Responding to Need

An Investigation into Selected Church-Based Counselling Services in Melbourne

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Notes

* Anonymity was part of the ethical requirements of data collection. The different counselling centres have in some cases been identified using a code but the intention was to investigate the variety and similarities between centres rather than highlight any one centre as a model.

* The word “minister” is used throughout this report as a generic term to cover the professional leadership of the church. This term includes “priest”, “pastor” or “Salvation Army officer”.

Introduction

This paper presents the results of research into a variety of church-based counselling services currently available in Melbourne. It has not investigated the large denominational services such as Anglicare from the Anglican Church or Centacare from the Catholic Church. These larger organizations have their roots in the Church but their administration is independent of local churches and many programs rely on government funding.

The 12 centres investigated in this research have a close link to the congregations of people from whom the initiative arose. A wide variety of services, policies and procedures has been observed. A continuum can be seen from complete sponsorship by the local church to more independent administration, and from local funding through donations and fees to funding from government grants.

The study aims to show some of the variety of services being offered to the local community by churches. The stories of formation and the ongoing experiences of staff provide a positive illustration of what churches can do. It is my hope that these stories can be an encouragement to other congregations looking for a valid way to live out the gospel through interaction with their local communities.

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Basic intention

It is hoped that this research will be used as a way of inspiring and encouraging churches that are looking for a mission activity in their local area.

“The Church lives by mission as a fire by burning; the life and mission of a church are not two things; its life is its mission.” (Newbiggin, 1945)
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Chapter 1. Introduction

Motivation for the study: needs and opportunities

The increasing provision of counselling in contemporary Australian society can be seen as a response to general social changes, occurring not just in Australia but across the Western world. Among these social changes have been increased individualism and diminished involvement in community life. Many writers have identified these changes as having a significant impact on the levels of mental health and wellbeing in Western societies (Carroll, 1998; Lasch, 1979; Wither & Russell, 2001; Brazelton & Greenspan, 2000).

Heightened individualism

There are two polarities in human need that have influenced the evolution of society (Kegan 1994). The first is the need for security, of being part of a group, and the second is the need for individual self-expression. In past times, material insecurity has led to a strong desire to be part of a group. But, particularly in the last 50 years, that need has weakened in the Western world and the desire for individual self-expression has come to the fore.

In our current society individuality has gone to an unhealthy extreme. Our desire for individual self-expression has reached a point at which the focus on the freedoms and rights of the individual is out of balance with the need to belong. As Kegan (1994) suggests, we need to gain a new awareness of our own vulnerability and interconnectedness with others and the environment, a better balance between the focus on personal expression and the awareness of responsibility in belonging to the world community. Beyond that, Kegan suggests another level of human consciousness is required which emphasises personal humility as we accept and “recognize our multiple selves” as part of the complex social task of accepting the diversity seen in others around us (p.351).

Australian society, like other Western societies at this point in time, shows excessive individuality. It is not just a focus on self-expression, but a preoccupation with the self. One of the more extreme forms of evidence for this is found in the disturbing rise in the number of children at risk in our affluent society. Brazelton and Greenspan (2000) writing of the situation in the United States of America and Withers and Russell (2001) describing Australian research express this concern. Family breakdown, neglect, abuse and institutional care of children are major social issues in contemporary western societies. These are indicators of the unbalanced preoccupation with the self by the adult members of society.

Fragmentation in families, local communities and social and working networks contribute to considerable personal loneliness and anxiety (Hughes et al., 2007). Rather than the emphasis on independence there is a need to see ourselves again as interdependent. The rising interest in counselling and psychotherapy may simply be a way Australians are seeking to cope better with their individualism and their lack of connection with others, or it may be, in itself, a sign of the beginning of a swing back to greater connection and interrelationship.
**Diminished sense of community**

Some sociologists have argued that part of this emphasis on the individual arises from the smaller size of family units in contemporary Western societies (Hughes et al., 2007). Attitudes to the self and to the group begin their development in the early years of life. In the past, in the context of large families, children were raised with the expectation that their parents would make decisions on what was good for the family as a whole. In that way, they absorbed from the earliest days ways of thinking that focused on the group. Now with only one or two children in each family, the parents can pay much greater attention to the needs and wishes of each child. Hence, children have grown up with a greater focus on themselves as individuals.

This change in focus is visible in simple matters at home. Fifty years ago, mothers decided what children would eat for each meal. There was simply no possibility of each child making their own decision. Today, children are frequently asked what they would like to eat, and while there may be some compromises with the desires of other members of the family, individual wishes are given due consideration.

Along with the emphasis on individuality, there is a wider problem of the changes in relationship within and between communities. Communities of locality, like the known, shared neighbourhood, are now being supplemented, or in many cases supplanted, by communities of interest. A variety of factors have contributed to the fragmentation of community structures, such as greater urbanization, mobility, specialization, plurality and electronic communication. People are increasingly linked, in different degrees, into a variety of communities where there are shared interests, beliefs or activities. People choose with which communities they will connect at work, church and sporting clubs, as well as how they will form friendship and family communities. While many people find communities of interest in which their needs for belonging are met, many people ‘fall through the cracks’ between the communities of interest, and find nowhere to belong.

‘Social capital’ refers to the forms of human interaction for mutual benefit, and is based on trust between the participants. This trust is rooted in community living and interaction (Hughes, et al, p.7). With the recent changes to community connection seen in the rise of fragmented communities of interest, ‘social capital’ has changed. Some commentators, such as Robert Wuthnow (1996), have argued that social capital has not diminished so much as changed its form. People may be less involved in formal groups, but participate more in informal networks. Other commentators such as Robert Putnam have argued that social capital has diminished. Whether the overall levels of social capital have diminished or not, it is clear that many individuals in contemporary society feel excluded or marginalized. According to the Wellbeing and Security Survey (2002), one in twelve Australian adults did not feel they had “someone to whom they were able to be completely honest, who encourage, supported and was concerned about them in daily life”. Moreover, close to half (46%) of people in the survey considered that there was nowhere they could confidently receive practical assistance if needed (Hughes et al., 2002, p.50). Some of these people seek support through counselling.

**The challenge**

Many writers have proposed that our individualistic society is traveling on a dangerous road (Costello, 1999; Tacey, 2003; Eckersley, 2004; Hamilton, 2005). In the focus on individual needs and desires, Australians have been ‘sucked in’ by consumerism. They have fallen for the advertising that has suggested people can fulfil their needs by buying more goods, by consuming more, by increasing their focus on themselves. Clive Hamilton (2005, p.178) describes the
problem as an infection called “affluenza”, “a growing and unhealthy preoccupation with money and material things”. He argues that Australians value relationships much more than material wealth, but are finding it ‘easier’ to build material wealth than relationships. This leads to a pervasive feeling of discontent, even though Australia as a society is richer than ever before. Lifestyle goals are constantly increasing, leading to overwork and neglect of the non-material spiritual and relational dimensions of life.

Greed, exacerbated by the speed of social change, leads to a neglect of social care. Families, friendships and the environment are damaged. As a society, we need to take time to consider what really contributes to human flourishing and wellbeing. The psychologist, Robert Greenspan (1998), states we have neglected to pay due respect to the social bonding of care and intimacy that are at the heart of human intellectual development. He points to recent findings in neuro-biology which have linked caring family relationships and the development of children’s intellectual ability. New neurological measurement techniques have disclosed the importance of individual care and attention in the development of the brain of the child. Greenspan considers that our society is in danger of losing its advanced intelligence because of greed and speed as the vulnerable lives of the next generation are formed by mass childcare, mass education and mass entertainment.

**The counselling response**

In meeting the demands of the age, people may turn to counselling to deal with immediate needs, with emotions or behavior that are out of control, or relationships that have gone wrong.

But good counselling practice seeks to do more than that. It seeks to put people in touch with the full sense of what it is to be a human being, to develop a more holistic self-understanding. It also encourages people to think beyond themselves, to put themselves in the shoes of others and to explore what that feels like, to give themselves to others in relationship.

It could be suggested that individual counselling and community living are two sides of the same coin. Through counselling, individual self-understanding and social ability develop, leading to a greater capacity for community life. While communities become stronger, individuals in the community are encouraged to develop greater emotional literacy, understanding and social skills. Through the provision of counselling, then, church communities may provide, as McNab states (1999), “a therapeutic experience”, “a joyful thing”, “good religion ... focussed towards growth, health, happiness and wellbeing”.

The Church as community has had a tradition of engagement with those in need. This study shows that many churches, working with other service providers in society, are positively engaged in the provision of counselling support.

**Churches as agents for personal wellbeing**

**Counselling as part of holistic health care**

For centuries, psychological healing has been linked to spirituality and religion. The earliest psychotherapists were priests, prophets, medicine men and shamans. These were considered to have divine spiritual insight or inspiration. Many of these healers had been through deep periods of internal struggle or the “dark night of the soul”. When they emerged from this inner turmoil, they were seen to possess a greater degree of peace and authority useful in helping others. Cornell (1998) compares such healers from earlier centuries with modern psychotherapists who
have often entered the study of psychiatry because of some inner turmoil and need. Jung (1963) commented on this phenomenon in his understanding of the “wounded healer”.

In the Christian tradition, psychological help was given through moral teaching and exhortation, theological argument and the relationship generated through the act of confession. Confidentiality and privacy were two foundations for the confessional relationship, and these also remain central in the modern day psychotherapeutic relationship. In the Jewish tradition the private relationship (Yehidut) between the Rabbi and disciple has many similarities to the confessional relationship that has developed in the church and in modern psychotherapy.

Psychology comes from psyche (soul) and logy (study of). In the early days of the study of psychology eminent leaders in the field took the root meaning of the word seriously. For example, William James and G Stanley Hall focused on religious phenomena such as conversion and mysticism. However, from the early 20th century a change of emphasis can be noted. Psychology linked itself to natural sciences and rational inquiry and distanced itself from philosophy and theology. Some thinkers have suggested that we must now look to the new sciences, such as psychology, in concert with the physical and biological sciences, to save us from the fears and suffering which, in earlier times, drove people to prayer and magic (Wulff 1997, p.17). Based on the assertion of Freud that God is an “illusion”, many people became “fervently convinced that religious beliefs would go the way of other superstitions with the advance of scientific knowledge” (Pargament 2007, p.8).

However, there are signs of a greater recognition of the importance of the spiritual and religious in psychotherapy and counselling (Koenig, 2002; Pargament, 1997; 2006; Medical Journal of Australia, 2007). Australian organizations, such as the Christian Counsellors Association of Australia (CCAA) and the Association of Personal Counsellors (APC), have members with a Christian faith while at the same time using current psychological clinical practice. Both of these organizations have registration within the peak Australian psychological regulatory body, Psychotherapy and Counselling Federation of Australia (PACFA).

**Church involvement in welfare**

The contemporary development of Christian counselling centres might be seen as a small, but significant, response to human need and involvement in human welfare. They are responding to the problems that have their roots in the individualism and consumerism of our present society, in the lack of belonging and the failure of relationships.

These counselling centres are part of the huge involvement of Christian churches in social welfare. One thinks, for example, of the long history of church involvement in health, beginning with the first public hospital founded in Caesarea (Turkey) in 370 AD by the Eastern Orthodox Church. Or, one may think of the involvement of the Church in education, typified by the Sunday School movement initiated by Robert Raikes in the middle of the 19th century which brought free education to children. The Church has had a vision for and commitment to the entire world. Numerous humanitarian organisations have grown from the Church such as the Red Cross, the Medical Missionary Society, and World Vision.

In my own local church in a Melbourne suburb, social welfare activities have long been a part of church life. During the 1970’s the church used financial resources and property to establish a kindergarten. During the 1980’s, our church, together with other churches in the area, worked to build and administer two nursing homes. From the 1990’s there has been a rural - city exchange program, organized visiting of local hospitals and homes, social activities with
refugees from a neighboring hostel, a singles’ group, an occupational group for those in nursing homes, parenting seminars and workshops, children’s activities, a mentoring program for boys at risk, and sponsorship and support for two child-care centres. All of these activities have been conducted by one church group, which at the same time contributed financially to overseas mission and justice programs. This church is now investigating how a counselling service can be started.

Counselling is one relevant response to the current conditions of social and personal distress of our society. This small book explores the ways in which some local churches are providing low cost counselling services. It examines the aims, objectives and the patterns of operation of these services. It is hoped that through this description, other churches may consider this service as an opportunity for mission.

**Research methods**

For this research, twelve counselling centres were investigated, all in the city and metropolitan area of Melbourne (Australia). One centre was in the Central Business District, four in the inner city, one in the outer suburban area and six in suburban areas. Different socio-economic areas of Melbourne were represented in this selection, including poorer inner city areas and western, eastern and southern suburbs. The centres have their origin and administration within a variety of local churches: Catholic, Anglican, Uniting Church, Independent Pentecostal, Baptist, Churches of Christ, and the Salvation Army. Through the selection of the centres, it was hoped to present the range of emphases relevant in different localities, as well as the differences in approach in different Christian traditions.

However, it must be stated that the selection is limited. Further services could have been investigated and a comparison between services in rural and semi rural areas would have added a balance to the images of city facilities.

From these centres, three types of data were collected. The first involved the observation of the facilities and examination of printed matter associated with the centre, such as policy and procedures documents and advertising. Secondly, information was collected from a semi-structured interview with the director of each centre. These interviews focussed on questions about history, professional formation, service delivery, and identification of benchmarks for success. Thirdly, a questionnaire was distributed to counsellors at each centre. The data was analyzed with some quantitative measures but largely using qualitative methods.

**Definition of terms**

In order to clarify the research topic, a working definition of key terms has been developed.

“Church-based services” relates to those services arising from a particular local church and governed by a board with major representation of people calling themselves Christian from that denomination.

For the most part, the counselling services associated with the various local churches are self-funded. The exceptions are three of the inner city centres. Although they are still governed and grounded in the local Christian churches, government funding has been obtained because of the high levels of need presenting in the client base. In one centre all clients have a diagnosed mental illness. At the other two centres clients present with multiple chronic problems: substance abuse, mental illness and issues of a generational nature related to low socio-economic status.
Complex, legal partnerships with other service providers were observed at two inner city centres. Although not always associated with funding, this partnership had implications for policy and management procedures. All services had relationships with other counselling and community health services.

“Counselling” refers to “a process where interventions are used to bring about change by improving the social or interpersonal functioning of a client in order to decrease emotional and psychological symptoms of maladaptive behaviour” (Sexton 2003, p.588).

Counselling, through this broad definition, can encompass much more than traditional “talk therapy”. Educational, social, creative and physical activities, as well as play therapy, are among the interventions used to decrease maladaptive behaviour. Three of the inner city centres are involved with several forms of care and social interaction with a therapeutic counselling intention. The fourth inner city centre, a migrant, refugee and asylum seekers service, had a distinctive therapeutic program with a community building emphasis. Special forms of play and art therapy were used with intellectually disabled clients at one centre and young people at some other centres. All of these forms of intervention are termed “counselling”.

Chapter 2. 
Overview of the Counselling Centres

Historical formation of each centre

The story of the formation of each centre is peculiar to its local environment. Both professional clergy and lay people in the local church played significant roles in initiating the services.

The forecourt of one local church had been adopted by many homeless men as their daily meeting place. It seemed an easy step to invite them to use part of the church hall complex. A billiard table, some easy chairs and a cup of coffee started the centre, leading to the formation of a mini community of people who recognised this as a safe place. At first, the minister and some congregational volunteers supervised it. Then, as numbers grew, programs evolved and professional workers were employed.

The story of one inner city centre began when its minister was shocked to see the small congregation within the church building and the large number of unemployed and marginalized people wandering the surrounding streets. The words of Matthew 25 became a challenge: “just as you did it to one of the least of these members of my family you did it to me”. The calling was to these people in the street, and the church house was opened to those in need. Many parish members supported the vision and became volunteer workers. Volunteers from other nearby churches saw the vision and added their support. Over time, the services expanded as needs were recognised. Then Government grants were gained to employ many additional professional staff.

A pivotal moment for another inner city church was an unsuccessful attempt to secure an Australian Residency Visa for a woman. The church community had been seeking discernment in prayer as to how to make a positive contribution to the local community. The woman Asylum Seeker came to the church through attending the weekly “soup night”. The congregation took up her plight and, acting as advocate, fought the legal case for her acceptance into Australia. Eventually after much struggle, the visa application was rejected and the woman was sent back to her country of origin. This was a time of enormous grief for the church members, but, through this time of sadness and apparent defeat, a new vision grew, galvanizing them into a certainty that this was the work they needed to do.

One centre grew from the experience of a parishioner whose daughter was killed in a road accident. After receiving grief support from the hospital, this parishioner went back to her church with a vision to develop a team trained to support others in their time of grief. She wanted to extend to others the type of support she had received.

Another congregation was aware of the closure of the Kew Cottages. This meant that many de-institutionalised physically and intellectually disadvantaged people were moving into the area. Some of these “high need” people started coming to the church and the community recognised the need to care for them.

Some of the ministers associated with churches had completed formal education in psychology. Three ministers had post-graduate degrees in counselling and, at one large church, the senior minister was a psychoanalytic psychologist. Through this double emphasis on theology and psychology, the counselling work was intrinsic to the teaching and pastoral care offered by those
churches. The influence of the ministers in these churches encouraged lay members to undertake training and so also become involved.

Other centres have actively conducted research into their local community to determine the social needs. At a large outer suburb church, where the need for counselling services was identified, the church released three of the leadership team to undertake postgraduate training in psychological counselling. This was the beginning of a new ministry for the church.

All of the centres have been formed in dialogue with other service providers. Most have regular contact with the local council. Some have formed a relationship with government bodies such as the Department of Human Services. Most have a close relationship with schools, doctors and psychiatrists in the local area.

The sense of connection with the wider church was also evident. Some centres were part of a network within their denomination and most were in contact with other counsellors working in other centres. All centres had some connection with psychological networks. Through membership with counselling bodies such as the Christian Counselling Association of Australia or Association of Personal Counsellors all of the centres have come under the influence and ethical guidelines of the peak body, the Psychotherapy and Counselling Federation of Australia (PACFA).

When asked about the initial motivation for setting up their counselling service, all directors of these centres identified a sense of ministerial overload as a primary motivation. The need in the community was too great for the minister alone to meet.

The role of minister, priest or pastor has traditionally involved availability to listen and care for others. The minister gives this pastoral care to church members and to others who may not attend the church but who value the Christian ethos. Pastoral care has been a free service in these churches. The directors reported that, in recent times, the pastoral care services of ministers were being requested more and more frequently. People were seeking the help of the minister to negotiate the complexities of contemporary life and relationships.

Apart from the issue of finding time to meet the needs of people, ministers also recognized that the provision of pastoral care was insufficient when faced with numerous presenting psychological issues. Training for ministry in the various denominations involves some pastoral education, but only a small amount of training in psychology. Ministers recognized that people were coming to the church with needs that required a more advanced level of professional training in psychology.

At each centre the minister was recognized as the primary initiator of the counselling services. In most cases ministers were the first to recognize the community needs and were instrumental in implementation, working with the congregation to discern the ministry to which they were being called. As the church considered the establishment of a centre, the minister through preaching, group prayer and discussion, helped the wider congregation to see this new vision for ministry. In time, it was appreciated that this new vision was integral to what the church was about. It was not just the “hobby horse” of the minister but a joint effort between ordained ministry and laity. All centres recognized the importance of volunteer work by lay people in the initial formation of the service. The volunteer component has been an ongoing feature of each centre, giving the centres a sense of community and helping to maintain a low-fee service.
In summary, the various centres were formed according to perceived local needs. Many of them were initiated by the minister. However, each of them:

- grew from the ministry of Christian pastoral care;
- developed from a community vision of the church in which both minister and laity were involved;
- involved an appreciation of the importance of psychological training; and
- was linked to other psycho-social care organizations.

**Services offered**

From the information gathered in the interviews a number of themes emerged regarding the services offered.

The most common need for a counselling service was in the area of family and relationship issues. This aspect of work was mentioned by all of the centres.

Closely related to this was the need for help in managing personal emotional life especially at times of trauma. Grief and loss, anger, anxiety, depression and guilt were all identified as personal issues facing clients. In the outer suburban centre, self-esteem was identified as a key issue, often related to grief and addiction. In these cases, family support was often part of the counselling process. Some centres had a focus on special needs. Two centres provided counselling for those with sexuality issues. Two other centres provided counselling for emotional and sexual abuse. One centre provided support for families with a member suffering from autism. One had special expertise in helping those who were physically and intellectually disabled while another focused on juvenile justice and child protection.

Practical needs were also part of a holistic counselling response. Six of the twelve churches associated with the centres had a food bank or meals provision service. All of the centres had links with other church agencies to help clients who needed emergency food or accommodation.

As noted above, three of the inner suburban centres were specially concerned with clients suffering mental health issues. This involved liaison with psychiatric and social work professionals who supervised the clients. Informal counselling at the centres involved social programs, art therapy and sporting activities. These supplemented more formal medical treatment. Teaching basic life skills and decision-making were also a feature of these centres.

Another theme in the inner city centres was the need to build a sense of community in situations where poverty, anxiety, drug use and illness often escalated in a cyclical pattern. To provide a safe place where clients could experience a sense of inclusion and respect was part of the therapeutic effort to break the cycle. Three of the centres provided safe accommodation which assisted in breaking these cycles. The provision of suitable housing with supervision was an expensive enterprise for which government funding was usually needed.

**Staffing**

At each centre the directors identified psychological methods as the basis for interaction with clients. Academic degrees and post-graduate qualifications in psychology, counselling, specialist nursing and social work were the norm for senior staff at the centres. These senior staff were all under professional supervision and engaged in regular professional development activities.
Volunteer staff all had some form of induction training and ongoing training and supervision. All staff had regular debriefings and were involved in staff meetings. At one small centre the volunteers had regular training sessions conducted by a member of the National Association of Grief and Loss. At another, volunteers attended an annual retreat weekend facilitated by the director, a trained psychologist, involving group work and selected reading.

One of the research questions in this study was how the psychological and theological dimensions of these counselling centres related to each other. The Christian framework of each centre was evident in the building, the name, logo and advertising leaflets. Christian values were also evident in the ethos of the centres where all people were valued and seen as having potential for growth and health. There was an emphasis on acceptance and respect for each client that extended into policies of privacy and confidentiality. Eight of the twelve centres employed counsellors who had an active Christian commitment, but the four inner city centres had no such requirement.

A striking feature of all centres was their emphasis on a client-centered approach to counselling. There were links between the counselling service and the sponsoring congregation in terms of financial and policy accountability, but this did not include any form of proselytizing. Other support groups within the church were available and some clients were interested in investigating these options, but again the counsellor sought the empowerment of the client rather than offering direction. Similarly if the client wished to talk about religion or faith, or wished to pray, the counsellor would follow rather than lead. Issues of faith and worldview arise in any form of counselling, but it was reported that counsellors endeavored to follow the lead of the client. Even in those churches that identified themselves as “evangelical”, it was reported that the counselling service was considered an act showing the love of Christ rather than an opportunity for evangelism. In the words of one centre, “We are engaged in hospitality theology.” This is a reference to the Old Testament call to the people of God to act in ways that show hospitality to the stranger and those in need, remembering that, in former times, they too had been wandering strangers in a foreign land.

Cost

Five of the centres provided services free of charge to the clients. The Department of Human Services contributed the additional cost of accommodation at some of these centres. The other seven centres had set fees, but all spoke of fees for clients being negotiable. Many directors said that some fee was important for the client, giving a sense of ownership and empowerment, but fees should not be so high as to prevent people from finding the help and support needed. The fees charged by most of the centres ranged from $25 to $60 per session with reductions available for those in special need. In three cases, fees were means tested and increased to $100 per session.

Salaries for professional staff were usually tied to the relevant award rate, but in two centres the employed staff were paid 75 per cent or 90 per cent of the fees collected. All of the centres relied on church and public financial support to maintain financial viability.

Physical facilities

There were three purpose-built facilities in the research sample. The government had funded one of these, the other two were self-funded initiatives of the local church community. Most of the centres were using older, existing facilities, such as small houses adjoining the church, all
of which had needed substantial modifications. All centres had a reception area with a range of leaflets advertising various forms of help available in the wider community. There were toilets and a waiting area. Specially soundproofed counselling rooms had a glass visibility panel in each door. Six of the centres had a library. Office or reception areas had secure filing systems as part of the protection of confidentiality. Of the twelve centres, nine had a security system with call alarms for the protection of staff.

**In summary**

A variety of services were included in the research sample. While most counselling services provided services to assist people with relationship issues and personal emotional difficulties, their foci varied.

The four inner city centres could be identified as reflecting the older image of a City Mission. These centres provided a caring community focus and often responded to the presenting needs through the provision of accommodation, food, and advocacy, together with providing fundamental life skills training as part of the counselling service. It was not just the inner city groups which had this focus, many of the other centres also included the provision of material resources in addition to counselling services.

In various ways, all services were responding to local need and perceptions of need by the sponsoring churches. The following are common characteristics of the services.

**Holistic approaches to care.** Counselling and problem-solving was often accompanied by the attempt to meet physical and social needs. For those clients recognised with a mental illness, counselling frequently occurred in such forms as art therapy, and social and recreational activities. One inner city centre that cared for asylum seekers spent much time and effort in legal advocacy. Some centres sought to meet needs such as accommodation, medical health and support for education, as well as dealing with government services.

**Community emphasis.** As each of these centres is in some way attached to a church the possibility of joining a community is present. All of the centres had advertising about their church services and other activities available. Most ministers of the sponsoring church took an active role in the administration of the centre while, at many centres, the minister was involved in the programs. At one inner city centre, the minister ate lunch each day in the communal dining room, just being present if anyone wanted a chat. Another large inner city centre had chaplains as part of each welfare team who mixed with the clients. At the inner city centre concerned with refugee welfare, the community of the church and the community of the residential houses were closely linked. Each Sunday there was a common meal after worship. Some residents came to the worship service but many from other faith traditions or none came only for the meal and friendship. Sometimes the communal interaction was mutual: residential houses would sponsor a BBQ or cultural luncheon party to which the wider church membership was invited.

**Low fees.** This was a key feature of all of the church-based services. Many had been operating for a long time with the aim of providing services that were affordable to all. The use of volunteers in many aspects of the service and the financial contributions of the sponsoring churches enabled this situation to be sustained.

**Professional standards.** All the services followed psychological standards in counselling. The church’s traditional core business of proclaiming the story of Jesus was not explicitly part of the counselling. The quotation attributed to St Francis of Assisi seems relevant here “Preach the
gospel to all the world and if necessary use words”. The “gospel” (good news) was, in action and intent, like the “hospitality theology” mentioned earlier. The story of Jesus was implicit, like a faint echo, seen in the name of the centre or the physical building.

The professional objective was client-centred counselling, demonstrating a dedication to the good news of helping people to achieve personal wellbeing and health. The alignment of the counselling services with professional bodies such as APC and CCAA, and the fact that most senior counsellors had professional supervision, ensured that the client-centred professional standards of counselling were protected.

Confidentiality. Professional respect for clients was evident in measures seen to ensure privacy and confidentiality. Files and databases were locked and access to them was limited. Staff meetings and case meetings were conducted under ethical guidelines. The policy and procedures manuals (see the following chapter) had provision for dispute resolution and procedures for making a complaint. As in the professional standard of service, privacy was part of the client-centred approach to counselling.
Chapter 3.  
Towards Best Practice

This chapter examines a collection of mission statements and policy and procedure manuals of each centre. It also reports on what directors described as “best practice”. Finally, this chapter examines some of the possible conclusions that can be drawn in regard to the place of the counselling centre in relation to the Christian faith community of the sponsoring church.

Mission statements

The mission statements and policy documents collected in this research indicate the intentional and careful establishment of these centres. Some smaller centres had a short, 10 page collection of official documentation. Other centres had larger collections of 40, 60 or 90 pages in length. The centres that received government funding had more complex and extensive management documents. For this research, the mission statements were analysed to determine the intentional focus of each centre.

All centres saw their services as providing support and encouragement. Expressions relating to healing, wholeness, freedom, empowerment and growth for clients were common in the mission statements. Many of the mission statements referred to Jesus Christ or Christian motivation as an identifying feature of the service. Many mission documents also emphasized professional standards of practice and low cost services.

Key themes

Some different foci were evident in the policy documents from the various centres, such as accommodation, community building and concern for those who were grieving. However, there was strong agreement underlying these differences. All of the centres were set up with the intention of helping others to live life more fully. All used images of healing, wholeness and change as being possible for people. Words like ‘supporting’, ‘encouraging’ and ‘empowering’ indicated the belief that the personal interaction of well intentioned and well prepared others could help bring about change for those experiencing difficulties in life.

The preparation of the counsellors through accredited professional training was recognised in many of the policy documents. Professional counsellor training included a philosophy of respect for the individual and a “client-centred” approach to counselling. This was also evident in the documents. Respect, or a client-centred approach, was also related to privacy and confidentiality of records of the client counsellor interaction. Confidentiality was a common theme in the documentation.

Identification of qualities of best practice

In discussing the centres, the directors used similar words to those used in the mission statements summarised on the following page. The concept of existing for the service of others and having a client–centered approach were prominent. Another common theme in all interviews was the need for professional standards when endeavoring to help others. There was much discussion regarding training, professional supervision and quality control measures. The small centre concerned with grief and loss support had volunteers with the lowest level of training. Yet this centre had initial training, regular literature discussions and continuing education meetings
with a supervisor who specialised in the area of grief and loss. In accordance with professional standards, all directors spoke of the need to refer some clients on to other specialists.

Although Christian faith and compassion were mentioned frequently, all directors were concerned to stress that counselling was a service of care not an opportunity for evangelism.

Another common theme in the interview was the importance of the affordability of the services. Each centre recognized the limitations of the services in the community and were pleased to advise that the Church-based service provided low cost or means–tested fees and could help those who could not find help elsewhere. Some centres were also pleased to report that the time they took to respond to needs was much shorter than that of other services available.

<table>
<thead>
<tr>
<th>Mission statements – summary</th>
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<tbody>
<tr>
<td><strong>CBD</strong></td>
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<tr>
<td>To provide a high quality of service to the community</td>
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<tr>
<td>At low cost for those who cannot afford to pay</td>
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<tr>
<td>By professionally trained provisional psychologists.</td>
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<tr>
<td>To improve the quality of service through systematic evaluation.</td>
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| **Inner 1**                  |
| To address homelessness and disadvantage by providing a range of diverse and creative services that: |
| • Ensure people have access to necessities  |
| • Enable people to connect with a community and develop support networks.  |

| **Inner 2**                  |
| To recognise the value, dignity, capacities and rights of every individual.  |
| To provide psychosocial rehabilitation for adults with psychological disabilities.  |
| To reduce social isolation and help participants develop self-confidence, skills, resources and supports to achieve new meaning and hope in life.  |

| **Inner 3**                  |
| To deliver quality options to homeless and the most disadvantaged people through creative and responsive service provision – to create opportunities.  |
| To alleviate distress, enhance connectedness, fight structural social inequality.  |
| To recognise the intrinsic worth of all individuals in our society.  |

| **Inner 4**                  |
| To support asylum seekers by providing transitional housing.  |
| To provide a safe community of assistance, helping to overcome isolation.  |

| **Outer suburban**           |
| To provide a ministry of healing and restoration in a supportive environment – responding to God’s call.  |
| To assist healing through reflection and encouraging empowerment and change, working towards wholeness.  |
| To provide confidentiality, empowerment, and respect for the client’s freedom to choose.  |
What directors would celebrate about their centres

The directors of each centre were asked to identify aspects of the service that they would identify and celebrate if giving a media interview. The most common response from each centre relating to the service provided, included ‘health’, ‘growth’, ‘change’, ‘recovery’, ‘new skills’, ‘support’ and ‘meeting needs’. About half the directors said that Christian compassion and dedication were important aspects of their centre. A similar number reported that the low cost and professional standing of the centre should be recognized. Linked to the professional nature of the service was a sense of pride that a wide range of help was available because of the different backgrounds of the counsellors involved at the centre.

Suburban 1
Belief that every individual is unique and precious, with spiritual, physical, emotional and social aspects of being, requiring holistic counselling.
To promote healing and reconciliation.
To embrace the Christian ethic and offer high quality, low cost counselling.

Suburban 2
To provide professional counselling which promotes individual and relational growth.
To provide training and development in pastoral care and counselling.

Suburban 3
To support and empower those who grieve.
To educate and advocate for those in grief.
Belief that faith is the focal point in support for those experiencing grief and loss.

Suburban 4
To offer support to those in the community who are facing personal or relational distress, trauma, grief, hardship or isolation.
To show respect for the worldview of each and every client and offer help without bias across the boundaries of gender, race, religion, sexual orientation, disability, ethnicity, or socio-economic status.

Suburban 5
To offer counselling and support in order that people can find for themselves a more creative and satisfying way of life.
To accept people as they are and help them to become all that they can be.

Suburban 6
To offer high quality professional counselling to anyone regardless of race, sex, lifestyle, religion or status.
To provide staff with a Christian commitment who can address spiritual perspectives.
To provide services for individuals, couples and families facing conflict and difficulty, struggling to find personal meaning, seeking new directions.
### Table 1. The Characteristics that Directors ‘Would Celebrate’

| CBD | Low cost  
|     | Professional quality  
|     | Wide range of counsellors  
|     | A gift of health to the community |

| Inner 1 | Vast range of services  
|        | Safety and privacy  
|        | Meeting community need  
|        | Inspirational - shows the importance of community |

| Inner 2 | People find a “place”- meeting a need  
|        | Provides a sense of community  
|        | Spiritual ethos of the church - care not forced |

| Inner 3 | Meeting practical needs, helping people to develop life skills and a bridge into the community  
|        | People and families finding help  
|        | Making a creative and quick response to those in need |

| Inner 4 | Empowerment of clients through ownership of the service and shared community activities  
|        | Meeting real need of people damaged by previous life experiences or who are marginalized in Australian society  
|        | Gospel message in action – hospitality theology  
|        | Acceptance of differences in culture and faith |

| Outer | Recovery and healing for individuals  
|       | New skills leading to new identity  
|       | Freedom from the past  
|       | This is part of the great commission of Christ |

| S1 | Help for disability groups  
|    | Variety of experience in the counselling team  
|    | Moderate cost  
|    | This is the mission of the Church - compassion in action |

| S2 | High professional standards – integrity  
|    | Mature staff with a spiritual dimension  
|    | Ethos that makes counselling affordable for all  
|    | Part of social justice of Christianity |

| S3 | Giving non-judgemental support  
|    | Meeting a need - grief and loss are universal  
|    | Ability to listen is a gift of love  
|    | This is doing God’s work |

| S4 | Change and growth for people  
|    | Team work between disparate professionals and volunteers  
|    | Compassion and humility of staff |
People finding acceptance
People finding deeper meaning and purpose
Affordable price
This ministry is a gift facilitating health

Clients becoming whole and integrating back into the community and family
Professional service
Open and friendly
Showing unconditional love of Christ

Links with Christian practice

The directors of all centres identified the understanding of the Gospel message as integral to the existence of the counselling service. The ongoing work of Jesus was seen as compassion for those in need. The “Good Neighbour” image was evident, with a sense of the inherent worth of all people regardless of their present position in society. Associated with this image was a shared understanding that all were entitled to receive help, and that fees should not prevent anyone from obtaining that help.

References in their mission statements to encouraging the ‘Christian ethic’, and to faith being the focal point for those clients experiencing grief suggest a potential conflict between Christian commitment and the client-centred approach. Yet, all centres defined their style as client-centred and considered counselling as an expression of care but not a means of evangelism. This was one area in which it was anticipated that conflict between professional counselling and the Christian commitment of counsellors might be encountered.

At most centres an initial confidential information form included a question regarding the importance of religion or spiritual life for the client. The responses would sometimes be taken into consideration when selecting a counsellor to suit the client. During the counselling session, all counsellors would discuss worldviews and religious ideas if the client initiated the conversation. Sometimes, if these discussions became dominant or overly complex, they would be referred on to the chaplain or church leader. In most cases, the situation of responding to religious and faith-oriented discussion was considered a professional matter between counsellor and clients. Again the issue of client-centred attention was reported as the guiding focus where it was up to the client to take the lead in initiating topics for discussion.

Some models of counselling have placed Biblical teaching as the supreme authority and involves teaching Christian principles (Anderson 2000). Such models were not reported at any of the centres investigated in this research. Other models place supreme authority in the insights and methodologies from the science of mental health. This model was used in some of the centres, with spiritual discussion being made available separately through the chaplain or church leader. In these centres, the counsellors did not profess a Christian faith or church commitment. Between these extremes lies a “conjoint model” (Anderson 2000, p.81), where the therapist embraces both spiritual resources and psychological theories and methods. From the interviews it seems that the ‘conjoint’ model was used by a large number of the counsellors. Anderson also refers to an ‘implicit’ integration of theology and psychology. Many counsellors had a Christian faith but held this in the background and revealed it only if the client requested spiritual discussion or prayer. Anderson recognises that this identification of ‘models’ is a simplification as there are many varieties of theological understanding coupled with many varieties of psychological theory and method.
At each centre the church connection was evident in the provision of the service itself. Psychological theory and practice were dominant in affecting therapy, yet the churches’ spiritual and theological traditions were part of the counselling service. The church was seen in the physical building at all centres, the advertising of worship services and church social events, as well as in the presence of many volunteers. The presence of the church was also evident in the selection of Christian counsellors at most centres.

Prayer

One of the questions in the interview related to the use of prayer as part of the counselling process. One director said, “Of course I pray. Sometimes I pray silently all the way through a difficult counselling session”. Prayer was recognised as part of the personal equipment that counsellors brought into the counselling situation. In many centres it was considered appropriate for the counsellor to pray with a client if requested by that client. It was also stated that this request for prayer had to resonate comfortably with the particular counsellor; some counsellors were more comfortable with prayer than others. In other centres, prayer was seen as the province of the chaplain or minister, and clients would be referred to them if prayers were requested.

Inviting clients into the Church

In most cases, the counselling service was seen as distinct and different from the church. In four of the centres, church connection or recognisable Christian commitment of counsellors was not a factor of employment. The director of one centre was Jewish and another director said, “I am not a church man myself”.

There were some centres where the presence of the church was recognisably stronger. Three centres reported that a proportion of the clients came from the church associated with the centre, so church involvement was, for many, the norm. The Centre for Grief Support was another group that was more firmly placed in the church community. Although this service had some wider connections with the community most of the clients came from the church. The inner city centre for refugees and asylum seekers had a well-developed counselling service/church relationship. The whole church (a small congregation of 70 people) was involved in the mission of the centre. Every Sunday, worship included different aspects of culture, language and ritual, reflecting the home countries of the refugees. Worship was followed by a fellowship meal where additional members of the community belonging to other faith traditions were welcomed. Practices associated with these other faith traditions were recognised and respected in the church building. For example, Halal food restrictions were accepted and faith events, like Ramadan, were acknowledged and discussed.

Overall, the data showed that most centres did not invite clients into church activities, but by being on church grounds, and often through the name of the centre, the church relationship was acknowledged. For all centres, a link with the church was evident in the waiting area of each centre. Invitations to church activities were observed amongst the many advertising leaflets displayed.

Pastoral Care was considered to be different to the counselling provided at the centre. In all cases pastoral care was recognised as being an additional resource. Church leaders in many centres had undergone specialized education in pastoral care. The content of this training varied, but, in many cases, there was some psychological understanding underlying the theological
Pastoral care was recognised as different from counselling in that a Christian orientation was assumed in the pastoral care relationship. Pastoral care is based on the image of the shepherd leading and encouraging the ‘flock’ as referred to in Psalm 23: “The Lord is my shepherd. he leads me. he guides me. your shepherd’s rod and staff protect me”. In many ways pastoral care can be client-centred, but usually the image of ‘client’ is replaced by that of the ‘disciple’, the one who learns.

Christian practice
In some centres, Christian practice was not a necessary condition for employment as a director or counsellor. The CBD centre and three of the inner-city centres did not require their staff to have a commitment to Christian practice. All the other centres expected that the Christian faith would be an important part of life for their counsellors, providing a context of faith for the counselling work. Two centres expected counsellors to attend a weekly prayer group as part of their personal preparation for work as a counsellor.

Prayer ministry
Prayer ministry was available at two centres. It was sometimes described as a form of counselling and was, in some ways, similar to pastoral care in that it was based on a Christian frame of reference. In the centres where it was available some counsellors recommend it for those clients who were unhappy with their progress and felt that their difficulties were more spiritual. Prayer ministry, as a recognised field of assistance, is discussed more fully in chapter 5 of this report.

Conclusion
The mission statements and policy documents of each centre were affirmed in the interviews with the directors. The director of each centre spoke openly about their assessment of ‘best practice’. In each case, the development of the health and wholeness of the client was the primary focus. Health and coping were related to increased empowerment in dealing with inner and environmental stressors. The importance of clients recognising themselves as part of a community was another theme revealed in the discussions. Sometimes the counselling centre provided a bridge into the community and sometimes the counselling centre acted as a community in itself, providing clients with a new social network where they felt safe and accepted. The latter was strong in the inner city centres, where clients came to the centre from situations of poverty, unemployment or social isolation.

When the directors were asked what aspects of the centre should be celebrated by the wider community, a common response was the hope being given to clients through the service. People would learn new skills and be empowered to live more fully through the counselling service. Numerous stories were told about individuals where new dignity and self worth led to stronger social connections. Another theme was the low cost and professional service available to the community outside of the church.

The church was definitely related to the counselling service, but in most cases there was a separation in activity and intent. Many directors declared emphatically that counselling was not a place for evangelism. Counselling services were considered to be an expression of Christian love, a place of faith, hope and love, with the client in the centre. In this way the church was seen as offering a gift to the wider society.
Chapter 4.
Views from the Workers

As part of the research, questionnaires were distributed to counsellors at each centre, in order to gain additional information. The response rate to this part of the research was disappointing. Thirty-two responses were received from 11 of the 12 centres. From one centre, which had volunteer counsellors who were completing their final work requirements for their postgraduate counselling degree, there was a high response rate. Similarly in some small centres most of the staff responded to the questionnaire. But in other centres with a large staff, both paid and voluntary, only a few responses to the questionnaire were received. This remained the case despite additional reminder calls from the researcher and the opportunity for electronic responses.

Using all of the responses from the counsellors, five particular questions from the questionnaire have been analysed. The findings are reported below.

What qualifications are needed for this job?

This question was related to a previous question where counsellors were asked what kind of training they had completed related to the work of counselling. In terms of academic qualifications, of the 32 responses to the questionnaire received, 22 counsellors had graduate and post-graduate training in counselling. Twelve of the respondents had four-year post-graduate psychological training plus two years of supervision. Ten respondents had completed a Masters course in counselling and one had completed an Arts degree majoring in psychology. The other nine respondents had undertaken training sponsored by the counselling centre. In addition, some of these counsellors had completed diploma or certificate level courses in counselling. Several respondents had degrees in teaching, social work, nursing or administration. Others had been volunteers with “Lifeline” or other community welfare work prior to coming to the counselling centre.

When considering the qualifications needed for the position of counsellor, most respondents answered this question in terms of the personal qualities needed for the job. Although a couple of counsellors identified the two aspects of qualification: academic professional training and personal qualities.

All counsellors reported the need for specific personal qualities.

Compassion

As noted in policy documents, interviews with directors and stories from clients, the most common response was the importance of counsellors having compassion or empathy. This was often linked to similar qualities, such as the “ability to connect with people”, “a non-judgemental attitude” or “humility” when interacting with a client.

Training, supervision and support

The second most common response was related to professional training and support. This included initial academic training in psychology, social work or counselling. As was reported previously, each centre had at least some paid staff who had professional qualifications and
accreditation in the counselling field. Some centres operated with all counsellors fully trained in this way. Some had partly trained psychology interns. Other centres operated with most of the counsellors having a lower level of training, giving their time on a voluntary basis under supervision. Yet all received some initial training and regular in-service training.

Many of the questionnaire responses mentioned the importance of good supervision and the debriefing support process. While there were variations between the centres, some form of debriefing was in place at all centres, and was linked to a common belief in the importance of peer support and community. There was an awareness of the demands of the counselling role and hence the need for support structures.

Many centres had a regular debriefing time for counsellors. At others there was a senior counsellor available for debriefing when needed. Professionally accredited supervision of counsellors was deemed necessary in more than half of the centres. This was recognised by many, as the ‘normal’ professional standard, where individual counsellors met with their own professional supervisor. In these sessions, counsellors talked through aspects of counselling and identified difficulties in the counselling process such as counter-transference.

Support was also identified through the spiritual link to the church. Special prayer times and practical support by the wider community of the church were valued. Regular services of dedication and reporting to the church community were a feature at most of the centres. Through these activities the counsellors recognised that they represented, and were part of, a wider community.

**Life experience**

Wide life experience was the third most important characteristic reported. Counsellors at each centre were recognised as coming from different cultural backgrounds and having a wide range of experiences. Many directors named this diversity as a strength of the centre. The counsellors themselves saw their life experiences as contributing to their ability to help clients. Many of the counsellors had come from helping professions. Teachers and nurses, or home carers named their work experience as adding to the skills brought into the counselling centre. Some counsellors were bi-lingual and this was a special advantage in multicultural areas. Other counsellors had special experience or background in family violence, divorce issues, substance abuse, or depression.

The recognition of the value of life experience was supported in other aspects of the research. Many directors mentioned that the selection of a counsellor for each particular client was the first important step in the helping process. The initial interview was important both in identifying the issues for the client as well as a discussion about the clients’ preferences in the selection of a counsellor. Gender, age and religious stance were some aspects considered when selecting a counsellor for a particular client. It was reported by several directors that when clients were given the choice, they usually preferred to see an older counsellor.

Many counsellors identified their own journey through counselling or psychotherapy as an important aspect of preparation for the job. That is, their experience of receiving help through various forms of therapy gave them self-knowledge enabling them to function more effectively as counsellors. This could be related to the image from Jung of the “wounded healer”. As a counsellor recognises his or her vulnerability, there is a greater capacity for empathy and, therefore, a greater ability to help others in a similar situation.
Most life experiences were considered to be of value to counselling, giving greater understanding of a wide range of issues. However, it could also be said that some life experiences or beliefs could interfere with the formation of a bond between counsellor and client. This possibility was raised in the questionnaire asking counsellors if they could identify any moral difficulties experienced in the counselling process. Most said “no” to this question, except for a few respondents who expressed hesitation regarding their appropriate response to clients engaged in homosexual behaviour. At two centres, three respondents reported that matters of sexual preference were considered difficult; there was a hesitation in how best to support and care for clients when the counsellor had an established personal moral perspective relating to homosexual behaviour. This issue was not raised in the other centres. At one centre, counselling for those in same sex relationships was a special focus of the senior counsellor. Many clients requested his counselling service as he had a well-developed understanding of the complexity of homosexuality issues.

**Sense of “calling”**

A considerable number of counsellors noted the need to have a “heart for the client” in a Christian sense of “calling”. This was additional to the sense of compassion noted earlier. A “sense of calling” could be described using a multidisciplinary model. The counsellor had a layer of theological understanding or spiritual experience that supported the counselling role. It was reported that this aspect of faith was significant, especially on days when the counselling role seemed heavy. The sense of “Christian foundation” or “Christian faith” were similar expressions, identified by some respondents as necessary for their roles as counsellors particularly during difficult times.

There were other aspects identified by some counsellors. Flexibility was noted as an attribute needed when meeting clients with different needs while at the same time working in a defined time and space. Working as part of a counselling team also required flexibility. Flexibility was needed when working with differences in personality, theoretical background and clinical experience, as well as differences in spiritual or theological motivation. Willingness to be open-minded and engaged in further learning was another desirable attribute. This, again, was related to working as part of a diverse team. It also related to the need for ongoing professional education noted in other responses. Finally, a couple of counsellors noted practical efficiency in keeping case notes as a necessary qualification.

To summarise, high levels of compassion and empathy were seen as essential to the role of counselling. This generalized empathy was modified and expressed through professionally recognised training, based on psychological understanding and counselling methods. A diversity of life experiences was valued. Life experience was viewed as helping counsellors to understand the issues concerning clients. The self-understanding gained through the counsellor’s own experience of some kind of psychotherapy was also valued. Finally, a ‘sense of calling’, ‘flexibility’, ‘openness to the new’, and ‘engagement in further learning’ were also valued by some respondents.

**The hardest part of this job is . . .**

**Emotional protection**

The most common response to the question about the hardest part of the job was the need for emotional protection. This was expressed in such ways as “caring for my self”, “compassion
fatigue”, “separating from the problems at the end of the session”, “information overload”, and “not getting emotionally tied”.

Counsellors expressed concern that the strong emotional connection with clients could lead to personal stress in their own lives. Many reported that they had experienced situations where it became difficult for them to separate from the experiences and feelings of the client. As empathy and compassion were activated in the healing encounter, a mirroring of feelings often took place. At the end of the counselling session, counsellors recognised the need to let these feelings subside. In many cases this was identified as a difficult task. It was reported by some that this was connected to the often rapid movement from one client to another. Counsellors had to take care “not to take the emotional burden home”.

Isolation
The sense of isolation in counselling was the second most commonly recognised difficulty. Working in a one-on-one situation of confidentiality was considered a lonely experience for most counsellors. There was the intense task of listening and understanding the client’s particular world. There was also a sense of loneliness or isolation in the constant need for self-reflection to gauge the effectiveness of the counselling intervention.

The experience of isolation in working alone could be linked to the difficulty experienced by some counsellors in “limiting the client load”. It was recognised as important to monitor this feeling of isolation so that it did not become a dominant, negative feature. The sense of isolation was moderated through debriefing times and supervision sessions.

Frustration
Frustration was another common factor. It was noted by counsellors working with children when parents would not take direction. There was frustration when the counsellor could see a link between parenting style and negative outcomes for the child. Conflict was experienced in negotiations between counsellors and parents.

On a different level, several counsellors noted the frustrations dealing with public health authorities, the mental health system or other professional bodies. Referral systems could be difficult and time consuming.

Frustration was also expressed in relation to the limitations in the involvement and, often, little knowledge of long-term outcomes. Counselling was recognised as a part of the client’s life, with intervention occurring over a short period of time. The counsellor was deeply engaged with the client, but often briefly. The counsellor could only ‘see one step in the person’s life’, and could be left with a focus on the difficulties rather than the longer-term success story.

Finally there were practical difficulties mentioned as part of the counselling process. There were many aspects to the counselling encounter: making and remaking appointments, keeping clinical records, building relationships and sustaining empathy. Many counsellors spoke of multi-tasking and the challenge of balancing competing priorities.

In summary, the most difficult aspect of counselling was commonly seen in the necessary separation between counsellor and client, and the need for emotional self-protection by the counsellor. Secondly, the sense of isolation experienced in the counselling relationship was recognised as a difficulty. Frustration was experienced in the challenges of helping clients
through the family environment and through the complexity of the public system. This was followed by practical difficulties in the counselling situation.

**The part of this job I enjoy most is . . .**

**Variety and interest**

The counselling situation was valued most consistently by counsellors for its variety and interest. Each relationship with a client held unique possibilities and challenges. Counsellors found interest and increased engagement because the working environment was constantly changing with new clients, new issues and possibilities for change.

This was linked to a sense of appreciation found in sharing the life of another human being. Many counsellors expressed joy in being able to help another: “to witness the shifts, the growth within clients while they become more aware of themselves within therapy”. There was a sense in which the counselling process provided its own reward. The social bond, although taxing emotionally, also provided great rewards. “This is a great opportunity to meet and get to know a range of people of all ages and backgrounds, all in an extraordinarily focussed and time-limited way”, said one counsellor.

**Personal satisfaction**

Indications of growth and change in the personal life of the client were identified as giving satisfaction to a large number of counsellors.

There was a sense of satisfaction for counsellors because they had contributed to the wellbeing of another. “I have made a difference”, said one, “connecting with children on their own level and speaking words of life to them”. Many counsellors spoke of the therapeutic bond with the client. “Helping clients grow means I grow too” summarized many responses. Some found pleasure in seeing clients developing new skills, “solving their own problems” or just “journeying with them”. Pleasure was experienced as clients developed personal qualities of coping, caring for themselves, “finding more in life”, or “new hope in life”. Some mentioned helping clients find particular solutions, such as family reconciliation. These discernable changes were very important to counsellors when identifying enjoyment in the role. Some counsellors spoke enthusiastically about good feedback from clients who had made use of the intervention and came back to thank them.

**Supportive environment**

Many counsellors recognised the importance of the supportive environment of the counselling centre. The sense of collegial support and professional understanding were also important as were friendships between counsellors. There was friendly social interaction, debriefing peer support and the recognition of being part of a team. Mention was also made of the administrative assistance available in being part of a counselling centre.
When I talk to my friends I tell them the best thing about this centre is . . .

Helping people move on with life

The importance of positive results from a caring intervention was recognised by counsellors as the most important feature of the counselling centre. Many spoke of “helping people move on with their lives”. The word ‘empowerment’ was commonly used when speaking of what differences the work of the centre made in the lives of the clients. To witness the ‘empowerment’ of another through counselling validated the therapeutic approach. Many counsellors spoke of the client coming in weakness and finding personal strength. There was a sense of achievement in that the centre was “useful to the community”.

Integrity

Secondly, personal integrity was cited as a mark of quality in the counselling service. Personal integrity of the staff was recognised as part of the professional nature of counselling. This meant counsellors could maintain their own beliefs and sense of self-respect and this was also extended to their clients.

Personal integrity was often related to the Christian context of the counselling service. Many counsellors spoke of the value of their Christian faith and the importance of the ongoing support of the church. There was a recognition that the prayers of the church were with them in the counselling work. There was integrity between their own spiritual life, the life of their faith community, and the service that they offered the client.

Friendly atmosphere

The third most common factor identified was a friendly atmosphere. This related both to the clients coming into the centre but also to staff relations. “This is a place of valuing and acceptance”, it is “a place of peace” said one person.

When I started . . . I was concerned about its close relationship with the Church . . . now after 18 months I know “believers from other religions (Muslim for example) feel very welcome.

Thus, although there was a range of opinion expressed in the questionnaire responses, there was also considerable agreement. Counsellors noted that their academic training, personal qualities of compassion, life experience and their commitment were all important attributes in qualifying them for their work.

A common challenge for the role of counsellor was caring for the self in the face of complex demands and emotional stress. On the other hand, the counselling position was highly valued in terms of interest and rewards in seeing clients empowered to move on with their lives. The counselling intervention gave a sense of satisfaction. The friendly and supportive environment of the counselling centre was another positive factor for most respondents.
Chapter 5. 
Extended discussion

Several issues have been highlighted by this research that warrant further investigation. It is beyond the scope of this project to address these issues fully. However, the following thoughts are offered to stimulate discussion that could have value as churches develop their ministry through counselling agencies in the future.

It is my understanding that the Church has a special capacity to help others through the provision of counselling services. In the past, the Christian community has been influential in social justice and wellbeing. The shared awareness of good news that God loves and accepts us, enables believers to have a strong sense of meaning in life. This sense of meaning gives confidence that can flow over into the compassion that has been foundational in the low-cost counselling services offered to the community.

Allied to the idea that the Christian message actually motivates the provision of low-cost counselling, it is important to consider the psychological significance of religious faith. The following four areas are identified in the hope that further research can be directed to these aspects of life and wellbeing.

**Linking theology, Christian practice and psychology**

**Neuro-science and Christian practice**

With increasing research and measurement technology in the area of neuro-biology, greater understanding is being gained into the factors associated with the healthy development and repair of the brain.

Neuro-science provides strong evidence that brain development in children is closely linked to the social bonding of family love and caring (Badenoch, 2008). ‘Love’ is no longer a word reserved for Sunday sermons but is recognized as central in “attachment theory” as a factor which shapes the brain. Love and compassion in relationships are also recognized as central to therapeutic relationships that are avenues for healing the brain.

Grille (2005) writes of the historical, social and emotional impact of parenting behavior on the wellbeing of children. He emphasizes the need for a new respect for children through “assertion instead of aggression . . . contact instead of control . . . demonstrating empathy instead of preaching morality” (p.219). The Church has psychological and emotional significance as it can demonstrate the value of children and encourages loving parenting. Many church programs have been provided for the care of children and the Christian teaching of love, with the centrality of children in the Kingdom of God (Matthew 14:19), could be considered as part of this “new” understanding for parents.

Other people working in neuro-psychology have explored the ability of the brain to change its own structure and function. Doidge, for example, speaks of ‘neuroplasticity’. The brain is not a machine, nor ‘hard-wired’, but capable of being moulded (2008, p. 55). Doidge uses many examples from work with the elderly, stroke victims and those with learning disabilities, but his thesis can be extended into spiritual and religious practices. One of his favorite quotes is “if you don’t use it you lose it”. That is, humans have choice in how their brains can be repaired.
Although early childhood experiences and trauma affect brain functioning, these need not be seen as an irreversible handicap in life.

The plasticity of the brain continues throughout life and early damage can be repaired. Doidge (2008) warns that plasticity is competitive: what we allow into our brain influences the emotional and social outcome. “Regression to barbarism is always possible . . . Civilisation must be taught in each generation and is always at most one generation deep”, he says (p. 298). This has implications for our fast food, instant gratification world. What we choose to do with our time and energy can reinforce negative brain patterns of selfishness or aggression.

Drawing on the work of Doidge, Christian practice can be viewed as contributing to the positive remaking or repair of the brain. The Church invites believers to be actively involved in “remaking” the brain, using the power of imagination through ritual and symbol. The call to be “children of the light” (1 Thessalonians 5:5) is a common biblical theme. Many aspects of worship emphasize the need to change and grow, to let the mind of Christ become our mind (Philippians 2:5). Many aspects of church life, such as honesty in confession, the proclamation of forgiveness, focus on the positive through praise, community accountability and fellowship, have similar psychological importance. In addition Christian teaching and the Biblical story provide a positive framework for thinking about life based on God’s love, human value and the vision of new life possibilities.

The research developments in neuro-science provide new contexts in which Christian faith and practice can be evaluated and celebrated. The recent introduction of meditation for children in Catholic schools in Australia is a good example of linking contemporary psychological understanding with traditional faith practice.

The links between the understandings of neuro-science and Christian practice using imagination is another area worthy of investigation.

Religion and coping
In the USA, Pargament has conducted an extensive review of over 280 empirical studies that identified religion as a coping mechanism. Although there were a few studies that showed a certain kind of religious belief as having a negative impact on wellbeing, he concluded that most indicate a positive connection, and that “religion deserves greater recognition and attention than it has in the coping literature”. (1991, p. 312). In a later work, he argues that the spiritual dimension of life should be taken more fully into the process of psychotherapy (Pargament 2007). He suggests that for people experiencing serious psychological problems, expressions of spirituality, rather than being a symptom of the illness, could be a valuable resource for coping.

One empirical study of 400 people with serious mental illness found over 80 per cent reported that they used some sort of religious belief or practice to help them cope with their symptoms and daily problems. Spiritual resources for coping include: spiritual striving, spiritual meaning making and reframing, relationship building, prayer and meditation.

Spirituality and health
The first Australian conference on spirituality and health led to the publication of a supplement to the Medical Journal of Australia (2007). Articles included recent research and clinical practice in relation to the use of prayer, assessment of the spiritual, ethical issues, mental health, developing healthy kids and aged care in a secular society. Another recent book, When Sickness Heals (Sorajjakool, 2006), describes the place of religion in healthcare. The anthropologist,
Clifford Geertz, is cited in Sorajjakool as saying that religious symbol systems provide a means for making suffering “bearable, supportable, something, as we say sufferable” (p. 23). In such ways, the spiritual life is taking a higher profile in contemporary society, particularly in relation to health and wellbeing.

Forgiveness as a health issue
McCullough et al (2000) commenced their work with the following words: “If we do not develop ways to control our passions and the fruits of our ingenuity, we may succeed in writing ourselves out of history.” (p. xiii). The work is entitled Forgiveness: theory research and practice with the main thesis being the need for development of this psychosocial construct. According to McCullough, only in the last 15 years have social scientists begun to develop theoretical models and start empirical studies about forgiveness. Forgiveness is defined as an “intra-individual, pro-social change towards a perceived transgressor that is situated within a specific interpersonal context” (p. 9). Forgiveness is linked to the enhancement of the quality of life. The World Health Organization is developing a Quality Of Life assessment instrument (WHOQOL) consisting of six broad domains (physical, psychological, degree of independence, relationships, environment and spiritual). At the time of writing, this instrument had been tested in 15 different centres throughout the world showing cross-cultural validity. Within the domain of spirituality, religion and beliefs, the area of forgiveness is receiving serious attention.

The experience and teachings of the five world religions has much to contribute to the discussion regarding developing the skill of forgiveness. This is another area where psychology and religion could be in greater dialogue with each other.

Counsellor’s value structure
This project raises the matter of the influence of a counsellor’s Christian values. Is it possible for a counsellor to be value-neutral and objective when working with a client?

Research has shown that a disproportionate number of psychologists claim to follow secular, agnostic or atheistic world views (Anderson et al, 2000) while at the same time claiming that their services are ‘value-neutral’. Owen (in Shafranske, 1996, p. 316) argues, however, that “the secularisation of psychotherapy can no longer be promoted without question. Value-free therapy is no longer viable”. Anderson proposes that the values stance of all counsellors should be disclosed to the client. Although a counsellor may state the intention to be client-centred, it is a matter of professional integrity to make clients aware of the possibility of bias at the beginning of therapy. A brief statement on the intake form should indicate the counsellor’s particular world-view. Anderson suggests the following disclosure for Christian counsellors:

All counselling is values-based. There are many values in our society: New Age, Eastern, secular, humanist, agnostic, atheistic. Mine is Christian. . . . I use that grid to guide my counselling just as other therapists with other grids use theirs to guide their counselling. (p. 46).

This is a matter for further discussion. It is of general importance for all counselling, especially for those in church-based counselling services.
Psycho-educational programs and the Christian faith

Many theorists (Kegan, 1994; Birch, 1995; Neville, 2005) have postulated that as our contemporary society becomes more diverse and complex, meta-cognition increases in importance. Meta-cognition, that is, being able to think about our thinking, is a higher level of awareness or consciousness. It means that the thinking person can have greater control over their emotional responses and the ways in which they react to the outer world. Instead of reacting to a stimulus in a knee-jerk style, the person has awareness of some of the meaning in the reaction. Self-talk can be used, such as, “Why did that happen?” “I always seem to feel angry in this situation.” “What other responses are available?” As the person learns to reflect and analyze, they become more conscious of possible new ways to interact within society and to care for their own inner wellbeing.

Christian faith teaching has always included the practice of prayer and reflection. To be honest, to confess, to turn away from what is considered sin, all involve some level of meta-cognition. Modern psychological understanding linking with Christian faith in an educational context presents a cohesive interdisciplinary model. There is double authority as psychology, based in scientifically verified knowledge, links with the ancient faith traditions of communities. Linking rationality and community faith brings strong possibility for educational change.

Four of the centres investigated in this research are using psycho-educational programs related, in some way, to the counselling service. These programs have arisen from the creative research and writing of the leadership team at one particular church.

The psycho-educational programs were reported as possibly leading into counselling or counselling leading into an educational group. For example, a person who comes to a grief recovery group and displays symptoms of ‘Prolonged Grief Disorder’, can be encouraged to take up an option of personal counselling to find a way through grief and loss. Or a person in counselling because of low anger control might be encouraged to take part in a men’s group where these issues are addressed in a broad social context. The aim in these educational groups is one of developing understanding, in order that difficult experiences and negative responses to life can be controlled or modified. They operate using a behavior modification form of therapy. Psycho-educational programs in the centres studied here included: re-making marriage, male sexuality, courage for kids, women’s issues, coaching for small business managers, resisting the drug culture, coping with grief and loss, and body image.

There is a close relationship between education and counselling. The teacher as a “guide on the side” rather than a “sage on the stage” is a strong contemporary image (Palmer, 1998). Teaching is a drawing out from within the student, involving an empathetic connection of understanding (Salzberger-Wittenberg, 1983). Learning involves both intra-psychic and intra-personal factors. Teachers need to understand the emotional needs of the student and the fragility of the teaching/learning connection (Neville, 1991). In contrast to the older education setting in school where the focus is on the subject matter being transferred, psycho-educational programs necessitate the teacher being not only concerned with the subject matter, but also with social and spiritual interaction factors. The teacher in this model uses observation, listening, emotional receptivity and strength to recognize and feel the pain. Limits are also set in the group, taking care not to project the pain back onto other students.

It is not the object of this project to assess these psycho-educational programs existing in some churches. It is a fact that they exist and seem to be developing and expanding. There are many
issues for further research. These include issues of training and supervision for teachers in these programs, age appropriate teaching methods, and theological emphases. Churches have often been charged with encouraging co-dependency of leadership and congregation. The traditional form of teaching as ‘telling children’ falls very easily into the image of the “sage on the stage” type of education. This is close to traditional church preaching styles. In a psycho-educational setting for adults, a style of teaching and learning is required which focusses on the learner rather than the content (Knowles, 2005). Such styles of adult education are more like the “guide on the side”, aiming to draw out the existing knowledge and experience of the learner. It is a more respectful form of education that could be considered to follow the client-centred counselling model.

Evaluation and program rewriting is a feature of the psycho-educational programs discussed above. They have been designed and distributed through one church in the study, and it seems a developing expertise is being accessed by other churches wishing to engage this area of service. Additional academic research is currently being conducted into psycho-educational Christian education through the Masters program at the Australian Catholic University.

Counselling, spirituality and mental illness

A further area needing greater research is the connection between counselling and the great variety of mental illnesses present in our society. Clients presenting with diagnosed mental illness were evident in greatest numbers in the CBD and inner city centres where a variety of counselling methods accommodated the mental capacity of the clients. There was much use of art, music, games and sporting activities alongside teaching skills for living and monitored practice in basic social interaction. A recurring theme at each of these centres was the need for compassionate human contact and a sense of community. Most of these clients were seen to live on the margins of society. They were unemployed and often homeless with reduced social skills and a lack of family connections. The centre provided a small community where they could be accepted and their personality recognized and potential developed. As the definition of counselling for this study was broad, all of the programs could be considered as intending to enhance the psycho-social competence of the client.

All of the centres have some form of spiritual help available through a priest or chaplain. As can be seen from the individual stories in the previous chapter, many clients with mental illness made use of the spiritual counselling or pastoral care that was available. However, the dominant model of treatment in these centres was found in psychological understanding. Pargament (2007) has stated that modern psychology is largely a “psychology of control” (p. 11). That is, all of the major paradigms of psychotherapy share an interest in helping people maximize their ability to be in control of their lives. Pargament identifies some change in recent years with the emphasis on Positive Psychology (Peterson & Seligman, 2004), Buddhist thought (Wallace & Shapiro, 2006) and the development of new treatments such as Acceptance and Commitment Therapy (ACT; Hayes, Strosahl & Wilson, 1999). These more recent therapies share recognition of the limits we all have in controlling our lives. Pargament predicts a new psychological movement in awareness of spirituality that can come to terms with human limitations, the unfathomable and uncontrollable. New terms such as ‘mindfulness’, ‘acceptance’, ‘virtues’, ‘detachment’ and ‘being present’ will become more spiritually friendly terms entering the psychological lexicon. If, as Pargament predicts, use of spirituality and religion is gaining greater recognition in psychological treatment, then the counselling centres in this report are well placed to use the spiritual resources from within their religious traditions.
In the past 10 to 20 years there has been increasing interest in the relationship between spirituality and health. From recent research there seems to be growing interest in the spiritual life of the client being relevant in the treatment of mental illness. The research of Wilding (2007) in a community mental health facility identified four main themes of spirituality used in intervention. Spirituality was seen as a phenomenon that provides meaning for life, and can help a person cope with mental illness. Spiritual beliefs can make everyday life more health enhancing and meaningful, and can give value to some who share in an occupation that focuses on the spiritual. She suggests that the discussion of spirituality has implications for health practice.

The fact that spirituality saved the participants from suicide and provides them with a reason to live is compelling argument for health practitioners to explore the issue of spirituality with their patients. . . . To take this idea further, if spirituality is so powerful that it can persuade a person who is contemplating suicide to remain alive, then it may be considered to be a moral imperative that health workers discuss spirituality with their patients (p. S68).

The issue of mental health is being taken seriously in Australia where we are finding a growing proportion of young people “at risk”. Withers (2001) identifies the degree of risk as a complex mix of personal attributes, like problem solving skills and a sense of purpose, with communal social pressure. Environmental or social pressures are seen in fragmented family life, the gambling culture and the availability of drugs. McWirter (1993) is cited by Withers as expressing the problem “[there are] so many falling away- so many at risk – that we might conclude that our society itself is at risk” (p. x).

Resnick, Harris and Blom (1993) conducted a research project on resilience among young people. It arose from the observed “shift from biological to social causes of morbidity and mortality among adolescents” (p. S3). The research gathered data from over 36,000 students seeking to identify protective factors that would lead to good mental health. The study recognized both the ‘quietly disturbed’ and the ‘acting out’ behaviors of subjects as demonstrating risk. Resnick et al concluded that a sense of caring and connectedness was the dominant protective factor enabling resilience in young people. One caring and competent adult was needed. Most frequently this person would be a family member, but could also be a teacher. The report claimed that “unfortunately, the presence of nurturing relationships between adults and children cannot be treated as a given . . . youth disaffection and alienation are seen as a growing by-product of postmodern society” (p. S4). The data showed that in the absence of a caring adult, the third protective factor for a young person was a sense of spiritual connectedness.

The Risk and Protective Factors Survey conducted in Victoria (1999) supported the findings of Resnick et al. Four protective factors were identified: community involvement and rewards, school involvement and rewards, family connectedness and finally aspects of religiosity and belief in a moral order. Religion and spirituality are recognized again as protective factors in mental health.

Therefore, further discussion and research is warranted regarding therapeutic treatments of mental illness. Spirituality, patterns of belief or religious world views have potential for health and well-being.
Prayer is a central element of many religions (Coleman, 1999; Engebretson, 1999). Christian writers identify prayer as a sign of what Brueggemann calls the “hopeful imagination” of humans (Brueggemann, 1986) which is connected to the theological images of the revelation of a God who cares (Foster, 1992; Rahner, 1958). For Christians, this is the God identified as “Abba” by Jesus (Foster, 1992; Soares-Prabhu, 1990), the one who stands in intimate parental relationship to his creatures. Prayer has been modelled by Jesus as a central aspect of living in the Kingdom of God, and the Church throughout its history has used prayer as a channel of grace and an act of worship. Prayer is part of the relational nature of life (Epperley, 2000) and can be part of the healing process as the client links in imagination to the divine and the environment of positive love of others around them. Prayer can also be recognised as a way of centering, a way of living rather than a specific act, a connection with the God-presence within. “Prayer and meditation times have changed me, convinced me I am not alone . . . I find great energy, visions are born, I am empowered”, writes Bishop Spong (2001 p.200).

Prayer has also been shown as an activity with psychological importance. Ulinov & Ulinov (1992) speak of prayer as “primary speech”, “primordial discourse in which we assert, however clumsily or eloquently our own being” (p vii). As part of primary-process thinking, prayer comes with images, imagination and emotion-laden wishes. Prayer becomes for us a way of engaging with the environment, through the process of taking in (introjection), and pushing out (projection). We pray for God’s love through praise and intercession, and we reject sin in confession. Jantos and Kiat (2007) consider prayer as “medicine” for the spirit. Pargament (1997) notes that in analyses of more than 100 peer-reviewed research papers in the USA, prayer was often cited as a coping mechanism. A similar finding was discovered for children through recent Melbourne research (Mountain, 2008).

Prayer can be identified as a Christian activity and part of the life of the churches that have established each of the counselling centres in this project. However, it was found that all counselling centres made a distinction between the pastoral care given to members of the church community and the counselling offered to the wider community. In the interviews, all of the directors made it clear that the use of prayer by the counsellor was not integral to the counselling process. In some centres, some counsellors would pray with clients if requested by the client. This was similar to the way that certain aspects of faith and worldview were not mentioned unless the client initiated this discussion.

Prayer Ministry

Associated with the regular counselling service, three of the centres offered “prayer ministry”. While linked to counselling at these centres, it was not actively suggested to clients, but the facility was there for those who wished to take part. As an adjunct to counselling, this seems part of traditional Christian ministry, related to intercessory prayer or prayer for discernment.

In some places, this prayer tradition, that has always been part of the church, has been presented in a new “ministry” format with an association and guidelines (www.prayerministries.com.au) and a guide book of prayers, *Restoration - Healing Prayer Ministry Guideline Prayers*.

The healing prayer ministry process could be linked to contemporary psychological understanding. The activity called “listening to the Spirit” could be seen to relate to the intuitive companionsing of creative arts therapy (Mountain, 2007). The use of images and symbols could
have a therapeutic link to creative visualization as suggested by McNab (1989, 2008). There is also the use of discernment, with an interdisciplinary link to theological understanding explored by Scott Peck (1983).

Prayer ministry was not included in this research as it seems to fall into a different area linked more to pastoral care than counselling. It is based on belief in the healing intervention of the divine Spirit with the requirement that the client has Christian faith.

A brief outline of a prayer ministry method, as sometimes practised, is as follows.

At each session there is a client and two prayer ministers together in a prayer room, at the same time three or four intercessors are praying for the clients in the meeting room. The intercession group spend a portion of the time focusing on each client. They note any images, songs, readings or messages that could relate to the client. These are discussed by the group and written down on a special sheet to be given to the client at the close of the session. (No negative images are recorded.) Before each session the team prays. At the beginning of each session the client is asked if they are willing for the Holy Spirit to minister to them today. The client is invited to pray to ask Jesus where to start the session. Silence is accepted as valuable to the process. The client is encouraged to lead the session. Silence is accepted as valuable to the process. The client is encouraged to pray to ask Jesus where to start the session. Prayers from both client and minister and short discussions regarding feelings and quietness are all part of the session. This was described to the researcher as a “gentle approach”: The prayer minister acts as a listening guide rather than feeding ideas to the client. The sense of community support is a strong feature of this method, with each client being held in mind through prayer by at least five other support persons.

However, some concern has been expressed as to whether this form of support in prayer meets the counselling requirement of being client-centred. Drummond (2008) has conducted research into prayer ministry that he considers “popular” in some churches. He identifies four principal strands of prayer ministry teaching in Australia: Theophostic (www.theophostic.com); Elijah House (www.elijahhouse.org); Ellel (www.ellelministries.org) and cleansing Streams (www.cleansingstreams.org). Some of these follow the format described above while others have a stronger emphasis on ‘deliverance’. Through his pastoral involvement, Drummond identifies three reasons for the use of prayer ministry today. First, there is the claim that prayer ministry is directed by the Holy Spirit rather than through human, psychological methods. However, the centrality of largely unsupervised, human leadership in this ministry undermines this claim. Secondly, he sees this ministry as part of our event driven, fast-food world, where the born-again Christian seeks a quick solution. Thirdly, he suggests prayer ministry tends to externalise the ills of life as coming from evil spirits or ‘generational’ curses or sin. Drummond concludes that, counselling emphasises that life is complex and there is often need for the counsellor to act as companion, to share the ongoing mystery and struggle, to walk in the dark or to walk in faith. He considers prayer ministry runs the danger of a Gnostic way of thinking, where “secret” knowledge of healing and salvation are only available to the elect. Prayer ministry, following a set process of prayer without due regard to the uniqueness of the client’s worldview, could be taking grave risks with the healing process.

The use of prayer is an important issue in the context of counselling. Could prayer be a form of hypnotherapy? Could it be a form of manipulation through suggestion? Or could it be a bridge between the internal beliefs of the client and the problems of living? Is prayer empowering? What is the impact of intercessory prayer? Who prays and how do they pray? Does prayer strengthen the social network of care? What about the use of centering prayer to help clients attend fully? Is meditation a way to settle the mind or does it bring danger in
extending rumination? Prayer has been recognised as a powerful psychological tool and further investigation is needed to ensure its use is for healing and wholeness.

**Conclusion**

This small project shows that further research is needed in discovering both the therapeutic aspects and professional standing of Christian counselling (Wilkins, 1999). The Christian tradition has an emphasis on health and wellbeing that can make a valuable contribution to psychotherapy. It is possible that Christian practice can be viewed as having psychotherapeutic value. Psycho-educational activities of the church seem to be a developing resource and deserve further research as they integrate the faith tradition and contemporary psychological understanding. Aspects of mental illness and intellectual disability remain a challenge both in prevention and intervention care. How churches and counselling services meet this challenge is a matter for ongoing discussion. Finally, the use of prayer as a liminal experience of life demands further attention. The tradition of prayer in the church can be examined in the contemporary context of its capacity for reframing experience, relaxation and community building.
Chapter 6.
In Conclusion

At each centre the directors told stories as a way of expressing feelings about the value of the centre. The collecting of stories was not the original intention of the research protocol, but as the notes were analysed they seemed to speak clearly about the diversity of the services and gave a sense of celebration. These stories were told to highlight the possibilities and accomplishment experienced in the centres. Some of the stories are related below:

Stories from inner city centres

A director told the following story. “As the priest, I join in the program and it’s amazing how often we get to talk about spiritual things. One fellow wanted to check with me that he was not going crazy or a bit strange. He said he often just goes to sit in the park and he has this strong feeling of being connected to a bigger spirit. Another time I had been on a retreat and four blokes wanted to talk about the spiritual exercises of St Ignatius. One was from the Baha’i faith and they were all interested in how the spiritual disciplines fitted with Matthew 25 - that’s our theme here.”

A man who suffered from sexual abuse years ago had struggled with alcohol addiction. Yet he retained a sense of the spiritual dimension of life and a great love for the church. The minister reported, “Sitting in the dining hall I got talking to this Italian man who hadn’t been in a church for 40 years, had lost contact with his extended family, and was homeless. Yet he had a vivid memory of his early life in the church and a sense of vocation.”

Sometimes these encounters with the most disadvantaged people in our society challenge us to re-evaluate our living. One said, “I travel through this world lightly living in a spirit of simplicity. In this way I am more available to life. When we lose things we can see what is really valuable.”

All clients at one centre have a diagnosed mental disability and come to this centre regularly to find a sense of acceptance and community. Lenny has been coming to the centre for 30 years. It was his birthday and at lunchtime the relaxed group of about 12 staff and clients in the dining room sang to him. There was a special cake made to celebrate his birthday. A birthday roster helps staff to keep track of this simple and important ritual for each client.

Harry at 79 was discovered in a boarding house with skin cancer, fractured neck, almost blind and impoverished. He had lived a hard life from the time when his mother had placed him in institutional care. Now in old age, he was at risk of further violence and abuse. The worker moved Harry into a church-run nursing facility and when he arrived he burst into tears saying that this place was too good for him. In the process of working with Harry on his life story, the worker was able to track down Harry’s sister and her family. The tearful reunion of brother and sister and the finding of a family network for Harry are encouraging images of the work at this centre.

In the year 2000, about 300 people were released from the Woomera detention centre. Church leaders met with many at that time and accommodation was found through
the church for about 50 people. They were all on Temporary Protection Visas. Strong friendships were formed and the whole church was involved in the personal stories and struggles. Personal stories became collective stories with high emotional impact.

“Before here I was living in a homeless shelter”, said one person. “Sometimes people were breaking windows; many crazy people, and many angry people. Living here is like living in paradise.”

Stories from suburban centres

One director said, “Paying a fee is part of our social contract, helping clients to value the service but at the same time we do not want to turn people away because of economic poverty. There is one homeless girl who has been coming to the centre for 3 years and paying $5 per session”.

Another director explained, “Although most of our counselling is of clients either outside of the church or congregational members, I have felt most rewarded when I have worked with a client in the leadership team of the church. Our church has a large leadership team of about 100 made up of paid and volunteer staff. Some leaders burn out and need professional help to process what is wrong, learn some skills in self-care, and get back “on board”. It is amazing how many leaders in our evangelical churches don’t understand about the need for balance. There seems to be a mentality of “go ‘til you bust”. Working with clients from the church leadership I have found some carry ‘baggage’ that means that they embark into ministry for the wrong reasons. Through counselling, issues such as low self-esteem can be uncovered, the gospel message of life and balance affirmed, and effective ministry can be achieved.”

A woman came to a church seeking financial help as she had left her husband because of his longstanding drinking and aggression problems. She was in emotional and financial distress. Financial help was given and crisis accommodation secured and the woman became engaged in counselling and group work. After some time, she brought her ex-husband to the centre to get a job in the warehouse (attached to the church). He entered an alcohol rehabilitation program and counselling. The couple are now back together and continuing in counselling as a couple.

A director spoke of the various services offered for intellectually disabled people at a particular centre. “On a regular basis, grief and loss support groups come into existence. These groups provide a place for people with various disabilities to share ideas about close relatives who have died. Watching a video of the funeral of Princess Diana is always a feature and the other highlight is a visit to the funeral parlour. At the funeral parlour there is always a high level of excitement; there is the ritual of taking photos of each other in the casket room and then the chance to read a letter of farewell to their relative into the microphone in the chapel. This often turns into a chance for a major theatrical performance.”

It was recognised that many people ignore the needs of children at a time of grief, so the team decided on a wider community education initiative. Using a local government Community Grant for Education, a program was designed and delivered in the local city library. A public meeting was held at the library with distribution of bookmarks giving some brief do’s and don’ts when trying to help a grieving friend. As the aim was
particularly to help children with grief, church members bought and donated suitable books to the library to raise awareness of the various aspects of coping with grief and loss.

An example of the way in which a counselling centre can respond to community need is found in the partnership of one centre with the local hospital. The hospital social work department was concerned that many new mothers and their babies were being discharged from hospital having no family support and little education. Someone from the maternal and infant welfare program, a nurse educator and a social worker from the hospital met with volunteers from the church to conduct training in the best ways to help new mothers at risk. Now when the need arises, the hospital contacts the centre and a volunteer is partnered with a new mother and acts as friend and mentor for as long as the mother wishes.

A young man and his daughter were living in their car as they had been evicted from their home after falling behind with the rent. The story behind this situation was one of grief, a young woman dying of cancer being nursed at home by her husband who gave up his job and a young daughter not able to go to school because of her mother’s long illness. When they came to the centre, grief counselling and practical help were both part of the recovery. The church paid the bond and the first month’s rent on accommodation. Help was given to the daughter who had difficulty going back to school. Now the husband is in employment once again and life is possible.

For three years, “Bev” sought out support and help for her struggles with her abusive childhood. The trauma had crippled her relationships and she had separated from her husband, her children and her extended family. She was unable to hold down a job, could not get on with people and was constantly suicidal. With a caring counsellor who was committed to walk the journey with her, things have turned around. Although now divorced, “Bev” is self-supporting, living independently and enjoying life as never before. After working through a whole lot of abuse and trauma issues, she has re-established herself in a new town, new church and has new social calendar. With plenty of reasons to live, as her connections with children and extended family continue to grow, “Bev” books in for a check-up each six months. It is a pleasure to see her smiling, happy to be alive and wanting to share her talents and life with others.

Summary of findings

A wide range of counselling services are sponsored by Christian churches in and around Melbourne. The formation of each centre was a joint venture between the minister and lay people. Some centres are run largely by volunteers, other centres pay most or all of their staff. The research found that, in all the centres studied, the following characteristics were found.

- Policy and procedures documentation are in place.
- There is an emphasis on professional training.
- Ongoing in-service training and supervision are used.
- The counselling emphasis is client-centred.
- Holistic care, health, wholeness and empowerment are the desired outcomes.
- Services are offered at affordable rates. Some services are free.
Confidentiality is part of centre policy.

Community building is important.

The centres are related but separate, in varying degrees, from their churches.

Some counsellors are practising Christians, some are not.

Counsellors have challenges and joys, and value collegial support.

This research revealed, in many instances, a common relationship between church-based counselling services and the wider psychotherapeutic community. In each centre, professional training and supervision were held as important, with time and resources given to continuing professional education. Each centre was associated with a variety of wider psychotherapeutic organizations. There is a common understanding of the need for ongoing education and clinical supervision. One further professional element was recognised in the policy and procedures documents for each centre that indicated the ability to monitor and regulate the standard of service.

On the other hand, some elements offered by the centres in this study differentiate these services from others available in the wider society. The fee structure was perhaps the most outstanding difference. Each service had a policy that clients should not be prevented from finding help because of financial constraints. The fee structure varied between centres, some with set fees others with a form of means testing. It was seen that church support was part of this financial structure. Secondly, the link with a church added the possibility of a supportive community. The church as a community was obvious in the physical building and decoration, and each centre had advertising material that invited clients to various church activities. Thirdly, all centres used and valued volunteer help. Volunteers were involved in administrative duties or practical help with cleaning or food preparation, but in some centres the volunteers were trained as co-counsellors and played an active role in service provision. This was associated with the link to the church in terms of administration and accountability. The church community gave a wider human dimension to the psychotherapeutic service.

Further research possibilities for churches

This study could well be extended to include rural and regional counselling services. The different nature of community and the issues in rural contexts could well mean that counselling centres need to operate differently.

There are continuing needs for research into such areas as spirituality and mental health. However, some particular empirical and theological issues have been raised by this research, including the following:

- a comparison of “Hospitality Theology” with other models integrating theology and psychology;
- the relevance of neuro-science to theology and Christian practice;
- religion and coping;
- spirituality and health;
- forgiveness and wellbeing;
- the impact in counselling of disclosing the counsellor’s value structure;
Conclusions

The research revealed many aspects of counselling that are linked to an holistic Judeo-Christian view of the human person.

Respect for individuals can be seen in the Genesis image of humans, both male and female, as created in the “image” of God (Genesis 1:27). Respect and Christian care were recognised as belonging together. Each person, as a child of God, was viewed as unique and worthy of attention. The potential within each person was spoken of through many of the interviews. This possibility was held in tension with the presenting needs, anger, sadness and despair.

A sense of compassion for those in need can be related to the teaching of Matthew 25, where Jesus says that the test of discipleship is the way in which the poor, hungry, naked and prisoners are treated with care. It can be seen in the many stories of Jesus befriending and helping those whom society overlooks or despises.

Healing is a value seen in the many stories of Jesus showing respect and compassion for the individual without blame or condemnation. These healing stories were often cited as motivation for ongoing care. Jesus, as a man, was faced with similar situations of great need and confusion, yet his faith, hope, positive attitudes and healing activities continued through his life. His love and compassion even extended to his prayer for forgiveness from the cross.

Justice is shown to reach beyond the faith community. It is recorded that God told Abraham that he would be blessed so that he, in turn, could be a blessing to others (Genesis 12:2). Similarly the prophets, such as Micah, had a message of justice for the people: “What does the Lord require of you . . . Act justly, love kindness and walk humbly with your God” (Micah 6:8). Early church leaders, like St Paul, urged the local groups of followers to care for the widow and orphans and not to make divisions according to wealth or status: “In Christ there is neither male nor female, neither bond nor free, neither Jew nor gentile, we are all one in Christ Jesus.” (Galatians 3:28). Many interviews from the centres expressed a sense of outrage against the violation of the vulnerable in our society. In many cases, the work of counselling led to greater awareness of the social problems of inequality. Many of the centres reported acting as advocates for those coming for help. This involved writing to various government agencies and taking part in wider social reform groups.

All the church-based counselling centres reviewed for this book emphasise that counselling assistance should be available to all. At the same time, all maintain that the services should have a strong academic grounding in psychology. Counselling is viewed as client-centred, caring for the person where they are, treating each one as valuable. The operation of counselling services is seen as a response to the perceived needs of contemporary society. Through services, such as those described here, the Christian faith continues to motivate people to act with respect, compassion and justice towards others, seeking the health and wellbeing of all.
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