought for in a painful process of soul-searching and breaking of shackles. It is possible, of course, that this task was too costly; that nihilistic despair in the face of losing all meaning, of having the scaffolding of her life stripped away, has forced Wendy into compensatory closeness with God. Indeed, religion has been construed as a weakness or crutch in times of need or existential anxiety (e.g. Yalom, 2008).

However, this is not what Wendy conveys. She speaks passionately about God, but not idealistically. Her tone is sober as she contemplates her losses; her relationship with God does exist not because of them but despite them: “I’m waiting for compensation. I think He will sort me out” (484). Wendy’s spiritual journey has taken her through a process of “demythologizing” (Fowler, 1981, p.182) and rendered her style of faith “individuated-reflective” (Fowler, 1981). Her outlook and identity are no longer defined by the interpersonal circle of her faith community. Instead, she has developed a personal meaning-system conscious of its own boundaries and individuality. Amazingly, despite the cost, Wendy does not turn her back on religion, but is able to differentiate between the religious shackles of her organization and the spiritual truths and values of her faith. She salvages that which is meaningful and valuable to her; her relationship with God deepens and becomes the defining feature of her Christian Self. How then does this fit with her identity as a psychologist?

#### 4.2.2 Being a Psychologist

Wendy believes that God has directed her into psychology and feels that her values complement her professional choice: “[my faith] teaches me to respect human beings, and, er, I try to live God’s way, and not be judgmental when I see somebody’s having a hard time but think ‘actually, how would Jesus see this?’” (473-476). This places her Christian Self firmly into the realm of therapy. So, does Wendy experience any incongruities or ambiguities between her faith and her professional role, or does her Christian Self overshadow all other positions?

The following excerpt of Wendy’s narrative encapsulates the dialogism of her self-experience in the professional domain:

A couple of clients [...] I’ve been working with [...] have brought spiritual issues to sessions and I think that’s helped them. [...] because psychology generally don’t accept the spirit-, individual spirituality. So, if you are allowed to talk about God in a therapeutic environment – ... [...] What I then do [...] is say that ‘from what I understand of your God, He wouldn’t punish you for doing so and so. So that’s how I would use it, to say ‘from my knowledge of God [...] I’ve been reading from different things, I would say [...] He’s a very forgiving God from what I understand’. [...] So rather than me jumping in say x-y-and-z, and ‘yes, yes, isn’t God good and blah, blah, blah [...]. I would use it in a way to stick within the professional boundaries... but to meet the spiritual need (342-362)

There is evidence of a professional stance, a Psychologist Self, which is poised in relation to both her clients and her Christian Self. On the one hand, as a psychologist Wendy seems keenly aware of her profession’s wary attitude towards religion, and is therefore determined not to act unprofessionally. In fact, her choice of words sounds downright disparaging of Christianity (“yes isn’t God good and blah, blah, blah ...”),

which seems incongruous with her Christian Self. On the other hand, the centrality of her faith in her own worldview makes Wendy sensitive to her clients' spiritual needs and keen to facilitate exploration (“[clients] brought spiritual issues to session and I think that’s helped them,” 342-345). This clearly poses a value conflict between her spiritual and professional worlds. How does Wendy deal with this incongruity?

To illustrate, Wendy tells of her work with a young woman of Christian faith who struggled with feelings of shame after terminating a pregnancy. Abortion is a contentious issue and most Christian churches endorse a pro-life policy. As a Christian, Wendy understands that, for her client it is “hard to believe in that and not be condemned” (448). This spiritual understanding enters her professional formulation and therapeutic approach. She explores issues of guilt and forgiveness with this woman, drawing on her own understanding of God. However, Wendy does not disclose her personal faith. In fact, she strongly distances herself from the very thought of self disclosure, calling such practice “unprofessional” (365). Instead she strips her spiritual knowledge of all personal connotations before offering it as a therapeutic intervention: “*from my knowledge of God, [from what] I’ve been reading from different things, I would say ...He’s a very forgiving God from what I understand*” (356-359). Even in this short statement Wendy stresses *three times*<sup>6</sup> that her knowledge is academic, rather than personal. This seems to suggest that Wendy manages the incongruities arising between her religious and professional domains through the drawing of a firm boundary. Although her Christian Self undoubtedly informs her therapy, it is her understanding of professional ethics and boundaries manifest in her Psychologist Self

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<sup>6</sup> Italics added

that determines how spiritual content is dealt with. Given the epic dominance of her Christian Self in other spheres of her life, what might have produced this apparent shift in Self positions?

I suggest that, for Wendy, the relative prominence of a Self may be dependent on its immediate context. Throughout her narrative runs a theme of polarised experience: born-again spirituality is contrasted with the sinful nature of the world (22-34), life in church is compared with life before church (62-144), the religious organisation is juxtaposed with relationship with God (295-316), and finally, the spiritual is set against the professional (342-458). Wendy, therefore, seems to derive her meanings largely by dichotomizing her reality and aligning herself with the meaning system of her chosen side. Assuming a secular career requires Wendy to divide her allegiance between two potentially conflicting causes, embodied in her Christian and Psychologist Selves. Each of these seems broadly determined by external sources of authority: God, in the case of her Christian Self, and professional discourses and policies, in the case of her Psychologist Self. The relative dominance of either of these positions therefore appears to be context dependent, ultimately leaving her Psychologist Self to govern her actions in a work environment.

Does this indicate a fragmentation of Wendy's Self? Although Wendy's Selves appear relatively distinct and context-dependent, her identity does not seem fragmented. Instead there seems clear evidence of a dialogical relationship between her various positions. Her Christian Self sees her professional career as a part of her spiritual

journey, and informs her clinical judgments. Similarly, her Psychologist Self appreciates the spiritual component of psychological issues. Wendy's indirect use of her faith and the setting of her strict and somewhat idiosyncratic boundaries testify to the outcome of these dialogical negotiations. This then seems a long way from her one-dimensional, epic Christian beginnings.

#### **4.2.3 Conclusion**

In conclusion, Wendy's narrative encompasses more than her experience of being a Christian in a secular profession. It conveys her attempt of making sense of her self-experience, weaving together divergent strands of her identity in an effort of fashioning a consistent, unifying sense of self. It chronicles her tremendous personal and spiritual development through a process of re-evaluating a life-time's worth of experiences, culminating in an identity that now integrates multiple views: a thoughtful, individuated Christian Self, a critical Emancipated Self, and a professional Psychologist Self, all of which contribute to Wendy's self-narrative and sense of identity.

## Chapter Four: Participant Number Three

### JOANNE

*“It’s all about doing and being” (141)*

#### 4.3 Chapter Overview

##### ***Being a Christian:***

- *‘Having faith’*

##### ***Working as a Psychologist:***

- *‘Living faith: doing and being’*

Joanne’s narrative mainly details her spiritual journey as a Christian. She tells her story chronologically, listing what she seems to consider the milestones and cross roads of her experience. Despite the diversity of her experience Joanne constructs a consistent identity of a Christian Self. Although her narrative evidences dialogic moments at the interface of professional and spiritual domains as Joanne describes her work as a Counselling Psychologist, it seems that it is her Christian Self that is the driving force of her life and actions.

#### 4.3.1 Being a Christian

Joanne, now in her late forties, tells of early childhood encounters with religion through a devout relative. She was further influenced by a book she read at the age of nine. As a

young adult she joined a charismatic church<sup>7</sup> before returning to her local Church of England parish. After years of active involvement there she left to pursue a career in psychology.

Joanne begins her narrative by describing her experience of growing up in a non-Christian family. She says she was exposed to Christian influences at school and through her grandmother and godmother but it was only at the age of nine, after reading the ‘The Chronicles of Narnia’<sup>8</sup> that she began to believe: “[it] compounded everything...it was from that moment that I began to believe yes there is a God” (21-23). This appears to have been an intensely emotional and deeply meaningful experience that seems vivid in her mind even decades later; so significant, in fact, that she names it as the starting point of her Christian faith. In this sense it may be what Fowler (2000) described as ‘conversion’ – a life-transforming conviction of the reality of God and the beginning of a personal relationship with Him. The impact of this transformation runs through her narrative like a thread, colouring her every experience.

Joanne’s conversion is received by her godmother with increased efforts to see Joanne involved in church, which leads to an ongoing dispute:

[she] would remonstrate with me [...], you *ought* to go to church, you *ought* to be confirmed! [...] I was saying I don’t need to go to church in order to believe and to be a Christian [...] I felt it was the way I was with people that mattered. [...] So I *didn’t* go to church and I *didn’t* get confirmed [...], until I was about 27 years of age” (44-54).

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<sup>7</sup> The term ‘charismatic’ refers to a movement in the Christian church that emphasises the use of the gifts of the Holy Spirit (such as speaking in tongues, healing, and prophesy) bestowed unto the early Christian community on Pentecost

<sup>8</sup> The Chronicles of Narnia – seven books by C.S. Lewis

Joanne's godmother here seems to represent the conventions and religious traditions that hold little value for an adolescent Joanne. It may, of course, be age related rebellion that generates such fervent rejection of church. It could also be a presentiment that that which is important to Joanne about her faith may not be found within traditional organised religion; for soon afterwards she was introduced to a, geographically remote, charismatic fellowship by school friends, where, she says, she was "caught alight". The charismatic worship resonated with her sense of being a Christian and she found a spiritual home there for several years. This makes it even more surprising that she should want to return to her local parish at the age of 27 in order to be confirmed.

Why should Joanne, who has, continually, from an early age defined her faith as independent from established religion and located its meaning in social relationships and lifestyle, want to participate in the religious ritual of confirmation? Why should this have to be carried out in the local parish she experienced as irrelevant, even "dead" (60)? It seems inconsistent with her earlier understanding of her faith ("I felt it was the way I was with people that mattered."). So, what draws Joanne back to her local church? I propose that the answer may be found in her cultural heritage - the internalised religious values of her grandmother and godmother that link being a Christian with affiliation to a local church: "I felt that part of being a Christian was living and witnessing within the community! And so if you are going to church somewhere else and then are sort of set apart, then that didn't feel right" (75-78). Joanne's choice of words here ("it didn't feel *right*", "I felt that *my place was* in my home church", "part of being a Christian is...") suggests a return to a value system she had distanced herself from as a rebellious teenager. This is experienced strongly enough

for her to remain there for several years and become heavily involved, even though church turns out to be “a struggle” and is “like living in the wilderness”(79-80).

For Joanne lived faith involves a relationship with a personal God:

[my faith] is an integral part of my being. God is the air within me. He works through me. I'm like a vehicle... I'm the way through. (122-124). To me the Christian message is all about hope. It's about adversity and about getting through adversity in the knowledge that you have got someone by your side (288-290).

The twin components of her idea that ‘God is in me and works through me’ are inseparable for Joanne and constitute the driving force of her life. In a nutshell, for Joanne it is about “doing and being” (141). Consequently she tries to integrate these in her church but her attempts to promote change are not well received. She reflects: “I’m a little too challenging with this for the Church of England because I could see faults ... so it was probably better that I’ve gone into psychology instead” (267-271). Joanne’s relationship with church is complex. For her, faith becomes dead if it is not linked with an element of charitable outreach into the local community. This conviction is so central that, failing to convince her church of it, she decides to leave and pursue a career in psychology. How are we to interpret this radical turn away from something that has dominated her life for so many years?

Joanne offers her own understanding: “I feel that God had a purpose for me but I was obviously going in the wrong direction” (264). Narrative, according to Josselson (1995), is a means of making sense of the complexities and inconsistencies of life. It lends

coherence to experience and the narrator's sense of self. By interpreting the church as not being ready to handle the challenge she posed to its order, Joanne is able to distance herself from the possible hurt of rejection that, arguably, would be the result of the alternative explanation that the church just didn't want her. Construing this experience as God's way of achieving His plan for her life leaves her picture of God and his purposeful involvement in her life intact and provides a constructive explanation for both, her departure from church and her subsequent career choice of psychology. Joanne's interpretation of her experience indicates the dominance of her Christian Self in her life and identity: her Christian Self cannot find expression in her church so she has to find a new habitat within the field of therapy.

#### **4.3.2 Working as a Psychologist**

Joanne's faith, in her own words, is "part of who I am, an essential part" (127-129), and ultimately is what directs her towards a therapy profession as a means of combining the "doing and being"(141) of her faith. This poses questions about the role of her Christian identity in her work. How does her Christian Self relate to her professional role? Does she experience inconsistency, contradictions and ambiguities? If so, how does she attempt to deal with them? Is one position subjugating others, or are there dialogic processes at work that guide decision-making afresh in each new situation?

In response to my question about how her faith fits with her work, she brings the conversation back to me: "not very well ... obviously I got to know you're a Christian and that you know I am, so we are able to talk..." (168-171). Even this short

interchange highlights the controversial relationship between spiritual/religious and psychological domains. It suggests a strong separation of the two, with faith having no place, ordinarily, in a professional conversation. This dissociation of her Christian Self from her professional role seems inconsistent with her experience of her faith as an “essential part” of herself.

How are we to understand this? Joanne links her reluctance to disclose her faith with “this idea that if you have your professional head on then you almost have to *be* secular ... *not* to be seen to be in any way biased...”(176-181). Her comment implies a Professional Self position that is aware of and informed by professional discourses on appropriate conduct, which Joanne appears to interpret as incompatible with having a faith, or openly confessing to having one. It therefore seems that in certain situations this position exerts final influence over her actions, causing Joanne to “shield [her faith] a little” (432) from the potential judgment of disapproving colleagues. Her choice of words when explaining this to me hints at the dialogic process underlying her behaviour. For example, the phrase “I suppose it’s my psychiatrist head coming out (178)” suggests a distancing of the personally meaningful parts of herself from a position that she has adopted out of necessity. This is emphasised further by naming this position her professional or psychiatrist *head*, thus, arguably, reducing it to a cognitive function instead of a part of her whole being. What appears to make this position influential, then, is its role in maintaining a favourable professional reputation (“[I do] not want to be seen as...”). So, within collegial relations, Joanne’s Christian Self, in order to preserve her reputation, appears to take a back stage position.

Not so however when it comes to her therapeutic work. For Joanne therapy is “something of a spiritual journey” (506). It is about relating and reaching out to others, to “walk that extra mile .. [and] make a difference to that person” (293-301). This appears to encapsulate the essence of what I shall call Joanne’s “Therapist” Self. Her choice of metaphor to frame her therapy work, I believe, is taken from Christ’s Sermon on the Mount (the Bible, Matthew 5:41), suggesting a shared value base between her Christian and Therapist Selves. Therapy, for Joanne, constitutes lived faith – the active and genuine engagement with humanity – “get[ting] in there and muck[ing] in with all the dirt and the mess” (489). She believes in the divine orchestration of events, which may come in a number of ways, clients being directed to the service, for example, or through a spiritual sense or “inner voice” based on which she might, at times, broach spiritual matters with her clients. In this sense her faith provides an “added dimension” (see Baker & Wang, 2004) to her practice, which she especially appreciates in relation to the emotional impact of therapy work: “sometimes everything becomes hopeless ...sometimes then it’s about offering up to God...I need your help... [and] that is helpful to me because I feel then that the burden is shared” (315-316). In the context of her therapy then, Joanne’s Christian Self seems clearly fundamental to, perhaps even inseparable from, her Therapist Self.

This does not mean that Joanne does not experience ambiguities and contradictions in the course of her work. As noted above, for her Professional Self, professionalism is “to be secular” (177), that is, literally, ‘not spiritual’. Given the centrality of her Christian Self to her client work, this poses an obvious ideological contradiction as evidenced in a value clash situation surrounding the issue of risk. For Joanne’s Christian Self “having

faith is about taking risk and about stepping out in the unknown” (404-405). The knowledge of a faithful, protective, omnipresent God offers “a strength” (235) and “a sureness” (235) that bestows courage. In contrast, her work setting “is all about *reduction* of risk .. and certainly discourages individual creativity in practicing” (404-407). For Joanne the disparity is so enormous she draws on the metaphor of “Big Brother” (411), conjuring up visions of a totalitarian state system and an unbridgeable difference.

So how does she deal with this? Joanne seems to separate clearly her client work from other aspects of her job: “I feel that whatever happens within the counselling room is between me and the person involved”. It is important to note here that her Christian Self, having undergone considerable changes over the years, is not about sharing the gospel but about a life style and value system that centres on true relational connection. Her faith then carries ideological significance and, accordingly, the ambiguities she experiences as part of her job appear also ideological in nature, rather than specific practical/ethical dilemmas. In this sense her strategy of dissociating her therapy practice from her professional context is not an attempt to cross professional boundaries behind closed doors; rather it is a way of preserving that which makes therapy therapeutic; namely, human relationship.

### **4.3.3 Conclusion**

Joanne’s spiritual journey involves numerous crossroads and milestones – growing up in a non-Christian family, the religious influence of her grandmother and godmother,

her conversion at the age of nine, her teenage rebellion against the conventions of the traditional church, her excursion and involvement with the charismatic fellowship, and finally her return to the Church of England. Despite these varied experiences she develops a clearly defined, individuated Christian Self that forms an integral part of her being. It is characterised by the twin components of “doing and being” (141) and ultimately determines both her worldview and her identity. Nevertheless, she is able to assume other positions when required by her professional context. Here her Therapist Self furthers the cause of her Christian Self, whilst her Professional Self provides a counterpart that stimulates dialogue. Overall, her Christian Self appears to be the driving force of her actions in all aspects of her life, including the professional ones.

## Chapter Four: Participant Number Four

### HANNAH

*“ I don’t fit all the cover markers” (150)*

#### 4.4 Chapter Overview

##### *Being a Christian*

- *‘I don’t fit in’*
- *‘moving the margins’*

##### *Being a Psychologist*

- *‘finding a niche’*
- *‘fitting it together’*

Hannah’s account is profoundly polyphonic and reflexive as she considers her experience from different angles and interprets her own meaning making. The resulting text epitomises the complex nature of Hannah’s Self as it resists being reduced to one voice and so, in Bakhtin’s (1986) words, encompasses an “infinite dialogue in which there is neither a first nor a last word” (quoted in Josselson, 1995, p. 42). An interpretation of Hannah’s story therefore seemed to require a stepping back from her own exposition in the hope of attaining a meta-perspective that would both capture and honour Hannah’s self-experience. By bringing together these elements I hope to portray the person of Hannah in the following analysis.

#### **4.4.1 Being a Christian**

Hannah came to her profession following an academic career and now works with individuals and families in her capacity as a psychologist. She grew up in a Christian home and has been concerned with questions of faith throughout her life.

Hannah emphasises that she has been a Christian for as long as she can remember. She describes a childhood in which church “was kind of just part of the pattern of our life” (23-24). At the heart of her faith, she says, lies relationship, both with God and with other people. Hannah’s narrative is organised around a theme of “not fitting in” with the norms and expectations of her church. She recounts two key events to substantiate this awareness: as a four-year-old she openly declared her commitment to Christ for the first time, but was not taken seriously. Later, as a teenager, she was baptised but found that her own experience fell short of the “before-and-after story” of her church that celebrated baptism as a turning point in life.

Christian denominations differ in their approach to baptism and the importance they attribute to it. Practices range from the sprinkling of water on a baby’s forehead to, as in Hannah’s case, the full immersion in water of a teenager or adult. The latter symbolises the dying of one’s old sinful nature and the emergence of a new, spiritual Self, “born-again” in Christ. Hannah reflects on her memories of that occasion:

I certainly remember *wishing* that I'd turned from a life of degradation and sin so that I could give this wonderfully lurid sort of tale. [...] I certainly remember wishing that I'd had a much more, you know, extreme tale to tell about turning from one thing to the other I guess. That's how people often describe it, you know. [And mine] just doesn't fit it in to [...] a lot of the kind of talk in church about becoming a Christian. [...] The dominant narrative – it doesn't really feel like it's part of it, and I have often felt that I haven't fitted the dominant narrative of the church anyway (55-81).

And with the poignancy of this statement she laughs.

Why would Hannah have wished for a life of degradation? It seems a curious remark, but, I suggest, it indicates a painful sense of not feeling part of that which is valued and celebrated in her community. She chuckles at the absurdity of her own statement, but at the time her desire to belong was so great that she would have gladly traded her sheltered life for one of “degradation and sin” (56) just to fit in. The oxymoron of wishing for a “wonderfully lurid” tale further illustrates this point. There seems conceivably to be little that is wonderful about luridness or degradation, but for Hannah these things symbolised alignment with the dominant narrative of her church and, thus, a means of belonging.

The experience of “not fitting in” dates back to her infancy, when, as a four-year-old, she declared her faith openly to her father, but found that she was not taken seriously. To understand the significance of this experience it must be considered within the context of Hannah's church. There, according to Hannah, public expression of faith is not only valued but actively encouraged, for example through the practice of altar calls

where converts are invited to the front of the church in an open demonstration of their commitment. It is therefore likely that she would have witnessed such events, and the enthusiasm and endorsement that accompany them, and expected to receive a similar reaction in response to her own pledge. Rather, it seems that her experience was discounted. Hannah reflects:

I think it was at a time when people didn't think that children could make a proper commitment. I think that things have changed quite a bit now, certainly what I hear about, you know, children in the church now. You would never tell a child ... *that*. And he wasn't *harsh* – I think they were just a bit sceptical that I could make a, ... that I was making maybe an informed decision. I don't know, I'm not sure, but kind of, he didn't, he didn't pooh-pooh it or anything. He just, I think that he just sort of didn't take me seriously, so I think he was pleased, but not fully (29-37).

Given how much Hannah values relationship (164), I find it surprising that she does not mention the significant emotional hurt she must have felt at “not fitting in” by having her decision discredited. It certainly seems nearly tangible between the lines, yet Hannah does not verbalize it. Instead, there is a shift in her account as she changes perspective and considers her experience from different angles. This makes her narrative exceptionally reflexive and polyphonic: like a photographer she changes the lenses and zooms in and out, starting with a general acknowledgement of how the zeitgeist has changed, and how infant faith commitment is currently handled. In a further zooming of the lens perspective she speaks from the position of unspecific adult others, who doubt children's ability to make such important decisions. The emphasis she places on the word “that” reveals a certain amount of indignation, and indicates that, as a witness to a similar situation today, she would stand up for the child. This suggests that perhaps she herself, as an infant, would have liked and yearned for this kind of

advocacy. Finally, in a close-up zoom she focuses on her father. Considering the situation from his perspective, Hannah appreciates his attempt at expressing pleasure and approval, but ultimately she is not fully convinced by his efforts. Through the process of perspective taking, Hannah qualifies and softens her experience, and so distances herself from the pain associated with it.

This seems important as the experience of inhabiting the margins, rather than the middle, of groups, weaves through Hannah's narrative like a main thread. As a student she joins two ideologically divergent communities – the Christian Union and the Women's Group, a feminist organisation. As a consequence, her allegiance is questioned by both and Hannah is criticised, which further consolidates her sense of “not fitting”. It is perhaps not surprising that Hannah's continuous experience of being on the margins has caused her to engage with the margins of her life. During the interview, she reflects on this:

I suppose part of my identity was also quite feeling like I was on the margins of things. Although being a white, middle class, educated woman I wasn't really on the margins of a lot of stuff. But if you experience any marginality I suppose, I don't know, you ignore the ways in which you are not marginal and just think about the ways in which you are (118-124)

Here, Hannah, recognizes the emotional impact of marginality as a formative force, but, in the same breath, negates her own experience by stressing that she is “not on the margins in a lot of stuff” (120) and naming the groups to which she unequivocally belongs. This, I suggest, constitutes a linguistic strategy that again allows her to

distance herself from emotional pain. Hannah moves the margins until the field is so broad that she can find herself squarely in the middle (white, middle class, educated).

This propensity for critical questioning and perspective taking eventually seems to become Hannah's preferred way of approaching the difficulties and ambiguities of life. Hannah understands this development as a consequence of her experience of not fitting in, saying that "maybe that's forced me to question some of the things that my parents wouldn't question, or think about what's negotiable" (156-159). I interpret this development as a fundamental change in Hannah's perception of and dealing with her experience of margins. They no longer constitute painful, isolating boundaries; instead they become the object of her intellectual endeavours as she begins to question their validity and purpose. Passive endurance turns into active pursuit that becomes a defining aspect of her identity as she enters an academic career.

#### **4.4.2 Being a Psychologist**

At university Hannah enters into the field of feminist, social constructionist philosophy, which upholds a relativist worldview and refutes a belief in absolute truth. Critical questioning becomes a cause that is fully endorsed within her faculty. Perhaps for the first time Hannah finds herself in the middle of a community. She has found her niche; she fits. Finally. However, her new home comes at a cost:

It was a real struggle to work out how I integrated my faith and that knowing there was a truth, and yet, academically, I came from a position where there are no truths. And the two didn't match up

very well. ...But eventually I came to a decision academically that I wasn't a complete relativist. I couldn't possibly be because it wouldn't match up with my faith (277-282).

Hannah would have liked to fully inhabit the philosophical ideology of her field, however, the “very unspoken, implicit, but heavy taboo” (307-308) surrounding spiritual beliefs made this difficult. In Hannah's perception, censorship is as keen here as it was in church and other groups she had joined in the past, and her belonging is determined by how well she is able to uphold the group parameters. This leads to the absurd situation where Hannah is forced to deny her faith in order to keep her place in the community. Openness and honesty, it seems, would threaten her place and lead her back into the margins. Hannah does not dare risk disclosure – it might open up her old wound. She eventually decides on a compromise, concluding that she “wasn't a complete relativist” (281), which enables her to maintain her integrity. It is the result of a long thought process; but, although it secures her niche, it continues to deny the personal significance of her faith.

Faith, Hannah says at the beginning of the interview, is central to her identity and is manifest in her relationship with God and with other people. When I ask how she came into Clinical Psychology she refers to the profession's twin virtues of academic competence and regard for human experience, which combine to find expression in the therapeutic relationship with clients. There is little doubt that Hannah has found her vocation; here she can put into practice that which is central to her without fear of being pushed into the margins.

In response to my question about how her faith enters her clinical work, she replies that “it comes into everything that I do. ...It comes into how I am with clients and colleagues” (340-341). She stresses, however, laughing, “I certainly can’t start preaching to clients in sessions” (358-359). A respectful and courteous therapeutic approach seems consistent with her definition of faith as relationship, and imposing her beliefs and values on others certainly has no place in this. At the heart of her therapy lies a profound appreciation for the uniqueness of each person, and a desire to help individuals reconnect with their resources and celebrate their strengths. For Hannah this “completely fits with how Jesus would be with people” (354). Other than this, she says, she hasn’t given it any thought. I find this surprising given that critical thinking and reflexivity form such a crucial part of her identity. What does this mean? I suggest that perhaps the questioning part of Hannah’s Self has lost its prominent function in the face of a meaningful and fulfilling vocation.

Hannah is clearly aware of the controversy within the fields of counselling and psychotherapy surrounding the issue of self disclosure of personal or spiritual matters to clients. Although dominant discourses advocate a cautious, if not antagonistic, stance, which appears to have induced a sense of marginality for many spiritual practitioners (see e.g. refs), this is not the case with Hannah, as is shown in her response to clients who enquire about her personal faith:

You know, you need to exert judgment about ...well why is it that they want to know that, you know. And mostly I think I am maybe

more, erm, I don't hold back from clients as much as some other people would, because I think that's disempowering (377-380).

It is important here to note that Hannah's first concern is no longer whether or not her action would push her into the margin. Again, she weighs up various positions: the voice of professionalism, representing the cautious stance ("you need to exert judgment"), the perspective of the clients ("why is it that they want to know"), and her therapeutic responsibility towards them ("[holding back] I think that's disempowering"). But this time her reflexive consideration of other positions does not serve to displace her own painful experience. Instead it leads to a considered investment in the relationship with another. The authority of contemptuous or critical professional discourses fades in this context. In the end Hannah doesn't even mention an awareness of marginality. This, I suggest, does not reflect some internal contradiction but is the result of a long process in which margins are beginning to lose their significance.

#### **4.4.3 Conclusion**

In conclusion, Hannah's narrative does not reveal neatly boundaried 'Selves', rather it portrays her as a complex, reflective person who, like a juggler, is able to hold multiple (internal and external) subjectivities loosely and balance them simultaneously. As a consequence Hannah is in constant dialogue with both herself and her environment. Moving between positions allows her to adopt different perspectives, thus reframing her experience and softening its emotional impact. At times this complex interplay of positions makes it difficult to grasp Hannah's subjective experience – the person behind the multitude of perspectives. Her narrative tells of three crossroads in her life, however,

where she becomes more clearly visible. Her sense of “not fitting in”, of living on the margins creates an emotional wound, which ultimately fosters her reflexivity and perspective taking. Later she experiences a turning point in which she begins to question the parameters, cover markers, of the groups she belongs to and society in general; critical questioning becomes a defining aspect of her identity. Hannah’s self-experience, her identity, is in flux. In the end this leads her into a profession where the core aspects of her Self, namely her faith, her immense capacity for reflexive perspective-taking, and her profound regard for human relationships, are combined and find expression in her therapeutic work.

## **Chapter Four: Participant Number Five**

### **ANNABELLE**

*“I have a recursive understanding” (174)*

#### **4.5 Chapter Overview**

##### ***Being a Christian***

- *‘becoming a mother and getting a new understanding of creation’*

##### ***Being a Psychologist***

- *‘a circular Weltanschauung and a systemic understanding of work’*

Annabelle’s account largely relates her spiritual journey and its role in the conception of her philosophical worldview, which underpins both her understanding of her faith and her work as a psychologist. Her narrative is characterised by a sense of continuity and coherence as she constructs her Christian and Psychologist Selves. When she reflects on her experience of being a Christian at work, however, dialogic processes become apparent at the interface of spiritual and professional domains, as her Psychologist and Christian Selves are poised in relation to each other, with practical consequences, as discussed below.

#### **4.5.1 Being a Christian**

Annabelle is in her fifties and is a seasoned Clinical Psychologist who works with both individuals and families in an NHS setting. Some fifteen years ago she rediscovered her childhood faith and it now holds central significance to her.

In her narrative Annabelle explains that she was confirmed as a teenager, an event that was important to her at the time. As she grew up, however, her social context changed and as a result her faith slipped into the background. Years later, as a mother, she experienced what she terms a “prodigal return” (20) to church.

Asked about how this happened, Annabelle tells of how her young daughter started asking questions about God. This caused her to reflect on her childhood faith and wonder about attending church when her train of thoughts was interrupted by a knock on the door. A member of the church she now belongs to was visiting the neighbourhood inviting people to their Sunday service. Annabelle decided to go and received a warm welcome, giving her a sense of “coming home almost” (109-110).

In calling her experience a “prodigal return” Annabelle draws on a Christian discourse based on the story of the Lost (or Prodigal) Son in the Gospel of Luke, (chapter 15). She likens her own experience to that of the protagonist in the biblical story, a young man, who, not appreciating his good family fortune, leaves his father’s home only to find adversity and desolation in the world. Eventually this leads him to return home where

he, like Annabelle in her local church, receives a warm welcome and is given back his place in the family. In the biblical story the father awaits the son to greet him on his return. He is proactively involved and organises for a feast to be prepared in celebration. Annabelle seems to understand her own experience along similar lines. In telling her story she makes causal links between her daughter's curiosity about God, her own ponderings about attending a service, and the timely and crucial knock on the door that propelled her into action and prompted her return to church. Gergen and Gergen (1988) stress that it is such linking of events, that lends narrative coherence and meaning. In Annabelle's story the door-knock incident coincides with her own private sense of change, lending it a significance it might not have had otherwise; had she not been thinking about church, she might have experienced this incident as either intrusive or uneventful. Instead, it almost has the quality of a collaborative event - just as in the story of the Prodigal Son where the son's readiness to return is reciprocated by the father's readiness to welcome him home.

As well as testifying to an experience of great personal significance, the story of Annabelle's "prodigal return" also exemplifies the interactional dimension of her faith. This interpretation of events is repeated several times throughout Annabelle's narrative and I suggest it illustrates the core tenet of her worldview. The process started, according to Annabelle, with her experience of motherhood. The reciprocity in her relationship with her child generates in Annabelle a new understanding of creation and an acute awareness of the recursive interdependency of all things:

And I began to notice it not just in terms of *my* relationship with my daughter at the time, but also in other aspects of life. So it seemed to

me that creation was much *more* [...] than [...] God creating the world and everything in it. It was much more about how everything also depends on – there is some fantastic interdependency in it that’s gonna, er, create, create relationships between things and the intricacy of that, and the minute detail of that ... . And the huge, sort of *global* aspects of it, ...the broad brush kind of ideas as well ...that has to be God-created (154-166).

Of note here is the huge circular frame Annabelle spans as she talks about her experience with her daughter, inferring a divine plan that runs through all of creation. The Creator God weaves through everything and becomes concrete in her reality. She understands everything she does and everything in her environment in relation to the work of the Holy Spirit. For Annabelle, the spiritual and the natural are entwined. Consequently prayer, as a means of bridging both realms, seems to be of central significance to her. This even dates back to her childhood, she says, and has remained her anchor of faith during her ‘prodigal years’. Annabelle appears secure in her relationship with God – a partnership, she stresses, that “only works if we have the choice” (189) of whether or not we want to enter it. Annabelle walks confidently within the metaphorical circle of her worldview. She moves and is moved, she transforms and is transformed; and as it is a circle, there is no beginning and no ending.

This also manifests itself practically through a community project organised by her church:

It’s a way to show Christianity in action. ...Showing it, living it, doing it. In all sorts of ways. It’s such a cross section of people, people from different backgrounds, and different foregrounds, and so on. I meet people there that I otherwise wouldn’t necessarily meet at

all. And I think that gives me quite a different outlook on the world  
(256-261)

This way of thinking reflects what Fowler (1981) called “conjunctive faith”, a style of faith that is rarely evident before mid-life. Here the previously defined boundaries of identity and *Weltanschauung* become loose and permeable. The Self becomes more open and tolerant. There is an appreciation for and an interest in that which is “other”. The person is ready to give of him or herself and invest in others.

#### **4.5.2 Being a Psychologist**

Annabelle was an experienced Clinical Psychologist by the time of her “prodigal return” to Christianity. It stands to reason that by then her professional identity was therefore well formed and the rules and customs of the profession internalised. Her response to my question about how her faith enters her work confirms this: “because I’m working in the *Health Service* I don’t necessarily talk about my faith” (315-316). Annabelle addresses me as a fellow NHS worker here. In emphasising the words “Health Service”, she presumes a shared understanding of appropriate and expected professional conduct that requires no further explanation. Annabelle’s Professional Self is established and has a long history. She knows who she is as a psychologist.

This makes the question of how her faith relates to her work all the more interesting. Her answer is spontaneous: “[it’s] sometimes a bit of a conundrum” (293). Annabelle remembers having struggled with this question early on, but is unable to recall what those struggles were. She elaborates:

Coming back to what I was saying about understanding how the inter-relationships and how the world works, and how people work. ...Having a systemic understanding of my work I think there is a huge parallel, so thinking systemically helped me to see the world in a different way, which kind of opened my eyes to seeing God's hand in that much more, and vice versa (305-313).

Annabelle's approach to integrating faith and psychology can perhaps be illustrated using the metaphor of a circle, as described earlier. Thinking systemically means to recognise the hand of God in everything from the intricacies of human relationships to the all-encompassing vastness of the universe. Her recursive *Weltanschauung* subsumes her psychology in a massive interdependent system. This system, in the shape of a circle, is so huge that it can easily accommodate any edges Annabelle may perceive; for a circle, if you look closely, is made up of an infinite number of edges in the form of triangles<sup>9</sup>.

Annabelle describes three such edges in her narrative. All of them relate to the question of prayer or intercession within a professional context and illustrate dialogical moments between her Professional and Christian Self positions. The first one concerns a client who was struggling with her faith:

She asked me to pray for her. Er, and I asked her if she wanted me to do that in the session or outside. She said outside. That was helpful to me to keep the boundary between what we were doing and that was therapy (333-336).

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<sup>9</sup> Archimedes circle area proof

The fact that Annabelle asks whether this prayer should happen inside the therapy session or outside of it suggests the involvement of several internal voices. Her Professional Self knows to keep the professional boundaries of her NHS workplace: spiritual practices do not belong in the therapy room.

On the other hand, her Therapist Self aims to be helpful in whichever way serves the client. For Annabelle, this clearly entails the attempt to reduce the power differentials inherent in therapeutic relationships through appropriate self disclosure. She understands her disclosure as a means of establishing a shared belief, and by implication, a shared value system. In this she appears to draw on social constructionist and critical social psychology discourses, which view knowledge and language as a medium through which power differentials may be maintained or reduced in social interaction, such as the therapy encounter (McLeod, 1997; Burr, 2003; Gergen & Gergen, 2003). So, to Annabelle's Therapist Self, sharing openly appears to be a means of reducing the power discrepancy in therapy and constitutes a move towards a more equal relationship with her client.

This then brings her Christian Self explicitly into the counselling room. Her client now has choice as to which part of her therapist she wants to relate to, and consequently appeals to Annabelle's Christian Self, asking for a spiritual, rather than psychological, form of help: prayer. For Annabelle's Christian Self prayer has always been central and from this position she is very willing to oblige and indeed regularly finds herself praying for her clients outside of work. For her Professional Self the situation appears

less certain. She seems relieved that the client asked for the prayer to occur outside of therapy, allowing her to “keep the boundary between what we were doing and that was therapy”. It is not clear whether Annabelle would have prayed for the client then and there had she been asked; but there is a sense that she might have done.

On another occasion however she experiences a departure from her usual separation of spiritual and professional roles when she agrees to meet with Christian colleagues to pray for work-related matters:

...when something was not working very well one of my colleagues said ‘why don’t we pray about it?’, and *that* was a bit of a departure for me .. and although there was supposed to be four of us meeting in the end there were only two. That was – yeah, that’s kind of interesting cause that’s not something that, that I’m familiar with doing, praying with colleagues about work situations ... ... but there is a lot of potential there (360-365).

Given the traditional separation between spiritual and psychological domains, her colleague’s suggestion seems to generate a certain amount of discomfort for her Psychologist Self. She is quick to stress that this “was a bit of a departure for me” but agrees to join in nevertheless. Annabelle is not explicit about her reasoning, so given her reservations, what prompts her Psychological Self to take part in the meeting?

The meeting is scheduled to comprise three other professionals. So, perhaps the fact that this constitutes a group, and that colleagues, not clients, are involved, lends the endeavour an air of acceptability, thereby making attendance more justifiable to her

Psychologist Self. Furthermore, recent developments in psychology and counselling, reflecting cultural trends that favour a more openly positive stance towards spirituality, have begun to shape and re-negotiate ideas of what constitutes good professional practice, leading to a bridging of the divide between spiritual and professional spheres. This development fits well with Annabelle's own ideological circle of recursive interdependency, and so it is perhaps not surprising that she should see "a lot of potential there" (365).

Annabelle's third example further illuminates her thinking in this area. She tells of a service manager who requires her staff to pray together at the beginning of the day.

Annabelle's own stance towards this is clear:

Personally I think this is a bit of an imposition, and had she not been a head of service I don't know whether that would have happened. And, you know, I think there are those kinds of things to think about. There's also ... services do have sub-groups within them [...] I just wonder what the effect would be of a sub-group of Christians praying together, what effect that would have on the whole (382-389).

This excerpt demonstrates Annabelle's differentiating approach to prayer in the workplace. Whereas she could evidently see its potential in the previous example, she clearly views this one as an unacceptable breach of boundaries. Even though her Christian Self values prayer greatly, it cannot be forced but must be given freely – "it only works if we have the choice..." (189).

Her Professional Self also notes a further issue: the establishment of subgroups of Christians could upset the workforce equilibrium. Annabelle's concern here illustrates her systemic thinking and sense of responsibility towards the whole. In this case, her Christian Self becomes subordinate to her Professional Self. The example shows Annabelle's considered approach to dealing with different Self positions. The metaphorical circle of her systemic worldview can accommodate numerous differentiated dialogical positions that enable her to negotiate and re-negotiate her stance afresh in each new scenario.

#### **4.5.3 Conclusion**

In summary, Annabelle's narrative constructs her Christian Self in terms of interactional relationships and divine involvement in human life. It presents a consistent, well-rounded picture of her person. Annabelle seems anchored both in herself and in God, and is therefore free to open herself up for that which is different or new, in both spiritual and professional domains. Her boundaries are permeable (conjunctive faith) and the inconsistencies and ambiguities of life become subsumed in the broad perimeters of her circular worldview. Consequently, she is able to tolerate even conflicting positions within herself, renegotiating her stance afresh in each new situation, without experiencing a threat to the coherence of her sense of self.

#### **4.6 Accumulated Summary**

- Faith is a central aspect of all participants' identity. It informs how they understand their experience and how they live their lives.
- At the heart of their faith lies relationship, both with God and with other people. It is also what they consider the foundation of their professional practice.
- All are aware of points of friction between their professional role and their religious identity and they are actively and reflexively engaging with these.
- All acknowledge the authority of NHS and BPS professional codes of ethics and conduct though they differ in their relationship with these as is evidenced in each person's dialogical dynamics between their professional and religious Selves.
- Disagreement between professional and religious Selves is sometimes mediated by a Therapist Self who seeks to reconcile conflicting positions by directing the focus on the shared aim of helping the client.
- All participants exhibit Dialogical Selves but they differ in how they accommodate their various Self positions within their Self.

## 5. Discussion and Conclusion

Each case has been discussed individually as part of each case study analysis. This chapter draws together the key findings.

### 5.1 Centrality of Faith

An overview of the case studies clearly evidences Christian Self positions in all five narratives. Given that language creates reality it seems only fitting to let each person sum up, in their own words, the personal meaning of their faith:

**Alex** professes: “God is the most important person or thing in my life.” His use of superlative grammar highlights the vital role of his faith in his life and being. His response was spontaneous; he did not have to think about it. Clearly, his Christian Self is so active and alive that, in terms of personal significance, it outweighs any other loyalties and Self Positions Alex may have.

**Wendy** hopes: “He will sort me out.” Her wording indicates a passive, receptive stance towards God. Given her early adverse religious experience this quote testifies to a moving devotion and profound trust in a faithful God who is intimately involved in her life.

**Joanne** declares: “I feel my Christian faith is *part* of who I am, an *essential part*. ...God is the air within me.” Her rhetoric involves an epistrophe, an emphatic device that underscores the fundamental importance of her faith to her sense of self. This is further underlined in her metaphor, where she likens God to the crucial element of oxygen without which organic life is impossible.

**Hannah** repeats my question, asking: “How would I define my faith? I – just relationship. It’s central to me.” In doing so she remains faithful to her questioning and inquiring spirit. For Hannah, there are no premature answers. This is evident also in the rest of her reply – “I-just relationship”. The juggler has chosen the second ball, but this one she holds firmly.

**Annabelle** paints with broad brush strokes: “I’m much more aware of the spiritual dimension, of the spiritual life that is between us all. That makes a difference to how I think about other beings, think about experience.” Her statement reflects the all encompassing nature of her Weltanschauung, at the centre of which lies her spirituality.

In conclusion, each of these accounts highlights again the sheer depth of personal significance that participants attribute to their faith. Consistent with previous research (Bilgrave & Deluty, 1998; Baker & Wang, 2004) it is clear that all consider their faith as an integral part of themselves. However, the case study approach of the current study revealed individual differences in personal meanings and the way participants’ faith determines their thinking, feeling, conduct, meaning making, and sense of self.

## **5.2 Thoroughgoing Respect for Professional Guidelines**

A synopsis of the five narratives also shows the considerable and consistent influence of the profession’s Code of Ethics and Conduct on all participants. The safeguarding of professional boundaries seems internalised by all and associated with sound professional practice:

**Alex:** “I wouldn’t want anywhere, anybody, in any way thinking that I was trying to influence somebody in terms of their religious beliefs.” His anaphoric rhetoric conjures up the sense of danger he seems to experience at the thought of crossing boundaries. As a recently qualified practitioner, his professional integrity and reputation are clearly paramount to him, despite the central role of his faith.

**Wendy:** “I would use [my faith] in a way to stick within the professional boundaries.” There is no doubt that for Wendy the boundaries are binding.

**Joanne:** “You almost have to *be* secular.” She says this in a part-ironic – part-annoyed tone of voice, which further underlines the sense of constraint she seems to experience.

**Hannah:** “I certainly can’t start preaching to clients in session.” She laughs as she says this, and again seems to achieve a change of perspective, allowing her to view the boundaries through the humorous lens of satire.

**Annabelle:** “because I’m working in the Health service I don’t necessarily talk about my faith.” Annabelle has a pragmatic view - she doesn’t talk about her spirituality, for, to borrow the words of a German poet<sup>10</sup>, “[she] reasons pointedly, that which must not, can not be.”

These statements testify to the participants’ sense of responsibility and obligation for the upholding of the professional Code of Ethics and Conduct. However, individual standpoints vary from a sense of threat (Alex), an acceptance of superior authority (Wendy), a sense of constraint (Joanne), the attempt to soften the severity of the

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<sup>10</sup> Christian Morgenstern (1871-1914), Die unmögliche Tatsache (The impossible Fact)

directive through the use of humour (Hannah), to a pragmatic approach - things are the way they are (Annabelle).

### **5.3. The Therapist Self**

Apart from Professional and Christian Self positions, there were also other voices apparent, especially in relation to the participants' clinical work with clients. These Therapist Self positions seem particularly evident where the Christian and Professional Selves hold conflicting positions in the face of situations which pose dilemmas. An example from Alex's narrative illustrates the dialogical interplay between these three voices. Working with a homosexual couple goes against the convictions of his Christian Self, yet a biased stance violates the ethical principle of anti-discriminatory practice of his Professional Self. His Therapist Self enters the dialogue and mediates the conflict, which allows Alex to continue his therapy: "I'm there only fundamentally just trying to help people, which is consistent with God."

### **5.4 Accommodating Selves within the Self**

This leaves the interesting question of how these participants accommodate their different Self positions in their sense of self.

**Alex**, about his Christian Self: "It's central but also quite private in some ways." His sense of professional responsibility and desire to be recognised as a competent and ethical practitioner occasionally causes him to push his Christian Self into the background, even though he considers it central to his identity. Alex's Self positions

stand side by side. Each is important and he is trying to integrate them into a coherent sense of self.

**Wendy**, in a therapeutic environment: “I don’t say ‘oh yes I’m a Christian and I know exactly what you mean.” She noticeably separates the spiritual from the professional. Both Selves are well defined, but the dominance of one over the other is determined by what Wendy considers appropriate for the immediate environmental context. Despite this marked split her Self does not seem fragmented. Her positions are in dialogue and her Christian Self, though not given overt expression, nevertheless informs her professional Self on spiritual matters.

**Joanne** regards the “NHS as Big Brother. ...Whatever happens within this room is between me and the person involved...then the NHS becomes distant.” Joanne feels the tension between her Christian and Professional Self positions acutely. She does not avoid dialogue but in the end it is her Christian Self that determines her being and doing.

**Hannah** knows “it comes into everything that I do. I know it comes into how I am with clients and colleagues, I just haven’t worked out *how*.” Hannah’s Christian Self pervades all aspects of her life but she finds it difficult to pinpoint how. What is more, she makes no attempt to pin down and integrate her various positions. Her continuity lies in her fluidity.

**Annabelle** maintains a broad perspective: “thinking systemically helped me to see the world in a different way, which kind of opened my eyes to seeing God’s hand in that much more and vice versa.” Her worldview is so broadly defined that both her Christian and her Professional Selves find room within its perimeters. Her Selves are in easy

dialogue, even when there is a conflict of opinion. Annabelle can tolerate tension because within the systemic circle of her Weltanschauung any edges pale into insignificance.

In conclusion, the narratives of all five participants show both Christian and Professional Self positions within a Dialogical Self. However, there is considerable variation in people's approach to dealing with their positions, ranging from the attempt to integrate (Alex), context-dependent dominance (Wendy), dominance of a pervasive Christian Self (Joanne), fluidity in balancing positions (Hannah), to a loose integration within broad parameters (Annabelle). Despite their difference in approach it seems clear that each person maintains a dialogue between his or her Christian and Professional Selves. Interestingly, rather than threatening the participants' ethical integrity, as has been suggested (Evans, 2003), this interplay of positions actually appears to enhance reflexivity and, in turn, ethicality. Each participant seems acutely self-aware and conscious of his or her personal and professional responsibility, especially in relation to his or her therapeutic practice.

### **5.5 Limitations and Strengths of the Present Study**

A case study approach to the interpretation of interview narratives yields certain limitations. Individual case studies, however detailed and informative, do not confer generalizable conclusions. Furthermore, the intense subjectivity, context-embeddedness and small sample size makes comparison with existing research, both quantitative and qualitative, difficult. However the current findings do confirm Shafranske and Malony's

(1990) and Bilgrave and Deluty's (1998) research which suggests a link between therapists' spiritual or religious orientation and their therapeutic approach. Moreover, the in-depth exploration of the present study provides some insight into the internal dialogical processes that facilitate this link. Finally, all participants were psychologists working in the NHS. It is therefore unclear whether other professions share comparable experiences and whether other secular settings might stimulate similar internal dialogical processes.

On the other hand, the text-driven case study format of this investigation also yields certain strengths. A particular merit of the present study lies in its sensitivity to process and context-embedded exploration of participants' subjective reality and meaning making system, which brings the narrators' experiences to life and hopefully stimulates resonance in readers. It allows the empathic entering of another person's world and so provides insight into the psychological organisation of their Dialogical Self. Wendy's story is a case in point. Her approach to spirituality in the therapy room can only be fully understood if considered in relation to her life story and personal meaning making. A case study approach then captures some of the reflexive, fluid nature of the Self; and perhaps the processes, if not the content, may transfer into other spheres. I hope that this study will contribute to the existing research through its process-oriented depth by enriching our understanding of the dialogical dynamics of the Self.

## **5.6 Implications for Further Research**

The current investigation concerns the question of faith and identity. Its qualitative design provides a time and context-bound snapshot of participants' experiences. Further research might consider longitudinal studies given that Selves are not static, as has been shown in Joanne's or Hannah's example. We change over time as we assimilate new learning; our stories are co-constructed and so change with their context. Baker and Wang (2004) noted a fusion of the spiritual and professional aspects of identity in their more experienced participants. Annabelle's and, conversely, Alex's example might provide some insight into the processes that underlie such a synthesis. Future research, using longitudinal designs, might investigate the factors that may influence such a development. In a similar vein, further research would do well to investigate the role of training in facilitating or hindering future therapists' approach to faith or spirituality in relation to their professional identity and therapeutic practice.

The present study clearly establishes faith as a central feature of participants' identity, though there is a difference in individual meanings. Five self-narratives revealed five different Christian identities, five different ways of dealing with internal contradiction, five different Dialogical Selves. This raises a host of questions. Would a greater sample size reveal unlimited variation or is there a finite number of ways in which we manage our internal Self positions? Are some approaches more common than others, for example, are we more likely to seek to integrate our different Selves in order to maintain a coherent sense of self? Or do we perhaps change our approach dependent on the Self positions in question? Might we seek to integrate certain aspects of our Self but tolerate ambiguity in other spheres of life? Is the Dialogical Self a product of our

relativist, individualist Western society or is it found in other cultures as well? Do Buddhist, Muslim or Hindu therapists have similar experiences? Future research might seek to address some of these questions, perhaps by using a greater sample size, a different method, topic or target group.

### **5.7 Implications for Professional Practice**

Implications for professional practice are twofold. Firstly, the current research and the literature reviewed in relation to it emphasises the important role of faith in religious people's life and sense of self. Not only is this true for the participants of the present study, but is likely to be the case for certain clients and therefore ought to be taken into consideration when offering therapeutic services. Like the therapists of the current study, clients too may experience internal dialogical dynamics between various aspects of their Self, including religious Self positions, which may help or hinder their therapeutic process.

The second implication concerns the notion of the Dialogical Self as a framework for understanding the inner workings of the Self. It provides insight into the internal dynamics at work when confronted with experiences that challenge the continuity of our self narrative and therefore our sense of self. Numerous therapeutic approaches acknowledge the importance of internal dialogue between different aspects of the person. Transactional Analysis for example, differentiates between Parent, Adult and Child Ego States (Steward & Joines, 1987). Psychological health is assumed to be achieved through increased awareness of and internal communication between these

positions. Likewise, Young's Schema Mode Therapy identifies ten cognitive-emotional-behavioural self modes as implicated in the maintenance of personality disorders (Young, Klosko, & Weishaar, 2003). Therapy focuses on increasing the client's awareness of his or her internal modes and facilitating a constructive internal dialogue between them. Similarly, Narrative Therapy differentiates between problem and preferred stories, with therapy focusing on the creation of alternative self-narratives, authored by resourceful and capable aspects of the Self. Talking therapies as a whole seek to increase clients' self-awareness by promoting insight and perspective taking. The aim is to reduce clients' confusion or distress about their experience and to increase a sense of personal control and self-understanding. A theoretical understanding of the Self as a host of story tellers or Self positions may therefore help to facilitate therapeutic exploration, problem solving and decision making.

In a similar vein, the notion of the Dialogical Self might be useful in therapist training and supervision. Trainee Clinical and Counselling Psychologists are exposed to a complex array of therapeutic approaches, practical experiences, and philosophical positions, and all of which might contribute to their developing professional sense of self (Lewis, 2008). They may also challenge pre-existing aspects of trainees' identity, such as their religious or spiritual orientation. The concept of the Dialogical Self might offer a theoretical framework for considering the diverging inner voices that trainees may encounter as part of their learning process. In the same way, the Dialogical Self may be a useful tool in supervision, for example when thinking through counter transference reactions. Awareness of their internal dynamics and multiplicity of Self

positions may enhance practitioners' levels of insight and reflexivity and so promote considerate and ethical practice.

## 6. Reflexive Appraisal of the Research Process: the Researcher's Story

### SONJA

*Far away there in the sunshine are my highest aspirations. I may not reach them but I can look up and see their beauty, believe in them and try to follow them.*

Louisa May Alcott (1832-1888)

### Chapter Overview

#### *Being a Researcher*

- *and a Christian: choice of topic*
- *and a Counselling Psychologist: choice of approach*
- *the ethical conundrum of narrative research*
- *difficulties and personal learning*

Growing up I was taught a song about God's love taking shape in a person and radiating out like the concentric ripples on the surface of the water when a stone falls into a pond. Irvin Yalom (2008) draws on the same metaphor to describe "the fact that each of us creates – often without our conscious intent or knowledge – concentric circles of influence that may affect others for years, even for generations" (p.7). Doing this research has certainly affected me, and possibly my participants; and it might perhaps, in some small way, also touch those who read it. This then is my story, the backcloth of this project and my attempt to catch and make sense of the ripples generated by it.

## **6.1 Being a Researcher and a Christian**

My interest in the experiences of Christian Psychologists is both academic and personal. My academic motivation stems from my masters research, which explored the effects of trauma work on therapists. I had expected to hear mostly about a decline in ego resources, emotional distress, and burnout. Instead therapists' narratives were constructed around themes of identity and spirituality. These dimensions seemed inseparably linked and clearly central to their clinical work. As much as this confounded my academic expectations, it resonated with my personal experience.

I grew up in a Protestant part of Germany where religion and church still largely provide a cultural, if not spiritual, structure for life. I became a Christian at the age of 17 after attending a Christian youth event where I 'felt' God speak to me, offering His friendship. It is difficult to explain but somehow it upturned my childhood beliefs and made the 'man in the sky' real in an ethereal, and yet concrete, way. He became my reference point, my anchor, and my safe base.

As with the participants in this study my faith centres on my relationship with God and it is interwoven with my sense of identity. It has shaped my value base and belief system and in doing so is probably what propelled me towards Counselling Psychology as a vocation. For a time now this has given my life meaning and purpose. It also, quietly and almost imperceptibly, pushed my faith into the background, first through the anxiety of training, and then through the excitement of feeling 'grown up' and inhabiting my first 'proper' post. Only slowly, after graduating and settling into

employment has my faith found its way back towards the foreground of my life again, necessitating the question of how to integrate my spirituality with my work.

## **6.2 Being a Researcher and a Counselling Psychologist**

Like Joanne, I consider therapy essentially a spiritual endeavour. Coming alongside another person and joining them for part of their journey is an immense privilege. Somewhere in that space where two souls meet, I believe, lies the depth of what it means to be human. In my therapeutic practice, like Hannah, I cherish the expertise, resources and strength of the people I work with. I believe that, rather than specific models or techniques, it is these factors, in the context of a therapeutic relationship, that ultimately produce change (Ahn & Wampold, 2001).

Counselling Psychology practice recognizes the systemic nature and contextual embeddedness of human lives and regards the self of the therapist as integral to the therapy (Legg, 1998). These ontological and epistemological considerations are echoed in qualitative research, which has been defined as “the interpretative study of a specified issue or problem in which the researcher is central to the sense that is made of the material” (Banister, Burman, Parker, Taylor, & Tindall, 1994, p. 2). My clients have taught me to respect their stories as they contain the key to their world and their meaning making. My clinical work is informed by narrative therapy and it seemed therefore only fitting to choose a research approach that privileges the voice and the narrative of the participants. Narrative research is based on real lives. It offers access to

the most significant personal truths that reside in people's stories; but, unlike therapy, it seeks to make public what is private (Bakan, 1996).

### **6.3 The Ethical Conundrum of Narrative Research**

Qualitative paradigms, unlike their positivist counterpart, often endorse the development of a relationship between researcher and participant (see Bar-On, 1996; Chase, 1996; Lieblich, 1996). Hart & Crawford-Wright (1999) draw attention to the similarities between an in-depth research interview and a therapy conversation, a process which may leave the narrator vulnerable and the interviewer ethically responsible.

I knew all my participants as fellow psychologists prior to conducting this study. Since then some of these relationships have deepened and become friendships, perhaps partly because of the research process and what was shared during the interview. As this investigation was explorative, rather than hypothesis testing, this was less of an issue from an academic perspective (see Josselson, 1996). In fact, it may even have helped since a modicum of trust based on a pre-existing relationship or familiarity may have facilitated our conversation and contributed to the astounding openness and depth of reflection inherent in their stories. On the other hand, having been entrusted with part of themselves now leaves me anxious not to betray that trust.

This concern seems particularly pertinent to narrative forms of investigation, as Chase (1996) points out. Unlike conventional methods that tend to split up a person's narrative

in the search for themes and categories, narrative research tends to consider the story as a whole, often providing large excerpts in the report. Whilst this may give a unique and valuable insight into human experience and meaning making, it also may leave the narrators vulnerable to be identified by those who know them well. Lieblich (1996) wrote about this dilemma following her 1981 study of a kibbutz, a close-knit Israeli community. Once published, Israeli gossip soon identified its real name and individual members recognized each other in the final account, with mostly positive but also some unforeseen adverse outcomes.

Furthermore, narrators usually tell their story in order to convey their perspective on events, to persuade the listener of their perception. Analysis however is about interpretation. The story changes hands, it becomes transformed. Ultimately this raises the question of whose story it is. Is it the researcher's or the narrator's? In telling the research story does the researcher not become the narrator? Can the practice of informed consent ever prepare the interviewee for what is going to happen with his or her story? I doubt that my participants were prepared; after all I did not know myself! It is one thing to tell one's story in a relaxed interview environment, but it is quite another to read the interpreted version of one's story, which may have been written with a very different focus or goal than that intended by the narrator.

Therapy, unlike research, centres on empathizing with the client. In my clinical work I seek to enter my clients' perspective and, to some extent, accept it as a face value representation of their reality. Although I *do* interpret (after all, we are meaning making

creatures and after years of training it has become second nature) I try to hold my interpretations loosely (a bit like Hannah), valuing them according to their present usefulness for the client, and checking them out with the client, ready to change them according to their feedback. When I write therapeutic letters I start by explicitly reminding the client that this letter represents *my* perspective on our conversation, and I invite them to disregard anything that does not fit with their own experience or to contact me to discuss the matter further. It is a summary of a co-constructed reality and my writing usually stays within this frame. I do not make one-sided interpretations and commit them to paper to be read by third parties who are not directly involved with the narrator, as is the case in research.

I found that I was comfortable conducting the interviews, comfortable thinking about them afterwards; but I found myself feeling very uncomfortable analyzing or interpreting my interviewees' stories and committing them to ink. This is not because I see no value in my interpretations, but because I worry about how they might affect my participants. I have agonised over this, and still do to some extent. My interest lay in hearing about the personal meanings of faith in relation to participants' sense of self. This, I believe, matched their own interest and intention; but what will they think of the way I interpreted their various Self positions and the dialogical relationships between them? Will they feel misrepresented or perhaps not fully captured? If my analysis does not reflect their own meaning making, will they feel I portrayed them unfairly? Will they hold it against me, will our relationship suffer? Will they withdraw their consent? I shared my transcripts with them and meant to share my interpretations also, but in the end was unable to do so because of difficulties in the research process that disrupted my

timing by several months and caused me to run out of time. It offered me an easy, if not very satisfactory, way out. The opinion on whether or not to discuss the analysis with one's participants is divided within the academic field (e.g. Apter, 1996; Chase, 1996; Josselson, 1996). For me, personally, not sharing sits uneasily with my sense of integrity (and with my perfectionism, for I had set out with the clear intention to share).

I have discussed my interpretations with Alex, because his interest in the study remained high throughout and, in keeping with the spirit of his narrative, he explicitly asked me about my analysis of his story. I had several unplanned and informal conversations with him about this research and about faith at work in general. Soon after the interview Alex sought me out to tell me about the impact our conversation had on both his thinking and his conduct. He reflected that he had felt encouraged to share his faith with some of his colleagues, not in an evangelising way; but as a means of sharing himself and this had been received well.

The research also affected other relationships, perhaps testifying to the ripples of influence of which Yalom (2008) spoke. Hannah, for example, was the last person to be recruited. She had heard of the research via another participant and when I approached her she said she was not only willing but keen to take part. Afterwards she said that she had found the interview enjoyable and useful in helping her think about her faith and its relation to her work and life in general.

I have maintained contact, even if only sporadically, with all participants. The personal truths shared in the interview seem to have connected us, and, in some cases, continue to provide a straight inroad into conversation. I have certainly been enriched through this process, but I am also aware of the ethical responsibility it brings. I was trusted with their stories, trusted to treat them with care and respect. I cannot help feeling, if I am completely honest, that, by writing this research, I may have betrayed their trust. Am I not using their stories for my own ends, to display my intellectual prowess in the hope of gaining a prestigious academic award?

This is where I am acutely aware of my own dialogic processes. Part of me tries to justify what I am doing as ‘academically virtuous’. After all, I intended for this project to contribute to the wider research in this area. More personally, I am split between my sense of guilt and my delight at what I have gained through the wisdom of their stories. I was comforted by reading Josselson’s (1996) conclusion of her own ethical struggles, and have decided to calm my internal voices, at least for the time being, by aligning myself with her insight:

To be uncomfortable with this work, I think, protects us from going too far. It is with our anxiety, dread, guilt, and shame that we honour our participants. To do this work, we must contain these feelings rather than deny, suppress, or rationalize them (p. 70).

#### **6.4 Difficulties and Personal Learning**

Conducting this research has taken me on an unexpected personal and spiritual journey. Nothing could have prepared me for the demands this would place on my time, my

thinking, my emotional equilibrium, my confidence, and last, but not least, my relationships. One personal ripple emanating from this research certainly ruffled my deceptively calm surface and brought me face to face (yet again) with my own perfectionism. I have double standards, reasonable ones for the world and ridiculous and uncompromising ones for myself. The latter are based on an ardent but futile attempt to make my world a safe place by trying to control every aspect of it, especially my academic endeavours. McLeod (2001), mercifully, prepared me to expect a period of chaos and uncertainty. What his book did not tell me was when it would end. My supervisor tried to fill the gap by consistently reminding me that there was no right way and that I should ‘trust what I had and get on with it’. Astute words, but for someone like me whose personal standards stubbornly default to some black and white setting, at least when it comes to self evaluation, such lack of clear markers can be extremely unsettling. In April 2008 I decided that I was just not intelligent enough to carry on and in my despair (McLeod predicts this too) I did what does not come naturally to me: I talked with people and let them speak into my life. As I let myself fall I found myself being caught by the amazing people in my life, who supported me, nudged me, and, in some courageous cases, presented me with some uncomfortable, but perceptive, home truths (“you seem to see everything as a criticism” (my supervisor), “YES, you are a perfectionist!” (several colleagues), “stop hiding behind this ‘I’m not intelligent enough’ shield (another colleague), “I haven’t seen you for so long, I’ve forgotten what you look like” (my husband)...).

I realise that I can be very single minded and sometimes lose sight of the really important things in life – the very things my participants talked about: relationship, faith

(in God and people), trust, kindness, and love. Listening to their stories has flamed my enthusiasm for God and my desire to develop my own spirituality. Alex's humility and love of people, which I have since experienced first hand, has deeply moved me. Wendy's trust that God will sort her out helped me to voice my own cry ("Oh God, please help") when I found that I was not enough, that I needed Him to sort out my research mess. Joanne's unquenchable spirit inspired me to keep going. Hannah's ability to juggle perspectives has increased my awareness of and appreciation for the multitude of shades of grey in every situation. Annabelle's confidence in her partnership with God and the ease with which she moves between the spiritual and natural worlds has given me something to which I can aspire; I am still touched by the openness and depth of self they entrusted to me. I hope it does not prove misplaced, and that some of their spirit, conveyed through these pages, will inspire those who read their stories.

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## Appendix 1 – Res20ACopy

Resubmission of Res 20A for chair's action

### **Doctoral Research Project: The Role of Therapists' Religious Faith (if any) on Therapeutic Practice**

**Sonja Potts**

Following points were raised by the ethics committee:

- 1. Essential information needed on consent form*
- 2. Clarification is needed for the contact details*
- 3. Is restricting the study to just Christians justified, or do other faiths need to be considered?*
- 4. Examiners will also need to see the transcripts*
- 5. Title needs clarification to accurately reflect the study*

I have highlighted the amendments made in response to above feedback in green on the form itself. They are also repeated below at one glance for your convenience:

- 1. see consent form: redesigned*
- 2. see information sheet:*

Sonja Potts  
To care of Dr Moira Owens  
(details below)

Sonja Potts  
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E-mail:

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3. I set out originally to include a broad range of faiths or spirituality. However, the objective of my study is to explore personal experience in great depth using qualitative research methods. The case study format, determined by the narrative framework of this project, limits the number of participants that can reasonably be included for a 25000 word thesis without losing academic vigour. Broadening the study to include other religions would have meant limiting participants to one or two per faith. Although this might reveal the diversity of issues pertaining to the various faiths, it would also automatically take the study to a more superficial level (the data would be thinner, less layered, and comparisons between religions would cut into the remit of the thesis without necessarily contributing much to its objective). On further consideration it was therefore decided that concentrating on just one faith would allow for richness in depth and detail to enfold and be focused on, which would otherwise be compromised. It is hoped that the study would be complemented in the future by further, similar, research exploring other religions in a therapeutic context.

4. *see information sheet:*

Only I, my academic supervisor and examiners will view them

*see “details of how information is stored” section:*

Only the researcher, her supervisor and examiners will have access to them

5. The Role of Therapists’ Religious Faith (if any) in Therapeutic Practice – how Christian convictions impact on therapy

(October 2003)

**Division of Psychology Ethics Committee:  
submission of project for approval**

To be completed by SEC:
Date Received:
Project No:

- **This form must be word processed – no handwritten forms can be considered**
- **ALL sections of this form must be completed**
- **No project may commence without authorisation from the Divisional and School Ethics Committees**

## Category A Projects

There is no significant interference with participants' physical or psychological wellbeing. In detail:

- The research procedure is not likely to be stressful or distressing.
- The research materials are not of a sensitive, discriminatory or otherwise inappropriate nature.
- The participants are not members of a vulnerable group, such as those with a recognised clinical or psychological or similar condition.
- The research design is sufficiently well-grounded so that the participant's time is not wasted.

Projects involving access to confidential records may be considered Category A provided that the investigator's access to these is part of his/her normal professional duties.

Category A projects will be approved by the Psychology Ethics Committee and monitored by the School Ethics Committee. The School Ethics Committee will not normally examine individual Category A projects but receives a record of projects that have been approved at Divisional level.

<b>Title of Project:</b>	<b>The role of therapists' religious faith (if any) in therapeutic practice – how Christian convictions impact on therapy</b>
<b>Name of Supervisor:</b> (for all student projects)	<b>Dr Moira Owens</b>
<b>Name of Investigator(s):</b>	<b>Sonja Potts</b>
<b>Location of Research:</b> (Module code, MPhil/PhD, Staff)	<b>Practitioner Doctorate in Counselling Psychology</b>
<b>Qualifications/Expertise of the investigator relevant to the submission:</b>	<b>Bsc Psychology, MscCounselling Psychology; 5 years therapy experience;</b>

<b>Participants:</b> Please indicate the population and number of participants, the nature of the participant group and how they will be recruited.	The target group will be practising therapists (eg. counselling psychologists, clinical psychologists or counsellors). Inclusion criteria are i) being a self-confessed Christian; ii) currently seeing clients for therapy or having done so within the past two years. Participants are either known to the researcher or their names will have been suggested by someone known to the researcher. They will not be approached via their employer. They will first be contacted by letter where the nature of this study will be explained and a letter of informed consent included. Those who choose to participate are asked to send back the consent form and will subsequently be contacted by telephone or e-mail in order to arrange for a mutually convenient time and place to meet. 4-6 participants will be recruited for this research as befits its case study format.
---	---

*Continued overleaf*

**Please attach the following and tick the box\* provided to confirm that each has been included:**

*\*in the case of undergraduate projects, this should be done by supervisors to confirm that each part is properly constituted*

<b>Rationale for and expected outcomes of the study</b>	attached
<b>Details of method: materials, design and procedure</b>	attached
<b>Information sheet* and informed consent form for participants</b> <i>*to include appropriate safeguards for confidentiality and anonymity</i>	attached
<b>Details of how information will be held and disposed of</b>	attached
<b>Details of if/how results will be fed back to participants</b>	attached
<b>Letters requesting, or granting, consent from any collaborating institutions</b>	N/A
<b>Letters requesting, or granting, consent from head teacher or parents or equivalent, if participants are under the age of 16</b>	N/A
<b>Is ethical approval required from any external body? YES/NO (delete as appropriate)</b> <b>If yes, which committee?</b>  <i>NB. Where another ethics committee is involved, the research cannot be carried out until approval has been granted by both the School committee and the external committee.</i>	

Signed:

Date:

-----  
(Investigator)

Signed:

Date:

-----  
(Supervisor)

Except in the case of staff research, all correspondence will be conducted through the supervisor.

FOR USE BY THE SCHOOL ETHICS COMMITTEE

Divisional Approval  
Granted:

Date:

Committee)

-----  
(Chair of Divisional Ethics

School Approval  
Granted:

Date

-----  
(Chair of School Ethics  
Committee)

## **Rationale for and expected outcomes of the study**

In recent years the role of religion in Counselling and Psychology has become a significant topic of debate since research has revealed a link between religious affiliation and positive mental health (Bergin, 1991; Pieper & Uden, 2005 ). Religious experience, reflecting a hunger for meaning and experiential truth, is consistent with the overall direction of our postmodern culture (Worthington, Kuru, McCullough, & Sandage, 1996). Spiritual worldview impacts on both therapists and clients and their relationship (Baker & Wang, 2003). Bergin, Payne, & Richards (1996) point out that, at a time of reawakened spiritual awareness, a purely secular therapeutic framework no longer reflects the experience of the majority of clients, and that a “value neutral approach to psychotherapy has become untenable, and is being supplanted by a more open and value-informed perspective” (p297).

This study seeks to explore the role of religion in psychotherapy practitioners’ lives with respect to their work, as urged by Bergin, Payne, & Richards (1996): “if the connections between psychologists’ work and their deepest human commitments are to be understood, these aspects must be examined and appreciated (p.317). “Religion” in this context will exclusively refer to expressions of the Christian faith as this reflects my own background and research interest. Therapists of Christian faith operate at the interface between the paradoxes of their religious faith and the secular ethics of their professional bodies. This study aims to increase our understanding of how these practitioners integrate Christian values with professional ethics, how their religious convictions help or hinder their therapeutic practice, and how they might affect personal relationships with colleagues and clients. It also seeks to give insight into the personal meanings Christian practitioners attribute to their faith and how this relates to their sense of personal and professional identity. Although the results are person and context specific, the knowledge gained by this research can contribute to a broader understanding of the role of religious identity in today’s society generally, especially within a therapeutic context.

## **Details of method: materials, design and procedure**

*Design:* This study will employ qualitative methods, which echo the philosophical principles of Counselling Psychology, by recognising the contextual embeddedness of human lives (McLeod, 2001). These are language based research approaches that stretch across different disciplines and traditions, and have increasingly become influential within psychology. Data obtained from interviews with Christian therapists will be analysed using narrative analysis. This method combines a discursive emphasis on the construction of meaning through language, alongside the humanistic perspective of the person as self-aware and reflexive agent working towards growth and fulfilment (McLeod, 2001), making it ideally suited to the study of meaning and identity (Riesman, 1993). In line with the dominant tradition within language oriented research (cf McLeod 2001), this work will have an in-depth case study format, using the interviews of 4-6 participants. In analysing the data I will adhere to the criteria used to evaluate qualitative research described by Elliot, Fischer, and Rennie (1999), and draw on established methods (e.g. Riesman, 1993),

*Materials:* audio tapes and recorder

*Procedure:* An interview will be arranged with those who agree to participate at a mutually convenient time. An interview schedule will be designed to encourage participants to tell their stories and the conversation will be audio taped, transcribed, and analysed. Interviews should last approximately one hour. The interview itself will be semi-structured and involve questions, such as:

- Questions regarding demographic information (where do you work? What is your professional title?, etc)
- How long have you been a self-confessed Christian?
- How do you define your Christian faith, what do you believe?
- What is it like to have faith in your life?
- How does your faith fit in with your therapeutic work?
- How does it fit in with your contact with colleagues?
- Do you think your life would be different if you weren't a Christian, and if so, how ?

Questions are deliberately phrased vaguely and few in number so as to allow for participants' stories to unfold naturally without being unduly directed and shaped by the researcher as this would compromise the aim of narrative research. They are meant as a mere aide and scaffold within the flow of conversation during the interview.

## Appendix 2 – Notes for Contributors

# CLINICAL PSYCHOLOGY REVIEW

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### **Appendix 3 – Participant Information Sheet**

Sonja Potts  
To care of Dr Moira Owens  
(details below)

Dear

I am a Chartered Counselling Psychologist undertaking research for my doctoral qualification at the University of Wolverhampton. For my research project I am interested in the experience of Christian Clinical/Counselling Psychologists or Counsellors working in secular settings within secular frameworks, and how their faith might impact on their therapeutic practice.

This involves an audio taped, one-to-one interview between participating practitioners and myself. Interviews should take no longer than one hour and take place at a mutually convenient time and venue. If you choose to take part you can withdraw from the study at any time. If you are affected by the interview and wish to talk matters through I will be able to give you information on sources of support.

The audio-taped interviews will be transcribed. The tapes and any identifiable data will be kept in a locked footscap metal box file. Only I, my academic supervisor and examiners will view them. In my write up of the study you will be given a pseudonym in order to preserve your anonymity and you will have an opportunity to comment on the final draft.

If you are interested to discuss the role of your faith in your life and work, and would like to take part in this study, please fill in the consent form and send it back in the enclosed pre-paid addressed envelope. I will then contact you by telephone or e-mail to arrange a meeting.

If you have any further questions please do not hesitate to contact me by telephone or e-mail at the address below. My supervisor's contact details are included below if you wish to contact her.

Thank you very much for your valuable time

Yours sincerely

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## Appendix 4 – Informed Consent Form

### Title of Project: The Role of Therapists' Religious Faith (if any) in Therapeutic Practice – how Christian convictions impact on therapy

Researcher: Sonja Potts

Please initial box

1) I confirm that I have read and understood the information sheet provided for this study.

2) I understand I may withdraw at any point without justifying my decision. In this case any data already obtained from me will not be used but destroyed.

3) I understand that the interview will be tape-recorded, and that the transcript of this interview will be looked at by the researcher, her supervisor and examiners as required for the research process. I give my permission for these people to have access to the transcript of the interview.

4) I understand that the final report will contain excerpts from my interview, but will not contain any identifying information.

5) I have read the information sheet on the above study and I have had the opportunity to discuss the details with Sonja Potts and ask any questions. The nature and purpose of the research being undertaken has been explained to me and I understand what will be involved if I take part in the study.

6) I agree to take part in this study

Name in print \_\_\_\_\_

Signature and date \_\_\_\_\_

Tel. \_\_\_\_\_ E-mail \_\_\_\_\_

I prefer to be contacted by e-mail \_\_\_\_ / by phone \_\_\_\_\_

## **Appendix 5 – Interview Schedule**

- Questions regarding demographic information (where do you work? What is your professional title?, etc)
- How long have you been a self-confessed Christian?
- How do you define your Christian faith, what do you believe?
- What is it like to have faith in your life?
- How does your faith fit in with your therapeutic work?
- How does it fit in with your contact with colleagues?
- Do you think your life would be different if you weren't a Christian, and if so, how ?

## **Appendix 6 – Synopsis of Fowler’s Faith Styles**

Fowler’s (1981, 2000) theory of faith development is informed by Piaget’s theory of cognitive development, Erikson’s theory of psychosocial development, and Kohlberg’s theory of moral development. His work identifies seven stages of faith that emerge in the human quest for meaning. Fowler stresses however that faith development is not be understood in terms of a “higher”-“lower” hierarchy as each stage has the potential for wholeness, integrity and strength sufficient for life’s challenges or blessings. Instead, faith stage transitions reflect significant changes in the structures of a person’s meaning system and basic orientation of the self, giving rise to individual faith styles:

### ***Primal Faith***

This faith relates to infancy and a baby’s experience of care-giving, bonding and attachment. These early relationships, in their combinations of nurturing care, insensitivity, abuse or neglect, are thought to inform the child’s images of God that begins to take conscious form around the age of four or five.

### ***Intuitive-Projective Faith***

This faith is most typical in preschool children for whom feelings, perception, and imaginative fantasy constitute the main ways of knowing and experiencing. Through stories and symbols the child develops an intuitive understanding about his or her world. Though such stories and symbols may be misuse to exploit the child’s imagination, possessing it with images of destruction (e.g. the devil and hellfire), they can also provide a source of comfort and direction.

### ***Mythical-Literal Faith***

This style of faith represents changes in individuals' thinking as they begin to construct their experiences in terms of stable categories of space, time, and causality (concrete operational thinking), rather than feeling and fantasy. Faith now is a reflection of the stories, practices, traditions and values of the person's (faith) community. Self and others are construed in concrete, literal terms based on their actions and affiliations. At this stage, the person does not step back to reflect on and formulate conceptual meanings; instead the meaning is inherent in the narrative of his or her life.

### ***Synthetic-Conventional Faith***

This and the following stages signify adult faith styles. Transition to synthetic-conventional faith is linked to formal operational thinking, which enables the generation and use of abstract concepts, and facilitates mutual interpersonal perspective taking. The environment is constructed in interpersonal terms and the individual is conscious of the expectations and opinions of significant others. It involves a process of drawing together (synthesising) the values, beliefs and orienting conventions transmitted in significant relationships. Identity and outlook are rooted and derived from one's community or social network. Beliefs and values are deeply felt but have not been critically examined and evaluated.

### ***Individuative-Reflective Faith***

Individuative-reflective faith is marked by self-authorisation. Taken-for-granted assumptions and convictions are critically examined. Identity and outlook are differentiated from those of others as beliefs, values, and meanings are organised in an explicit personal ideology.

### ***Conjunctive Faith***

This faith style is characterised by the reconciliation or integration of the polarities and contradictions within oneself, society, religion, etc. There is a sense that truth is complex and multiform. Personal and ideological boundaries are porous and, despite loyalty and commitment to one's own faith and belief system, there is openness towards new and different perspectives and traditions, and a willingness to invest in others.

### ***Universalising Faith***

This stage involves an epistemological decentration from self whereby one's own perspective is balanced with that of other people, classes, nationalities and faiths to the point of being able to transcend one's personal investments and meaning system to achieve an all-encompassing (universalising) faith. It is marked by the letting go of one's own needs and so, from a Christian perspective, identifying with the love of the Creature for his creation. Expressions of universalising faith are found in any culture, the writing of Gandhi being an example.

## **Appendix 7 – The Concept of the Dialogical Self**

Herman and Kempen's (1993) concept of the Dialogical Self expands on Sarbin's<sup>11</sup> (1986) version of the self-narrative, which emphasises the temporal dimension of the life story. Sarbin views the narrator as the single author of his or her life story, who, through story telling, integrates his or her diverse experiences into a relatively coherent and unifying account of his or her self.

In contrast, the key characteristic of the Dialogical Self is its combination of temporal and spatial elements. Rather than a single author, Hermans and Kempen (1993) view the self as a host of storytellers. The individual's inner experience is populated by multiple subjectivities or "I" positions, each with its own ideological standpoint and developmental context. This polyphonic self possesses a "plurality of consciousness" (p.40), which implies a spatialization of selves, represented by numerous authors who may enter into dialogue both with each other and with the outside world. Consequently, multiple, even contradictory voices may co-exist within the self, promoting an internal dynamic that promotes the generation of new understandings and meanings which are not given at any one of the available positions. The conception of self-narrative in terms of both spatial and temporal dimensions therefore allows for coherence and separateness, continuity and discontinuity of the individual's experience of self.

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<sup>11</sup> Sarbin, T.R. (1986). The narrative as root metaphor for psychology. In T.R. Sarbin (Ed.) *Narrative psychology: the storied nature of human conduct* (pp.3-21). New York: Prentice Hall.

## Appendix 8 – Example of Initial Analytic Steps

A4 - ④

315-

NHS

315-316

> because I work in the [NHS] I don't necessarily talk about my faith

318-320

> wear a cross [as representation]

321-

> clients ask - will tell them

22 09

> usually Christian clients who want to know

- disclose discourses
- boundaries
- prof ethics
- power differentials > feminist  $\Psi$ ?

331-335

Example : prayer ↗

335

> pray outside session - keep boundary  $\Psi$  between [religion] + therapy

335

+ > I do believe God put me into the position that I'm in

343

348-

Colleagues

348

> we don't often talk about these things with colleagues

351

> sometimes somebody mentions death...

357f

> on projects. knowing that we are Christians doing something co-ordinated adds an extra bit of comfort - +

360-367

? > praying together about work situations  
- unfamiliar - boundaries -  $\Psi$   
- lot of potential -  $\Psi$  / +

239

2) > association with early church

Integration of faith + work

2. **Meaning of faith**  
 > defines his identity  
 > past, present, future directs his path  
 > acknowledges problems with organised religion

absolutely in part - reading up to present

mellowed from ① - acknowledges place of rituals / churchy stuff but

144 (org church) + faith don't mean faith for J is lived - not embodied in a building or ritual

3. 145 St Mark's = illustration of integration (horwary)  
 > working + worshipping here

> what we were doing here was - exactly what God wanted us to do. 113-117  
 It was an ethics ministry. It was helping people in a marginalised subgroup...

To me it was perfect because it combined my faith and also my work 120

> [my faith] it's an integral part of my being 122 - God is the air within me - he works through me etc 129 I can't imagine the post without it 129

I certainly have problems with organised religion

> goodness of God  
 goodness of human beings 132 - do God, work, work would be better place. simple - never mind all the things (of organised religion) mostly it's about doing + being

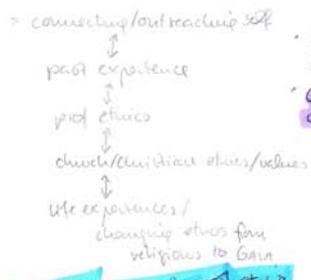
I feel quite separate, which I feel is not so great 144, 145

that's got it right - not 146 + was integrated there wasn't this separateness 147

⑤ Dialogical

- syntactic/form changes
- > shift in thematic coherence
- > shift to text as his 'hot day' bringing story into the present
- > more nominal utterances

158 - Dialogical  
 (and) NHS  
 197



- integration not possible in NHS
- conversation with colleagues - curricular spirituality, Religion
- > talking with me gently because of rank / own faith
- > not so open with others for fear of being misjudged
- > 'rejected'

Separation possible + spirituality, prof ethics

Prof ethics 181-183 - "prof heron" - not biased / unbalanced

• in therapy with clients (6 faith) 185  
 > shared  
 > discussed meaning

• extra dimension of faith 191-197/ft  
 ↳ guidance (religion) 202-21  
 for 1 dimension relative to science

guidance / strength 225-227

working somewhere like the NHS (don't think that's possible)

idea that you have your professional based on - you almost need to be secular 177

but I certainly have talked about my faith with at least 2 clients 186

teaching within our work 191 228  
 other than me 223

248 ff

challenges: homosexuality / example

- C. Christian: anti but pro people
- P. psychologist: therapist / 'ship
- E. prof ethics: unbiased + accepting
- (T. temperament/personality)

solution

focus on:

'ship

= common denominator

261 ff

255

challenge: when focus on v' ship - in couple's therapy

= tension

264

C. i) pharisee Christian ethics level <sup>homos.</sup> v' ship not right

265

E. keep this in check

266-271

P. not wanting to do client an injustice

273-279

resolution - being in reflecting, not primary recipient

275

"I shut like part of me off"  
- to enable therapy work

281-293

2. Risings Colleagues  
Same example

282

T. would have liked to be open about experience of tension

284

E. didn't know how this would get down with them

288

against prof ethics they should be for, or being misunderstood / regretted? cf 229

296 -

3. Training

296

quite good. lots of exploring

"but again - wary not to say too much <sup>E</sup>

300/305

T > not to make others feel uncomfortable  
T > not to be misjudged

} cf 239  
295

301/307

dominance of values -  
in work setting = psychologist self

Resolution

1. to focus on v' ship
  2. to focus on helping
  3. to shut part of self (allied countertransference) off
- so countertransference people with in level of personal...  
(performance on...  
(...with self?)

## Appendix 9 – Tables

### Appendix 9.1 - Alex

<p><b>How long have you been a self-confessed Christian?</b></p> <p>To elicit narrative about:</p> <ul style="list-style-type: none"> <li>• Tradition within family (internalised)?</li> <li>• Significant experience? (conversion, attribution of personal meaning?)</li> </ul>	<p><b>How do you define your Christian faith, what do you believe?</b></p> <p>To elicit information about personal belief system/credo</p> <ul style="list-style-type: none"> <li>• Which tenets of the Christian creed have influenced/shaped this person in their identity?</li> <li>• Personal faith construct?</li> <li>• Relationship with church?</li> </ul>	<p><b>What is it like to have faith in your life?</b></p> <p>To elicit narrative about the bearing faith has on this person's conduct</p> <ul style="list-style-type: none"> <li>• Intensity of meaning?</li> <li>• Scope and practical application?</li> </ul>	<p><b>How does your faith fit with your therapeutic work?</b></p> <ul style="list-style-type: none"> <li>• Personal experience of collision (clash) and/or concurrence (harmony)?</li> <li>• Reflection on meeting points and conflict potential (what sense do they make?)</li> <li>• Keeping boundaries? does it work/how?</li> </ul>	<p><b>How does it fit with your contact with colleagues?</b></p> <ul style="list-style-type: none"> <li>• Ideas on and expectations of professionalism – faith as point of tension?</li> <li>• Disclosure (level, considerations, etc) ?</li> <li>• Concerns about acceptance/reputation?</li> </ul>	<p><b>Do you think your life would be different if you weren't a Christian, and if so, how?</b></p> <ul style="list-style-type: none"> <li>• How close is faith related to person's identity – can it be separated?</li> </ul>
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	<p>“I believe in the trinity, God the father, the son, and the Holy Spirit; I believe that Jesus is the son of God, and that by his spirit I have his presence in me. ...I see it fundamentally as a relationship with God, but in my opinion that’s only possible through Jesus....He died on the cross to give us the opportunity to re-establish fundamental relationship with God” (22-28). Alex statement of faith very much mirrors the Nicene/apostolic creed of the Christian (Catholic and Protestant) churches and also encapsulates what Fowler (2000) termed the “core Christian narrative”. But Alex is not simply re-iterating what he evidently has been taught. The rest of his narrative suggests a very personal and dynamic faith which, although defined in accordance with official creed, becomes alive seemingly on a day to day basis. It is essentially personal, intimate, and relational (“ I believe very much that God is in me and works through me(90)” ; I have his presence in me (25)”) It is also secure</p>	<p>Consistent with the tasks of the life stage during which he acquired his faith, namely establishment of identity and investment in commitments, Alex’s faith appears to be main motivating/formative force in his life and ultimately is how he explains his career choice of Psychology: “I believe God called me into this ...I believe that some of the gifts that God has given me ... particularly compassion, I guess that kind of fits with a career in clinical psychology. ... And I’ve had various things happen ...I feel God has drawn my attention, ensured me that I was doing the right thing”(89-147).</p> <p>Process again shows relational nature of his faith. God is cast as father figure –wise, caring, parenting, having a plan and resources to guide him through the path of life. He is the source of character qualities like compassion. God is also holding moral authority and the judgment over right or wrong and so provides existential</p>	<p><b>Concurrence:</b></p> <p>Inspiration: 148ff – God inspires my thinking / direct impartation of wisdom – how to take a session (rare) – consistent with idea that God is in him and works through him (90-92), so why is it rare? And why does he not expect it more often? and how does he take it further in session when it happens? Doesn’t elaborate on this even though I ask directly but moves on to talk in more general and vague terms about God’s presence in the room. Interestingly, this is immediately followed by talking about issues of disclosure. There he stresses that he never volunteers his faith. His tone underscores this. The sequencing of the specific before the general and juxtaposing this with disclosure railroads the conversation in a different direction and portrays Alex in a different light. Dialogic processes – between Christian and professional selves (internal) and me (how he imagines I, as psychologist colleague, might view his Christian position)? Expecting clear divine guidance and talking about the specifics would have been consistent with Christian self – he stresses earlier that God speaks to us through his REMA word when we get together (church) – ( 76-79); but when talking about work it is as though different values and discourses apply and this is reflected in his changing tack and using vague terms. It is ok, professionally, to want to help people and to draw on general fruits of the spirit, such as compassion – completely acceptable and not exclusively religious. His professional self seems clearly aware of my professional status and the party line, which he seems to assume I am aware of and share into too. So perhaps construing use of spirituality at work in more general and vague terms is seen as less contentious, a safer option with fewer potential comeback – perhaps in Alex’s mind I am less likely to query or criticise his professionalism if he doesn’t stray off the straight and narrow? – on the other hand he might just not have any specific examples as</p>	<p>&gt; re homosexual couple: “I would have wanted ...to be open and talk about that with the team and get <i>advice</i> and that. But I suppose I didn’t...know how that would go down with them (272ff). paused there when considering his reasons for not sharing his concerns with his team. On one hand he seems close to his team in that he wants their advice, wants to be open and values their opinion. On the other being open about this matter is exposing of <i>him</i> , making him vulnerable as person and professional? Alex conscious perhaps of media representation of church/Christian stance towards homosexuality, which tends to be negative – Christianity often construed as prudish and judgmental – doesn’t want to be thrown in same pot? His own experience of faith is very different, centring on love and hope (religious and dogmatic vs relational). Concern that broaching the subject would elicit negative feelings in others – they would think he endorses judgmental view ? In training – “wary to say too much in case other people felt uncomfortable</p>	<p>“I can’t really now life without it (faith) because it has so fundamentally shifted how I see everything” (328ff)</p> <p>Alex became a Christian at university – identity shaping – cannot imagine difference now. His faith runs through everything he does, how he sees things. Practically, he names hope as fundamental – hope for change. Acknowledges that hope is not exclusively Christian concept but for him hope is related to god and the potential for divine intervention. He attends church and experiences this community as resource for support, as is</p>
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	<p>enough to accommodate doubts/inconsistencies and difficulties: “when I first became a Christian I had this wrong idea that if I became a Christian I wouldn’t have problems and that isn’t the case (as) I have experienced (laughs)” (49-53). Alex’ faith is not based, nor does it depend on, unquestioned observance of religious practices (he does not mention any of these at all in his narrative, suggesting that they carry little importance to him ) or a trouble free life, but rather exists in his relationship with God.</p> <p>For Alex God represents the Other, “the most important person and thing in my life” (63) – source of hope, strength, purpose and meaning, which bears a host of implications for all aspects of his life and work.</p> <p>=&gt;next column</p>	<p>containment as well as moral frame.. For Alex this lies at bottom of his worldview and concept of humanity – appreciation of the other. God is also the person he goes to at the end of the day to rid himself of his burden, to receive strength.: I do see him as a resource... he supports me and strengthens me... and on the way home I quite often pray that God would take the burden...(314-323) For Alex then his faith is intrinsically linked with who he is and how he leads his life and frames his experience – everything is seen and understood in relation to divine reference point, giving his experience spiritual significance. This of course includes his therapy work=&gt;</p> <p>----</p> <p><i>Position B Mc Adams: Alex’s faith is organised around the core Christian narrative/creed. He fully subscribes to the doctrine</i></p>	<p>perhaps God doesn’t speak more clearly that often (81)?</p> <p>Resource when finding it difficult – knowing that God called him to this work ( – repeats this three times(82-89) = emphatic statement. Story of how he feels God led him into clinical psychology – emplotment follows lines of Gergen and Gergen – story structure (making sense/intelligible, and persuasion): sequencing of beginning, middle, end and evaluation: A) scene setting – conversation with clin psych on mission filed – raised his interest; b) followed by four examples he considers confirmation of this career path, all based on biblical notions/narratives/principles – Fleece test – judges 6:36ff; the significance of number 7 (7<sup>th</sup> on waiting list, no 7 as topic in sermons at the time, no 7 as perfect no in bible), getting on course = fulfilment of fleece test ; evaluation = above means he is on the right path and can hold on to this knowledge when things get tough = resource. This is a clear example of primary role of faith in Alex life and confidence – his spiritual beliefs and relationship with God form his backbone and his reference point – knowing he is where God wants him to be puts everything in perspective and gives him courage to face difficulties.</p> <p>God knows all people individually(373ff) awe – spiritual view of people and therapy – likens God’s parental relationship (understanding, numbering, knowing of people) with people with his own work as psychologist . why is this important? - for Alex this unites Christianity and psychology on a philosophical level, ironing out or superseding, perhaps, practical conundrums and conflicts. At the point of comparison Alex stops his train of thought to stress that he is not trying to put himself on a parallel with God (346-347) – an odd remark? Why? Perhaps illustrates co-constructive process of narrative? Even though I say nothing here he seems to anticipate my potential judgment, or the potential for misunderstanding, which he is keen to avoid (and this is a also a recurrent</p>	<p>with it, or I might be misjudged by that” (290-291). How is this profound and pervasive concern to be understood?</p> <p>Traditional Divide between psychology and religion keenly felt – often more strongly endorsed in training courses than other professional avenues– training is a time when people are under constant scrutiny and judgment – am I doing well enough? Am I going to make it as psychologist? Are you approving of me? Also a time when exposed to new ideas and discourses, when having to integrate numerous new influences and create a professional persona. There are ideas about appropriate professional positions and inappropriate ones and traditionally religion has been bracketed with the latter and is still seen that way in many training programmes (Martinez &amp; Baker; Schulte et al). – Baker and Wang noted differences in levels of concern depending on age and years of post qualified status. Those who had been practising for many years were less concerned than those who were recently qualified. Alex is three years post qualified so falls in</p>	<p>prayer. He links coping with his faith – it is what sustains him and gives his life meaning.</p>
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		<p><i>of his religion and has integrated his convictions in a coherent belief system that gives his life meaning and provides him with a value base to guide his personal conduct</i></p> <p><i>No need for dialogue as voice of God, church, and personal experience the same</i></p>	<p>theme – see relationship with colleagues). Seems to come from his Christian self who worships God as Lord (and the authority over his life/status this implies) – putting himself on par with God= blasphemous/irreverent? If so suggests that here he views me as fellow Christian who might disapprove of this/him and so seeks to pre-empt any such notion? – qualifies this again later (365) stressing his humble, but not powerless or unimportant, human status, which God can invest in and use . Alex relationship with god is active and mutual and spans both personal and professional aspects of his life. God is parent and teacher and co-worker.</p> <p>Autonomy to shape professional self (379ff) –chosen type of therapy that fits with his faith – marriage and family therapy – consistent with his values and beliefs. Value base- valuing people/equality/regard for people – “I like to think that my value base is consistent with how I see my clients” (175-176) respect and value of persons is common to both prof ethics and Christian values. Alex uses the word “love” – often used in church discourses to describe God’s relationship with people and the first commandment (love God and your neighbour and yourself) – again here Alex stops to qualify what he means by love – “I wouldn’t want anybody to think I have a love affair with my clients”(179. he chuckles and I join him – what’s this about? Love affairs are clearly taboo in professional ethics so not a laughing matter. Despite qualifying his remark he doesn’t seem concerned here that I might misunderstand his meaning, so why qualify it? perhaps he is thinking of a wider audience – the tape recorder and the readership of this paper, who he doesn’t know and who he would not want to get the wrong idea of the trustworthiness of Christians? The chuckle in that case is mark of closeness and shared understanding – he knows</p>	<p>latter category – perhaps, in part, explaining his intense concern?</p> <p>“though it’s certainly nothing I’m ashamed of, I wouldn’t want to come across ... but just trying to be sensitive to where people are at, and the potential to be misunderstood” (294-297)</p> <p>Statement summarises main positions: Christian (not being ashamed of one’s faith – bible?), therapist (wanting to be sensitive – to other people), professional (also wanting to be sensitive – to code), Alex – wanting to be liked, not judged?</p> <p>----</p> <p><i>Main thread that runs through here is concern about being misunderstood and judged – brings this up many times, wanting to make sure I get what he means; narrative contains many voices, including anticipated positions of imagined others. Greatly reflexive (def. = being aware of other’s standpoints and how one’s own stance or action may</i></p>	
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			<p>I am not misconstruing his statement.</p> <p>Empowerment: Positive disclosure – Christian clients [163ff] – sharing in shared language and presumed value system, helped connect which is central to therapy. Family therapy – works from social constructionist perspective with great emphasis on power and language. Active use of these to reduce power differentials and aide therapeutic process. see Carlson et al?</p> <p><b>Collision:</b></p> <p>Power imbalances (160ff) professionalism/ethical –</p> <p>“I don’t think I’ve ever volunteered my faith” (156) vs 171 “important to say that I was also a Christian” – starts with stressing he never volunteered, then proceeds to give example of when he disclosed but has long spiel of explaining why he did – sense of needing to justify himself – to make sure I don’t misconstrue him and see him as someone who uses therapy to evangelise? cautious to share for fear of being unhelpful or seen as unprofessional – holding back what could be a resource because of this concern when he might have shared freely if he wasn’t a Christian and so not concerned about people’s misconceptions. Example of reflexivity at interface: Wants to be understood and liked and seen as ethical, competent professional. Concern that this image of him would be threatened if people knew his religious views. Suggests preconceptions about other people’s bias probably stemming from or reinforced by professional discourses – this might be what also made him aware of how other Christians can be perceived by non-Christians (235ff). Dialogic: Christian part – loyalty to his faith and group vs loyalty to his professional ingroup – seeing</p>	<p><i>influence others/the (shared) sense that is made).</i></p> <p><i>What’s his concern about being misunderstood about?</i></p> <ul style="list-style-type: none"> <li>• <i>Age?</i></li> <li>• <i>Just wanting to fit and belong?</i></li> <li>• <i>Product of conflicting value systems (ever present potential of conflict)?</i></li> <li>• <i>Attempt of harmonising differing positions (reflection of reflexive dialogic processes that anticipate and consider a multitude of internal and external, actual and potential positions, including imaginary censors)?</i></li> </ul> <p><i>=Narrative is example of co-construction – effort of persuasion that he is good practitioner and loyal (but not judgmental) Christian; example also of process in process – making sense of tricky experiences (theoretical and practical) – perhaps this is also why his concern with being misunderstood is so pronounced – subjective, personal awareness of incongruent experience/threat to integrity – trying to create integrity through narrative “as we speak”.</i></p>	
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			<p>situation (potential) from both perspectives and tries to maintain integrity of both but ends up doing neither in a way (as would have helped client by suggesting church [from both perspectives] but ended up tying himself in knots and deciding against it so not scoring either way]</p> <p>lonely client-church 215ff Thinks of church as potential resource for lonely client – agonises over whether or not to tell her – ends up not telling her: “perhaps I was overcautious but ... didn’t want to make a suggestion like that that could have been misinterpreted” (221-223)</p> <p>= again very aware at this stage in interview of imagined disapproving audience (dialogue – internal: Christian, professional, therapist) and external (me, imagined audience – colleagues?), - checking himself many times, correcting himself – feels he is making doubly sure I understand him and don’t misconstrue his intentions.</p> <p>What is holding him back from offering church as resource? “I think it’s more about... awareness of other people’s experience with , with religious people, and people trying to force their beliefs on other people “ (232ff) – awareness of negative stereotype – doesn’t want to be associated with it. Dialogue: Christian self (church as resource; wanting to help), Professional self (code of ethics – sensitivity), therapist (community psychology influence -wanting to help practically), observer (perception of negative Christian stereotype) – latter dominant, influencing decision – construed as sensitivity and respect – but doesn’t quite cut it for Alex – “it’s a shame” –regrets?</p> <p>Homosexuality(242ff) – value clash: regard for person vs disregard for their behaviour/sexuality = “tricky – supporting someone in doing something that he doesn’t think God wants them to do (390-391) reflecting</p>	<p><i>Overall tone and structure?</i></p> <p><i>Alexander’s story is predominantly one of contemplation and reflexive evaluation revealing his active engagement with the challenges and tensions that arise between his Christian and Psychologist selves. Thus, a large proportion of his narrative constitutes dialogue between these two I positions.</i></p> <p><i>Storytelling is essentially a meaning-making process, and Alexander’s narrative may be viewed as an endeavour to make sense of the conflicting allegiances within himself. He draws on three strategies in this process: concentrating on common ground, the concept of free will, and shutting part of himself off.</i></p> <p><i>Firstly, concentrating on common ground by focusing on values intrinsic to both his Psychologist and Christian selves, namely a love for people and a desire to help, allows Alexander to value and accept</i></p>	
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			<p>conventions of church re homosexuality which although not part of basic creed is still contentious issue and even found its way into media. Alex clearly subscribes to this convention – but is forced to engage with it at professional and therefore personal level (as therapist brings with him his value system so makes it a personal issue) and is reflexive, considering issue from various angles in attempt to position himself in a way that allows him to maintain congruity between his Christian self and professional expectations ; How does he do it? solution – shuts other part of him (the one that’s disapproving of homosexuality) off (266) -focus on regard for person and relationship = core facets which is central to his own faith structure and reflected in the meaning he gives his relationship with God/attributes to relational aspect of his faith; also draws on concept of free will here (400), giving clients responsibility for their own behaviour – this absolves his Christian self and enables his professional self “to go with what they bring” (399)</p> <p>how does it work? “don’t know how well I dealt with that really...” (269) – doesn’t seem fully satisfied – not easy fit – more of a practical working solution that allows him to get on with things; sense that it still threatens his integrity – values of honesty and transparency compromised as is desire for inner harmony. In work context prof responsibility prevails despite strong convictions otherwise. Why?</p> <p>&gt;&gt; relationship with colleagues: Answer seems to lie again with his fear of being misconstrued and disapproved of because of his convictions. Concept of self and God as caring – “love” = difficult fit with strong convictions that in current cultural climate are not politically correct (stigmatising homosexuality).</p>	<p><i>the other person irrespective of their lifestyle choices. Adding to this the concept of free will, which sits equally well with both his Christian and his professional ethics, means that Alexander is free to respect other’s choices even when they contravene his biblical beliefs. Finally, on the rare occasions where the gap between his beliefs and other’s choices appears too great to be bridged, Alexander tells of shutting out his Christian beliefs in favour of his professional ethics. He explains this move as being motivated by his desire not to offend, thus keeping his faith “central but also quite private (203-204)”</i></p> <p><i>In this respect Alexander achieves narrative coherence in his experience of sometimes complex and opposing principles. Yet, his narrative is not static. It is characterised by a dynamic interplay of dialogue and resolution that is repeated with each new dilemma, in turn challenging and validating Alexander’s self concept as Christian Psychologist.</i></p>	
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## Appendix 9.2 – Wendy

<p><b>How long have you been a self-confessed Christian?</b></p> <p>To elicit narrative about:</p> <ul style="list-style-type: none"> <li>• Tradition within family (internalised)?</li> <li>• Significant experience? (conversion, attribution of personal meaning?)</li> </ul>	<p><b>How do you define your Christian faith, what do you believe?</b></p> <p>To elicit information about personal belief system/credo</p> <ul style="list-style-type: none"> <li>• Which tenets of the Christian creed have influenced/shaped this person in their identity?</li> <li>• Personal faith construct</li> <li>• Relationship with church?</li> </ul>	<p><b>What is it like to have faith in your life?</b></p> <p>To elicit narrative about the bearing faith has on this person's conduct</p> <ul style="list-style-type: none"> <li>• Intensity of meaning?</li> <li>• Scope and practical application?</li> </ul>	<p><b>How does your faith fit with your therapeutic work?</b></p> <ul style="list-style-type: none"> <li>• Personal experience of collision (clash) and/or collusion (concurrence)?</li> <li>• Reflection on meeting points and conflict potential (what sense do they make?)</li> <li>• Keeping boundaries? does it work/how?</li> </ul>	<p><b>How does it fit with your contact with colleagues?</b></p> <ul style="list-style-type: none"> <li>• Ideas on and expectations of professionalism – faith as point of tension?</li> <li>• Disclosure (level, considerations, etc) ?</li> <li>• Concerns about acceptance/ reputation?</li> </ul>	<p><b>Do you think your life would be different if you weren't a Christian, and if so, how?</b></p> <p>How close is faith related to person's identity – can it be separated?</p>
<p>“when I was 9 years old ... I can look back as far as that to say it was probably my first conscious ... awareness ... of... how much I wanted to be a Christian. ... I could feel a presence ... and I clearly remember in my hear saying ‘God, please don't let me die until I get baptised’ because baptism for me was like, you know, I thought if you died before you got baptised –full immersion in water – that, you know you gonna end up going to hell” (36-53)</p> <p>Brought up in evangelistic, Pentecostal church – strong cultural</p>	<p>“ my Christian faith – I would define it in, um, in terms of the organisation I belong to. It's um, come probably under the evangelical, Pentecostal type or, er, faith ... \i would say I'm a born-again Christian in the sense that it's ...the process of being a Christian is acknowledging that I was born in sin as it were, and that sort of separated me from God...” (19ff)</p> <p>Faith clearly defined in terms of church master story. Single voiced, conformist – until [redacted]. Then loss and anger make her question the values and taken for granted ideas of her church, such as that one must marry within the</p>	<p>Faith and church life are inseparable for Wendy after experiencing God's presence during a youth revival in her mother's church. From this (still a teenager) she started to get involved with church activities and built relationships: “it was like an extended family ... I was in everything, I, I actually even put my career on hold” (135;146)</p> <p>Was offered place to train as social worker; consulted with pastor and then sought God in prayer and felt that it was right for her stay. At the time the decision was based on belief that had she abandoned church work</p>	<p>Therapy/job seen as God's purpose for her. Highlights the traditional divide between religion and therapy/psychology: “because psychology generally don't accept the spirit-, the individual spirituality ... because usually you talk about God you're delusional”(346ff).</p> <p>Being able to appreciate spirituality in her clients – sees this as benefit for client. Does keep very clearly drawn boundaries between her personal faith and therapy work though:” what I do is say that from what I understand of your God...He wouldn't punish you... ..so I'm</p>	<p>Identifies Christian team members – “we can talk work but we can also talk God” – shows the categorising of two important aspects of her life – work and faith; faith is something that connects, that adds to relationship. Identifying that small circle: ingroup – assumption/idea of shared understandings and experiences.</p> <p>Doesn't say anything about non-religious colleagues. Doesn't make faith topic of conversation? Faith an ingroup thing only?</p>	<p>[redacted] – questioning church ... weighs up and evaluates experiences, seeing the good and the bad – not black and white at all in this meta reflection: “It doesn't mean I have got no – I'm not in touch with my emotions. I'm a hundred percent human being ...” (481ff)</p>

<p>tradition – used to go to Sunday school with grandmother.</p> <p>Exposed to masterstories/beliefs of this church at young age when in mythic-literal phase of development where beliefs are appropriated with literal interpretations, as are moral rules and attitudes, and story becomes a major way of giving meaning and value to experience. time when child deeply affected and influenced by the myths and stories of its community. Powerful images like going to hell can have long lasting impact and even lead to a premature, foreclosed commitment to one's faith community and its master story/ where child takes on adult faith identity of the religious group he/she is growing up in, preventing them from ever stepping outside this belief and value system or questioning it explicitly and systematically. This is what seems the case with Wendy – for many years.</p> <p>Names this experience of presence of God as first meaningful, personal encounter with God, interpreted in terms of master story of her church – fear of hell. Two years later similar</p>	<p>congregation lest one commits spiritual adultery. This has cost her a family and children. Starts separating organised religion from God : “my walk with God is very different to the organisation.. as a young girl and that since growing up .. I thought it was all part of the package, you know, that you had to live that way” (445ff) – “ Our organisation was the organisation and there was like an exclusiveness about it, so even if you saw another Christian it was spiritual adultery ..so the message you got was really, really strong” (419ff)</p> <p>Sounds cultish even – strong message = strong story = discourages independent thinking – reinforced belief in specialness = abusive. Means that church soon becomes only point of reference – explains why someone as intelligent and otherwise stayed so long so committed. Other explanation is early conversion and upbringing.</p> <p><del>██████████</del></p> <p>I was going through the <del>menopause</del> and the thing is the finality of it, I took a step back and I took time out and I was angry...” (431ff)</p> <p>Fowler suggests that it takes a radical event, something that breaks through masterstory and makes person step back</p> <p>- such as serious clashes or contradictions</p>	<p>God would have withdrawn his help. Illustrates how church value/belief system/myth/story infiltrated and shaped her thinking to the point of discounting other views and basing major life decisions on it. career eventually materialised after finishing with youth work – though “every door I tried for social work closed, and the door for psychology opened” (179). came at a time of evaluating life, at crossroads when finding self behind with career and financially</p> <p>Continues to construe events in terms of God's divine intervention and will – doors close or open – as if to guide her; passive grammar –places activity/authority outside herself; Wendy is is a boat on the ocean of life and god is the wave and the winds governing it.</p> <p>This also comes though as she describes how she finally gets into psychology – it's story of overcoming adversity against all odds with the help of God – romantic story form. Lists obstacles and how they were overcome miraculously though divine intervention: was offered post grad training place despite not having a degree, was offered money to pay fees by a friend, – sees the fact that obstacles were</p>	<p>not pushing my religion, my spirituality on them because it's so unprofessional (352ff)– indicate massive shift: once every move was understood in terms of her faith, but now decides on secular professional path. Could have stayed within pastoral counselling but didn't. shows impact of <del>██████████</del>/woman self and how this has challenged the narrowness of her earlier worldview. Statement that sharing faith is unprofessional also shows influence of going prof discourses. Split her world in two – professional and spiritual, each with own rules, but not without acknowledging overlap and role of spirituality in client's life. Lid is kept on her own sharing, not clients. Gives examples of how she deals with spiritual issues in therapy – no conflict between selves apparent in her narrative. Seems that professional self is in charge, determining her action, but Christian self allowed to inform professional self – so no conflict necessary. Dialogue harmonic, each position has clearly defined place. How does it work in practice?</p> <p><b>Goth Client</b></p>	<p>Avoiding confrontation with others who might be opposed?assuming opposition given common negative reputation of religion within mental health field?</p> <p>For Wendy, faith is personal, interpersonal – with other believers, and with spiritual clients</p> <p>Something about authority and playing to authorities' rules? What does Fowler say about this stage? Can point out the above as suggestion/question but also contrast it with Wendy as reflective, influenced by God/relationship and own idea of prof boundary – that these are things of her choice, not blind obedience to authority but result of thoughtful judgement/agreement.?</p>	
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<p>experience of presence of God in a service, different church, and then again in third church, with mother – revival service and public commitment responding to alter call, which led to intense commitment and involvement with church to the point of foreclosing other career opportunities.</p> <p>Epic, single voiced – synthetic conventional – conformist, acutely tuned to the expectations and judgments of faith community – its beliefs and values as represented in its authority figures, who are seen as authority for own decisions/conduct etc. for many years lives by these standards without questioning – identity and worldview totally determined by church master stories. Probably would not have ended up psychologist if not had had premature <del>menopause</del> – loss of childbearing ability, family = anger, grievance – first time stepping out and questioning church. Gets in touch with female identity – new position. Everything gets challenged and faith becomes individual and reflective – separating out the personally meaningful from the shackles.</p>	<p>between valued authority sources – value of having children vs value of marrying within congregation – having run out of time and no children (p173) reflects on losses and re-evaluates her allegiances and beliefs re church authority</p> <p>Where is she now:</p> <p>Faith no longer epic and undifferentiated – narrative gives the impression that it once was. Voice of Wendy the woman has come in called status quo into question. Can't pretend it didn't happen, has changed her and her view of church</p> <p>Evaluates: I'm trying to let go of –not my values as a Christian but the shackles, my mental shackles of those kinds of thinking (429ff)</p> <p>Salvages the good from the bad – still holds on to some values - of good living, which she feels have guided her well in decision making – but does no longer indiscriminately accept the entire ideology/doctrine of her church (shackles). Holds on to her relationship with God, which if anything seems to have strengthened: "I'm waiting for compensation. He'll sort me out" (484) -</p> <p>He is her 'other' there has to be a relationship in order to expect sorting out. She is going through this with him – has not turned against him – only against the organisation.</p>	<p>overcome as sign from God: I felt just really humbled ... God it's yours, whatever" (239-240) - - again, God's blessing is needed for her to proceed; not clear at this stage whether her actions are determined by her relationship with God – dynamic, personal; or by the maser story of church – or whether relationship with God is reflection of maser story rather than individual, personalised faith. Progresses throughout training and career – more obstacles – gets job. Stresses the obstacles and likelihood of her successes, interprets them all in terms of God's providence: I think really it just shows the Lord keeps his promise, and once we do something really he honours it ff (288ff)" comment shows a significant change from earlier thinking where success depended on her getting it right before God – making the right choices. Now there is trust that God will support once we take a step. Seems to show a change in picture of God – before was authority figure – removed – ready to show his displeasure if not pleased; now God more like a friend – someone involved and on her side, wanting her to step out and do well: "I felt God directed me... You know it's not so much the religion... (295ff)" –</p>	<p>What point is she making?</p> <p>That spirituality is important and that you have to look beyond stereotypes; use of terms – philosophy to life – said as example to demonstrate that she would not proselytise but met client where they are; keeping spirituality in mind for benefit of client; also acknowledges that church can hurt. = reflects own experience</p> <p>Using personal experience: own process of coming to terms with losing grandmother – use of metaphor and comfort in God</p> <p><b>TOP client</b></p> <p>Issue of guilt and moving on through divine forgiveness – example used to illustrate how therapist's acknowledgement of spiritual issues can be crucial in facilitating change.</p> <p>In al this stresses that she would not openly disclose her faith – only uses her knowledge a second hand knowledge – "From what I have read about your God..." – shows a strong internalised divide between religion and psychology – along the lines of 'good' and 'bad' – leading her to qualify and</p>		
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	<p>Some opponents of religion argue for faith to be opium of the masses, a delusion that we indulge in because we cannot face grim reality (e.g. Freud, Yalom) no doubt form such a perspective Wendy's devotion would be seen as a naïve holding on because not to would mean her life was a lie, her losses in vain. But is not what comes through in her narrative. Rather she comes through as sober and reflective, as someone having done a lot of soul searching and still unanswered questions, but someone who can tolerate uncertainty because she has placed her faith in her <i>relationship</i> with God – something that is deeply personal and has developed over a lifetime and in the context of adversity and a controlling church. Something that is now there despite, not because of.</p> <hr/> <p>Romantic story form – overcoming adversity</p> <p>Form epic to reflexive and dialogic.</p> <p>Religious, woman, spiritual – her faith underwent transformation.</p> <p>From synthetic conventional to individuated-reflective.</p>	<p>statement does show a definite change – individuating from master story of church. Church no longer carries ultimate authority; relationship with God very personal and based on own experience. here narrative turns from action to reflection – clear separation between doctrine and person of God. Relationship with God not crucial and at heart of her desire : I'm trying to find out ..what God's perfect will is for my life"(313). – his guidance no is seen as that of a parent who cares for her and whom she wants to please in return. Getting a job as psychologist is seen again as his provision and the "reason for being there (329f).</p>	<p>justify her faith and disown her personal commitment before the client/at least not openly own it, which would be in stark contrast to her previous epic Christian self. Illustrates not only the change in Wendy but also the immense power of professional discourses and the idiosyncratic ways they get interpreted and lived out. On one hand she makes a point of advocating the appropriateness and necessity of addressing spiritual matters in therapy, on the other internalised professional discourses mean that she has to objectify/minimize her faith, hiding it behind her professional role. Doesn't appear to experience this as a contradiction though – seems to have very clear boundaries, separating the personal from the professional. Doesn't explain why disclosure would be unprofessional – assumes I share her notion. Lack of contradiction = heritage of having lived under church authority for so long? Where things are very black or white? Learned to categorise? – there seems to be an element of this but then she reflects on her life &gt;&gt; column 6</p>		
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## Appendix 9.3 - Joanne

<p><b>How long have you been a self-confessed Christian?</b></p> <p>To elicit narrative (gain insight) about:</p> <ul style="list-style-type: none"> <li>• Tradition within family (internalised)?</li> <li>• Significant experience? (conversion, attribution of personal meaning?)</li> </ul>	<p><b>How do you define your Christian faith, what do you believe?</b></p> <p>To elicit information about personal belief system/credo</p> <ul style="list-style-type: none"> <li>• Which tenets of the Christian creed have influenced/shaped this person in their identity?</li> <li>• Personal faith narrative</li> <li>• Relationship with church?</li> </ul>	<p><b>What is it like to have faith in your life?</b></p> <p>To elicit narrative about the bearing faith has on this person's conduct</p> <ul style="list-style-type: none"> <li>• Intensity of meaning?</li> <li>• Scope and practical application?</li> </ul>	<p><b>How does your faith fit with your therapeutic work?</b></p> <ul style="list-style-type: none"> <li>• Personal experience of collision (clash) and/or concurrence (consensus/accord)?</li> <li>• Reflection on meeting points and conflict potential (what sense do they make?)</li> <li>• Keeping boundaries? Stance?</li> </ul>	<p><b>How does it fit with your contact with colleagues?</b></p> <ul style="list-style-type: none"> <li>• Ideas on and expectations of professionalism – faith as point of interest or tension?</li> <li>• Disclosure (level, considerations, etc) ?</li> <li>• Concerns about acceptance/ reputation?</li> </ul>	<p><b>Do you think your life would be different if you weren't a Christian, and if so, how?</b></p> <ul style="list-style-type: none"> <li>• How close is faith related to person's identity – can it be separated?</li> </ul>
<p>Grown up in non-Christian family but with Christian influences:</p> <p>School assemblies &amp; religious teaching – “I sort of absorbed some of the Christian message and stories”(20-21)</p> <p>Read Narnia (expand) aged 9 –“it was from that moment that I began to</p>	<p>[my faith] is an integral part of my being... God is the air within me, and He works through me. I'm a vehicle...I'm the way through</p> <p>Relates to biblical notion of Holy Spirit – john15 (elaborate?)-God is a Being, not just an idea</p> <p>“to me the Christian message is all about hope ...It's about</p>	<p>Tells story of working (job) on a social outreach church project: “it gives me strength...sureness....that God would protect me because I was doing His work...having that deep knowledge that whatever I can get through I'm not alone and that makes it bearable...having faith enables you to take risks” (235-251)Joanne describes this experience as “perfect” as it combined the twin</p>	<p>For Joanne therapy is spiritual (506)-her avenue to live her faith (vs organised religion) – therefore:</p> <p>Concurrence:</p> <p>“I believe that God is acting within our work”(191) and will occasionally share her faith /have conversation with clients about their spirituality for Joanne therapy work is an extension of Christian charity in the sense that it is God's work, that people are</p>	<p>“I probably wouldn't talk with many other members of the team about it...because there is this idea that if you have your professional head on ..you almost have to be secular” (173-177) low level of disclosure – so different to earlier self who was so explicit and fervent about her faith. How are we to understand this change? She makes reference to perception of professionalism: one has to be perceived as professional, which for Joanne equates with “secular” – non-biased, multi-cultural. She uses phrases like “not</p>	<p>“If I didn't have a faith I might be out there earning a lots of money” (326). She struggles to respond to this questions : “Pffff, good grief!!! I have no idea...” (326) suggesting that her faith is so intrinsically linked with her identity/how she</p>

<p>believe yes there is a God in us. Yeah, I felt his presence, his impact on my life”</p> <p>= conversion experience – made faith personal and meaningful</p> <p>Godmother and grandmother were Christians – took her to church when she was little; godmother : “you ought to go to church, you ought to be confirmed” (46) – going to church and observing religious traditions is seen as integral to Christianity. Joanne distances herself – “I don’t need to go to church in order to believe and to be a Christian”(47-48). For Joanne faith is personal and about lifestyle – about how she relates with people – attending church therefore carries no meaning for her at this stage. During the interview, reflecting on this, she labels this her “rebellious stage” – choice of term suggests degree of internalised belief about what it means to be Christian from her godmother – can only rebel</p>	<p>adversity and about getting through adversity with the knowledge that you’ve always got someone by your side”(288-290)=Christian story form for Joanne-romantic (<i>elaborate here of pick up later</i>)</p> <p>I feel my Christian faith is part of who I am, an <u>essential</u> part</p> <p>Clearly views it as related to her identity (what does that mean?)</p> <p>Creed: believe in the goodness of God, and I believe in the goodness of humankind. Choice of linguistic style=follows ture f Christian credo: I believe in God, the father,...=suggests link with trad/religious root-ritual (verbal) that gives meaning – linguistic device to make this part stand out from other text – a confession, a declaration – this style of expression usually used when declaring commitment/avowal</p> <p>Combination of charity/deeds and faith-“it’s about doing and being” – James2, following example of gospels – lived faith.</p>	<p>components of her faith – the spiritual and the practical/doing and being. For her having faith presents an added dimension to her humanity. Although charity is a major part of her faith, there is an added spiritual dimension that relates to a personal God who “would protect her”-God is seen as real, personal being/entity who is concerned with her welfare and the reason for her charity. Clearly, then her faith is more than a set of personal ethics but holds on to the personal and personified God of her Christian religion. It is this God and His personhood that looks out for her and enables her to act in ways she would not on her own. Her faith then provides the fundamental basis of her conduct – it is what motivates her and enables her to step out, reach out, care/share in the suffering of humanity, get involved – it defines how she is in the world and how she understands the world</p>	<p>being guided to the service by divine intervention (quote). This shows parallels to biblical discourses on providence (<i>bible abounds with narratives/stories of this, eg, Joseph-send ahead to Egypt were became saviour of his own family, the prophets, Jesus, apostles and early churches – all stories tell of providence/divine guidance</i>). Belief in divine orchestration of events, which is made tangible for her through an “instinctive feeling”(“Inner voice-other than me” (223)] based on which she will broach spiritual matters with her clients. Suggest emotional reference points– “I feel it’s right (to share)because I feel peaceful”(202) &gt; emotional or “inner sense” experience appear to carry decisive authority in decision making/be key in spiritual awareness &gt;looking back at conversion – what carried influence here was emotional experience of God’s presence. For Joanne then faith has an emotional/experiential component that determines action.” It feels peaceful so it feels that it’s the right thing to do...I think if it wasn’t right then I’d probably feel uncomfortable about it = links feeling with reason/ethical judgment – feeling something makes it right/wrong. Is not to say that she is led by emotions</p>	<p>be seen as” and “it could be argued that I could be biased...”- suggests that in reflecting on this she is considering how others might interpret her having a faith – that they might judge her and deem her unprofessional = provokes criticism. This might in part explain her dissociation of therapy practice from it’s NHS context – if she is expecting censure/criticism/disapproval then “shielding [her faith] a little (432)” becomes a means of preserving it and her professional reputation as well. It also becomes more understandable when seen in relation to an experience she had during training:</p> <p>Joanne relates an experience of having felt personally attacked about her faith by another student. She describes the experience as very hurtful and nearly having led to her leaving the course, and she drew a consequence: “I need to be a bit careful really about who I can trust”. Indeed, earlier in the interview she reflects on our relationship and qualifies this as the basis for her free disclosure with me:”I got to know you’re a Christian and that you know I am, so we are able to talk...” – note: this does not mean that our faith profiles concur but there is an assumption of sufficient overlap not</p>	<p>perceives herself and what motivates her in life that it becomes difficult, if not impossible, for her to think about herself without it. In fact, the only thing she can think of is the difference it would make financially: “perhaps if I didn’t have a faith I might be out there earning lots of money”. She laughs as she contrasts the emotional reward church and therapy bring her, with the lack of financial reward and is clear that this “has greater importance for me”(331). – doesn’t elaborate any further, which is in stark contrast to rest of interview where she enters a rich narrative in response to my questions.</p>
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<p>against something that exists and carries authority as reference point.</p> <p>Later Joanne is introduced to a charismatic church by friends, where she is “caught alight”. She contrasts her experience there with her experience of her local parish, which she describes as “dead” and “old-fashioned”, therefore bearing no relevance to her life. Despite this, some years later, she ends up returning to her local parish and is confirmed there. Although she feels at home in the charismatic church, she didn’t feel it would be “right” to be confirmed there.</p> <p>Why is it important for Joanne, who from early on defined her faith as independent from established religion, i.e. church and located its meaning in social relationships and lifestyle, should want to participate in the religious ritual of confirmation? And why should this have to take part</p>	<p>Faith for Joanne is practical and there are frequent references (directly or indirectly) to biblical teachings. But it is about practical relational commitment not stale rituals. She does have an appreciation of religious rituals and traditions but sees them as means not ends; they carry meaning only in as far as they serve a relational purpose: I like communion service because that’s.. where people engage and different problems (are addressed) &gt; has taken on appreciation of rituals to some degree (as long as there is aspect of relationship) [rework]</p> <p>Joanne’s faith has eastern/other influences:</p> <ul style="list-style-type: none"> <li>• All worship same God (text ref...)</li> <li>• Gaia-God as conscience of the world</li> <li>• Buddhism- self only in interaction with others</li> </ul> <p>Moved away from CoE and calls self Christian: Christ as /historic person- moral teacher whose teachings are universally true and if followed would make the world a better place (political rather than theological connotations). Essence of Christ’s teaching encapsulated in</p>		<p>without self-awareness or ideological/professional frame – is very reflexive and developed organised frame for her personal faith – (“But I think I choose carefully as to how I use it, ...whom I speak to” (276-278) but subjective emotional experience becomes indicator of /reference point for appraisal of a situation and how she positions herself in relation to it – whether or not to act.</p> <p>, enabler-rather than something that gets in the way-God sharing the burden/emotional 309ffshe experiences her faith as adding to her practice – especially in relation to the emotional impact of therapy work(“sometimes... everything seems hopeless ...sometimes then it’s about offering up to God...I need your help ...and the yoke has been lifted” ff 312ff) again she draws on biblical phrases/discourses to frame this experience and draw comfort and hope for herself- stories and ideas of her Christian heritage provide meaning-making framework within which to understand her practice. Belief in God as the Other who is involved brings an extra dimension – there is another source of help both for</p>	<p>to fear hurtful criticism.</p>	
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<p>in her local church that she experienced as dead and irrelevant? It seems paradox/inconsistent with her earlier understanding of her faith. So, what draws Joanne back to her local church? I suggest that the answer can be found in her cultural heritage-the internalised religious values of her grandmother and godmother – rule that links “being a Christian” to attendance/affiliation with a local/traditional church: “I felt that part of being a Christian was living within the community...” &gt; choice of words: “didn’t feel right”, “I felt that <i>my place</i> was in my home church”, “part of being a Christian is...”-there is right way/rule now, which indicates a return to a value system that she had distanced herself from as a child/teenager. This is experienced strongly enough for her to stay and feel called into ministry there – even though church life was “a struggle” and “like living in the wilderness”(79-80)</p>	<p>being and doing for Joanne – personal conduct of charity/compassion – this ultimately is what leads to her disillusionment with organised religion and :</p> <p>Relationship with church:</p> <p>organised religion and personal faith don’t marry (144)-: “they feel quite separate, which I feel is not so good” (144-145) – personal faith is about charity/compassion-not reflected in her own church &gt; tried to change this in her local church but was not received well “I’m a little too challenging with this for the church of England because I could see faults ... so it was probably better that I’ve gone into psychology instead” (267-271) Joanne’s relationship with church is complex (discussed previously): For her, faith comprises the twin components of doing and being – it becomes dead if it is not linked with an element of outreach. This conviction is so central that, failing to convince her church of it, she decides to leave and pursue a career in psychology. How are we to understand this radical turn away</p>		<p>herself and for her client, which makes suffering bearable (if not extinct). Therapy becomes a spiritual endeavour in itself: to give hope and be an enabler (like her faith is for her – fits with perception of self as vessel) = living the Christian story: about hope and getting through adversity (288ff)</p> <p>Mutuality – sharing of the human condition: it’s possible that you can make a difference to that person and they can make a difference to you = two-way interaction (300ff) something about connection – to God and to others – everything is related (Gaia stuff) and stance to therapy work is not expert role but founded on mutuality and reaching out and sharing in the human condition and relating. In this sense it’s spiritual.</p> <p>Collision:</p> <p>“I think the NHS is very much about...reduction of risk – I think having faith is about taking risk and about stepping out into the unknown and I think the NHS frowns upon that...and certainly discourages...individual creativity</p>		
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<p>Joanne’s experience of God as a result of reading Narnia (<i>explain what Narnia is</i>) was a shaping influence on her faith and her life. It is marker in her personal story, an event of great personal significance – so much so that she identifies it as the starting point of her spiritual journey. It is so significant because it brings to life beliefs that</p> <p>before were in the realms of myth and tradition – now they have become personally meaningful and related to an emotional, tangible experience (“I felt his presence”). She contrasts this with her perceived deadness of church ritual and at first distances herself from the latter. Later on in life however, the religious traditions of her childhood become so significant and bring her back into parish life.</p> <p><i>It is clear however, that, irrespective of the balance</i></p>	<p>from something that has dominated her life for so many years? “I feel that God had a purpose for me but I was obviously going in the wrong direction” (264).&gt;narrative function=to make sense and attribute meaning, to keep coherent sense of self and experience/interpret experience in a way that lends coherence to sense of self: by interpreting the church as not being ready to handle the challenge she posed to its order allows Joanne to distance herself from the possible hurt of rejection that would be the result of the alternative explanation that the church just didn’t want her. Also, by construing this experience as God’s way of achieving the plan for her life leaves her picture of God and his purposeful involvement in her life intact and allows her to make positive sense of this experience. Psychology becomes the avenue for sharing people’s sufferings and demonstrating compassion – to be (in therapeutic relationship with them)and to do(achieve changes through therapeutic intervention/have an impact)</p>		<p>in practicing”(404-407)</p> <p>Conflict in core value – Joanne views taking risk as desirable, required even (and contained/made safe through God) whereas in her perception to NHS/statutory services risk is something to be made less, not to be encouraged. This placed constraints on the creativity of her practice – potentially requiring her to practice differently to how she would want to. “NHS as big brother watching you” (411) – big brother =George Orwell, 1984 – comparison with totalitarian state/control) How does she deal with collision/value clash?“whatever happens within this room is between me and the person involved ... then the NHS becomes distant” (412-418) . she separates herself from her context: paradoxically then, Joanne resorts to employing the very strategy she criticised the church for using: separation. This way therapy becomes dissociated from the wider system, becomes a very personal/relational endeavour between her and her client and in this bubble she can live out her spiritual conviction without too much tension as the context that causes the tension/collision is separated from the process of her</p>		
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<p><i>of personal faith/religious conventions her faith has become an important of her life – important enough to want to pursue vocational avenues/ to let it determine life choices.</i></p>	<p>-----</p> <p><i>Individuative-reflective position (mcAdams)-move beyond conventions and has created own personalised unique faith structure-questions creed and conventions and search for more encompassing and personally relevant ideology that can account for complexities and contradictions. Can appreciate other faiths – as seen in her appreciation of gaia and Buddhism ,for joanne the world would be a better place if everybody held this position ... (must rephrase)</i></p>		<p>therapy. What else?</p> <p>---</p> <p><i>Concurrence: therapy is spiritual – reaching out, overcoming adversity, being a vessel of God</i></p> <p><i>Collision: view on risk – Faith means risk, NHS is about risk reduction – places constraint on creative/spiritual therapy? Solves this by dissociating NHS context from process of therapy</i></p> <p><i>Boundaries seem defined in terms of spiritual guidance – feeling comfortable/not – rather than professional ethics. Uses spiritual reference points to make decisions about disclosure. Defines faith not in terms of propagating but in terms of relationship and process – boundary issues posed are not about explicit behaviours (what to do when type ethical dilemmas) but on ideological level – this means mostly can integrate therapy with faith/vice versa and dissociates self/therapy practice from systemic ideological context of NHS</i></p>		
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## Appendix 9.4 - Hannah

<p><b>How long have you been a self-confessed Christian?</b></p> <p>To elicit narrative about:</p> <ul style="list-style-type: none"> <li>• Tradition within family (internalised)?</li> <li>• Significant experience? (conversion, attribution of personal meaning?)</li> </ul>	<p><b>How do you define your Christian faith, what do you believe?</b></p> <p>To elicit information about personal belief system/credo</p> <ul style="list-style-type: none"> <li>• Which tenets of the Christian creed have influenced/shaped this person in their identity?</li> <li>• Personal faith construct</li> <li>• Relationship with church?</li> </ul>	<p><b>What is it like to have faith in your life?</b></p> <p>To elicit narrative about the bearing faith has on this person's conduct</p> <ul style="list-style-type: none"> <li>• Intensity of meaning?</li> <li>• Scope and practical application?</li> </ul>	<p><b>How does your faith fit with your therapeutic work?</b></p> <ul style="list-style-type: none"> <li>• Personal experience of collision (clash) and/or collusion (concurrency)?</li> <li>• Reflection on meeting points and conflict potential (what sense do they make?)</li> <li>• Keeping boundaries? does it work/how?</li> </ul>	<p><b>How does it fit with your contact with colleagues?</b></p> <ul style="list-style-type: none"> <li>• Ideas on and expectations of professionalism – faith as point of tension?</li> <li>• Disclosure (level, considerations, etc) ?</li> <li>• Concerns about acceptance/reputation?</li> </ul>	<p><b>Do you think your life would be different if you weren't a Christian, and if so, how?</b></p> <p>How close is faith related to person's identity – can it be separated?</p>
<p>Grown in Christian family – church background; parents involved, father was youth leader: “we were very much all involved in church, that was kind of just part of the pattern of our life. And I certainly remember when we were on summer camp one year – I must have been four – going up to my dad and saying, you know, er, you know I want to be a Christian, I’m a Christian... and I think it was at a time when people didn’t think that children of that age could make a commitment...” (23-30). First experience of “being a Christian” – young age – juxtaposes own inner sense of being a Christian with father’s (grown ups) acknowledgement of infant faith commitment – they doubt she is capable, for her it feels real. First experience of being on the fringes (through age?) – community/belonging defined</p>	<p>“how would I define it? I – just relationship! It’s central to me” (164) – relationship with God and relationship with people. “I mean obviously ... things like the bible are really important, but to me central part of my faith is about developing</p>	<p>“so my decision to come into clinical psychology...I really sought God about <i>that</i> decision. I hadn’t always sought God about other career decisions...” (202ff). this one was different because she gave up established career and because of the impact her career change was going to have on her family in terms</p>	<p><b>Contrasts Clinical Psychology with academic psychology:</b> “I’m not asked to lay my position so much on the line. I’m not asked to be so black and white in Clinical Psychology.... So, I haven’t really, I feel like I’m in much earlier stages in Clinical Psychology, because I feel like I’m only just thinking about [it]. ... I</p>	<p><b>Academia</b></p> <p>Difficulty working out how to integrate faith with psychology as an academic. Comes from a social constructionist, feminist position where there no absolute truths. “So</p>	<p>Faith is part of identity – there has been no ‘before’ so difficult to imagine life without</p>

<p>by Christian identity. Need of small child is to be part of her community – early perception that this means Christianity. Presumably talk centres on faith stuff etc. voices: small child – wanting to belong, identifying with her community and finding her commitment is not taken as seriously as that of others (older people’s) = painful? Relativises and distances self from this pain by bringing in adult perspective and justifying father’s lack of enthusiasm. “ I don’t know, I’m not sure, but, kind of, he didn’t, he didn’t pooh pooh it it, or anything. He just, I think that he just sort of didn’t take me completely serious, so I think he was pleased, but not fully” (35-39). Excerpt shows reflexivity in the telling: voice of grown-up Hannah now trying to frame her experience of feeling disappointed? Slighted? at not receiving the expected enthusiasm of her father at the disclosure of her decision. Shifts between hurt and reframing/understanding; softens his not-quite-rejection by bringing in levels of acceptance (he didn’t completely pooh-pooh it) – term pooh-pooh = derogative; but then softens this judgment by saying ‘not <i>completely</i>’ – like she is in process of either convincing herself or me – several starts and re-starts of sentence as if several positions in her mind and is looking at it from all of them. Keeps her sufficiently away from the emotional blow? – if you hold different perspectives then each individual one carries less weight and so less emotional currency.</p> <p>Formal alter call aged 6 – “but I certainly remember having those feelings very early on” (44). = formal public sign of commitment and alignment to her community – two strands: it’s the done thing in her community and so perhaps is what she feels is expected of her and will mover from the margins to the centre with everyone else? But: makes it clear that she had “those feelings very early on” – before making this demonstration. So what is it about? A six year old wanting to belong? A six year old behaving according to the norms of her community? A six year old making a true spiritual decision and doing what is done in her community to show it/solidify it? as six year old having had this spiritual awareness/truth for a long time but not feeling that this has been recognised by her community and so doing the alter call is attempt of moving to the</p>	<p>relationship.” (168-170)</p> <p>Hence experience of being on the margins of her faith community, of not fitting its story is so keenly and painfully felt and becomes the organising principle/theme of her self/narrative.</p> <p>Relationship vs specific tenets; bible important but not the centre – so specifics can be questioned; they are not absolutes. Makes a much clearer distinction here than her church/parents. Homosexuality.</p> <p>--</p> <p>Row with parents about homosexuality. “just because you are in the minority doesn’t make you right...”</p> <p>Being on the margins is part of Christian identity &gt; does it become part of identity full stop? Identifies with marginality and its causes?</p>	<p>of time and finances.</p> <p>Trust in God to lead her right and keep her safe? And/or : god is authority of her life and so needs to be involved – but then would have sought Him for other decisions too.</p> <p>Does not seek church leaders but God directly – relationship. But also: church narrative about salvation and giving over your life – including career decisions, so does fit with church story/Christian meta narrative. Is this even relevant?</p> <p>What attracts Hannah to Clinical Psychology?</p> <p>Nurse: loved getting alongside people, but: not intellectually stimulating. Academia: stimulating but not relationally satisfying. “I felt that Clin Psych would bring those aspects together” (237f)</p> <p>&gt; having faith gives courage to make big decisions and in a way</p>	<p>haven’t sort of come to reflect on so much, I think you just – I know, I know it comes into everything that I do. I know it comes into how I am with clients and colleagues. “ (330-341).</p> <p>Hannah as always very reflexive and not quick to commit to any position before having thought it out thoroughly and immersed herself in it fully. Remnant of academic career where she had to be explicit and put herself on the line for the world to see. Finds clin psych much more private or subtle that way. Has thought about it nevertheless, despite saying it’s all new – so shows that she is used to much higher degree of reflexivity where being explicit comes with judgement.</p> <p>About how her faith comes into clin psych:</p> <p>“you see I can say some things but I can see this in non-Christians too, so I’m not quite sure how this works</p>	<p>for me it was a struggle to work out how I integrated my faith and that knowing that there was a truth, and yet academically I came from a position where there are no truths. And the two didn’t match up very well” (278ff).</p> <p>Eventually decides that she isn’t a complete relativist “I didn’t come clear in my writing” about <i>why</i> she believed in certain truths and what they were. When I ask she says because “it’s completely taboo” (291). ... “ I mean it’s very hypocritical because there’s an idea that you should be self-reflexive ... [but] you can’t talk about what you’re bringing in in terms of spirituality. And there is a very unspoken, implicit, but heavy taboo about that. And I wasn’t ready to do</p>
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<p>centre from the fringes?</p> <p>Full emersion baptism as a teenager Ritual of Christian meta narrative – different churches have different ways of baptism and allocate diff importance to it. some do baby baptism sprinkling with water, other do full emersion after fully informed personal decision to follow Christ. Both use bible to back up their way. Full emersion symbolises the washing away of one’s old, sinful nature and the emerging out of the water symbolises the spiritual rebirth – hence term ‘born again’. “ I certainly remember <i>wishing</i> that I’d turned from a life of degradation and sin (laughs)” here, with the poignancy (?) of this statement, she laughs. – why would she have wished for a life degradation? Illustrates a keen awareness of not being part of what is celebrated – at the time this is so important that she would have traded her life for one of degradation and sin just to fit and feel in the middle of things. Partly may be about being of that age – of wanting to be someone, be special – but has been there all along, just not articulated. As four year old – being puzzled/saddened at not being taken seriously. Laughs at the incredulity of her own memory – but sense then was so strong that she can recall it now, many years later.</p> <p>Contrasts own story with before/after story of salvation. : “I don’t, for me it isn’t like my life before I was a Christian and my life afterwards. It’s just always been a part of my life. I mean I suppose it was , yeah, I definitely remember that decision and lots of different decisions since. But...I certainly remember wishing that I’d had a much more, you know, extreme tale to tell about turning from one thing to the other I guess” (67-73).</p> <p>Baptism is another public sign – meant to mark a turning, which for Hannah doesn’t exist. Referring to infant amnesia (63) she explains that in her experience she has always been a Christian – there is no ‘before’. As baptism in her church is about marking a turning point, this ritual serves to push Hannah further into the margin – in her subjective experience; outsider experience in her own community.</p>	<p>--</p> <p>“I’m always aware that I don’t foreground it <i>enough</i>. .. I’m much more aware of my faith when I’m with other Christians and praising and worshipping and stuff and the bible. I’m more aware of it at points like when I’m praying for my son... when I’m making major decisions in my life” (178, 196-200) identity as Christian still linked with group practices – brings it to the foreground, even if there is (was?) sense of marginality; links back to early self experience in church – faith and practices go together.</p> <p>‘Not foregrounding it enough?’ what makes her think that? Own desire to give faith/practices more priority because of personal meanings reaching back years? Or because sense she should because it’s part of</p>	<p>actualize self.</p>	<p>out because I feel like that I really do, theoretically anyway, but you know, I can see the expertise in clients, you know, celebrating their resources and strengths, erm... just a sort of very, I think just a really profound respect for people as unique human beings; and wanting to be curious about their stories. But that’s part and parcel of a lot of the approaches that we use in clin psych, whether that’s, you know, you’re a Christian or not. ... I mean to me that completely fits with how Jesus would be with people. (344-352).</p> <p>Shows lots of different voices at once, at times tumbling over themselves: part that doesn’t want to lay claim on a Christian position because it might not just be Christian – shows reflectivity/conscious of other positions and perspectives. Starts off sentence but doesn’t complete as thought comes in that her stance of curiosity may not reflect her faith but clin psych theory. And wants to honour this by acknowledging ownership</p>	<p>that at that point.” (297-310)</p> <p>Hannah’s experience of not fitting, of being on the margins turns into a cause when she enters the politically academic field of psychology. Her questioning part feels at home, she enjoys the intellectual stimulation. Here, being critical and questioning norms is desirable and the norm, moving Hannah from the margins to the middle. She fits. Finally. But. Her christen part does believe in the truth of God and holds this truth/belief closely to her heart. It is part of who she is. even though she does struggle with some of the specifics her relationship with god is real and undeniable. But deny is what is</p>
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<p>Wanting to bridge the gap – wanting to have a tale that fits but not having it and there is nothing she can do about that. She does get baptised though, even though there is no turning point. Why? Because it's the done thing and so she goes along/through the motions? – doesn't seem to fit Hannah, who has high level of self awareness early on and is thoughtful about her motives and integrity (what makes me think that?) ; or because she really wants to fit so does what is done, what is expected, what she has expected herself to do, probably for years and as a matter of course. Doesn't verbalise this at the time, but does so on reflection. <b>At the time is only wistfully aware of not fitting fully – which is reminiscent of her experience as a four year old and not being taken seriously in her commitment.</b> Whatever she does, it does not seem to fit the cover markers (151). Through none of her own fault, by default because of her position within her family and church. Paradoxically, growing up in the church (home) means that her personal story doesn't fit the church story, which is oriented towards outsiders coming in, not insiders growing up. leaves her outsider within her own group. Realisation that she will never fully fit. <b>Voices:</b> the part that desires to fit, the part that keenly feels she doesn't, the part that realises that she may never fit?, the part that begins to question the cover markers (maybe it's not her that's wrong but the cover markers). "I have often felt that I haven't fitted the dominant narrative of the church anyway so ... I guess maybe for me it comes down to what I feel are the negotiables and the non-negotiables of being a Christian" (80-84). &gt; e.g. homosexuality</p> <p><u>Making sense and salvaging identity</u></p> <p>Adolescence/ young adulthood – time of individuation and formation of identity, of questioning old values and norms. Hannah does so, deeply and thoroughly; and then turns her sense of being on the margins into positive (?) part of her identity – rather than something that must be changed. Accepts it and gives up trying to fit cover markers. Instead questions validity of cover markers. Strategies: relativises by associating cover markers with her parents'</p>	<p>dominant narrative of her church and she wants to fit? Not clear. Should have asked more.</p>		<p>may lie elsewhere. Clin psych perspective – can justify own approach within clin psych models; spirituality – fits with Jesus – faith and psych complement each other, overlap seamlessly. Which is perhaps also why she hasn't had to think about it as much.</p> <p><b>Disclosure</b></p> <p>"I certainly can't start preaching to clients in session (laughs), er, it has to come up in more indirect ways about people talking about their spiritual journeys, and just, just sort of looking to you for whether you have heard them or understood them, and respect the spiritual side of them. ... I think spirituality is important. So I do feel genuinely – I'm not just nodding my head at that point, I feel I have engaged with the importance of that for them. I think that maybe makes a difference" (358-371).</p> <p>Can acknowledge spirituality in clients and will work with</p>	<p>expected of her. Spirituality is taboo but reflexivity is encouraged. Hannah is in a bind – either she must deny her faith, i.e. keep it quiet, or she risks the consequences of breaking a taboo - The criticism and perhaps rejection from the very group she finally fits with. Hannah reflects on the hypocrisy of it all but the situation remains the same. She attempts to salvage her personal integrity by writing about the existence of some truths (e.g. in feminism) without giving away her faith. Somehow it seems easier to talk about feminism than her faith. Perhaps because the latter is too personal and meaningful, making her too vulnerable once put in writing? Perhaps if forced to withdraw or reconsider it would</p>	
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<p>yardstick “we stick to growing up” – i.e. construing it something that is naturally questioned /that reflect only one view (that of her parents) not the truth, and so is open for evaluation. Kann sich auf zwei arten abgrenzen : alter (man nimmt alles ungefragt hin alls kind) und elterliche normen, die nicht uebernommen warden muessen. Distances herself from that view and identifies parents as reactionary. Distances herself from that political view too and thereby from having to fit those norms. Tells stories which illustrate and persuade. – stringing together experiences around not fitting and contextualising the fitting with individual group norms rather than general truth(s). befreiungs-schlag. Distances herself from the very idea that one way is right and so fashions unique identity around not fitting and not having to fit. Now it’s no longer about not matching up but about questioning and pulling down the norms that define the group.</p> <p>Examples:</p> <p>Uni: Christian Union and Women’s Group. “they found it vey difficult to understand how I was a Christian. They associated Christians with some very reactionary politics... and some people in the Christian union found it very difficult that I was in the women’s group. So I often felt like I didn’t fit into either group. And I suppose being a single parent as well, you often feel like you are on the margins of things. You often feel like you’re on the margins of the church because it’s set up for couples, set up for families.” (94-115)</p> <p>Randerfahrung:</p> <p>Uni – Christian union vs women’s group, each with their own, opposing group criteria (in the eyes of the other members, not in Hannah’s eyes); church – single parent in families church (can’t participate because of child)</p> <p>Margin becomes theme to construe experience and structure story. That fashions her own self narrative, including events that confirm marginality and so creating dominant story of self as on the margins. Is aware of that and immediately relativises: “Although being a white, middle class, educated woman I wasn’t really on the margins</p>			<p>it. makes a point of distancing herself from the ide of preaching and laughs at the ludicrousness of it – voice that says it’s good talk spirituality and voice that says it must be client-led (prof). here is opportunity to be congruent and bring value of spirituality in . but again won’t commit self – stresses that this may <i>maybe</i> make a difference.</p> <p>Example:</p> <p>Christian clients enquiring about her beliefs.</p> <p>“you need to exert judgment about ..well, why is that they want to know that, you know. And mostly, I think, I am maybe more erm, I don’t hold back from clients as much as other people would. Because think that’s disempowering.” (377ff).</p> <p>Here, Hannah seems comfortable with disclosing her own faith. In fact, self disclosure is the topic she chooses when answering my question – either reflects what is being discussed in the field with regards to</p>	<p>be easier to do with a topic like feminism than something as personal as her faith?</p> <p>Bottom line: Hannah has found her niche and finally fits. Although it means to some extent denying part of herself she feels home here and is reluctant to give her belonging. Censure in this field is just as keen as it was at church/home, and her belonging is determined by how well she can stick within the group’s boundaries (values, beliefs, practices). She feels that her integrity is being compromised and struggles with this and this is what makes her challenge the absoluteness of theory, but she still does not seem happy with herself, saying she “chickened out” and side-tracked</p>	
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<p>of a lot of stuff. But if you experience any marginality I suppose you ignore the ways in which you are not marginal and just think about the ways in which you are.” (119ff) in doing so steps back and takes meta view, recognises other perspective in a way takes away from her own experience, like she shouldn't be feeling this because it's not entirely true? Thinking about it theoretically transports the issue into the academic realm away from the subjective (emotional, painful) experience. it also makes it difficult for me to come in with an interpretation as she is already delivering one, and one that feels sound even to me standing outside looking in.</p> <p>“they didn't...” it's them that didn't – not her = reframed – move away from localising the non-fit in her to localising it in structures and representatives of these structures (“them”), and in the cover markers/norms themselves.</p> <p>&gt; sie aendert die parameter so dass sie ein karo findet in dem sie nicht am rand steht sondern in der mitte. Merkt dass sie die karos aendern kann – zwei moeglichkeiten randerfahrung zu aendern: sich in die mitte bewegen, oder die parameter des karos aendern.</p> <p>Rather than trying to fit, her identity now is about being on the margins (this very act is changing the parameters of her margins) : “I suppose my identity was also quite like I was on the margins of things” (118f), and “ I suppose my identity as a Christian has been a little bit on the margins” (147f). she concludes: “and maybe that's forced me to question some of the things that my parents wouldn't question or think about what's negotiable, what's culturally (given) or specific about my faith”(56ff).</p> <p>Hannah's own interpretation. Evidenced by examples and embedded in her narrative in such a sound way that it seemed impossible to see anything else – was taken in completely as made so much sense and interpretation presented to me on a platter.</p> <p>But it's more than just associating her faith with marginality – it almost seems as if her response to this experience of marginality has</p>			<p>spirituality, or is what is on her mind. Think the latter perhaps because this is what she was concerned with as an academic. Her statement does reflect the voice of the field that cautions about all self disclosure and again Hannah develops her own take, rather than just going with the norm. she does engage with the issue, to get to spirit of it rather than the letter. Still she will explore why a client wants to know, as is usual stance in the therapy practice – but then is clear that she will disclose, even labels non-disclosure as disempowering. Much in Hannah's life has been about tearing down power structures (metaphorically) by questioning values, beliefs, norms- the status quo; by being actively involved in political movements at uni and in political psychology taking up the cause of the marginalised –the disempowered. It only seems congruous for her now seek to avoid disempowering her clients.</p> <p>She talks about being new in clin psych and not having</p>	<p>from the issue of spirituality. But speaks in terms of readiness – there is progression – sees her part disclosure as a means towards the end of spiritual disclosure, or potential spiritual disclosure – Hannah sees herself as unfinished, as constantly in flux.</p>	
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<p>shaped her identity to a significant extent: <b>Hannah is about holding/juggling various perspectives simultaneously and loosely.</b> Even when telling her own story and offering her preferred interpretation, she still juxtaposes it with other views. Relativising her own, turning down its emotional connotations as a result. ? . narrative is both incredibly personal and reflexive, and also academic? Or maybe just uses all parts of her being, including academic one, to make sense? But the academic distancing through holding voices simultaneously and loosely does seem to buffer the emotional impact.</p> <p>--</p> <p>Changing concern/perspective:</p> <ul style="list-style-type: none"> <li>• from how am I perceived / how do I fit (early church)</li> <li>• it's their issue (uni)</li> <li>• I don't fit and that's who I am</li> </ul> <p>Being on the margins/not fitting gives rise to questioning part, which seems hallmark of who she is.</p> <p>Part that wants to fit and tries to fit</p> <p>Part that learns she doesn't fit/painful</p> <p>Part that accepts not fitting and turns it round questioning the criteria</p> <p>Part that identifies with questioning and makes it her hallmark – constructive reframing</p>			<p>fully found her stance re her faith in a prof context. She says "I'm a proper grown-up. Or I start to be a proper grown up) (Hannah as ever not committing to a standpoint – to leave the door open for potential disagreement). Although she considers herself new and only just entering the grown up world of qual clin psych's, it seems that here, without effort, she has managed to do what she has not managed to do in any other context before: she has integrated her faith and her work. for the first time she can bring together, in easy harmony, what she is about: her faith, her desire for and respect of relationships, her polyphony of voices, which here she can juggle and hold respectably and as part of her job. = integrity</p>		
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## Appendix 9.5 - Annabelle

<p><b>How long have you been a self-confessed Christian?</b></p> <p>To elicit narrative about:</p> <ul style="list-style-type: none"> <li>• Tradition within family (internalised)?</li> <li>• Significant experience? (conversion, attribution of personal meaning?)</li> </ul>	<p><b>How do you define your Christian faith, what do you believe?</b></p> <p>To elicit information about personal belief system/credo</p> <ul style="list-style-type: none"> <li>• Which tenets of the Christian creed have influenced/shaped this person in their identity?</li> <li>• Personal faith construct</li> <li>• Relationship with church?</li> </ul>	<p><b>What is it like to have faith in your life?</b></p> <p>To elicit narrative about the bearing faith has on this person's conduct</p> <ul style="list-style-type: none"> <li>• Intensity of meaning?</li> <li>• Scope and practical application?</li> </ul>	<p><b>How does your faith fit with your therapeutic work?</b></p> <ul style="list-style-type: none"> <li>• Personal experience of collision (clash) and/or collusion (concurrence)?</li> <li>• Reflection on meeting points and conflict potential (what sense do they make?)</li> <li>• Keeping boundaries? does it work/how?</li> </ul>	<p><b>How does it fit with your contact with colleagues?</b></p> <ul style="list-style-type: none"> <li>• Ideas on and expectations of professionalism – faith as point of tension?</li> <li>• Disclosure (level, considerations, etc) ?</li> <li>• Concerns about acceptance/reputation?</li> </ul>	<p><b>Do you think your life would be different if you weren't a Christian, and if so, how?</b></p> <p>How close is faith related to person's identity – can it be separated?</p>
<p>Confirmed as a teenager “and that meant something at the time”. Then uni – “can’t say that I was living a Christian life at that time” (15).</p> <p>Role of prayer</p> <p>Lord’s prayer has always been her anchor of faith from childhood on:</p> <p>Intercession: hears of school friend’s difficult relationship</p>	<p>“basically following Christ” (140)</p> <p>New understanding of creation through own child – fantastic interdependency and intricacy of relationships as well as their global aspects are attributed to God. Recursive understanding of God-creation/love, one influences the other, both are intrinsically linked. <b>Theological reflection that goes into philosophical / existential domain. Very personal but goes far beyond that to shape</b></p>	<p><b>Role of prayer</b> – red thread, in her own understanding</p> <p>“I think I’m much more aware of the <b>spiritual dimension</b> in my life and the spiritual life that is between us all” (222f).</p> <p>-affects how she thinks about experience and people, sees her work/job as “work for him”(233).; shows itself in her commitment to church-based</p>	<p><b>Draws circle again:</b> systemic (prof) fits with spiritual worldview – no inconsistencies experienced.</p> <p><b>Archimedes circle area proof: circle is made up of numerous triangles. in practice Annabelle does experience the edges occasionally:</b></p> <p>Asked how faith enters work she says:</p> <p>“sometimes a bit of a conundrum”</p>	<p>Relationship with colleagues</p> <p>“knowing that we are Christians doing something co-ordinated adds an extra bit of oomph even to the extent that when something was not working very well one of my colleagues said why don’t we pray about it, and that was a bit of a departure for me...” (360ff)</p> <p><b>Why is it different to pray with colleagues for a service matter than it is to pray for clients for a personal matter? How is the boundary that</b></p>	<p>Is only Christian within family of non-Christians ;</p> <p>“So I guess in some ways life might be easier (laughs) except I know that’s not true ‘cause the opposite would be the case as well. There are a lot of things I can do in God’s strength that I wouldn’t be able to do in my own</p>

<p>with her father and is distressed by this. Prays for her and learns a little while later that the relationship has improved. Lists this as evidence for the spiritual and that prayers get answered</p> <p><b>Key-experience: Prodigal return 15 years ago.</b></p> <p>Daughter started asking questions about church and God . This causes her to reflect and ultimately revives her faith and “sense of my relationship with God” (63). At the same time she experiences what she calls a “strengthening”(70) of resolve and she is able to resist “all sorts of temptations” (68). This, Annabelle is clear, is not the result of her own efforts or will power; rather it is a sign of some fundamental change: “there was something else going on much more deeply, and spiritually” (73-74). Then, one day, when sitting at home pondering on these thoughts and contemplating her daughter’s request to visit a church, there is a knock on the door. The local church she is</p>	<p>her entire weltanschauung. Has clearly thought a lot about faith and spirituality both for herself and in relation to the world/ society/humanity in general.</p> <p>Biblical underpinnings/understandings:</p> <p>Recursive: God becomes human to empathise with what it means to be human. Goes through the basics: creation, restoration of relationship with God through Christ, role of the Holy Spirit, who has enabled us to have this relationship with God that Christ makes possible.</p> <p>---</p> <p><i>Fowler conjunctive faith – porous boundaries of worldview/self – interest in and openness towards the other. “ready for closeness to that which is different and threatening to self and outlook. ... commitment to justice is freed from the confines of tribe, class, religious community or nation. And with the seriousness that can arise when life is more than half over, this stage is ready to spend</i></p>	<p>community project: child-parent group= extension of her own experience with daughter-relationship as spiritual. To show faith in action – doing it not preaching it. Expanding horizon to meet and serve people from other cultures: “takes you out of your own worldview”.</p> <p>Prayer: seeing God’s hand in how things fit together – the fantastic interdependency again – divine orchestration of events. Obstacles are removed through the power of prayer = exciting and bonding.</p> <p><b>Recursive understanding – fantastic interdependency =</b></p> <p>Zieht weiten Bogen – Kreis der alles umschließt. as <b>metaphor</b></p>	<p>(293):</p> <p>Early day: was struggling to think how to represent her faith at work. Says she has forgotten what those struggles were but clearly remembers having had them- by referring to the struggles other Christians have.</p> <p>Church: “you can’t be a psychologist and a Christian; and I think that was almost their misunderstanding”</p> <p>Although Annabelle’s faith clearly has biblical underpinnings and she is heavily involved with her church, she does not seem bound by the parameters of this community but can think outside them. This leads her to locate the apparent dissonance within her community – their misunderstanding (emphasis added) rather than own it and worry about it. She bases this again on her overarching worldview – cf Fowler: conjunctive faith</p> <p>Links this with having a systemic outlook “which kind of opened my eyes to seeing God’s hand in “ her work... integrates her spiritual worldview with her theoretical</p>	<p>she lays here defined?</p> <p>Discourses in psychology and counselling traditionally separate the spiritual from the psychological and associate this division with good professional practice (need ref?). So, even though as a Christian Annabelle is used to intercessory prayer gatherings, bringing this practice into her professional domain seems to generate a certain amount of discomfort for her Psychologist self. Although she is quick to stress that this “was a bit of a departure for me” she nevertheless agrees to join in. Annabelle is not explicit about her reasoning, so given her reservations, what prompts her psychological self to take part in the meeting?</p> <p>The meeting is scheduled to comprise four other professionals – perhaps the fact that this constitutes a group, and that colleagues, not clients, are involved, lends the endeavour an</p> <p>air of acceptability, thereby making attendance more justifiable to her psychologist self? Furthermore, recent developments in psychology and counselling, reflecting cultural trends towards a more openly positive stance towards spirituality,</p>	<p>strength” (343ff)</p> <p>Faith is dividing? Diff value/belief system not understood / appreciated at home? But in same breath reminds self that God’s strength helps her handle these difficulties and more – concludes that life would be more enclosed and she would be more selfish, have a different agenda “it’s kind of hard to imagine” (352)</p> <p>Faith so central that she cannot imagine life without it now</p> <p>Equates not having faith with being personally strategic – if you don’t live for God you live for your own gain – she owns this</p> <p>Faith adds to her, is an added dimension, can cause difficulties with family as they may not understand</p>
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<p>now going to, is visiting the neighbourhood inviting people to their Sunday service. Annabelle ends up going and receives a warm welcome, giving her a sense of “coming home almost” (109-110).</p> <p>In calling her experience a “prodigal return” Annabelle draws on biblical/Christian discourse by likening her own story to that of the Lost (or Prodigal) Son in the gospel of Luke, (chapter15), where a young man, not appreciating his good family fortune, leaves his father’s home only to find adversity and desolation in the world. Eventually this leads him to return home were he, like Annabelle in her local church, receives a warm welcome and is given back his place in the family. In the biblical story the father runs towards toward the son to greet him on his return. He is proactively involved and organises for a feast to be prepared in celebration. Annabelle seems to understand her own experience along similar lines. In telling her story she makes causal links between her daughter’s</p>	<p><i>and be spent for the cause of conserving and cultivating the possibility of others’ generating identity and meaning.” (Fowler, 1981, p. 198)</i></p>		<p>model and finds a nice fit.</p> <p>NHS</p> <p>“because I work in the Health Service I don’t necessarily talk about my faith a lot but I don’t not talk about either”</p> <p>How does she handle boundaries/collision?</p> <p>Sees domains as separate with a boundary that is not necessarily to be crossed. Implies that it could be crossed. Double negative: “do not not talk either “- silent representation in wearing a cross. Faith acknowledged but subordinated to work context. Brings her faith with her on her person/wears it like a personal quality/statement but it has no official authority over the work context/work place</p> <p>Disclosure</p> <p>Will disclose on request – sees this as empowering to client “knowing we share some beliefs seems quite important to empower”–usually it is Christian clients who want to know (why is this mention significant/is it?)=professional explanation/</p>	<p>have began to shape and re-negotiate ideas of what constitutes good professional practice, leading to a bridging of the divide between spiritual and professional spheres. Perhaps this move has impacted on Annabelle’s Psychologist self and enabled a loosening of boundaries to the extent that she can allow herself to depart from her ordinary practice?</p> <p>Annabelle’s decision might also have been influenced by her Christian self, with its longstanding belief in the power of prayer. As a Christian, in other contexts, Annabelle has ample experience of collective intercession and testifies to its promise. The existence and relevance of the spiritual domain is not contested by her Psychologist self at an ideological level, and so perhaps on this occasion, a combination of factors, (the invitation for prayer by a colleague, inclusion of spiritual discourses in professional practice, and the enthusiasm of her Christian self), culminated to convince her Psychologist self to step outside its normal parameters.</p> <p>Whatever the reasons, this incident</p>	<p>but also helps her to deal with those.</p>
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<p>curiosity about God and church, her own inner sense of strengthening, and the timely and crucial knock on the door that propels her into action and prompts her return to church. Gergen &amp; Gergen (1988)/other ref – Sarbin, 1986/ stress that it is such linking of events, that lends a narrative coherence and meaning. In Annabelle’s story the door-knock incident coincides with her own private sense of change, lending it a significance it might not have had otherwise - had she not been thinking about church, she might have experienced this incident as either intrusive or uneventful. Instead, it has the quality of an orchestrated event: just like in the story of the Prodigal Son where the youth on his return runs towards the father and the father, having been waiting for this moment, runs towards the son.</p> <p>= Annabelle’s own meaning - making explained.</p> <p>Return to childhood faith through own child’s curiosity. Annabelle’s understanding of faith based on this: “a new way</p>			<p>justification</p> <p>Example:</p> <p>“quite early on” a client was struggling with her faith and asked for prayer. Annabelle asked whether she should pray in or outside of session. Client said outside “That was helpful to me to keep the boundary” (335)</p> <p>Why should she emphasise that it was quite early on in her career?</p> <p>To differentiate between now and then? But doesn’t sound like she would do things differently now or that she was unhappy with how she handled it and so needed to create distance between now and then. Perhaps remembers it because it happened at a time she was actively concerned with this issue ? it may have happened since but because she is comfortable with how she integrates faith and work she doesn’t have to give it much thought now so examples aren’t as vivid in her mind and so she won’t remember to tell/use?</p> <p><b>Dialogics here:</b></p> <p>Christian self: prayer holds personal</p>	<p>seems to indicate a slight change in the relative dominance of her Christian and Psychologist positions:</p> <p>In the first story, Annabelle’s experience of therapy after self disclosure, the relative dominance of I positions seem context dependent: her Psychologist self appears to maintain dominance over her Christian self in the counselling room, keeping the boundary of “what we were doing, and that was <i>therapy</i>” (336; emphasis added). She draws on professional, rather than Christian, discourses to substantiate her decision for self-disclosure, and so upholds a coherent narrative of herself as ethical practitioner.</p> <p>By taking prayer outside the counselling room Annabelle also creates a consistent narrative for her Christian self who understands her professional role as divine appointment and so provides an existential frame for the experience of her Psychologist self.</p> <p>The story of the professionals’ prayer meeting might illustrate what Hermans &amp; Kempen (1993) have termed “dominance reversal”. Whereas in the first example the</p>	
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<p>of understanding creation. And through the process of having children, and discovering the amazing interactional stuff that goes on with your own child..”141ff)</p>			<p>significance, is central to her faith (anchor) and she very much values its power.</p> <p>Therapist/psychologist – internal dialogics/or distinguish between therapist and psychologist, bzw. Professional:</p> <p>Being responsive to client’s request – ethical principle of beneficence</p> <p>empower through disclosure – having established shared beliefs lets assume shared practices and may create an expectation in the client: as therapist – client there is a boundary, a power imbalance; as Christian – Christian there isn’t, or less so (as there is still the mediating influence of prof context).</p> <p>Prof responsibility: to stick within prof boundaries and do what is appropriate for prof context. All three positions /arguments are valid for Annabelle – indicated in her question to client about where to pray (willing to do in session) but her remark that she found it helpful to keep the boundary suggests a relief? At not having had to break it. Perhaps she would have done but it would have felt like a boundary violation to her (maybe violation bit too strong)</p> <p>Suggests hierarchy, if subtle, of</p>	<p>dominance of a self was determined by context, here the spiritual activity of prayer is not only brought squarely into the professional work place, but it even becomes the agreed focus. Annabelle’s Christian, rather than her Psychologist self takes the lead in addressing some work-related difficulty, thus assuming dominance outside its usual context. It is possible, of course, that the potential presence of three Christians, though colleagues, create a Christian sub-context, which becomes superimposed on the professional context, calling forth her Christian self. Either way, this change in dominance illustrates the dynamic nature of the dialogical self, creating a degree of change over time (cf. Hermans &amp; Kempen, 1993). In this case it seems to leave Annabelle’s Psychologist self with a measure of unease as she faces the task of reconciling this incident of crossing boundaries with her sense of self as a professional.</p> <p>Annabelle, in telling her story retrospectively during the interview, does restore continuity by adopting a narrative metaperspective (might elaborate on this in terms of Hermans &amp; Kempen’s theory if not done in method section) through which she can balance and</p>	
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			<p>positions: prof first then Christian, therapist somewhere in the middle able to side with either.</p> <p>Did pray outside : “ I do find myself praying for clients and pray for situations at work because I do believe that God put me in the position that I’m in to do some work for Him”...</p> <p>Systemic view, prayer/faith, and beneficence ethics all integrated in her post which she sees as calling/God directed in itself. No tension between faith and professional domain on philosophical level and little on practical level as the context boundary she sets can usually be kept and there is a sense that even if it couldn’t it could be reconciled within her philosophical frame and so wouldn’t create too great a dissonance.</p>	<p>interrelate both selves, and evaluate the experience by acknowledging the merits and potential of prayer whilst holding on to a degree of reservation from her position as a professional.</p> <p>Third example: manager requires prayer. Annabelle sees this as an imposition and takes a clear oppositional stance – concerned about issues of choice and respect? Affect on others id subgroups pray? Goes against her Grundprizip von Offenheit and choice/respect etc. abuse of power?</p> <hr/> <p>Circular weltanschauung: circle is so big it can accommodate all positions, ambiguities and inconsistencies and lets her reposition herself afresh in each new situation without a threat to the coherence of her sense of self. There is no sense that she struggles with incoherence and wanting to have a clear stance that holds in every case. Rather her worldview is so broad it accommodates everything so the inconsistencies pale into insignificance.</p>	
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## Appendix 10 - Creeds

### Appendix 10.1 - The Apostles' Creed

*The basic creed of Reformed churches, as most familiarly known, is called the Apostles' Creed. It has received this title because of its great antiquity; it dates from very early times in the Church, a half century or so from the last writings of the New Testament.*

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I believe in God, the Father Almighty,  
the Creator of heaven and earth,  
and in Jesus Christ, His only Son, our Lord:

Who was conceived of the Holy Spirit,  
born of the Virgin Mary,  
suffered under Pontius Pilate,  
was crucified, died, and was buried.

He descended into hell.

The third day He arose again from the dead.

He ascended into heaven  
and sits at the right hand of God the Father Almighty,  
whence He shall come to judge the living and the dead.

I believe in the Holy Spirit, the holy \*catholic church,  
the communion of saints,  
the forgiveness of sins,  
the resurrection of the body, and life everlasting.

Amen.

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Retrieved from:

## **Appendix 10.2 - The Nicene Creed**

*International Consultation on English Texts translation as printed in: The Lutheran Book of Worship, The Book of Common Prayer (Episcopal) - English Language Liturgical Commission translation*

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We believe in one God,  
the Father, the Almighty,  
maker of heaven and earth,  
of all that is, seen and unseen.  
We believe in one Lord, Jesus Christ,  
the only Son of God,  
eternally begotten of the Father,  
God from God, Light from Light,  
true God from true God,  
begotten, not made,  
of one Being with the Father.  
Through him all things were made.  
For us and for our salvation  
he came down from heaven:  
by the power of the Holy Spirit  
he became incarnate from the Virgin Mary,  
and was made man.  
For our sake he was crucified under Pontius Pilate;  
he suffered death and was buried.  
On the third day he rose again  
in accordance with the Scriptures;  
he ascended into heaven  
and is seated at the right hand of the Father.  
He will come again in glory to judge the living and the dead,  
and his kingdom will have no end.

We believe in the Holy Spirit, the Lord, the giver of life,  
who proceeds from the Father and the Son.  
With the Father and the Son he is worshiped and glorified.  
He has spoken through the Prophets.  
We believe in one holy catholic and apostolic Church.  
We acknowledge one baptism for the forgiveness of sins.  
We look for the resurrection of the dead,  
and the life of the world to come.

Amen.