

**A Critical Investigation into the Use of  
Spiritual and Religious Interventions by  
Professional Counsellors**

by

**Shannon Robert Hood**

Dip Couns, B Th, B Eng (Hons),  
Grad Dip Min, Grad Dip Couns & Psych.  
M Comm, M Ed, M Couns

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**Formatting Note:**

The American Psychological Association (APA) Style – 7<sup>th</sup> edition explicitly permits “adaptations of or additions to the APA Style guidelines” (American Psychological Association, 2019, p. 9) for dissertations such as this study. The following adaptations have been made:

- Heading formats have been modified and heading numbers added to improve readability.
- A sixth level of heading has been created.
- Notes for tables and figures have been reduced to single line spacing.
- Callout boxes have been added to allow for insertion of case studies.

## 1 Abstract

This study used a Grounded Theory framework to investigate the use of spiritual and religious interventions (SRIs) by professional counsellors. The aim was to produce at least one grounded theory that would inform and enhance the practice of Professional Counsellors. The first phase of a mixed methods approach surveyed professional counsellors (N=587), developed initial findings, and then, in a second phase, invited survey respondents to attend one of four focus group discussions (N=15) based on questions from those initial findings. Although the study included psychologists and social workers from the United States and the United Kingdom, over 60% of the respondents to the survey were Australian, Christian Registered Counsellors.

Attention focused on four dominant interventions that emerged from the data - prayer, forgiveness, scripture reading and meditation/mindfulness. Two theories were developed as original contributions to knowledge and, consequently, to practice.

The first theory, *Factors influencing the use of SRIs*, suggests that six factors determine whether a professional counsellor will use spiritual or religious interventions with a client. Three factors are *external* to the professional counsellor - client attributes, code of ethics and the context of the counselling conversation. Three factors are *internal* to the professional counsellor - their own spirituality, competency, and professional self-identity.

The second theory, *A Taxonomy of SRIs*, offers 12 major types of spiritual and religious interventions, further classified into four categories of Personal, Universal, Typical and Special. It is suggested these categories represent 4 levels of integration that may also be used to provide a helpful organising framework for other integration and counselling theories.

Working definitions that embrace Christian Counselling, Spiritual Interventions and Religious Interventions were determined and are offered to support future researchers.

Implications for practice were considered at an individual and organisational level.

INDIVIDUAL COUNSELLORS. (i) Codes of ethics were not well understood and require careful re-working and contextualised interpretation. (ii) Counsellors from the United States are more likely to use spiritual and religious interventions than their counterparts from Australia and the United Kingdom, indicating the need for contextualised education in practice and policy. (iii) The spiritual alliance between clients and counsellors is a determining factor that invites reflection on how such alliances are developed and then expressed through religious and spiritual interventions.

ORGANISATIONAL IMPLICATIONS. (i) The importance of providers of training developing a pedagogy and curriculum sensitive to spiritual formation for students. (ii) The development of clear policies, practice guidelines and training for employers of professional counsellors who may wish to use spiritual and religious interventions.

Further research would seek a larger, more heterogeneous sample and would intentionally distinguish between professional counsellors from different employment contexts such as private practice, employee, and agency contractor.

## 2 Statement Of Originality

I affirm that this thesis contains no material which has been accepted for the award of any other degree or diploma in any university or other institution. To the best of my knowledge, this thesis contains no material previously published or written by another person, except where due reference is made in the text of the thesis.

A handwritten signature in black ink, appearing to read 'Shannon Robert Hood', written in a cursive style.

Name: Shannon Robert Hood

Date: 25 July 2022

### 3 Dedication

To my Grandparents:

Stan and Cynthia Hood who provided board and lodgings during my first undergraduate degree and taught me the value of hard work and education.

Rev Robert and Eunice Paterson whose unconditional love and constant prayer has pointed me to the living Lord as the ultimate source of love and life.

*Proverbs 16:31 Gray hair is a crown of glory; it is gained in a righteous life.*

#### 4 Acknowledgements

This thesis has been a team effort and would never have been achieved on my own.

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The greatest acknowledgment is to the living, loving Triune God. Knitted me together, redeems me and inspires me. His strength is made perfect in my weakness.

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## 7 Introduction

### 7.1 Background and Statement of the Problem

This study is a *Critical Investigation into the Use of Spiritual and Religious Interventions by Professional Counsellors*. The research emerged in 2015 within the Professional Counselling<sup>1</sup> context in Australia. Then, as now, Professional Counselling is provided largely by social workers, psychologists and Registered Counsellors. In 2015 the author was the Academic Manager for the Australian Institute of Family Counselling (aifc) – Australia’s largest Christian Counselling Registered Training Organisation.

The aifc model of counselling had been developed nearly 20 years earlier (Litchfield & Litchfield, 2005). It advocated the selective use of spiritual and religious interventions such as reference to the Christian Bible, prayer and the power of forgiveness as a therapeutic tool. However, several external factors prompted questions about the use of Spiritual and Religious Interventions by Professional Counsellors.

Firstly, the shockwaves were still reverberating following the deregistration of a practitioner by the Psychologists Tribunal of New South Wales (Psychologists Tribunal of New South Wales, 2010). He was found to have provided substandard and unethical care of two clients for numerous reasons but most pertinently his inclusion of Spiritual and Religious Interventions such as prayer – even though his clients gave consent and were active members of a Christian community.

Secondly, public debate concerning the separate but related topics of same sex marriage and conversion therapy was vigorous and ongoing. As Jones et al. (2018, p. 18) observe:

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<sup>1</sup> A generic term used to describe the practice of individuals who hold non-student, non-associate membership with a professional peak industry body. They are bound by the code of ethics (or code of conduct) of these peak bodies in their work with clients. Most of their work is dominated by discussions of challenges and circumstances faced by their client. It specifically includes psychologists, social workers, and Registered Counsellors.

In the wake of the successful passage of marriage equality legislation in 2017, religious conversion therapy has emerged as a key point of contention in public debates about religious liberty. There have been seismic changes in public attitudes toward sexuality in Australia during the period in which marriage equality was publicly debated (2003-2017).

Conversion therapies often involved the use of religious interventions such as prayer and in response various professional peak bodies were releasing position statements regarding this practice, including the Psychotherapist and Counselling Federation of Australia (PACFA). PACFA is a Federation of Member Associations - the largest of which is the Christian Counsellors Association of Australia (CCAA). The May 2013 edition of their eNewsletter contains an updated draft of PACFA's position paper and records comments from CCAA members raising concerns about the wording (PACFA, 2013). This is indicative of the background to this study.

Thirdly, the CCAA had (and still has) an exceedingly confusing clause in their Code of Ethics concerning Prayer Ministry and Prayer Counselling. The clause validates these activities as "ministries of the Church" but declares they are "not counselling per se" (CCAA, 2012, p. 8, 2020, p. 10). The meaning and application of this clause continues to be the subject of much debate, throwing further uncertainty on the place of prayer as a Spiritual/Religious Intervention in the context of Professional Counselling.

Fourthly, interventions such as meditation and forgiveness were becoming increasingly mainstream. For example, in 2011 The Professional Education Committee of the Australian Association of Social Workers offered a professional development event entitled *Taking Care of Yourself using Meditation* (AASW, 2011). In 2015 Hornsey et al. published *Collective Apologies and Their Effects on Forgiveness* in the *Australian Psychologist* (2015). These two examples are not extraordinary in the own right. It is their ordinariness that makes the

point that, at the time this study began, secular Australian Professional Counselling bodies were addressing and normalising interventions that might once have been considered spiritual or religious.

Fifthly, many elements of Australian society were emphasising the importance of diversity and inclusion especially with respect to First Nations people and individuals with diverse gender and sexual identities. In 1991 Bergin noted:

Psychologists' understanding and support of cultural diversity has been exemplary with respect to race, gender, and ethnicity, but the profession's tolerance and empathy has not adequately reached the religious client. As the helping professions change to better meet the needs of the public, more tolerance will allow clients and counsellors to freely pursue their spiritual values (Bergin, 1991, p. 399).

By 2015 Bergin's prediction was coming true. Every code of conduct (or code of ethics) for all Australian Professional Counselling peak bodies specifically listed the client's religion as a factor which must be respected (or affirmed). As the diversity and inclusion wave washed over the Professional Counselling sector, astute practitioners realised this meant they needed to accommodate a client's religion with the same professional competence with which they considered their ethnicity, gender and sexuality.

Sixthly, the combined Australian trend of growing interest in spirituality with reduced connection to institutionalised religion, observed by McCrindle (2011, 2012), was having an effect in the Professional Counselling office. The lived experience of the author of this study and many colleagues was that 'Spiritual' Australians or Australians with a Spiritual issue were no longer speaking to a Priest or Pastor about their issues but instead were reaching out to Professional Counsellors.<sup>2</sup>

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<sup>2</sup> A recent publication by the Christian Research Association (2019) identified that 48% of those who described themselves as 'spiritual but not religious' used to attend church but no longer did so. Individuals such as these are likely to see Professional Counsellors to assist with their 'spiritual' issues

These factors combined to create a ‘perfect storm’ whereby the demand for spiritual and religious interventions was increasing due to a growing acceptance of their inclusion, and expectation of religious inclusion by spiritual people who were taking these issues to counsellors rather than Pastors. Yet at the same time there were very real reasons for Professional Counsellors to be fearful about employing SRIs in light of the psychologist’s deregistration on ethical grounds and their negative association with conversion therapies.

Instead of helpfully guiding practice, the CCAA Code of Ethics seemed to add confusion. Because of the situation already described, there was no consensus within the Professional Counselling field in Australia about the appropriate use of SRIs. Counsellors heard contradictory directives from peak bodies, teaching faculty, professional development providers and Clinical Supervisors. The very natural response by many was to ‘play it safe’ and avoid the use of Spiritual and Religious Interventions altogether.<sup>3</sup>

Into this context, in 2015, PACFA published its much-awaited Literature review: *The effectiveness of spiritual/religious interventions in psychotherapy and counselling*. Many (including this author) had hoped this would bring some clarity to an increasingly complex environment. Whilst they concluded “the literature provides ample evidence to support the integration of a client’s S/R beliefs and practices as part of good counselling and psychotherapy practice” (Ross et al., 2015, p. 2), they provided little by way of guidance for the Professional Counsellor on how to implement this.

However they were confident in their recognition that “the lack of Australian based research is disappointing” (2015, p. 17) and echoing a clear and focused “call for more rigorous research” (2015, p. 13). This study responds to this direct call for further research

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<sup>3</sup> This observation was made by the author in his role as a Clinical Supervisor for a number of Christian Counsellors as well as participation in numerous formal and informal dialogues with colleagues. It would later be affirmed by the results of this research. An earlier publication showed approximately one quarter of Christian Counsellors never use SRIs and about half use them “a little” (Hood, 2019)

from one of Australia's peak professional bodies and contributes to an important conversation at a crucial moment in history.

## 7.2 Objectives of the Study

This mixed methods, grounded theory study sought to critically investigate the contemporary use of Spiritual/Religious Interventions by Professional Counsellors in Australia, and similar countries. In doing so it hopes to make a practical contribution to the Professional Counselling industry. The aim is that this research will provide reliable information about the relative value and utility of various spiritual and religious interventions in professional counselling, to enable counsellors to be better informed in their decisions about which SRIs they use and how they use them. .

The research has already begun to make a small difference through the publication of several peer reviewed articles (Hood, 2018c, 2018a, 2018b; Hood & Milson, 2021b) and presentations at conferences in the United Kingdom and Australia.

In the first instance, the study leant towards seeking evidence for the efficacy of spiritual and religious interventions, hoping that they could be shown to be effective for specific disorders (e.g., Depression or Anxiety) and more confidently employed by Professional Counsellors. However, it became clear that more than sufficient evidence exists – the literature review of the study will identify and discuss this as *The Empirical Wave*. Furthermore, what became clear was the complexity of interacting factors that led to the decision by a Professional Counsellor to choose to employ (or not) a particular spiritual or religious intervention for a specific client. Additionally, continuous dialogue with colleagues revealed there is no agreed language. Definitions are vague, terms are inconsistent and cultural variants between countries have a remarkable impact.<sup>4</sup>

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<sup>4</sup> For example, some authors consider Christian Counselling an umbrella term that encompasses subcategories such as Pastoral Counselling and biblical counselling (Garzon et al., 2009; McMinn et al., 2010). Others use Christian Counselling and Pastoral counselling synonymously (often in contrast with biblical

As a result, a critical decision was made in early 2019 to move this study more toward an approach that actively sought the voices of Professional Counselling peers across multiple countries to better understand what they are doing so that we can draw guidelines from a collective international wisdom to enable Australian Professional Counsellors to make complex decisions concerning the use of spiritual and religious interventions. This research offers an original contribution to knowledge and provides guidelines that are already helping individual counsellors, training organisations and employers of counsellors in Australia.

### **7.3 Conceptual Framework**

A full description of the methodological rationale is given in a later chapter but some factors are now reviewed in brief. A mixed methods study maximises the benefits of both qualitative and quantitative research. Each research participant began their involvement by completing a large-scale online survey. The research design was unique in that the initial survey questions were partly designed to screen-out participants outside the scope of the research questions. For example, the study was only interested in the practice and opinion of Professional Counsellors. In rare cases the survey was completed by people who were not Professional Counsellors – their results were screened from the analysis. This approach enabled the researcher to use on-line networks where colleagues recruited colleagues to the research project, enabling many participants to be freely involved without the need to pre-screen for suitability. Subsequent quantitative analysis of a large survey dataset is a strategic and important characteristic of this study.

Qualitative analysis was partly achieved by reviewing the ‘free text’ response fields provided in the online survey. However, the primary qualitative analysis was reserved for the coding of focus group transcripts. At the end of the online survey, participants were

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counselling) (Brunsdon, 2014; Falaye, 2013). Finally, there is a third group tends to use Christian Counselling and biblical counselling synonymously (often in contrast to Pastoral Counselling) (Fouque & Glachan, 2000).

invited to attend one of four focus groups – conducted in each of the major capital cities of Australia during September 2018. This created maximum accessibility for focus group participation. The use of focus groups following the survey allowed these participants to be used in an explanatory fashion to further explore preliminary survey results. It also enabled a richer set of data to be captured that is not possible through surveys completed individually.

The last stage of the study was modified to broaden the data capture internationally, rather than pursue an empirical exploration as originally planned, and final analysis sought to develop one (or more) theories about the use of spiritual and religious interventions. As a result, the study was an example of grounded theory. Whilst many of the findings relate specifically to spiritual and religious interventions, several principles have broader application to the use of any type of interventions by Professional Counsellors.

#### **7.4 Significance of the Study**

The significance of the study for the Professional Counselling industry, allied organisations and individual counsellors attracted an Australian Federal Government scholarship. In Australia over 35,000 Registered Professional Counsellors cover the disciplines of Psychology, Social Work and Registered Counselling. Numerous professionals such as Psychiatrists, Occupational Therapists and Mental Health Nurses also offer counselling support. Every conversation between a professional and their client requires the professional to choose which combination of interventions they will use, some of which may be spiritual or religious. In Australia, arguably tens of thousands of these intervention decisions are being made every day, all of which could benefit from improved understanding regarding the use of Spiritual and Religious Interventions. Each of these Professional Counsellors is under Clinical Supervision. This is the logical place most Professional Counsellors raise challenging questions about their practice, so this research is significant for Clinical Supervisors as well.

Numerous organisations might find the outcomes of this study significant, specifically, organisations offering Professional Counselling services, industry peak bodies, and institutions training the next generation of Professional Counsellors. Counselling service providers need to develop policy and procedure regarding acceptable counselling practice which should be informed by research such as this. Industry peak bodies develop codes of ethics (or codes of conduct) and manage complaints associated with the practice of Professional Counsellors. These decisions concerning boundaries of acceptable behaviour should also be guided by research such as this. Training institutions must make research-based, evidence-informed decisions about content of training curricula. Research projects like this can provide vital information for them.

However, the most important impact of this research could emerge in the indirect benefit to the thousands of people who seek support from Professional Counsellors every year. According to the most recent census, more than half of Australians identify as having a Christian Faith and approximately 10% identify with a non-Christian religion (Australian Bureau of Statistics, 2017). Approximately 14%, the fastest growing demographic, identify themselves as ‘Spiritual but not religious’ (McCrinkle, 2017). In the context of “suicide and mental health continuing to be significant issues in Australia” (National Mental Health Commission, 2021), there is a strong chance that every person who seeks support from a Professional Counsellor is bringing with them a Spirituality or Religion that is important to them. They deserve to be provided with the best possible support, including the potential use of spiritual and religious interventions suitable to them.

## **7.5 Overview of Chapters**

Chapter 1 provides a short Abstract describing the overall project. Chapters 2-6 are a Statement of Originality, Dedication, Acknowledgements, List of Tables and List of Figures.

Chapter 7 introduces the study with an explanation of the Professional Counselling context in 2015 that prompted the research. The context was one of tension and uncertainty for professional counsellors considering the use of Spiritual/Religious Interventions (SRIs). Emerging cultural recognition of spirituality accompanied by diminishing involvement with religious communities prompted an increased demand for spiritual support from professional counsellors. Ethical diversity and inclusion requirements encouraged counsellors to respond to these client expectations with respect and affirmation. Overt use of interventions such as prayer could result in de-registration. Peak bodies had confusing and ambiguous codes of ethics on this issue and a 2015 literature review supporting the use of SRIs offered little guidance. The consequent objectives, significance, structure and limitations of the study are briefly explored at the end of this chapter.

Part 1 of the literature review in Chapter 8 explores two key terms: spiritual/religious interventions and professional counselling. Spiritual/Religious Intervention is revealed as ill-defined but critical discussion identifies four dominant interventions: prayer; meditation/mindfulness; forgiveness; the scriptures. Professional counselling is also shown to be ill-defined. The literature review seeks clarity by critically evaluating professional counselling as it relates to psychotherapy. Part 2 uses a bricolage approach to consider how the four dominant interventions have been used by Christian soul carers throughout the last two millennia. The chapter concludes by reviewing the integration of theology and therapy with a particular focus on empirical evidence concerning the use of SRIs by professional counsellors.

Chapter 9 offers a detailed methodological rationale for Mixed Methods Grounded Theory based on an action/inquiry theoretical framework. The action/inquiry model is highly complementary to the practice of professional counselling and therefore suitable as the foundational theoretical framework for the methodology. The Grounded Theory approach

sought to develop a theory underpinning the use of SRIs by professional counsellors. Evaluation of qualitative or quantitative approaches concluded that mixed methods best served the research questions. Chun Tie et al's (2019) research framework offers a template designed for grounded theory mixed methods, is evidence informed and adapts well. Critical evaluation of statistical tools for data analysis and coding concludes with brief comment on ethical considerations and the researcher's background.

Chapter 10 presents quantitative results and qualitative findings. Qualitative analysis enriched understanding of quantitative results.

Chapter 11 develops data and findings into two original grounded theories. The first theory suggests six factors influence the choice to use SRIs – Context, Client, Code of Ethics, Competency, Spirituality and Counsellor Identity. The second theory is a taxonomy of SRIs developed to assist future dialogue in the discipline, further research in the field and implications for practice. The chapter concludes with an excursus on the working definitions applied in the research and the basis for these.

Chapter 12 concludes by suggesting further application and research. Further research may include expansion into non-Christian settings, broadening understanding across all fields of professional counselling, and exploring what aspects of client spirituality are most influential in the use of SRIs.

## **7.6 Limitations of the Study**

The quantitative analysis would have benefited from larger sample sizes and respondents who were proportionally representative. This research was dominated by responses from Australian Protestant Christian Registered Counsellors and would therefore benefit from greater input from international respondents, more Roman Catholic and Orthodox Christian responses, and the inclusion of people from alternative faith expressions. It would also benefit from more extensive insights from practitioners with a Psychology and

Social Work background to provide a more representative picture of the Professional Counselling sector.

## **7.7 Abbreviations**

ACA – Australian Counselling Association

PACFA – Psychotherapist and Counselling Federation of Australia

CBT – Cognitive Behavioural Therapy / Cognitive Behaviour Therapy

SRI – Spiritual/Religious Intervention

CCAA – Christian Counsellors Association of Australia

ACCUK – Association of Christian Counsellors. United Kingdom

CAPS – Christian Association of Psychotherapy Studies

AACC – American Association of Christian Counsellors

## 8 Literature Review

This literature review supports the broader topic of a *Critical Investigation into the Use of Spiritual and Religious Interventions by Professional Counsellors* and is divided into four main sections.

The first section covers a review of literature associated with *Spiritual and Religious Interventions* as the first key phrase in the topic under review. It begins with an overview and critique of the 2015 PACFA Literature Review which provided significant impetus for the present study. This review reveals a significant lack of agreed definitions of Spiritual and Religious Interventions. This gap presented both a challenge for the study and an opportunity, if a definitional bridge could be found. The difficulty is overcome by identifying the dominant interventions regularly referred to within the literature and then focusing the literature review on these dominant interventions rather than an ill-defined notion of Spiritual and Religious Interventions. In order to achieve this, peer reviewed articles and seminal texts are added to the PACFA review to develop a process of triangulation. Prayer, scripture, meditation and forgiveness emerge from this process as the four dominant interventions.

The second section addresses *Professional Counselling* as the second key phrase in the topic under review by exploring the diverse perspectives of Professional Counselling's relationship to Psychotherapy. A broad understanding of Professional Counselling as found in contemporary literature concludes that a) Professional Counselling is inclusive of, but broader than, Psychotherapy and b) Professional Counselling today stands in the centuries-long tradition of the care of souls.

The third section draws insights from the first two sections to enable a critical, historical review of the use of prayer, meditation, scripture and forgiveness by soul carers as

a pragmatic tool for tracking the historical use of Spiritual and Religious Interventions by Professional Counsellors. A bricolage (Yee & Bremmer, 2011) approach<sup>5</sup> reveals that these dominant interventions have been present in every historical age although their use, emphasis, understanding and application have changed over time. This section notes the dynamic professional relationship between Pastoral Carers as the traditional custodians of Spiritual and Religious Interventions and Medical Professionals. Whilst recognising there have been times of tension, the section concludes with a discussion of the ‘integration’ of these two professional worlds.

The fourth section summarises the findings of the literature review and highlights areas that demand further investigation. This gives the context for the mixed methods, grounded theory research undertaken in this study as well as for the implications for practice discussed at the conclusion of this study.

## **8.1 Spiritual and Religious Interventions**

### **8.1.1 PACFA Literature Review**

The PACFA review, *The effectiveness of using spiritual and religious (S/R) interventions in psychotherapy and counselling*, notes the call for more rigorous research that “resounds across the literature” (Ross et al., 2015, p. 13), specifically recognising that the research is limited by issues such as small sample size. Further, they note “the lack of Australian-based studies is disappointing” (Ross et al., 2015, p. 13), especially considering that more than ten years earlier Passmore (2003) had identified the reluctance of Australian psychologists to investigate “religious issues” and the continuing “scarcity of research”, causing Australians to “lag behind American colleagues” (Ross et al., 2015, p. 13). The

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<sup>5</sup> Yee and Bremmer describe a Bricolage Methodology that allows the “practice-based” (2011, p. 3) researcher to “pick and mix” items and examples to suit the topic.

review was the impetus for this research project and is therefore an appropriate place to begin this literature review.

A summary statement in the PACFA introduction observes that “overall the literature provides ample evidence to support the integration of a client’s S/R beliefs and practices as part of good counselling and psychotherapy practice” (Ross et al., 2015, p. 2). Concluding remarks note “[s]tudies have reported positive outcomes of S/R inclusive treatment across a range of disorders including depression, anxiety, PTSD, schizophrenia and trauma as well as for patients coping with illnesses such as cancer” (2015, pp. 12–13).

These strong, positive findings align with many similar literature reviews conducted prior to and subsequent to the PACFA literature review (A. H. Harris et al., 1999; Hodge, 2006; Hook et al., 2010; B. C. Post & Wade, 2009; Richards & Worthington, 2010; Tan & Johnson, 2005; Worthington et al., 2011; Worthington, 1986; Worthington et al., 1996; Worthington & Sandage, 2001, 2002). Studies include systematic reviews (N. Anderson et al., 2015; Lim et al., 2014), and meta analyses (Captari et al., 2018; Gonçalves et al., 2015; McCullough, 1999; T. B. Smith et al., 2007).

However, the PACFA literature review is not free from criticism. Whilst initial search criteria looked for outcome or effectiveness, evaluation was limited to “statistical outcomes” only, and then only those Randomised Control Trials (RCTs) that included 10 or more people. Whilst this kind of quantitative analysis is appropriate for the evaluation of effectiveness it will inevitably miss many of the qualitative aspects involved in the use of spiritual and religious interventions highly relevant to the counselling or psychotherapy client. In an article published by the American Counseling Association, Corey states that

[e]ffective counseling addresses the body, mind, and spirit ... Spiritual and religious matters are therapeutically relevant, ethically appropriate, and potentially significant topics for the practice of counseling in secular settings.

Counselors must be prepared to deal with their clients' issues of the human spirit (2006, p. 117).

PACFA's use of English-only articles is a pragmatic exclusion criterion that is unlikely to have radically altered the findings given most of the relevant material is published in English. Their interest in research that relates solely to mental health professionals is highly appropriate as mental health professionals are bound by codes of conduct or codes of ethics that significantly nuance the appropriate use of spiritual and religious interventions. These nuances do not necessarily apply outside mental health practice in fields such as pastoral care where spiritual and religious practice have been predominantly focused. However, the PACFA literature review has two significant exclusion criteria that are of more serious concern: namely, the exclusion of mindfulness as an intervention and the restriction to articles no earlier than 2010.

As will soon be shown, over 50% of the articles ultimately included in the PACFA Review included interventions that involved some form of meditation. One specifically refers to *Mindfulness Meditation* (Garlick et al., 2011), emphasising the close and often ill-defined relationship between mindfulness and meditation as identified by other authors (A. A. Calhoun, 2015; Clinton et al., 2009; Kabat-Zinn et al., 1992; Thompson, 2018). To exclude mindfulness whilst including meditation is arguably an artificial distinction that is a limitation to the PACFA review. This also fails to note the importance of mindfulness/meditation not just as a tool that has been used by religions for centuries (J. W. Kleinig, 2008; Thompson, 2018) but also its growing application as a mainstream preventative and therapeutic well-being tool (Converge International, 2021a; Evans et al., 2007; Weiss et al., 2015).

However, a far more limiting issue is the narrow chronological window for the included articles. The PACFA review notes the significant body of research published prior to 2010

but they exclude this research in order to “provide an overview of some of the more recent studies” (Ross et al., 2015, p. 3). As an unfortunate consequence they fail to include vital earlier research such as the comprehensive and systematically-organised first and second editions of the *Handbooks of Religion and Health* that reviewed over 2700 articles published prior to 2010 (Koenig et al., 2001, 2012).

Although the PACFA Review was published in 2015, the most recent inclusions were published in 2014 (Koszycki et al., 2014; Ramos et al., 2014; Ripley et al., 2014; Weisman De Mamani et al., 2014). Notably absent was emerging research such as the extensively referenced Randomised Trial (132 participants) that compared Conventional CBT and Religiously Integrated CBT, published in April 2015 (Koenig, Pearce, et al., 2015).

Although research such as Lim et al. (2014) did fall within the narrow chronological window, it was excluded because it was a systematic review rather than primary RCT in spite of its direct and significant relevance to the effectiveness of SRIs.

This study therefore serves as a partial but strategic answer to the explicit call from the PACFA Review which highlighted the scarcity of research and invited further Australian research into the use of SRIs by professional counsellors.

Research teams such as Lim et al. were already publishing results that affirmed the equal efficacy of secular and religious approaches, but also showed intriguing and research-worthy indications that religious approaches showed “early effects that were not sustained” (2014, p. 11). Later the same year Pearce et al. (2015) published the findings of research specifically designed to address some of the “lack of scientific rigour” (Ross et al., 2015, p. 13) identified by PACFA. This research produced findings that “suggest that RCBT may be more acceptable and therefore more effective than CCBT for highly religious depressed people and that CCBT maybe slightly more effective than our CBT in clients with lower

religiosity” (Koenig, Pearce, et al., 2015, p. 249). This finding suggests client factors may influence effectiveness as well as the intervention involved.

Since the PACFA review, several publications have continued to indicate positive effects of including SRIs in counselling. Perhaps the most compelling of these was a meta-analysis published in 2018 (Captari et al., 2018). An important inclusion in this research was an evaluation of both Psychological and Spiritual Outcomes. It concluded:

R/S-adapted psychotherapy resulted in greater improvement in patients’ psychological and spiritual functioning compared with alternative non-R/S psychotherapies. With more stringent criteria, R/S treatments were equivalent to secular treatments on psychological outcomes and were superior to secular treatments on spiritual outcomes, both at post-test and follow-up (Captari et al., 2018, p. 1945).

These findings support the earlier question of Post and Wade who suggested that “[t]he practical question for clinicians is no longer *whether* to address the sacred in psychotherapy with religious and spiritual clients, but rather, the questions are *when* and *how* to address the sacred”. (2009, p. 131)

However, implicit opportunities for further research identified by the PACFA review emerge from a rigorous analysis of the nine outcomes studies PACFA ultimately selected (see Table 1).

**Table 1**  
*Analysis of articles used in PACFA Literature Review*

Article	Specific approach	What is involved	Generic term
Barrera et al., 2012 -	Not specified	Not specified	“R/S practices” (p.348)
Breitbart et al., 2010	Meaning-centred psychotherapy (MCP);	<ul style="list-style-type: none"> <li>• Calming self-statements</li> <li>• <b>Prayer or meditation</b></li> <li>• <b>Reading R/S literature</b></li> <li>• <b>Forgiveness</b></li> <li>• Daily <b>prayer</b>, involvement in <b>religious activities</b></li> <li>• Giving thanks for blessings</li> <li>• R/S music</li> </ul>	“however, few interventions specifically target the loss of spiritual well-being and existential distress that that often accompany advanced cancer. Several psychotherapeutic interventions...”

Garlick et al., 2011	"Psycho-Spiritual Integrative Therapy (PSIT)"	<ul style="list-style-type: none"> <li>• <b>R/S imagery</b> + deep breathing</li> <li>• Mindfulness <b>meditation</b></li> <li>• <b>Passage meditation</b></li> </ul>	"spiritually based interventions"
Harris et al., 2011	"Trauma Focused Spiritual Intervention"	<ul style="list-style-type: none"> <li>• <b>Prayer/meditation</b> log</li> <li>• <b>Theodicy discussion</b></li> <li>• <b>Prayer/meditation</b> practices</li> <li>• <b>Forgiveness</b></li> </ul>	"Spiritually integrated interventions"
Jafari et al., 2013		<ul style="list-style-type: none"> <li>• Relaxation and <b>meditation</b></li> <li>• <b>Letting go</b></li> <li>• <b>Imagining God</b></li> <li>• Gestalt Two chair</li> <li>• <b>Prayer</b> therapy</li> </ul>	"spiritual exploration and practices" "spiritual therapy intervention"
Koszycki et al., 2014	"multifaith spiritually based intervention (SBI)"	<ul style="list-style-type: none"> <li>• <b>Psychoeducation</b></li> <li>• Concentration <b>meditation</b></li> <li>• <b>Prayer</b></li> <li>• <b>Discussion of spiritual themes</b></li> </ul>	"spiritually based intervention" "therapies that explicitly integrate religious and spiritual practices and teachings" "spiritually focused interventions"
Ramos et al, 2014		<ul style="list-style-type: none"> <li>• Adapted to suit individual (agnostic) client</li> </ul>	"R/S beliefs and behaviours"
Ripley et al., 2014	Hope Focused Couples Approach (HFCA)	<ul style="list-style-type: none"> <li>• <b>Forgiveness</b></li> <li>• Reminder cards</li> <li>• Worksheets</li> </ul>	"Religious techniques"
Weisman de Mamai et al. 2014	Culturally Informed Therapy for Schizophrenia (CIT-S)	<ul style="list-style-type: none"> <li>• <b>Psychoeducation</b></li> <li>• Communication</li> <li>• Choice by participants "such as <b>prayer, meditation, volunteerism or religious service attendance...forgiveness, kindness and empathy</b>"</li> </ul>	"spiritual beliefs and coping techniques"

*Note.* Items in bold appear more than once

Two major themes emerge from a detailed review of the nine PACFA articles (Table 1), namely (i) a lack of definitional consistency and (ii) common interventions. These implicit themes influence many aspects of this study. The lack of definitional consistency will become clear during the focus group discussions and elevate the importance of any theory that might provide a working taxonomy of Spiritual and Religious Interventions. The common interventions will be distilled down to a small number of dominant interventions explored throughout the study.

### 8.1.1.1 Lack of Definitional Consistency

Whilst the PACFA review and this study use the generic, inclusive term of Spiritual and Religious Interventions it becomes evident that this is not used consistently. Other generic terms include religious and spiritual practices (Barrera et al., 2012), spiritually integrated interventions (J. I. Harris et al., 2011), spiritual exploration and practices (Jafari et al., 2013), spiritual therapy intervention (Jafari et al., 2013), spiritual practices and teachings (Koszycki et al., 2014), spiritually focused interventions (Koszycki et al., 2014), religious and spiritual beliefs and behaviours (Ramos et al., 2014) and spiritual beliefs and coping techniques (Weisman De Mamani et al., 2014). In fact the only term that is used more than once is Spiritually Based Intervention (Garlick et al., 2011; Koszycki et al., 2014). Koenig et al. have suggested that “[w]ithout crystal clear definitions, research on religion, spirituality, and health is not possible” (2012, p. 36). This study will seek to take steps toward working definitions for spiritual and religious interventions and any other terms relevant to the discipline.

#### **8.1.1.2 Common Interventions.**

Table 1 indicates counselling approaches are typically comprised of one or more interventions. Whilst there is no consistency in what combination of interventions is applied, there are some common spiritual and religious interventions that are used across a variety of approaches in the nine PACFA articles. Where an intervention appears in more than one approach it has been highlighted in bold in Table 1 and listed below:

- *Prayer* (Breitbart et al., 2015; J. I. Harris et al., 2011; Jafari et al., 2013; Koszycki et al., 2014; Weisman De Mamani et al., 2014)
- *Meditation* - including imagery/imagining God. (Breitbart et al., 2015; Garlick et al., 2011; J. I. Harris et al., 2011; Jafari et al., 2013; Koszycki et al., 2014; Weisman De Mamani et al., 2014)

- *Forgiveness* - including letting go. (Breitbart et al., 2015; J. I. Harris et al., 2011; Jafari et al., 2013; Ripley et al., 2014; Weisman De Mamani et al., 2014)
- *Scripture* - reading R/S literature and passage meditation (Breitbart et al., 2015; Garlick et al., 2011)
- *Psychoeducation* (Koszycki et al., 2014; Weisman De Mamani et al., 2014)
- *Religious activities* - including service attendance. (Breitbart et al., 2015; Weisman De Mamani et al., 2014)
- *Discussion of Spiritual themes* - including theodicy. (J. I. Harris et al., 2011; Koszycki et al., 2014)

These seven interventions will be used as part of the triangulation activity<sup>6</sup> later in this literature review. In concluding the discussion of the PACFA Review that prompted this research, it is noted that any further review of the literature will be made more difficult by the lack of consistent terminology associated with Spiritual and Religious Interventions. For example, a literature search on ‘Spiritual and Religious Interventions’ would omit literature using generic terms such as ‘Spiritual Disciplines’ or ‘Spiritual Practices’ as their generic inclusive term. Furthermore, casting a broad net using a poorly defined term such as ‘Spiritual and Religious Interventions’ creates a risk of inadvertently including interventions in items such as ‘worksheets’ or ‘reminder cards’ (see Table 1) that might not be universally agreed to be SRIs.

To overcome this difficulty a triangulation technique is used as a list of seven interventions from the PACFA review are compared with a brief investigation of peer reviewed journals and recent seminal texts to see if a list of dominant interventions emerges. This list will then be validated against a fourth independent source. By subsequently

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<sup>6</sup> Sensing (2011) encourages the use of triangulation as a mechanism for validating data through multiple perspectives.

undertaking a review of the literature associated with this small number of dominant interventions insight is gained into the literature of SRIs more broadly, regardless of what generic term the author may have originally employed in describing them.

### **8.1.2 Systematic Scoping Review**

Early in the study a systematic scoping study was undertaken based on the Joanna Briggs Institute Methodology.<sup>7</sup> A search was undertaken based on the criteria “Religious Intervention” OR “Spiritual Intervention”. MEDLINE yielded 175 results, of which 170 were in English. Various Psychology databases (including PsychARTICLES and ProQuest) yielded 723 articles, 721 in English. Additionally, a manual extraction was done through a review of the articles referenced in Volumes 1 and 2 of the *Handbooks of Religion and Health* (Koenig et al., 2001, 2012), yielding 175 articles. Through all three sources a total of 1066 articles were identified (Figure 1).

The removal of 75 duplicate articles left 991 articles for Abstracts review. Various exclusion criteria removed 549 articles, including articles not related to a Spiritual/Religious Intervention in the clinical sense. For example, a Church group may have been criticised for “religious intervention” into the planning process of a building redevelopment. 110 articles involved SRIs not applied in a “Professional Counselling” context, for example if they involved lay people or clergy. The articles remaining included 83 related to interventions of an explicitly religious practice other than Christian, such as when an intervention was described generically (e.g., meditation) when meditation may or may not be Christian in nature. 32 articles were books or book reviews, 32 articles were meta-analyses and a final

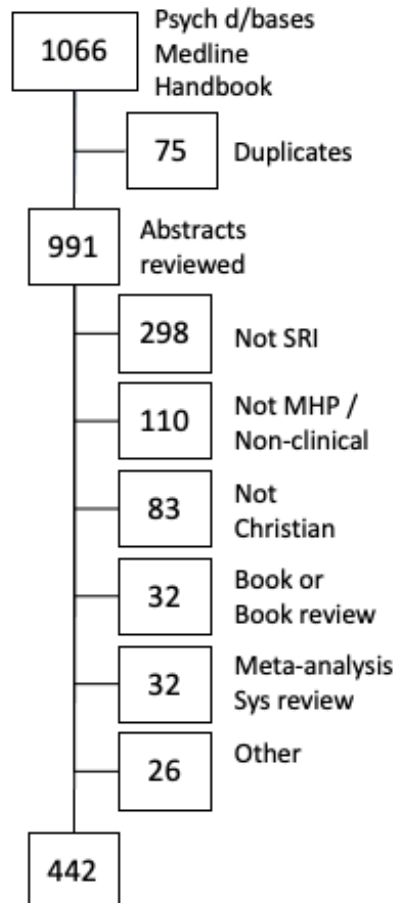
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<sup>7</sup> The author of this study completed the 5-day Comprehensive Systematic Review training from 19-23 March 2018 conducted in Adelaide by the Joanna Briggs Institute (JBI). JBI, associated with the University of Adelaide, is a global organisation promoting and supporting evidence-based decisions that improve health and health service delivery. JBI offers a range of solutions to access, appraise and apply the best available research evidence.

26 articles were excluded because they were simply not relevant. Ultimately 442 articles were included for review (Figure 1).

**Figure 1**

*Flow diagram of article inclusion process*



Many of these 442 articles were coded according to the intervention involved (e.g., Prayer) and the DSMV disorder they discussed (e.g., Depression). For greater detail see Appendix I – Results from Systematic Review.<sup>8</sup>

Discussion with colleagues helped explain inadequacies that were already appearing in this scoping study. The main two issues were associated with the initial search criteria and the coding process. The primary issue with the search criteria related to the lack of definitional consistency already discussed. If an author referred to *spiritual technique* or

<sup>8</sup> These results formed a small component of an invited lecture presented on 12 Feb 2019 by the author at the University of Oxford.

*religious practice*, then the search criteria would have missed it. The proportionally small number of duplicate articles should have been an early flag that the search criteria were not adequate. The second challenge was associated with coding. For example, many articles spoke of several interventions and/or several DSM categories in the single article. My coding system was not sophisticated enough to accommodate this complexity. However, two benefits did emerge.

Firstly, interventions emerged as dominant despite search and coding imperfections. Secondly, although the list of articles would not meet the rigour required to claim to be a systematic review, there was nevertheless a rich source of literature that had now been grouped by intervention. These results are shown in Appendix I – Results from Systematic Review. They would later be exceedingly helpful in the final stages of this literature review.

### ***8.1.3 Brief Review of Peer Reviewed Journals Using Eck (2002)***

Fortunately, for the purposes of incorporating peer-reviewed journals in this early stage of the literature review, in 2002 Professor Brian Eck published the results of extensive research into the use of SRIs in Professional Counselling. Indicative of the previously indicated definitional challenges, he adopted the phrase ‘Spiritual Disciplines’ (instead of SRIs) in his paper entitled *An Exploration of the Therapeutic Use of Spiritual Disciplines in Clinical Practice*. His paper made extensive use of the literature available to that point. It was subsequently recognised by the Christian Association for Psychological Studies (CAPS) in their Publication of *Psychology Christianity and Integration – Seminal Works that Shaped the Movement* (Stevenson et al., 2007).

Eck’s research was conducted in two phases. The first phase identified 39 Spiritual Disciplines, which he divided into three categories of Cognitive, Behavioural, and Interpersonal. The second phase identified articles that specified the “actual use of spiritual interventions” (2002, p. 321) by counsellors.

Eck tallied the number of times each Spiritual Discipline was used according to phase 2 peer-reviewed articles. The results are shown as Figure 2, which displays the 20 Spiritual Disciplines cited at least once. 19 of the 39 Spiritual Disciplines identified by Eck in phase 1 were never used by counsellors in therapy.

**Figure 2**

*Number of times Spiritual Disciplines were cited as being used in Therapy (Eck, 2002)*

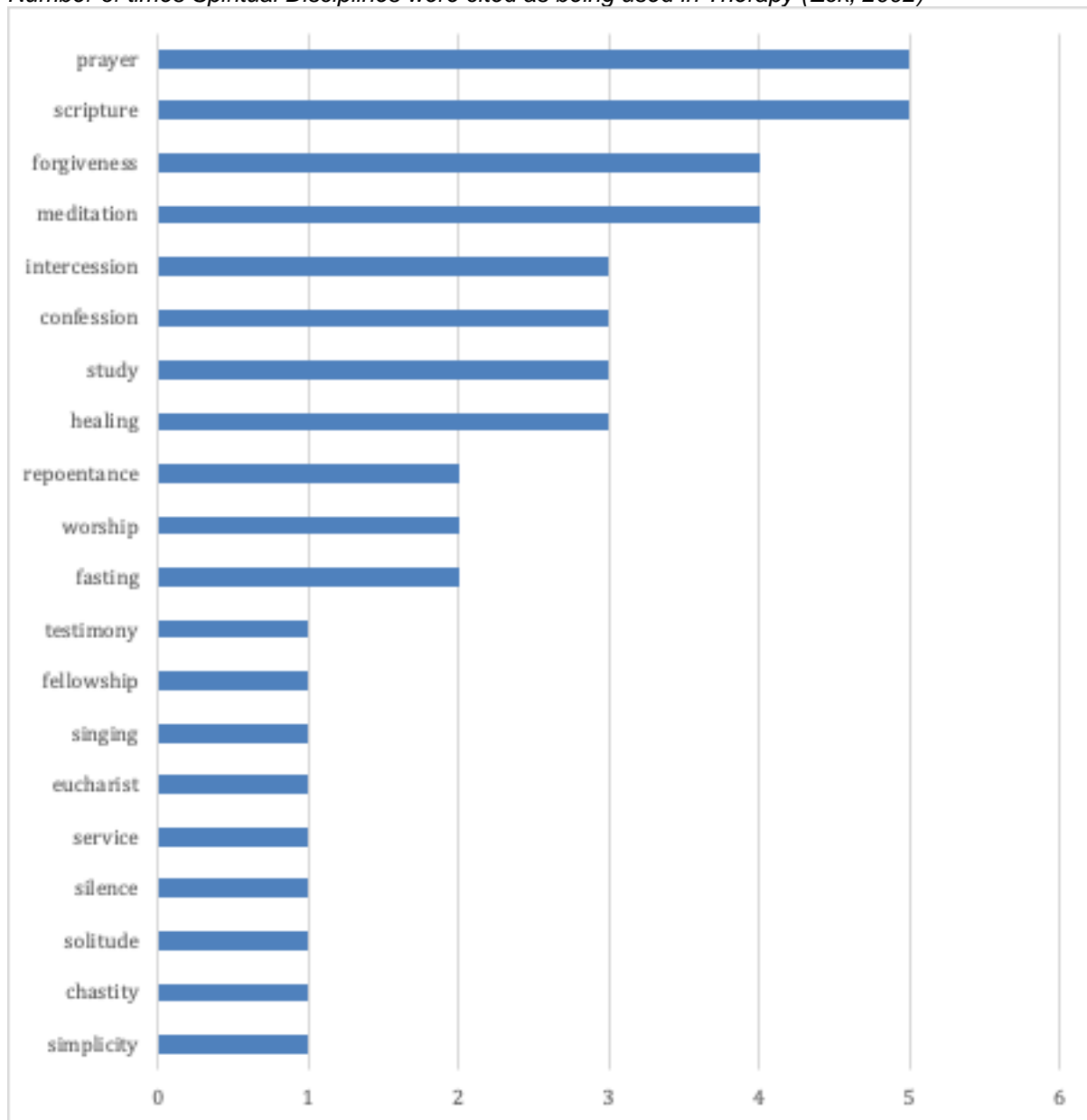


Figure 2 shows 11 Spiritual Disciplines (prayer, scripture, forgiveness, meditation, intercession, confession, study, healing, repentance, worship and fasting) were cited more than once as being used by counsellors in therapy. The list below is a summary of these 11

Spiritual Disciplines. Where two or more disciplines form a single logical Intervention, they have been combined:

- Forgiveness (including repentance and confession) = 9
- Scripture (including study) = 8
- Prayer (including intercession) = 8
- Meditation = 4
- Healing = 3
- Worship = 2
- Fasting = 2

These interventions will form the second data source in the triangulation activity.

#### **8.1.4 Recent Seminal Texts**

The publication of texts relating to the integration of Spiritual and Religious Intervention into Professional counselling is prolific and historically strong (Koenig et al., 2012; B. C. Post & Wade, 2009; Richards & Worthington, 2010).

At one extreme there are literally scores of texts published in recent decades that make passing reference to Spiritual and Religious Interventions of some kind. For example Swinton (2001, pp. 86–89) concludes the third chapter of *Spirituality and Mental Health Care* with a brief discussion of prayer. Equally Knabb et al. (2019) make numerous mentions of scripture throughout *Christian Psychotherapy in Context - Theoretical and Empirical Explorations of Faith-Based Mental Health*. However, casual passing references do not help achieve the objective of identifying a list of dominant interventions.

Equally unhelpful to the development of a list of dominant interventions is the other extreme where individual interventions can be the subject of an entire text, as in *Prayer in Counselling and Psychotherapy* (Peter M. Gubi, 2007) or *Scripture and Counseling* (Kellemen & Forrey, 2014).

Between these extremes, this review has identified six key texts. These offer at least one whole chapter dedicated to Spiritual and Religious Interventions and either discuss various examples (Clinton & Ohlschlager, 2002; Hawkins & Clinton, 2015; Pargament, 2007; Tan, 2011a), or offer a series of chapters dedicated to examples of Spiritual and Religious Interventions (Aten et al., 2011; McMinn, 2011). The six texts and their respective lists are shown in Table 2

**Table 2**  
*Six Key texts that provide a list of Spiritual and Religious Interventions*

	Clinton, Oschlager (2002)	Pargament (2007)	McMinn (2010)	Tan (2011)	Aten, McMinn, Worthington (2011)	Hawkins, Clinton (2015)
Text	<i>Competent Christian counselling</i>	<i>Spiritually integrated psychotherapy.</i>	<i>Psychology, theology and spirituality in Christian counselling</i>	<i>Counselling and psychotherapy</i>	<i>Spiritually oriented interventions</i>	<i>The new Christian counsellor</i>
Pub.	Waterbrook	Guilford Press	Tyndale House Publishers	Baker Publishing Group	American Psychological Association	Harvest House Publishers
Section	Ch 5 Roots of spirituality (List of disciplines)	Ch 12 Drawing on spiritual strivings knowledge and experience	Chapter headings	Ch 15 Christian faith and clinical practice implicit and explicit integration	Part II Clinical Techniques and applications (chapter headings)	Ch 11 spiritual interventions
List	Worshipping in the spirit Prayer and interceding with the spirit Bible study and meditation in the spirit Solitude and listening in the spirit Confession and repentance by the spirit Simplicity, community and service		Religion in the counselling office Towards psychological and spiritual health Prayer Scripture Sin Confession Forgiveness Redemption	Prayer Scripture	Prayer Promoting forgiveness as a religious or spiritual intervention Spirituality and meditation Mindfulness Prescribing yoga to supplement and support psychotherapy Integrating sacred writings in therapy Spiritual journaling	Using the Scriptures with wisdom and grace and power Christian counsellors must appreciate the role of prayer in therapy and personal transformation Journaling and storytelling Music and imagery Meditation Fasting

Table 2 identifies interventions that appear multiple times across the six key texts:

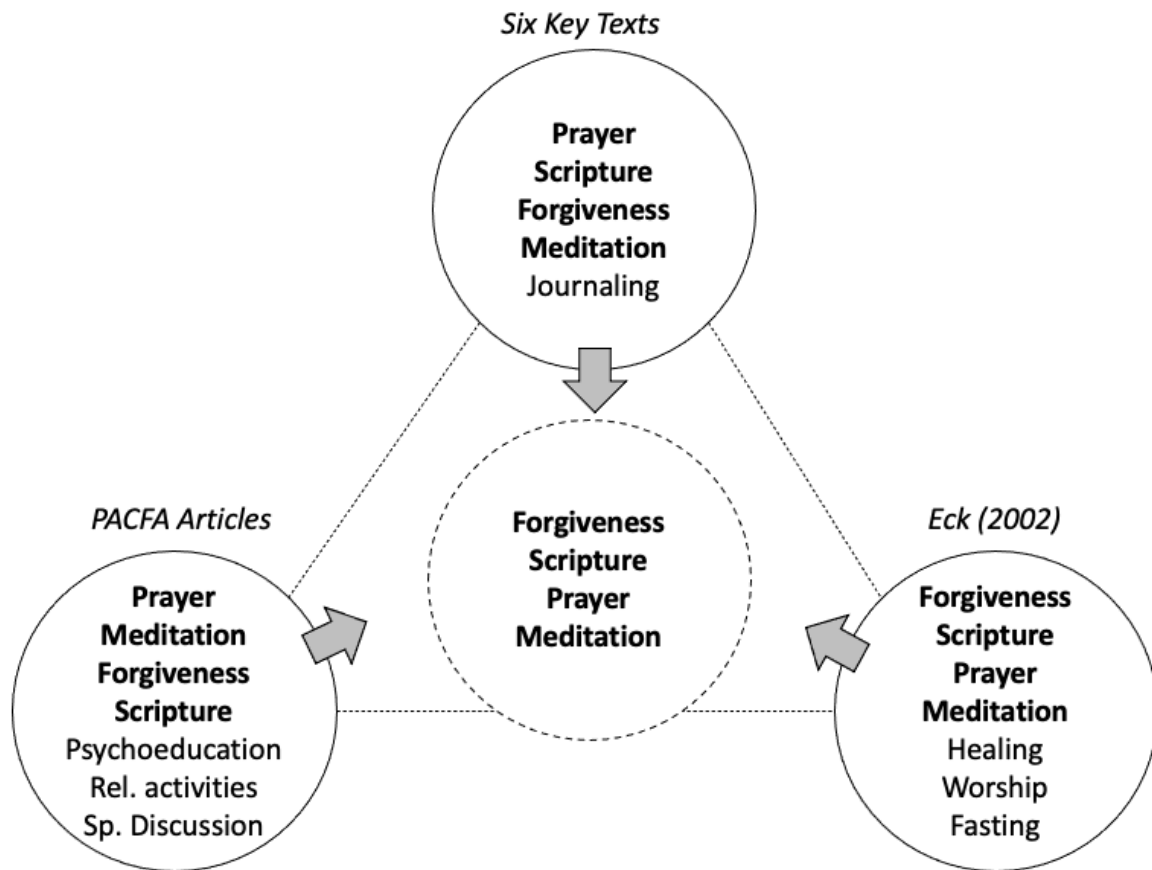
- *Prayer* (Aten et al., 2011; Clinton & Ohlschlager, 2002; Hawkins & Clinton, 2015; McMinn, 2011; Pargament, 2007; Tan, 2011a)
- *Scripture* - including sacred texts and Bible study. (Aten et al., 2011; Clinton & Ohlschlager, 2002; Hawkins & Clinton, 2015; McMinn, 2011; Tan, 2011a)
- *Forgiveness* - including confession. (Aten et al., 2011; Clinton & Ohlschlager, 2002; McMinn, 2011)
- *Meditation* (Aten et al., 2011; Hawkins & Clinton, 2015)
- *Journaling* (Aten et al., 2011; Hawkins & Clinton, 2015)

#### **8.1.5 Triangulation**

The literature continues to demonstrate a lack of consistency in the use of an agreed generic term (such as Spiritual and Religious Interventions) as well as a multitude of examples referred to by various authors. However, against the backdrop of this somewhat chaotic landscape, four dominant interventions emerge. Within this literature review, data triangulation (Denzin, 2009) brings together three divergent data sources (PACFA articles, Eck's Research (2002), six seminal texts) to identify dominant interventions. Bell describes triangulation as

cross checking the existence of certain phenomena and the veracity of individual accounts by gathering data from a number of informants and a number of sources and subsequently comparing and contrasting one account with another in order to produce as full and balanced study as possible (2018, p. 102).

Triangulation enables a "thicker" and more reliable interpretation than using one data source alone (Sensing, 2011, p. 72).

**Figure 3***Data triangulation to discover dominant interventions*

### 8.1.6 Validation

Referring to what he terms “spiritually oriented interventions”, Hathaway (2011, p. 69) has independently observed “there is no standard language used to identify this group of interventions”. He provides a table that summarises various examples of Spiritual Practices or Tools (Plante, 2009), Theistic or Spiritual Interventions (Richards & Bergin, 2005a), or Spiritual Interventions and Techniques (Schlosser & Safran, 2009). He notes “[c]onsiderable overlap among the spiritually oriented interventions enumerated by these authors” (Hathaway, 2011, p. 69).

The contents of Hathaway’s Table are located in the three right hand columns of Table 3. The left-hand column lists the four dominant interventions identified earlier by literature triangulation.

**Table 3**  
*Validation of dominant SRIs using Hathaway's Three lists*

Hathaway's Three Lists of Spiritually Oriented Interventions			
	Theistic/Spiritual interventions	Spiritual interventions and techniques	Spiritual Practices or tools
	Richards and Bergin (2005)	Schlosser & Saffran (2009)	Plante (2009)
Prayer	Therapist Prayer Therapist and client prayer Blessing by therapist Client Prayer	Prayer (therapist or client guided)	Prayer
Scripture	Reference to Scripture Religious bibliotherapy Scripture memorisation	Reference sacred writings	Bibliotherapy
Forgiveness	Encouragement for forgiveness Encouragement of client confession	Forgiveness Spiritual self-disclosure	Forgiveness, gratitude and kindness
Meditation	Religious relaxation or imagery Spiritual meditation	Meditation Spiritual relaxation and imagery Experiential focusing methods	Meditation
(Other)	Spiritual confrontation Spiritual assessment Use of religious community Referral for blessing Religious journal writing Dream Interpretation	Teach spiritual concepts Encourage altruism and service Spiritual confrontation spiritual assessment spiritual history clarify spiritual values use spiritual community and spiritual programmes spiritual journaling encourage solitude and silence Use spiritual language and metaphors explore spiritual elements of dreams spiritual genogram	meaning purpose and calling in life attending community services and rituals volunteerism and charity ethical values and behaviour social justice learning from spiritual models acceptance of self and others (even with faults) being part of something larger than oneself appreciating the sacredness of life.

Although all three of Hathaway's lists use a different generic term and contain a diversity of interventions, the dominant interventions of prayer, scripture, forgiveness and meditation appear in each list – thus validating these four as a reliable set of interventions indicative of SRIs more broadly.

This study critically investigates the use of Spiritual and Religious Interventions by Professional Counsellors. A brief review of the literature relating to Spiritual and Religious Interventions suggests three interim observations:

- There is no consensus in the literature regarding the use of the term Spiritual and Religious Intervention. A variety of terms are used by differing authors, indicating an area of much needed further research.
- There are countless examples of Spiritual and Religious Interventions where differing authors offer lists with some degree of overlap but also identify interventions unique to the author.
- Four dominant Spiritual and Religious Interventions (prayer, scripture, forgiveness, and meditation) have emerged from the literature (PACFA literature review, six key texts and journal articles). These have been validated against Hathaway's Three Lists.

A focus on the four dominant interventions that indicate the wider use of SRIs facilitates the remainder of the literature review for this study. It is recognised these four dominant interventions can be used in a variety of ways in a diversity of contexts. This study is uniquely interested in the use of these interventions in the context of Professional Counselling.<sup>1</sup>

## **8.2 Professional Counselling.**

An early definition of counselling, according to Collins (1972b, p. 13) "is a relationship between two or more persons in which one person (the counsellor) seeks to advise, encourage and/or assist another person (the counselee[s]) to deal more effectively with the problems of life". Sheppard suggests The British Association for Counselling (BAC), now the BACP, may have been the first professional association to adopt a definition of counselling:

Counselling is the skilled and principled use of relationship to facilitate self-knowledge, emotional acceptance and growth and the optimal development of personal resources. The overall aim is to provide an opportunity to work towards living more satisfyingly and resourcefully. Counselling relationships will vary according to need but may be concerned with developmental issues, addressing and resolving specific problems, making decisions, coping with crisis, developing personal insights and knowledge, working through feelings of inner conflict or improving relationships with others (Sheppard, 2015, p. 1).

Three points can be drawn from these two definitions:

1. Counselling is relationship based. This sets it apart from other activities that may achieve similar outcomes such as public speaking or book writing.
2. Counselling is focused on life improvement for the counselee – i.e., to “deal more effectively with the problems of life” or “live more satisfyingly”
3. Counselling can be done by anyone.

The latter point is pertinent. Counselling can take many forms – advice from a friend, support from a parent, encouragement from a workmate. All may be counselling but they are not Professional Counselling.

This study is focused on the specific context of Professional Counselling, that is, counselling undertaken by a Mental Health Professional (MHP). Most commonly MHPs are psychologists (especially Clinical/Counselling Psychologists), social workers (especially Mental Health Social Workers) and Registered/Licensed Counsellors. However, other professions that often use counselling skills (and could be considered Professional Counsellors) might include Psychiatrists, Mental Health Nurses, and Family Therapists (Thomas et al., 2009).

Given the PACFA focus on *The effectiveness of spiritual/religious interventions in psychotherapy and counselling*, Professional Counselling is an important consideration in the relationship between psychotherapy and counselling.

The PACFA Review seems to suggest a distinction between these two disciplines by stating it is “intended as a resource for counsellors and psychotherapists” (Ross et al., 2015, p. i). PACFA affirms the distinction by enabling five Colleges to allow members to “[s]hare professional interests”. Two of these colleges, the College of Counselling and the College of Psychotherapy, have published a definition of counselling and psychotherapy, yet neither makes reference to the other (PACFA College of Counselling, 2021; PACFA College of Psychotherapy, 2021). Consequently, although PACFA seems to go to great lengths to distinguish the two disciplines, they do not clarify or articulate the actual distinction. In Australia, PACFA is the smaller of the two peak bodies for Registration of Counsellors. The larger is the Australian Counselling Association. They publish a Scope of Practice which implies an equivalence between counsellors and psychotherapists (Australian Counselling Association, 2016, p. 5).

This study considers that psychotherapy falls within the definition of Professional Counselling. In etymological terms psychotherapy is healing (therapy) that is done by the mind (psyche) (Online Etymology Dictionary, 2021). The focus on healing is suggested by the PACFA College of Psychotherapy. “Many people come to a psychotherapist because they are experiencing discomfort, dissatisfaction or suffering in their lives” (PACFA College of Psychotherapy, 2021). People present discomfort, dissatisfaction and suffering to therapists of various kinds. What defines the therapy (and the therapist) is the mechanism they use to treat (or heal) the suffering. In the same way that hydrotherapy, immuno-therapy and chemo-therapy employ water, the immune system and chemicals (respectively), so

psycho-therapy employs the mind. Psychotherapy is healing *by* the mind, not always healing *of* the mind. Two examples make this point clear.

The treatment of depression with psychopharmacological medication is not usually considered psychotherapy (Appleton, 2000), even though the mind is being healed. Alternatively, people might seek psychotherapy to support the healing of a broken relationships (Crane & Payne, 2011). In such a case the relationship may be healed by the activity of the mind (new perspectives, deeper understanding, reframing, psychoeducation etc.)

In the pursuit of definitional clarity, this study suggests all psychotherapy is counselling but not all counselling is psychotherapy. Counselling can include Financial Counselling, Career Counselling or Relationship Counselling, to name a few. Many aspects of these fall outside of the domain of psychotherapy.

Some authors imply equivalence by their use of the terms (Day 2004, Parrott 2003, ACA) and others are explicit about their equivalence. According to Tan (2011a, p. 2), “C.H. Patterson emphatically asserts that no essential differences exist between counselling and psychotherapy”, asserting that “this is the view I take in this textbook”. Corey (2016) implies equivalence yet has a tendency to use the terms to distinguish between the person and the activity, suggesting that counsellors do psychotherapy, with the basic framework of his textbook constructed around 11 “therapeutic approaches”. Occasionally Corey will speak of the counsellor taking a different approach to counselling but essentially he is consistent in referring to the person as a counsellor. Having noted this, Corey defines counselling (and psychotherapy) more broadly than the cure of sickness. “My philosophy of counselling challenges the assumption that therapy is exclusively aimed at “curing” psychological “ailments”. Such a focus on the medical model restricts therapeutic practice because it stresses deficits rather than strengths” (Corey, 2016, p. 4).

This study is significantly influenced by Corey's approach, where the counsellor may engage in various conversations that seek to improve the life of the counslee. Of course, some conversations will focus on healing, in which case the counselling conversation is, by definition, therapeutic. However, other conversations do not seek to cure an ailment or treat a sickness and as a result will not technically be therapeutic in nature.

This idea can be broadened further still. Even where there the conversation might involve healing of some kind, the healing options are not restricted to only those that are possible through the mind. This study focusses on the use of Spiritual and Religious Interventions. Whilst some of these might enable the mind to bring about healing (i.e., be psychotherapeutic), we remain open to this idea that these interventions may bring about healing through other mechanisms - in which case they remain therapeutic but not necessarily *psychotherapeutic*.

For the purposes of this study, it is important to distinguish between the terms counselling and psychotherapy. Accepting the notion that psychotherapy falls within the definition of counselling creates the possibility that the use of SRIs may fall outside the domain of psychotherapy but remain within the scope of Professional Counselling. Alternatively, if Professional Counselling and Psychotherapy were synonymous and the use of SRIs is not psychotherapy, then it would be easy to draw the conclusion that SRIs should not be used by Professional Counsellors. However, if Psychotherapy is simply one aspect of Professional Counselling, then the possibility exists that the use of SRIs may not be Psychotherapy, yet still be acceptable within the broader domain of Professional Counselling. The implications of this will be explored in more detail in the discussion chapter.

The literature indicates differing opinions on the definition of Professional Counselling. The definition has been narrowed to include only the work done by Mental Health Professionals, noting that these mainly include psychologists, social workers and

Registered/Licensed Counsellors but can include other Mental Health Professions such as Mental Health Nurses and Psychiatrists. The definition is nevertheless broad enough to include not just psychotherapy but also non-therapeutic conversations as well as therapeutic conversations that employ mechanisms other than the mind.

What does the literature reveal about how Counsellors have used the dominant interventions of prayer meditation, scripture and forgiveness throughout history?

### **8.3 Review of the Historical Literature**

A historical review of literature requires a decision on when to begin. Were we to restrict the understanding of Professional Counselling to psychotherapy only and adopt a simple “medical model” perspective (Corey, 2016, p. 4), the starting point might be the emergence of modern medicine. According to Murrell, “[m]odern medicine, or medicine as we know it, started to emerge after the Industrial Revolution in the 18th century” (2018, para. 1). Or perhaps the starting point might be the emergence of psychology from within modern medicine a century later.<sup>9</sup> However, this study adopts an understanding of Counselling that is broader than the medical model. In addition, the aim of reviewing the literature associated with prayer, scripture, meditation and forgiveness will be significantly and severely limited by commencing in the 18<sup>th</sup> century.

The use of Spiritual and Religious Interventions within Professional Counselling is part of what has become known as the integration movement. According to Vande Kemp and Houskamp, Fritz Kunkel’s (1954) article on *The Integration of Religion and Psychology* was the first to discuss the “integration of Christianity and Psychology” (Vande Kemp & Houskamp, 1986, p. 4). A growing number of authors within the Integration movement are adopting the inclusive language of “soul carer” to describe the work of both the Professional

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<sup>9</sup> The founding of psychology is often traced to Wundt’s publication of the “principles of physiological psychology” (1874) and the subsequent establishment of his psychological laboratory.

Counsellor and the ordained clergy. Marris (2019, p. 15) explicitly states: “I will primarily use the term “soul care giver (or provider)” to encompass the work of both pastors and professional Christian counsellors”. Johnson adopts the same approach and terminology in his mammoth text *Foundation of Soul Care – A Christian Psychology Proposal* (E. L. Johnson, 2007) and its sequel *God and Soul Care – The Therapeutic Resources of The Christian Faith* (E. L. Johnson, 2017). In this second text Johnson describes “psychiatry, psychology and counselling” as “late-modern soul care” (2017, p. 29)

In the pursuit of a starting point for a historical literature review, Hathaway observes that “Christian counselling and soul care is a broad and ancient part of Christianity that predates the contemporary mental health professions” (2009, p. 105). If Hathaway is correct, then the review of the historical literature must commence prior to the emergence of the contemporary mental health professions. Furthermore, since the use of Spiritual and Religious interventions by professional Christian counsellors stands in the long and rich history of soul care within the Christian Church, then it is necessary to go back to the very roots of Christian Pastoral Care.

However, before proceeding we must acknowledge that Marris, Johnson and Hathaway are writing from a Christian perspective and discussing Christian counselling, Christian psychology, and the Christian Church respectively. Whilst the intended scope of this study is broader than a Christian faith expression, limiting the historical overview of this literature review to just to a Christian perspective is justified on five grounds.

- Most significantly, this study specifically addresses the lack of Australian research. It is based on and grounded in Australia and its findings are intended primarily for an Australian audience. Although a multicultural nation, over half of Australians self-identify as Christian. All other world religions comprise a total of less than 10% of the Australian population (Australian

Bureau of Statistics, 2017). If a professional counsellor were to use spiritual and religious interventions in an Australian context it would probably also be in a Christian context.

- A full review of the historical literature is simply beyond the scope of this study. Restricting the scope using some rational reason like a specific faith perspective (e.g., Christian) serves a useful pragmatic purpose.
- This study is in the English language and reviews only English language literature, which is likely to be from a western Christian perspective.
- Most of the available literature and key authors in the integration discipline are writing from a Christian perspective. Internationally the dominant integration communities are the Christian Association of Psychological Studies (CAPS), the American Association of Christian Counselling (AACC) and the UK Association of Christian Counselling (UKACC). Whilst both the Christian Counsellors Association of Australia (CCAA) and the Buddhist Association of Counsellors and Psychotherapists (BACAP) exists within Australia, BACAP has far fewer numbers than the CCAA and unlike CCAA does not produce a journal nor conduct conferences nor offer professional development activities. The Christian emphasis within the integration discipline is an acknowledged limitation (Strawn et al., 2018) and many are working actively to correct the imbalance (Koenig, 2018). However, for now a focus on Christian faith is in keeping with the wider integration movement and literature (Ano & Vasconcelles, 2005).
- A Christian perspective is the academic and faith background of the author, enabling the most effective exploration, reflective insights and critique of the literature.

As will be shown in the results chapter, the research survey that underpins this study was freely accessible online and therefore could be completed by people of any faith or no faith at all. Nevertheless, 91.2% of respondents identified as having a Christian religious affiliation.

Although this historical overview of literature will be limited to the Christian context, the latter sections of the literature review, especially the section discussing empirical evidence for the use of spiritual and religious interventions, will be inclusive of all research. Notably it will include research contributions from Muslim, Buddhist and Taoist contexts.

Emergent theories from this study will be addressed from an interfaith perspective and its findings will be applicable across multiple faith expressions, as will be shown explicitly in two of the case studies provided.

Even if limited to a Christian focus, a thorough historical review of all uses of scripture, prayer, meditation and forgiveness would still far exceed the scope of this literature review. The review therefore limits the use of spiritual and religious interventions to the context of an individual experiencing distress, the troubled soul. A focus on the individual excludes any community use such as corporate worship, liturgies or preaching. The focus on times of distress is particularly pertinent to the context of professional counselling (Collins, 2007; PACFA College of Counselling, 2021).

Even with this narrowed pastoral focus, the literature spans thousands of years and is too vast for a comprehensive review. To overcome this challenge, a Bricolage approach (Hatton, 1989; Markham, 2019; Yee & Bremmer, 2011) will be taken. The purpose is not to review the use of a specific intervention at a particular point in history, but instead to form an overview of the use of four dominant (indicative) interventions through the history of Christian soul-care.

Clebsch and Jaekle's historical review of Pastoral Care (1977) remains a seminal text even though first published almost 60 years ago. They identify eight historical epochs of pastoral care that have helped shape the historical framework used by this literature review (1977, p. 13). These epochs show some alignment with the eras identified by Johnson (2007).

Using a similar approach, this study conducts a historical review of the use of prayer, forgiveness, scripture, and meditation/mindfulness within Christian soul care, seeking evidence as to how these interventions were used. Adopting a Bricolage approach, it is not intended to be a thorough review of all literature, simply enough to determine with reasonable confidence whether these interventions were active and how they were practically understood.

The contemporary purpose is twofold. Firstly, evidence of consistent use of SRIs through history can offer support and confidence for continued use today. Secondly, as we contemplate using spiritual and religious interventions nowadays we would do well to avoid past mistakes and learn from the wisdom of application by those who have gone before.

This historical review has selected five historical periods, considered sequentially:

- Foundation - Jesus
- Early/Medieval Church
- Renewal and Reform
- Enlightenment
- Post-Christian

Review of the first four historical periods has been further divided into four subsections corresponding to the four dominant interventions identified above. Review of the current post-Christian period is more detailed and therefore adopts a slightly different organisational structure. Exploration of the Christian use of spiritual and religious

interventions in support of the troubled soul begins by considering the work of Christ Himself.

### **8.3.1 Foundation - Jesus**

Johnson (2007, p. 44) asserts “the most important soul healing event of all time was the death and resurrection of Christ”. With reference primarily to the Gospel books, we will now see if there is evidence Jesus engaged with each of the four of our dominant interventions.

#### **8.3.1.1 Forgiveness.**

Forgiveness, and its precursor, repentance and confession (Acts 3:19), is a common theme associated with Jesus in the New Testament (Matt 6:14-15, Mat 18: 21-22, Matt 26:28, Mark 11:25, Luke 6:37, Luke 23:34). Gassin (2013) provides helpful insight into the therapeutic and juridical approaches to repentance. She notes “[t]he therapeutic model of confession emphasises that the penitent has been wounded by (or is ill because of) his own sin”; by contrast a “juridical or forensic model of confession views sin as a breaking of the law”. Forgiveness deals with both but the interest of this study is primarily with the former.

According to the writer of Hebrews it is Jesus’s blood that can “clear the conscience” (Heb 9:14). The conscience is traditionally where guilt and shame are experienced (Ezzo & Ezzo, 2015, p. 125). The therapeutic value of a good conscience and its importance to the soul-carer cannot be overstated. Senkebil (2019, p. 129) suggests that the “cure of souls is instead geared to address spiritual dysfunction and disease, restoring health and life to souls burdened by guilt and torn by shame. Our task as spiritual physicians is to treat bad consciences”. With reference to Heb 9:14, Kleinig<sup>10</sup> (2008, p. 231) suggests Jesus’s “blood cleanses from the stain of sin and abuse *and* [emphasis added] gives them a good

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<sup>10</sup> Kleinig’s description of the conscience as the second stronghold of Christ that is attacked by Satan and its consequence for the life of the believer is profoundly informative for the Christian soul-carer

conscience”. Through his life, death and resurrection Jesus achieves both the juridical and therapeutic outcomes of forgiveness, restoring relationship with God (juridical) *and* removing the pain of guilt and shame (therapeutic). Jesus enables a profound new understanding of forgiveness for the soul troubled with guilt and shame. He also brought a renewed understanding of prayer.

### **8.3.1.2 Prayer.**

Jesus was a man of prayer (Phillips, 1994; Spencer & Spencer, 1990). In his praying we see the full revelation of God as Father.<sup>11</sup> In Mark 14:36 Jesus addresses his heavenly father with the intimate term ‘abba’. Brown observes “nowhere in the entire wealth of devotional literature produced by ancient Judaism do we find ‘abba’ being used as a way of addressing God” (1975, p. 614). Jesus redefines the closeness of relationship with God that can be expressed in prayer.

Brown then observes the significance of Father as an expression of “merciful love, goodness and care”, noting the traditionally understood tasks of the Father were to “feed, protect and educate” (C. Brown, 1975, pp. 616–617). The person in need, feeling unsafe or seeking wisdom and direction is more likely to feel drawn to prayer if they understand God as Father in this way. In fact, Jesus explicitly encourages his followers to address God as Father. In response to their request that he would teach them how to pray, Jesus says to begin with the words “Our Father” (Matt 6, Luke 11).

Finally, an appreciation of God as Father imparts identity. According to Litchfield & Litchfield (2005, p. 37 Vol 1), “[m]any today are living in a crisis situation - a crisis of confusion of identity... some of the results of identity confusion are rejection, low self-esteem, withdrawal, apathy, suicide, rebellion, hostility, over achieving, compulsive and

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<sup>11</sup> The ‘Fatherhood’ of God is not without its challenges, especially when offering soul-care for those who have been abused or neglected by their birth Father or a Father figure. The Professional Counsellor who explores prayer to the Father and identity as a child of God with their client should do so with discernment, compassion, and gentleness.

addictive behaviour, and gender confusion”. They then discuss ‘seven great truths’ of Christian identity. Three of these (I am a prince/princess in God’s Kingdom, I am a child of God and a member of His household, I am adopted as an eternal son/daughter) are contingent upon our understanding of God as Father. A prayer-filled life based on the full revelation of God as Father can be transformative for the individual suffering the confusion and pain of identity crisis. We will conclude this section with a brief discussion of the ways in which Jesus explored meditation and the scriptures as interventions in the care of souls.

### **8.3.1.3 Meditation**

Pope Francis concluded a speech on meditation given to a general audience at the Vatican with the following:

Christian meditation, led by the Spirit, leads us to this dialogue with *Jesus*. There is no page of the Gospel in which there is no place for us. For us Christians, meditating is a way of coming into contact with *Jesus*. And in this way, only in this way, we discover ourselves. And this is not a withdrawal into ourselves, no, no: It means going to *Jesus*, and from *Jesus*, discovering ourselves, healed, risen, strong by the grace of *Jesus*. And encountering *Jesus*, the Saviour of all, myself included [emphasis added throughout] (Pope Francis, 2021).

We see in this text the focus of Christian meditation is Jesus – his life, and His teachings. During the Sermon on the Mount Jesus directly addresses anxiety – a key cause of mental anguish. He invites his listeners to first look (ἐμβλέψατε) at the birds of the sky (Matt 6:26). This is more than an invitation to admire something beautiful – it is an invitation to observe and consider carefully. Later (6:28) Jesus invites the listener to *consider* (ESV), *observe* (NASB1995), *consider carefully* (Berean Literal) (καταμάθετε) the lilies of the field (Matt 6:28). The root of καταμάθετε is μανθανω (to learn). Again, Jesus

is drawing the focus of the listener for the purpose of learning – this is arguably a meditation exercise.

Thompson describes Christian meditation as “Christ Centred Mindfulness”. She helpfully distinguishes Buddhist meditation (with a focus on emptying the mind) from Christ Centred Mindfulness with its focus on “awareness of mind and God” (2018, p. 59).

#### **8.3.1.4 Scriptures.**

Jesus makes use of the scriptures in the care of souls. His personal connection with the scriptures is clear in Matt 5:17: “Do not think that I have come to abolish the Law or the Prophets; I have not come to abolish them but to fulfil them”. The establishment of the sacred texts of God’s people is a story of expanding concentric circles. Jesus will embody this process.

The centre circle is the Torah (the Law). These five books represented the fullness of the scriptures when the writers of the Psalms and Proverbs made reference to them. The second circle are the Nehivim (Prophets). These were most likely finalised during the Persian period (circa 350-300 BC). The third circle are the Ketuvim (Writings). Whilst the Writings would have been actively used by the people of God (for example, the use of the Psalms in worship at the Temple), it is possible they had not yet been canonised in Jesus’s time. Thus, Jesus’s use of the phrase “Law and Prophets” is synonymous with “the sacred scriptures” as they were understood in His day.<sup>12</sup> Ultimately, the Hebrew scriptures would become referred to as the TaNaKh, a shorthand way of referring to the Torah, Nehivim and Ketuvim (its three components). Like the rings of a tree-trunk, expansion is achieved not by abolishing the ring before, but by building upon it. In the case of the scriptures, it is built upon by reference to earlier components as well as growth into the new. The significance of

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<sup>12</sup> St Paul also refers to the scriptures using the law and the prophets in Acts 24:14

this expansion in the understanding of the scriptures will become even clearer in later sections of this literature review.

Approximately a year before Jesus declared his relationship with the Law and Prophets in the Sermon on the Mount, he made a similar statement that is pertinent for the care of souls. In Luke 4 (17-21) we read:

The scroll of the prophet Isaiah was handed to him. Unrolling it, he found the place where it is written:

“The Spirit of the Lord is on me,  
because he has anointed me  
to proclaim good news to the poor.  
He has sent me to proclaim freedom for the prisoners  
and recovery of sight for the blind,  
to set the oppressed free,  
to proclaim the year of the Lord’s favor.”

Then he rolled up the scroll, gave it back to the attendant and sat down. The eyes of everyone in the synagogue were fastened on him. He began by saying to them, “Today this scripture is fulfilled in your hearing”.

With respect to the care of souls, this pericope is profound in its holistic application, especially when one considers the full breadth and depth of the differing kinds of poverty, imprisonment, blindness and oppression that can afflict an individual.

Jesus could not have been more explicit that *He* is the fulfilment of the scriptures. It is significant that this reading is from the Prophet Isaiah. He is embodying the growth and expansion of the canon. This canon began with the Law. The Prophets frequently referred to the Law and their words would ultimately be added to the scriptures. The Writers would refer to the Law and the Prophets and their words would ultimately be added to the scriptures.

In the same way Jesus refers to the words of Isaiah (and “the Law and the Prophets”), possibly foreshadowing the fact that He would one day be added to the expansion of the scriptures. Note: the profound meaning here is that, unlike all other contributors to the sacred texts, it is not Jesus’s words that are being added – but Jesus Himself. He is not just Word become flesh (John 1:14) but ultimately His flesh will become Word. We see Jesus referring to the scriptures in the care of souls but note also that regardless of the nature of their poverty, imprisonment, blindness or oppression, the troubled soul would have Jesus Himself as a scriptural intervention.

In this section we have seen that Jesus engaged in the use of each of our 4 dominant interventions and in many ways refined their application to the troubled soul. Furthermore, during the feast of Pentecost following Jesus’s death and resurrection, we see the fulfilment of Jesus’s promise to send his Holy Spirit. In John 14:16 the Spirit is described as the Παράκλητον – sometime translated as “counsellor” (Dy, 2020). Working in partnership with the Holy Spirit is the primary characteristic of what defines Christian Counselling (Hood, 2018a). This is especially the case when it comes to the Professional Counsellor’s selection of which spiritual and religious interventions to use (if at all).

This is not the full extent of Jesus’s contribution to the work of pastoral care to the troubled individual. Nor is it a comprehensive exploration of the impact Jesus brings to the four dominant interventions we are investigating; however, even in its incompleteness we see the active presence of these four interventions in the ministry of Jesus.

We will now begin our exploration of how the Church, founded by Jesus continued (and continues) to use these interventions for the care of troubled souls.

### **8.3.2 *Early / Mediaeval Church***

#### **8.3.2.1 *Scriptures.***

The first few centuries of the Early Church included the finalisation of the scriptures into the Biblical Canon. The most significant literature associated with Primitive Christianity are the Gospels, the Acts of the Apostles and Epistles that ultimately came to form the New Testament. It was likely during the first centuries after Jesus that the Ketuvim (Writings) of the Hebrew scriptures were finalised (Alexander & Alexander, 2009, p. 70) and as a result the Hebrew Canon (the TaNaKh) complete. The significance of this should not be quickly dismissed given the early Church would have conceived of itself as a branch of the wider Jewish community. The significance of the Gospel books as a record of the life, death, and resurrection of Jesus and of the first part of the Book of Acts (describing the coming of the Holy Spirit) is a logical extension of the previous section of this Chapter. Of the letters that make up the remainder of the New Testament Johnson observes “ (they) are given to in-form and re-form the souls and lives of those who believe” (2007, p. 33).

It is likely that part of this in-forming and re-forming would be therapeutic for the troubled soul although there is no explicit mention of its use in this way. Instead, the documented focus of scripture was for teaching rebuking, correcting and training in righteousness (2 Tim 3:16). This makes sense in the context of a community seeking to clarify and consolidate its doctrinal position, especially considering the need to refute the many heresies that arose in the early centuries such as Docetism, Arianism, Pelagianism and gnosticism.

The process of finalising the canon continued through the Early Church. There is evidence to suggest that the four Gospel books were being widely read by this time (Irenaeus, 150 C.E.; Justin Martyr, 150 C.E.). In *On Repentance*, Tertullian (c. 160–c. 225) describes the practice of Christian worship including: “We assemble to read our sacred writings, if any peculiarity of the times makes either forewarning or reminiscence needful. However it be in that respect, with the sacred words we *nourish our faith*, we *animate our hope* [emphasis

added], we make our confidence more steadfast” (2001, p. 46). Although the context is corporate, the soul-care benefit to the individual that flows from reading the sacred writings is clear. In response to the challenges presented by the Gnostics, Clement of Alexandria (c. 150–c. 215) writes the “diseased soul” does not need further knowledge, but first needs Christ (as pedagogue or tutor) to “cure our maladies” and then teach. (1885, bk. I Chapter 1) In an era marked by persecution and heresy such as that presented by the Gnostics, Clement points the believer to the Jesus one finds in the Gospels and NT letters and an emerging set of authoritative and sacred texts.

Early in the fourth century, Eusebius (Bishop of Caesarea) published *Historia Ecclesiastica*, which included three lists of books for the canon: 1) those accepted (the four Gospels, Acts, 14 letters of Paul, 1 John, 1 Peter and Revelation “if it seems desirable”; 2) a list that had not yet been universally accepted; and 3) a list of rejected works (Alexander & Alexander, 2009). According to Alexander & Alexander “Athanasius offered for the first time a list of authoritative books identical with the New Testament as we know it” (2009, p. 72) in his Easter letter of 367. This list was later approved by various papal canons in the final years of the fourth century and early years of the fifth.

A recently defined authoritative list of the NT canon and a canon of the OT that by this stage had been stable for two centuries enabled confident reference to the scriptures in various ways including the care of the troubled individual soul. John Chrysostom uses scripture as an intervention in his care of souls – quoting variously from the OT (e.g., Psalm 68:5) and the NT (e.g., 1 Cor 7) as he writes a pastoral letter to a young widow grieving the loss of her husband (Chrysostom, 380 C.E.). This is a practical example of what Gregory of Nazianzus (330-389) described as “being moulded and moulding others by Holy Scripture” (1956, p. 136).

Perhaps one of the greatest scholars of the fourth and fifth centuries with respect to the usefulness of scripture as an intervention in the *cura animarum specialis* was Augustine (354-430). He described scripture as “the means by which assistance is provided for the many serious disorders of the human will” (1997, p. 32). Elsewhere Augustine describes how scripture has the capacity to bring strength and hope, guidance, and secure pathways of insight.

By these means wayward minds are corrected, weak minds are nourished, and strong minds are filled with pleasure, in such a way as is profitable to all. This doctrine has no enemy, but the man who, being in error, is ignorant of its incompatible usefulness, or being spiritually diseased, is averse to its healing power” (Augustine, 412 C.E.)

According to Brown (1967, p. 263) Augustine “knew that the Bible could form a man for all he needed in this life.” Johnson (2007, p. 54) even suggested “Augustine wrote his great autobiography the *Confessions* to some extent as a testimony of the power of scripture to change a life.”

Ascetic Communities and, later, monasteries were set up to be essentially “scripture-based soul-care institutions” (E. L. Johnson, 2007, p. 56). According to Clebsch and Jaekle (1977, p. 21), “[t]he cure of souls found useful in the monasteries became the standard for pastoring common folk as well”. Johnson concludes: “Understanding the monastic tradition and its reliance on the Bible, then, is necessary for understanding the soul care of the Middle Ages”. He later observes that each “monastic order had a “Rule”, its own guidebook for monastic life” (2007, p. 55). This monastic Rule codified, regulated and standardised every aspect of monastic life. As will be shown, these rules often included several of the four dominant interventions that are the focus of this study.

Indeed, the monastic communities were steeped in the scriptures. The Benedictine Rule (c 480 – c 550) is perhaps the best known and most influential codification of monastic life. It called for seven times during the day when the community would pause for Divine worship. The evening service for wintertime indicates readings should be made from the Old and New Testaments interspersed with recitation of the Psalms. The general structure and the prescribed use of certain liturgical elements (such as commencing with Psalm 70:1 and 51:15) formed the basis of the order of Vespers practised to this day across many parts of contemporary Christendom (Reed, 1960, p. 429). As the use of scripture in the divine service became codified so did the daily practice of personal reading (Benedict, 1931, Chapter 48). However, this reading was not restricted just to the scriptures. For example, during Lent the monks would be given a book from the library to read “entirely through”. In another example of monastic “Rule”, Cassiodorus directs:

Do not love sloth, which you know is hateful to the Lord. The instructive materials of Holy Scripture together with its commentators are available to you, commentators who are indeed flowery fields, the sweet fruits of the heavenly paradise, from which the faithful souls are instructed to their salvation and your tongues are trained not with perishable, but fertile eloquence (Cassiodorus, 555, Chapter 27).

Although a portion of a monk's day was spent meditating on scripture (Schneiders, 1989), the monks were directed to read interpretive texts as well as the scriptures themselves.

Interpretive texts and monastic rules expanded to include codified manuals covering many aspects of the Christian life including the care for the troubled soul. Amongst these was a “prominent mediaeval manual for pastors” called the *Corrector* or *Medicus* (Burden, 2020) written by Burchard (Bishop of Worms d.1025). The *Corrector*'s self-description suggested it contained “ample corrections for bodies and medicines for souls and teaches every priest, even the uneducated, how he shall be able to bring help to each person”.

According to Clebsch and Jaeckle (1977, p. 25) Burchard “made good his immodest claim by diagnosing a vast range of spiritual diseases” according to his own authority and “prescribing their specific remedies.”

The early Church birthed the New Testament Canon that contained the word and works of Jesus His Spirit and His Apostles. These were to be a source of healing and comfort to the troubled soul as they still can be used today (Clark, 2016). These scriptures were at the foundation of the monastic tradition but gradually interpretive texts, monastic rules and codified manuals superseded the scriptures on which they were founded. As Reed observes: “Faith in what Christ had done was obscured by the necessity of doing all that the Church required. Tradition crowded scripture to the wall” (1960, p. 66).

#### **8.3.2.2 Forgiveness.**

The tendency for mediaeval Christian life to be dominated by Church-created traditions was perhaps most acutely felt with respect to the declaration of the forgiveness of sins as a spiritual and religious intervention for the troubled soul.

The Christian practice of forgiveness is grounded in Jesus’s declaration “I will give you the keys of the kingdom of heaven; whatever you bind on earth will be bound in heaven, and whatever you lose on earth will be loosed in heaven” (Matt 16:19). This extraordinary capacity is central to the Christian faith<sup>13</sup> and the source of great power for the Church and is leadership. This power can be the exercise of immense grace (J. W. Kleinig, 2008; Senkbeil, 2019) or destructive abuse (Zakiyyah, 2017). As we will see below, a biblical understanding of forgiveness is linked to repentance (Acts 3:19, 1 John 1:9, Like 24:47, Acts 8:22).

Some consider the coming of the promised Holy Spirit during the feast of Pentecost only weeks after Jesus’s death and resurrection to be the start of the Christian Church (Puleo,

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<sup>13</sup> The centrality of this doctrine is emphasised by the presence of a gold and silver key at the core of the Papal Coat of arms.

2021; Williams, 2004). On that day, after hearing Peter's sermon, people are "cut to the heart" and they ask what they are to do. Peter's reply is: "Repent and be baptised" (Acts 2:38). Words that stem from the root (μετανοέω) appear in the New Testament 34 times in 32 verses, a powerful influence. This theme of repentance required to receive the full therapeutic benefit of God's forgiveness now been made possible through Jesus's blood (Heb 9:14) continues through literature such as *The Shepherd of Hermas* (a widely circulated second century Christian text) that supports the importance of repentance and forgiveness. Consider: "[F]orgiveness will be granted to all the sinners who have sinned even to the present day, if they repent with all their heart" (Hermas, 135 C.E.).<sup>14</sup>

Gilmour provides a helpful summary of the primary Pastoral Issues addressed in the NT: "The majority of these took the form of *cura animarum generalis* (general/community) pastoral care concerning issues such as Church discipline or particular issues such as disunity, the practice of the Lord's supper or possession and expression of spiritual gifts" (Gilmour, 1964). This study is concerned more with *cura animarum specialis*, which is described as the "special pastoral care and counselling that accompanies individuals on their personal journey of faith in times of crisis, conflict and critical transition" (Agilkaya-Sahin, 2016, p. 70).

For the early Church, it would seem the focus of the NT from the perspective of soul care for the individual is primarily on the repentance of sin and encouragement toward a new, morally upright life. Johnson observes with respect to the very early Church that "its soul care agenda rarely moved beyond rules for Christian living" (2007, p. 52). This sentiment is reflected in the extra canonical literature, such as a documented sermon of the second century Church.<sup>15</sup> With a sense of urgency that the end days were imminent the sermon records

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<sup>14</sup> Date - estimate only. Likely written c 115-140

<sup>15</sup> This sermon is traditionally known as the "Second Epistle of Clement" but very little is known of the sermon's provenance (Clebsch & Jaekle, 1977, p. 87).

multiple impassioned pleas that the reader repent: for example, “I beg of you that you repent with all your heart, and give to yourselves salvation and life” (Unknown, 150 C.E., p. XIX).

Repentance and forgiveness were an obvious theme at the inception of the Christian Church. By the end of the mediaeval era a millennium later, they had become a codified sacrament of the Church (Pope Eugenius IV, 1439, Chapter 11).

According to Eugenius, “if, through our sin, we bring sickness upon our souls, we are made spiritually whole by penance” (Pope Eugenius IV, 1439). Eugenius records that Penance is made up of three parts: contrition of the heart; confession with the mouth; and satisfaction for sins according to the judgement of the priest made chiefly by prayer, fasting, and almsgiving. It is only the third part that today might be referred to as Penance. The first may be conceived as ‘repentance’ and the second as ‘confession’. The fact that the entire sacrament came to be known as Penance perhaps indicates which of these three parts is seen as being the most important for the Mediaeval Church.

The sacramentalisation of the intervention of forgiveness was not without consequence. Firstly, most held the view that these sacraments were to be administered by clergy only (Archbishop Peckham, 1281; Francis of Assisi, 1223). Although written centuries earlier, the sentiment of Theodulf of Orleans (c750 – 18 Dec 821) persisted throughout the Mediaeval period. Under a chapter entitled “Bishops, Mass-priests, and the Government of Souls” he states: “Ye ought to know and always to bear in mind that the care of God's people is without doubt entrusted with us and the government of their souls” (Theodulf of Orleans, p. 801).

Secondly, for priests to administer the sacrament of penance consistently, they were provided manuals and documented guidance in order that they might fulfill their pastoral expectation. The intervention of forgiveness was understandably swept up in the codification phenomenon. Haltigar’s Prescriptions for Sins in the *Poenitentiale Romanum* (c

830) is illustrative. Ebbo (c. 775 – 20 March 851) (Archbishop of Reims) commissioned Haltigar (Bishop of Cambrai) to standardise the diverse penitential practices emerging in the Church. Impact on the intervention of forgiveness included:

- The making of penitential practice private (rather than public) and the making of the local priest (rather than the bishop) the chief office of the administration of penance (Clebsch & Jaekle, 1977, p. 149).
- The regular use of psalms and prayers (such as the Lord's Prayer) were encouraged for the purpose of penance as they "were seen to be especially therapeutic" (Clebsch & Jaekle, 1977, p. 149).
- A vast and complex specification of appropriate penance for a diversity of highly specific sins serves as an extreme example of the drive to standardise and codify within the Church (Haltigar, 803).

Finally, the necessity for the penitent to engage in acts of penitence to attain forgiveness (exomologesis), first developed by Tertullian,<sup>16</sup> had become normative. As Tertullian writes, penance "must not be performed solely within one's conscience but it must also be shown forth in some external act... confession gives birth to penitence and by penitence God is appeased" (LeSaint, 1959, p. 31). By the end of the mediaeval period the sacrament of penance which involved "satisfaction for sins according to the judgement of the priest" (Pope Eugenius IV, 1439, p. 328) was set in ecclesial stone.

The contemporary professional counsellor considering the use of forgiveness as an intervention can be both encouraged and cautioned. Encouragement stems from the observation that forgiveness of sins as a healing balm for the conscience troubled by guilt and shame has been practised throughout early and mediaeval Church history. The caution arises

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<sup>16</sup> Bishop Cyprian of Carthage (c. 210 – 14 September 258) considered Tertullian (also of Carthage) to be the foremost scholar based on his lengthy treatise *On Repentance* (c. 203). Amongst Tertullian's conservative approaches to forgiveness was his refusal to extend forgiveness to the sins of idolatry, unchastity and homicide as well as his advocacy for the practice of Exomologesis.

in specific denominational settings where forgiveness has been formalised and made the exclusive domain of the clergy, often through the sacrament of penance. Navigating this challenge will be explored in the discussion chapter of this study.

### **8.3.2.3 Prayer.**

Like forgiveness, prayer has been a practice of the Church since its inception. We have seen the close connection between forgiveness and prayer in the observation that repetition of the Lord's Prayer (in particular) was seen to be an appropriate penitential act. However, the use of prayer as an intervention for the troubled soul extends far beyond penitence.

Within the Gospels and the Book of Acts individual affliction was often dealt with through miraculous physical healing or the expulsion of the demonic,<sup>17</sup> each action essentially an intervention that later could well be accompanied by prayer. The contemporary Church often refers to this type of intervention as Prayer Ministry. Whilst critically considering its efficacy or validity, the concluding chapter of this study will discuss Prayer Ministry in detail.

Within the epistles, prayer is seen to be used by Paul in primarily an intercessory and pastoral way rather than for what might now be understood to be for direct therapeutic benefit (e.g., Romans 1:8-10, 1 Cor 1:4, Eph 1:16, Phil 1:3-4, Col 1:3, 2 Thess. 1:3, 2 Tim 1:3, Phil 1:4). The Didache (Unknown, 140 C.E.)<sup>18</sup> encourages Christians to pray the Lord's Prayer three times per day. Contemporary research is showing that regular patterns of mindfulness-based activities such as repeating a mantra or prayer are beneficial for overall wellbeing (Bormann et al., 2006; Chan, 2014).

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<sup>17</sup> The miraculous healings and exorcisms in response to individual affliction could suggest these were the only therapeutic tools employed by Jesus and His disciples. Perhaps a more reasonable explanation would be that many who followed Jesus progressively emerged from afflictions such as depression, anxiety and trauma through the comfort of community that demonstrated traits such as unconditional love, attentive listening and emotional safety. C.f. John Swinton, in *Resurrecting the Person!*

<sup>18</sup> Exact date unknown. Estimated to be c. 120-150.

Recognition and confession of one's own sins formed one of the four important subjects of prayer that Origen (233 C.E.) felt should be included in every person's prayer life. The others were the Glory of God, Thanksgiving and Request, concluding with glory to the triune God. Here we see the birth of the 'ACTS' (Adoration, Confession, Thanksgiving and Supplication) prayer model, described as the model of Active Prayer by Baesler (2002, p. 59). Origen is clear this type of prayer has therapeutic benefit to the soul troubled by habitual sin: "[A]fter Thanksgiving, it seems to me that he ought to accuse himself bitterly before God of his own sins, and then ask God, *first for healing that he may be delivered from the habit that causes him to sin*, [emphasis added] and secondly for forgiveness of the past" (Origen the Confessor, 233 C.E.). This includes guidance such as

our prayer should be pure and short, unless haply it be prolonged as a result of the infusion of divine grace. In any case however let prayer in common be made short and at a signal from the superior let all keep time together in rising to a standing position (Benedict, 1931, Chapter 20).

Despite what has been discussed so far, not all codification is inherently unhelpful. Gregory the Great (c 540 – 12 March 604) may present an example of beneficial codification in his publication of *The Pastoral Rule* which "codified, regularised and stressed the work of pastors" (Clebsch & Jaekle, 1977, p. 22). Gregory's description of how to adapt the care of souls to the individual is a great contribution that no doubt, at least in part, led Clebsch and Jaekle to conclude that in "all the literature about pastoral care under Christian auspices, there is no writer of greater importance than Gregory the Great" (1977, p. 3).

An example of extreme codification can be found in the Church's response to the fear of witchcraft which beset Christianity in the Late Middle Ages. A primary document of

interest was the *Malleus Maleficarum*<sup>19</sup> (usually translated as *The Hammer of Witches*). For more than 100 years, this book sold more copies than any other book in Europe except the Bible (History.com Editors, 2017).

Two points drawn from this work are instructive and indicative of the historical era. The first is the accentuation of the Clergy's role in the administration of prescribed and specific codified remedies for besetting human maladies. The text suggests that it is by the "Power of the Keys" that "jurisdiction has been granted for the purposes of healing in the Church" (Kramer & Sprenger, 1486, p. 418). This contrasts with the contemporary normative application of the Office of the Keys that is usually restricted to the domain of human sin (Koehler, 2011, p. 58) and not broadened to all healing generally. Secondly, although prayer is applied as an intervention, the *Malleus Maleficarum* (like Haltigar's *Prescription for Sins* (803) and *Ars Moriendi* ("The Art of Dying") (Unknown, 1450)), provides highly structured, prescribed, codified prayers for use by both the ministrant and the individual with the troubled soul. Clebsch and Jaekle note that

from the 15th through the 17th century, while the whole of Europe was at once fascinated and horrified by witchcraft and demon possession, many works dealing with the subject were being published; in scope and detail this production in the field of the cure of souls was rivalled only by the multitudinous early mediaeval penitential handbooks (1977, p. 192).

Prayer continues to be an important intervention option for the contemporary Professional Counsellor (Aten et al., 2011; Hawkins & Clinton, 2015; McMinn, 2011; Tan, 2011a). The challenge of codification continues today. As we will see, an important aspect of the contemporary use of spiritual and religious interventions in professional counselling

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<sup>19</sup> The *Malleus Maleficarum* was written by the Catholic Priest Heinrich Kramer (under his Latinised name Henricus Institor). First published in Speyer in 1486

relates to the spirituality of the client. The spiritual practice of some clients will have included codified, structured, repeated prayers, whilst other clients may be accustomed to unpredictable and free-form prayers as they are “infused by divine grace” (Benedict, 1931, Chapter 20).

#### **8.3.2.4 Meditation.**

Kristeller defines meditation as “the cultivation of a certain type of attention and moment-to-moment, non-judgmental awareness of one's immediate experience, whether narrowly or more broadly focused” (2011, p. 201). She begins her book chapter by observing: “The roots and techniques of meditation practice come from spiritual and religious traditions. Almost all religious traditions have incorporated elements of meditative or contemplative practice” (2011, p. 197). Amongst those who engaged in meditative practice were the monastic communities in the early centuries of the Christian faith.

*The Conferences*<sup>20</sup> are a record of Cassian’s reflections and conclusion following an interview (conference) with Abbot Serapion, who led a group of Egyptian Monks. Three factors emerge for the purposes of this study.

The first is Cassian’s identification of “eight principal faults which attack mankind” (2005, Chapter XIII).<sup>21</sup> Clebsch and Jaekle summarise these as “the fundamental nosology (disease) of the human spirit: gluttony, fornication, avarice, anger, dejection, accidie (sloth, torpor), vainglory, and pride” (1977, p. 137).

The second contribution was the important recognition that the care of souls is a unique and personalised endeavour based on individual need. Cassian notes that “although then

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<sup>20</sup> The Conferences can be dated by their dedication to Pope Leo (c 400 – 10 November 461)

<sup>21</sup> These became “the basis of the understanding of sin and pastoral care in the Celtic Church and received prominent attention in the Benedictine monasteries” (Clebsch & Jaekle, 1977). This contribution cannot be overstated. With slight adaptation by Gregory the Great they became known as the Seven Deadly Sins. In the twentieth century, Bloivian Philosopher Oscar Izacho added ‘Fear’ and ‘Deceit’ to Gregory’s Deadly Sins to produce the foundations for the much later Nine Passions of the Enneagram (The Enneagram Institute, n.d.). The Enneagram is the basis of the spiritual and psychological care of souls for many today in both counselling and spiritual direction modes (Chestnut, 2013; Riso & Hudson, 1999; Rohr et al., 2001).

these eight faults trouble all sorts of men, yet they do not attack them all in the same way” (2005, Chapter XIII). Cassian provides a soul-care model that runs contrary to the codification trend. Indeed, he encourages identification of the individual’s besetting sin and employing “constant tears and prayers and continually and expressly praying to be delivered from its attack”. However, he also recommends “meditation of the heart” as an important response of the soul troubled by the attack of any of these *diseases of the human spirit* (1977, p. 137). Thus, the final point of important note for this study is his explicit mention of the importance of meditation as an intervention. Cassian states that “before the mind we should no less carefully place diligent meditation on scripture” (2005, Chapter IV), a practice we have already shown to be important in the monastic system.

Within monasticism, codification of scripture and prayer extended to codification of meditative practice. Benedict instituted *lectio divina* (divine reading), which, as Howard notes, “was often interpreted in terms of an ordered set of elements: *lectio* (reading), *meditatio* (meditating), *oratio* (praying), and *contemplatio* (contemplation)” (2012, p. 58). The individual was provided with a portion of scripture to read (*lectio*). They were to meditate upon this until some element seemed to emerge as personally significant (*meditatio*). They brought this forward in prayer (*oratio*) and then “the monk withdraws into an inner space of his soul, clears his passions and his ego, and invites the grace of God” (Andreopoulos, 2005, p. 214) (*contemplatio*). This step-by-step process was in keeping with a second influential aspect of the monastic meditation system – the monastic ladder of humility.

In addition to codification, the monastic system promoted a “ladder of humility” (Clebsch & Jaekle, 1977, p. 22) which included meditative practices. This is most comprehensively discussed by Guigo II the Chartusian (1114- c.1193) in his book *The Ladder of Monks* (c 1180). Although they took various forms and consisted of differing

numbers of rungs, these metaphorical ladders outlined “precise schemes of spiritual development” designed to achieve the monastic ideal, namely, “to kill pride by promoting humility”, essentially a way of knowing, understanding, and accepting the self.

Clebsch and Jaekle emphasise that “these schemes of spiritual growth and ladders of Christian devotion were of enormous importance for pastoral care not only of monks but of common secular people” (1977, p. 22). Clebsch and Jaekle note three of the twelve steps outlined by the Benedictine Ladder included three preparatory attitudes for clear and effective meditation: 1) enduring in silent patience all obstacles and even injuries, 2) regarding oneself as a bad and worthless worker, and 3) doing nothing unless authorised.

Thus, codified systems of monastic meditative practice were a double-edged sword. On the one hand they validate the benefit of meditation on scripture as an important and helpful means of dealing with whatever personal challenge or besetting sin the individual might be facing. However, on the other hand they may have had the inadvertent impact of adding further burden to the troubled soul by placing an expectation of ladders that must be climbed.

Similar challenges are faced by the contemporary professional counsellor seeking to use meditation as an intervention. There are numerous meditation options available to the contemporary counselling client. Finding the right one can take a great deal of trial and error, and persistence. This process itself can add a burden and even induce a sense of failure to the already troubled soul of the counselling client. It will be shown there are benefits from the contemporary use of Christian meditation, but its introduction and application must be undertaken wisely by the contemporary professional counsellor.

This review of literature relating to the cure of souls throughout various epochs will eventually embrace the birth of modern medicine, but the Pastoral activity of one monk at

the centre of the Reformation highlighted and renewed the use of scripture, prayer, meditation and forgiveness as it related to the care of souls.

### **8.3.3 *Renewal and Reform***

Undoubtedly the name most synonymous with the Renewal and Reform in the early sixteenth century is Martin Luther (1483 – 1546). For this reason the care of souls in this Epoch will focus on selected, illustrative writings of Luther. This does not discount or diminish the contribution of others such as Loyola's *Spiritual Exercises* (Tetlow, 1987) or Knox's *Liturgy for Reconciliation* found in *The Liturgy of John Knox* (Knox, 1886) or the numerous writing of Calvin such as his Pastoral letter to William Farel (Calvin, 1858). Rather, it is a pragmatic decision in keeping with the Bricolage approach.

In focusing on Luther we will also benefit from the insights of recent publications that have focused on Luther's approach to the care of souls. Specifically, we will draw upon *Of Good Comfort – Martin Luther's letters to the depressed and their significance for pastoral care today*. Bob Kellemen's *Counselling under the Cross – How Martin Luther Applied the Gospel to Daily Life* (2017) also brings a-Biblical Counselling perspective to Luther's pastoral works.

#### **8.3.3.1 *Scripture.***

As we consider the dominant interventions of scripture, prayer, forgiveness and mediation, we will begin with scripture as no doubt that is where Luther himself would have started. Pietsch describes Luther's understanding of Pastoral care as lived theology "in which scripture is not only the authoritative source, but also the *Viva vox* [living voice] speaking to the hearer in the present. Wherever Christians give care and counsel to one another, the words of scripture are unavoidably involved" (2016, p. 207). Senkbeil succinctly states that "scripture is at the centre of the care of souls" (2019, p. 49).

The centrality of scripture extended far beyond Luther himself. Foord (2017) describes *sola scriptura* as “a great slogan of the 16<sup>th</sup> century Reformation”, suggesting that this slogan contained three truths about the Bible – it is authoritative, sufficient and clear. The implication for Luther in his care of souls is that he frequently referred to scripture both explicitly and implicitly. Pietsch observes that “[e]ven when Luther is comforting his readers using his own words, they frequently resound with the cadence of scripture. Close examination of his sentences often reveals that they are confections of two or more biblical quotes, arranged to speak to the situation of the reader” (Pietsch, 2016, pp. 206–207). However, for Luther scripture was not only a direct intervention in the care of souls but also formed the foundation for the remaining three interventions under review in this study. For Luther, meditation was on nothing but the scripture, prayer was grounded in scripture and forgiveness was ‘simply’ a declaration of the gospel truth as found in the scriptures.

Gregory the Great suggests the Spiritual Director should have already learned by the practice and experience of prayer that he can obtain from the Lord whatever he requests as though it was already said to him, specifically, by the voice of experience: “when you are speaking, I will say ‘Here I am’” (590, p. 44).

Accordingly, Kellemen suggests Luther’s care of the soul begins with the care of his own.

Confident in the sufficiency and efficacy of the scriptures, Luther brought the questions that troubled his soul to them expecting answers. God’s word was his daily bread: “No other study pleased me like that of the holy scripture. I read it diligently and imprinted it upon my memory” (2017, pp. 31–32).

### **8.3.3.2 Meditation/Mindfulness.**

In the application of scripture to his own life, Luther developed a new approach to the process of meditation, one which differed from the four steps of the *Lectio Divina* that he had experienced as a monk. Kleinig provides the best possible summary.

The monastic tradition of meditation held that the proper practice of meditation led to the experience of contemplation, the experience of union with the glorified Lord Jesus. In contrast to them, Luther taught that the receptive study of the Scripture in prayer and meditation led to the experience of God's word, the experience of its efficiency, its creativity, and its productivity. Strangely, the power of God's word, the power of the Holy Spirit at work in and through the word, is discovered and experienced most clearly in temptation (J. Kleinig, 2002, p. 263).

In contrast to the linear, ladder-like steps of *Lectio Divina*, Luther establishes a cycle of three elements: *oratio* (prayer), *meditatio* (meditation on the scriptures) and *tentatio* (temptation, testing and trial that flows from attempting to live the Christian life) (M Luther, 1955, bks. 34: 283-288). The significance of this renewed approach to meditation cannot be overstated for the care of the troubled soul. In the game of *spiritual snakes and ladders*, attempts to ascend the ladder of spiritual growth can be thwarted by the bite of the world, the flesh or the evil serpent himself. The soul can be left deeply troubled - hurt, deflated, despondent and despairing.

More than normalising this experience, Luther suggests it is essential for growth. For the process is a cycle – testing and trial (*tentatio*) lead the Christ-follower back to Christ Himself in prayer (*oratio*) and to His Word (*meditatio*). In doing so, the testing itself is affecting spiritual growth. In the context of Professional Counselling, this experience can be helpfully described using the metaphor of a coiled spring. When looked from above this appears circular, but viewed from the side, through spiritual eyes, one sees this is growth in the form of an ascending spiral.

### 8.3.3.3 Prayer.

The Puritan, Lewis Bayly (1565-1631) in *The Practice of Piety* states that the “reading and meditating of the Word of God are the Parents of Prayer” (Bayly, 1714, p. 140)(1714). If Luther brings together a rediscovery of scripture with a new approach to meditation, we should perhaps expect it to birth a new approach to prayer. In the cultural context of structured, codified prayer, Luther encourages the regular use of the Lord’s Prayer as the very best of all prayers (LW 42:41). Furthermore, he offers his Morning and Evening Prayers for daily use by all Christians. Yet, Luther also encourages the troubled soul to use “blunt and honest talk” (Haemig, 2017, p. 11). In his commentary on Psalm 118:5 (Out of my distress I called on the Lord: The Lord answered me and set me free), Luther says:

Do not sit by yourself or lie on a couch, hanging and shaking your head. Do not destroy yourself with your own thoughts by worrying. Do not strive and struggle to free yourself, and do not brood on your wretchedness, suffering, and misery. Say to yourself “Come on, you lazy bum; down on your knees, and lift your eyes and hands towards heaven!” read a Psalm or the Our Father, call on God, and tearfully lay your troubles before Him. Mourn and pray... LW 14:60.

Luther acts as prayer-coach to the soul in need of care. Where helpful, he encourages the troubled soul to cry out like the Psalmist (even using the Psalms if helpful) in free-wheeling, unfettered lament, despair, suffering and misery. Yet he knows that there are times when the soul is so troubled it cannot even find words to pray – in these times he can coach the troubled soul toward structured prayers including those found in the scriptures such as the Lord’s prayer. As Haemig concludes:

Prayer and teaching prayer are crucial and consistent themes in Luther’s work. His writings focused not on providing prayer texts but rather on an approach to prayer centred on God’s command to pray and promise to hear (Haemig, 2017, p. 12).

#### **8.3.3.4 Forgiveness.**

It is perhaps Luther's influence on the intervention of forgiveness through transformation of the penitential practice based on his own discovery of the therapeutic value of the gospel that is of the greatest value to the troubled soul. This has been described as nothing less than "redefining the foundation of late medieval piety" (Australian Evangelical Lutheran Church, 2021).

Luther's renewal of the sacrament of penance was a direct reflection of his rediscovery of justification by grace through faith (Eph 2:8) – the lynchpin of the Reformation movement. A typical and earthy example of Luther's reassurance of forgiveness to the repentant sinner is found in his encouragement to Spalatin (1484 – 1545), whom he encourages to first recognise his sinfulness.

Therefore I beg you, join us truly great and hard-boiled sinners so that you do not diminish Christ for us, who is not a saviour for imaginary or trivial sins but rather for real sins - not only small ones but great ones - yes even the worst, in fact for all sins committed by all people (2016, p. 274).

He then reassures him of God's forgiveness.

In this way, my dear Spalatin, listen and believe everything which Christ is saying to you through me, for I am not mistaken (of this I am certain) and I am not speaking Satan's lies. Rather Christ is speaking through me and he's commanding you to trust this brother of yours, with whom you share the one faith. He Himself absolves you from this sin of yours, and all sins (2016, p. 275).

Two major reforms to the sacrament of penance were undertaken by Luther – the removal of the need for penitential satisfaction from the essential function of confession and absolution (forgiveness) as well as the broadening of this function beyond the clergy. With reference to Eugenius's three parts of the sacrament of penance, Luther removes the third

(satisfaction through penitential acts) whilst maintaining (and validating) the first two (contrition (repentance) and confession). He seeks to remove the need for any sense that full absolution is based on works: ‘For Christ did not intend to base our comfort, our salvation, our confidence on human words or deeds, but only upon himself, upon his words and deeds’ (WA2.714–723; LW35.10). With respect to the second reform, Trigg (2013, p. 9) points out, the words of absolution and reassurance can be spoken by any “individual Christian—even a woman or a child”.

Based on his own life-transforming experience, Luther sought to ground all aspects of the care of souls in the scriptures. His effort in producing what would become known as The Luther Bible (1534) - a German translation of the Old and New Testaments with Apocrypha - was itself a testament to his desire to have the Word of God powerful and active in the hands and hearts of all believers. Scriptures formed the foundation to his approach to meditation that normalised trial and struggle as a part of the process that was essential for the formation of faith. Using examples from scriptures and based on study of scriptures Luther encouraged the troubled soul to pray – whether in the form of structured prayer or Holy Spirit-empowered spontaneous crying out to God. Finally, Luther encouraged the troubled soul to trust the work of Jesus as recorded in the scriptures for their reassurance that their sins are forgiven. This good news has therapeutic value for the troubled conscience.

Carrera has suggested that the “Renaissance has been seen by cultural historians and literary scholars as the ‘Golden Age of melancholy’” (2010, p. 2). As Pietsch (2016) has shown, it is this cultural and mental-health context in which Luther provided care for souls troubled by disorders such as melancholy and depression. Is this mental health context similar to that faced by the contemporary Professional Counsellor? Perhaps there are parallels, however Luther’s approach to using spiritual and religious interventions still offers instructive foundations.

We again emphasise that Luther was only one of many reformers – all of whom made contributions to the renewal of the Church and its care of the troubled soul. These reformations would be essential as the Church faced the challenges presented by the Epoch that followed the Counter-Reformation, the Enlightenment.

### **8.3.4 *The Enlightenment***

Manschreck notes that “[w]ith the rise of the 18th century enlightenment, ... the belief was common that there is nothing in Christian revelation that cannot be discovered in nature or in the reason of man” (1964, p. 462). Naturalism and rationalism were to have a profound impact on the use of the four dominant SRIs in the care of the troubled soul.

#### **8.3.4.1 Prayer.**

The philosophical dimensions of Naturalism affirmed that all beings and events in the universe are natural, leaving no room for ‘super-natural’ beings such as an invisible God (Copan, 2008; Draper, 2005). For some, the removal of God altogether was a step too far, but the existence of natural laws and predictable scientific outcomes was undeniable. Thus emerged the middle ground of Deism – the belief that God set the universal wheels in motion but no longer intervenes in its day-to-day operations (Hefelbower, 1920; Pailin, 2021; Waligore, 2014). With Naturalism and Deism prayer faced a double problem.

A full, naturalistic philosophy meant prayer was nothing but talking to a non-existent being. As Vos points out, “knowledge was tied to what the senses could discover and what reason could deduce ... miracle, providence, *prayer*, and revelation were ruled out” (1996, p. 114). Alternatively, a Deistic worldview accepted God was real but even if God could hear the prayers of people, there was little room for any active response to their petitions.

#### **8.3.4.2 Scripture.**

The use of scripture as an intervention lost its credibility and perceived efficacy. The Bible began to be simply viewed by many, apart from the Pietist Movement and Protestant

sects such as the Moravian Brotherhood, as “a human book with some elevated ethical principles and spiritual lessons that had value for humanity... Jesus was only a human with an amazing God consciousness and a superior ethic to be emulated” (Vos, 1996, p. 115). The *scriptures* that contained the gospel message and even Jesus Himself were therefore no longer therapeutic in and of themselves. The omnipotent became impotent.

#### **8.3.4.3 Meditation.**

If revelation was ruled out and the Bible was just a human book, then Christian meditation was effective only in so far as it had some psycho-physiological impact on the function of the human brain. Christian Meditation as a practice that enables one to see what is real, though unseen (J. W. Kleinig, 2008, p. 130) is an anathema to a naturalistic, rationalistic worldview.

#### **8.3.4.4 Forgiveness.**

The experience of guilt and shame in response to sins committed spans the history of humanity. As seen in Luther’s writings, the solution to this human condition was to seek and receive God’s forgiveness. Naturalism left little room for the idea that someone could breach the standards of a supernatural being let alone seek forgiveness from the same source. The Reformation understanding of forgiveness simply did not align with an Enlightenment worldview.

More broadly than our dominant interventions, Christian doctrine and Christianity itself lost its place at the centre of western culture and struggled to find a new place of relevance as observed by both Gonzales and Clebsch and Jaekle:

- Partially because of new scientific discoveries, rationalism took hold of Europe. Why be concerned about details of Christian doctrine that produced nothing but quarrels and prejudice, when natural reason, a faculty common to all human

beings, can answer the fundamental questions regarding God and human nature? (Gonzales, 1985, p. 133)

- By means of the Enlightenment, the western societies came during the 17th and 18th century to achieve explanations and understandings of life and the world that relied on no necessary reference to God or religion (Clebsch & Jaekle, 1977, p. 28).

More than simply displacing the Christian religion, in some regards, natural science set itself in degrees of intentional opposition that certainly engaged the educated elite but perhaps not the curate and his flock in town or country. Vos describes the intellectual situation as "open warfare between "science" and theology in the West" (1996, p. 115). More recent scholarship has nuanced this perspective (Boeve et al., 2006; McInelly & Kerry, 2018). Duarte suggests that

[f]ar from being an unambiguous and homogeneous question, to which the only possible responses would be acceptance or rejection, "enlightenment," for its immediate observers and participants, was a topic of debate—just like it is today. And, in this debate, clerics and theologians played a key role (2020, p. 84).

Whether this was a debate, a set of skirmishes or a divide, there were ensuing credibility challenges for local soul care practitioners who may have relied upon interventions such as prayer, forgiveness, scripture and Christian meditation for their work. The challenge was also being felt at a macro-level in the institutions themselves.

The rise of rationalism also resulted from the place given to philosophy in the universities. During the Middle Ages philosophy and theology had been wed in the system called scholasticism; but with the decline of scholasticism and the Church the two were divorced, with the result that philosophy became an enemy of theology (Vos, 1996, p. 114).

The response of the Church was to be drawn into an academic and intellectual debate where “[b]oth Protestants and Roman Catholics were concerned with dogmatic formulation of their positions for the purpose of catechizing their adherents. Although some of this orthodoxy stressed Christian experience, much of it emphasised right thinking” (Vos, 1996, p. 111). Under the subheading ‘Triumph of Orthodoxy’ Gonzales observes: “It was no longer, as in the previous century a theology born out of the life of the Church and directed towards preaching and the *care of souls*, but rather a theology developed in the universities, and addressed to other scholars and university professors” (1985, p. 175).

Thus, if as it appears, the energies and resources of the Church were being redeployed at an ideological and intellectual level towards academic defence of the faith and ensuring correct intellectual thinking, then it is hard to imagine that efforts to externally defend the faith did not have a negative effect on the internal care for the people of the faith. However, perhaps a positive outcome to the Age of Enlightenment for the use of Spiritual and Religious interventions in the care of souls, was the diminished emphasis on the demonic and the pursuit of witches and witchcraft (Clebsch & Jaekle, 1977). A naturalistic, rationalistic philosophy has equal intolerance for the supernatural – whether it be of the holy or unholy kind. Whilst the previous epoch no doubt placed an overemphasis on the unclean spiritual world as an explanation of troubled souls, the corrective forces led to a denial in many areas of health treatment of *any* existence or adverse influence of the spiritual on the troubled soul, as Clebsch and Jaekle suggest in their summary of the influence of the Enlightenment from their perspective:

Enlightenment pastoral care primarily was a matter of sustaining the immortal soul through the dangers of temporal existence, especially the dangers of immorality...

Significantly this saw the termination of Christian pastoral interest in witchcraft, for extra ecclesiastical healing arts underwent such progress that physical and psychological explanations of and cures for ills and irrational behaviour replaced the explanation of demon possession and the cures of exorcism or execution.

Thus, it was during the Enlightenment that pastoral healing lapsed into a desuetude from which it has not as yet not formally recovered (Clebsch & Jaekle, 1977, p. 29).

Clebsch and Jaekle may well have been justified in holding such a pessimistic view in the 1970s, albeit those differing responses could have emerged in cities, towns or villages, indeed amongst various demographic, cultural or ethnic groups. However, before this literature review concludes, signs will appear that might suggest such a recovery is underway. The postmodern era will present challenges primarily from the emergence of modern medicine that will need to be explored.

### **8.3.5 *The post-Christian era***

‘Post-Christian’ is the phrase adopted by Clebsch and Jaekle to describe the era following the Enlightenment (1977). This section of the literature review is divided into three sub-sections. The first explores the impact of the emergence of modern medicine at the start of the nineteenth century. The second explores the impact of Psychology that birthed from the modern medicine late in the late 1800s, leading to an unequal partnership (1977, p. 14) between Medically-based Psychology and Pastoral Care in the care of souls. The third section commences in the middle of the twentieth century, when we start to observe the integration of these two partners – a trend that continues to the present day. For the purposes of exploring modern medicine and psychology, we will depart from our structure of considering each of the dominant interventions individually. Instead, we will consider the influence of these holistically across all spiritual and religious interventions.

Integration will be explored using the four ‘waves of integration’ first observed by Strawn et al. (2018) and more recently referenced by McMinn & Neff (2020). In the discussion of each wave, we will return to our pattern of considering each of the dominant SRIs (prayer, scripture, meditation/mindfulness and forgiveness) in turn.

### **8.3.5.1 Modern Medicine.**

According to Shuttleworth, because of the Enlightenment knowledge permeated every aspect of human society, including art and culture. The rapid accumulation of knowledge, free from religious overtones, saw science begin to split into separate disciplines as the age of the great polymaths ended. Scholars and philosophers rebelled against the restrictions of Christianity and used science and metaphysics to question and probe the universe (Shuttleworth, 2011, para. 5).

Medicine was one of numerous disciplines of science that matured apace, with new knowledge now in the hands of a small number of highly educated physicians. A medical model of treatment developed whereby the ‘patient’ conveyed the necessary information to the physician for them to make an assessment and form a diagnosis. Based on this diagnosis, the patient would undergo a treatment devised by the physician. Once the patient was “healed” they would disengage with the physician until they required further “treatment” (S. Gupta et al., 2017, para. 521).

However, with the advent of modern medicine, the pastoral care literature shows signs that the medical model (Huda, 2020) was impacting the thinking of pastoral care. For example, Oden (1983, p. 16) describes the 19th century as “the period of greatest activity in pastoral theology”, identifying seven authors as having made the most important contributions during this period and who identify these changes. Four of these seven authors (Bridges, 1844; Cannon, 1853; Kidder, 1871; Vinet, 1854) wrote in English or have subsequently had their works translated into English. The following paragraphs will show

the influence of modern medicine can be seen on the writings of all four authors. These authors give insight into the relationship between Pastoral Carers as the traditional custodians of SRIs, and Physicians seen by many as the birthplace of Professional Counsellors.

Vinet radically departs from the codified responses of previous approaches, declaring it is important to “understand the cause, since we may then, without foregoing the presentation of the gospel as a whole, make a more just, more direct, more personal application of it”

1854, p. 287). Further,

[s]ome authors have made the attempt (to tell how to apply a remedy to each case), but it seems to me that the very special directions which, at the outset, deprive our impressions of their liberty and our actions of that character of spontaneity and inspiration which they ought to have, are more injurious than useful. What is important - what, perhaps, is sufficient, is to get a good understanding of the patient's state, and of the nature of his inward feelings: this obtained, the rest is left to our evangelical views, our charity, our tact, and the Divine Spirit, constrained, if I may say so, by our prayers, to intervene as an interpreter between the sick man and ourselves (Vinet, 1854, p. 287).

This extended quote reveals the strong influence of the medical model – the pastoral carer is advised to get a good understanding of the *patient's* state and then use their professional discernment to apply an intervention into the *sick man's* life.

The troubled soul might therefore seek a Pastor “in the simple thought that there are remedies for the soul as physicians have them for the body” (Vinet, 1854, p. 259). Like others since (J. W. Kleinig, 2008; Senkbeil, 2019), Vinet's focus is on forgiveness from the troubles “that disturb the conscience”, recommending a “formal absolution” that “trouble may cease and the principle of a new life be formed” (1854, p. 260). He advocates prayer as

an intervention since pastoral carers should “[e]xpect much from prayer; I mean not only from its power with God, but from its immediate effect on the sick” (1854, p. 288).

The continued influence of the medical model began to emerge as science was being “split into sub-disciplines” (Shuttleworth, 2011, para. 5), even as humans were split or sub-divided. The emergence of specialist physicians for ever smaller segments of the human body continues to this day. In this ontological dissection the human soul and the human body have become separated, a literal dis-integration to the point where the apparently logical conclusion is that medical doctors treat the body whilst the religious practitioner seeks to cure the soul.

Vinet suggests it is important for the Pastor to distinguish between the troubled soul and the troubled mind. He sometimes refers to the latter as a “diseased mind”, suggesting “the case of these is not to be confounded with that of those troubled souls of whom we have spoken before: it is principally, if not exclusively, a case of sickness”. Yet he still encourages “expressions of affection, passages of scripture, prayer when the patient will unite in, or, at least, permit it” (1854, pp. 293–294). Even in cases of “complete insanity” he believes “the spiritual aids of the ministry” (1854, p. 294) are never without value.

Centuries earlier Plato asserted from a philosophical perspective, rather than a physical or medical perspective, that “the great error of our day in the treatment of the human body, [is] that physicians separate the soul from the body” (A. Wilson, 2011, p. 171). We note in Vinet’s Pastoral Care writings that physicians may not be the only ones guilty of this error.

Bridges also emphasises the proclamation of the gospel for the conscience of the troubled soul and contrasts this work with that of the physician: “Unlike the physician, we have only one remedy of diversified application, but equally adapted to all, for conviction, life, consolation, holiness” (Bridges, 1844, p. 389). He notes that “our office acts ultimately upon the conscience” (1844, p. 347). He further contrasts these two functions by suggesting

error in the Ministration of the gospel “involves consequences far more responsible than medical inattention”. Bridges later laments “‘Opiate Divinity’ is too often administered to slumbering souls” (1844, p. 384), no doubt a reference to the extensive use of opiates by physicians in the nineteenth century (Trickey, 2018). With respect to interventions other than forgiveness, while Bridges emphasises the Pastor must possess “a deep-seating knowledge of the scripture” (1844, p. 348) and must duly weight words “with much previous meditation and prayer” (1844, p. 351), he does not overtly advocate the use of these as interventions by or with the troubled soul. Instead his focus is on “instruction in the deepest and most solid truths” of delivered faith and doctrine (1844, p. 345), perhaps a legacy of the challenges of the Enlightenment.

Whilst Bridges and Vinet indicate the distinct but complementary functions of pastoral carer and physician, in a foreshadowing of what will emerge a century later, Cannon cautions that these two functions may find themselves in conflict:

But whatever be the character of the sick, let the Pastor on his visits engage in prayer. In some cases the prayer may be short, but let it be pertinent. But, in these visits, the Pastor may be counteracted by the physician of a family, who hates religion and drinks into infidelity; and who, under the pretence of keeping his patient quiet, wishes to exclude the pastor, and send the sick into eternity under the soothing and stupefying influence of opium (Cannon, 1853, p. 561).

We also note shared themes of emphasis on the use of prayer by the pastoral carer (Vinet) and use of opium (Bridges) as a key intervention of the physicians of the nineteenth century in their care of souls.

Amongst his many lectures, Cannon draws the listener to the physician metaphor used by Jesus (Mark 2:17) noting that his “words, so obviously true in reference to the physical nature, were nevertheless spoken to illustrate the spiritual wants of man. But they culminate

in significance when the maladies of body and soul are both combined in one person, as they often are” (Cannon, 1853, p. 472). Kidder also notes the potential conflict between Pastor and physician, suggesting “the latter frequently carry professional jealousy or personal opposition to an embarrassing extreme” (1871, p. 475), highlighting the inherent tension when one seeks to care for an integrated soul by dis-integrating<sup>22</sup> it into component parts such as body, soul and mind. These professional tensions become even more profound with the emergence of psychology (and psychotherapy) in the late nineteenth century.

### **8.3.5.2 Psychotherapy.**

As previously noted, the founding of psychotherapy is often traced to Wundt’s publication of the *Principles of Physiological Psychology* (1874) and his subsequent establishment of his psychological laboratory in Leipzig, Germany in 1879. Psychotherapy “is one particular sub-division of remedial medicine” (The International Library of Psychology, 1957, p. 1). Wilhelm Wundt (1832-1920) himself was first a medical doctor, as were Sigmund Freud (1856-1939), Alfred Adler (1870-1937) and many other early Psychotherapists. Consequently, the medical model and many of its underlying assumptions have underpinned Psychotherapy from the outset. Examples of these assumptions include the assessment, diagnosis, and treatment approach, the superiority of the therapist and the emphasis on science as the primary mechanism for the acquisition and testing of knowledge.

In our earlier review of the Enlightenment period, we observed Vos’s description of the relationship between science and theology as “open warfare”. In this war, the care of souls has perhaps become one of the bloodiest battlefronts. No` wartime correspondent could capture the thought of every soldier and the trajectory of every bullet. In the same way it is

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<sup>22</sup> The idea that a soul could be dis-integrated into body, soul and mind is presented in an intentionally awkward fashion to achieve two outcomes: 1) prior to the advent of modern medicine and psychotherapy, the care of the soul was considered the care of the whole person - in contrast to the modern idea that the care of the soul focusses on that which is left once body and mind are removed from the whole person and 2) it establishes the context for the Integration movement which will be discussed in a later section.

impossible to summarise the fullness of the literature associated with the emergence of psychotherapy in the late nineteenth and early twentieth century, and its impact on the use of spiritual and religious interventions by soul carers at this time in history. However, the major themes can be grasped through the common battle story of the rise of a superpower, a ground invasion, and a negotiated treaty.

No leader of a superpowered movement emerges from a vacuum. Whether it be Jesus of Nazareth, Adolf Hitler, Martin Luther, Martin Luther King Jnr. or Steve Jobs, all were able to lead world-changing movements at least in part because of the prevailing cultural, political and socio-economic milieu in which they found themselves. Although Freud became the face of the early psychotherapy movement, specifically psychodynamic therapy, his views and opinions reflected many of those of his day.

According to Kenny, “Freud valued science and reason above religion and superstition and located his work within the determinist-scientific ... which viewed science and religion as radically incompatible” (2016, p. 4). However Freud’s views seem to have been far stronger than a simple value preference, describing religion as “patently infantile” and like a form of “childhood neurosis” (1927). He regarded himself as “one of the most dangerous enemies of religion” (1926) and argued that religion “is in fact an invasion that must be repulsed” (1933).

And repulse it he did. Supported by the momentum of the Enlightenment, rationalism, naturalism, the medical model and the scientific method, Freud spearheaded the rise of the superpower of psychotherapy, which took the ground once occupied by religion in the cure of souls. Freud’s psychoanalysis was “calculated to undermine religion, authority and morals” (1922, p. 249), and according to Sotillos,

Freud’s arrival in the New World on August 29, 1909, ... accompanied by his onetime disciples Sándor Ferenczi (1873–1933) and C.G. Jung (1875–1961)

marks his quintessential attack on Western civilization unapologetically attempting to undermine it at its core, at its metaphysical and spiritual roots, when he made the providential pronouncement: “They don’t realize we’re [the psychoanalytic movement] bringing them the plague” (Sotillos, 2020, p. 83).

The effect of this psychodynamic invasion was to displace religion with psychotherapy as the basis of the care, and cure, of souls. The rapid development of psychology and psychotherapy has also thrown into sharp contrast the Christian and the secular or non-religious methods of dealing with the human soul. By the 1950s the physician and the psychoanalyst were taking over many of the responsibilities hitherto held to be the special province of the spiritual advisor (Bergsten, 1951, p. 23).

Throughout most of history the care of the soul involved the whole person. As Senkbeil notes, “[b]iblically speaking, people don’t *have* souls, they *are* souls” (italics original) (2019, p. 64). In contrast, the Modern Medicine era has seen the separation of the body and the soul, with the physician focusing on the care of the body and the Pastor being left to attend to the care of the soul. In the Psychotherapy Era, the soul is being further ‘dis-integrated’ into mind and soul, with the psychotherapist focusing on the care of the *diseased mind* and the Pastor being left to care for the soul (or Spirit) - where the soul (or Spirit) is what remains after the body and mind are removed from the integrated person. Understandably in this emergent Psychotherapy Era Bergsten observes “contemporary confusion about the role of the Pastor” (1951, p. 22).

These forces leave very little room or tolerance for Professional Counsellors (Psychotherapists) to use Spiritual and Religious Interventions. Whilst not all early founders of Psychotherapy were as anti-religious as Freud (Jung is a notable exception), there was a strong anti-religious sentiment in the early days of psychotherapy that would have recoiled at the use of spiritual and religious interventions such as prayer, scripture, meditation and

forgiveness in therapy work. Meanwhile, the use of SRIs by Pastors continued in their ever-diminishing realm of care of souls.

However, the influence of Psychotherapy (and Psychology) not only reduced the permissible terrain of the Pastor but even the remaining work of the Pastor was starting to be understood psychologically. We offer just three examples. In his foreword to Northridge's text, *Psychology and Pastoral Practice*, Leslie Weatherhead, renowned theologian and prolific writer who sought to integrate psychology and pastoral practice, foresees that "in time every minister will have such a working knowledge of psychology that he will know what to do with the patient" (italics original) (1938). According to Bergsten, "medical psychology has a great deal to offer those entrusted with the care of souls" (1951, p. 27). Northridge himself concluded his entire text by suggesting "[the Church] should aim at setting apart its most gifted ministers for this work, ministers who, in addition to vital Christian experience possess sound psychological insight and training" (1938, p. 182).

Even the Spiritual and Religious Interventions themselves were understood through a psychological framework. Karl Ruf Stolz (1884 – 1943) was an academic with degrees in Divinity and Psychology. His works include *Psychology of Prayer* (1923), *Pastoral Psychology* (1932), and *The Church and Psychotherapy* (1943). Whilst never entertaining the possibility that Clinical Psychologists would use prayer in their own psychotherapeutic work, Stolz is willing to offer the following advice to the Pastor: "He is to employ religion in challenging and bringing to fruition the latent powers of personality" (1932, p. 127). Stolz describes the means of the Pastor as "instruction, fellowship, encouragement, Bible reading and prayer", conceding that prayer, "intelligently employed is a potent therapeutic agent" and advising that "a sound rationale as well as a reliable technique is an essential for effective prayer" (1932, pp. 123–126). He later advocates for the use of prayer by the Pastor as an effective "relaxation technique" (1932, pp. 240–242). Whilst relaxation might be a

beneficial psychological by-product of prayer, using prayer primarily as a relaxation technique may be seen as tangential to its intended purpose as an “ongoing conversation with God” (McCall, 2022, para. 4)

“Trust and relaxation” are just one of the ten psychological effects of prayer that are noted by Johnson. Others include a greater awareness of needs, increased sense of appreciation and elevated perseverance (P. E. Johnson, 1959, pp. 143–144).

The point is that Stolz and Johnson advocate the use of SRIs for their psychotherapeutic value, such as bringing to fruition latent powers of personality, relaxation, increased appreciation and elevated perseverance. As will be further discussed, these are examples of Religious Accommodative Psychotherapy (RAP) (Barrera et al., 2012; Moreira-Almeida et al., 2014). Whilst a valid use of SRIs by professional counsellors, RAP does not require acceptance of any spiritual value to the intervention. This spiritual/religious distinction will be explored in the discussion of this study and discussed at length in Appendix II – Working definitions for Spiritual and Religious Interventions.

We have so far emphasised the emergence of psychotherapy as the precursor to Professional Counselling using literature penned largely by those emerging as these professionals. However, this should not be done at the expense of recognising that many pastors were continuing to advocate the use of Spiritual and Religious Interventions in the care of souls. A notable example is Hiltner, who in the late 1940s provided a full chapter on Religious Resources available to the Pastoral Counsellor. He provides two lengthy and highly informative sections on prayer and The Bible (scriptures) complementing useful guidance with sample conversations. His other suggested religious resources are Religious Literature, Christian Doctrine and Sacraments, and Rites (Hiltner, 1949).

Gundrip emphatically asserts the person is “one undivided whole” (Gundrip, 1951, p. 34) and challenges the clear distinction between the roles of the Pastor and psychologist. He

nevertheless suggests that if dialogue is to occur, a common language is required and this common language is “just what psychology and psychotherapeutic approaches can provide”. The invasion is complete – religion has been stripped of the territory of the body and the mind and left to make the best of the soul (or Spirit) that remains. Religious practitioners are encouraged to do their pastoral work on the soul with *sound psychological insight and training*, learning the *common language* of psychology and understanding its historical interventions as religious tools to be employed to bring out the *latent powers of the personality to access psychological benefits*.

And yet, as Northridge indicated a decade earlier, there were glimmers of vocational, pastoral hope:

No one is more fully aware than is the present writer of the limitations of psychology. After all psychology is a ‘natural science’. It is not a religion, nor can it ever be a substitute for religion. Ministers must not, therefore, forsake their distinctive calling to become mere second- or third-rate psychologists.

Psychology can show us many of the obstacles that prevent spiritual or mental health and how these may be removed, but it supplies neither a sufficient integrating ideal, nor an adequate dynamic for life. Merely to carry out a reductive analysis on a soul may leave the last state worse than the first. *The minister must not forget that no soul is completely cured until it has been brought into a fellowship with God* [emphasis added] so intimate and real that life, henceforth, shall become an unbroken pilgrimage with Him (Northridge, 1938, p. 177).

Whilst this overview section might simplify the analysis of historical development, it seeks to capture general sentiment and evolutionary developments, and even the sentiment that some may carry today. Writing on the cusp of the next Era, Roberts notes it is desirable that “religious and psychiatric groups shall continue to work at the task of learning how to put

aside prejudices which prevent a fruitful examination of each other's resources" (1950, p. 6).

This tension led Clebsch and Jaekle to observe that "the ministry of pastoral care has fallen into the position of a junior partner to many other helping professions" (1977, p. 14).

The Integration movement that followed is a reaction to this stark divide between helping professions, inspired from the 1940s and early 1950s by psychologists like Northridge and Roberts, and Pastors who refused to forsake their distinctive calling while still recognising medical psychology has a great deal to offer those entrusted with the care of souls.

### **8.3.5.3 Integration**

According to Vande Kemp (1986, p. 4), "Fritz Kunkel's (1954) article on "The Integration of Religion and Psychology" constitutes the first usage of "integration" in the context of "the integration of psychology theology/religion". Strawn et al. "have found it helpful to speak of four waves of integration. Each wave represents a dimension of the dialogue between Christianity and psychology" (2018, p. 86). These four waves are often overlapping and difficult to date accurately (apologetic, models, empirical and clinical) but they do provide a framework for exploring literature relating to the use of Spiritual and Religious Interventions by Professional Counsellors since the middle of the twentieth century. In this literature review each wave will be discussed and the four dominant interventions (prayer, scripture, meditation/mindfulness and forgiveness) will be briefly analysed in the context of the first three waves.

#### ***8.3.5.3.1 Apologetic Wave.***

Strawn et al. suggest that in "the apologetic wave, psychologists of faith make a case for why it is okay for Christians to engage in, consult with, and practice psychology" (2018, p. 86). Like most apologetic endeavours, these psychologists of faith were defending their view in the context of an antagonistic movement. For integrationists, the main antagonists

were represented by Jay Adams, a Pastor who recognised his distinctive calling and strongly asserted that psychology had little to offer those entrusted with the care of souls. In this sense, Adams was launching a counterattack against the psychotherapy movement. In fact, the entirety of the first chapter of the best known of his more than 100 books, *Competent To Counsel* (Adams, 1970), is a focused counter-attack on Psychology, Psychiatry and Freud specifically. A review of third-party perceptions of Adams's work offers a window into the debate.

MacArthur and Wayne describe *Competent to Counsel* as “an indispensable corrective [emphasis added] to several trends that are eating away at the Church's spiritual vitality” (2005, p. 7). Clinton et al. note “Jay Adams brought a biblical revolution to Christian and pastoral counselling in the 1970s, *challenging a field* [emphasis added] that was racing toward rancour, even disillusion by its fascination with all manner of anti-Christian psycho-babble” (Clinton et al., 2005, p. 47). Tidball suggests Adams has made an “enormous contribution to the *revival* [emphasis added] of biblical pastoral theology” (1999, p. 238). All three authors acknowledge that Adams's writings were not just putting forward propositions but doing so as a corrective challenge to the Psychotherapy movement.

#### 8.3.5.3.1.1 Scripture.

The importance of this for the purpose of our study lies in the emphasis Adams placed on using scriptures as the “the one and only perfect and lasting textbook on counselling” (1977, p. 24), and the complementary use of prayer and forgiveness. In Adams's own words:

I have been engrossed in the project of developing biblical counselling and have uncovered what I consider to be important scriptural principles. It is amazing to discover how much the Bible has to say about counselling, and how fresh the biblical

approach is. The complete trustworthiness of scripture in dealing with people has been demonstrated (1970, p. xix).

The critical reader may not agree with Adams's assertion that the Bible is a counselling textbook, nor with his nouthetic use of scripture, but the central focus he gives to scripture is undeniable. Chapter 7 of his subsequent book, *The Christian Counselor's Manual*, is entitled 'Prayer: The Base for Christian Counseling'. He suggests that "[a]s a matter of practice, under ordinary circumstances, prayer always ought to be offered *at least* at the close of the session. At other times *during* a session, prayer may be appropriate" (Italics original) (Adams, 1973, pp. 49–50). Chapter 9 of the *The Christian Counselor's Manual* is dedicated to the task of Reconciliation which Adams suggests involves "at least three elements 1) confession of sin to God and any who have been offended, 2) forgiveness by God and the one who has been offended and 3) the establishment of a new relationship" (Adams, 1973, p. 63). Whilst Adams does not emphasise the explicit use of meditation as a counselling intervention, he does define Biblical meditation (in contrast to Transcendental Meditation) as "meditation on the truths of the scriptures about God and our relationship to him" (Adams, 1979, p. 70).

For the purposes of this study, the Nouthetic Counselling (now generally known as Biblical Counselling) movement is viewed as instrumental in revitalising the use of Spiritual and Religious Interventions in a counselling setting. However, it would be some time before these approaches would be adopted by *Professional* Counsellors. We also note the emphasis Adams placed on the role of all Christians, whether ordained or lay, as Christian (Nouthetic/Biblical) Counsellors.

It is in this context that the apologetic wave of integration emerged – a context where the predominant choice of the average Christian was to have their soul cared for by either a psychotherapist (who potentially rejected the client's religion) or a Nouthetic/Biblical lay

Counsellor who rejected psychotherapy or a Pastoral Counsellor who could well have forsaken his/her distinctive calling to become a third-rate psychotherapist.

The apologetic wave sought to address questions of: “Is it Okay?”. As Strawn et al. have highlighted, one of these questions was: “Is it okay for Christians to engage in, consult with, and practice psychology?”. Simultaneously pastors were asking: “Is it Okay to use psychotherapy in pastoral care?”; and most importantly for the purposes of this study, professional counsellors were asking: “Is it OK to use spiritual and religious interventions?”.

Most authors writing for (or riding) the apologetic wave declared a strong, clear “Yes – It’s Okay” to all these questions. Many specifically affirm the use of scriptures as part of Professional Counselling in a Christian Context (Aten et al., 2011; Clinton et al., 2005; Hawkins & Clinton, 2015; Kellemen & Forrey, 2014; McMinn, 2011; Scott et al., 2015; Tan, 2011a). For Sutton et al. scripture references are an intrinsic “part of the ministry of Christian Counselling” (2016, p. 205). Brown lists the “use of the Bible” as one of many practices “Christians might draw upon in their counselling practice” (2001, p. 2). Hefti is specific about the beneficial use of the Psalms as a strategy for coping (2019) and Tan advocates for the inclusion of “scriptural material into Cognitive Behavioural Techniques” (2005, p. 84). Hankle describes the use of scripture in Christian Counselling as “commonplace”, suggesting “biblical narrative and insights become a conduit for therapeutic work” (2010). Martinez broadens the discussion beyond the Christian scriptures to the “discussion of sacred writings” (2007, p. 945), echoing Richard’s observation that sacred writings have been used therapeutically by religious believers for millennia (2012).

#### *8.3.5.3.1.2 Prayer.*

Along with scripture, prayer is perhaps the most commonly advocated religious intervention in the literature (Aten et al., 2011; Clinton et al., 2005; Peter M. Gubi, 2007; Hawkins & Clinton, 2015; McMinn, 2011; Pargament, 2007; Shadoan, 2013; Tan, 2011a; D.

F. Walker & Moon, 2011). Barnett encourages the “use of prayer” in therapy (2016, p. 6); Sutton suggests “prayer is the mainstay of Christian Counselling” (2016, p. 205); and Eseadi believes “encouraging clients to pray [is an] example of a religious element that can be integrated into counselling” (2015, p. 73). Gubi’s research focused on over 400 UK-based counsellors who indicated they “used prayer in their practice in overt and covert ways” (Peter M. Gubi, 2004), highlighting the dilemma addressed by this current study and research question. As Fox et al. note, “many practitioners have considered covert prayer to be personal, easily justified and not an ethical issue for counsellors, however overt prayer is a much more contentious topic” (2020, p. 219). As was shown in the introductory section of this study, part of the contentiousness of prayer may be its association with Conversion Therapy, and historical cases of professional deregistration.

Whilst the literature overwhelmingly endorses the use of both scripture and prayer in professional counselling, prayer (unlike scripture) often comes with a caution. Post et al. identify four guiding principles for prayer with clients (2000, p. 582):

1. Only when pastoral care is not readily available.
2. When the patient is intent on prayer.
3. When the physician can pray without
  - a. having to feign faith or
  - b. manipulate the patient.

Although their readership are medical physicians, these principles are a useful summary of the sentiment that applies equally to professional counsellors. As a sub-category of prayer, several authors have encouraged the use of blessing (J. Kleinig, 2009; Rossetti, 2018).

#### *8.3.5.3.1.3 Forgiveness.*

Numerous authors encourage the therapeutic use of forgiveness (Aten et al., 2011; Clinton & Ohlschlager, 2002; Enright, 2001; Jamieson, 2016; Jampolsky, 1985; Kober, 2002;

McMinn, 2011; Sande, 2004). Psychiatrists Baetz and Toews describe “forgiveness interventions” as “useful therapeutic approaches”. Martinez “encourages forgiveness” (2007, p. 945). According to Kersting:

Hathaway uses spiritually guided forgiveness protocols to help clients deal with emotional problems that resulted from harm inflicted by friends or family members.

Using religious teachings on forgiveness can direct clients to let go of unhealthy anger and move past an abusive situation without justifying the abuses (2003, p. 24).

Whilst supporting the therapeutic use of forgiveness, some authors are keen to distinguish between the psychotherapeutic and pastoral use of forgiveness. For example, Woldemichael et al. observe:

There are also differences between pastoral care and psychotherapies in understanding the concept and practice of forgiveness ... unlike pastoral care, forgiveness in secular psychotherapies is often considered a human action and can be obtained by human practice (2013, p. 10).

These differences along with the importance of the juridical vs therapeutic benefits of forgiveness (Gassin, 2013) will be more fully explored in the concluding comments of this study.

#### *8.3.5.3.1.4 Meditation.*

Almedia has suggested “the most commonly studied religious practice is meditation”. Various authors advocate for meditation (and/or mindfulness) to be used in therapy (Aten et al., 2011; Bottaro, 2018; Hawkins & Clinton, 2015; Pargament, 2007; Thompson, 2018). Hefti encourages the use of Meditation as a coping strategy (2019) and Martinez recommends “engaging in meditation” for therapeutic purposes (2007, p. 945). More than a decade ago, Christopher observed that “within the last 10 years, mindfulness has quickly moved into the mainstream of behavioural medicine, psychotherapy and counselling” (2010, p. 114).

The therapeutic application of meditation/mindfulness spans far beyond Christian counselling to include, for example, Mantra Meditation in a nursing setting (Chan, 2014) and the use of Hindu meditation<sup>23</sup> in psychotherapy (Purandaran, 2014).

As with the theme of forgiveness, it is important to distinguish between Christian Mindfulness/meditation practice and other forms of mindfulness/meditation that may be spiritually agnostic or an expression of a different religion. In their respective texts both Dr Gregory Bottaro (an American, Catholic psychologist) and Dr Katherine Thompson (an Australian, Protestant, social worker) go to great lengths to emphasise the distinction between Christian practices of mindfulness/meditation and those of Eastern religions<sup>24</sup> (Bottaro, 2018; Thompson, 2018). This is not to pass judgement over one or the other, but rather to emphasise the importance of ensuring meditation or mindfulness intervention that a therapist might be considering aligns with the religious faith expression of their client.

If, as noted above, the literature answers with a resounding “Yes” to the question “Is it OK for a Professional Counsellor to use Spiritual and Religious Interventions?”, then the curious, client-centred Professional Counsellor will unavoidably find themselves asking the question of “How?”, specifically “to how the two disciplines [psychology and religious] can interact in peaceful if not complementary ways” (Strawn et al., 2018). This question sits at the heart of the ‘Models Wave’ of integration.

#### **8.3.5.3.2 Models Wave.**

Larry Crabb made a profound contribution to what he described as “the thorny, hotly debated, and far-from-resolved problem of integrating Christianity and psychology” in *Effective Biblical Counseling*. The subtitle was *A Model for Helping Caring Christians*

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<sup>23</sup> According to Jayaram the “purpose of [Hindu] meditation or dhyana is to become consciously aware of or investigate into one’s own mind and body to know oneself” (2022, para. 1).

<sup>24</sup> Thompson provides a helpful table comparing Buddhist and Christ Centred Practices. For example, Eastern religions would seek to “Empty the Mind” whilst Christian practices would seek to achieve “Awareness of mind and God” (2018, p. 59).

*Become Capable Counselors* (1977). Crabb explicitly sought to summarise his “perspective on an acceptable relationship between secular psychology and biblical truth”. He presented four possible approaches - Separate but Equal, Tossed Salad, Nothing Buttery and Spoiling the Egyptians. Separate but Equal is the default situation if no integration attempt is made, essentially the integrationist’s dilemma. Tossed Salad suggests we throw all that psychology and the scriptures have to offer by working together. Crabb’s critique of integrationists focuses on the tendency towards an approach which “opens the door to a synthesis of contradictory ideas” (1977, p. 36). The third approach suggests the counsellor needs nothing but the scriptures for effective counselling (Nothing Buttery) and whilst he does not mention Jay Adams by name, this is clearly a response to the Nouthetic Counselling movement. Crabb rejects this movement on two grounds, one of which is “the insistence that psychology has nothing to offer” (1977, p. 42). Instead, Crabb’s recommended approach is to incorporate psychological “ideas and concepts which do not contradict the Christian position” in an analogous way to how the Israelites incorporated the spoils of Egypt that did not contradict their faith. Importantly, Crabb, primarily trained as a psychologist, makes the scriptures primary and psychology secondary in his integration endeavour. This sets him apart from the contemporary “spiritually sensitive” psychotherapist who might be willing to incorporate those aspects of a client’s faith that do not contradict a humanistic psychological paradigm (Meyers & Jeeves, 1991; Plante, 2016).

By starting with the Christian view as primary, Crabb gives overt permission for the use of Christian interventions such as prayer, forgiveness, scriptures, and meditation in the counselling conversation. At the core of Crabb’s counselling model are the scriptures and in his 7 stage Model of Counselling stages 4 and 6 are *Clarifying Biblical Thinking* and *Plan and Carry out Biblical Behaviour*. Even a cursory review of Crabb’s model can identify traces of Cognitive Behavioural Therapy, which focusses on identifying wrong (or unhelpful)

beliefs and replacing them with helpful beliefs. Crabb's model is another example of Religious Accommodative Psychotherapy. In a later book he will assert "the primary resources for handling problems in our world are prayer and biblical principles" (1988, p. 193). Crabb's model validates the use of SRIs in counselling and is authoritative in that it is written by a Professional Counsellor. However, he (like Adams) is targeting the lay Christian Counsellor.

The early 21<sup>st</sup> century saw the emergence of integrated models designed for use by professional counsellors that explicitly advocated the use of Spiritual and Religious Interventions such as prayer, scripture, meditation, and forgiveness. While too numerous to mention, some have formed the basis of Christian Counselling Institutions that still operate today. Examples include, in the UK, the *Waverley Abbey Model of Counselling* as the foundation of the Waverley Abbey College curriculum (Kallmier, 2011); and in Australia, the *Litchfield General Counselling Model* and *Litchfield Family Therapy Models* remain the foundation of the curriculum of the Australian Institute of Family Counselling (Litchfield & Litchfield, 2005). Other models have been published for wider use by Professional Counsellors, perhaps the best-known early example being *Integrative Psychotherapy* (McMinn & Campbell, 2009). More recent examples include *Compass Points for Gospel Centred Counselling* (Kellemen, 2017), *The Spiritual Awareness Guide* (Maise et al., 2018), and *The Extended Biopsychosocial Model* (Hefti et al., 2019).

Despite their proliferation, there is little published evidence to suggest these models have been effective, however a further concern is the transferability of these models. A cursory review will show most have been developed by white, Protestant, men. If one assumes the models are useful for the context in which they were developed, lack of transferability to a variety of diverse cultural settings is an inherent risk in all examples of specific integration models.

In 2000, Johnson and Jones published *Psychology and Christianity: Four Views*, (E. L. Johnson & Jones, 2000) offering a framework for understanding models of integration that would be used and built upon by many subsequent authors. Drawing together the work undertaken by others in the field, they articulated four meta-models (views) of integration, as shown in Table 4.

**Table 4**

*Summary of Psychology and Christianity: Four Views (E. L. Johnson & Jones, 2000)*

View (Meta-model)	Chapter Author/s	Other notable works by the chapter author/s
<b>1. Levels-of-explanation</b>	David Meyers	<i>Psychology Through the Eyes of Faith</i> (Meyers & Jeeves, 1991)
<b>2. Integration</b>	Gary Collins	<i>Effective Counseling and Christian Counseling – a Comprehensive Guide</i> (Collins, 1972b, 1980) and also (Collins, 1983)
<b>3. Christian Psychology</b>	Robert Roberts	<i>Introduction: Christian Psychology?</i> (R. C. Roberts, 1997) and also (R. C. Roberts, 1992)
<b>4. Biblical Counselling</b>	David Powlison	<i>Competent to Counsel? The History of a Conservative Protestant Anti-psychiatry Movement</i> (Powlison, 1996)

Johnson and Jones brought all four views into a respectful dialogue which became the foundation of Tim Keller's *Four Models of Counselling in Pastoral Ministry* (Keller, 2004), models which served as the basis for explaining the nature of the intended readership for *Integrative Psychotherapy* (McMinn & Campbell, 2009, p. 23). The adoption of this framework by Keller and McMinn, writing from Pastoral and Psychological perspectives respectively, shows its common strategic value. The framework represents respectful consensus in which most specific models of integration can *find a place* and most practitioners can identify somewhere that they belong.

In 2010, Johnson's Second Edition – *Psychology and Christianity – Five Views* (E. L. Johnson, 2010) added a fifth View, or meta model as shown in Table 5.

**Table 5***Summary of Psychology and Christianity – Five Views (E. L. Johnson, 2010)*

View (Meta-model)	Chapter Author/s	Other notable works by the chapter author/s
<b>1. Levels-of-explanation</b>	David Meyers	<i>See previous</i>
<b>2. Integration</b>	Stanley Jones	<i>Modern Psychotherapies (Jones &amp; Butman, 1991) and also (Jones, 1994)</i>
<b>3. Christian Psychology</b>	Robert Roberts Paul Watson	<i>Introduction: Christian Psychology?</i> (R. C. Roberts, 1997) and also (R. C. Roberts, 1992)
<b>4. Transformational Psychology</b>	John Coe Todd Hall	<i>Psychology in the Spirit: Contours of a Transformational Psychology</i> (Coe & Hall, 2010b)
<b>5. Biblical Counselling</b>	David Powlison	<i>See previous</i>

Based on Johnson's 5 Views, Greggo and Sisemore edited *Counselling and Christianity Five Approaches* to address how the Five Approaches outlined in Johnson's book could be applied to a case study. Using a similar format, it sought contributions from multiple authors:

**Table 6***Summary of Counselling and Christianity Five Approaches (Greggo & Sisemore, 2015)*

Approach (Meta-model)	Chapter Author/s	Other notable works by the chapter author/s
<b>1. Levels-of-explanation</b>	Thomas Plante	<i>Spiritual Practices in Psychotherapy (Plante, 2009)</i>
<b>2. Integration</b>	Mark McMinn	<i>Integrative Psychotherapy, Psychology, Theology and Spirituality in Christian Counselling; and Embodying Integration</i> (McMinn, 2008, 2011; McMinn & Campbell, 2009; Neff & McMinn, 2020)
<b>3. Christian Psychology</b>	Diane Langberg	<i>On the Threshold of Hope, Suffering and the Heart of God, , and Counselling Women</i> (Langberg, 1999, 2015; Langberg & Clinton, 2011)

<b>4. Transformational Psychology</b>	Gary Moon	<i>Spiritual Direction and the Care of Souls and Eternal Living</i> and (Moon & Benner, 2009; D. P. Willard & Moon, 2015)
<b>5. Biblical Counselling</b>	Stuart Scott	<i>Interpersonal Psychotherapy: A Clinician's Guide and Counselling the Hard Cases</i> (Scott et al., 2015; Scott & Robertson, 2012)

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The importance of the three texts described in the tables above to the integration movement cannot be overstated. Each of these publications is structured as a professional and respectfully evolving dialogue between 13 of the most highly regarded and prolific authors in the field. Together these authors have not only published more than 30 widely read texts but 6 of them were authors (or co-authors) of papers included in a publication of *Seminal Works that Shaped the Movement* (Stevenson et al., 2007). Whilst most are active members of the Christian Association of Psychological Studies, they also include two Past Presidents of the American Association of Christian Counsellors and a Past Executive Director of the Christian Counselling Education Foundation. As a result, the models they describe in their various published works are an accurate representation of the breadth of the Integration Movement.

The meta-models explored in these texts are exceptionally relevant for this study on the use of SRIs in Professional Counselling. Figure 4 is excerpted directly from *Integrated Psychotherapy* (McMinn & Campbell, 2009, p. 23) and used with permission.



Counsellor who chooses to work within a ‘Christian Psychology’ meta-model, will likely have a high inclination toward the use of SRIs in their practice.

So far, discussion of the Models wave has indicated that countless models of integration have emerged and that leading authors are achieving something akin to consensus that these models can be helpfully grouped into 4 (or 5) meta-models. Review of the Models wave concludes by recognising the emergence of micro-models, some of which are associated with the use of one of our four dominant interventions in Professional Counselling (scripture, prayer, forgiveness and meditation/mindfulness).

#### *8.3.5.3.2.1 Scripture.*

Richards and Bergin observe that “it appears that some variation of scriptural discussion, interpretation, and study is engaged in more frequently during psychotherapy than any other spiritual intervention” (2005a, p. 260). Their research identified 7 different ways psychotherapists are using scripture in therapy.

- Quoting scripture to clients.
- Interpreting scripture for clients.
- Making indirect reference to scriptures while discussing or teaching religious concepts.
- Relating stories from the scriptures.
- Encouraging scripture memorisation.
- Encouraging study of scriptures outside therapy.
- Using scripture to challenge clients’ dysfunctional or irrational beliefs.

The use of scripture to challenge beliefs is typically done within a Cognitive Behaviour Therapy framework as discussed below. Garzon (2005, pp. 115–117) provides five explicit reasons for using scripture in counselling.

#### 1. Psychoeducation

2. Theo-education
3. Cognitively
4. Behaviourally
5. Affectively

Each of these reasons will be discussed under the headings of Education (Psychoeducation and Theo-education) and Cognitive Behavioural Therapy (Cognitively, Behaviourally and Affectively)

*Education* has been shown to be beneficial to clients and is commonly used psychotherapeutically for dealing with, for example, trauma (Briere & Scott, 2015, p. 125; Gingrich & Gingrich, 2017, p. 71). Simply knowing more about how stress affects the body or understanding normal grief responses can make dealing with them easier. Incorporating Religion therapeutically by increasing knowledge of scriptures that speak of comfort and reassurance is an example of Religious Accommodative Psychotherapy. However, the most common type of RAP involves various applications within the family use of Cognitive Behavioural Therapies.

*Cognitive Behavioural Therapy* (CBT) is a family of therapies highly supported by evidence (Chand et al., 2018; Currier et al., 2010; Milne & Reiser, 2017; Phoenix Australia, 2020). As Corey (2016, p. 236) notes, CBT “operates on the assumption that what people believe influences how they act and feel” and “is based on the assumption that beliefs, behaviours, emotions and physical reactions are all reciprocally linked. Changes in one lead to changes in another”. CBT works with the interplay between cognition, behaviour and affect (emotions and mood), the final three explicit reasons that Garzon cites for using scripture in therapy. Garzon notes that scripture can be validly used in any or all of these (2005, p. 117).

Tan and Johnson provide one of many models that use scriptures to support a CBT approach (2005). Other suggested models for how to use scripture in therapy are Spiritual Journaling using Biblical texts (Kersting, 2003), recommending scriptures for clients to read (Barnett, 2016) and reference to scripture in session (Sutton et al., 2016). Hankle has noted the usefulness of the Psalms “to assist the client in transforming negative emotion to healthy resolution”, although cautions this “must be done with proper exegetical and theological understanding” (2010, p. 278).

#### 8.3.5.3.2.2 *Prayer.*

Several authors have provided helpful guidance on how to use prayer in therapy. A survey of Christian Clients concluded: a) 82% desired audible prayer; b) clients wanted the therapist to introduce prayer; c) they expected prayer from Christian Counsellors; and d) they wanted the counsellor to pray for them outside of session (Weld & Eriksen, 2007a). Where prayer is used in session, the therapist can encourage the client to pray (Kersting, 2003), the therapist might pray for the client (Sutton et al., 2016), or they might pray together (Martinez et al., 2007). Dimmick et al. suggest “the session could begin or end in prayer” (2021, p. 1).

Tan presents a specific model of integration that includes prayer, suggesting “prayer is used as a mechanism of inner healing of past hurts and difficult memories”, also advocating the use of prayer to begin and end sessions. While he is keen to highlight that a Christian approach “does not mean using prayer and scripture in every session” (2007, p. 105), Tan also identifies four useful types of prayer – intercessory, contemplative, inner healing and listening. He suggests that each can be used in different ways in the professional counselling context. Sperry observes:

Healing prayer was once one of the chief therapeutic tools of the 19th century physician, but more recently prayer has been squeezed out of the therapeutic setting by

chemicals, machines, and heroic surgical procedures. Today prayer is being reintroduced in the clinical context (2000, p. 522)

According to Hurding, inner healing prayer consists of “a range of journey back methodologies that seek, under the Holy Spirit's leading, to uncover personal, familial, and ancestral experiences that are thought to contribute to the troubled present” (1995, p. 297).

The use of this kind of intervention is not without ethical concern. Hunter and Yarhouse provide a helpful exploration of some of these concerns by considering the use of Theophostic Prayer Ministry (TPM) in a Professional Counselling context (Hunter & Yarhouse, 2009). These concerns and cautions are particularly pertinent in light of the deregistration of Mark Tynan in 2010 by the New South Wales Psychologists Tribunal for the use of prayer with a client – noting specific questions raised in the case about the use of TPM<sup>26</sup> (Psychologists Tribunal of New South Wales, 2010).

Specific strategies for overcoming these ethical challenges associated with the use of prayer are one of the many elements explored in the discussion at the end of this study.

#### 8.3.5.3.2.3 *Forgiveness.*

Professor Robert Enright has been described by Time Magazine as “the forgiveness trailblazer”. His “Step by Step Process for Resolving Anger and Restoring Hope” (Enright, 2001) is a classic example of a micro-model of intervention. He identifies four phases of forgiveness<sup>27</sup> (2001, p. 78). Wade and Worthington (2005) drew together past research from 14 relevant sources and identified a core model of forgiveness. They identified five “core elements to promote forgiveness”.

- Defining forgiveness
- Remembering the hurt

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<sup>26</sup> “Theophostic Prayer Ministry (TPM) is a form of inner healing prayer, sometimes known as healing of memory prayer, developed by Ed Smith, a pastoral counsellor” (Garzon & Poloma, 2005, p. 388).

<sup>27</sup> Enright's 4 phases: 1. Uncovering your anger; 2. Deciding to forgive; 3. Working on forgiveness; 4. Discovery and Release from emotional pain (Enright, 2001, p. 34).

- Empathy for the perpetrator
- Acknowledging our own offenses
- Committing to forgive.

Unsurprisingly, these five core elements show close alignment with Enright's four phases. These approaches are typically designed to support the victim-client in a process of forgiving the offender. In their excellent integration of relevant literature, Griffin et al. (2014) acknowledge the importance of this kind of granting of forgiveness and identify the importance of receiving forgiveness from three key sources (others, God and self). Worthington makes this same important distinction between receiving and granting forgiveness (Worthington, 2008) and in a more recent study Worthington et al. suggested clients may experience a positive impact on resilience if able to forgive God for natural disasters and able to forgive perpetrators following human-caused events (2016).

McCullough et al. (1997) offered an early specific micro-model of forgiveness and suggested that early results of the use of the model indicate greater empathy for the offender and that this in turn leads to increased propensity to forgive. Wagner later presented a micro-model whereby forgiveness is used as an accompanying intervention within a wider schema-focused approach (Wagner, 2009).

Broadly speaking, the literature provides numerous models for integrating forgiveness into a Professional Counselling setting. However, Frise and McMinn surveyed theologians and psychologists and discovered significant differences in their understanding of forgiveness. They concluded "a client and therapist who do not share the same religious tradition may use the word 'forgive' while each holds a different understanding of what that means" (2010, p. 84). This difference in the detail is critically important. There seems to be consensus in the benefit of forgiving others who have wronged us and being willing to apologise and receive forgiveness from others. However, a non-Christian client will be

unlikely to desire forgiveness from a God they do not believe exists. There are also theological challenges associated with the notion of forgiving God and forgiving oneself. Frise observes the goal of psychological forgiveness is to alleviate suffering, whilst the theological goal is the deepening and enrichment of community with God and others (2010). These challenges and differences will be further explored in the discussion at the end of this study.

#### 8.3.5.3.2.4 *Meditation / Mindfulness.*

The micro-models associated with meditation and mindfulness are as varied as the individuals who practice them. Whilst meditation, contemplation, mindfulness and engaging in spiritual imagery have all been practised for millennia (Richards et al., 2015, p. 250), it is emerging as “a daily practice in Western society” (Knabb et al., 2020, p. 5). In 2017, 14% of US Adults surveyed indicated they had meditated in the previous year. This was up from 4% when a similar survey was conducted in 2012 (Knabb et al., 2020).

Some micro-models are a recovery of ancient practices such as *Lectio Divina* (Howard, 2012) or the *Ignatian Suscipe*<sup>28</sup> (Welborn, 2004). Some are Christian Adaptations of secular techniques such as *Christian Adaptive Breath Meditation* and *Christian Adaptive Loving Kindness Meditation* (Garzon & Ford, 2016). Increasingly, mindfulness and meditation practices are being facilitated by a rapidly emerging smorgasbord of mobile Apps. Some are agnostic (e.g., Headspace), whilst others are tailored to faith perspectives such as Aura (Buddhist) and Abide (Christian). For the Christian Counsellor and client, both Kleinig and Knabb provide helpful guidance.

- “The key is not how we meditate, but on what we meditate... Christian meditation focuses on Christ and His Word. It starts with Jesus and ends with

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<sup>28</sup> The *Suscipe*, Latin for “take”, centres around a practice of meditative prayer where the individual asks God to take all he has (liberty, memory, understating etc) and replace it with God’s love and Grace (Welborn, 2004, pp. 135–142).

Him. He is the be-all and end-all of Christian meditation” (J. W. Kleinig, 2008, pp. 95–96).

- With respect to meditating on The Word, “biblical meditation consists of pondering scripture for a designated period of time so as to savour it and understand it on a deeper level” (Knabb et al., 2020, p. 7).

In summary, discussion of the Models Wave of Integration has explored the “how do I integrate?” question and discovered the emergence of 4 (or 5) meta-models and how these have become the foundational understanding of much of the literature. Many institutions and individuals have developed their own model of integration. Additionally, the review has considered numerous micro-models for integrating the four dominant interventions (scripture, prayer, forgiveness, and meditation) into Professional Counselling.

In the Apologetic Wave, the question was asked, “Is it OK to integrate?” and the clear answer was “Yes”. In the models wave we have seen numerous answers to, “How do I integrate?”. In the empirical wave the critical question is, “Is integration effective?”

#### ***8.3.5.3.3 Empirical Wave.***

“The empirical wave, is a complex turn in the integrative discussion as many aspects of faith are explored through the lens of empirical research” (Strawn et al., 2018, p. 87). In recent decades significant academic endeavour has been invested in conducting empirical research on the effectiveness and efficacy of integrating faith and counselling. Much of this has involved evaluation of Spiritual and Religious interventions and in many cases scripture, prayer, forgiveness and meditation specifically.

In the past 35 years no fewer than 19 Meta-analyses have been conducted on more than 100 primary empirical studies. Additionally, two super-analyses have been conducted whereby the findings of the meta-analyses have been further aggregated (B. C. Post & Wade, 2009; Richards & Worthington, 2010). As the most recent of these is now more than 10

years old, this component of the literature review will seek to conduct an updated super-analysis by reviewing the empirical findings of 16 Meta-analyses and two super-analyses (analyses involving one or more meta-analyses) conducted between 1986 and 2018. These are summarised in Table 7.

**Table 7**  
*Meta and Super analyses undertaken on Integration*

Code	N	P	Reference
Worthington, 1986	2	41	Worthington Jr, E. L. (1986). Religious Counseling: A Review of Published Empirical Research. <i>Journal of Counseling and Development: JCD</i> , 64(7), 421.
Worthington, 1996	5	169	Worthington, E. L., Kurusu, T. A., McCullough, M. E., & Sandage, S. J. (1996). Empirical research on religion and psychotherapeutic processes and outcomes: A 10-year review and research prospectus. <i>Psychological Bulletin</i> , 119(3), 448–487.
McCullough, 1999	5	174	McCullough, M. E. (1999). Research on religion-accommodative counseling: Review and meta-analysis. <i>Journal of Counseling Psychology</i> , 46(1), 92–98
Harris, 1999	5	174	Harris, A. H. S., Thoresen, C. E., McCullough, M. E., & Larson, D. B. (1999). Spiritually and religiously oriented health interventions. <i>Journal of Health Psychology</i> , 4(3), 413–433
Worthington, 2002	9	374	Worthington, E. L. J., & Sandage, S. J. (2002). Religion and spirituality. In J. C. Norcross (Ed.), <i>Psychotherapy Relationships That Work</i> . Oxford University Press
Worthington, 2001	9	374	Worthington, E. L., & Sandage, S. J. (2001). Religion and spirituality. <i>Psychotherapy: Theory, Research, Practice, Training</i> , 38(4), 473–478
Townsend, 2002	4	285	Townsend, M., Kladder, V., Ayele, H., & Mulligan, T. (2002). Systematic Review of Clinical Trials Examining the Effects of Religion on Health. <i>Southern Medical Journal</i> , 95(12), 1429–1434
Tan, 2005	10	539	Tan, S., & Johnson, W. (2005). <i>Spiritually oriented cognitive-behavioral therapy</i>
Hodge, 2006	14	446	Hodge, D. R. (2006). Spiritually modified cognitive therapy: A review of the literature. <i>Social Work</i> , 51(2), 157–166
Smith, 2007	31		Smith, T. B., Bartz, J., & Scott Richards, P. (2007). Outcomes of religious and spiritual adaptations to psychotherapy: A meta-analytic review. <i>Psychotherapy Research</i> , 17(6), 643–655.
Post, 2009 (Super)			Post, B. C., & Wade, N. G. (2009). Religion and Spirituality in Psychotherapy: A Practice-Friendly Review of Research. <i>J Clin Psychol: In Session</i> , 65, 131–146.
Hook, 2010	24	1455 (2407)	Hook, J. N., Worthington, E. L. J., Davis, D. E., Jennings, D. J., & Gartner, A. L. (2010). Empirically Supported Religious and Spiritual Therapies. <i>Journal of Clinical Psychology</i> , 66(4), 430–441
Worthington, 2011	46	3290	Worthington, E. L. J., Hook, J. N., Davis, D. E., & McDaniel, M. A. (2011). Religion and Spirituality. In <i>Psychotherapy Relationships That Work/relationships that Work</i> (2nd ed.). Oxford University Press.
Richards, 2010 (Super)			Richards, P. S., & Worthington, E. L. (2010). The Need for Evidence-Based, Spiritually Oriented Psychotherapies. <i>Professional Psychology: Research and Practice</i> , 41(5), 363–370.
Lim, 2014	10	782	Lim, C., Sim, K., Renjan, V., Sam, H. F., & Quah, S. L. (2014). Adapted cognitive-behavioral therapy for religious individuals with mental disorder: A systematic review. <i>Asian Journal of Psychiatry</i> , 9(2014), 3–12
Ross, 2015	9	482	Ross, J. J., Kennedy, G. A., & Macnab, F. (2015). <i>The effectiveness of spiritual / religious interventions in psychotherapy and counselling : a review of recent literature</i> . 23. <a href="http://www.pacfa.org.au/wp-">http://www.pacfa.org.au/wp-</a>

Gonçalves, 2015	23	NR	content/uploads/2012/10/Spiritual-and-Religious-Therapy-Literature-Review.pdf Gonçalves, J. P. B., Lucchetti, G., Menezes, P. R., & Vallada, H. (2015). Religious and spiritual interventions in mental health care: A systematic review and meta-analysis of randomised controlled clinical trials. <i>Psychological Medicine</i> , 45(14)
Anderson, 2015	16	1067+	Anderson, N., Heywood-Everett, S., Siddiqi, N., Wright, J., Meredith, J., & McMillan, D. (2015). Faith-adapted psychological therapies for depression and anxiety: Systematic review and meta-analysis. <i>Journal of Affective Disorders</i> , 176, 183–196
Captari, 2018	97	7181	Captari, L. E., Hook, J. N., Hoyt, W., Davis, D. E., McElroy-Heltzel, S. E., & Worthington, E. L. (2018). Integrating clients' religion and spirituality within psychotherapy: A comprehensive meta-analysis. <i>Journal of Clinical Psychology</i> , 74(11), 1938–1951

Worthington's initial meta-analysis cast a wide net by reviewing religious counsellors, religious clients, and religious counselling techniques. The third of these is of interest to this study. This third section uncovered "two well controlled analogue studies" (1986, p. 428) With respect to effectiveness, Worthington concluded "the religious and non-religious treatments did not differ from one another" (1986, p. 428). He also noted that most research on religious counselling focused on pastors and pastoral counselling.

Ten years later, Worthington enlisted several colleagues and together they updated his earlier meta-analysis. They retained the 1984 study by Peucher et al. and replaced Propst's 1980 study with her updated 1992 research. Johnson's 1992 and 1994 research was added to form the four core studies that continue to be referenced by most reviewers (W. B. Johnson et al., 1994; W. B. Johnson & Ridley, 1992; Pecheur & Edwards, 1984; Propst et al., 1992). To these core studies, Worthington and his team added a study by Richards et al. (Richards et al., 1993). With the increase in primary studies, Worthington et al. concluded that

religiously adapted cognitive therapy has been found to be effective with religious clients having mild depression but only marginally more effective than nonreligious versions... [w]hereas highly religious people might prefer religiously adapted therapies, thus far there is little evidence that they respond to any differently to actual therapy that is matched to their religion than therapy that is not (Worthington et al., 1996, p. 477).

In 1999 McCullough, and Harris et al. published independent meta-analyses of the same five Christian studies, although they came to slightly different conclusions. McCullough felt religious accommodative approaches were “more or less efficacious” (McCullough, 1999, p. 92) whilst Harris et al. noted that religious clients in a group with religious content “reported significantly less post treatment depression” (A. H. Harris et al., 1999, p. 417). Even though there is small benefit it is significant given that many were concerned with the ‘do no harm’ factor.

In 2001 and 2002 Worthington and Sandage published their meta-analysis of nine primary studies (6 Christian and 3 Muslim) as a book chapter (Worthington & Sandage, 2002) and a peer-reviewed article (Worthington & Sandage, 2001). To add to the complexity, the 2001 article refers to the 2002 chapter which had clearly been written but was in press when they submitted their 2001 article. In the 2002 book chapter they conclude “the general body of research suggests they [religious accommodative therapies] are no more efficacious than standard treatments”, but they would subtly nuance that view for the article, where they suggest “in all cases, religious CBT has been at least as effective as secular CBT for religious clients; in several cases, it has been better. This might be considered about 75% along the road to being an empirically supported intervention”.

In 2005 Tan and Johnson conducted an incidental meta-analysis in the introductory section of their article on Spiritually Oriented Cognitive Behavioural Therapy (SO-CBT). They add an anxiety study by Razali et al. (Razali et al., 2002) to the nine articles analysed by Worthington and Sandage and conclude “[t]here are therefore now 10 studies (six Christian and four Muslim) that provide some empirical support for the efficacy of SO-CBT with religious clients, especially those with clinical depression and, to some extent, those with generalised anxiety disorder”.

Tan & Johnson's research reveals in small scale a phenomenon that will become obvious later. The trend seems to be that with a small sample size, religious treatments show similar affect to secular treatments. Yet as the sample group expands (increases in number, broadens across religions, includes the work of more countries), religious interventions show signs of greater beneficial effect, especially in specific groups. These groups include those experiencing depression and anxiety as well as those for whom their religious faith is important. The research in this study is designed to further test some of these early indications.

In 2006 Hodge (a social worker) published *Spiritually Modified Cognitive Therapy: A Review of the Literature*. He also used the nine studies from Worthington and Sandage and added 5 additional primary studies. Hodge concluded that

... results indicate that this [spiritually modified cognitive therapy] approach has been used in diverse settings with a variety of faith groups to address a wide array of problems. Only in the area of depression, however, does spiritually modified cognitive therapy generally meet the American Psychiatric Association's criteria as a well-established empirically validated treatment (Hodge, 2006).

Hodge's analysis is significant in that it included a study by Xiao (1998) that involved a Tao-based intervention and doctoral research by Nohr (2000) that included a spiritual (but not religious) intervention. Furthermore, it is the first meta-analysis to assert that spiritually modified therapy meets a threshold of empirical validation. It would seem the journey that Worthington and Sandage suggested was 75% along the road had been completed 4 years later – at least for the treatment of depression.

The following year Smith and Bartz published a ground-breaking analysis covering 31 primary research studies.

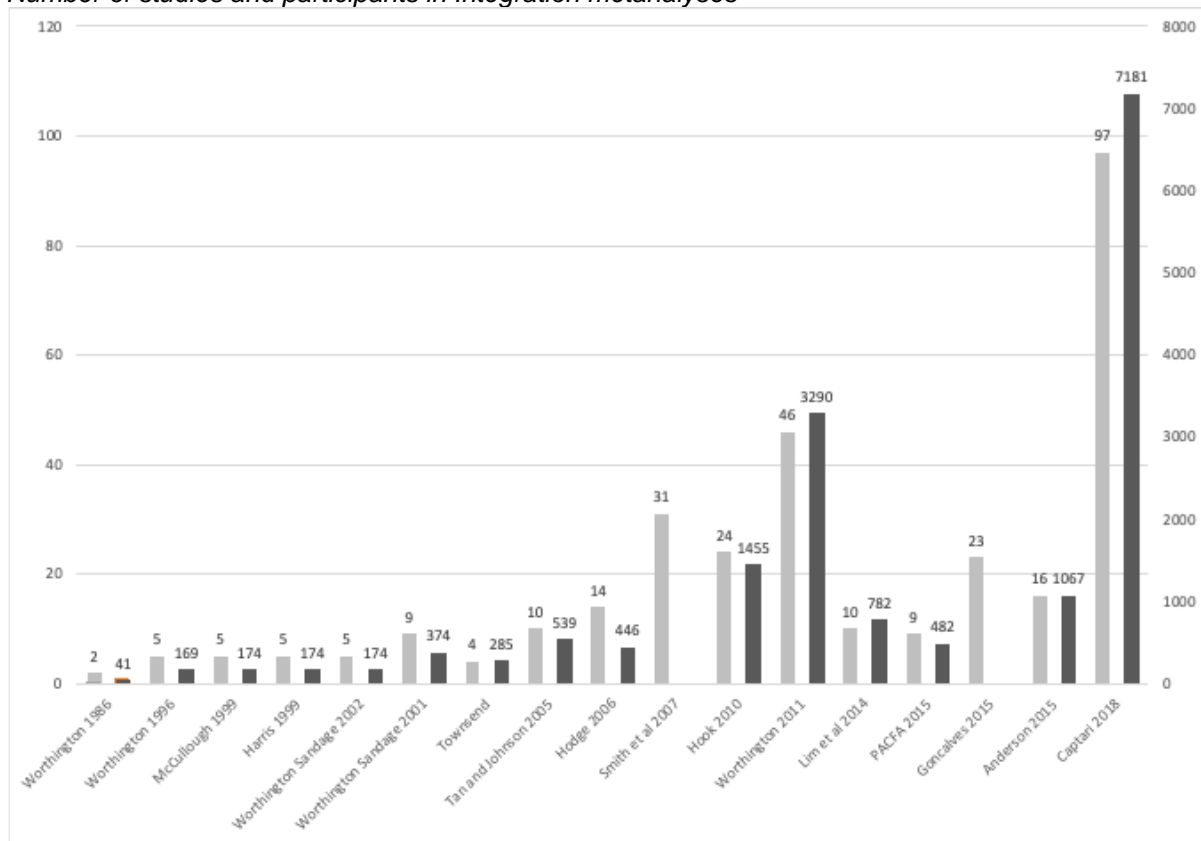
**Figure 5***Number of studies and participants in Integration meta-analyses*

Figure 5 shows that the research of Smith et al. in 2007 research covered more than twice as many studies as any previous meta-analysis. They found “empirical evidence that spiritually oriented psychotherapy approaches may be beneficial to individuals with certain psychological problems (e.g., depression, anxiety, stress, eating disorders, etc.)” – broadening both Hodge (depression) and Tan’s (depression and generalised anxiety) views to include stress and eating disorders.

In 2007, Wade et al. (including Worthington) undertook a primary research study on the use of religiously tailored interventions in 7 American counselling agencies. This research sought to understand what Counsellors do in practice. They discovered use of interventions such as prayer and meditation that went well beyond simply adapting CBT to suit a client’s belief system. Unsurprisingly, following this research, Post and Wade conducted the first of the Super-analyses (B. C. Post & Wade, 2009). They described their Super-analysis as a “Practice Friendly Review of Research” which included:

1. Their 2007 research findings (Wade et al., 2007)
2. Smith et al., meta-analysis (J. M. Smith, 2008)
3. A meta-analysis of mindfulness-based therapy (Coelho et al., 2007)
4. Additional primary empirical research projects incorporating interventions such as
  - a. Spiritual self-schema (Avants et al., 2005)
  - b. Solace for the soul (Murray-Swank & Pargament, 2005).

They concluded that

different forms of religious spiritual interventions have been used by therapists and many of these interventions appear to be effective.... The most researched interventions appear to be typical psychotherapy techniques that are integrated with a religious perspective (e.g. Christian CBT), mindfulness, prayer, and teaching religious spiritual concepts. These interventions appear to help religiously oriented clients and can be effectively employed by therapists who themselves are not necessarily religious (B. C. Post & Wade, 2009, p. 114).

For the purposes of this study of the use of Spiritual and Religious Interventions (specifically scripture, prayer, mindfulness/meditation, and forgiveness), this conclusion could not be more significant. In terms of the broader empirical-research endeavour, Post and Wade assert that “[t]he practical question for clinicians is no longer *whether* to address the sacred in psychotherapy with religious and spiritual clients, but rather, the questions are *when* and *how* to address the sacred” (B. C. Post & Wade, 2009, p. 131).

In 2010/2011, three significant and closely related meta-analyses were published with Worthington as a co-author of all three. In 2010 Worthington and 4 colleagues published a meta-analysis of 24 studies that concluded “[t]here was limited evidence that R/S therapies outperformed established secular therapies”, although they acknowledged “[t]wo R/S therapies were deemed efficacious: Christian Accommodative Cognitive Therapy (CT) for

depression and 12-step facilitation (TSF) for alcoholism” (Hook et al., 2010, p. 46).

Although it was published in 2010, the methodology makes it clear the article search was completed in 2008.

Later in 2010 Worthington co-authored another meta-analysis with three colleagues (two also co-authored the earlier meta-analysis) but this time they analysed 46 studies (instead of 24), specifically including the influence of the meta-analysis of Smith et al. They concluded that “[p]atients in R/S psychotherapies showed greater improvement than those in alternate secular psychotherapies both on psychological ( $d=.26$ ) and on spiritual outcomes ( $d=.41$ )” (Worthington et al., 2011, p. 204).<sup>29</sup> It seems that Worthington’s 1996 conclusion that there is “limited evidence that R/S therapies outperformed established secular therapies” was being challenged as the research broadened.

Later still in 2010 Richards and Worthington published the second of the super-analyses (Richards & Worthington, 2010), which analysed 6 prior meta-analyses. It is interesting to note that except for the 1999 McCullough meta-analysis, Richards or Worthington were co-authors on all others. They concluded that

[a]lthough there is general support for the efficacy of spiritually oriented treatment approaches, the data base is relatively small and has methodological limitations. Spiritually oriented cognitive approaches for religious clients with depression and anxiety meet evidence-based standards of efficacy. Several other spiritually oriented approaches are probably efficacious but need additional investigation (Richards & Worthington, 2010, p. 363).

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<sup>29</sup> This 2011 reference is because the article (and the book chapter upon which it was based) was in press in 2010 and ultimately not published until 2011.

Their critique of present research and recommendation for future research are important for this study. They advocate for “qualitative *and* [emphasis added] quantitative research designs” and suggest

from the qualitative research tradition, case study, ethnographic, and *grounded theory* [emphasis added] designs also hold promise for providing rich insight into the spiritual nature and processes of psychotherapy and therapeutic change, as viewed from the perspectives of clients and therapists” (2010, p. 366).

These recommendations would be final words from Worthington who retired only a few years later, leaving this important research to an emerging global community of pracademics. They are important in the context of this grounded-theory, mixed-methods study.

It would not be until 8 years that another study would be published from an American source (Captari et al., 2018). In the meantime meta-analyses were published from Singapore (Lim et al., 2014), the United Kingdom (N. Anderson et al., 2015), Brazil (Gonçalves et al., 2015), and Australia (Ross et al., 2015). Although all peer reviewed, these were published in atypical non-US journals. As a result, these ‘overseas’ papers could easily have been missed by US-centric researchers.

Lim et al.’s search criteria resulted in a primary source list similar (but narrower) to that used by Hook et al. They found “no difference in effectiveness between religiously modified CBT compared to standard CBT or other treatment modalities, or early effects that were not sustained” and went on to conclude that “religiously modified CBT cannot be considered a well-established psychological intervention” (Lim et al., 2014, p. 3).

Andersen et al. limited their analysis to the effect of Faith Based CBT (FCBT) on depression and/or anxiety. They demonstrate exemplary statistical rigour in their analysis of 16 relevant studies and “identified statistically significant benefits of using F-CBT” (N.

Anderson et al., 2015, p. 183). Goncalves et al. reviewed 31 studies of patients generally experiencing a non-mental health condition (e.g., cancer, HIV, drug use, cardiac disorders) who participated in a wide variety of R/S Interventions such as meditation, adapted therapy and Pastoral Services. Their results showed that generally “studies have shown that RSI [Religious/Spiritual interventions] decreased stress, alcoholism and depression” and they concluded “RCTs on RSI showed additional benefits including reduction of clinical symptoms (mainly anxiety)” (Gonçalves et al., 2015, p. 2937). The Australian meta-analysis was sponsored by the Psychotherapist and Counselling Federation of Australia (PACFA). As already discussed in detail, it was the impetus for this study concluding that

[s]tudies have reported positive outcomes of S/R inclusive treatment across a range of disorders including depression anxiety, PTSD, schizophrenia, and trauma, as well As for patients coping with illnesses such as cancer... While the effectiveness of the integration of S/R in a variety of therapeutic approaches is supported, there is little evidence at this stage to suggest that S/R interventions are superior to secular treatments (Ross et al., 2015, pp. 12–13).

Earlier in this literature review the PACFA study was criticised for its tight exclusion criteria that resulted in only 9 studies being reviewed. This can now be seen in the light of other similar reviews that analysed four or even five times this number of studies. It is especially stark in light of Captari’s analysis, which only three years later would meta-analyse 97 outcome studies (Captari et al., 2018, p. 1938).

Figure 5 shows Captari’s analysis in context of those that had preceded it. More than twice as many studies included covering over 7000 participants, which is more than twice the number of the previous largest meta-analysis. Captari’s findings were described by Koenig as answering “the basic question of whether religiously/spiritually psychotherapies are effective in the treatment of mental disorders and emotional distress. These are indeed

evidence based treatments” (Koenig, 2019, p. 4). This is high praise indeed from the co-author of the encyclopaedic *Handbooks of Religion and Mental Health* (Koenig et al., 2001, 2012). Captari et al. concluded that:

- “R/S-adapted psychotherapy out-performed alternate treatments on both psychological ( $g = 0.33$ ,  $p < 0.001$ ) and spiritual ( $g = 0.43$ ,  $p < 0.001$ ) measures” (2018, p. 1945).
- “At termination, participants who received R/S accommodative psychotherapy were better off than those who received an alternate secular treatment” (2018, p. 1945).
- “These meta-analytic results provide substantial empirical support for incorporating R/S into psychological treatment. Consistent with previous meta-analyses, R/S-adapted psychotherapy resulted in greater improvement in patients’ psychological and spiritual functioning compared with alternative non-R/S psychotherapies” (2018, p. 1945).

Having reviewed these 16 meta-analyses and many of the more than 100 primary outcome research studies, several conclusions seem reasonable.

- There is no evidence that the inclusion of S/R interventions is harmful or leads to worse outcomes than standard techniques.
- All authors indicate S/R-based interventions are at least as effective as traditional interventions (Lim et al., 2014; Ross et al., 2015; Worthington, 1986; Worthington et al., 1996).
- As time has passed and the quality and quantity of primary studies have increased, there has been a trend away from initial findings of equivalence toward findings that S/R-based interventions “out-performed alternative treatments” (Captari et al., 2018, p. 1945), and “out-performed secular

therapies” (Hook et al., 2010, p. 46). In 2011 Worthington concluded “patients in R/S psychotherapies showed greater improvement than those in alternate secular therapies” (Worthington et al., 2011, p. 204).

- There is a direct correlation between the number of studies reviewed and the likelihood that researchers will conclude “R/S-adapted psychotherapy resulted in greater improvement in patients’ psychological and spiritual functioning compared with alternative non-R/S psychotherapies” (Captari et al., 2018, p. 1945).
- The more culturally, geographically, and religiously inclusive the analysis, the more likely that S/R interventions will be found to be “empirically validated” (Hodge, 2006).
- S/R Interventions have been shown to be effective for treating depression (N. Anderson et al., 2015; Gonçalves et al., 2015; A. H. Harris et al., 1999; Hodge, 2006; Ross et al., 2015; T. B. Smith et al., 2007; Tan & Johnson, 2005) and anxiety (N. Anderson et al., 2015; Gonçalves et al., 2015; Ross et al., 2015; T. B. Smith et al., 2007; Tan & Johnson, 2005). There are positive indications on their impact on stress (Gonçalves et al., 2015; T. B. Smith et al., 2007), eating disorders (T. B. Smith et al., 2007), alcohol use (Gonçalves et al., 2015), “PTSD, schizophrenia and trauma” (Ross et al., 2015, p. 12).
- When qualitative data is included in the analysis in addition to qualitative (usually RCT based) data, “evidence suggests that religious/spiritual interventions are often effective” (B. C. Post & Wade, 2009, p. 144).
- S/R interventions are more likely to be effective (and ethically suitable) for “religious clients” (Worthington & Sandage, 2001, p. 476) or “religiously oriented clients” (B. C. Post & Wade, 2009, p. 144).

In the context of the Empirical Wave it seems conclusive that the answer to the question “Is integration effective?” is again a clear “Yes”. This conclusion is shared by many authors. Dimmick et al. suggest “existing research has clearly demonstrated that religious and spiritual integration is associated with improved outcomes for religious/spiritual clients” (2021, p. 1). Oxhandler observes that “recent research has identified empirically supported treatments that outlined approaches for integrating client’s RS in treatment across a variety of issues” (2017, p. 682). Hefti (a Medical Doctor) suggests “a growing body of evidence is showing beneficial effects and a real need for such integration” (2019, p. 1).

Whilst this might be true at a macro level, a small review of a sample of the empirical work associated with each of the four dominant interventions will add further insight.

#### *8.3.5.3.3.1 Scriptures*

Bibliotherapy (reading literature for the purposes of self-help) meets Level II standard of evidence for several disorders including eating disorders and hypochondriasis (Australian Psychological Society, 2018). Level II is second highest in the APS six-tier hierarchy. The APS notes: “Some self-help programs include brief contact with a clinician (guided self-help), whereas others do not (pure self-help)” (2018, p. 10). For the religious client it is completely appropriate that their sacred texts (or scriptures) could be employed for this educational purpose, as noted in Garzon’s educational use of scripture in therapy (Garzon, 2005).

Most of the earlier empirical studies cited already involved religious adaptation of Cognitive Behavioural Therapy and generally embrace religious teaching sourced from relevant scriptures. Examples include “modifications of cognitions guided by the Quran” (Razali et al., 2002), “using the Bible to aid RET disputations” (W. B. Johnson et al., 1994), “incorporating Mormon tenets” (Richards et al., 1993), “explicitly integrating religious practices, beliefs and scriptural material” (Tan & Johnson, 2005), and “using biblical

teachings” (Pecheur & Edwards, 1984). In what continues to be perhaps the most methodologically rigorous RCT testing efficacy of Religious Integrated CBT, the Intervention was described as RCBT and

... was unique in its explicit use of the client's religious belief to identify and replace unhelpful thoughts and behaviours to reduce depressive symptoms. When clients brought up religious issues, therapists listened and sought to understand the concerns, determined whether they were grounded on dysfunctional cognitions, and, if so, gently directed the client to more healthy ways of thinking based on religious teachings in their particular tradition. For example, therapists provided clients with a passage from *their holy scriptures* [emphasis added] that was relevant to a particular session's topic, which they were asked to memorise so that they could more easily draw on the *scripture* [emphasis added] to challenge and change their negative thinking. Clients were also taught to regularly meditate on these passages to help them remember and apply them (Koenig, Pearce, et al., 2015, pp. 244–245).

These CBT adaptations have already been empirically demonstrated to be effective. The quote from Koenig above highlights one of the great challenges with demonstrating the effectiveness of individual spiritual/religious interventions. Scripture is often used as the basis of meditation and also used as an education tool in interventions that involve forgiveness. It is also common for prayer to be explicitly (or implicitly) grounded in scripture. Separating out the effective variable is both impossible and impractical.

#### 8.3.5.3.3.2 *Prayer.*

Prayer has been extensively researched and with very few exceptions those involved in group or individual prayer show better outcomes than controls. One notable exception was a 1988 outcome study by Koenig where a group that used prayer and discussion of religious

beliefs showed a negative impact on death anxiety compared to a control group (Koenig, 1988).

Amongst the numerous other studies that showed positive empirical outcomes was an RCT (n=76) that compared a group that was read a prayer and asked to reflect with another group who did not receive the prayer. The prayer (experimental group) showed statistically significant difference in reduced depression and anxiety (Eilami et al., 2019). Another study (Naimi et al., 2018) evaluated 75 patients who had recently been fitted with permanent pacemakers. Their experimental prayer group showed increased quality of life and psychological status compared to the control group. As part of a PsyD dissertation, Vasiliauskas compared the impact of a prayer, and involvement in a Devotional Attention Group (DAT), on forgiveness. The prayer group and DAT showed increased forgiveness compared to control. The prayer group showed greater empathy toward the offender than the ADT and control groups (Vasiliauskas & McMinn, 2013). As may be expected, there are also spiritual benefits. Monroe divided 43 adults into an experimental group who engaged in prayer and a control group. In addition to slightly reduced distress and increased positive affect compared to control, the experimental (prayer) group reported statistically significantly increased closeness with God (Monroe & Jankowski, 2016).

Much empirical research has been conducted on the efficacy of forgiveness and meditation. However, only a relatively small portion has distinguished spiritual/religious forgiveness (and meditation) from their secular equivalent. Meek et al. note that if we separate forgiveness from its Christian roots “we may be diminishing it to a shallow or ineffective therapeutic procedure that is not likely to produce lasting effects” (Meek & McMinn, 1997, p. 1). Furthermore, as already seen, it is difficult to truly separate the interventions from one another. For example, McMinn et al. discovered that many Christians “discuss prayer in the process of describing forgiveness” (2008, p. 107).

#### 8.3.5.3.3.3 *Forgiveness.*

Rye et al. (2005) published research that attempted to separate secular forgiveness from religious forgiveness (and a no-intervention group). They found both the forgiveness groups demonstrated greater forgiveness towards an ex-spouse than the control. They found the intrinsic religiousness of the individual had no effect on the results. The religious forgiveness group included prayer and reference to scriptures, an interesting example of confounding intervention variables. Greater forgiveness being demonstrated by a group provided with psychoeducation compared to control group replicates similar findings by McCullough and Worthington ten years earlier (1995). Research by Witvliet et al. (2004) suggested those who have difficulty forgiving themselves experience greater depression, anxiety and PTSD symptomology. The notion of forgiving oneself will be explored in more detail in the discussion later in this study.

Wade et al. (2014) conducted a meta-analysis to investigate the efficacy of psychotherapeutic interventions to promote forgiveness. Results included:

- Participants receiving forgiveness treatments reported significantly greater levels of forgiveness than those not receiving treatment.
- Participants in forgiveness treatment groups experience diminished depression, reduced anxiety and increased hope compared to non-treatment.
- Individual treatment seemed marginally more effective than group treatment.
- Treatments demonstrated a dosage effect.
- The greater the offense, the more effective the treatment.

#### 8.3.5.3.3.4 *Meditation/mindfulness.*

The most challenging intervention to assess for empirical evidence is meditation. In part this is due to definitional challenges especially associated with distinguishing between mindfulness and meditation. Kabbat-Zinn is often credited as the founder of the modern

mindfulness movement. In 2001 he published *Mindfulness Meditation for Everyday Life*, later republished as *Wherever You Go There You Are: Mindfulness Meditation for Everyday Life*. The Mindfulness Based Stress Reduction (MBSR) programme is described by Niazi et al. as “a technique developed by Dr Kabat Zinn in 1979... [that] employs mindful meditation to alleviate suffering”. Elsewhere they describe MBSR therapy as “a meditation therapy”.

Koren and Purohit identified the fact that “mindfulness was the intervention most widely used” for self-care by Health Care practitioners (2014, p. 291), a finding based on an empirical review of 15 studies. Four of these studies used some form of overt meditation technique (e.g., qigong, or mantra meditation). Eight involved variants of MBSR which, as has just been demonstrated, inherently involves meditation). Koren and Purohit (2014) found a positive effect on stress, burnout, mindfulness, and self-compassion from engaging in these self-care activities.

As previously noted, the PACFA review attempted to exclude “studies reporting outcomes of mindfulness intervention... since mindfulness is often incorporated as an exercise in developing attention without any overt spiritual/religious content”. However, a detailed review of the specific interventions in the nine studies they selected showed repeated use of meditation as part of the intervention, with one describing the intervention as “mindfulness meditation” (Garlick et al., 2011).

This commentary simply emphasises that whilst there may be attempts to definitionally distinguish between mindfulness and meditation, and even exclude them from empirical studies (Lim et al., 2014; Ross et al., 2015), in practice they are inextricably linked. For this reason, any reference to meditation by this study is inclusive of mindfulness as well. When discussing Mindfulness in Psychology, Thompson (2018) suggests the four main therapies are:

- Mindfulness Based Stress Reduction (MBSR)

- Mindfulness Based Cognitive Therapy (MBCT)
- Dialectical Behavioural Therapy (DBT)
- Acceptance and Commitment Therapy (ACT)

Tan acknowledges that “the empirical evidence for the effectiveness of MBCT is limited” (2011b, p. 245). A meta-analysis by Coehlo et al. represents the best effort to date at assessing the empirical evidence for MBCT. Unfortunately, they were only able to identify four primary outcome studies, concluding that MBCT has additional benefit to usual care for patients who have had 3 or more depressive episodes and noting that even these results “cannot be attributed to MBCT specific effects” (2007, p. 1000).

The empirical evidence for DBT and ACT is slightly more substantial, but there is a valid question as to whether these are spiritual or religious interventions, one of the many questions to be addressed in the discussion of this study.

With respect to meditation, at least two primary outcome studies have attempted to compare the effect of Spiritual meditation with that of standard/secular meditation.

Oman divided college students (n=44) into three groups. One group meditated on an inspirational biblical passage (their choice), another completed MBSR and a third control group engaged in no meditative practice. The two experimental groups showed overwhelmingly greater psychological improvement compared to the control. The passage meditation group showed reduced negative religious coping strategies and improved intrinsic inspiration. In no measures did MBSR show greater benefit than the passage meditation group (Oman et al., 2007).

Perhaps the most relevant empirical research project was undertaken by Warhholtz and Pargament, who randomly allocated participants (n=84) to three groups: a Spiritual Meditation Group (focused on the goodness of God), a Secular Meditation Group (focused on the goodness of self) and a Relaxation Group. They observed the “Spiritual Meditation

group had greater decreases in anxiety and more positive mood, spiritual health, and spiritual experiences than the other two groups. They also tolerated pain almost twice as long as the other two groups” (2005, p. 205).

With respect to the four dominant Spiritual/Religious Interventions, the following conclusions can be made:

- The use of scripture is a legitimate form of bibliotherapy. Bibliotherapy is an empirically proven psychological intervention for several mental disorders.
- Scripture is often used as the basis for correcting unhelpful beliefs in adapted CBT – which has been repeatedly shown to be effective (W. B. Johnson et al., 1994; Koenig, Pearce, et al., 2015; Pecheur & Edwards, 1984; Tan & Johnson, 2005).
- Prayer has been shown to be beneficial as a treatment on its own (Eilami et al., 2019; Naimi et al., 2018), and as a complementary component of other treatments such as adapted CBT (Koenig, Pearce, et al., 2015) and forgiveness (McMinn et al., 2008).
- There is empirical evidence for the benefits of both forgiveness (Wade et al., 2014; Witvliet et al., 2004) and meditation (Koren & Purohit, 2014; Ross et al., 2015).
- Distinguishing secular forgiveness and meditation from their spiritual/religious counterparts is difficult, but where it has been attempted the spiritual/religious adaptation shows outcomes that are at least as good, and occasionally better, than the secular equivalent (Oman et al., 2007; Rye, 2005; Wachholtz & Pargament, 2005).

- Most significantly, there seems to be very little evidence to suggest any of the four dominant interventions are likely to be harmful or detrimental to clients receiving Professional Counselling.

This concludes discussion of the empirical wave of the integration era. Whilst there is always benefit in further empirical research, it seems there is now sufficient empirical evidence to answer the question of “Is integration effective?” with a confident (if not resounding) “Yes”. This moves past Post and Wade’s question of *whether* to address the sacred with religious and spiritual clients, towards the questions *when* and *how*? These questions will be addressed in evaluating the Clinical Integration Wave.

#### ***8.3.5.3.4 Clinical Integration Wave.***

Strawn et al. have so far guided our discussion with their waves and associated questions, observing that

[t]herapeutic process is essential to our notion of emergent integration, including defensive resistance, organised in the form of a relational attachment and operating at both implicit and explicit levels to shape and nuance the precise nature of each therapeutic relationship. We believe these processes function in all types of therapy (2018, p. 90).

They also ask: “What are these processes? and “Why do some clinical cases lend themselves to more explicit conversations about faith, while other patients concerns of faith and religion are cursory or seemingly non-existent?” (Strawn et al., 2018, p. 90). These are contemporary questions that this study will seek to begin to answer.

Strawn et al. define therapy as:

[a] self-organising, unique relational encounter between two or more people that is embedded in a certain context and history and embodied in people who have specific faith backgrounds, patterns of thinking and relating, developmental histories, and

motivations. Each therapeutic encounter is constructed by the participants typically in an asymmetrical manner where the patient or client stated goals are privileged and collaboratively addressed. However, as any clinician can attest, no therapy relationship is the same (2018, p. 90).

McMinn and Neff summarise this in one word – *embodiment* asking another important question: “What if integration was more a verb than a noun?... Imagining these possibilities calls us to locate and embody integration in the *person of the psychotherapist* [emphasis added] more than in the pages of a text book or journal article” (Neff & McMinn, 2020, p. 5).

The Clinical Integration wave recognises that integration is something that occurs through a series of never-to-be-repeated conversations between two unique humans, each on their own journey. These embodied conversations are so special one might dare to call them... sacred and by their very nature they are unique.... individual ... personal, as the following narrative illustrates.

### **A Personal Narrative**

In May 2019 I found myself occupying bed 7 in the Emergency Department of Canberra Hospital. Earlier that morning I had broken both wrists in an accident at a friend’s rural property. The ketamine administered by the Intensive Care Paramedic several hours earlier was wearing off and the conversation amongst the nurses at their station behind the ‘privacy’ curtain caught my attention. “Who is in bed 7?” one asked. Another replied, “That’s the bilateral wrist fracture”. My entire identity had been distilled down to my medical diagnosis, a not uncommon experience for many.

I only remember two things about the orthopaedic surgeon who visited me pre-operatively the following day. Firstly, he seemed far too young and secondly, he shared in my self-deprecating chuckle at my feeble, painful attempts to sign his consent form using a

hand no longer solidly connected its elbow. I remain under the impression the procedure he completed later that day was the agreed consensus amongst colleagues who had discussed my case. Every one of them would have arranged the screws, pins, and plates in precisely the same way if they had been treating me. This is the medical model at work. Whilst we do not know what the Clinical Integration wave will look like, we can expect it will somehow be the opposite of my medical experience.

\*. \*. \*

Carl Rogers made the first definitive step away from the medical model by focusing on what would later be described as person-centred practice (Corey, 2016, p. 164). Rogers draws the counsellor's attention to the uniqueness of the client side of the sacred conversation (1977) but this is literally only half the story of embodied integration.

Coe and Hall highlight the other half of the story as they focus on the counsellor side of the integration story in their explanation of the Transformational Psychology View of Integration.<sup>30</sup> They suggest “the psychological and spiritual health of the psychologist determine whether he or she does psychology well”, adding that “the state, experience and character of the person observing and reflecting in doing psychology determine the quality of the process of psychology. That is, the character of the psychologist grounds, develops and preserves the process of doing psychology” (2010a, pp. 214–215). But the counsellor (psychologist) is also on their own journey. Coe and Hall suggest that in a Christian context “the psychologist as a person is more and more transformed into the image of Christ by the filling of the spirit” (2010a, p. 212). McMinn and Neff observe that the

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<sup>30</sup> Previous attention on the counsellor has focussed largely on their competence. The Churchill Framework – A Core Competence Framework When Working With Clients' Religious/Spiritual Issues in Practice (UK Association of Christian Counsellors, 2021) is a good example although it is narrowly focussed on working with clients with Spiritual and Religious issues whilst this study focusses on the use of SRIs regardless of the nature of the issue.

... emerging wave of integration emphasises relational spirituality, relational integration, and integration as cross cultural dialogue. It is both *interpersonal and intrapersonal*, deeply process oriented, and emerges out of particular sociocultural contexts. A conversational approach fits within this emerging 4th wave of integration well because conversation tends to be contextual, postmodern, and fluid in nature (2020, p. 21).

This quote affirms the interpersonal, relational nature of the fourth (Clinical) wave and introduces another important element – context. Each of these sacred conversations between client and counsellor are located in space and time. The clinical integration conversation could potentially look quite different if the conversation was happening in the counselling rooms of an American Church or in the counsellor’s office at an Australian Government Department or via telehealth as part of the counsellor’s private practice. Even if the client and counsellor are unchanged, there may be aspects of the physical context that shape the conversation. Furthermore, the conversation is temporally located. World events, government policy, election results, and natural disasters might make today’s conversation unfold in a different way to how the conversation might have been held last week.

#### **8.4 Summary of Literature and Foundation for This Study**

This literature review seeks to support a critical investigation into the use of spiritual and religious interventions by professional counsellors. It began by exploring the two key terms of spiritual and religious interventions, and professional counsellor. In both cases it identified that this field of research is plagued by a lack of definitional consistency.

Concerning spiritual and religious interventions, the definitional challenges became self-evident in a detailed analysis of the nine articles used in the PACFA literature review that was the impetus of this study. To overcome this challenge, a list of dominant interventions was determined by triangulating:

1. The PACFA review
2. Peer reviewed journal article analysis
3. Chapters from seminal texts

This process identified scripture, prayer, meditation/mindfulness and forgiveness as the dominant interventions consistently cited throughout all forms of literature. These dominant interventions were used throughout this literature review as an archetype for spiritual and religious interventions generally.

Concerning Professional Counselling, a similar challenge of definition emerged but it was dealt with via a different solution. This study responds to a PACFA literature review into the *effectiveness of spiritual and religious interventions in psychotherapy and counselling*. From this heading it might be assumed psychotherapy and counselling are somehow different. To better understand professional counselling this literature review investigated how the literature compared psychotherapy with counselling. Whilst differing views were considered, this literature review concluded that psychotherapy is a subset of counselling. Professional Counselling could be seen to include but be *bigger than* Psychotherapy, which may be seen to

- only involve the mind (the psyche) whereas counselling could include other factors such as relationships, diet or even the spirit;
- focus only on healing (*therapia*, from the Greek: to heal) or medical treatment of disease whereas counselling could involve taking something healthy and helping it flourish;
- have emerged only in the past two centuries as a subdiscipline of psychology.

Counselling, however, has potentially been continuous with all forms of human communication.

The final point sets counselling in the broader discipline of the *care of souls*, which for centuries was largely the domain of religious practitioners, the professional counsellors of their day.

Section three, enabled by sections one and two of this literature review, undertook a historical review into the use of scripture, prayer, meditation/mindfulness and forgiveness by carers of the soul. This historical review demonstrated that all four dominant interventions have been used for centuries, although how they have been used and the extent to which they have been used has changed over time. The historical review touches briefly on the professional tension between clergy as the traditional custodians of spiritual and religious interventions and medical professionals as the primary carers in the western world today.

It is suggested that these tensions may be softening in recent decades under the integration movement, which seeks to find common ground between faith and psychology in the care of souls.

A critical investigation into the use of spiritual and religious interventions by professional counsellors accepts this is a broad field. Many questions could form the basis of this investigation, such as:

- whether it is ethically acceptable for professional counsellors to use spiritual and religious interventions. However, this literature review suggests this apologetic question has been answered with a strong “yes”;
- how professional counsellors might use spiritual and religious interventions. However, the literature reviews shows that this has been answered previously with several specific models and even a meta-model framework that seems to be receiving general acceptance;
- whether there is proof that using spiritual and religious interventions by professional counsellors is effective. However, there is a growing, some might

say overwhelming, body of empirical evidence in the literature to suggest SRIs are indeed effective.

Based on the literature review, this study will instead critically investigate when and why professional counsellors use spiritual and religious interventions. The essence of the study is clearly articulated in the clinical question posed by Strawn et al.: “Why do some clinical cases lend themselves to more explicit conversations about faith, while other patients concerns of faith and religion are cursory or seemingly non-existent?” (2018, p. 90).

In considering this question we note the centrality of the conversation to the professional counselling experience. This conversation involves two unique people and it is embodied. McMinn and Neff described this as a “cross cultural dialogue”, noting it “[i]s both interpersonal and intrapersonal” (2020, p. 21) , observing that the intrapersonal activity is not limited to the client.

This study proposes the hypothesis that the reason some cases lend themselves to more explicit conversations about faith has something to do with the counsellor as well as the client. Coe and Hall even suggest “the psychological and spiritual health of the psychologist determine whether he or she does psychology well” (2010a, pp. 214–215). McMinn and Neff wonder if Integration might be located and embodied “in the person of the psychotherapist” (2020, p. 5).

In exploring why some clinical cases lend themselves to more explicit conversations about faith, this study also remains open to the possibility that there are factors beyond the person of the client and the counsellor. Strawn et al. note that Counselling conversations happen “in a certain context and history” (2018, p. 90). McMinn and Neff assert the conversation “tends to be contextual, postmodern, and fluid in nature” (2020, p. 21). Again, this study is curious as to whether there might be contextual factors that partially explain why some clinical cases lend themselves to more explicit conversations about faith.

The empirical section of this literature review identified 18 meta-analysis articles conducted between 1986 and 2018, the oldest being the sole work of Everett Worthington, (1986) who co-authored eight of the 18 articles and is arguably amongst the most renowned scholars in the field. In a 2010 article, *The Need for Evidence-Based Spiritually Oriented Psychotherapies*, he gave guidance for future research. He expressed the “hope that during the next decade the effects and outcomes of spiritually oriented psychotherapies will be rigorously studied using both quantitative and qualitative methods” and further suggested that “grounded theory designs also hold promise for providing rich insight into the spiritual nature and processes of psychotherapy and therapeutic change, as viewed from the perspective of clients and therapists” (2010, p. 366).

Based on a review of the literature, this study will critically investigate when and why professional counsellors choose to use spiritual and religious interventions such as scripture, prayer, meditation/ mindfulness and forgiveness. As a secondary objective, this study hopes to contribute to some of the definitional challenges faced in this field of research. We will do this via a mixed method, Grounded-theory approach as advocated by Worthington and as explained in detail in the following section.

## 9 Methodology

This study implements a critical investigation into the use of spiritual and religious interventions in professional counselling with the primary objective of understanding what factors influences Professional counsellors to use SRIs. A secondary objective was to gain greater understanding of what SRIs are used.

Much of this chapter focusses on the Research Design. The Mixed Methods Grounded Theory (MM-GT) approach combines a complex research method (Cameron, 2015, p. 10) with an iterative methodology that, as fully outlined below, uses a framework adapted to suit this study. The remainder of the chapter includes a discussion of the Data Collection, Instrumentation, Participant Selection and Data Analysis tools and concludes with a brief discussion of Ethical considerations and the biographical/practice experiences of the researcher.

### 9.1 Theoretical Framework – Action Inquiry and Reflective Practice

Professional Counsellors are native action inquirers. It is in our DNA. According to Tripp, “Action Inquiry is a generic term for any process that follows a cycle in which one improves practice by systematically oscillating between taking action in the field of practice, and inquiring into it” (Tripp, 2016, p. 2). Every Professional Counsellor today experiences the action inquiry oscillation as they move between client work and Clinical Supervision.

A brief review of the origin of some significant counselling approaches reveals:

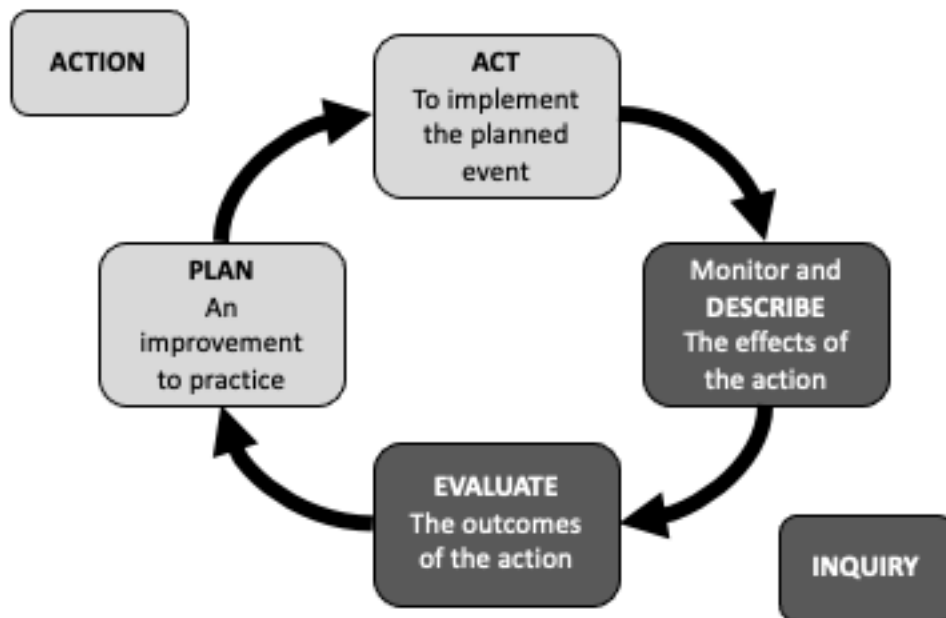
- Psychodynamic therapy emerged from Freud’s private practice in Vienna, 1186-1891 (Kenny, 2016).
- Person-centred therapy developed out of the client work by Rogers in the 1940s and 1950s (Corey, 2016; C. Rogers, 1977).

- More recently, Solution Focused Brief Therapy developed over time through the work of a team at The Brief Family Therapy Centre led by husband-and-wife team Steve de Shazer and Insoo Kim Berg (De Shazer et al., 1986).

These are only three examples of practitioners taking actions with their clients, inquiring about the effect/s in order to modify their actions in a constant cycle of action and inquiry. It might be reasonably concluded that, action inquiry has birthed many contemporary counselling approaches. Tripp's 4 phase representation of the basic action inquiry cycle has been reproduced as Figure 6

**Figure 6**

*Reproduction of 4 phase representation of the basic action inquiry cycle (Tripp, 2016)*



Every Professional Counsellor engages in this cycle, whether consciously or not. The action occurs with the client conversation. The requirement to keep notes necessitates some level of monitoring and description of the counselling conversation. The Evaluation may be an informal involuntary reflection on the conversation once the client has left. Evaluation may also be more formalised through efforts such as proactive reflection or discussion in

clinical supervision. Wilson and Lizzio advocate a case study approach as a learning tool for use in Clinical Supervision.

It is generally recognised that while behavioural skills can be developed relatively quickly with supervision, skills in conceptualising cases and the ability to make treatment decisions develop more slowly and require the direct facilitation by a supervisor. The case study method is well suited for this purpose (2010, p. 151).

Like evaluation, the Planning stage may be as informal as a sense that “it seemed to go well, so I might try that again” through to a proactive pause to develop a plan for the next client session. Of course, the Professional Counsellor can include the client in any of these steps in formal or informal ways.

Every Professional Counsellor who has chosen to use Spiritual or Religious Interventions has participated in the 'Action' stage. Their choice to try that intervention again, modify it or never attempt it in the future will be based on their inquiry. This cycle formally occurs every session, but it should be noted that this cycle can equally occur multiple times within a session as the Professional Counsellor applies an intervention, assesses its immediate impact on the client and modifies the intervention to suit. Whether we are aware of it or not, this process is inevitably and continuously occurring. Reflective practice is an important skill, especially within a supervision framework, for every Professional Counsellor (Irving & Williams, 1995; Stedmon & Dallas, 2009).

So, whilst the action/inquiry cycle is happening at least once per session for every individual client session, it can also occur at a more aggregated and strategically intentional level. A large Australian Employee Assistance Provider (EAP) conducts over 150,000 counselling sessions per year. Every month the clinical governance team of this EAP meets to review any formal complaints and the outcomes of their investigations. They review the quantified client-satisfaction scores and discuss the aggregated themes emerging from the

counselling sessions. Having done so, they might make modifications to clinical policy, or adjust operating procedures, or even initiate training and any number of improvement activities. At a macro-level, with reference to the action inquiry cycle, the action is the 10,000+ counselling sessions of the month, the monitoring is complaints, client scores and themes, the evaluation is the time at the formal meeting where these issues are discussed, and the plan becomes modifications to training or policy and procedure.

Therefore, in a Professional counselling context, the action/inquiry cycle inevitably happens every session, but, depending on the style and skills of the counsellor, it can happen several times within a single session or even involve multiple sessions conducted by multiple counsellors. It is this 'multi-session, multi-counsellor' paradigm that is the foundation of the action/inquiry theoretical framework for this study.

In the context of this study, the action step is composed of the thousands of times Professional Counsellors have used Spiritual or Religious Interventions with their clients. These are monitored and described by inviting Professional Counsellors to complete an online survey and attend a Focus Group. The evaluation is in the form of Qualitative and Quantitative analysis of the Survey results and Focus Group transcripts, producing one or more theories regarding the use of Spiritual and Religious Interventions. The publication of these theories will enable plans to be formulated to improve practice at either an organisational or individual level. The conclusion of this study will reveal how the theories have already been incorporated into a training program for the aforementioned counselling agency, and how the theories have modified the curriculum at one institution that trains graduate Professional Counsellors. Of course, the theories could also be used by individual counsellors who may wish to plan a change in how they use Spiritual and Religious interventions in their own practice.

Details of Monitoring and Description activities are provided in the Methodology section of this study which follows.

## 9.2 Research Design

Punch helpfully distinguishes between a *paradigm driven* approach to planning research and a *pragmatic* approach, noting that

very often, especially in professional fields such as education management or nursing, they [the questions] will come from practical and professional issues and problems associated with the workplace. The starting point here is not a paradigm. Instead, the starting point is a problem that needs a solution or a question that needs answers. This is a pragmatic approach (2014, pp. 17–18).

As this research has emerged from a literature review undertaken by a professional peak body (Ross et al., 2015) and focuses specifically on the context of professional counselling it is precisely the kind of workplace research that Punch suggests that is suitable for a pragmatic approach. He later suggests that “to choose the pragmatic approach is to start by focusing on what we are trying to find out in research, and then to fit methods in with this” (pg 18).

Although, as advocated by Punch, this study is overtly pragmatically driven (2014, p. 18)), that does not mean other research paradigms have been ignored.

The Joanna Briggs institute suggests “research paradigms inform the methodology/approach to gathering data, subsequently informing the interpretation of results” (2018, sec. 3 pg 7). They go on to suggest the dominant paradigms in Health Sciences are positive interpretive and critical. In contrast, Punch noted limits to the “main paradigm positions:

- Positivism (associated mainly with quantitative methods); and

- Either interpretivism or constructivism (associated mainly with qualitative methods)” (2014, pp. 16–17).

Crotty describes the above paradigms as “theoretical perspectives”, adding feminism and post modernism to positivism interpretivism and critical inquiry as his list of examples of theoretical perspectives (2015, p. 5). Crotty emphasises that these theoretical principles must be underpinned by a specific epistemology which he refers to as “the theory of knowledge embedded in the theoretical perspective” (2015, p. 3).<sup>31</sup>

Crotty offers three possible epistemologies: objectivism, constructivism, and subjectivism although he notes “the three we have referred to are not to be seen as watertight compartments” (2015, p. 9).

Objectivism and subjectivism can be seen as two extremes of a spectrum. At one end “objectivist epistemology holds that meaning, and therefore meaningful reality, exist apart from the operation of any consciousness” (2015, p. 8). At the other end, subjectivism (or idealism) suggests that “the major epistemological premise is rooted in an idealism ontology, holding there is no reality independent of our minds” (Slevitch, 2011, p. 77).

Constructivist epistemology is a middle ground that suggests “truth, or meaning, comes into existence in and out of our (subjective) engagement with the (objective) realities in our world” (parentheses added) (Crotty, 2015, p. 8). This study, as seen in the research design detailed below, adopts a constructivist middle ground and applies an interpretive theoretical perspective.

There is an interesting correlation between the ontology and epistemology of this research project and that adopted by many professional counsellors in their practice. It is often the case that a professional counsellor may need to help a client accept some difficult

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<sup>31</sup> Some authors such as Slevitch go one step further back suggesting “ontology defines epistemology, which in turn defines methodology; which then determines applied methods” (2011, p. 75). Others such as Crotty take the view that “ontological and epistemological views tend to emerge together” (2015, p. 10).

external realities: a loved one has died; the cancer is terminal; behaviours have consequences. These objective realities are a real part of the client's story and to deny them may be seen to be delusional. However, they are not the full story.

Most professional counsellors know the power of reframing. Ivey et al. note that "... interpretation/ reframing seeks to enable clients to think differently about themselves, their feelings, and their stories it is more than just facts; it is the nature of the story and its meaning" (Ivey et al., 2014, p. 268). The skilful counsellor will help the client construct a meaningful story from objective reality *and* subjective thoughts and feelings in much the same way as the skilful researcher analyses data. Using an analogous constructivist approach this mixed methods study will therefore construct at least one grounded theory from quantitative survey data *and* qualitative survey and focus group findings.

A mixed methods grounded theory approach (see rationale below) is an excellent fit (Charmaz, 2006; Hiebert et al., 2011), as the research question in this study primarily seeks to gain understanding (R. B. Johnson et al., 2010). By employing a variety of data collection and analysis tools it will seek to develop one or more theories relating to the use of SRIs by professional counsellors.

An effective way to understand the use of SRIs by professional counsellors is to ask them. Within this pragmatic framework a culturally and demographically sensitive survey-based approach would enable access to many professional counsellors across a diversity of geographies for their contribution to the question. A large number of survey respondents enriches research findings by gathering a diversity of opinions, observing consensus and reducing the risk of a small number of strong opinions skewing the findings (Heppner et al., 1992; Punch, 2014). However, even if a large-scale survey included qualitative free text responses the findings would be limited by the inability to dialogue with the participants to

discover richer meaning and nuance to their professional practice (Bryman, 2016; Punch, 2014).

Qualitative approaches such as focus groups and individual interviews are well suited to the counselling sector (Heppner et al., 1992; Reisetter et al., 2004) and the discovery of rich meaning and nuance through dialogue between the researcher and participant (Bryman, 2016; Heppner et al., 1992). Unfortunately, this approach significantly constrains the potential number of participants that can be involved.

A mixed methods approach uses both qualitative and quantitative methods to access the strengths of both and offset the weaknesses of the other (Cameron, 2015). Recent authors such as (Guetterman et al., 2019) advocate for the combination of mixed methods and grounded theory research and offer strategic guidance on how these can be combined to produce a robust research outcome. Their mixed methods grounded theory checklist itemises best practice for their research context and is used extensively throughout this study. Two of these best practices highlight firstly the importance of specifying the grounded theory approach, and secondly describing how the Mixed Methods design is to be used.

The following sections are intended to guide the reader through an explanation of the research design.

- It begins with a discussion on Grounded theory. A brief introduction to grounded theory culminates in the selection of a specific grounded theory methodology developed by Chun Tie et al. (2019).
- It then discusses Mixed methods research, exploring several generic ways mixed methods can be employed.
- It concludes with a lengthy discussion of each of the multiple stages of Chun Tie et al.'s methodology and how mixed methods has been incorporated into and applied to each stage in this research project.

### 9.2.1 *Grounded Theory*

The genesis of Grounded Theory can be found in health care research undertaken in the 1960s by Glaser and Strauss who used a constant comparative method to better understand the lived experience of terminally ill patients. After publishing their findings in *Awareness of Dying* (1965), they co-authored *The Discovery of Grounded Theories: Strategies for Qualitative Research* (1967). This is considered a seminal work in the field (Chun Tie et al., 2019; Sbaraini et al., 2011).

Glaser and Strauss have subsequently independently developed their foundational ideas, each leading their own branch of Grounded Theory research. Sbariane et al. have identified five branches in what they describe as a “diverse and somewhat fractured” (2011, p. 2) grounded theory tradition. They identify one branch as “Kathy Charmaz’s ‘Constructivist Grounded Theory’” (2011, p. 2), and it is perhaps ‘within Charmaz’s branch that this study might be best located. This is in large part due to the strong emphasis Charmaz places upon the production of a tangible theory as a product of the analysis as well as Charmaz’s ready accommodation of storylining (Charmaz, 2000, 2005, 2006). With respect to Grounded Theory, storylining is “a general descriptive view explaining the whole dataset” (Dimmock & Lam, 2012, p. 188).

It would be correct to suggest that there is no single approach to grounded theory. In its simplest form there are two key concepts:

1. constant comparison - data are collected and analysed simultaneously, and
2. theoretical sampling - in which decisions about which data should be collected next are determined by the theory that is being constructed (Suddaby, 2006, p. 634).

As will be explained, these two concepts support the research design outlined below.

In its most comprehensive form Grounded Theory can be described as several sequential steps with multiple parallel functions and numerous feedback loops (Chun Tie et al., 2019). Table 8 shows the steps involved in 5 approaches to grounded theory. This table demonstrates that whilst there are common themes between the approaches, several approaches omit significant steps and there is a lack of consistency in terminology.

**Table 8**  
*Sample of Grounded Theory approaches and the 'steps' involved*

(Chun Tie et al., 2019)	(Triad 3, 2016)	(Lacey & Luff, 2020)	(Izvercian et al., 2016)	(O'Connor et al., 2015)
<b>Purposive Sampling</b>			Develop the research question	
<b>Generating/Collecting data</b>	Collecting Data		Data collection	Collect Data
<b>Initial Coding<sup>32</sup></b>	Open/initial coding	Open coding	Coding	Code Data
<b>Intermediate coding</b>	Selective Coding and Theoretical Sampling	Conceptual coding	Structured categories	Form categories of related concepts
<b>Advanced coding</b>	Integration with Literature	Clustering of concepts.		Elaborate patterns and linkages between concepts
<b>Theoretical Sampling</b>		Refinement of conceptual coding		
<b>Theoretical Sensitivity</b>				
<b>Constant Comparative Analysis</b>		searching for core categories	Constant comparison	Organise data around concepts
<b>Memo-ing</b>	Memo writing			
<b>Grounded Theory</b>		Development of core theories	Modelling	Develop the explanatory model

<sup>32</sup> A more detailed description of the three stages of Coding (Initial, Intermediate and Advanced) will be provided in the Data Analysis.

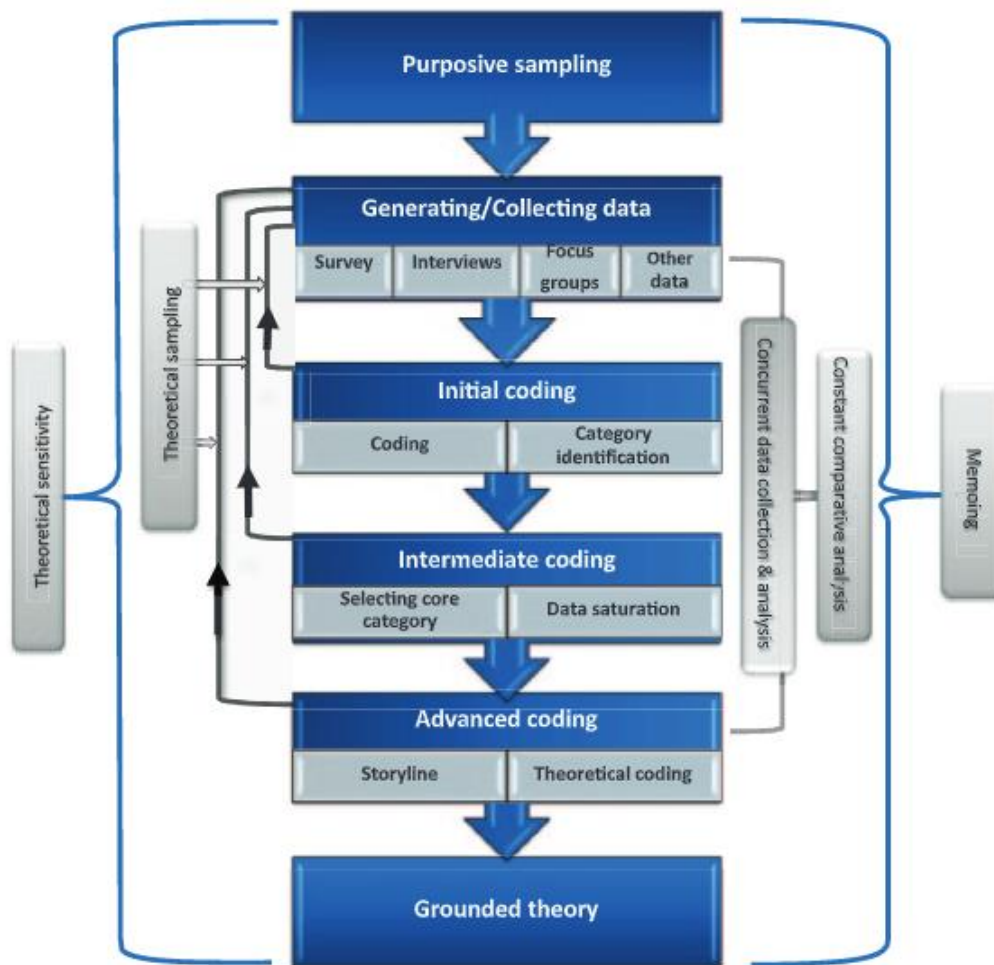
This study follows the grounded theory framework outlined by Chun Tie et al. (2019) because it:

- emerges from a contemporary peer-reviewed publication that was specifically intended to produce a generic framework for researchers;
- is comprehensive and granular in its detail;
- leverages the work of Birks and Mills (Birks et al., 2015; Birks & Mills, 2015) and uses terminology that is generic, inclusive and intuitive and also avoids terms for codes such as *axial*, *selective*, *focused* and *theoretical* which are often used inconsistently between approaches;
- is visually presented, supporting understanding;
- is clearly described, allowing for both confident application and (where necessary) adaptation by the researcher;
- explicitly accommodates both qualitative AND quantitative (mixed) methods.

A copy of the Chun Tie et al. (2019) framework is provided as Figure 7.

**Figure 7**

*Research Design Framework: Summary of the interplay between the essential grounded theory methods and processes (Chun Tie et al., 2019, p. 3).*



In their concluding remarks Chun Tie et al. (2019, p. 7) indicate “researchers can adapt the framework presented to inform and guide the design of a GT study.” A detailed description of how this framework has been adapted to this study follows a brief comment on Mixed Methods research.

### 9.2.2 *Mixed Methods Design*

Mixed methods research “represents research that involves collecting, analysing, and interpreting quantitative and qualitative data in a single study or in a series of studies that investigate the same underlying phenomenon” (Leech & Onwuegbuzie, 2009, p. 265).

Bryman (2006) undertook a review of 232 social science articles and identified 16 ways in which qualitative and quantitative research have been combined. Numerous authors (e.g.,

(Bryman, 2016, p. 639; Cameron, 2015, p. 13) reference the four basic mixed methods designs first identified by Creswell and Plano Clark (2017).

1. Convergent parallel – quantitative and qualitative research is done independently and consolidated at the conclusion of the study.
2. Exploratory sequential – qualitative research acts as preparation for quantitative research.
3. Explanatory sequential – quantitative results are explained or elaborated by qualitative research.
4. Embedded design – a single research study simultaneously gathers both qualitative and quantitative data when “the researcher needs to enhance either quantitative or qualitative research with the other approach” (Bryman, 2016, p. 641).

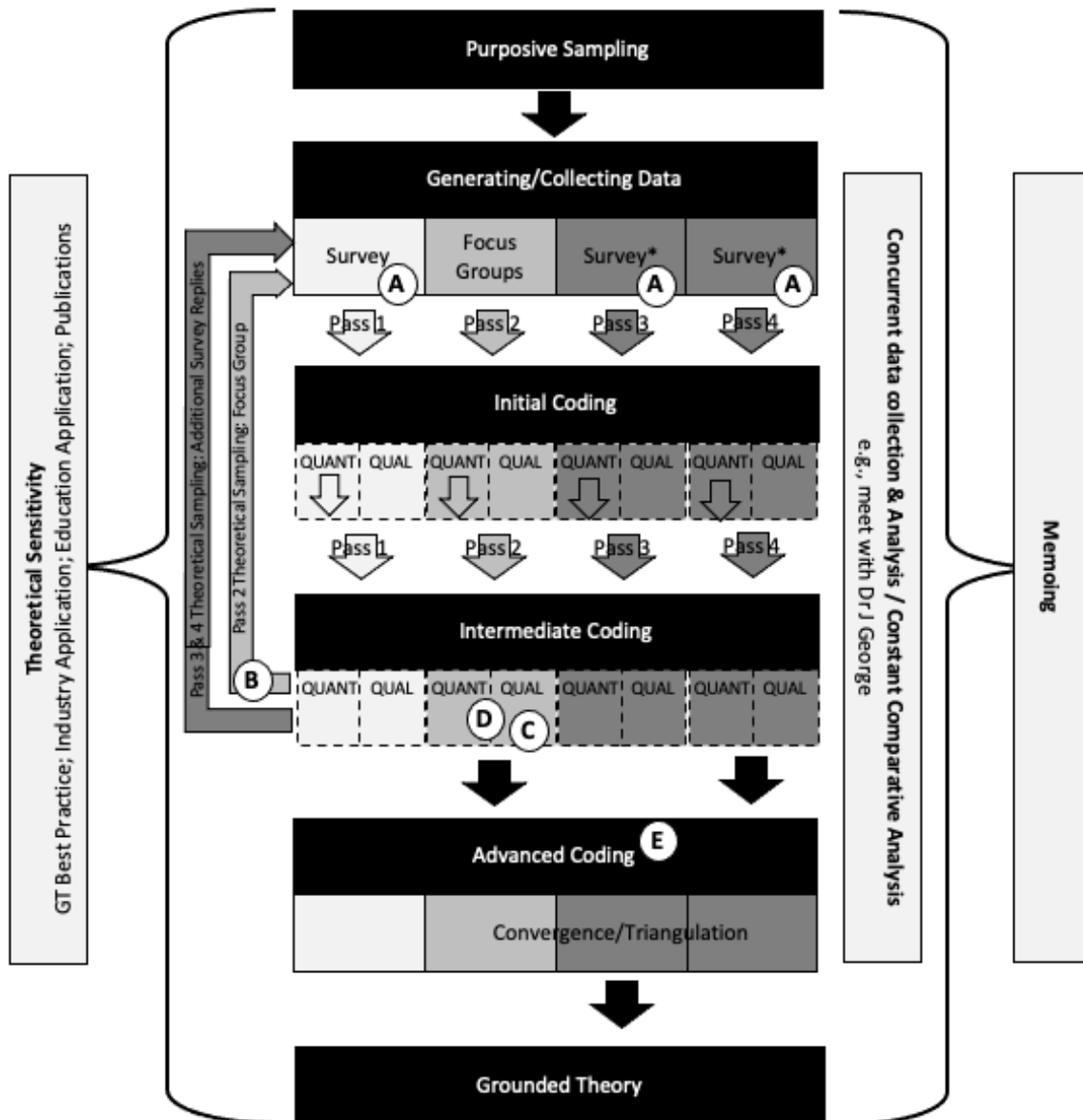
As discussed below, this study utilises three of the four basic methods of mixed method research as identified by Bryman (2016, p. 643).

### ***9.2.3 Mixed Methods Grounded Theory Approach.***

The process of applying multiple mixed methods with an adapted version of Chun Tie et al's (2019) grounded theory framework has been guided by the best practice findings of Guetterman et al. who undertook a review of 61 previous studies that employed a MM-GT approach. They suggest that “one of our major recommendations is for transparency and detailed reporting of the approach and methods.” (2019, p. 192) Inherent in any grounded theory methodology is the shaping of the research method by prior findings and results (Charmaz, 2005; Glaser & Strauss, 1967; Guetterman et al., 2019; Sbaraini et al., 2011). To meet the necessary level of transparency and adequately describe the method, this chapter refers to high-level findings and results that will be fully explained in the next chapter.

Figure 8 shows how the Chun Tie et al. Research Framework has been adapted to this study and includes a brief explanation of each element thus providing an overview of the full methodology. Subsequent sections of this chapter then investigate many of the elements in greater detail.

**Figure 8**  
MM-GT Research methodology applied in this study



Note: Letters shown inside circles highlight the various points where Mixed-Methods are applied. These are discussed in the following description and referred to using brackets - (A), (B), (C) etc.

### 9.2.3.1 Purposive Sampling.

In this form of sampling “researchers purposively select participants and/or data sources that can answer the research question” (Chun Tie et al., 2019, p. 3). As the research question was a response to the call for further research amongst Australian Counsellors as identified in the PACFA Literature review (Ross et al., 2015), purposive sampling embraced practitioners associated with relevant organisations, specifically:

- Members of The Australian Counselling Association (ACA) – the largest peak body for professional counsellors in Australia.
- Members of the Psychotherapist and Counselling Federation of Australia (PACFA) – authors of the original literature review and another peak body for professional counsellors in Australia.
- Members of the Christian Counsellors Association of Australia (CCAA).
- Graduates of the Australian Institute of Family Counselling (AIFC) – Australia’s largest training body for accredited Christian counsellors.

Except for PACFA the three other organisations agreed to notify their members (or graduates) to encourage them to participate in the Primary Survey.

#### **9.2.3.2 Generating/collecting data (Pass 1 - Survey).**

The first pass through the MM-GT framework focused on collecting and coding data from survey respondents. As discussed in the instrumentation section later in this chapter the survey was a mix of quantitatively oriented data responses and a small number of opportunities for participants to provide qualitative free text responses. This was the first example of the use of mixed methods by embedding (Creswell & Plano Clark, 2017) both quantitative and qualitative questions into a single survey in order to achieve what is (Bryman, 2006) described as *enhancement*. See (A) on Figure 8 above.

#### **9.2.3.3 Initial Coding (Pass 1 - Quantitative).**

According to Chun Tie et al. (2019, p. 4) “the purpose of initial coding is to start the process of fracturing the data to compare incident to incident and look for similarities and differences in beginning patterns in the data.” This study suggests that raw quantitative data is already fully fractured and therefore proceeds directly to the intermediate coding stage as shown with the downward arrow in Figure 8. Discussion of initial coding of quantitative data with respect to future passes will simply note that this step is ‘not applicable’.

#### **9.2.3.4 Initial Coding (Pass 1 - Qualitative).**

The sole focus of the qualitative analysis in the first part of the survey was the answer to question 56, “Do you use any other SRI’s in your practice” (Appendix III – Online Survey Questions). Of the 306 initial respondents to the survey, 40 indicated they did use other SRIs and provided further information by describing them in a free-text field. Whilst the methodology allowed coding of this qualitative data it was instead simply collated for later use in the development of questions for focus groups.

#### **9.2.3.5 Intermediate Coding (Pass 1 - Quantitative).**

According to Chun Tie et al. (2019, p. 5) “intermediate coding begins to transform basic data into more abstract concepts allowing the theory to emerge from the data”. When applied to quantitative analysis, intermediate coding involves the use of statistical tools to convert fragmented data into useful information. At this stage the usefulness is determined by the extent to which the information acts as helpful clues (or, alternatively, dead ends) for the theoretical sensitivity and sampling processes (Charmaz, 2005).

#### **9.2.3.6 Intermediate Coding (Pass 1 - Qualitative).**

The researcher considered the original 15 SRI Types<sup>33</sup>, and the unfractured responses of ‘other’ types used to produce an interim working list of 22 new types of SRI for discussion at the focus groups (see Appendix V – Sample Focus Group Transcript).

#### **9.2.3.7 Theoretical Sensitivity.**

Birks and Mills (2015, p. 181) define theoretical sensitivity as “the ability to recognise and extract from the data elements that have relevance for the emerging theory”. Whilst there is no prescribed way of undertaking this continuous process of theoretical sensitivity, Hoare et al. (2012) suggest the researcher can use a variety of “analytic tools” to “increase theoretical sensitivity” (2012, p. 241). This Study used multiple analytic tools and processes.

- Following research based best practice with respect to mixed methods grounded theory application.
- Testing of preliminary findings through peer-reviewed publication including one that emerged from this research (Hood, 2018b).
- Discussion of preliminary findings amongst peers through industry conference presentations.
- Inclusion of the findings in training professional counsellors (subject to student feedback) at an Australian University.
- Inclusion of findings in professional development seminars conducted by the researcher for professional counsellors.

Some specific clues that emerged at the end of the first pass through the methodology framework included:

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<sup>33</sup> The process by which these initial 15 Types of SRI were determined is described in Appendix IV – Initial 15 SRIs

- A low level of use of spiritual and religious interventions by Australian professional counsellors especially when compared to their US counterparts.
- A significant difference in prevalence and suitability of use between the 15 types of SRI presented in the Survey.
- Four categories of SRIs emerging based on their suitability score.<sup>34</sup>

Some unfruitful themes were identified such as age, gender and level of psychological training of the counsellor, all of which seemed to have no bearing on the use of SRIs.

### **9.2.3.8 Theoretical Sampling (Pass 2 - Focus Group).**

Birks and Mills (2015, p. 68) define theoretical sampling as “pursuing clues that arise during analysis”. In the second pass these clues are pursued through semi-structured discussions at four focus groups offered in each major capital city in Australia. The use of Focus Groups following the survey was always intended as an explanatory sequential Mixed Methods design (B).<sup>35</sup> Bryman advocates the use of focus groups in this way as a means of gaining greater insight into what he terms “surprising results” (2016, p. 641). An example in this study was the low use of SRIs especially when compared to US colleagues.

### **9.2.3.9 Generating/Collecting data (Pass 2 - Focus Group).**

Focus group participants were presented with preliminary findings from the survey to generate three distinct types of data.

1. Explanatory data. A graphical representation of the results from survey question 54 associated with the use of SRIs comes with a table showing the results of questions 47-51 that compares Australian use with results from a similar survey conducted in the US. Participants were asked a structured

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<sup>34</sup> The four categories can be seen in Table 2 found in Appendix VI– Focus Group Interview Guide.

<sup>35</sup> Original methodology documentation (as per Human Research Ethics Committee approval) refers to the focus group as ‘Phase 2’, whereas Phase 1 involved the primary survey responses.

question to initiate a group discussion designed to explain and explore the unexpected results.

2. Results validation. Participants were presented with ranked survey data regarding the suitability and prevalence of use of the list of SRIs. It also showed four categories of SRI that seemed to be emerging from the survey data. Participants were asked to validate both the ranked list and the emerging categories or give comment if they felt they could not validate them.
3. Brainstorming SRI types. Fontana and Frey (1994) note the use of group interviewing for the purposes of a brainstorming process designed to collectively generate new ideas. In this study, the 40 qualitative responses to the survey question, “What other SRIs do you use?” were presented to participants along with a proposed refined list of 22 SRI types. These were discussed with a view to generating a third (enhanced) list of SRI types.

#### **9.2.3.10 Initial Coding (Pass 2 - Quantitative)**

This was not applicable as the focus group data at initial coding stage was qualitative in nature only.

#### **9.2.3.11 Initial Coding (Pass 2 - Qualitative)**

Transcripts were made from audio recordings of the four focus groups and coded by the researcher (Appendix V– Sample Focus Group Transcript).

#### **9.2.3.12 Intermediate Coding (Pass 2 - Quantitative)**

The emerging themes from the transcripts (see: Intermediate Coding - Qualitative) were quantified by recording the number of times the theme was mentioned, the number of focus groups that identified the theme and the number of individuals who raised the theme (Appendix VII – Sample Qualitative Coding). This serves as supplementary counting (Hannah and Lautsch 2011) and was designed to “add an additional dimension” to the main

qualitative themes. It is an example of what Bryman (2016, p. 630) calls quasi-quantification (C) (Figure 8).

### **9.2.3.13 Intermediate Coding (Pass 2 - Qualitative)**

The fractured codes from the first two focus group transcripts began to be transformed into eight identified themes through a highly inductive process. These themes were then deductively applied to the codes from the third focus group transcript, yielding only one additional theme. These nine themes (see Results chapter following) were deductively applied to the fourth transcript, yielding no additional themes from the fragmented codes, suggesting saturation is likely to have been reached.<sup>36</sup>

Having validated the four categories of SRIs, the focus group feedback relating to the revised list of (20) types of SRI was aggregated as the results Chapter will reveal.

### **9.2.3.14 Theoretical Sensitivity – Pass 3.**

Analytic tools included:

- Participation in CAPS conference.
- UK Oxford presentation (Hood, 2019).
- UK ACC presentation and Accord article (Hood, 2018a).

A primary “element of relevance” (Birks & Mills, 2015) developed from the data was the significance of country of practice. This had emerged as a strong theme from the focus group qualitative analysis and from the quantitative analysis of questions 47-51 of the survey. As such it was an unexpected micro-application of mixed methods triangulation (D). See Figure 8.

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<sup>36</sup> Data Saturation is important when conducting qualitative research (Fusch & Ness, 2015; J. L. Walker, 2012) and grounded theory research in particular (Sbaraini et al., 2011; Suddaby, 2006). Fusch and Ness note that whilst there is no clear definition of data saturation, “researchers do agree on some general principles and concepts: no new data, no new themes, no new coding, and ability to replicate the study” (Fusch & Ness, 2015, p. 1409). In this study, data saturation applied at two points. The first addressed coding of focus group transcripts whereby no new themes emerged from the fourth transcript. The second concerned the Validation of Theory B (see 9.3.2.27 and footnote).

A review of the brainstorming time at the focus groups regarding types of SRIs, led the researcher to reduce the 22 types of SRI to a consolidated list of 12 types of SRI.

#### **9.2.3.15 Theoretical Sampling (Pass 3 – Additional surveys).**

According to Chun Tie et al. (2019, p. 4) “the purpose of theoretical sampling is to allow the researcher to follow leads in the data by sampling new participants or material that provides relevant information.” To test the emerging theory that country of practice might be a significant factor in the use of SRIs by Professional Counsellors, new participants were sampled in the form of overseas Professional Counsellors. The researcher had been engaging with overseas peak bodies through conference participation as part of the Theoretical Sensitivity process. These peak bodies (UKACC and CAPS) agreed to send an email to their members to invite them to participate in the survey.

#### **9.2.3.16 Generating/Collecting Data (Pass 3 - Survey\*).**

The third pass through the methodology framework involved additional (overseas) participants completing a slightly modified version of the survey.<sup>37</sup>

#### **9.2.3.17 Initial Coding (Pass 3 - Quantitative). Not Applicable.**

#### **9.2.3.18 Initial Coding (Pass 3 - Qualitative). Not Applicable.**

#### **9.2.3.19 Intermediate Coding (Pass 3 - Quantitative).**

Progressively detailed quantitative analysis was undertaken on the growing number of survey responses.

#### **9.2.3.20 Intermediate Coding (Pass 3 - Qualitative). Not Applicable.**

#### **9.2.3.21 Theoretical Sensitivity – Pass 3**

During the writing of a journal article focusing on differences between professions of other countries it became clear that the survey responses were dominated by participants from a Christian faith tradition. This is unsurprising given AIFC, CCAA, UKACC and CAPS are

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<sup>37</sup> The modified survey (denoted as Survey\*) added ‘Country of Practice’ as a mandatory field.

all organisations designed to support people of a Christian worldview. It was also an unfortunate consequence of PACFA's decision not to invite its members to participate as PACFA has no faith-based alignment.

#### **9.2.3.22 Theoretical Sampling (Pass 4 - Additional Surveys).**

An attempt was made to increase survey responses, especially from participants who did not necessarily hold a Christian worldview, in order to strengthen the quality of the final results and findings. The researcher utilised the reach of LinkedIn as a professional social media platform. A message was sent to over 1,000 Professional Counsellor 'connections' inviting them to participate in the survey and, importantly, asking these 'connections' to pass on the invitation to their connections.

#### **9.2.3.23 Generating/Collecting Data (Pass 4 - Survey\*).**

The fourth pass involved additional religiously diverse participants who completed the slightly modified version of the survey.

#### **9.2.3.24 Initial Coding (Pass 4 - Quantitative). Not applicable.**

#### **9.2.3.25 Initial Coding (Pass 4 - Qualitative).**

As was discussed in 4.2.3.5 Initial Coding (Pass 1- Qualitative), the free text responses to the question "other SRIs used?" (Survey question 56) were aggregated but not coded.

#### **9.2.3.26 Intermediate Coding (Pass 4 - Quantitative).**

At the end of the fourth pass access to the survey was closed and a full, comprehensive analysis of all survey responses undertaken. The results of this analysis can be found in the following chapter.

#### **9.2.3.27 Intermediate Coding (Pass 4 - Qualitative).**

The additional 'question 56' survey responses were used to test the list of 12 SRI types that had emerged from the focus group brainstorming discussion. See earlier comment under

9.2.3.6 Intermediate Coding (Pass 1 - Qualitative). These were found to be robust and valid.<sup>38</sup>

### **9.2.3.28 Concurrent Data Collection & Analysis/ Constant Comparative Analysis (CCA).**

Although the original Framework (Chun Tie et al., 2019) visually represents these as two distinct elements, Chun Tie et al. discuss them under a single heading (p. 3). This study has chosen to merge these two elements in its methodology framework.

Chun Tie et al. (2019, p. 6) note “[c]onstant comparative analysis is an analytical process used in GT for coding and category development. This process commences with the first data generated or collected and provides the research process.” This process is somewhat unavoidable for the lone researcher working systematically through initial, intermediate, and advanced coding. However, this study sought to make CCA explicit and intentional through the involvement of additional advisors. Most obviously this included regular meetings between the researcher and the research supervisor. One of countless tangible benefits from this mechanism of CCA was a more refined label for one of the emerging qualitative themes.<sup>39</sup> Another example of an external advisor was meeting with Dr Jenny George (a data analytics specialist) who gave helpful advice in the interpretation and further statistical analysis of quantitative results emerging from the data.

More broadly, collaborative CCA (especially when coupled with Theoretical Sensitivity) influenced the entire methodological framework. In this study CCA included

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<sup>38</sup> In pass 4, 42 respondents added ‘other’ SRIs using free text. These were able to be accommodated using the 12 SRI types suggesting saturation had been reached (see Appendix XIII – Validation of Theory B).

<sup>39</sup> A category initially coded as *fear* was discussed at length and later given the more accurate category of *trepidation*.

micro-decisions such as what questions to pose in the focus groups and macro decisions to exclude original elements of the research.<sup>40</sup>

#### **9.2.3.29 Memo-ing.**

Bryman (2016, p. 577) described memos in GT simply as “[n]otes that researchers might write for themselves and for those with whom they work”. Given the complexity of this study, these memos often took the form of ‘mind-maps’. Kalyanasundaram (2017, p. 23) concluded that a “mind-mapping technique is an innovative and effective method in remembering things better than the routine way of reading texts”. Other memo-ing techniques included initial coding of the focus group transcripts by applying coloured highlights to the transcript file in Microsoft Word (see Appendix VII – Sample Qualitative coding).

#### **9.2.3.30 Advanced Coding.**

Although there is no prescription for the writing of grounded theory research (Sandelowski, 1998), numerous authors advocate the use of Storylining<sup>41</sup> (Birks et al., 2015; Birks & Mills, 2015; Chun Tie et al., 2019). This study explicitly uses the Mixed Method parallel design of Convergence to draw together qualitative findings and quantitative results to “investigate the same underlying phenomena” Leech & Onwuegbuzie (2009, p. 265). Ref (E) in Figure 8. Chun Tie et al. (2019, p. 5) observe that “during the advanced coding phase, concepts that reach the stage of categories will be abstract, representing stories of many, reduced into highly conceptual terms.” This process, and outcomes of this abstracting and conceptualising, can be found in the Discussion chapter of this study.

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<sup>40</sup> The original research methodology involved the survey of counselling clients (referred to as ‘Phase 3’ in some documentation). Analysis of early data in this phase indicated it was not going to contribute to the goals of the research and it was therefore set aside, as discussed briefly in Appendix VIII – Phase 3.

<sup>41</sup> Storyline, according to Birks et al, “is an effective way of presenting a grounded theory and one that can be adapted and modified for specific purposes” (2015, p. 409). As will become clear, this study will culminate in the production of two Theories. The ‘story’ of these Theories will be told using two visual diagrams.

### **9.2.3.31 Grounded Theory.**

Although the underlying purpose of any grounded theory research is the generation of a theory that explains a phenomenon, Guetterman (2019, p. 187) identified that two thirds of the MM-GT articles they surveyed never actually generated a theory or framework. This study avoids this dilemma by explicitly listing the two merged theories summarised and explored in the Discussion chapter.

## **9.3 Data Collection**

An online survey and focus groups were the primary data collection techniques. The online survey mainly gathered data for quantitative analysis, although some options were provided for free text responses. Focus groups were conducted using semi-structured interviewing. The data collection strategy for each of these collection techniques is described below and the detail of each technique is discussed in the following section of this chapter.

### **9.3.1 Online Survey**

Participants completed an online survey using Survey Monkey. Access to the survey was via a link from a dedicated page on the website of Stirling College (Appendix IX – Stirling Landing Page). This page described the nature of the research and provided all the information necessary for participants to make an informed choice to participate as required by the University of Divinity's Human Research Ethics Committee.

### **9.3.2 Focus Groups**

Four Focus groups were conducted during September 2018 using semi-structured interviewing. They were provided in each of the major Australian Capital cities to give maximum accessibility for participants.

- 13 September Perth: Perth Bible College. Karringyup WA
- 14 September Brisbane: Springlife. Springwood QLD

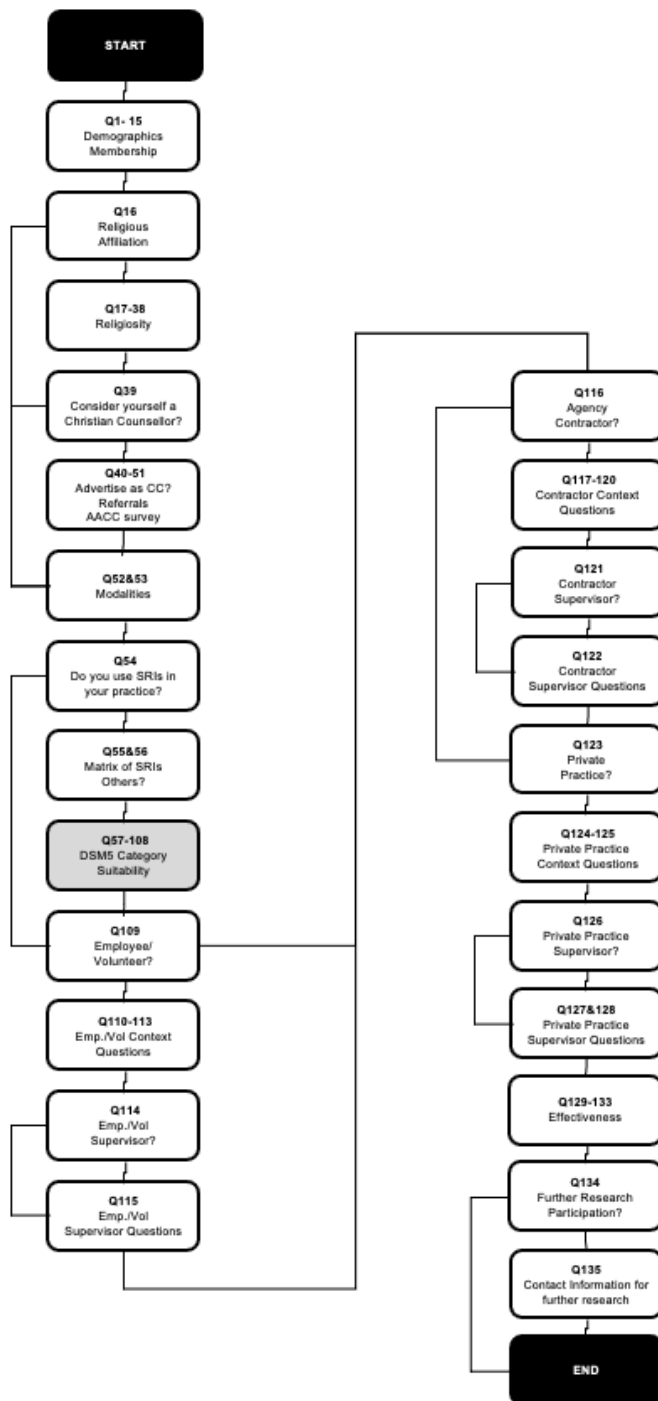
- 20 September Sydney: Stanmore House. Stanmore NSW
- 27 September Melbourne: Stirling College. Mulgrave VIC

## **9.4 Instrumentation**

### **9.4.1 *Online Survey***

The online survey had 135 questions. However, many of these questions would have been ‘skipped’ based on survey respondent answers. For example, if a respondent answered, ‘Not at all’ to “How often do you use SRIs in your practice” (Q54), the survey instrument would have taken them directly to Question 109. The sections of the survey and the skip logic are summarised in Figure 9. A full list of Survey Questions can be found in Appendix III – Online Survey Questions.

**Figure 9**  
Survey Skip Logic overview



*Note:* More detail for Q57-108 DSM5 Category Suitability (shaded) can be found at Appendix X – DSM5 Category Survey Monkey Skip Logic

Embedded in the survey are a number of standardised, externally validated measures such as the Belief in Action Scale (Koenig, Nelson, et al., 2015), the DUREL and the Hoge (Monod et al., 2011; Slater et al., 2001) (Questions 17-38). Other questions are a facsimile

of an identical survey previously conducted by the American Association of Christian Counsellors (Clinton & Ohlschlager, 2002), specifically Questions 47-51. The remaining questions were designed to suit the research project.

#### **9.4.2 Focus Group**

The Focus Group Interview Guide is provided as Appendix VI– Focus Group Interview Guide

### **9.5 Participants (Informants and Sampling)**

#### **9.5.1 Online Survey**

As already described, participants received an email invitation based on membership of a relevant peak professional body (e.g., CCAA, ACA, CAPS or UKACC) or a graduate of AIFC. Over 5,000 invitations were sent, with over 500 respondents. The methodological design of the survey was unconventional insofar as it asked several questions (such as professional membership status) in order to be able to screen participants who did not match the research criteria (for example ‘professional counsellors’). This was preferred over the more conventional approach of needing to ‘choose’ participants who are suitable from the outset. The details of which respondents were screened, and why, can be found in the Results chapter.

In terms of the quantitative analysis, the reliability of results derives more from the large number of respondents than sampling techniques.

#### **9.5.2 Focus Groups**

The concluding questions of the online survey asked participants if they wished to participate in future research. If they indicated willingness, the survey tool captured their contact information. An invitation to participate in the Focus Groups was subsequently sent by email.

### **9.6 Data Analysis**

### 9.6.1 *Online Survey*

All analysis of the online survey results began with a data export from Survey Monkey into MS Excel.

#### 9.6.1.1 **Mann-Whitney U test.**<sup>42</sup>

The primary quantitative analysis objective was to understand what ‘professional counsellor’ variables tend to affect their use of SRIs. Every (unscreened) respondent was therefore given a simple score of their basic propensity to use SRIs based on their response to question 54 of the survey “Do you use Spiritual or Religious Interventions (such as prayer, meditation or reading of sacred texts) as part of your practice?” They were asked to evaluate their use of these interventions on a five-scale rating of - None at all, A little, A moderate amount, A lot, or Always/almost always. Each rating was given a score of 1 to 5 respectively.

Respondents were then grouped based on whatever variable was under evaluation. For example, when evaluating ‘Gender’ as a possible variable, two groups were evaluated (Males and Females). Initial evaluation was done simply by the average score. However, this lacked reliability as there would often be only a small difference in the average score. A statistical tool was required to determine whether the variance in average propensity to use SRIs (for example between men and women) was statistically significant. The Mann-Whitney U Test was determined to be suitable for this purpose as:

- The averages were distributed non-normally about a single value.

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<sup>42</sup> The Mann-Whitney U Test is a statistical tool designed to compare the difference between two independent sets of data. Whilst there will always be mathematical differences between two sets of data, the important question is whether the mathematical difference is random or is due to a statistically significant factor that differentiates the two groups. In this research, the propensity for each participant to use SRIs was given a numerical value based on their survey results. The survey also captured other aspects about the participant such as their gender, their profession etc. By grouping participants according to each of these aspects (e.g., male vs female or Counsellor vs Psychologist) the researcher was able to see if these aspects (e.g., Gender or Profession) caused a statistically significant variance in the use of SRIs. The Mann-Whitney U test enabled this comparison.

- Sample data sizes were sufficient to generate reliable results (Sarantakos, 1993; Statistics Solutions, n.d.-a; Zaiontz, n.d.).

To determine the U and p values, the data from each group were copied from MS Excel into an online calculator.<sup>43</sup>

Prior to using this calculator for this study, the researcher found samples of Mann-Whitney analysis in other research and entered that data into the calculator to ensure identical results were achieved. Where a p-value of .05 or less was achieved between the two groups (e.g., males vs females), the variance was deemed to be significant and therefore the specific variable under evaluation (gender) was a likely factor that influenced the use of SRIs by professional counsellors.

Many variable characteristics had more than two groups. For example, 'country of practice' had three groups (Australia, UK, and USA). In these cases a Mann Whitney U test was conducted for all the combinations (Aus vs UK, UK vs USA and Aus vs USA) and the data displayed as a table as shown in the Results chapter.

As the Mann Whitney U test is based on 'ranking', small group sizes significantly diminish test reliability. Groups that contained only 1 member were unable to be 'ranked' (for example, only 1 participant in the 20-24 age range). Many sources suggest groups of less than three members should not be used for Mann-Whitney (U Mass Boston, n.d.; Zaiontz, n.d.) and the online calculator tool required a minimum of 5 members in a group. Where groups have not been included due to number of members, this has been specifically noted in the relevant section of the Results Chapter.

This Mann Whitney U test was applied to the variables of Gender, Profession, Professional Identity, Age, Highest Counselling Qualification, Highest Theological

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<sup>43</sup> <https://www.socscistatistics.com/tests/mannwhitney/default2.aspx>

Qualification, Professional Membership Level, Practice (employment) Context, Country of Practice, and Religious Affiliation.

#### **9.6.1.2 Difference of two proportions Z (DOTPZ) test.<sup>44</sup>**

This test was applied just once in the study and involved analysis of survey question results 47-51 in relation to the replicated AACC survey. A Likert scale was initially used to enable direct comparison with results published by AACC (Clinton & Ohlschlager, 2002, pp. 82–83). The permissible answers were ‘Always’, ‘Often’, ‘Sometimes’, ‘Rarely’ and ‘Never’. The percentages of these scores were provided in tabulated form to Focus Group participants (Appendix VI– Focus Group Interview Guide). As a result of Pass 2 (Additional Survey responses from Overseas participants), the researcher had access to current data for Australian, UK and US counsellors. When tabulated and graphed, the data seemed to suggest similar use amongst Australian and UK counsellors but significantly greater use for US based counsellors. In keeping with the GT paradigm, driven by Theoretical Sensitivity, a mechanism was sought to statistically test what seemed to be emerging as visual conclusions. On advice from Dr Jenny George (PhD Data Analytics, Stanford) the 5 permissible answers were aggregated into two categories with ‘Always’ and ‘Often’ being given the Descriptor ‘High’ and ‘Sometimes’, ‘Rarely’ and ‘Never’ being grouped as ‘Low/Moderate’. These two aggregated categories were now proportions of the total survey results, enabling a DOTPZ test to test for statistical significance.

This test was applied to the parameters of Prayer, Scripture, Spiritual Disciplines and Beliefs from the data gathered at questions 47-51 respectively. As the DOTPZ test can only

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<sup>44</sup> The Difference of Two Proportions Z test has the same objective as the Mann-Whitney U test (to see if a mathematical difference between two groups is statistically significant) but goes about it a slightly different way. In this study, the researcher was able to access the results of a large-scale survey undertaken by the AACC. As individual responses were not accessible, the Mann-Whitney U test was not possible. Instead, the data was only accessible in aggregated form. To compare the results of this research with the previous AACC survey, the researcher aggregated the individual data to match the AACC format and then conducted a DOTPZ test on the aggregated data.

compare two data sets, each combination (Aus vs UK; Aus vs US and UK vs US) was calculated for each of the 4 parameters and displayed in a table in the results section.

The preparatory calculations were undertaken in MS Excel and the data cut and paste into an online DOTPZ test calculator.<sup>45</sup>

### **9.6.1.3 Pearson's Correlation.**

According to (Statistics Solutions, n.d.-b), Pearson's correlation "is known as the best method of measuring the association between variables." Because of the focus of the research problem and questions for this study, the two variables were the Religious Commitment of the Counsellor and their propensity to use SRIs.

#### ***9.6.1.3.1 Religious Commitment of the Counsellor.***

This was quantified using the Belief in Action (BiAc) scale. The BiAc has been used extensively in numerous contexts and critically validated but it was chosen because it produces a highly gradated score (0-100) and does not suffer from ceiling effects when compared to other standardised tools (Koenig, Nelson, et al., 2015). The BiAc scores were derived from the answers to questions 17-26 of the survey. As these were a combination of numerical and selected answers, a small Macro was written in MS Excel to calculate the BiAc score for each participant.

#### ***9.6.1.3.2 Propensity to use SRIs.***

Whilst the basic propensity score of 1-5 (survey question 54) was sufficient for the Mann Whitney calculation, it was not suitable for a Pearson's correlation because:

a. It lacked the necessary gradation.

b. There may have been reasons why respondents answered, 'None at all' (question 54) that were independent of their Religious commitment. For example, their employment context may have prohibited the use of SRIs.

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<sup>45</sup> <https://www.socscistatistics.com/tests/ztest/default2.aspx>

Accordingly, a more sophisticated measure of propensity to use SRIs was drawn from the answers to survey question 55. Question 55 was skipped if a survey respondent indicated 'Not at All' earlier in question 54. In Question 55, each survey participant was presented with the 15 original SRIs (for example Prayer in session, Reference to scripture and Declaration of blessing). They were asked to evaluate their use of these interventions on a five-scale rating of Not at All, Rarely, Occasionally, Often or Always. Each of these ratings was given a score of 1 to 5 respectively. The propensity score was simply an aggregation of these and therefore ranged from 15 (all interventions were never used) to 75 (all interventions were always used).

It was therefore possible to determine a religious commitment score (BiAc) and Propensity to use SRI score for each respondent who had previously indicated they used SRIs more than Not at All. These were graphed and a line of best fit applied using MS Excel (Results chapter - Figure 22). MS Excel's t-test data analytics tool was used to calculate the person's coefficient.

#### **9.6.1.4 Prevalence of Use.**

The data from survey question 55 was used in a very similar way to calculate prevalence of use for a specific SRI as the previous calculation of propensity to use by a specific respondent. As previously noted, use of SRIs were rated by each respondent on a scale of, Not at All, Rarely, Occasionally, Often or Always. Each rating was given a prevalence score of 0 to 4 respectively. As there were approximately 260 respondents to this question, the minimum score was 0 (the SRI was never used by any respondent) through to a maximum score of 1040 (the SRI was Always used by all respondents). The graphically displayed and tabulated results can be seen at Results - Figure 23 and Table 27 respectively. Initial Prevalence data was presented to Focus Group participants (Appendix VI– Focus Group Interview Guide).

### **9.6.1.5 Suitability of use.**

To determine suitability of use, the survey instrument (questions 57 to 108) systematically presented one of 26 categories of mental disorder and asked the respondent if they had experience or interest in working with clients with that disorder. If the respondent answered 'no', the survey tool moved to the next disorder. This was done to shorten the survey response time but also to avoid demanding respondents answer questions about which they have little interest or experience. Where a respondent indicated interest or experience, they were given the list of 15 interventions and asked if they felt each intervention was suitable or not suitable for that specific disorder. 'Unsure' was the third option for the respondents.

#### ***9.6.1.5.1 Suitability of an intervention.***

This was measured as a ratio of those who felt an intervention was suitable compared to those who felt it was unsuitable. By aggregating the total number of times a particular intervention was marked as suitable, and dividing that by the total number of times it was considered not suitable, a suitability score for each intervention could be determined. For example, 56 respondents may have felt prayer was a suitable intervention and 13 respondents may have felt prayer was not a suitable intervention. This would result in a suitability score of 4.31 (56/13).

#### ***9.6.1.5.2 Suitability of a mental disorder.***

Suitability of a disorder for the use of SRIs can also be determined for each mental disorder (DSM 5 category). Like the previous section, this is calculated by aggregating the total number of times any intervention for a particular mental disorder is deemed to be suitable and dividing this by the total number of times any intervention is deemed to be unsuitable for that disorder.

### **9.6.1.6 Relevance of a mental disorder.**

The relevance of a disorder is simply represented by the number of survey respondents who answered “yes” to the question of whether they had interest or experience in that disorder. A plot of suitability and relevance for each mental disorder can be found in Results Figure 25.

### **9.6.2 Focus Group**

Focus Group data was analysed using traditional qualitative coding strategies. Specifically, a transcript was made in MS Word from an audio recording of each Focus Group. All commentary from the researcher was highlighted in brown font to be easily excluded from the coding. The text highlight function in MS Word was used to highlight the remaining text in accordance with the applicable code. Once the text had been fully coded, a separate summary document was created with the highlighted text copied and pasted together in tables under theme headings. During the copy/paste process, an annotation was manually added to the summary document indicating the transcript and line item where the incident occurred. For example, P234 indicated the incident began at Perth transcript line item 234.

#### **9.6.2.1 Exploration/elaboration.**

The reasons why SRI use is low compared to US colleagues was explored in the Focus Group. Theme development for the elaboration/exploration process began purely inductively. As themes were identified and changed, highlight colours were changed, duplicated or the theme re-named. The summary document initially contained a single column table for each theme with one row for each incident. Once the text had been fully allocated to a specific table on the summary document, a second small column was added to each table. This second column allowed for a short notation to indicate the sub-theme to which a particular incident belonged.

#### **9.6.2.2 Brainstorming SRI types.**

The subtle difference for the brainstorming coding was that it began with a highly deductive endeavour to allocate the incidents to the pre-existing list of SRI types. During the brainstorming discussions, some new SRI types were suggested. These explicit suggestions were used as new themes for deductive allocation. Once completed, the text was analysed to see if there were any incidents that lacked an allocated theme. Where these texts were identified, modification was made to the themes to attempt to accommodate. This iterative process continued until all relevant incidents fitted within a theme.

## **9.7 Ethical Considerations**

Ethical clearance was granted by the University of Divinity's Human Research Ethics Committee (HREC) in June 2018 (Appendix XI – HREC Approval Letter).

### **9.7.1 *Online survey***

All necessary ethical information was provided to potential respondents when they visited the Stirling College website (Appendix IX – Stirling Landing Page). This included the requirements for confidentiality, permission to withdraw at any time and the contact details of an independent counsellor should any distress arise as a result of participating in the research.

### **9.7.2 *Focus Groups***

Similar ethical information to that of the online survey was provided to all participants in the focus group upon arrival. Prior to commencement, participants signed two copies of a consent form – one they retained, and the other was kept by the researcher (Appendix VI – Focus Group Interview Guide).

## **9.8 Researcher Personality**

### **9.8.1 *Background and Interest***

The researcher is a Professional Counsellor who has a Christian worldview. He holds a bachelor's degree in Theology and a Post-Graduate Diploma in Ministry (Pastoral

Counselling). He has completed a Diploma of Counselling, a Post Graduate Diploma of Counselling and Integrated Psychotherapy (Spiritual) and a Master of Counselling. He is a Level 4 member of the Australian Counselling Association and a member of their College of Supervisors. He was the founding member of the ACA's College of Christian Counsellors.

For several years prior to this study he was the Academic Manager of the Australian Institute of Family Counselling. During most of this study, he served on faculty in the School of Counselling at Stirling College, a constituent College of the University of Divinity, Melbourne. The researcher utilises SRIs in his private counselling practice.

### ***9.8.2 Role in Data Collection and Possible Effects***

Whilst every effort was made to issue invitations to a broad audience for participation, the organisations who chose to invite their members often had a pre-existing association with the researcher. This will have impacted those who were invited to participate and therefore may have skewed the final data.

The researcher, following HREC approval, was approved to conduct all four Focus groups. Whilst this gave consistency across the groups, it also may have impacted the focus group findings. The use of an interview guide including consistent data presentation and structured questions was an endeavour to reduce the risk of researcher influence during Focus group discussions.

## **9.9 Summative Comments**

This chapter has outlined the research methodology of the study and described the research design, population, sample, data-collection instrument and ethical considerations. Whilst a Pragmatic approach was adopted, the MM-GT methodology could have been described as an Interpretative Paradigmatic approach.

The following chapter explores the results of the study in greater detail.

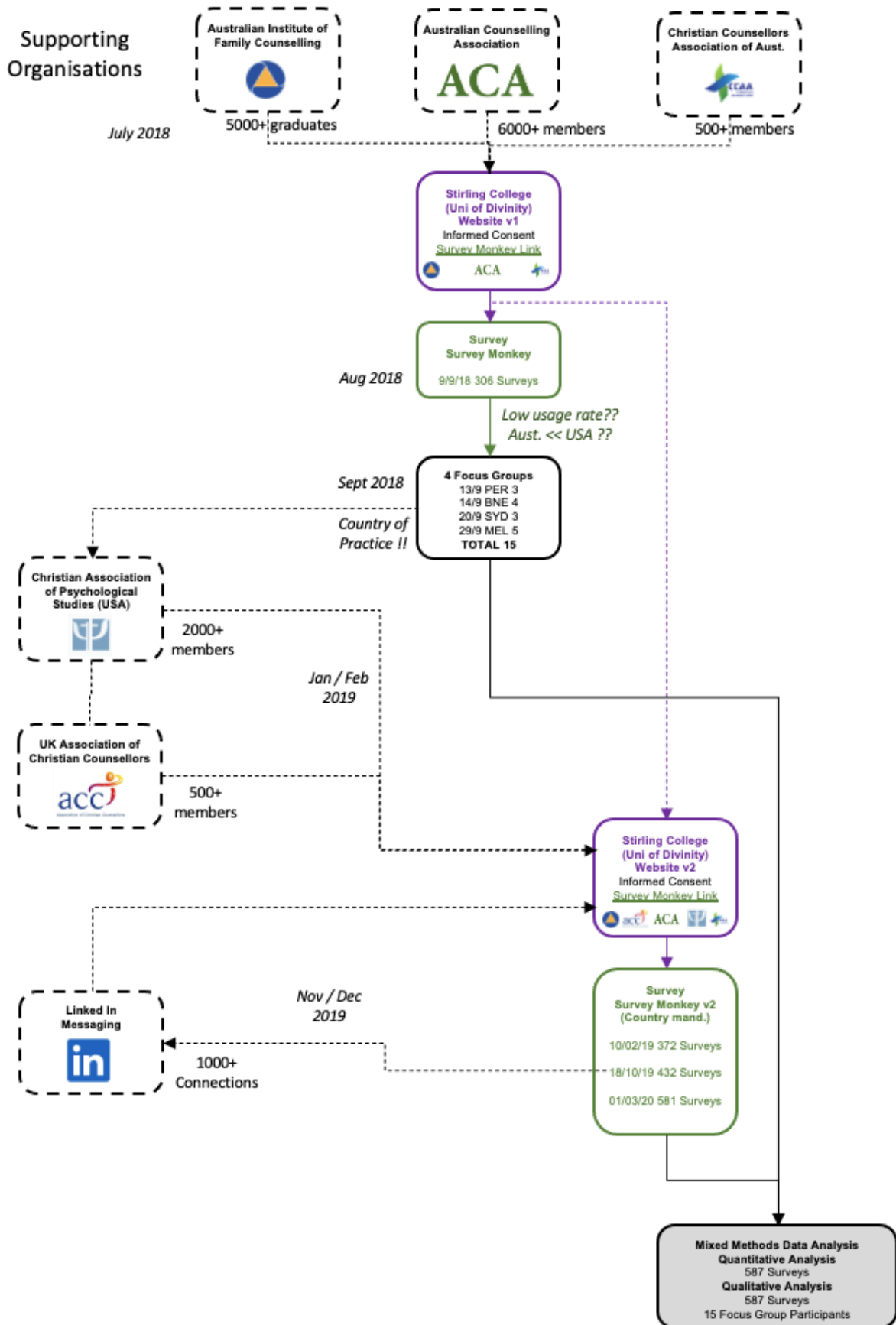
## **10 Results**

Qualitative and quantitative data from the survey and focus groups are analysed and presented in this section in the style of a factual report. Commentary on how the results interrelate and their relevance for the study into the use of spiritual and religious interventions by professional counsellors will be largely reserved for the discussion and conclusion sections that follow.

### **10.1 Participant Flow and Recruitment**

Participant flow through each stage of the research study is illustrated in Figure 10 and discussed further below.

**Figure 10**  
Participant Flow through Research Project



Recruitment was initially undertaken by three primary supporting organisations.

- The Australian institute of Family Counselling emailed (5,000 +) past graduates (> 5,000).
- The Australian Counselling Association emailed (6,000 +) members.
- The Christian Counselling Association of Australia emailed (500 +) members.

In July 2018, each organisation encouraged email recipients to investigate the research through a link to the relevant page of the Stirling College website. This website provided the information required by the Higher Education Research Committee (HREC) to ensure those considering participation were able to make a fully informed decision. Acceptance of these terms and conditions linked participants to the survey available on Survey Monkey. By 9 September 2018, 308 surveys had been undertaken.

Some early findings from these surveys were summarised and presented to four focus groups, conducted in four major Capital Cities in Australia (Brisbane, Sydney, Perth and Melbourne). Interest focused on the emerging finding that the use of SRIs by respondents seemed extremely low, especially when compared to US colleagues. The focus groups validated these findings, and it became clear that it would be important to garner a perspective from those who practice in other countries.

Previous professional relationships enabled contact with the 2000+ membership Christian Association of Psychological Studies in the United States (CAPS) and 500+ member UK Association of Christian Counsellors (UKACC). Both agreed to formally support the research and encourage their members to consider further by providing a link to the Stirling College website which had been updated to reflect the support of these bodies.

By the 10<sup>th</sup> of Feb 2019, 372 survey responses had been received. In October 2019, it was clear the research would benefit from an even greater number of respondents (especially

considering the need to remove 76 responses due to technical issues as discussed in the Missing Data section below.

In response, the researcher posted a message to relevant personal Linked In contacts. By 1 March 2020, 581 Surveys had been received. On 14 April 2021 a final data extraction was made to undertake final quantitative analysis. This data extraction contained a total of 587 survey responses. Data from these surveys was combined with a full transcript analysis of the Focus Groups held in September 2018 to undertake a mixed methods review.

## **10.2 Data Analysis**

The data was analysed in two sections largely representing the two research phases.

Firstly, a quantitative analysis of the survey data began with a broad analysis of the usable data before undertaking a more detailed analysis of the data focused only on Christian Counsellors. The broad analysis initially considered stable factors (gender, profession, professional identity), then explored factors that trended over time (age, qualification level, membership level) and finally considered complex factors that moved unpredictably (practice context, country, religion).

Secondly, a qualitative analysis based on transcripts of the four focus groups, sought to identify significant themes.

### ***10.2.1 Quantitative analysis of survey data***

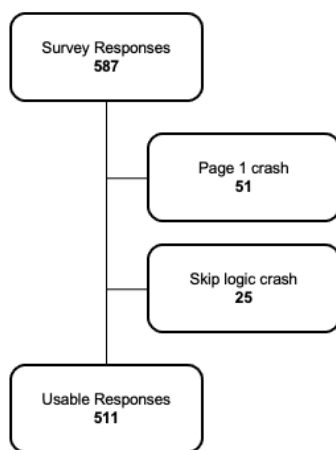
#### **10.2.1.1 Missing data.**

Prior to undertaking any detailed statistical analysis, the inevitability of missing data was considered. The two causes of missing survey data were survey non-completion and skipped non-mandatory questions.

Survey non-completion was found to be a technical problem with the Survey Monkey platform which was reported to occasionally crash when respondents transitioned from page 1 to page 2 (between questions 3 and 4) or after completing question 16 (the first question to

contain ‘skip logic’ code). Anecdotal evidence suggested this primarily occurred when people attempted to complete the survey on a mobile device. The issue was addressed through a warning placed at the beginning of the survey: *PLEASE NOTE: We are getting some feedback that the survey application has a tendency to crash when completing on mobile devices – we encourage you to complete this survey using a PC.* This was considered as data Missing Completely at Random (MCAR) and resolved by Listwise Deletion of the entire survey record (Rubin, 1976) as illustrated in Figure 11.

**Figure 11**  
*Management of missing data due to technical issue*



Skipped non-mandatory responses were considered data Missing at Random (MAR) and resolved by listwise deletion of the entire data record for the specific analysis being undertaken (Rubin, 1976). In every case, these missing records are reported within the analysis, the only exception to this rule related to the ‘Country of Practice’ field. This field became the survey’s only mandated field when the recruitment broadened internationally and it became clear that Country of Practice was a potentially important factor. Organisations such as SAMHSA<sup>46</sup> permit manual editing of data if it is “missing data that can be directly filled from other portions of the same record” (Office of Management and Budget, 2006, p.

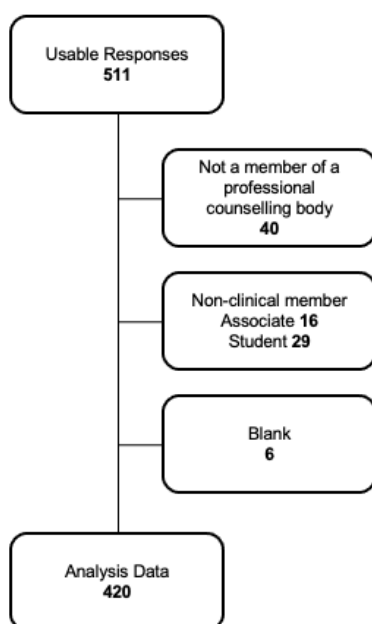
<sup>46</sup> Substance Abuse and Mental Health Services Administration (2006) *STANDARDS AND GUIDELINES FOR STATISTICAL SURVEYS*

13). Other portions of these records included membership of peak bodies (e.g., *Australian Counselling Association*), email addresses with extensions such as *.com.au* or *.edu.au* or tertiary qualifications from *Australian Institute of Family Counselling*. Where two or more portions of a data record indicated the respondent was based in Australia, “Australia” was manually added to the “Country of Practice” field in the record.

### 10.2.1.2 Excluded Responses.

In accordance with the Methodology, responses were excluded that were not from Professional Counsellors. As seen in Figure 12, 91 responses were removed from Respondents not considered to be Professional Counsellors, as indicated by clinical membership of a relevant Professional Counselling Association. The majority of these positively indicated they were either “Not a member” or were “Student or Associate” members. Where a respondent was a clinical member of one association and student, or associate member of another, their record was retained. Six respondents did not answer the question and were excluded and a scan of their records indicated most seemed to be clergy, chaplains, or Spiritual Carers.

**Figure 12**  
*Exclusion of non-Professional Responses*



### 10.2.1.3 Gender.

The first stable factor analysed was gender. Eight respondents chose not to provide their gender and thirty-two chose not to answer the question relating to use of SRIs. A Mann-Whitney U test revealed that female scores indicating use of SRIs were lower ( $\mu = 2.24$ ,  $n = 291$ ) compared to males ( $\mu = 2.57$ ,  $n = 89$ ),  $U = 11,246.5$ ,  $z = -1.877$ ,  $p = .0601$ , but just not enough to be statistically significant ( $p < .05$ ).

### 10.2.1.4 Profession.

The second stable factor was the type of Profession. The six who chose not to identify their profession were previously excluded. Ten respondents were from professional groups with fewer than five respondents (Marriage and Family Therapists, General Practice Medical Doctor, and Occupational Therapist). The remaining respondents were grouped as Counsellor/Psychotherapists, social workers, or psychologists. The results are found in Table 9.

**Table 9**  
*Mann Whitney analysis of Profession Type*

Profession	N	$\mu$	Psych			Couns/Pst		
			U	Z	P	U	Z	P
Psych	40	3.225						
Couns/Pst	333	2.2102	3310	-5.1986	0.00001			
Soc Work	5	1.8	31	2.4740	0.01352	660	0.7931	0.4295

A Mann-Whitney U test revealed that scores indicating use of SRIs were:

- Similar between social workers ( $\mu = 1.8$ ,  $n = 5$ ) and Counsellor/Psychotherapists ( $\mu = 2.21$ ,  $n = 333$ ),  $U = 660$ ,  $z = -0.79$ ,  $p = .43$
- Higher for psychologists ( $\mu = 3.22$ ,  $n = 40$ ) than either social workers ( $\mu = 1.8$ ,  $n = 5$ ),  $U = 31$ ,  $z = -2.47$ ,  $p = .014$  or Counsellor/Psychotherapists ( $\mu = 2.21$ ,  $n = 333$ ),  $U = 3310$ ,  $z = -5.20$ ,  $p < .00001$

Further Mann Whitney u test revealed that scores indicating use of SRIs were lower in the Australian (APS) psychologists ( $\mu = 2$ ,  $n = 6$ ) compared to US (CAPS) psychologists ( $\mu = 3.45$ ,  $n = 33$ ),  $U = 18$ ,  $z = 3.13$ ,  $p = .00174$ .

#### 10.2.1.5 Professional Identity.

The final stable factor was based on whether the respondent chose to identify as a Christian Counsellor, with further distinction between those who strengthened this Christian Counsellor identity by advertising as such and those who chose not to advertise this identity. Thirty-six respondents chose to skip the survey questions relating to identity and their records were excluded from the analysis. Results are found in Table 10.

**Table 10**  
*Mann Whitney Analysis of Professional Identity*

Identity	N	$\mu$	Adv as CC			CC		
			U	Z	P	U	Z	P
Adv as CC	163	2.61						
CC	118	2.20	7459.5	3.21	0.00132			
Not CC	71	1.97	3719	4.36	0.00001	3533.5	1.80	0.0719

A Mann-Whitney U test revealed that scores indicating use of SRIs were:

- Higher for respondents who advertised as Christian Counsellors ( $\mu = 2.61$ ,  $n = 163$ ) than either Christian Counsellors who did not advertise as Christian Counsellors ( $\mu = 2.2$ ,  $n = 118$ ),  $U = 7459.5$ ,  $z = 3.21$ ,  $p = .0013$ , or those who did not identify as Christian Counsellors ( $\mu = 1.97$ ,  $n = 71$ ),  $U = 3710$ ,  $z = 4.36$ ,  $p < .00001$ .
- Similar between Christian Counsellors who did not advertise as Christian Counsellors ( $\mu = 2.2$ ,  $n = 118$ ), and those who did not identify as Christian Counsellors ( $\mu = 1.97$ ,  $n = 71$ ),  $U = 3533.5$ ,  $z = 1.8$ ,  $p = .07$ .

#### 10.2.1.6 Age.

The first trending factor. Figure 13 shows the relationship between age of the professional counsellor and use of SRIs, based on mean analysis of responses to question 54. There was only one respondent in the age range 20-24 years and two in the age range 80-84 years so these were not considered in the analysis.

**Figure 13**  
Average use of SRIs (question 54 score) by Age Group

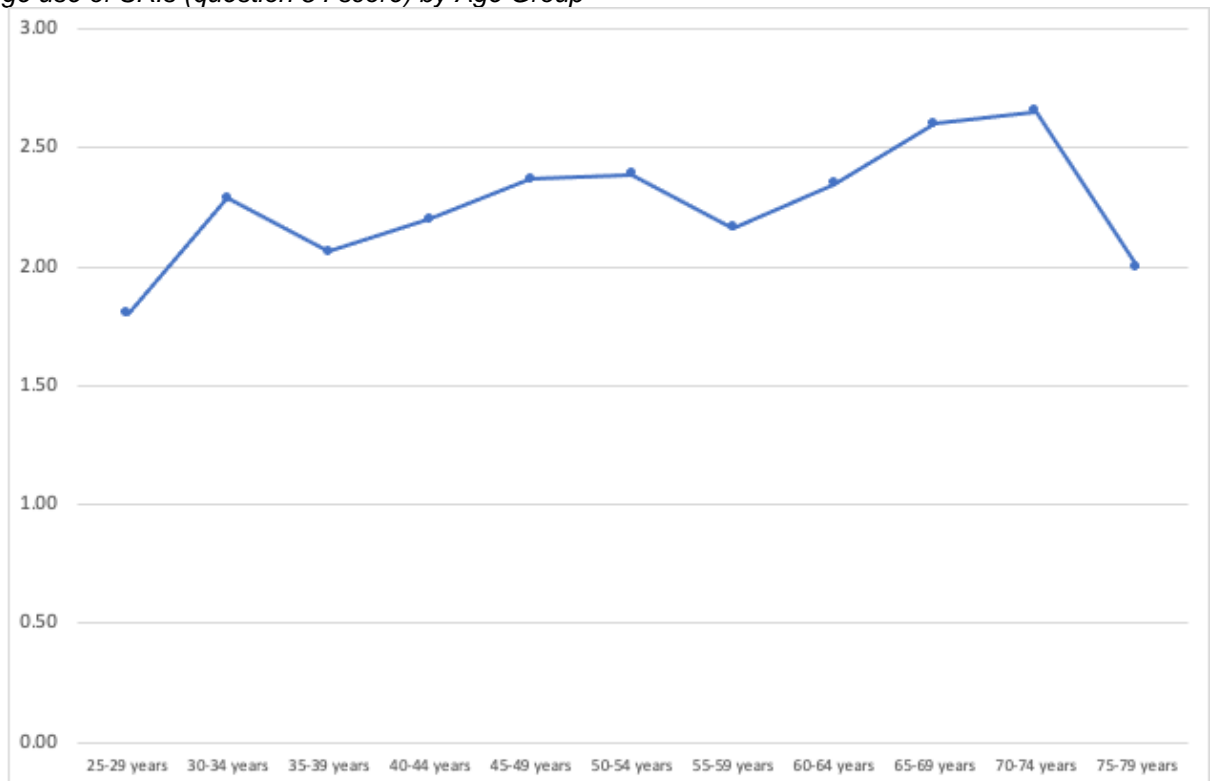


Figure 3 could be seen to indicate a positive relationship between age and use of SRIs – especially if the 75-79 year respondent (n=8) data point is ignored.

Multiple Mann Whitney U tests revealed that scores indicating the use of SRIs:

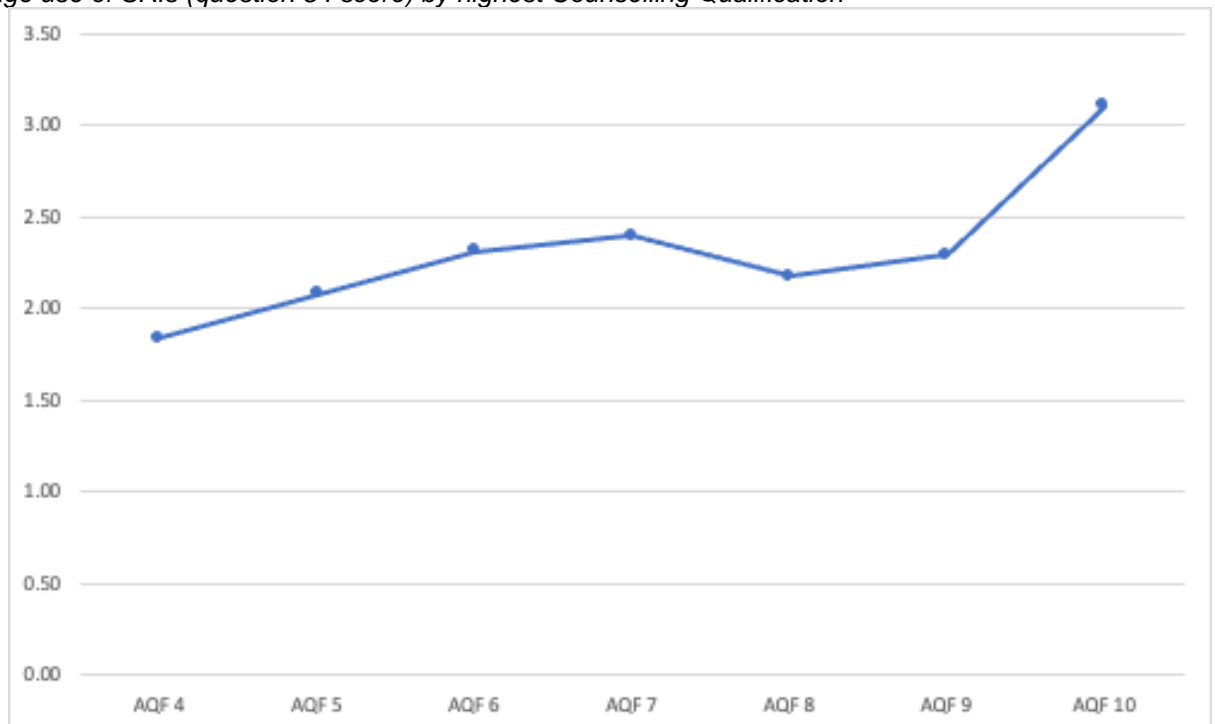
- Were higher for 70–74 year-olds ( $\mu = 2.65$ ,  $n = 23$ ) when compared to 25 – 29 year-olds ( $\mu = 1.8$ ,  $n = 10$ ),  $U = 69$ ,  $z = 1.78$ ,  $p = 0.075$ , but not to a statistically significant extent.
- Were higher for 65-69 year-olds ( $\mu = 2.60$ ,  $n = 45$ ) when compared to 25 – 29 year-olds ( $\mu = 1.8$ ,  $n = 10$ ),  $U = 135.5$ ,  $z = 1.94$ ,  $p = 0.052$ , but not to a statistically significant extent.

### 10.2.1.7 Highest Counselling Qualification.

The second trending factor was whether there was a relationship between the highest counselling qualification and use of SRIs. Six respondents did not indicate their Counselling qualification/s and were excluded. AQF level 1 and 2 awards were considered too basic for this survey. AQF level 3 awards were included but only three respondents listed this as their highest Counselling Award and were excluded.

**Figure 14**

*Average use of SRIs (question 54 score) by highest Counselling Qualification*



Multiple Mann Whitney U tests revealed that scores indicating the use of SRIs were similar between all AQF levels except AQF level 10 (Doctorate). Further tests revealed that the use of SRIs was significantly higher for those with an AQF10 Counselling qualification ( $\mu = 3.1$ ,  $n = 39$ ) than all other groups as shown in Table 11.

**Table 11**

*Mann Whitney U Test results where maximum Counselling Qualification is AQF Level 10*

Highest Counselling Qualification	N	$\mu$	AQF 10		
			U	Z	P
AQF 4	53	2.08	41	2.5209	0.0117
AQF 5	39	2.31	517	-4.077	<0.00001

AQF 6	33	2.39	460	2.998	0.0027
AQF 7	91	2.18	434	2.362	0.0183
AQF 8	118	2.29	982	-4.024	<0.00001
AQF 9	39	3.10	1428	-3.544	0.0004

Further analysis showed 29 of 39 (74%) respondents with AQF Level 10 qualifications in Counselling were Psychologist members of CAPS.

### 10.2.1.8 Highest Theological Qualification.

This factor considered whether there was a relationship between the highest theological qualification achieved and the use of SRIs. Two hundred and thirty-six respondents indicated they had no theological qualifications. AQF level 1 and 2 awards were considered too basic to be relevant.

#### Figure 15

*Average use of SRIs (question 54 score) by highest theological Qualification*

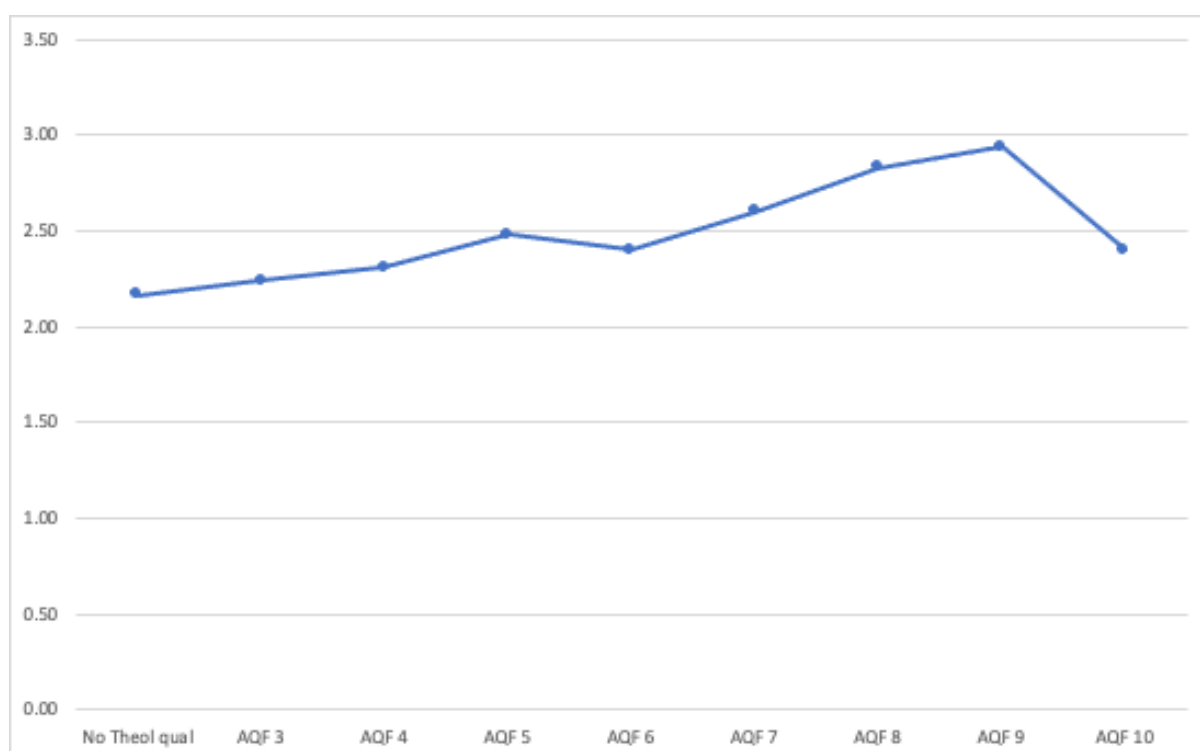


Figure 15 seems to indicate a positive correlation between highest counselling qualification and use of SRIs, especially if the AQF10 ( $\mu = 2.4$ ,  $n = 5$ ) data point is ignored. Table 12 summarises the Mann Whitney U test results comparing those who have no theological qualifications ( $\mu = 2.16$ ,  $n = 236$ ) with various other groups.

**Table 12***Mann Whitney U Test results for those with and without Theological Qualifications*

Highest Theological Qualification	N	$\mu$	No Theology		
			U	Z	P
No Theol	236	2.16			
AQF 3	17	2.24	1934.0	-0.25	0.8026
AQF 4	23	2.30	2608.5	-0.31	0.7566
AQF 5	23	2.48	2167.5	-1.59	0.1118
AQF 6	5	2.40	566.5	-0.15	0.8808
AQF 7	25	2.60	2275.0	-1.88	0.6010
AQF 8	23	2.83	1874.0	-2.45	0.0143
AQF 9	31	2.94	2353.5	-3.23	0.0012
AQF 10	5	2.40	450.0	-0.90	0.3681
Undergrad (AQF 3 – 5)	93	2.42	9551.5	-1.83	0.0672
Post Grad (AQF 6 – 10)	59	2.85	4678.0	-3.90	0.0001
All theol (AQF 3 – 10)	152	2.59	14229.5	-3.44	0.0006

### 10.2.1.9 Professional membership level.

The final trend factor considered whether increasing levels of professional membership influenced the use of SRIs. Where respondents were members of the two primary Australian peak bodies (ACA or PAFCA/CCAA) the survey identified their membership level. ACA has 4 levels of membership and PACFA/CCAA has two levels (Provisional and Clinical). Figure 16 shows the use of SRIs by membership level of these two peak bodies, suggesting a negative correlation between membership level and use of SRI by the counsellor.



Emp/Vol	190	2.153						
Agency	75	2.147	6960	-0.29	0.7718			
Priv Prac	240	2.296	20617	1.71	0.0873	8277	1.05	0.2937

A Mann-Whitney U test revealed that the largest difference between use of SRIs based on practice context was between those who worked as employees/volunteers ( $\mu = 2.15$ ,  $n = 190$ ) and those who worked in private practice ( $\mu = 2.3$ ,  $n = 240$ ),  $U = 20617$ ,  $z = 1.71$ ,  $p = .087$ . However, as the P score is  $< .05$  this relationship was not quite statistically significant. Additional survey questions asked whether the respondent “felt they had permission to use Spiritual or Religious Interventions” in their selected workplace context. Of the 193 respondents who worked as employees, 45 (23%) indicated they did not feel they had permission and 19 of 76 (25%) of respondents who work as a contractor did not feel they had contextual permission to use SRIs.

#### **10.2.1.11 Country of Practice.**

This is the second factor prone to change in our global world.

##### ***10.2.1.11.1 Mann Whitney U test analysis.***

The survey gathered data from respondents practicing in 12 countries. Two were from Canada, one each from Hong Kong, Egypt, Lebanon, Malaysia, Nigeria, Singapore, Uganda and Zambia with three remaining from the USA (42), UK (74) and Australia (264). As discussed earlier regarding missing data, Country of Practice was manually entered for several early survey respondents ( $n = 202$ ) where other recorded data gave a high level of confidence the respondent was from Australia. For the purposes of Country of Practice Analysis, only responses from Australia, UK or USA were considered as the other countries had fewer than 5 respondents.

The Mann Whitney U test results for these three countries are shown in Table 14

**Table 14**  
*Mann Whitney U test results for Country of Practice*

Country	N	$\mu$	Australia			UK		
			U	Z	P	U	Z	P
Australia	264	2.19						
UK	74	2.18	9538	-0.31	0.7566			
USA	42	3.36	2529.5	-5.66	0.00001	658	-5.14	0.00001

A Mann-Whitney U test revealed that scores indicating use of SRIs were:

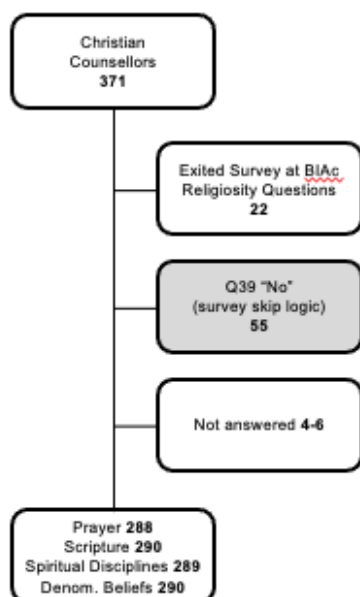
- Similar between those who practice in the UK ( $\mu = 2.18$ ,  $n = 74$ ) and those who practice in Australia ( $\mu = 2.19$ ,  $n = 264$ ),  $U = 9538$ ,  $z = -0.31$ ,  $p = .757$ .
- Higher for those who practice in the United States of America ( $\mu = 3.36$ ,  $n = 42$ ) than either those who practice in the UK ( $\mu = 2.18$ ,  $n = 74$ ),  $U = 658$ ,  $z = -5.14$ ,  $p < .00001$ , or those who practice in Australia ( $\mu = 2.19$ ,  $n = 264$ ),  $U = 2529.5$ ,  $z = -5.66$ ,  $p < .00001$ .

#### **10.2.1.11.2 AACC Questionnaire.**

Christian Counsellors were asked four questions to allow comparison with an earlier survey conducted by the American Association of Christian Counselors.<sup>47</sup> To achieve this, skip logic was built into Q39 “Do you identify as a Christian Counsellor?” where those who answered “No” ( $n = 55$ ) skipped this subset of questions. See Figure 17 and discussion below:

<sup>47</sup> At the 1999 World Conference of AACC, a survey was distributed that queried members’ beliefs, counselling practices, values, and professional development needs. The results of this survey were later published (Clinton & Ohlschlager, 2002, pp. 82–25).

**Figure 17**  
*Respondents answering AACC Survey*



Several respondents (n= 288-290) answered an identical set of questions to those in an AACC member survey. These four questions addressed: Use of Prayer; Use of Scriptures; Encouraging clients to engage in Spiritual Disciplines; Encouraging denominational beliefs. The results are shown in Appendix XII – Additional Quantitative Results.

To enable statistical analysis, results have been aggregated by combining ‘Never’, ‘Rarely’ and ‘Sometimes’ to equal ‘Low/Moderate’ use and combining ‘Often’ and ‘Always’ answers to equal ‘High’. The aggregated data is shown in Table 15.

**Table 15**  
 Aggregated survey data using AACC questionnaire (raw data and percentage)

Intervention	Low/ Moderate			High		
	Aust	UK	US	Aust	UK	US
Prayer	159	58	20	30	5	16
Scripture	155	56	18	35	7	19
Spiritual Disciplines	114	52	14	75	11	23
Beliefs	185	62	36	5	1	1
	Percentage					
Prayer	84%	92%	56%	16%	8%	44%
Scripture	82%	89%	49%	18%	11%	51%
Spiritual Disciplines	60%	83%	38%	40%	17%	62%
Beliefs	97%	98%	97%	3%	2%	3%

**Figure 18**  
 High/Low analysis of AACC Questionnaire responses by country (percent)

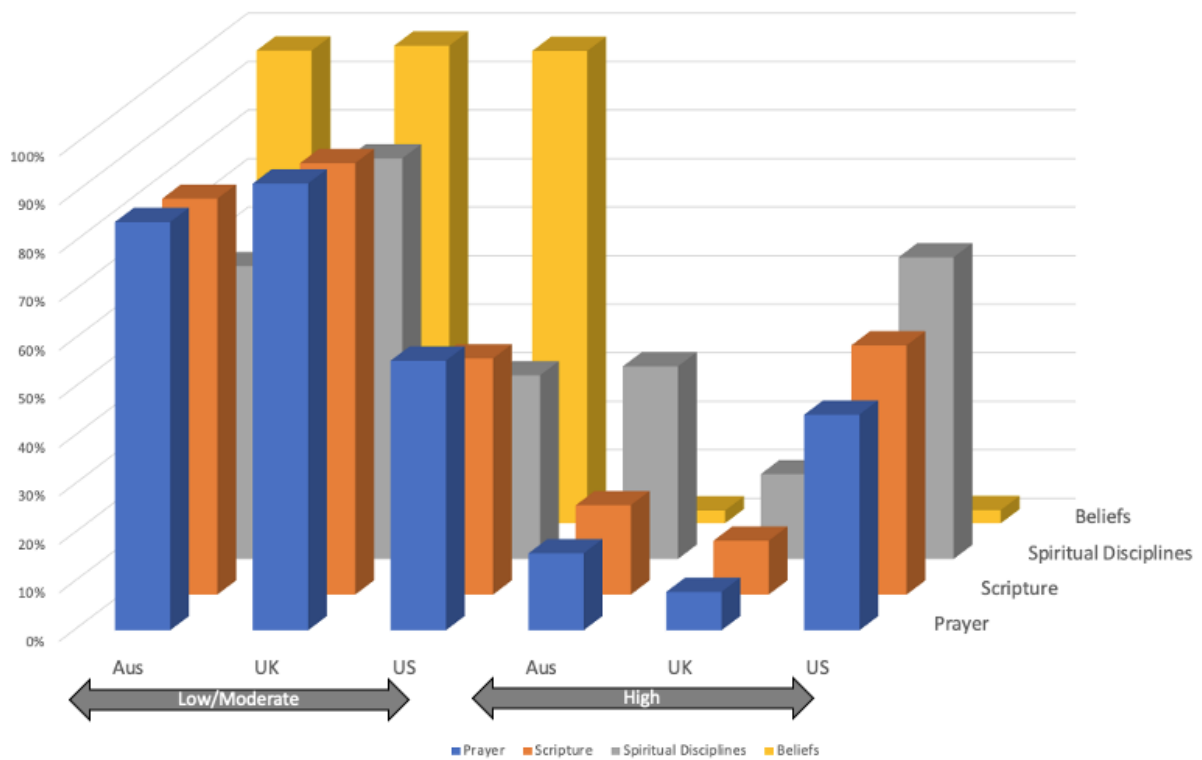


Figure 18 shows the ‘Low/Moderate’ and ‘High’ use of the four interventions covered in the AACC questionnaires by country of respondent. By observation, the following hypotheses were identified as emergent:

1. All counsellors, regardless of country, make very low use of 'Encouraging denominational *beliefs*'.
2. US counsellors seem to make higher use of Prayer, Scripture and Encouraging *Spiritual Disciplines*, compared to UK and Australian Counsellors.
3. Australian and UK counsellors seem to make similar use of *prayer* and *scripture*.
4. Australian counsellors seem to encourage *spiritual disciplines* more than UK counsellors but not as much as US counsellors.

By using the 'Difference of two proportions Z-test' to test the final three hypotheses listed above, the two combinations with a p value of less than .05 (US+Aus and US+UK), suggest that the variation between the two data sources is statistically significant. It was decided only to analyse the variance in low/moderate scores, noting that whatever conclusions drawn would by extension apply to variance in high scores for the following factors.

#### 10.2.1.11.2.1 *Prayer.*

**Table 16**

*Difference of two proportions test for statistical significance for Low/Moderate use of Prayer*

Country	Australia		US	
	Z	p	Z	p
US	3.8958	0.0001	X	X
UK	-1.5775	0.1141	-4.2743	<0.00001

Z test suggests Australian and UK counsellors use statistically less prayer than their US colleagues, but there is no statistically significant difference in use of prayer between Australian and UK counsellors.

#### 10.2.1.11.2.2 *Scripture*

**Table 17***Difference of two proportions test for statistical significance for Low/Moderate use of Scripture*

Country	Australia		US	
	Z	p	Z	p
US	4.3639	<0.0001	X	X
UK	-1.3513	0.17702	-4.4292	<0.00001

Z test suggests Australian and UK counsellors use statistically less scripture than their US colleagues, but there is no statistically significant difference in scripture use between Australian and UK counsellors.

#### 10.2.1.11.2.3 *Encouragement to engage in Spiritual Disciplines*

**Table 18***Difference of two proportions test for statistical significance for Low/Moderate use of Spiritual Disciplines*

Country	Australia		US	
	Z	p	Z	p
US	2.5232	0.0117	X	X
UK	-3.2217	0.00128	-4.556	<0.00001

Z test suggests Australian and UK counsellors encourage clients to use Spiritual Disciplines statistically less than their US colleagues. However, if a p value of 0.01 had been selected as the test criteria, this difference would not be statistically significant when comparing US and Australian counsellors. Z test suggests UK counsellors encourage clients to use Spiritual Disciplines statistically less than their Australian colleagues.

#### 10.2.1.12 **Religious Affiliation.**

The final changeable factor. Whilst at a macro-level, religion is arguably a stable factor, the survey uses the same religious affiliation categories as the Australian Bureau of Statistics which identifies religious affiliation at the Christian denominational level. This may vary for each person during the seasons of their faith-life.

Analysis of Religious Affiliation data took a 'Zoom in' approach – beginning with a religious/not religious view, then considering the difference between Christian and non-

Christian religions, then considering the various Christian denominations before ultimately, in the next section, considering the religiosity of the individual counsellor.

#### **10.2.1.12.1 Religious compared to not religious.**

Thirteen respondents chose not to answer the question identifying religious affiliation. These records were excluded from the analysis. A Mann-Whitney U test revealed that although religious respondent's ( $\mu = 2.34$ ,  $n = 352$ ) use of SRIs scores were higher than those of no religion ( $\mu = 2.17$ ,  $n = 23$ ), the difference was not statistically significant,  $U = 3721$ ,  $z = 0.65$ ,  $p = .5157$ .

#### **10.2.1.12.2 No religion, Christian and Non-Christian Religions.**

As this project focusses attention on Christian Counselling, the next stage of data analysis separated those holding a Christian faith from those holding another religious faith (non-Christian Religion). These two groups were compared with those of no religious faith as shown in Table 19

**Table 19**

*Mann Whitney U test results for Christian, non-Christian and respondents of no religion.*

Religious Affiliation	N	$\mu$	No religion			Christian		
			U	Z	P	U	Z	P
No religion	23	2.17						
Christian	342	2.36	3576.5	0.73	0.4654			
Non-Christian religion	10	1.70	85.5	1.14	0.2543	1054.5	2.07	0.0385

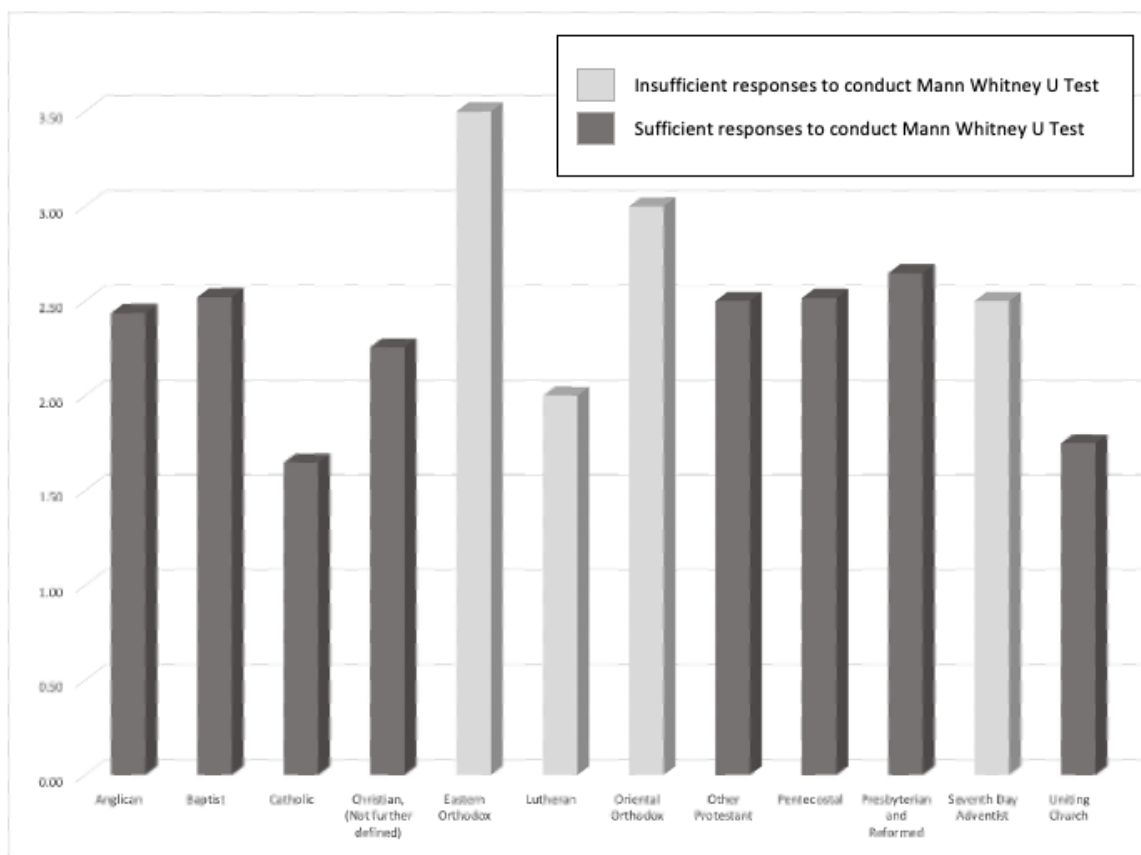
A Mann-Whitney U test revealed that use of SRI scores was lower for respondents who affiliated with a non-Christian religion ( $\mu = 1.7$ ,  $n = 10$ ) compared to those who affiliated with a Christian religion ( $\mu = 2.36$ ,  $n = 342$ )  $U = 1054.5$ ,  $z = 2.07$ ,  $p = 0.0385$ . There was no statistically significant variation between those who held a Christian faith and those who had no religious faith. Within the diverse group of non-Christian respondents, only one faith group (Buddhists ( $n = 6$ )) reached the minimum 5 for further analysis, with two indicating Islam, one Judaism and one Hindu). A Mann Whitney U test was conducted for the

Buddhist respondents ( $\mu = 1.83$ ,  $n = 6$ ) compared with all Christians ( $\mu = 2.36$ ,  $n = 342$ ) and each of the individual Christian denominations and was found to have no statistically significant difference in their use of SRIs.

### 10.2.1.12.3 *Christian denominations.*

Respondents indicated an affiliation with 12 different Christian denominations, including Christian (Not further defined) ( $n = 129$ ).

**Figure 19**  
*Variance in use of SRIs by Christian Denomination*



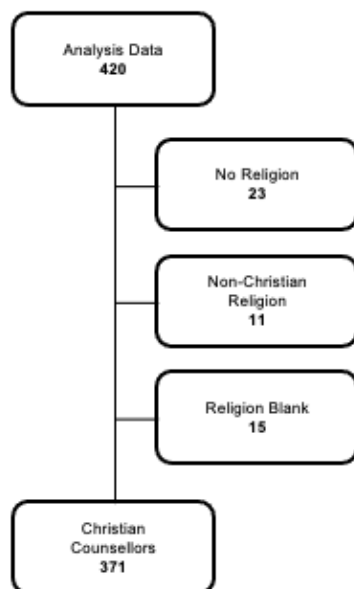
Four denominational classifications did not receive sufficient responses ( $>5$ ) to conduct an effective Mann Whitney U test (Eastern Orthodox ( $n=2$ ), Lutheran ( $n=3$ ), Oriental Orthodox ( $n=1$ ), and Seventh Day Adventist ( $n=2$ )).

Multiple Mann Whitney U tests were conducted on the remaining eight denominational classifications to determine whether the variance was statistically significant. These results are provided in Appendix XII – Additional Quantitative Results.

### 10.2.1.13 Religious Commitment.

To better understand the use of SRIs by individuals within each of these Christian denominations, the research focused only on those who identified as having a Christian religion, the numerical implications of which can be seen in Figure 20.

**Figure 20**  
*Exclusion of non-Christian responses*

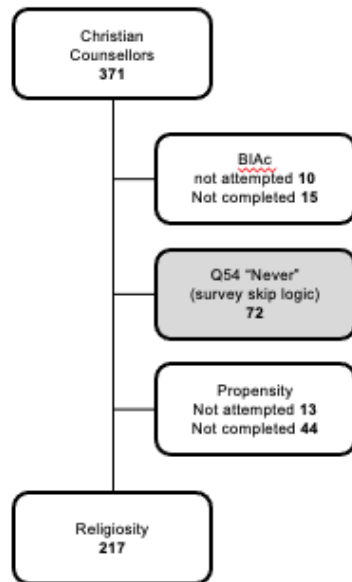


These Christian Counsellors responded to a series of questions designed to measure Religiosity. Ten respondents chose not to answer any of these questions and a further 15 commenced, but did not complete, the religiosity questions. When presented with question 54, seventy-two answered “Never”. As explained in the methodology, the skip logic in the Survey tool excluded these respondents from a series of more detailed questions about which specific SRIs they might use. The remaining Christian Counsellors were presented with a list of 15 specific SRIs and asked about their use of these to determine a more refined

measure of propensity to use SRIs. Some chose not to provide this information (n=13) and others (n=44) provided partial answers. This is shown in Figure 21.

**Figure 21**

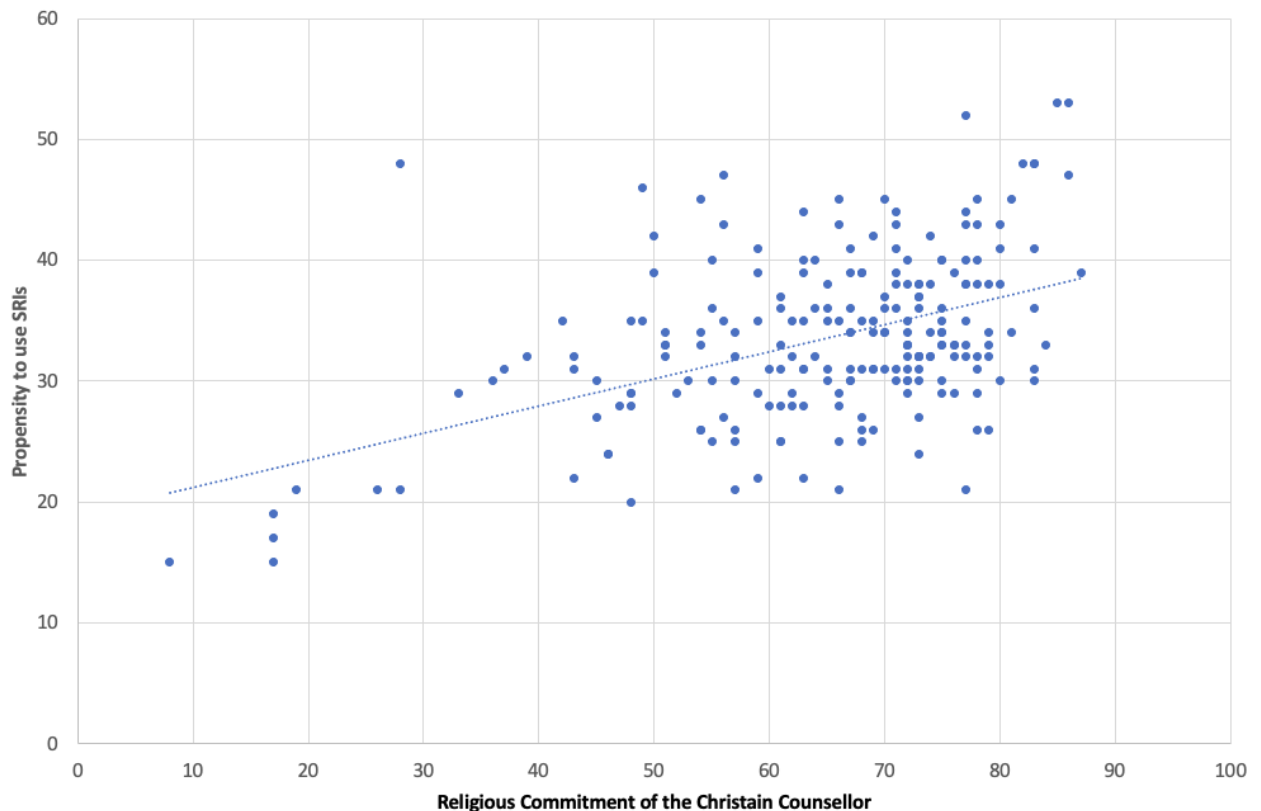
*Exclusion of respondents to complete Religiosity assessment*



Thus, a comparison of Propensity to use SRIs with individual Religiosity was possible for Christian Counsellors (n=217) who made some use of SRIs.

**Figure 22**

*Comparison between Religious Commitment of the Christian Counsellor and their propensity to use SRIs*



A Pearson Correlation Analysis<sup>48</sup> indicated the religiosity of the Christian Counsellor is related to their propensity to use SRIs in their Professional Counselling practice ( $r = .46$ ,  $p < .05$ ).

#### **10.2.1.14 Type of SRI.**

The survey evaluated the use of SRI by considering 15 different Christian SRIs and asking respondents about both their prevalence of use as well as their suitability.

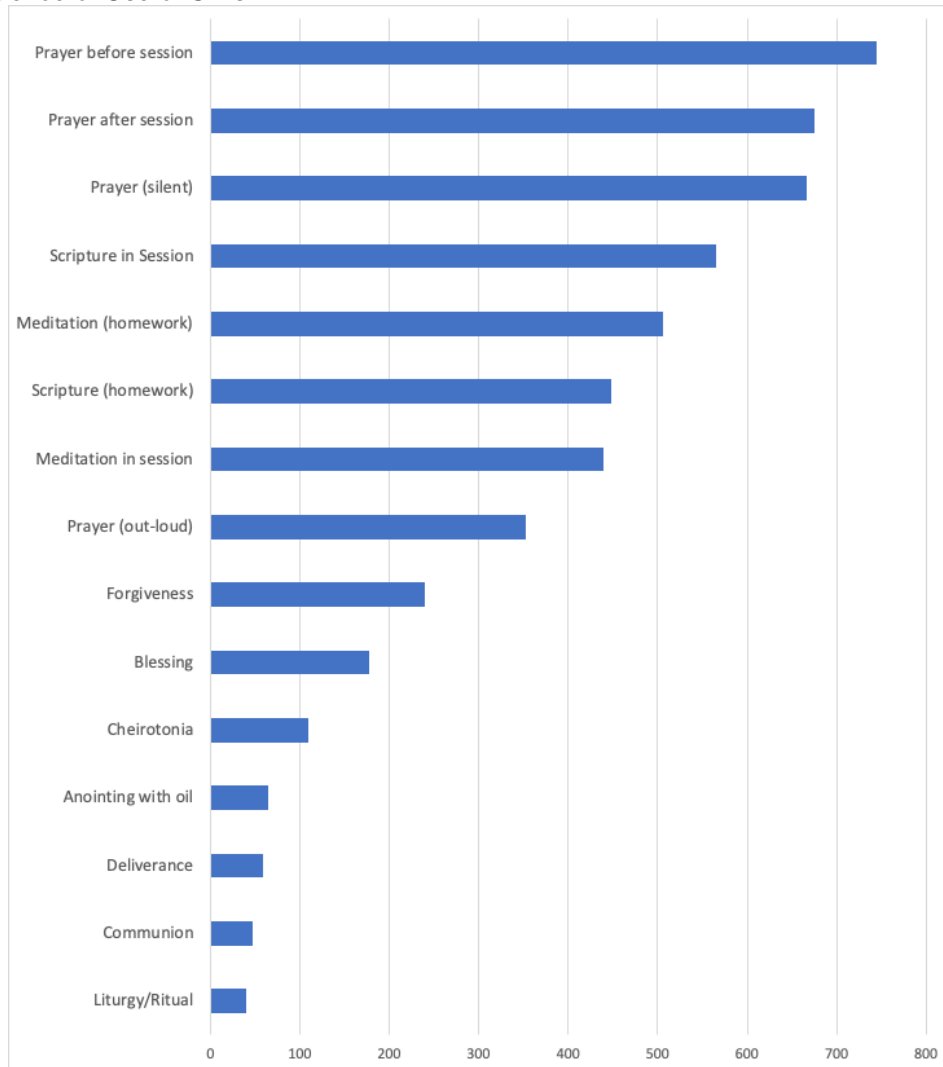
##### ***10.2.1.14.1 Prevalence of use.***

The prevalence of use data has already been referred to when evaluating the effect of religiosity. In that case a column-wise calculation assessment of 15 SRIs was used to determine an individual counsellor's propensity to use SRIs. A row-wise assessment of the

<sup>48</sup> Sarantakos describes Pearson's Correlation Analysis as "the most common measure of the association of variables"(1993, p. 375) It is recommended by authors such as Bryman (2016) and Punch (2014).

same data allowed each separate type of SRI to be assessed based on its use by Christian Counsellors as shown in Figure 23

**Figure 23**  
*Prevalence of Use of SRIs*



#### ***10.2.1.14.2 Suitability of use.***

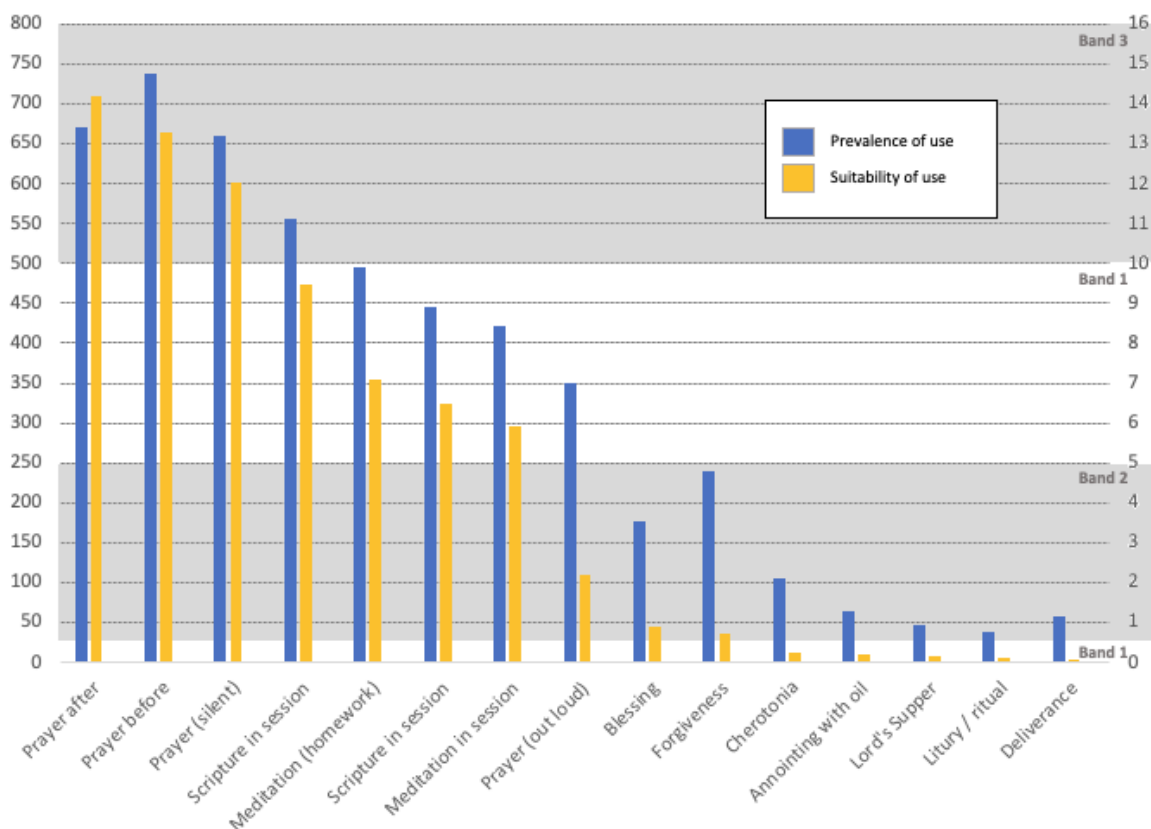
Over one third (37%) of the survey questions gave attention to the suitability of specific SRIs for particular presenting issues. As outlined in the Methodology, respondents were only asked to indicate suitability for using SRIs for relevant DSM5 categories, that is, those they have “experience or interest in”. Participant flow showing category relevance is described in Appendix X – DSM5 Category Survey Monkey Skip Logic and will be analysed further in the next section. For the purposes of evaluating suitability of types of SRIs, the

relative suitability between the SRI types can be approximated by dividing the total number of times a specific SRI was deemed suitable across all DSM5 categories by the total number of times that same SRI type was deemed not suitable. The result is provided in Table 20 and illustrated in Figure 24. In each case, suitability data has been placed alongside the prevalence data from the previous section to allow comparison between the two.

**Table 20**  
*Survey results – Prevalence and suitability of SRIs*

Intervention	Interim data provided to Focus Group Participants (Sept 2018: n=308)		Final data (Feb 2021: n=587)	
	Prevalence	Suitability	Prevalence	Suitability
<b>Personal</b>				
Prayer prior	216	25.76	737	13.28
Prayer(silent)	213	47.50	659	12.03
Prayer following	194	41.95	671	14.21
<b>Universal</b>				
Scripture in session	154	14.29	557	9.46
Meditation (homework)	138	12.45	495	7.08
Scripture (homework)	132	13.18	446	6.48
Meditation in session	107	9.30	422	5.91
<b>Typical</b>				
Prayer (out loud)	99	2.29	350	2.20
Forgiveness	89	1.88	239	0.72
Blessing	55	1.97	176	0.90
<b>Special</b>				
Cherootonia	33	0.27	105	0.23
Deliverance	19	0.09	58	0.08
Anointing with oil	16	0.24	64	0.21
Liturgy / ritual	14	0.11	38	0.14
Lord's supper	12	0.18	46	0.14

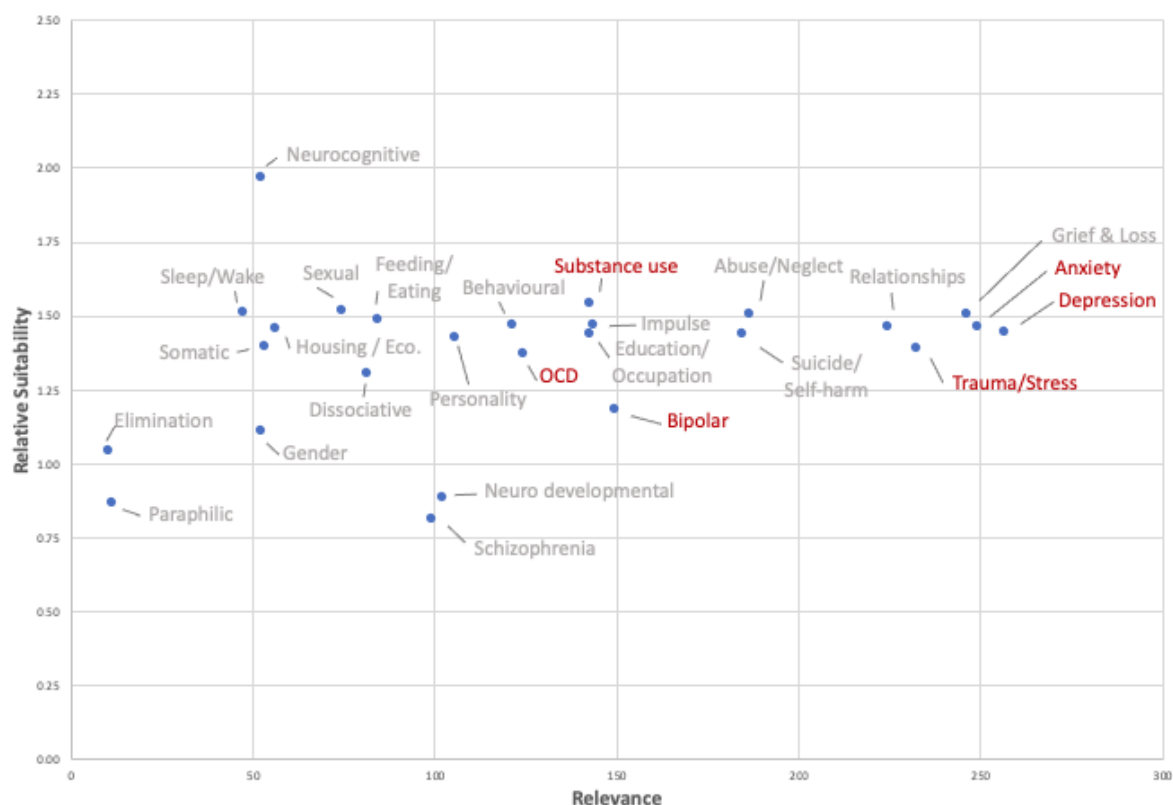
**Figure 24**  
*Prevalence and Suitability of using specific SRIs*



**10.2.1.15 Presenting issue.**

The final quantitative analysis of results sought to investigate the use of SRIs in the context of the type of presenting condition as defined by DSM5 categories. As already discussed, Relevance of each Disorder was ranked according to the number of respondents who had “experience or interest in” the specific Disorder category. This data was compared with the suitability of using SRIs for that category of disorder. Results are illustrated in Figure 25. The average suitability was 1.37 with a standard deviation of only 0.25.

**Figure 25**  
Suitability of use of SRIs compared to relevance of DSM5 category



Note: The most prevalent Mental Health disorders as identified in the Australian National Survey of Mental Health and Wellbeing (2008) are highlighted in Red.

### 10.2.2 Qualitative analysis

Primary data used for qualitative analysis was coded from the transcripts of the four focus groups. See Table 21.

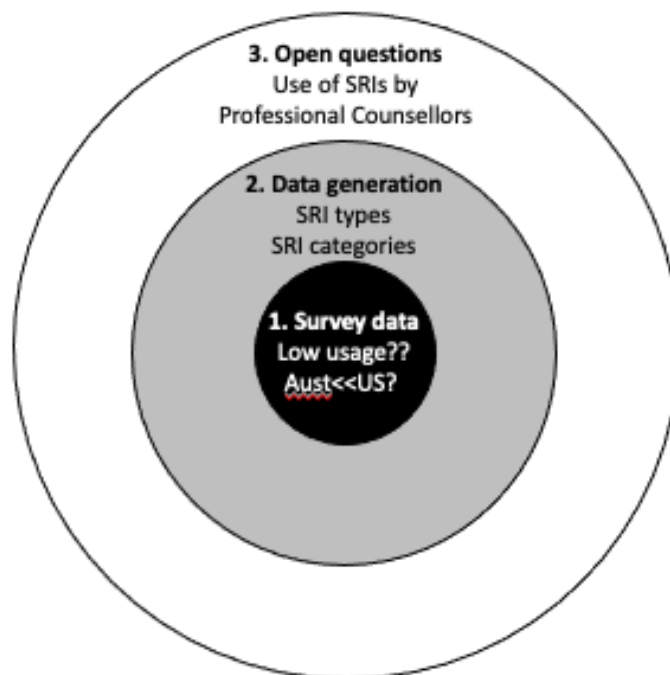
**Table 21**  
Focus Group Summary

Location	Date	Number of participants (n)
Perth	13 Sept 2018	3
Brisbane	14 Sept 2018	4
Sydney	20 Sept 2018	3
Melbourne	27 Sept 2018	5

Focus groups were used both to seek explanation for the quantitative data emerging from the survey results (Bryman, 2016; Krueger & Casey, 2009; Punch, 2014; Sensing, 2011) and generate ideas (Bryman, 2016; Sensing, 2011; Swinton & Mowat, 2006) with respect to types

and categories of Spiritual and Religious Interventions. To stimulate discussion and enable further insight to the data, focus group participants were provided with the types and categories of SRIs already emerging from the survey results. This also involved some level of qualitative analysis as outlined below. Finally, the opening question, (Krueger & Casey, 2009) and other parts of discussion, generated broader insights from focus group participants relating to the use of SRIs amongst Professional Counsellors. Results will be presented to align with the central, specific research question regarding the low use of SRIs, and then broadened to present some of the emergent ideas that relate to SRI types and categories. The wider qualitative data that has emerged will then be presented. See Figure 26.

**Figure 26**  
*Qualitative results sequence*



Sample transcripts for focus groups, with line numbers for reference, can be found in Appendix V– Sample Focus Group Transcript. A four-character referencing system is used where the first character is the 1st letter of the location of the focus group and the remaining three numerical characters represent the line item in the transcript. For example, S294 refers to line 294 in the Sydney transcript. Where relevant, the focus group participant is also

referenced. De-identified participant references (P1-P15) have been arbitrarily allocated based on the order in which the participant made their first comment.

### 10.2.2.1 Explanation of Survey Data.

Initial analysis was already suggesting low usage of spiritual and religious interventions by professional counsellors, particularly when compared to US colleagues. A summary of this data was presented to each group with the question: “Why might the use of S/R interventions be so small amongst counsellors who are Christian particularly compared to US colleagues?” Analysis of transcripts reviewed eight strong themes in answer to this question. See Table 18 and discussion.

**Table 22**  
*Reasons for low usage of SRIs amongst Australian counsellors*

Theme	Frequency			Sample
	Total	Focus Group	n	
Trepidation	17	4	10	B339: P3: I guess there's a sense of fear
Training	16	4	8	M312 P13: I think perhaps another factor is... is probably training
Client dependent	12	4	9	P035 P4: it depends on what... on the client as well
Code of Ethics	12	4	8	B323 P1 the code of ethics actually does really make it difficult to feel freedom by bringing into a counselling session, spiritual interventions led by the counsellor
Context	9	4	5	P661 P7: doesn't it depend on the context in which you're conducting... you're conducting your counselling?
Role Clarity	7	3	7	P641 P5: those still to me don't fit into the category of a professional counsellor
Australian Culture	7	3	4	B321 P1: there is a a negative attitude towards expressing Christian faith freely in society so culturally and societally it's frowned upon
Spiritual Maturity	4	2	2	S153 P9: and the other thing that I was thinking of was their own their own spiritual maturity of the counsellor
Complexity	1	1	1	B298P1 spiritual dimension can be more complex

*Note: Frequency counts include explicit as well as implied reference. For example, “I could lose my registration” was considered a reference to the code of ethics as a breach of code of ethics would be the basis of any loss of registration.*

#### 10.2.2.1.1 Trepidation.

The data indicates the primary reason for avoiding the use of spiritual and religious interventions is trepidation, that is, “a feeling of fear or anxiety about something that may happen” (Lexico, 2022, para. 3). It was mentioned by all four groups and indicated by 10 out of the 15 (66%) participants.

**Table 23**  
*Trepidation subthemes*

Sub-theme	Frequency			Sample
	Total	Focus Group	n	
Legal/Ethical	7	4	4	S169 P10 their fear around legal issues
Harm to client	6	3	5	S192 P10: I think in the hands of an untrained pray-er it could... it is actually a dangerous thing
Organisation	1	1	1	P703 P7 “I hope they’re not listening to what I’m doing in here”.
Unclear	2	1	2	M576 P11: – I explain that to them, but I’m still very wary

Sub-theme analysis (Table 23) suggests the main reason for this fear is not concern for harm to the client but instead is fear of legal and ethical repercussions to the counsellor. Participants spoke of “litigation” (B332), being “sued” (B460, S142) and “legal issues” S169. Ethical concerns are discussed in a dedicated section below. Participants recognised the “power” imbalance and the potential to “overstep the mark” (B202). An untrained counsellor could be “dangerous” (S192) - presenting risks that a client may “falter” (B358) or may even lead to “spiritual abuse” (B211). One participant (M977) suggested clients could be harmed by being drawn away from their Church community (“the body”).

One participant spoke of being “really careful” for fear of reprisals from their employer (P703) and others simply indicated they were “wary” (M383, M576) or experiencing “apprehension” (M447) without any further explanatory information.

#### **10.2.2.1.2 Training.**

All groups and more than half the participants (53%) indicated training or related themes (e.g., education), explained the low use of SRIs by professional counsellors.

**Table 24**  
*Training subthemes*

Sub-theme	Frequency			Sample
	Total	Focus Group	n	
Lack of skill	10*	4	6	M379 P14: “
Anti-training	5*	1	3	M312 P13: training ethos and they really had... the... the model was you... your spirituality can be your own private affair, but don't you dare bring it into your professional work...
Theological	2	1	1	S153 P9: having studied the Bible having done theological studies and having within yourself develop spiritual disciplines you are more likely then to use those in your therapy sessions with the clients

*Note:* One training comment referenced both lack of training and anti-training so it was coded twice.

Sub theme analysis (Table 24) indicated that whilst a lack of training was the main sub theme, a somewhat surprising theme of anti-training emerged in one focus group from three participants. One indicated that SRIs “did not belong in the training ethos” they were schooled in. The message from the training provider was “your spirituality can be your own private affair, but don't you dare bring it into your professional work... it's not relevant.” (M312). Another suggested the Christian training institution they studied at gave the impression “biblical counselling is almost the evil cousin of Christian counselling” (M350), noting that biblical counselling primarily involves the use of scripture in counselling. A third participant referred to “one of the stories that I was told during my training” that described a counsellor being de-registered after using SRIs (M549).

One participant broadened the discussion on skills training to include “theological training” (S231) and “theological studies” (S159) at Bible College, noting their support for the use of SRIs as a professional counsellor.

#### **10.2.2.1.3 Client dependent.**

Every focus group recognised that the use of SRIs will inevitably be significantly dependent on factors associated with the client. The main sub-theme (Table 25) that emerged was acknowledgement of the client's "worldview" (P219), recognising Australia as a nation of "many cultures" (M377) including "non-Christian" (S075). One participant further nuanced this discussion by introducing the idea of clients who "are really openly Christian" (M367), suggesting perhaps that the religious component of a client's worldview may have some level of gradation.

**Table 25**  
*Client subthemes*

Sub-theme	Frequency			Sample
	Total	Focus Group	n	
Worldview	4	2	4	P219 P4: well, it is very much drummed into us that we follow the client and work from their world view.
Preference	3	2	3	P310 P7 she didn't want scriptures and she didn't want prayer
History	2	2	2	P274 P7: they want a Christian counsellor who understands where they're coming from, but they've been hurt by the Church
Presentation	1	1	1	M391 P14: and is presenting with...
Unclear	2	2	2	S330 P10: but I'll sort of not do it with everybody ... just some

Refraining from using SRIs can also be as simple as them being "unsuitable because the person doesn't want that to happen" (B462). One participant described a particular client experience as being "told quite, quite stringently and you know we're not going there" (B306). A third participant said she had a client who indicated "she didn't want to be prayed for" (P310). In each case, participants indicated they were happy to work within the client's preferences and world view. Finally, it was suggested that the issue the client "is presenting with" (M391) will influence the use of spiritual and religious interventions. These client factors will be explored in greater detail in the Discussion.

#### **10.2.2.1.4 Code of Ethics.**

Ethics were referred to 12 times when explaining the low use of spiritual and religious interventions. While most of these references spoke of the “code of ethics” other phrases such as “ethically problematic” (P832), “ethical pressure” (M236), and “the ethics around that” (S169) were also used. In each instance ethics was spoken of in a vague and non-specific sense. Every group mentioned the code of ethics as a limiting factor and in each case the research facilitator sought clarity by asking questions such as: “what is it about being under that code of ethics that uniquely applies to this use of spiritual and religious interventions?” (B140); “what actually is it about the code of ethics that you think is stopping or limiting?” (S181); “what is it about the PACFA code of ethics that makes you say that?” (M269). Perhaps the only observable sub theme is that two participants indicated they felt that the code of ethics did not permit the counsellor to “lead” (B140, S181). Another participant acknowledged not knowing by responding to the facilitator’s question with, “Haha, don't ask me that!” (P204). A final participant suggested that it was PACFA’s expectation of “value neutrality” (M269) that restricted the use of spiritual and religious interventions. The validity of these responses will be explored and challenged in the Discussion.

#### **10.2.2.1.5 Context.**

The context of the counselling conversation was the final theme identified by all four groups. Various employment settings were described to explain the limited use of spiritual and religious interventions. Examples include: “generally I find I'm not using that, and I started my work sort of for agencies, secular agencies” (P120); “I worked in a secular organisation in sexual assault and I was told when I got the job I wasn't to talk about God” (P661); and even, “there are still a number of Christian organisations that don't allow their counsellors to use spiritual interventions” (S139).

The situation was summarised by one participant: “it depends on the... service that you're working in ... so that's going to really dictate which line you go” (M375). Two participants indicated that the greater freedom to use spiritual and religious interventions was one of the reasons they work in “private practice” (S198, B631).

Many participants observed that the context may not only restrict the use of spiritual and religious interventions but may also create a circumstance where spiritual and religious interventions could be expected to be used. It was suggested that the use of SRIs would be typical of Christian counsellors (S378) especially those who advertise themselves as such (M085), or work from a Church office (B631). It was further suggested that this expectation would not just come from the client themselves but also from referring organisations such as Churches referring “staff and members” (B828).

#### **10.2.2.1.6 Role Clarity.**

All but one of the groups, and nearly half of the participants (46%), indicated that the use of SRIs by professional counsellors raises questions of role clarity given that subtheme analysis shows the majority indicated that professional counsellors were wondering “where does my role start and where does my role finish?” (M950) in relation to ordained clergy. The challenge was summarised by P2 who posed the rhetorical question, “is it my role to speak into their spirituality or is this the place to make a referral to someone whose official, ordained, mandated role is to speak into that and you keep that counselling space as the place where they work it out?” (B193).

**Table 26**  
*Role subthemes*

Sub-theme	Frequency			Sample
	Total	Focus Group	n	
Ordained	4	3	3	P188 P4: if they need sort of that that sort of stuff that should go to the pros you know actually go to a pastor
Not Couns	2	2	2	P641 P5: of those still to me don't fit into the category of a professional counsellor

Public	1	1	1	P250 P6: how would the... the public view that even the Christian public
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#### ***10.2.2.1.7 Australian Culture.***

One participant had been trained and worked professionally as a counsellor in Australia and the United States. He described Australia as a “staggeringly secular culture” and observed that in Australia “religion is something you don't talk about”, it is something “that does not belong in public life and does not belong in professional life” (M280). Another participant who has travelled extensively to America as a professional Christian counsellor to participate in numerous conferences noted: “they are far more free in the States and we are more bound from discussion on Christian topics” (B292). That participant also described the situation as “a political push toward no-go zones”, summarising her belief by stating “there is a negative attitude towards expressing Christian faith freely in society so culturally and societally it is frowned upon” (321). A third participant commented on Australian culture: “... we're so culturally tuned and trained to be inclusive of everybody and respectful of everyone, and I love that, and accepting everyone - it almost puts a block to expressing that Christian spirituality of Jesus” (B339).

Finally, a fourth participant observed that: “religious terminology and matters of faith [were] very much more broadly accepted” in places such as America and South Africa when compared to Australia, attributing this at least in part to our convict history and the hypocritical behaviour of men of the Church in the early decades of European settlement of Australia.

#### ***10.2.2.1.8 Spiritual Maturity.***

Two participants suggested the use of spiritual and religious interventions was at least partially related to the “counsellor's own spirituality” (M821), specifically the level of the counsellor's “spiritual maturity” (S153).

### 10.2.2.1.9 Complexity.

One final observation made by a single participant to explain the reduced use of spiritual and religious interventions, relates to problem to complexity: “is there a difference between other interventions? ... complexity is a difference [since] some of the other areas that you look at are simpler, whereas spiritual dimension can be more complex” (B298).

### 10.2.2.2 Categories of Spiritual and Religious Interventions.

Focus Group participants were provided with the data contained within the three left-most columns of Table 27 below. They were also provided with a visual representation see Appendix VI- Focus Group Interview Guide. Following a verbal explanation of the four categories of SRIs (Personal, Universal, Typical and Special), participants were asked two questions: “What do you find interesting about these findings?” and “Are these classifications helpful?”

**Table 27**  
*Survey results – Prevalence and suitability of SRIs*

Intervention	Interim data provided to Focus Group Participants (Sept 2018: n=308)		Final data (Feb 2021: n=587)	
	Prevalence	Suitability	Prevalence	Suitability
<b>Personal</b>				
Prayer prior	216	25.76	737	13.28
Prayer(silent)	213	47.50	659	12.03
Prayer following	194	41.95	671	14.21
<b>Universal</b>				
Scripture in session	154	14.29	557	9.46
Meditation (homework)	138	12.45	495	7.08
Scripture (homework)	132	13.18	446	6.48
Meditation in session	107	9.30	422	5.91
<b>Typical</b>				
Prayer (out loud)	99	2.29	350	2.20
Forgiveness	89	1.88	239	0.72
Blessing	55	1.97	176	0.90
<b>Special</b>				
Cheirotonia	33	0.27	105	0.23

Deliverance	19	0.09	58	0.08
Anointing with oil	16	0.24	64	0.21
Liturgy / ritual	14	0.11	38	0.14
Lord's supper	12	0.18	46	0.14

Whilst some participants expressed surprise (S376) about specific 'scores' attained by a particular intervention, there was no negative sentiment toward the classification system. Instead, the ranked order was validated (e.g. P5 commented: "if I had guessed what I thought would have been more or less the order that's roughly ... [how] I would've ordered those interventions" (P371). The classification system was described as "good" (P433) and "makes sense" (S376).

Furthermore, participants identified a utility in the classifications that helped "articulate what is typical" (B482) of a Christian counsellor and provided a framework for "training" (B488) and "accountability and professionalism" (B484).

After the focus groups, prevalence and suitability analysis was completed on the full survey dataset (n=587). These are displayed as the right-hand columns of Table 27. Comparing the interim data with the final data, one notes that whilst there has been slight change in the ranked order of the 15 specific interventions, classification categories have been maintained.

### 10.2.2.3 Types of Spiritual and Religious Interventions.

Having indicated their use of the 15 specific interventions, survey participants were asked, "Are there any other Spiritual or Religious (S/R) Interventions you use that have not been included above?" Responses are shown in shown in Table 28.

**Table 28**

*Other SRIs identified by survey respondents (as at Sept 2018)*

"Are there any other Spiritual or Religious (S/R) Interventions you use that have not been included above?"
Affirmations from Scripture
Calling in the light

Check out belief system  
Christian dreamwork  
Client self prayer re deliverance (not by therapist)  
Culturally appropriate spiritual practices such as Karakia as per Maori beliefs  
Elijah House prayer ministry principles  
Elijah House  
For the client to pray and form a closer relationship with God  
Forgiveness  
Forgiving of others, forgiving of self - occasionally  
Freedom Through Christ Ministry and Spiritually Sensitive Counselling - often  
Hakomi mindfulness  
Healing physical and mental illnesses through prayer  
Homework of actively forgiving or turning to God for help with addictions, etc - only with clients that have a Christian faith though.  
Intentional invitation of God's presence in session  
Invocation of spiritual energies relating to client's beliefs. Use of Client's spiritual concepts, icons, Ritual etc  
Lighting a candle - reflection time  
Listening to the Holy Spirit for discernment and wisdom - the truth sets you free  
Listening to worship music  
Meditation as therapy  
Non Dual Psychotherapy Integral Psychology - Ken Wilber  
Only use spiritual interventions when requested by a client  
Own belief of walking authentic spiritual path and own perception of closeness to personal values and beliefs  
Practicing the Presence of God  
Practicing the Presence of God, Guided Meditation with spiritual imagery  
Prayer Counselling  
Prayer Ministry - daily  
Refocussing  
Showing Jesus to the client by my acceptance of them & compassion for them  
Silence  
Soul alignment - etheric clearing and energy transmutation of akashic  
Spiritual warfare  
The Immanuel Approach (Lehman and Wilder) - use it normally  
Use of the internal person of Jesus or Holy Spirit  
Used when client has used ... and with great care  
Visualisation Jesus as a safe person frequently  
Visualisations

Visualization - I also see non Christian clients Christian clients who I would not conduct spiritual interventions with

Worksheets

*Note:*

The list above is a verbatim copy of the survey responses. No attempt is made to correct spelling inaccuracies or explain specific approaches such as Hakomi or Elijah House.

Additional 'Other Spiritual and Religious Interventions were received from survey respondents after Sept 2018. These have been provided in Appendix XIII – Validation of Theory B

Prior to the focus groups, the researcher had considered the additional SRIs outlined in Table 28 and proposed a new list of 22 interventions to participants. The new list was an endeavour by the researcher to ascertain an improved, more inclusive and useful list of SRIs. These were presented to focus group attendees with the question, “What feedback do you have regarding the proposed list?” See Table 29.

**Table 29**

*Lists of SRIs used during focus group*

List of SRIs used in survey	Proposed list of SRIs presented to focus group participants for feedback (Sept 2018: n=308)
Prayer prior to session	Prayer prior to session
Prayer in session (silent)	Prayer in session (silent)
Prayer following session	Prayer following session
Ref. to sacred writings (e.g., Bible) in session	Ref. to sacred writings (e.g., Bible) in session
Religious med <sup>n</sup> /mindfulness (homework)	Religious med <sup>n</sup> /mindfulness (homework)
Use of sacred writings (e.g., Bible) (homework)	Use of sacred writings (e.g., Bible) (homework)
Religious meditation/mindfulness in session	Religious meditation/mindfulness in session
Prayer in session (out-loud)	Prayer by counsellor (out-loud)
Confession/Absolution	Confession/Absolution (forgiveness)
Declaration of blessing	Declaration of blessing
Cheirotonia (laying on of hands)	Cheirotonia (laying on of hands)
Deliverance/exorcism	Deliverance/exorcism
Anointing with oil	Anointing with oil
Structured ritual/ liturgical practice/ formal rites	Structured ritual/ liturgical practice/ formal rites
Communion/Eucharist/Lord's supper	Communion/Eucharist/Lord's supper
	Culturally specific S/R Interventions
	Dream interpretation
	Holy Spirit enabled visualisation/listening
	Inviting/ calling in Jesus/the light/God's presence
	Prayer by client in session
	'Quiet time' homework tasks
	Prayer Ministry

The Focus Group feedback for each item in the proposed list is discussed below.

#### **10.2.2.3.1 *Prayer prior to session.***

For the sake of discussion, this includes Prayer following session. This may also include praying for clients outside of session (such as “while I’m in the shower” (M483). For some participants this action was highly valued, suggesting it was “very important” (S284) to “surround the session in prayer” (S287), some indicating they did it “all the time” (M547) and they “would have thought it would have been part of every Christian Counsellor’s toolkit” (M459).

#### **10.2.2.3.2 *Prayer in session (silent).***

One participant indicated “that’s probably the one I use the most - silent prayer, but I tend to use it when the client is struggling with... when there’s silence... or there’s a moment of reflection” (S292). Three participants (from two separate groups) spoke of the Holy Spirit “prompting” (B089, S292, S272). Other descriptors were the Holy Spirit “moving” (S272) and being “led” by the Holy Spirit (M063).

#### **10.2.2.3.3 *Prayer following session.*** See prayer prior to session (above).

#### **10.2.2.3.4 *Reference to sacred writings (e.g., Bible) in session.***

Use of the scriptures as an SRI was identified by at least one person in every focus group (P108, S037, M339, B029). A wide variety of approaches were suggested including “printed handouts” (B029), asking clients “what verses might apply?” (P026) and used as a tool for “meditating” (P094). One participant spoke specifically of Biblical counselling suggesting that “the word of God” has the power to “produce interventions”.

#### **10.2.2.3.5 *Religious meditation/mindfulness (homework).***

One participant gave “meditational study” as an example, with the context of the conversation implying this would be done outside of session (B033). Another spoke of teaching a mindfulness activity and then asking the client “how can you use that next time

you're at work and you're starting to have an anxiety attack - it's a tool that they can take home from meeting with me" (B098).

#### **10.2.2.3.6 Use of sacred writings (e.g., Bible) (homework).**

One participant gave an example of introducing a scripture, indicating the client subsequently went home and did a Bible study on it (P314). "Meditational study" (B033) has already been observed as one participant's input.

#### **10.2.2.3.7 Religious Meditation/mindfulness (in session).**

Three participants reported using "meditation" in session (P73, P108, S37). One specifically indicated "God's word" was the focus of Christian client meditation (P94). Two others spoke of guided imagery meditation and gave a brief description. P6 suggested using "meditation with guided imagery that involves Christian symbols like, for example, meditation on the cross". Another participant gave a more thorough description of their use of guided imagery for people with high anxiety.

"I use guided meditation as in 'so imagine a garden in heaven - I would imagine that would feel pretty peaceful. So ... how do you feel [about] closing your eyes and imagining a garden - what kind of garden do you see?' And every person has seen a different kind of garden ... 'well... how does it feel? What colours do you see? What sense do you smell? ... just use their imagining, their imagination and senses in that biblical context (B058).

Two participants spoke of the non-Christian aspects of meditation/mindfulness. One felt mindfulness was "pretty big at the moment which is not to do with Christian Counselling" (M037). Another was cautious about mindfulness because of its connection with other faith practices:

... for me just the meditation and mindfulness again brings not necessarily Christian spiritual interventions to mind... and I know that it says in the Bible to meditate on the

word of God and there is a way to do that - that is I guess filling your mind with stuff... never worldly, you know to do with Hinduism ... or Buddhism is more emptying your mind and just being mindful I guess ... whatever is brought in if it's for a Christian counsellor... for me... I don't wanna bring things in that either have roots in that sort of thing or are potentially gonna make clients think the wrong kinds of things (M711).

#### **10.2.2.3.8 *Prayer by counsellor (out loud).***

Every focus group indicated prayer is a primary SRI used by the professional Christian counsellor (e.g., P073, B031, S037, M081). Group discussions about audible prayer by the counsellor ranged from one participant, "I've chosen not to pray in sessions and even told the client that I would let them pray in the session but I wasn't going to pray for them" (M548), through to "my understanding's always been that it should be typical of Christian counsellors to pray out loud for their client" (S378). One participant indicated they generally do an "opening prayer" (P499) whilst another reported, "lately I've been doing a lot more prayer at the end of session" (S294). One other shared a story of being asked by a catholic client to light a candle whilst they prayed in session (P529).

#### **10.2.2.3.9 *Confession/Absolution (Forgiveness).***

One participant commented: "I declare forgiveness in Jesus's name - not my name - and ... I've seen the Lord use that really powerfully in healing people" (P479). Another humorously recalled a client who "comes to see me every 6 to 8 weeks - she's a widow living the high life - she says she describes me as her confessor" (P473). One participant cited forgiveness as an example of "Christian doctrine" that might be referred to (S039).

#### **10.2.2.3.10 *Declaration of blessing.***

Blessing as an intervention was not widely understood by participants as P10's comment reveals: "declaration of blessing... not sure I actually know what that is..." (S303). After explanatory group discussion, P10 noted:

“I think - without knowing all that, I intuitively position myself in that role, [with] the client who is struggling with believing something about their identity or their marriage ... so I said, ‘do you mind if I pray with you’ - just finished session and I will be declaring ... with some degree of authority, protection over them as they leave” (S237).

Whilst one participant said it was “quite natural – praying, praying for blessings and so on...” (M942), another indicated they “wouldn’t say that” because “we don’t have training in that” (P443).

#### ***10.2.2.3.11 Cheirotonia (laying on of hands).***

Only one participant spoke of the laying on of hands as a practice in the counselling context suggesting “if we so agreed that we pray, then this laying on of hands is quite automatic isn’t it?” (M942). The other participant who mentioned laying on of hands pointed out he felt it belonged more appropriately with several other interventions in “religious services” in a “community” context.

#### ***10.2.2.3.12 Deliverance/exorcism.***

One focus group had a lively conversation about deliverance/exorcism under two themes: suitability for use in a counselling context, and terminology. One participant described deliverance as “questionable” and posed the specific question: “How ethical is it for a person to one on one be doing deliverance in a counselling session?” (P644), suggesting he would “exclude that from a list of spiritual and religious interventions” (P647), a suggestion supported by another member of the group. As far as terminology goes one participant commented, “I prefer the term spiritual warfare over deliverance and exorcism” (P601). However, another participant said, “I’d actually confess, I’m a little uncomfortable with the term of spiritual warfare because of what else goes with it, so then we’re talking about the whole [issue of] territorial spirits and it just gets bigger and bigger” (P717).

#### ***10.2.2.3.13 Anointing with oil / Ritual and liturgy/ Communion.***

These interventions were always discussed collectively by the participants, with no participant making comment about any one of the three interventions. It was generally observed that these interventions were typically more “community-oriented practices” (P372) that “are the regular functions of a minister or priest” (M621). One participant took a measured perspective observing that whilst he “wouldn’t say that can’t happen”, he still felt they didn’t “fit into the category of a professional counsellor”. Another participant acknowledged that the idea that counsellors might be involved in these interventions left them “gobsmacked” (M968). The following dialogue reveals the importance of one’s theological and ecclesial perspective on the role of the ordained pastor, minister or priest with respect to these interventions:

*P4: It strikes me that these [are] what I sort of class as Pastoral roles. ... If someone who doesn't have a Bachelor of Divinity does this - really they'd have to be all Baptists*

*R: Why?*

*P7: I don't get it...*

*P4: Well Baptists believe there's the priesthood of all believers, where other religions, other denominations very much say you cannot practice ... this (P445-P453).*

#### ***10.2.2.3.14 Culturally specific S/R Interventions.***

None of the focus group participants commented on this category.

#### ***10.2.2.3.15 Dream interpretation.***

This category was proposed as a generic category that might include the specific survey response of ‘Christian Dreamwork’.<sup>49</sup> It received impassioned comment from one participant who was “disturbed ... because dream interpretation to me is not the same as Christian dream work and you know that I did my research project on dreams...(S482). She

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<sup>49</sup> Working with dreams using a Christian framework is advocated by Doctor & Doctor (2014) and Kaplan-Williams & Savary (1984).

went on to explain that a “Christian dream work view is more of helping the client find ... the unique meaning of their dreams (S490).

***10.2.2.3.16 Holy Spirit Enabled Visualisation.***

The only comment made about this category was the difficulty of interpreting the suggestion that “Jesus be mentioned noted as the key idea” (S499).

***10.2.2.3.17 Inviting/calling in Jesus/the light/ God’s presence.***

Beyond one participant’s suggestion we “think of a different name for this one” (M718), no further comment was made.

***10.2.2.3.18 Prayer by client in session.***

This category was added as part of the proposed new list. The original list suggested ‘prayer in session (out loud)’ without making it clear whether it was the client or the counsellor praying (or both). To resolve this ambiguity ‘Prayer in session (out loud)’ was modified to be ‘Prayer by counsellor (out loud)’ and this new category ‘Prayer by client in session’ is added (see Table 29). One participant affirmed the use of prayer out loud in session “whether ... counsellor led or client lead’ (B031) and another participant indicated they were happy to encourage the client to pray in session even though they were reluctant to do so themselves (M548).

***10.2.2.3.19 Quite time/homework tasks.***

As already observed, participants were keen to encourage the use of scripture and meditation for homework although no specific comment was made regarding this proposed new category of quiet time/homework tasks.

***10.2.2.3.20 Prayer ministry.***

Several groups spoke at length about prayer ministry, raising numerous perspectives, as evidenced by the following dialogue.

*P2: I don't think prayer ministry belongs in there. That's a designated trained spiritual network - intentionally in a spiritual space.*

*P3: But if a professional counsellor has done specialised prayer ministry counselling or ministry, for example like Elijah House or Sozo or other prayer ministry - if they've done that training and they're trained and skilled in that, could that not be a spiritual intervention that counsellor offers as a professional?... (B608-B614).*

Whilst the general sentiment was that prayer ministry was distinct from professional counselling (e.g., B608, P791) one participant acknowledged that when “in the United States I very freely did a lot of prayer ministry with my clients...” (M689). Two survey respondents listed “prayer counselling” and “prayer ministry” as an example of an ‘other’ SRI they use in their practice (Table 28). What became clear was that whilst most people were quite adamant the two should not co-exist, they struggled to explain this difference, as can be seen in these two excerpts from different focus groups:

- *... the difference ... I'm actually trying to find some language around it... because to me they are completely different... when I'm doing prayer ministry (which I haven't done for a while) but you're drawing from ... a completely different framework to do that it's not even ... I am struggling with finding the language ... so when you are in prayer ministry training [it] is very clear “you do not counsel” “you are not a counsellor” (B709).*
- *... for me also there has become where there is a bit of a blurring that I'm finding in my position in the Church a blurring because there's pastoral (prayer ministry) and professional counselling and “who am I?” and I'm still trying to navigate that (P250).*

#### **10.2.2.4 Other themes from the Focus Groups.**

The groups opened with a broad question and allowed for wider conversation concerning the use of SRIs by professional counsellors. The following themes emerged variously throughout group interaction but have not yet been discussed.

#### **10.2.2.4.1 *Theological conversation.***

Perhaps the strongest theme that emerged yet has not been discussed is the idea of “theological conversation” as a type of SRI. One participant described this: “Part of their topic is spiritual or Christian based or even religious [and] has a religious base then the topic is open for any discussion or exploration” (B071). Specific examples of these kinds of spiritual topics provided by participants included “career choice” (B076), “forgiveness” (P053, S039), “servanthood (P053), “use of communion” (P054), “identity” (P092), “getting a right view of Father God” (P299), “understanding the Bible” (M070) and “learn more about God” (P011). Where the counsellor feels equipped, this may include “teaching” (M873), although another participant in the same conversation challenged this with: “... isn’t that subjective? By facilitating that discussion I’m going to bring in my subjective view... so for me I wouldn’t go there” (M857).

#### **10.2.2.4.2 *Discernment questions.***

Several participants indicated they use questions to help the client find “unique meaning” (S488). Examples included:

- “... if Jesus walked into the room what would he do? What would he say to you about this situation?” (B052).
- “... well, where does your faith apply to this?” (P026).
- “... have you thought about where God might be in that situation?” (S066).
- “... well, you know... some... some people think that God is always present, but we sometimes can’t perceive that... have you thought about that? And what answer do you come up with? (S070).

#### ***10.2.2.4.3 Silence/ Space for reflection.***

One participant spoke of “providing a space for them to experience or express their own spirituality” (B046), and other shared, “... there’s silence or there's a moment of reflection” (S293).

#### ***10.2.2.4.4 Spiritual vs not-spiritual.***

When reviewing the list of other interventions identified by survey respondents one focus group participant commented, “silence I would say that's just a skill that we use... that’s not an intervention, it’s a skill” (M790). In response, another participant later suggested “when using silence as a spiritual intervention it actually is a form of meditation” (M799). This is one of several examples that emerged that suggest an intervention may not be innately or generally described as spiritual but can be used spiritually. This important concept was to significantly influence the working definition of spiritual intervention<sup>50</sup>.

Earlier, this same participant had said, “the way I use those interventions is to harness the client’s religiosity or spirituality as a resource to actually help to generate change” (M094). This statement may suggest the intervention could be used in a non-spiritual way. Another participant spoke of meditation and mindfulness as, “pretty big I guess at the moment which is not to do with Christian counselling” (M035). The context makes it clear this participant is suggesting Mindfulness, and meditation may, or may not be, spiritual or religious. The following quote demonstrates that even interventions or therapeutic tools with a psychological purpose can become spiritual in certain circumstances:

“... some of those tools and techniques I have used in a counselling setting from a physiological perspective – so not introducing a spiritual component to it or expectation but just using the process, knowing that there’s a physiological response. [S]o in there I guess I would make the statement that it may be up to [the] client to interpret or to

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<sup>50</sup> See Appendix II– Working definitions for Spiritual and Religious Interventions

infuse spirituality into the content of the session for themselves, and something I might think within my own-self is or isn't spiritual will have spiritual connotation. They may have completely different understanding" (B89-B95).

And yet, it seems there remains a distinction between spiritual interventions and non-spiritual: "... could look at them from a secular perspective and say they're secular tools but they're life management that may be outside of the spiritual realm so when you've got ... the other physical and emotional ... and relationship communication all those things may not fit into the spiritual component" (B129). This will be explored in detail in the concluding section of this study.

#### **10.2.2.4.5 *Spiritual Direction.***

In reflecting on a colleague's comment, one participant said "what P3 said ... is to me Spiritual Direction, that there is a room for spiritual direction" B073). And later, "spiritual direction... there is actually [an] association of spiritual directors and some of the interventions that they use could be integrated into... a Christian Counselling approach" (B781).

#### **10.2.2.4.6 *Two dimensions.***

When discussing SRIs, one participant commented that in fact there were two dimensions to consider, the first is:

interventions which draw upon ... client spirituality and religious background whether it be Muslim, Hindu, Buddhist and so in that context a Christian counsellor works with it in a cross-faith setting. [T]he second dimension [is] ... the way I use those interventions is to harness the client's religiosity or spirituality as a resource to helping to generate change ...and where I draw upon my own spirituality in terms of

knowledge of the Bible, my theological framework and then ... use my own spirituality to actually inform interventions within the counselling space (M116).<sup>51</sup>

This seems to suggest that working with SRIs is nuanced by whether the client and counsellor share or can dialogue within the same worldview. Several other Christian participants indicated they practice differently depending on whether their client is a Christian or non-Christian. One described the challenge and their approach:

P2: ... and that there's permission and I guess I mean I obviously work from a Christian framework but ... even so... regardless of where my faith spirituality lies as a counsellor, being very careful that as a client introduces their spirituality and their faith position that I don't either over-affirm or connect with that too strongly or contradict it in any way, so it's still maintaining a neutrality that leaves them freedom to genuinely explore wherever they're at (B149-B153).

#### ***10.2.2.4.7 Informed consent.***

Numerous participants went to great lengths to emphasise the importance of gaining “consent” (S044, S380) or “permission” (B149), or ensuring the client has “so agreed” (M942) prior to undertaking any work with SRIs. Informed consent<sup>52</sup> is a core ethical principal that will be discussed further in the following section when exploring Codes of Ethics.

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<sup>51</sup> These two dimensions will be later included in the discussion of Theory B as an important distinction between Level II and Level III integration.

<sup>52</sup> According to Sood & Gupta, “Informed consent for any treatment is a legal permission to carry out the treatment given after clear understanding” (2008, p. 44).

## **11 Discussion.**

This study seeks to better understand the use of SRIs by professional counsellors. Two theories are emerging from quantitative and qualitative analysis of data from the on-line survey of 420 professional counsellors and the qualitative analysis of transcripts from 15 participants across four focus groups. One addresses the factors that influence the use of SRIs, and the other develops a working taxonomy of SRIs. The Mixed Methods – Grounded Theory (MM-GT) framework was outlined in the Results Chapter. The final two sections of the framework (Advanced Coding and Grounded Theory) synthesise data into one or more grounded theories and form the main body of this chapter.

Advanced Coding is discussed in two parts – each representing the two separate emerging theories. The full breadth of the qualitative and quantitative data is drawn upon. The headings under each theory reflect emerging and consolidating ideas.

The grounded theory section presents the two theories in their most succinct, summarised form and each is described using storylining and is supported diagrammatically. The chapter concludes with an exploration of implications for clinical practice and a brief excursus addresses working definitions.

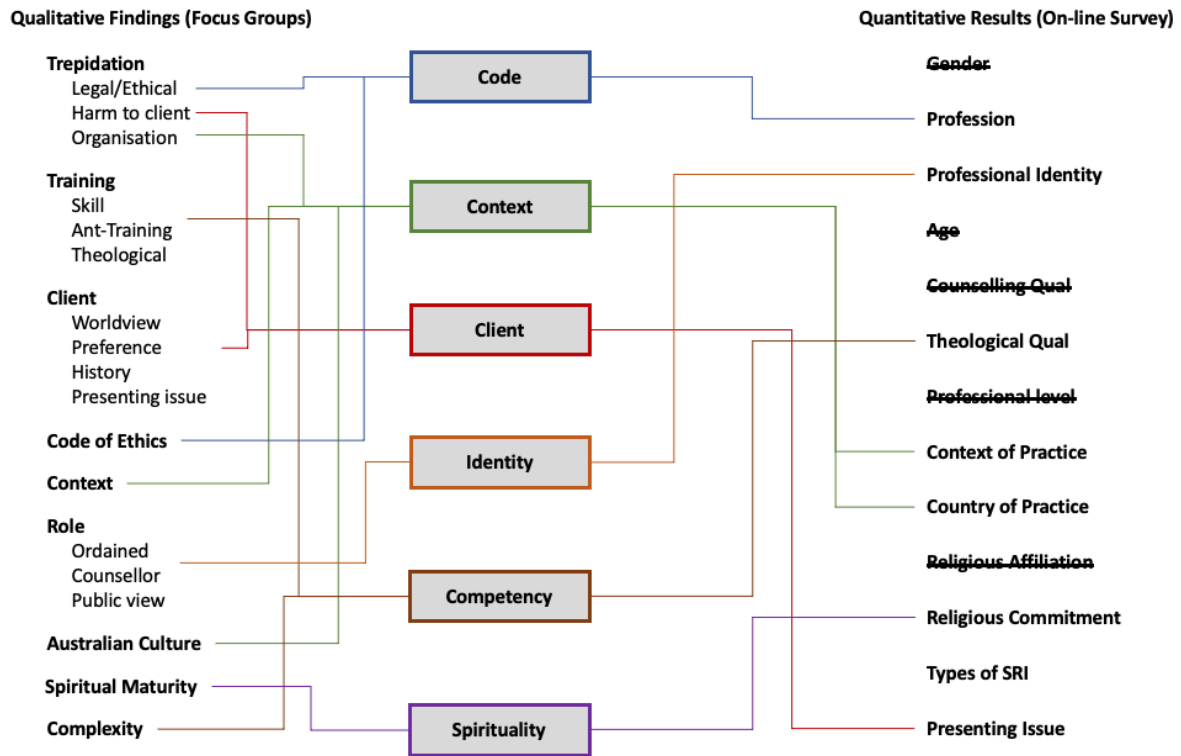
### **11.1 Advanced Coding**

Chun Tie et al. observe that “advanced coding is essential to produce a theory grounded in the data and has explanatory power. During the advanced coding phase, concepts that reach the stage of categories will be abstract, representing stories of many, reduced into highly conceptual terms” (Pg 6). The MM-GT approach in this study applies the design principle of convergence during the advanced coding phase to achieve triangulation. That is, “combining quantitative and qualitative research in order that they may be mutually corroborated” (Bryman, 2016, p. 641).

#### ***11.1.1 Theory A: Factors influencing the use of SRIs***

Figure 27 shows the six categories that develop when the quantitative and qualitative data is converged. These will be individually discussed below.

**Figure 27**  
*Mixed Methods Convergence of Qualitative Findings and Quantitative Results*



Note: Struck out quantitative items indicate no impact on use of SRIs by professional counsellors

### 11.1.1.1 Code.

Professional counselling is an umbrella term that encompasses numerous professions such as clinical psychology, social work, and counselling by registered practitioners. Perhaps the most defining factor in professional counselling is that they are all bound by a code of ethical practice. There are five codes relevant to the Australian context of this study. See Table 30.

**Table 30**  
*Relevant Australian Codes of Ethics and Practices*

Professional Australian Body	Code	Publication Date	Abbreviation
Australian Counselling Association	Code of Ethics and Practice of the Association for Counsellors in Australia	Sept 2015	ACA Code 2015
Christian Counsellors Association of Australia	Code of Ethics	Nov 2020	CCAA Code 2020

Australian Association of Social Workers	Australian Association of Social Workers Code of Ethics	Nov 2020	AASW Code 2020
Australian Psychological Society	APC Code of Ethics	Sept 2007	APS Code 2007
Psychotherapy and Counselling Federation of Australia	Psychotherapy and Counselling Federation of Australia Code of Ethics	2007	PACFA Code 2007

The impact of the code of ethics was identified by focus group participants as the fourth strongest theme influencing the use of SRIs. Whilst no sub-themes emerged, participants were generally unable to indicate what aspect of the Code of Ethics specifically limited or affected the use of SRIs. The only exception was one participant's assertion regarding the concept of "value neutrality" required by PACFA's Code. However, this phrase does not appear in PACFA's code.

The primary factor identified by focus groups that influenced the use of SRIs was 'Trepidation' and the strongest sub-theme was legal and ethical trepidation. In other words, the data suggests participants didn't just feel the codes of ethics somehow limited the use of SRIs, they were also concerned about the consequences if they were to step outside of these codes.

The quantitative results relating to the relative 'use of SRIs by professional' category may be somewhat misleading. Initially, it appears that Counsellors (n=333) and social workers (n=5) make similar use of SRIs, whilst psychologists (n=40) make greater use than both these categories. However, further analysis of participant numbers suggests this conclusion is possibly flawed. Firstly, only 5 social workers participated in the survey. Whilst this is the minimum number required for analysis, it represents such a small sample of the total social worker population that generalisation should be adopted with great caution.

Secondly, the psychologists were overwhelmingly represented by US respondents (n=33) compared to Australian (n=6) and UK (n=1). As will be shown, country of practice

is a very strong factor in the choice to use SRIs and it is felt this is likely the explanation for greater use by psychologists.

Ethical considerations are important when applying SRIs. Hathaway (2011) dedicated an entire chapter to Ethical Guidelines when Using Spiritually Oriented Interventions. Sanders in *Christian Counselling Ethics* (2013, p. 330) observes “the question now being posed is not whether religion and spirituality should be addressed in the clinical context but how.”

The Australian Codes cited above have five principles that seem to give helpful guidance to Sander’s question of “how”. A previously published version of these principles (Hood & Milson, 2021a) did not include the Australian Association of Social Workers Code of Ethics (AASW, 2020). Since approval of publication, the CCAA has released a newer version of their code of ethics which has added 25% to the 2012 edition, all exclusively dedicated to the questions of “human diversity” (2020, p. 8) and “working with spiritually” (CCAA, 2020, pp. 14–16). This study considers the CCAA additions as a window into the development of this important peak body. As we explore these additions it becomes apparent that some Australian codes place greater emphasis on specific principles, but broadly speaking all principles appear in each of the codes.

#### ***11.1.1.1.1 Client World View.***

The ACA (2012) demands that the counsellor is “sensitive to the cultural context and worldview of the client” (pg. 7). The CCAA requires “counsellors [to] show respect for the client’s personal worldview” (CCAA, 2012, 2020). This demand for sensitivity and respect is echoed by, yet seems to go further than, the APS (APS, 2007, p. 11) and PACFA (PACFA, 2017, p. 2) requirement to “avoid discrimination” on a number of bases including religion. Social workers are also required to “respect others’ beliefs, religious or spiritual world views, values, culture” (AASW, 2020, p. 6).

Whilst a client's worldview is much broader than their religion, it is certainly inclusive of it as part of their identity. At a minimum, a counsellor who is practicing ethically will not be considering an intervention that contravenes the client's expressed religious position.

PACFA (2017) expects practitioners to be "responsible for learning about, and taking into account protocols, customs and conventions relating to human diversity". This most certainly includes diverse religious adherence. Perhaps this aligns with the ACA demand for 'sensitivity' (2012) which may be interpreted as suggesting the counsellor proactively seeks to understand their client's culture and worldview. They would need to contemplate interventions that uniquely align with the client by evaluating in a person-centred way their cultural and religious background, specific language issues and what they know of their history. Further, the ACA's statement on Client Autonomy requires the counsellor to work in ways that "respect and *promote* the client's ability to make decisions in light of his/her own *beliefs*, values and contexts"<sup>53</sup> [emphasis added]. If a client holds strong religious beliefs and values, then the ACA counsellor is obliged to work to promote client decision making considering those religious beliefs and values, unless it conflicts with their own ethical stance on doing no harm and the substance of their ethical codes of practice.

The CCAA notes that it is not just enough to respect a client's religion but further the counsellor is obliged to "strive to understand their belief system. Bearing in mind the considerable influence counsellors have over clients, they need to avoid imposition of their own faith, spirituality or religious practices" (CCAA, 2012, 2020).

The importance of respecting the client's worldview receives significant attention in the updated CCAA Code (CCAA, 2020). When considered collectively, the responsibilities and expectations are extensive. With respect to a client's worldview, spirituality and religion, the counsellor must:

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<sup>53</sup> This exact clause has been introduced into the revised CCAA Code of Ethics (CCAA, 2020)

- “view them as important aspects of human dignity” (3.24)
- “listen and communicate sensitively” (3.27)
- “work in ways that affirm” (3.28)
- “demonstrate empathy respect and appreciation” (3.28)
- “work in ways that respect and promote clients ability to make decisions” (3.29)
- “respect clients right to autonomous and self-determining decision-making” (3.29)
- “value and practice empowerment” (3.30)
- “facilitate their clients exploring and accessing their own spiritual strengths and resources” (3.30)
- “not discriminate” (3.32)
- “be aware of the significance” (11.3)
- “know diverse forms exist” (11.3.3)
- “explore practices that are important to clients” (11.3.3)
- “avoid fundamentalism” (11.3.8)
- “be comfortable with using clients beliefs” (11.4.6)
- “be able to determine how clients worldview and beliefs are impacting their situation” (11.4.7)

#### ***11.1.1.1.2 Consent.***

Informed consent from the client is essential before considering any intervention (Martindale et al., 2009; Sullivan et al., 1993). The APS and PACFA provide the strongest requirements for informed consent to therapy services provided (APS, 2007; PACFA, 2017). Informed Consent is listed as one of the eight ethical standard categories by the APS, even appearing before privacy and confidentiality. The seven subclauses within this standard cover the necessity to “fully inform clients regarding the psychological services they intend

to provide” and ten ways it is ensured this consent is given. These ways include, but are not limited to:

- explaining the nature and purposes of the procedures...
- describing risks, adverse effects and possible disadvantages...
- being clear the client has choice with respect to the proposed procedures...
- explaining consequences if the proposed procedures are declined...
- clarifying frequency and duration of psychological services...
- making clear the conditions under which services may be terminated and
- providing any other relevant information (APS, 2007, p. 13).

PACFA notes that “obtaining adequately informed consent for services from clients and respecting their right to choose whether to continue in therapy or withdraw” (2017, p. 2) are a key element of building trust. Beyond this, PACFA even cautions that “[r]eliance on implicit consent is vulnerable to misunderstandings and is best avoided.”(2017, p. 11)

On more than one occasion the PACFA Code of Ethics makes specific reference to the importance of informed consent when the intervention involves the use of direct touch between the counsellor and the client (2017, p. 14).

PACFA lists Autonomy as one of its Six Key ethical principles. “To support client autonomy, Practitioners provide accurate information about services so that clients can make informed decisions about their counselling or psychotherapy. We seek informed consent from clients and engage in contracting around the services to be provided” (2017, p. 7).

The ACA requires the “client [to be] given a free choice whether or not to participate in counselling” (2012, p. 10). To properly exercise this choice, the client must be informed of the nature of the counselling including any proposed interventions. This is in keeping with the ACA requirement that the relationship is established in such a way as to ensure the “empowerment of the client.” Interestingly, the only requirement for informed consent from

the CCAA relates to dual relationships.<sup>54</sup> The absence of a broader need for informed consent in the CCAA Code of Ethic's is perhaps a reasonable critique of this Code. Social workers must "ensure, as far as possible, that service users understand the principle of informed consent and the circumstances in which it may be required" (2020, p. 16).

#### **11.1.1.1.3 Beneficence.**

"Beneficence demands that an intervention only be applied if it is in the Counsellor's best professional judgement that no other intervention is likely to be better for the client" (Hood & Milson, 2021a, p. 6). Beneficence is a principal that can be found in all codes of conduct:

- CCAA states that "[t]he client's best interests shall be upheld in all consultations and referrals, with the client's objectives and confidential privacy interests honoured" (2012, p. 10, 2020, p. 10).
- Beneficence is one of PACFA's ethical principles. "Beneficence requires Practitioners to act in the best interests of clients, based on professional assessment," further noting that "[i]f a client's capacity for autonomy is diminished, acting in the client's best interests becomes paramount" (2017, p. 7).
- Beneficence is mentioned in the Preamble to the APS Code of Conduct which also states psychologists are "committed to the best interest of their clients" as part of the Explanatory statement for integrity (2007, p. 26).
- Social workers must "maintain the best interests of service users as a priority" (2020, p. 15).

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<sup>54</sup> According to Dr Stephen Behnke, Ethics Director for the American Psychological Association, a dual (or multiple) relationship "occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person" (2004, p. 66).

All codes emphasise how the professional counsellor should operate in a way that does the client “no harm”.

#### ***11.1.1.1.4 Integrity.***

Integrity involves practice true to one’s skills (competence) and oneself (beliefs and values). The ACA and APS place a heavy emphasis on competence, each one dedicating a section of their ethical code to this heading with numerous explanatory clauses (ACA, 2012; APS, 2007).

The ACA is rigorous in insisting counsellors do not overstate their competence and adds numerous stipulations such as the need for: continuous development; supervision; practice unimpaired by alcohol; and referral when their competence is exceeded. However, there does not appear to be any explicit requirement from the ACA code that a counsellor operates within their level of competence, perhaps a deficiency in this code. One assumes this is an accidental omission and the explicit need to operate within one’s competence is implied. Nevertheless, this ambiguity can add to counsellor confusion.

The APS is far more explicit, noting in their explanatory statement that “Psychologists practice within the limits of their competence”. More detailed explanation of the standard states that “Psychologists only provide psychological services within the boundaries of their professional competence”, providing five specific inclusions, “working within the limits of their education, training, supervised experience and appropriate professional experience” (APS, 2007).

CCAA summarises this requirement, clarifying that “[e]ach counsellor must know and respect the limits of his/her expertise, knowledge and competence”, echoing the ACA caution against overstating counsellor competence (CCAA, 2012, 2020). The most recent edition of the CCAA Code of Ethics includes a dedicated section with no less than 10 sub-clauses

outlining competency expectations of counsellors when “dealing with spiritual or religious matters” (CCAA, 2020).

PACFA claims to demonstrate commitment to clients by “practicing within the limitations of our training, experience and competence” and “maintaining our professional competence through supervision and professional development”. This is emphasised by the supporting statement with respect to professional standards. “Practitioners give careful consideration to the limitations of their training, experience and competence and work within these limits” (PACFA, 2017).

However, practitioner competence is not the only limiting characteristic, there is the complex issue of the counsellor’s beliefs and values. Each ethical code explicitly mentions the need for the counsellor to practice with integrity, yet the full meaning, implication and application of this requirement is often overlooked or ambiguous, a dilemma addressed in *Implications for Practice*. PACFA is most explicit with integrity defined as “honesty, openness and authenticity in our relationships with clients and each other” and listed as one of its 10 values. Furthermore, PACFA lists ‘authenticity’ as one of twelve aspirational attributes for all counsellors, defined as “the capacity to be true to ourselves and to relate to others based on who we truly are” (PACFA, 2017).

CCAA insists that “Counsellors shall demonstrate sensitivity, humility, honesty, integrity and capability towards the client” (CCAA, 2012, 2020). The APS requires “Psychologists [to] demonstrate their respect for people by acknowledging their legal rights and moral rights, their dignity and right to participate in decisions affecting their lives. They recognise the importance of people’s privacy and confidentiality, and physical and personal integrity” (APS, 2007).

These integrity requirements are a two-edged sword for the professional counsellor. They both protect and restrict client and counsellor, particularly with respect to developing

mutually agreed Interventions. Just as a counsellor should never impose an intervention upon a client, nor should a counsellor ever feel obliged to engage in an intervention they feel uncomfortable with for this would surely adversely impact the counsellor's dignity and right to participate in decisions affecting their lives. Like a two-edged sword, integrity requirements must cut both ways therefore the theme of integrity encompasses counsellor competence as well as the counsellor's beliefs and values. This not only prevents the counsellor from straying into areas beyond their competence, but also empowers the counsellor to resist being forced into areas they are not comfortable with. As has been previously published at an earlier stage of this research:

With regard to SRIs this means (for example) a Muslim Counsellor should not feel obliged to pray to a Christian God, a Jewish counsellor should not feel obliged to treat the New Testament scriptures as sacred and a Christian counsellor should not feel obliged to lead a Buddhist client in Eastern meditation. Within the Christian Counselling context, these challenges of integrity even occur within different denominational expressions of their shared Christian faith between client and counsellor. If a client requests interventions that are beyond the integrity of the counsellor and this cannot be resolved, then referral is an option that should be considered (Hood & Milson, 2021a, p. 16).

#### ***11.1.1.1.5 Evidence.***

Evidence informed principles of practice should be applied. PACFA intentionally encourages evidence informed (as opposed to evidence based) practice (PACFA 2019). Kumah et al. note the subtle but important challenges of an evidence based, compared to evidence informed practice (Kumah et al., 2019). Epstein (2009) observes that an evidence informed approach enables practice that is "enriched by prior research but not limited to it" (2009, p. 11). Nevo & Slonim-Nevo, (2011, p. 1194) argue that "empirical findings should

be part of the intervention process, but the process itself must be creative and flexible enough to meet the continually changing needs, conditions, experiences, and preferences of patients and health professionals."

With respect to using SRIs, the counsellor (and by extension the supervisor) must be aware of the evidence relating to the efficacy and risks associated with any potential intervention and allow this evidence to inform decisions of suitability. The evidence supporting the efficacy of introducing spirituality into the counselling conversation is strong and growing stronger (Captari et al., 2018; Gubi, 2011), however, this does not permit complacency when discerning the suitability of a specific intervention to a particular client situation.

The AASW also adopts "evidence-informed" terminology. "Social workers have an obligation to engage in ongoing professional development throughout their careers in order to provide quality service and accountable, *evidence-informed* [emphasis added] and transparent practice" (AASW, 2020, p. 13).

The APS Code requires the competence of the psychologist to include "basing their service on the established knowledge of the discipline and profession of psychology" (APS, 2007). Beyond this the ethical codes of the four peak bodies are surprisingly sparse when it comes to the necessity for evidence-based practice given the emphasis placed on this principle in other literature published by these peak bodies.

The APS conducts semi-regular literature review of evidence-based practice, the fourth edition being published in 2018. This states that "[h]ealth professionals must use their professional judgement in determining the most appropriate intervention approach based on the best available evidence along with the relevant client and contextual factors" (Australian Psychological Society, 2018, p. 12).

The Scope of Practice for Registered Counsellors published by the ACA mentions “evidence-based” no less than 24 times in its 89 pages (Australian Counselling Association, 2016). PACFA (CCAA is a member Association) publishes a dedicated ‘Evidence Informed Practice Statement’ which notes that PACFA “also strongly encourages all of its members to prioritise evidence-informed practice” (2019).

Significantly, the most recent version of the CCAA Code of Ethics (CCAA, 2020) now notes that all counsellors

- “... must be aware of the significance of spirituality for their counselling by...staying abreast of research and professional developments regarding spirituality and religion specifically related to clinical practice” (11.3.6).
- “.... dealing with spiritual or religious matters shall be competent in this area by... being aware of and acknowledging the research that demonstrates the benefits of spirituality for dealing with many life situations” (11.4.8).

#### **11.1.1.2 Context.**

During one of the focus groups, when asked about use of SRIs, the following dialogue occurred, accentuating the importance of the counselling context:

P7: doesn't it depend on the context in which you're conducting your counselling?

Researcher: help me understand that.

P7: well, ... I've been doing the counselling thing for about 20 years ...

professionally... but I also work for Churches ... I worked in a secular organisation in sexual assault and I was told when I got the job I wasn't to talk about God in my counselling (P661-P669).

The dialogue demonstrates the focus group participant clearly felt their ability to “talk about God” was different when working in “Churches” or working in “a secular organisation”. Whilst the physical context of the conversation has a bearing on the

perceived suitability of SRIs such as ‘God-talk’, one speculates the broader context will involve policies and procedures, explicit and implied expectations and a cultural setting which may include the community or country in which the counselling is being provided.

#### ***11.1.1.2.1 Policy.***

P7 is not alone in her experience of feeling the organisation she worked for discouraged the inclusion of the spiritual and the religious in counselling. Quantitative analysis of questions 110 and 117 of the counsellor survey indicated that 23% of employees and 25% of contractors felt their workplaces did not permit use of SRIs. Organisational trepidation was identified as one of the subthemes of the qualitative analysis with one participant noting, “I hope they’re not listening to what I’m doing in here” (P706), when reflecting on their use of SRIs with a Christian client in the company-owned consulting rooms.

The quantitative analysis of the use of SRIs by practitioners showed similar use for those who worked as employees and those who worked as contractors. The use by these two groups was less than those in private practice. However, the greater use in private practice compared to employees only achieved a p score of .087 which is not quite sufficient for statistical significance (.05 or less).

The relationship between context and policy is well summarised by P1 who suggested that “if they engage a Christian counsellor who works in a school they’re gonna be bound by the policies and procedures of the school” (P636).

The implication for the Professional Counsellor and their client is that there may be circumstances where all other factors would support the use of SRIs but the explicit or implicit policies applicable to the context in which they are meeting might discourage or even prohibit their use. It is also conceivable that contextual policy may unduly encourage the use of SRIs but in practice this is less probable.

#### ***11.1.1.2.2 Expectations.***

P1 similarly noted: “if a person is going to engage a Christian counsellor who works out of a Church there's going to be expectation that prayer ministry is part of the service” (P635). This quote highlights the important impact that physical context has on client expectations. However, client expectations regarding use of SRIs are influenced by numerous factors, not least the way the counsellor portrays or contextualises themselves. P12 commented, “I advertise myself as a Christian counsellor so the people that find me. I expect are already in a position where they know they're visiting a Christian counsellor [and] would expect biblical and prayer intervention” (M079).

The context of the counselling conversation is shaped by all the circumstances that surround and lead up to the discussion. This includes but is not limited to advertising material, any symbols or artwork (religious or otherwise), the source of the referral and the physical location of the counsellor's room. All these factors form the expectations of the client, giving a sense of what they might request or hope for from the counsellor, and even what counsellor suggestions they might be open to considering. This undoubtedly includes their propensity toward SRIs.

#### ***11.1.1.2.3 Culture.***

Whilst the context of the counselling conversation will be defined by the employment policies of the physical location and the contextual expectations of the client, both occur inside the wider prevailing cultural context, including the country in which the counselling is offered. The Australian culture was described by one group participant as “staggeringly secular” and a place where “religion is something you don't talk about” (M280). It seems that this cultural norm permeates the counselling conversation even though it is bound by confidentiality and often exempted from other taboo topics such as pornography, personal vulnerability, and political incorrectness.

It seems Australia and the UK are similar in their low use of SRIs when compared to the US. This was observed in the focus groups as in “they are far more free in the States and we are more bound from discussion on Christian topics” (B292), and evidenced in the quantitative data. The Mann Whitney analysis of broad SRI use across all US (n = 42), UK (n=74) and Australian (n=264) professional counsellors indicates no difference in use by UK and Australian practitioners yet much higher use by US practitioners.

More specifically, an analysis of AACC Survey questions showed this conclusion holds true for the interventions of prayer and use of scripture. The general trend is sustained when considering a counsellor’s encouragement for their client to engage in using Spiritual Disciplines outside the counselling setting. However, with respect to encouraging such disciplines, Australian counsellors seemed to be more inclined toward this than their UK counterparts.

Table 31 shows the percentage of counsellors with high use of Prayer and Scripture in their Practice by Country. This is compared to the percentage of the population who indicated religion is very important in their lives in a 2018 survey (Pew Research Center, 2018, p. 51).

**Table 31**  
*Percentage of counsellors who make ‘high’ use of intervention and percent of population for whom religion is important*

	Australia	UK	USA
Intervention type			
Prayer	16%	8%	44%
Scripture	18%	11%	51%
Pew Research			
“religion is important in my life”	18%	10%	53%

Whilst culture is no doubt a factor in the variance of use of SRIs by practitioners in different countries, Table 31 suggests professional counsellors may simply be responding to a

higher number of clients for whom religion is important. The client as a factor of influence in the use of SRIs is explored next.

#### **11.1.1.3 Client.**

Client factors emerged as the third most influential in the use of SRIs by professional counsellors. It is perhaps unsurprising (even obvious) that client factors would influence the use of SRIs. However, what is surprising is the priority of the sub-themes associated with the client. Intuitively, one might consider the presenting issue to be not just the main client subtheme but even the main factor overall that would influence any choice to use spiritual and religious interventions. If a purely medical model were being applied, the presenting issue (e.g., depression, anxiety, parenting challenges) would overwhelmingly be the primary factor associated with a choice to use a Spiritual or Religious Intervention. What this study has shown is that the twin factors of Code of Ethics and Context have a greater impact than client factors when choosing to use SRIs. With reference to Table 25 one can see that amongst client factors, Worldview, Preference and History seem more influential than the presenting issue. What seems clear is that Professional Counsellors are using a model other than a medical model in their choice to apply SRIs.

#### ***11.1.1.3.1 Issue.***

When viewed through the medical model, clients can tend to lose their individuality (such as personability, quirks, foibles, strengths, hobbies, or gifts) and become patients defined by age, gender and disorder. The key task of the practitioner becomes one of treatment following diagnosis. See for example the case study examples provided on the APA website (American Psychological Association., 2019). These case studies show minimal personal information about the client yet resound with terms such as ‘diagnosis’ and ‘treatment’. This medical paradigm suggests there should be a strong correlation between the use of SRIs and a specific set of disorders that respond well to this kind of ‘treatment’.

Low use of SRIs might be further understood if the disorders they were treating were uncommon. However, we do not observe this behaviour.

In all the focus groups, only one participant mentioned, almost in passing, that the presenting issue was a factor in their choice to use SRIs (M391). The quantitative analysis confirmed very little variance in perceived suitability of SRIs based on DSM5 category ( $n=26$ ,  $\mu = 1.37$ ,  $sd = 0.25$ ). See Figure 25. This suggests professional counsellors who use SRIs place greater emphasis on other client factors. This study suggests the two factors of client spirituality and client history are significant in the choice to use SRIs.

#### ***11.1.1.3.2 Client Spirituality.***

The primary client factors that determine whether a professional counsellor will offer SRIs seem to fall under the broad umbrella of client spirituality. The first element under this umbrella is worldview. Worldview,<sup>55</sup> the most significant sub-theme that emerged from focus groups, was raised by at least one participant in all four groups. P4 made the point very clearly that “it is very much drummed into us that we follow the client and work from their world view” (P219).

Kumar (2004, p. 24) notes that even though there is a distinction between worldview and spirituality “your worldview greatly affects your view of spirituality”. The ethical demand to be “sensitive to” (ACA, 2012, p. 7) and “show respect for” (CCAA, 2020, p. 7) client worldview has already been discussed.

However, client spirituality is more individualised than the broad philosophical worldview the client may have. For some clients religious faith might form part of their worldview and personal spirituality. All religious faiths eventually find themselves in sub-communities. One need only look to the Sunni and Shiite communities of Islam, the three

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<sup>55</sup> According to Gray “worldview is a collection of attitudes, values, stories and expectations about the world around us, which inform our every thought and action” (2011, p. 58).

schools Buddhism, and the countless Christian denominations for evidence of this. Yet, client spirituality is more nuanced than even the sub community of whatever religious faith they may identify with. Spirituality is individual.

This individuality is revealed in the passing comment of one focus group participant who observed that it is not just the nature of the client's faith that must be considered but also the level of "openness". P13 noted "It's only with Christian clients that are *really openly Christian* [emphasis added] that that I realised that it's appropriate" (M370). Here P13 is highlighting the idea that it is not enough to know the nature of the client's spiritual worldview (e.g., Christian) but the extent which that worldview is important to the client.

Spirituality as a journey is a metaphor that transcends faith and religious boundaries: Islam (Helwa, 2020); Buddhist (Kachar, 2021); Christian (Stonehouse, 1998; Walborn, 2021); First Nations (Good Sky, 2020) and pluralistic/universal (Batie, 2020; Pike, 2021). It is a journey with highs and lows, twists and turns. When determining the suitability of SRIs, the professional counsellor must therefore be attuned not just to the broad nature of their client's spiritual journey (e.g., Christian, Buddhist) but also to their place on that intimately personal journey.

#### ***11.1.1.3.3 Client History.***

When viewed as a journey, a client's spirituality will not only have a present location but also a history of travel. For some clients the valleys will have included times when their spirituality or faith context was the source of their anguish. P7 explicitly recognised that some clients have been "hurt by the Church" (P274). It is for these clients most specifically that there is the greatest risk that SRIs might be harmful.

The choice to *avoid* using SRIs due to their *capacity for causing harm* emerged as the second sub-theme within the broader sense of trepidation that some counsellors felt toward

the use of SRIs (S192). Whilst this risk is ever-present it is accentuated for the client whose history has included spiritual abuse.<sup>56</sup>

Client history will also largely determine *preferences* in the counselling conversation. This includes but is not limited to their preferences relating to SRIs. Regardless of the nature or depth of spirituality of the client, the professional counsellor must be attuned to and honour any expressed preference of the client with respect to the use of SRIs (P310).

The idea that counsellors would be “client-focused” (Egan, 2013, p. 230) or “person-centred” (Corey, 2016, p. 163; Geldard & Geldard, 2003, p. 26; Ivey et al., 2014, p. 201) seems to be an accepted norm. It is therefore unsurprising that client factors such as client history, spirituality and presenting issue would influence the use of SRIs.

The focus on ethical practice as described in the various codes is unquestionably an important aspect of best practice that is likely to be widely accepted. Perhaps a little more surprising is the influence of the context of the counselling conversation, particularly the interplay between culture, client expectations and workplace policy. Yet all the factors discussed so far are external to the counsellor concerned. From the counsellor’s perspective these are elements of the world without.

The more remarkable findings that have emerged from this study lie in the significance of factors associated with the counsellor themselves. It is this world within that is now addressed.

#### **11.1.1.4 Identity.**

The self-identity of the counsellor seems to influence the choice to use SRIs. There are two aspects of self-identity that seem most pertinent. The first is the extent to which a Professional Counsellor chooses to allow their own faith to enter the counselling

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<sup>56</sup> A 2020 article on WebMD, medically reviewed by Dr Dan Brennan suggests “[a]ny attempt to exert power and control over someone using religion, faith, or beliefs can be spiritual abuse” (2020, para. 1).

conversation. That is, do they identify as a Christian Counsellor or a Counsellor who happens to have a Christian faith? The second aspect is how they view their professional role in contrast to the role of clergy as well as how definitive they believe this distinction to be. Both these aspects are explored in the discussion below.

#### ***11.1.1.4.1 Professional Identity.***

Quantitative data concerning professional identity suggests this is certainly a predictor for the use of SRIs. Respondents who advertised themselves as Christian Counsellors (n=163) were statistically more likely to use SRIs than those who only personally identified as Christian Counsellors but did not advertise as such (n=118). Both groups used SRIs more than respondents who did not consider themselves Christian Counsellors (n=71) but the difference between this group and those who identified (but did not advertise) as Christian Counsellors was not quite sufficient to attain statistical significance. It should be noted that questions of Professional Identity relate to all types of Professional Counsellor whether that be a psychologist, social worker or registered counsellor.

The primary professions involved in this study were Registered Counsellors, psychologists and social workers. Variance between these professional groups has been discussed previously. Within each of these Professions some respondents identified as Christian Counsellors and some of these advertised their services as such. In other words, the three professional identities (Not Christian Counsellor; Christian counsellor but not advertised; and Christian Counsellor advertised) were made up of representatives from the three Professions, Counsellors, psychologists and social workers.

The discussion chapter includes further exploration to deepen understanding concerning Christian Counselling as a Professional identity.

#### ***11.1.1.4.2 Role.***

Qualitative analysis based on focus group transcripts identified the counsellor's understanding of their role as the sixth factor that influences their use of SRIs. Most specifically this related to the scope of the counsellor's role with respect to other professions – notably ordained clergy and Spiritual Directors. The difference in role understanding is highlighted by two comments from registered counsellors who attended the same focus group:

P6: "I guess for me, I mean I'm one of the ones who almost always uses spiritual interventions - I use a lot" (P241).

P4: "I tend not to use scripture and prayer. I mean I can count on my hand the number of times I've used that as an intervention and mainly because if they need ... that sort of stuff that should go to the pros you know actually go to a pastor" (P181). When later discussing the intervention of blessing, P4 said "it strikes me that these ... I sort of class as pastoral roles" (P445).

These quotes highlight the two quite different understandings of their roles as registered counsellors in contrast to the role of Pastors as ordained clergy.

One survey respondent answered the question, "are there any other SRIs you use in counselling" by stating "I use Spiritual Direction techniques when appropriate".<sup>57</sup> This is an intriguing comment as it could be seen to imply that the respondent believed there was a distinction between Counselling and Spiritual Direction yet felt comfortable to incorporate Spiritual Direction techniques into their professional counselling approach.

Whilst this distinction will be discussed more extensively, what is evident is the use of SRIs by a professional counsellor will vary depending on their individual understanding of their role in contrast to other allied health professionals, especially Ordained clergy and Spiritual Directors.

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<sup>57</sup> See Appendix XIV – Validation of Theory B

### 11.1.1.5 Competency

The competency of the counsellor influences the choice to use SRIs. One might expect this to be the case on the simple basis that there could be a reasonable expectation that a counsellor would not engage in any intervention for which they are not competent. However, in the case of Spiritual and Religious Interventions the competency of the counsellor seems to include factors beyond skill and experience.

#### 11.1.1.5.1 *Theology.*

Quantitative data suggests the use of SRIs increases proportionally with the counsellor's level of theological training.<sup>58</sup> The exception to the trend occurs at AQF level 10 (PhD). This kind of Higher Education Research based study varies depending on the topic being researched. Furthermore, this data point lacks statistical strength due to the low number of respondents (n=5). Table 12 indicates the increased use of SRIs, when compared to no theological qualification, becomes statistically significant at AQF level 8 (Post-graduate Certificate/Diploma) and AQF level 9 (Masters). Below the AQF 8 level, one can see a steady 'dosage style' increase until statistical significance is reached. This conclusion is supported by the focus group findings. For example, P9 suggested "having studied the Bible having done theological studies ... you are more likely then to use those in your therapy sessions with the clients" (S153).

Importantly, this result was generally not observed with increasing levels of professional counselling qualification. It may be possible to conclude that the use of SRIs is proportional to specific kinds of training or knowledge – particularly training and knowledge in theology rather than training or knowledge in counselling expertise more broadly. Although the trend was not statistically significant, the data showed a declining inclination to use SRIs as the level of professional counselling increased (Figure 16). Perhaps this could

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<sup>58</sup> See Figure 15.

be explained by the hypothesis that when faced with the choice to use SRIs or conventional psychotherapeutic interventions, the counsellor with more experience will tend to “go with what they know’ even when using an SRI might have been an important consideration.

#### ***11.1.1.5.2 Skill.***

Training was identified by focus group analysis as the second most significant factor (after Trepidation) that influences the use of SRIs. Lack of skill was the primary sub-theme within the theme of training. It was identified 10 times by 6 individuals and was raised in all four focus groups. The situation is summarised by P14’s observation “I did a secular Masters degree and yeah absolutely so religious and ... spiritual interventions weren't part of the actual course content” (M379). It seems a major reason professional counsellors do not use SRIs in their practice is because they have not been trained to do so. Lack of training may be due to choices by training institutions not to include spirituality in their curriculum as well as limited mainstream opportunities for this kind of training as professional development.

#### ***11.1.1.5.3 Knowledge.***

Beyond theological training it was recognised that many professional counsellors lacked basic knowledge surrounding SRIs. This ranged from a sense that the use of SRIs was complex (B298) through to negative misinformation that had been communicated to them formally or informally during their professional training programs. An example of this is the view expressed by one focus group attendee whose training institution left him with the impression that “your spirituality can be your own private affair but don't you dare bring it into your professional work” (M315).

#### ***11.1.1.6 Spirituality.***

Survey data broadly suggests that SRI use is not affected by the nature of the counsellor’s religious belief, rather by the strength of their spirituality. Use of SRIs did not

vary with statistical significance between respondents who were religious and those who were non-religious. Whilst Christian respondents did seem to use SRIs more than those of other religions, the data barely achieved statistical significance ( $p = .0385$ ) and was comprised of a very low number of non-Christian respondents ( $n=10$ ).

The survey results compared SRI use across 12 different Christian denominations. Only 8 had sufficient respondents for statistical testing. Seven of the eight denominations had statistically similar use of SRIs. The data may be suggesting the use of SRI is lower amongst Catholic Christian counsellors compared to five other Christian denominations. However, statistical margins are borderline and the Catholic survey respondents only represented 5% yet they make up over 40% of the Australian Christian population (Australian Bureau of Statistics, 2017) and approximately 50% of the global Christian population (Toro, 2013).

#### ***11.1.1.6.1 Formation.***

One focus group participant suggested that the use of SRIs would be at least partially related to “the counsellor’s own spirituality” (M821). This will be an inherently individual experience of formation throughout the spiritual life of the counsellor and one that will continue. Whilst never explicitly stated, there is an inference that where the spirituality of the counsellor has been similarly formed to the spirituality of the client through observation, cultural insight and agreed values, then the use of SRIs will be more prevalent and the nature of the SRIs more specific. P13 indicated that

“...in that [multi-faith] context a Christian counsellor works with it in a cross-faith setting ... the way I use those interventions is to harness the client’s religiosity or spirituality as a resource ... to generate change. The second dimension is where I draw upon my own [Christian] spirituality in terms of knowledge of the Bible [and] my

theological framework, and then use... use my own spirituality to actually inform interventions within the counselling space” (M118-M124).

#### ***11.1.1.6.2 Breadth.***

Willard notes that “[e]veryone receives Spiritual Formation, just as everyone receives an Education. The only question is whether it is a good one or a bad one.” (D. Willard, 2000, p. 254). We would suggest that good or bad is not the only descriptor of Spiritual Formation. Another might be broad or narrow. A broad formation experience is likely to involve engagement with numerous faiths and even diversity within these. If the counsellor formation process has been broad and inclusive, they will likely have more points of connection and overlap with more of their clients. An important focus group theme was the perceived desire for clients to simply engage in theological conversation across several topics. The broader the counsellor’s spirituality the greater their capacity to appreciate diverse views on numerous theological topics. It is reasonable to suggest that a counsellor whose spiritual breadth spans multiple faith expressions, who engages with multiple faith communities and experiences multiple personal faith challenges will have greater capacity to work with SRIs than the counsellor whose spiritual experience has been narrow.

#### ***11.1.1.6.3 Depth.***

The counsellor’s “spiritual maturity” was believed by one focus group participant to have an influence on their use of SRIs (S153). If experience is a measure of breadth, the extent to which one modifies their daily life choices (such as how they spend their time and money) to accord with their spirituality might be a measure of depth of religious commitment. Quantitative analysis of Religious Commitment data has shown that the level of the counsellor’s religious commitment is indeed directly proportional to their propensity to use SRIs in counselling practice (Figure 22).

This concludes the discussion of Theory A. We have suggested there are six primary factors which influence the use of SRIs and have shown that each factor has sub elements to consider. Attention now focuses on the second theory emerging from this grounded theory study.

### ***11.1.2 Theory B: Types and Categories of SRIs***

The Focus Groups overwhelmingly affirmed the usefulness of the four categories of Spiritual and Religious Interventions.

1. Personal Interventions – not visible, apparent or known to the client and a reflection of the personal spirituality of the counsellor.
2. Universal Interventions – able to be used with a person of any spiritual or religious affiliation.
3. Typical Interventions – those interventions that might be reasonably expected by a client seeing a Christian Counsellor.
4. Special Interventions – interventions that an individual counsellor may uniquely offer.

The focus groups offered a rich opportunity to produce a further refined working list of SRIs. Table 32 shows the relationship between the list of SRIs presented to focus group participants and the working taxonomy of SRIs that underpins Theory B. The full grounded theory process of initial survey list, proposed focus group list and working taxonomy, are summarised in Appendix XIV – Development of Theory B.

**Table 32**  
*Development of SRI Taxonomy*

Proposed list of SRIs presented to focus group	Working Taxonomy of SRIs
	Personal Interventions
Prayer prior to session	Prayer Outside of Session
Prayer following session	
Prayer in session (silent)	Silent prayer in session
	Universal Interventions
Ref. to sacred writings (e.g., Bible) in session	Sacred tests

Religious meditation/mindfulness in session	Meditation/mindfulness
Holy Spirit enabled visualisation/listening	
Inviting/ calling in Jesus/the light/God's presence	
Religious med <sup>n</sup> /mindfulness (homework)	Encourage Spiritual Disciplines
Use of sacred writings (e.g., Bible) (homework)	
Quiet time' homework tasks	
	Typical Interventions
Prayer by counsellor (out-loud)	Prayer in session
Prayer by client in session	
Declaration of blessing	
Confession/Absolution (forgiveness)	Forgiveness
Dream interpretation	Discernment Questions
	Theological Discussion
	Sacred Silence
	Special interventions
Cheirotonia (laying on of hands)	Pastoral Acts
Deliverance/exorcism	
Anointing with oil	
Structured ritual/ liturgical practice/ formal rites	
Communion/Eucharist/Lord's supper	
Culturally specific S/R Interventions	Specific Approaches
Prayer Ministry*	

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### **11.1.2.1 Personal Interventions**

#### ***11.1.2.1.1 Prayer Outside of Session.***

This incorporates the previous categories of prayer following, and prayer prior, to session. Several participants indicated they pray for clients at other times, such as in the shower as they prepared for the day, or on an ad-hoc basis. Rather than each of these being individually listed, these were gathered into a single inclusive type of SRI.

#### ***11.1.2.1.2 Silent Prayer In session.***

Silent prayer in session (invocation, guidance, discernment) was one of the few SRIs introduced in the initial survey list and remained unaltered through the study.

### **11.1.2.2 Universal Interventions**

#### ***11.1.2.2.1 Sacred Texts.***

The use of texts that are sacred for the client (e.g., Christian Bible, Hebrew Scriptures or Torah, Islamic Quran, Buddhist Sutras) was identified in the initial literature review of SRIs and remained unchanged through this study.

#### ***11.1.2.2 Mindfulness/meditation.***

Focus group discussion revealed the full breadth of what might be considered mindfulness or meditation activities. This expansive understanding accommodated Holy Spirit enabled visualisation/listening and Inviting/calling in Jesus/the light/God's presence, previously listed separate categories of SRI. As Mindfulness/meditation for homework was considered a Spiritual Discipline to be encouraged (see next section) it was decided that specifying 'in session' was redundant. Furthermore, the previous adjective of Religious mindfulness/meditation was viewed as unnecessarily restrictive given that a mindfulness activity could be spiritual but not religious.

#### ***11.1.2.3 Encouragement of Spiritual Disciplines.***

Spiritual Disciplines is an encompassing term used by authors such as Foster (1978) and Calhoun (2015) to describe "those practices we impose on ourselves to make us spiritually fit or healthy" (MinTools, 2015, para. 3). The American Association of Christian Counsellors identified 'Encourage development of spiritual disciplines' as a practice of Christian Counsellors they surveyed (Clinton & Ohlschlager, 2002). The word 'development' was deemed unnecessary and might limit experimentation with or return to a spiritual discipline.

### **11.1.2.3 Typical Interventions**

#### ***11.1.2.3.1 Audible prayer in session.***

Prayer in session is the most common example of an SRI. The original survey list suggested 'Prayer in session (out loud)' to distinguish it from 'Prayer in session (silent)' as already discussed above. Initial survey feedback made some distinction between prayer by

the client and prayer by the counsellor, so these two options were presented to the focus group. The general sense was that this overcomplicated matters as there may be time when both are praying together, potentially requiring yet another category. Ultimately it was decided that Audible Prayer in Session made suitable distinction from silent prayer in session and prayer outside of session whilst providing a helpful category into which prayer by counsellor, client, or both could comfortably fit.

Another sub-category of Audible Prayer in session seemed to be praying a blessing. It was considered whether this was an intervention in its own right or a Special Pastoral Act as noted below. Ultimately, the consensus was that this working taxonomy will be best served by considering blessing to be a type of prayer.

#### ***11.1.2.3.2 Forgiveness.***

This intervention involves more than a discussion about forgiveness. As powerful and helpful as this might be, this taxonomy would consider such a conversation a ‘theological discussion’ (see below). Instead, this intervention specifically describes times when, for example, the counsellor might become the client’s confessor, presented with the opportunity to declare forgiveness within the life of the client.

#### ***11.1.2.3.3 Discernment questions.***

At least three of the four focus groups reported asking questions designed to help the client discern the presence (or activity) of God in their situation. These were intentional efforts to allow the client to gain insight, often by seeing their own situation from a spiritual or theological perspective. Dream work was discussed in one of the focus groups. Further exploration revealed this operated when the counsellor asked the client how they interpreted their own dreams and what God might be saying in their dreams. In this sense it was described as a type of discernment questioning.

#### ***11.1.2.3.4 Theological Discussion.***

This was identified during focus group discussion and was detailed in the results section of this study.

#### ***11.1.2.3.5 Sacred Silence.***

Of all the SRIs that emerged from the study, the use of sacred silence is the intervention that could benefit most from clinical application and review. Silence and solitude has long been a practice of many religious traditions (Foster, 2008; Webb, 2022) and the use of silence is an established tool of psychotherapy (Levitt, 2001; O'Toole, 2015), yet there seems little by way of research into the use of silence as a Spiritual or religious intervention by Professional Counsellors.

#### **11.1.2.4 Special Interventions**

##### ***11.1.2.4.1 Pastoral Acts.***

Several SRIs proposed in the on-line survey ranked very low in the suitability assessment for professional counsellors: anointing with oil, ritual and liturgy, deliverance/exorcism, laying on of hands and communion. Some focus group participants variously described these as “regular functions of a minister or priest” (M621). Another indicated “these [are] what I ... class as Pastoral roles” (P445). The complexity of whether these items are solely functions of a priest or minister and what implications might be, are explored in the conclusion of this study. For the purposes of creating a taxonomy, these specific interventions will be considered as examples of an emerging category of Pastoral Acts.

##### ***11.1.2.4.2 Specific Approaches***

Survey responses revealed a number of specific approaches<sup>59</sup> that various counsellors were using such as The Immanuel Approach (Lehman, 2016), Freedom in Christ Ministries

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<sup>59</sup> The examples provided by survey respondents demonstrate the breadth and diversity of specific approaches to soul care. Typically, they have the common characteristic of being developed by an individual, or small number of people, applied, refined and then published into some form of manualised approach that can be learned, adopted and adapted by others.

(N. T. Anderson, 2017), Practicing the Presence of God (Lawrence, 1670), Hakomi Mindfulness (Weiss et al., 2015) and Karakia (University of Otago, n.d.).

From within this category of specific approaches emerged unique interventions created by counsellors that do not fit into previous categories.

#### **11.1.2.5 Prayer Ministry**

Prayer Ministry was not on the original list of SRIs provided in the on-line survey. However, Prayer Ministry and Prayer Counselling were listed by two separate respondents as ‘other SRIs they use’ so this category was added to the list provided for focus group discussion. As indicated in the results, there was strong sentiment that this was not a suitable intervention for professional counselling. A previous publication that emerged from this research project has offered a definition of prayer ministry<sup>60</sup> and affirmed it should be discouraged in a Professional Counselling context.

### **11.2 Visual Representation of Grounded Theories**

Since the earliest days of grounded theory, storylining has been advocated as a mechanism to move the grounded theory research from description to conceptualisation (Straus and Corbin 1990). “As both a means and an end in itself, storyline enhances the development, presentation and comprehension of the outcomes of grounded theory research” (Birks et al., 2015, p. 405). The use of storyline is encouraged in the research framework advocated by Chun Tie et al. (2019), the foundation framework for this study.

Birks et al. (2015, p. 413) advocate for the creation of a final diagrammatic model “that visually reinforces the storyline used to present the final grounded theory”. In the following

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<sup>60</sup> “Prayer Ministry (Prayer Counselling) is a sacred experience in which a number of Christians (the counsellors) enter into a time of anticipatory prayer to receive external enlightenment concerning another pilgrim (the counselee[s]) to bring lasting emotional, psychological, physical and/or emotional healing” (Hood, 2018a). The risk factors in a counselling setting might include actual or perceived imposition of the counsellor’s worldview, removal of client agency and potential abuse of power due to the group setting and a reliance on anecdotal, rather than scientific, evidence of efficacy.

section our two theories are presented in storyline form, each supported by an explanatory diagram.

### ***11.2.1 Theory A: Factors influencing the use of SRIs.***

Six primary factors influence the use of spiritual and religious interventions by professional counsellors, with three more counsellor centred than client centred. These factors will now be discussed in detail to develop clear insights into Implications for Practice.

The first factor concerns counsellor *identity*, specifically professional identity and self-perception in relationship to the professional function of spiritual directors and ordained clergy.

The second counsellor centred factor is *competency*. This includes trained skills and capacity to use spiritual and religious interventions. However, the data also identified the level of theological training, suggesting that the more highly theologically trained the professional counsellor the more they will be inclined to use spiritual and religious interventions. The final aspect of competency is general knowledge and understanding of spiritual and religious interventions, for example what they believe to be true about the efficacy and ethical suitability of SRIs.

The third and final factor influencing use of SRIs is the *spirituality* of the counsellor. The data suggests the depth and inclusiveness of counsellor spirituality is more important than the nature of the spiritual expressions, and additionally, that the breadth of formation of the counsellor is an important factor choosing to utilise SRIs. Early indications suggest the use of SRIs is most prevalent where Counsellor and Client share a Spiritual worldview, accordingly termed Spiritual Alliance.

The remaining three influencing factors are external to the counsellor: Client, Code of Ethics, and Counselling Context.

**Client.** Whilst the presenting issue of the client may have some influence, it seems the client's spirituality and their spiritual history are far more likely to influence the use of SRIs than presenting issues.

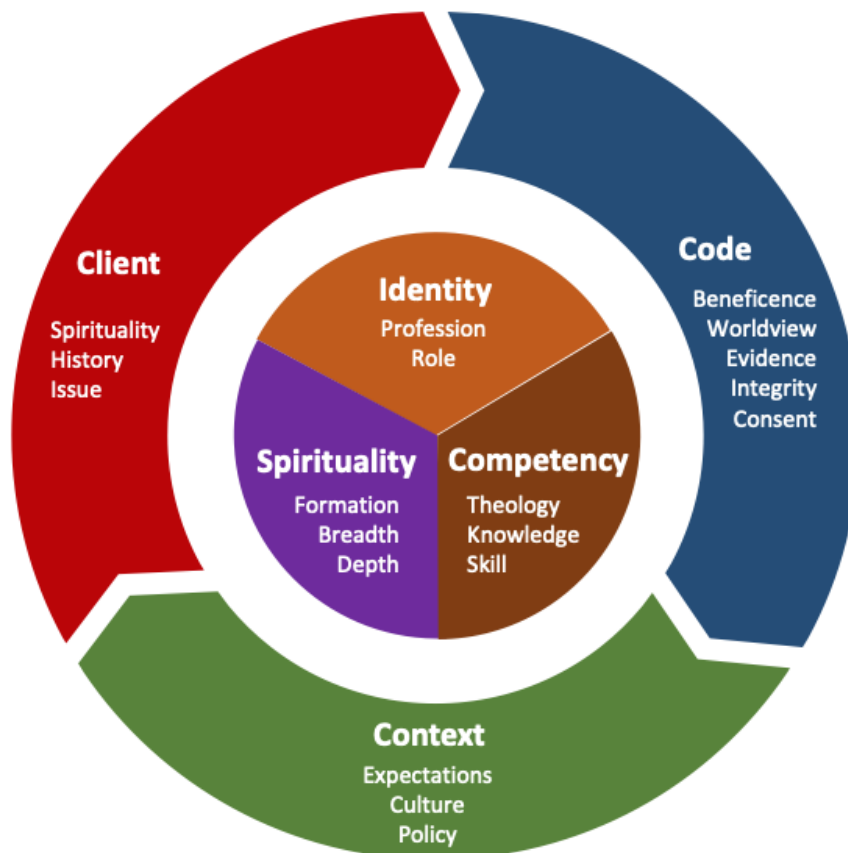
**Code of Ethics.** There are five ethical principles that seem uniquely pertinent: beneficence, worldview, evidence, integrity, and consent.

**Counselling Context.** This context may be so specific that unique workplace policies need to be considered and may be as broad as the prevailing cultural setting. The wider context that includes advertising and office location will shape client expectations with respect to SRIs that counsellors will need to respond to.

. Figure 28 visually represents the discussion above and offers a clear summary for educational, practical and ethical consideration.

**Figure 28**

*Visual representation of Theory A – Factors influencing the use of SRIs*



The usefulness of Theory A will be explored later in this chapter.

### **11.2.2 Theory B: A Taxonomy of SRIs.**

Whilst the number of spiritual and religious interventions is limited only by the imagination, experience and knowledge of the professional counsellor these can be helpfully grouped into 12 types and then further grouped into four broad categories.

The first category is described as *personal interventions*, that is, foundational, personal practices of the counsellor invisible to the client. This includes silent prayer by the counsellor during the session and prayer outside the session. These interventions may be used by the counsellor with any client and without specific client consent.

The second category, *universal intervention*, are universal in that they can generally be applied to any client provided consent has been obtained. This includes meditation and mindfulness techniques, referral to texts sacred to the client, and encouraging engagement in spiritual disciplines suitable to the client's spirituality. The spiritually competent counsellor should to a greater or lesser extent be able to utilise universal interventions with clients of any spiritual or religious worldview.

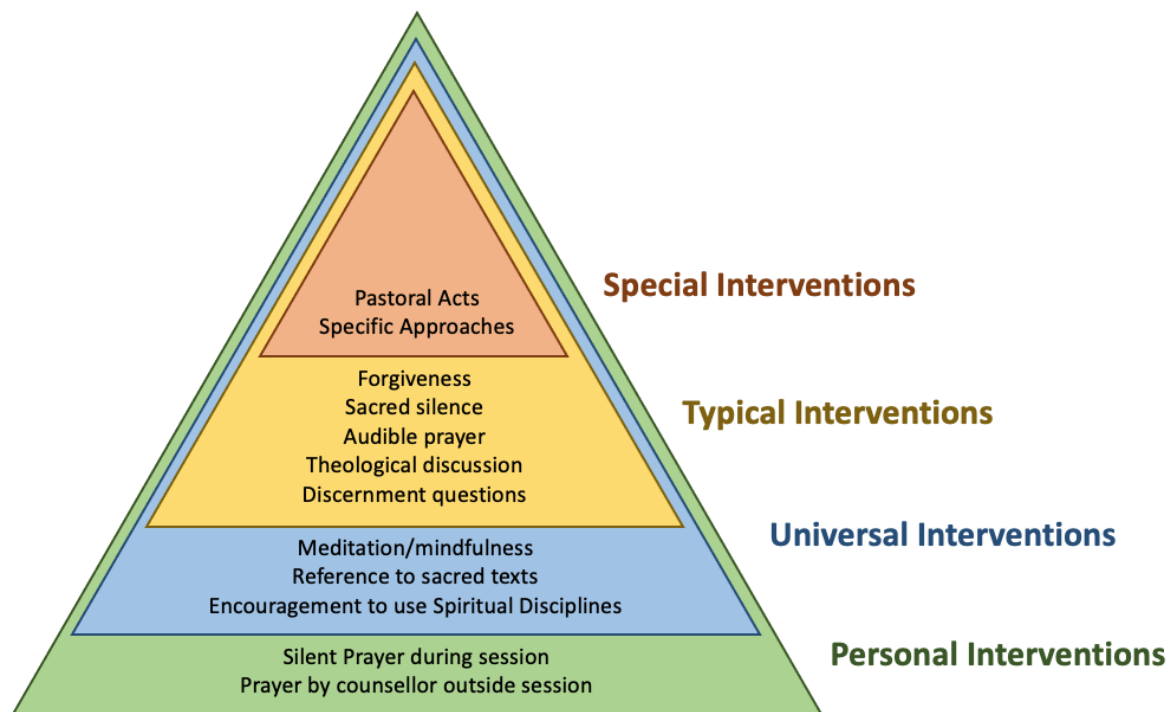
The third category, *typical interventions*, could be reasonably and typically expected from a Christian counsellor by a Christian client seeking Christian counselling. They include: practices of forgiveness in response to confessed sin; space for silent reflection, audible prayer by counsellor or client; client openness to theological discussion; and intentional use of questioning designed to help the client engage in spiritual discernment. Future research may generate a similar list of typical interventions for other religious faith expressions. They would generally be used when the client and the counsellor have a high degree of spiritual alliance.

Finally, *special interventions* would generally only be done where the counsellor has special training beyond that of a typical Christian counsellor. They would include interventions that in some denominational contexts would typically be done by ordained

clergy (pastoral acts) and other specific approaches developed by the counsellor or a third-party individual such as a Chaplain or Spiritual Carer in diverse institutional or community contexts

This taxonomy is represented as a triangle to indicate that the personal spirituality of the counsellor is the foundation and others build from there. Note that when spiritual and religious interventions are applied to a particular client setting, the counsellor would work their way up the triangle as far as is ethically appropriate.

**Figure 29**  
*Visual Representation of Theory B – A Taxonomy of SRI*



Based on the two grounded theories, this study offers concluding comments, including implications for practice and opportunities for further research.

### 11.3 Implications for Practice

The following section, divided into two parts, explores the implications the two theories have for the practice of Professional Counselling. At various points in this section a case study is integrated with the main text to offer a grounded practice dimension to the theories

being discussed. It is hoped they not only describe how the theory has been applied but in doing so will add clarity to the theory itself.

The case studies, based on real client stories, have been selected to highlight aspects of the two theories as applied to real, clinical situations. Written permission has been received, however names have been changed to protect identities.

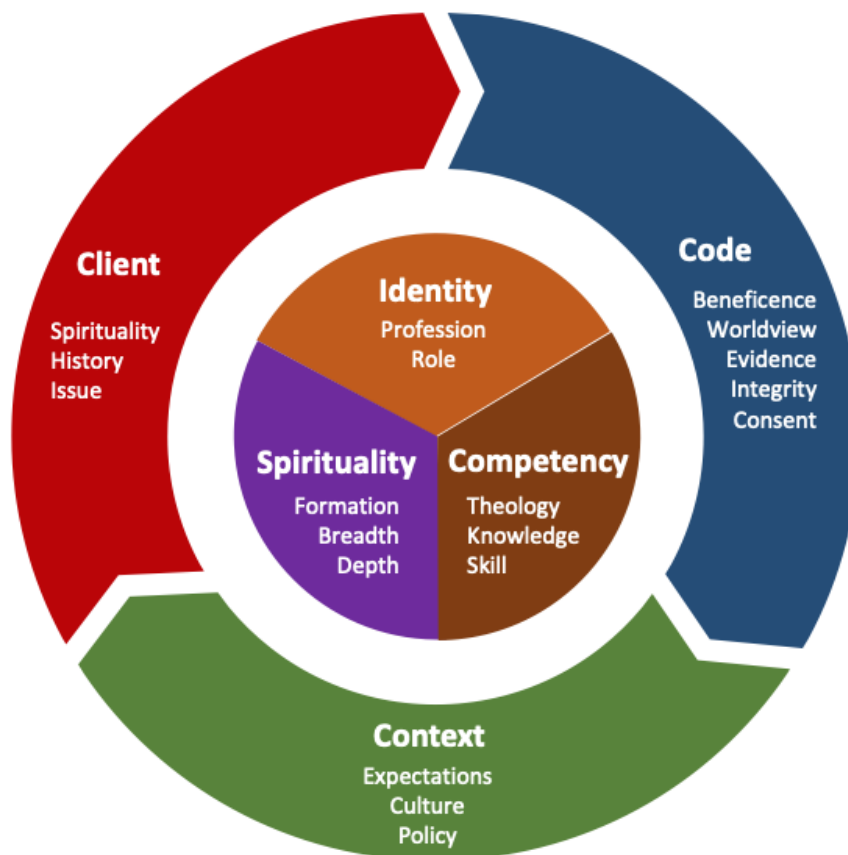
### ***11.3.1 Implications of Theory A: Factors influencing the use of SRIs***

Recent Australian census studies suggest that over 50% of the population identifies as Christian and approximately 10% adhere to one of the many other world religions (Australian Bureau of Statistics, 2017). This study has already cited data showing that the inclusion of spirituality and religion in the counselling conversation is beneficial, especially for the religious client (Captari et al., 2018).

One might therefore expect the inclusion of spiritual and religious interventions to be commonplace - even prolific. On the contrary, this study and earlier publications that have emerged from the research have shown that nearly a quarter of Professional Christian Counsellors never use Spiritual and Religious Interventions and about half only use them 'a little' (Hood, 2019). Given that the study also showed a correlation between the spirituality of the counsellor and their propensity to use SRIs, one assumes the usage rate amongst other counsellors is even less than those Christian counsellors surveyed above.

It is therefore reasonable to conclude that SRIs are generally under-utilised by professional counsellors in their practice. Theory A helps understand this potential under-utilisation and indicates what steps might be taken to encourage professional counsellors to raise the use of SRIs to match or complement client preferences. Each element of Theory A (Figure 30) will now be explored based on this assumption of under-utilisation.

**Figure 30**  
 Visual representation of Theory A – Factors influencing the use of SRIs



#### 11.3.1.1 Client.

In a purely medical model, selecting which intervention to use would require little more than an accurate diagnosis of the client's presenting issue. As indicated by the red chevron in Figure 30 the client's presenting issue is, of course, an element of the decision-making process. However, this study suggests professional counsellors who use SRIs could also consider other client factors such as history and spirituality.

Concerning history, the most significant element seems to be the professional counsellor's attunement to the potential for a negative spiritual or religious experience in the client's past. At worst this may have included abuse or neglect within the religious structures intended to provide care and help. Greater caution and accurate knowledge of client history in using SRIs must be exercised for clients with negative past spiritual or religious experience.

Of particular interest here is not the nature of the client's spirituality but its intensity and significance for the client. Wade et al. suggest “clinicians should be aware of their client’s religious affiliation *and* [emphasis added] commitment levels” (2005, p. 639). Summermatter observes that “therapists who conduct SOCBT should have strong knowledge of the religious beliefs of their client” (2017, p. 48).

There may be greater freedom for the professional counsellor to use a particular religious intervention when they know the client is a committed and practicing believer in the faith from which the intervention is sourced compared to the client who is a ‘nominal’ believer. Of course, both fervour and passion ebb and flow and therefore attunement to the client’s current spiritual intensity is essential for the discerning professional counsellor. This is not to say that the nature or themes of spirituality are unimportant, however this study considers this an ethical, worldview issue and therefore is covered in the following section.

An implication for practice is the need for the professional counsellor to be continuously observing and learning about the nature and intensity of the client’s spirituality. This will rarely be fully evident on first presentation. Rather than labelling or prematurely assessing a client's spirituality (e.g., lapsed Catholic, charismatic Pentecostal or fundamental Muslim) it is more helpful for the professional counsellor to keep at front of mind the individual spirituality of the client that will have been shaped by their past and continues to be formed in their present.

This is not to suggest the presenting issue is irrelevant. As shown in the literature review, exploring *The Empirical Wave*, there is no data to suggest any particular issue should be excluded from the use of spiritual and religious interventions. However, the empirical data summarised in the literature review does indicate clients experiencing eating disorders or symptoms of depression, anxiety, stress, and PTSD may particularly benefit from the use of SRIs.

As an implication for practice the Professional Counsellor considering the use of SRIs must not only factor in the client's presenting issue but the client's spiritual history and the client's place on their current spiritual journey, an issue addressed in the following chapter.

#### **11.3.1.2 Code of Ethics.**

The requirement to operate under a code of ethics (or code of practice) is a defining feature of Professional Counselling. The professional counsellor's understanding of the code (or codes) of ethics to which they must submit has a significant impact on their choice to use spiritual and religious interventions.

This study has uncovered folklore and misunderstanding about the code/s of ethics. Whilst every focus group believed the code of ethics limited the use of spiritual and religious interventions in some way, not one person in any focus group could accurately identify the specific part of any code that addresses this.

The de-registration of a clinician by the NSW psychologists board for using prayer in counselling, even though the client gave informed consent, was held to be a demonstration that prayer in counselling is unethical. However, a more detailed reading of this case suggests the situation was more complex than the simple use of prayer. In fact the official decision concluded that "[t]here was general agreement that in very specific circumstances, and when requested by the client, prayer could be of some use" (Psychologists Tribunal of New South Wales, 2010, sec. 126.24). Unfortunately, the tribunal did elaborate on or clarify what those "specific circumstances" might be that might warrant the use of prayer. Finding a resolution to these kinds of ambiguities is why research projects such as this one are important for the Professional Counselling industry.

Whilst some have concluded that the code of ethics precludes the spiritual and religious intervention, Plante recently asserted that psychologists "have an ethical obligation and duty to learn about and become sensitive to spirituality and religious diversity and risk not

fulfilling their obligations under the APA ethics code *if they fail to do so* [emphasis added]" (Plante, 2016, p. 6). Gubi reinforces this position noting "if prayer can be empowering then arguably it is unethical to withhold it" (2017, p. 49).

This study revealed that professional counsellors unanimously recognised the use of spiritual and religious interventions had ethical implications but equally were unclear at best, or incorrect at worst, on the detail of the ethical position of their professional body. Considering how widespread this issue is, the findings strongly indicate a call for professional bodies to seek proactively to correct the current situation in this regard.

A clear implication for practice is a need for individual practitioners to become better informed regarding their ethical obligations. Specifically, Barnett (2016) suggests some of these ethical issues can be overcome by including information and engaging in a dialogue about spiritual and religious interventions during the intake process, and ensuring all advertising makes the position of the professional counsellor abundantly clear. Barnett also emphasises the need for continuous voluntary informed consent to be enacted throughout the counselling process.

Eseadi (2015) concurs with Barnett's need for full and thorough disclosure of information and encourages more research in this area to avoid ethical conflicts. Magyar-Russell and Griffith (2016) consider how spiritual and religious interventions can be harmful for a client.<sup>61</sup> They offer practical advice for counsellors dealing with any ethical challenge involving Spiritual and religious issues: seek guidance; ask to work in collaboration with a faith leader; learn more about the client's faith; refer if necessary.

Becoming better informed can involve consideration of the ethical issues involved with specific interventions. Weld and Erickson (2007b) tackle the ethical issues of including

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<sup>61</sup> Examples may include situations where the use of SRIs could contribute toward or exacerbate symptoms of psychopathology or where an SRI may mask an underlying issue that therefore continues untreated.

prayer in counselling and Sperry (2017) offers similar critical review regarding mindfulness.

Professional counsellors considering the use of specific interventions have an obligation to become aware of the unique ethical challenges of that intervention.

The five ethical elements identified in this study (see blue chevron in Figure 30) have already proven to be useful in helping professional counsellors navigate ethical questions relating to the use of spiritual and religious interventions (Converge International, 2021c; Hood & Milson, 2021b). As revisions to codes of conduct are developed these themes may add clarity and focus.

- **Beneficence.** Is the proposed intervention in the best interest of the client? Is there an alternative approach that might be more beneficial?
- **Worldview.** Does the proposed intervention align with the client's worldview, especially their religious view of the world?
- **Evidence.** Is there any evidence this proposed intervention is efficacious? If so, is there a match between this client and groups for whom this intervention has been shown to be efficacious? Are there times when this intervention has been shown to be harmful?
- **Integrity.** Is the professional counsellor capable of competently engaging in the proposed intervention whilst maintaining their own faith integrity?
- **Consent.** Has the client had all the risks explained? Has the client considered other options? Has formal consent been given?

These and other relevant questions relating to the five key ethical elements help professional counsellors determine whether the proposed intervention is ethically appropriate. Provided the professional counsellor remains inside the territory ‘fenced off’ by these five elements, they can generally move forward with confidence. Van Schie (2021) and the UK Association of Christian Counsellors (2021) advocate for the use of SRIs within an ethical framework, a process that could benefit from reference to these five ethical elements.

### 11.3.1.3 Context.

The green chevron in Figure 30 indicates the context of the counselling conversation is a third major factor guiding professional counsellors in the use of spiritual and religious interventions. Every counselling conversation is a unique, never to be repeated experience that occurs between two specific individuals at a particular location in time and space (Neff & McMinn, 2020; Strawn et al., 2018). A great deal of professional counselling continues to occur during normal working hours in the clinical office of the professional counsellor. Some employers now offer video access to after-hours counsellors from the worksite using work technology. Many Churches have drop-in community counselling centres offering low fee counselling support in underutilised Church facilities to members of their local neighbourhood. These three settings and every other conceivable context in which a counselling conversation may occur brings with it implicit and explicit expectations. These

expectations include  
the appropriateness  
of using SRIs.  
Each context is  
embedded in a  
culture made up of  
all the normal

#### Case Study – Converge International

Converge International, Australia’s largest EAP, has over 1300 customers including some of Australia’s largest corporations such as Qantas, Accenture, Coles Supermarkets and numerous Federal and State Government Departments. Employees can access a limited number of professional counselling sessions per year, paid for by their employer and provided by a team of Mental Health Professionals made up of direct employees and a network of over 1,000 contractors throughout Australia and overseas.

Converge offers several helpline services “in recognition of the need for specific, specialised support”, recently launching its Spiritual and Pastoral Care Helpline. Preparation for this launch required the training and accreditation of 30 counsellors with “the specific social or cultural experience, knowledge, training and understanding needed to deliver this care” (Converge International, 2021b). These consultants, a blend of Social Workers, psychologists and Registered Counsellors from varied religious backgrounds, included some who identified as Spiritual But Not Religious (SBNR).

The five key principles of the Code of Ethics from Theory A were included in the training after approval by Converge’s Clinical Governance team. Theory B was also utilised, with each type of SRI being discussed and examples provided of acceptable and unacceptable use of SRIs.

complex cultural elements such as ethnicity, gender expectations, leadership, and what might be considered taboo.

In a workplace setting the context will include all cultural documents such as policies, procedures, guidelines, training materials, and marketing information. All this shapes the context for the counselling conversation and associated expectations, and assumptions on the part of client and counsellor.

The key contextual implication for practice is the need to minimise the implicit, and maximise the explicit, when it comes to setting expectations. This is best achieved through timely, and easily accessible information. Therefore, the provider of the counselling service, whether an individual or an organisation, should wherever possible provide the client with information that directly addresses the potential use of SRIs and leave nothing assumed.

This concludes the implications for practice concerning the external factors of client, code and context. The following section considers the implications for practice that arise from factors internal to the professional counsellor, that is, their spirituality, identity and competency. These are shown as segments of the inner circle in Figure 30

#### **11.3.1.4 Spirituality.**

Research in America has concluded that professional counsellors tend to have lower religiosity than the population average (Oxhandler & Parrish, 2017; Shafranske & Cummings, 2013). Captari observed only “35% of psychologists said their approach to life was significantly influenced by religion or spirituality compared to 75% of the general public” (2018, p. 1939).

This study has quantitatively shown a statistically verifiable correlation between the depth of the counsellor’s spirituality and their tendency to use spiritual and religious interventions. Although this phenomenon has been previously observed (Nikitovich, 2014;

Oxhandler & Parrish, 2017; Sutton et al., 2016) it has not been quantitatively analysed with statistical rigour.

Whilst this finding may not be surprising, perhaps more surprising is the qualitative evidence that suggests the use of spiritual and religious interventions is also related to the breadth of the counsellor's spirituality. A counsellor's experience across a variety of faiths or a diversity of Christian denominations seems to be correlated with a willingness to engage in the use of spiritual and religious interventions. Dimmik's recent research has showed not just that clients want to address spiritual and religious issues in counselling but that they want to do so with a counsellor who shares their own faith (2021).

Finally, the spiritual formation experience itself meant the counsellors who had experienced what they described as their own journeys of 'wilderness', 'mountaintop' and 'valley', were more inclined, with boundaried caution, to draw on spiritual and religious interventions as they accompanied their client through similar life challenges. This aligns with Bray's observation that "counsellors who know themselves and value their own spiritual journeys are more aware of how they might influence their client, and more able to invite them to name these fundamental spiritual concerns safely" (2011, p. 80).

Sutton provides a helpful summary note that such findings and themes "suggest that the spiritual practices of the counselor are relevant to how they carry out the practice of Christian counseling. Future research could focus on identifying more specific aspects of spiritual identity and practice relevant to counseling practice" (2016, p. 213).

This has implications for individual professional counsellors, training organisations and peak bodies, most significantly the need for professional counsellors to become aware of their own spirituality and how that may be affecting their work. This is especially true for the professional counsellors at either end of the spiritual spectrum. At one end the professional counsellor with a fervent dynamic spirituality must take care not to inadvertently overflow into the counselling conversation, resulting in the imposition of spiritual views or dynamics not carefully aligned with the client's worldview or in keeping with the client's wishes.

There is also equal danger at the other end of the spiritual spectrum. The professional counsellor who may, quite appropriately, own no personal

#### Case Study – Stirling Theological College

Stirling Theological College is a College of the University of Divinity (a collegial multi-denominational University) based in Melbourne Australia. In partnership with the Australian Institute of Family Counselling they graduate more Christian Counselling professionals than any other institution in Australia. As the Undergraduate Coordinator for the School of Counselling, the author of this study incorporated research findings into the design of the Bachelor of Counselling and the pedagogical approach of individual units.

The 5 ethical elements (identified in Theory A) became the foundational tool for guiding students on the ethical appropriateness of including SRIs in their practice. Theory A further identified the importance of the counsellor's own Spiritual depth and breadth so an intentional program of spiritual formation was included in the second year of the program. This course ran for the entire year and explored Christian spirituality using Foster's six streams (Foster, 2018). Students engaged in practical field excursions for each stream and reflected not only on the personal impact these experiences on their own spirituality but also on what they learned from working with clients whose primary faith experience may have been grounded in each of the six streams.

Finally, students engaged with each of the types of SRI discussed within the Personal, Universal and Typical Categories. These discussions used an action reflection model with their clinical (client) work where students considered using these interventions and then reflected on lessons learned with both assessment work and in Clinical Supervision

spirituality or whose own life view does not sensitively acknowledge religion or spirituality in other, runs the risk that their perspectives may result in unhelpful denial of client access to spiritual and religious interventions. Professional counsellors, perhaps most effectively in a supervision context, are therefore invited to be reflectively self-aware with respect to their own spiritual journey and continually attuned to the influence this may be having on the client counselling experience.

The importance of counsellor spirituality has significant implications for training providers not only to train students in competency and knowledge but also proactively engage them in a journey of personal spiritual formation. Sutton (2016) suggests “educators

include opportunities for spiritual growth as an integral part of graduate programmes”. Bray emphasises the “importance of training that provides developmental opportunities to enhance self-awareness by exploring personal values, worldviews and spirituality and to examine how these are to be played out as a professional” (2011, p. 85).

The case study above shows how one Australian training provider is addressing this challenge. However, this expectation should not be limited to just training providers. The need for intentional, ongoing spiritual formation is an important agenda item for professional bodies as they set their standards for continued registration and by clinical supervisors who seek to be spiritually sensitive.

#### **11.3.1.5 Identity.**

The second major internal factor influencing the use of SRIs relates to how professional counsellors view their professional identity specifically in contrast to, or in collaboration with clergy and pastoral counsellors. As might be expected, the study showed that where a professional counsellor held a theological opinion that SRIs were to be the exclusive domain of clergy, then there was a corresponding reluctance to provide such interventions in their professional counselling capacity. This aligns with Magyar-Russell and Griffith who observed “many times clinicians feel they do not fully understand the client’s belief system and therefore are reluctant to engage in authentic conversations of faith in order not to intrude upon a client’s religious life or inadvertently play the role of a priest, pastor, or other religious leader” (2016).

To help manage this uncertainty it is reasonable to expect professional counsellors may turn to their codes of ethics for guidance. Eseadi notes “the resolution on religion, religion based and or religion derived prejudice adopted by the APA has stated it is not the role of professional psychologists to be spiritual guides” (2015, p. 74). The CCAA Code of Ethics requires their members to demonstrate competence in dealing with spiritual matters by

“recognising when a client should be referred to a clergy member or spiritual advisor” (2020, p. 16). Whilst these standards are well intentioned, in practice they become difficult to implement (Milstein et al., 2010), leading to what Vieten describes as “uncertainty about role and practices” (2013, p. 132), especially in light of contrary opinion such as Sperry who argues that it is not “unreasonable to include that psychotherapists sensitive to the spiritual dimension and with adequate training could reasonably address the spiritual concerns of their clients” (2003, p. 6).

In the absence of certainty, counsellors can experience nothing less than an identity crisis. The professional counsellor who turns to their ethical code for a black and white answer may discover a large amount of ‘grey’. Navigating this ‘grey’ may be helped by employing a theological perspective. In previous publications, this author sought to help professional counsellors address their identity crisis by offering some working definitions (Hood, 2018a). This study will not repeat the work done to develop these definitions. However, with the benefit of additional research, including the emergence of the two Theories, these definitions (see Appendix XV – Table of Definitions) will be applied to the important area of counsellor identity.

*Professional Counselling.* The focus of this study is Professional Counselling which will be located within the broader counselling discipline by using Appendix XV – Table of Definitions. This table presents six types of counselling as the six major columns of the table. In keeping with the conclusions of the previous section of this chapter, the table suggests Prayer Ministry (or Prayer Counselling) is outside the wider definition of counselling offered by Collins (1972a, p. 13).

The table suggests that Christian counselling is a sub-category of counselling and includes three major sub-types - Lay, Pastoral and Professional. For the purposes of identity, Professional Counselling can be further divided into Professional Counselling by a Christian,

and Professional Christian Counselling. It is with these categories in mind that the article noted above suggests that “[a]n individual counsellor is likely to find themselves in a variety of Counselling contexts and may need to adjust their practice accordingly – moving between Professional Christian Counselling, Professional counselling as a Christian, biblical counselling and potentially even Pastoral Counselling” (Hood, 2018a).

Therefore, the identity of the counsellor changes depending on the conversation they are having. Luther’s Small Catechism notes that there are “certain passages of scripture for various holy positions whereby these are individually to be admonished as to their office and duty”. These are commonly known as the Table of Duties. The same individual may find themselves holding many of the offices listed (e.g., husband, father, and employer). The intent is that the individual considers the duty they are being called to perform at any moment and do so with the relevant scriptures in mind.

In an analogous way, Counsellors may find it helpful to consider that their identity may include many of the counselling types listed (e.g., Professional Christian Counsellor, Professional Counsellor who is a Christian, and Biblical Counsellor). Yet, in a particular moment, with a particular client, in a specific context, they are called to perform their duty in only one of these roles.

Similarly, the Professional Counsellor could find this way of understanding their identity a helpful guide as they use SRIs in their practice. We will now consider the distinction between the role of Professional Counsellor and the role of Pastoral Counsellor, and how this might influence the use of SRIs.

This is a theological issue that addresses role, identity, and at times, vocation. The theological position of both counsellor and client will likely be influenced by their cultural, theological and traditional understanding of the priesthood of all believers (1 Peter 2:4-5) and

their view of the Office of the Ministry.<sup>62</sup> Forty years ago Oden observed that “it is difficult to achieve an ecumenical consensus as broad as one might wish on such a divisive issue as the offices of ministry” (1983, p. 65). For this reason, the professional counsellor may find it helpful to review four perspectives on the Office of the Ministry.

*Sacramental.* The doctrine of the priesthood of all believers “surged anew to the forefront of Christian thinking during the early 16th century” (Crawford, 1968, p. 145) to become “a pillar of the Protestant Church” (Anizor & Voss, 2016, p. 12). Active Churches prior to the Reformation, predominantly Roman Catholic and Orthodox, placed exceptionally high value on the ministry of the Ordained Priest. Within the Orthodox tradition, Rogers (2004, p. 37) notes that prior to the reformation “one of the chief means for applying the principles of spiritual growth to the layperson was the *sacrament* [emphasis added] of confession. Sometimes the penitent would go to a monastery to make confession to a spiritual father, sometimes to the parish priest.” He adds that “the emphasis in the sacrament was not on the legal aspect, the forgiveness of sins alone or the merits of a penance, but on the healing of the soul through the prayers of the priest and the grace of the Holy Spirit.” A sacramental perspective may conclude that many SRIs need to be enacted by an ordained member of clergy to be effective. When working with clients from these traditions, the professional counsellor would be unlikely to consider any Pastoral Acts from within the Special Category. Furthermore, they would be encouraged to exercise caution even when contemplating typical interventions such as forgiveness or certain types of prayer such as blessings.

*Functional.* Manley offers a useful explanation of the functional view of the office of the ministry held by many Christians. He describes one view of ministry.

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<sup>62</sup> The Office of the Ministry is one of many terms that encapsulates the work of the ordained Minister as compared to the ministry work expected of all believers. It can be synonymous with the Public Ministry (Pieper, 1953, p. 439), the Ordained Ministry (Hefner, 1984, p. 224), Holy Orders (Aidan, 2011) and the Pastoral Office (Burgon, 2016)

While everyone is equal and shares in the ministry of the Church, different gifts and *functions* are recognized by the Church. Pastors are appointed to lead the Church in worship and in mission and to administer the sacraments. They are seen as the equippers of the local body of believers. Ordination is the recognition by the Church of these leadership gifts and responsibilities (1982, pt. 4).

A functional view is probably indicative of clients whose faith traditions can be traced to Reformed and Baptist backgrounds. These clients will typically be open to SRIs from their professional counsellor if they feel their counsellor is appropriately qualified and gifted. Gifting will usually be associated with skill, experience, and competence.<sup>63</sup>

*Pentecostal.* The skill and competence gifting sought by those holding a functional view is slightly different to the ‘spiritual gifting’ sought by those who hold a Pentecostal view. Robeck (2020, p. 245) observes that it should not be surprising

... that formal training ministry offered for men takes a backseat to personal experience. One can argue that ministers within Classical Pentecostal Churches are primarily laymen and laywomen who often lack formal or accredited theological training. What is important is that they have an experience - salvation followed by baptism in the Spirit - a “blameless Christian life” and evidence of a call to ministry.

For clients from a Pentecostal background, their theological comfort with a Professional Counsellor engaging in clerical or pastoral acts might well be determined by the extent to which they believe their counsellor has been charismatically gifted for their vocation and practice.

*Non-clerical.* This view is embraced by groups such as the Quakers who “do not have any separate class of ordained clergy” (Cranmer, 2021, p. 291). This broad category can

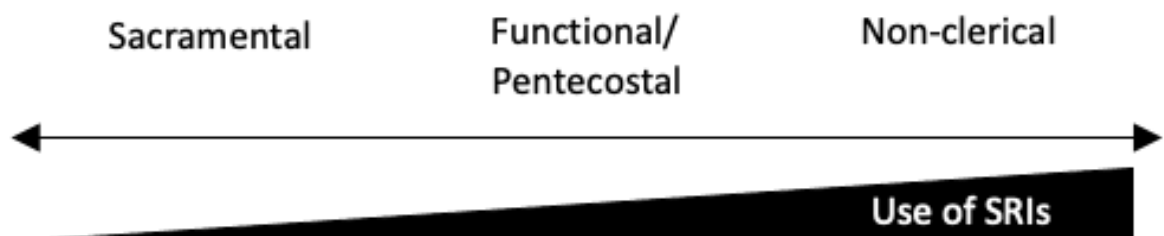
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<sup>63</sup> A gifting simply refers to a person’s ability to do something. In a more traditional Christian setting this ability may have arisen and then confirmed due to study, training and practice. In a Charismatic context a gifting may be understood as “divine gifts that enable the believer to fulfill his or her vocation.”(The Episcopal Church, n.d.)

include people engaged in house-Church style communities and the large cohort of people who hold a Christian worldview but are not presently connected to a Church and therefore find themselves in a place where there is no clerical or pastoral oversight. Mark McMinn, Professor of Psychology and prolific author on the use of SRIs by Professional Counsellors, locates his faith in the Quaker tradition (McMinn, 2014), reflects this emergent phenomenon in his championing of more inclusive practice. Clients who fit this category offer the most likely scenarios in which it will be appropriate for specially trained Professional Counsellors to use Pastoral Acts within their counselling journey.

Whilst these four groups are theologically distinguishable, in practice there is a fifth group – the *unpredictable*. For example, many people from Anglican and Lutheran backgrounds may fall into this group. Depending on faith journey and teaching received, these clients can display characteristics and preferences that align with all four perspectives. Figure 31 shows these four theological views on a spectrum and the possible associated use of SRIs. In practice, both client and counsellor could be placed on this spectrum based on their individual theological view of the office of the ministry. Where client and counsellor are aligned, their shared position will help form the basis upon which the client and counsellor agreed to use SRIs.

**Figure 31**  
*Use of SRIs in light of Theological views of the Office of The Ministry*



In the highly likely event that client and counsellor find themselves in different locations on the spectrum the furthest left position becomes the boundary for the use of SRIs

in that counselling relationship. This position is the most conservative in the use of SRIs and is based on the ethical principles of a) respecting the worldview of the client and b) the integrity of the counsellor. This may explain why Counsellors from Catholic and Orthodox faith backgrounds were less likely to use SRIs due to strong traditions of doctrine, policy and ecclesiastical practice – although this is worthy of further research.

A further consideration regarding the counsellor clergy boundary will include evaluating the client's present connection with a faith community. The COPE (Clergy Outreach and Professional Engagement) model of care (Milstein et al., 2010) emphasises the importance of partnership between mental health professionals and the clients religious community. According to Wise and Hinkle (1989, p. 25) “all who would grow into the Christian faith need a community in which grace is manifest”. Well researched and appropriately accurate referral of a client to their Pastor represents an opportunity to connect them more deeply to a faith community and should be encouraged in the interests of the client.

A final consideration for practice, professional counsellor identity and the use of SRIs concerns the evaluation of the professional counsellor from the perspective of the client. If for example a professional counsellor is engaged by a client through the client's secular EAP, then the nature of the relationship is primarily one of professional counsellor who is a Christian (see Appendix XV – Table of Definitions) in which case the use of SRIs would likely be minimal. However, if the same client engaged the same professional counsellor through an online listing with a Christian counselling peak body then the relationship might be reasonably viewed by the client as with a professional Christian counsellor. In this case, the use of SRIs will be more likely. It is important for the professional counsellor to consider their own identity *through the lens of the client* and allow this, at least in part, to influence their choice to use SRIs.

To summarise, the counsellor's spirituality has been identified as the first internal factor that influences their use of SRIs. The second internal factor of the counsellor's own identity included distinguishing between the professional counsellor and ordained clergy and recognising that ethical and theological elements should be considered. The final internal factor, the competency of the professional counsellor, is now addressed.

#### **11.3.1.6 Competency.**

The competency of the professional counsellor was considered within the code of conduct, but application to SRIs is far more nuanced than codes permit. For example, how does one decide if one is trained sufficiently in the skill of prayer to use it as intervention? Does the counsellor need to be a meditation master to suggest a client might download and try an appropriate app before next session? Whilst codes focus appropriately on skill, this study suggested that for SRIs, general theological training and knowledge about SRIs were of equal or greater importance. For example, the study revealed a statistically significant correlation between the level of formal theological training undertaken by a professional counsellor and their propensity or willingness to use spiritual and religious interventions.

One implication is the encouragement for Professional Christian Counsellors to broaden themselves through further theological study. However, some level of practical training is essential. But training in what? Application of Theory B contains detailed discussion of specific training used by the author in each of the four dominant interventions. It has formed the basis of many course lectures, supervision discussions and Professional Development activities. These application suggestions are provided in this dissertation as a bridge to the theoretical, academic discussion in the body of this study and as a sample of educational and practical application in the Professional Counselling Setting. The application goes intentionally beyond the literature, and the results of this study become

illustrations from the researcher's practical experience that will hopefully assist any clinician seeking practical 'hints and tips' regarding the use of spiritual and religious interventions.

### ***11.3.2 Application of Theory A***

This section is an extension of the discussion concerning the implications of *Theory A – Factors Influencing the use of SRIs*. It explores each of the dominant interventions and offers specific suggestions and guidelines immediately usable or adaptable by the Professional Counsellor. This is a practical demonstration of the clinical implications of the research as it relates to the clinical practice of the author. It is written in the first person as it is presented as only one amongst many ways of applying the research findings to professional practice.

#### **11.3.2.1 Prayer.**

Guidelines for the general use of prayer concluded with an extended discussion of blessing as a unique type of prayer available to the professional counsellor. The study has already benefited by dividing prayer into three major categories.

- Prayer by counsellor outside of session, a sub-type of Personal Interventions.
- Silent prayer during session, a sub-type of Personal Interventions.
- Audible prayer in session, a sub-type of Typical Interventions.

As these interventions are very different in their nature and purpose, practice implications and recommendations will be considered separately.

*Prayer by counsellor outside of session.* This extra-sessional intervention may not require informed consent, but experience suggests it is beneficial for the professional counsellor to inform the client they intend to pray for them outside of session and invite their response. This can open interesting and useful conversations. Many professional counsellors use prayer prior to session as part of their personal preparation, and after session as a means of closure. I have found ad hoc prayer between sessions a useful way of

disconnecting and instead of dwelling on intrusive or concerning thoughts about a client between sessions, using these thoughts as a ‘prompt to pray’. This can also be a helpful intervention for the professional counsellor at the end of a difficult session as the means of closure and disconnect.

*Silent prayer during session.* Typically, this kind of prayer is not known to the client and based on the professional counsellor seeking discernment, wisdom or guidance on how to proceed. Definitions in Appendix I – Table of Definitions describe this as being “in partnership with the Holy Spirit” and was identified in a previous peer reviewed publication as being the most defining characteristic of Christian counselling (Hood, 2018a). Silent prayer in session can also be used as intercession.

- If a client is clearly experiencing pain when telling their story a professional counsellor might silently pray, “Lord be with Jane - allow her to only experience as much pain as the story requires. Comfort her in the midst of the telling.”
- If a question requires deep thought from the client before answering, the professional counsellor might silently pray, “Lord, inspire John with insight as he seeks to answer this question”.
- If a professional counsellor suspects a client is not being truthful the professional counsellor might silently pray, “Jesus, You are the truth, through your spirit give Jenny only true words as she answers.”
- If a professional counsellor asks a probing or challenging question they might silently pray, “Lord, bring what may have been in the darkness into Your light”.

*Audible Prayer.* Generally, if audible prayer is to happen in session, I have found it best to invite the client to pray for themselves before, or even instead of, prayer from the counsellor. Prayer by the client eliminates the possibility that the professional counsellor’s

prayer will introduce something new or unnecessary, or unduly lead the conversation.

Audible prayer by the client also presents an opportunity for the client to use prayer - a skill to take more confidently into homework tasks and beyond the counselling journey. It also indicates what style or tonality of prayer the client is comfortable or familiar with and this can inform any prayer offered by the professional counsellor.

It is wise to discuss whether the client would like prayer in session but also ask them what they would like it to “look like”. Will we start or end with a short prayer? Would you like to pray ... or me ... or both of us? Would you prefer a structured prayer or free prayer? Is prayer in tongues something you would like or are expecting? These questions support the client centred nature of the counselling journey, maintain client agency and mitigate against the risk things being done “the counsellor’s way”.

If a client seeks prayer from the counsellor the Collect, a succinct five part prayer outlined below (Reed, 1960, p. 284), offers a thoughtful ‘low risk’ approach that can be helpful for the professional counsellor, especially early in the counselling relationship when the client’s faith tradition and prayer preferences are still emerging.

1. **Address** For example, “Dear God” or “Father God” or “Father Son and Holy Spirit”. Whilst some may find the correct trinitarian address to be important, experience suggests clients are generally not as concerned. If the client has previously prayed, then the professional counsellor may replicate the address used by the client.
2. **Acknowledge** Generally a collect is built on an established biblical principle so declaring the principle can be significant: “You are the Prince of peace”, or “We know you made us for an abundant life”, or “We know our sins are as far from us as East is from the West”. Quoting chapter and verse is rarely helpful. Sometimes the acknowledgement can be a statement of thanks such as “We

thank you for the gift of marriage” or “We thank you for your unconditional love”.

3. **Ask** (petition) A request is made on the basis of the acknowledgement.
4. **Application** (desired result) The desired outcome is stated should the petition be granted. We consider what is the bigger purpose? What outcome might bring joy to God?
5. **Amen** Concluding with an Amen statement.

Therefore, a full example might be “*Lord Jesus* (address) *you are the Prince of peace* (acknowledgement). *We ask for peace in Jemimah’s relationship* (ask), *that she might be safe from harm and able to make wise decisions* (application). *In your name we pray, Amen*”

Whilst the collect can provide a helpful ancient structure for prayer, the Professional counsellor can also benefit from the ancient practice of blessing as a form of prayer. Blessings are “power laden words, spoken on cultic or other occasions often accompanied by gestures or symbolic actions” (Crim, 1976, p. 446). According to Kleinig, “all Christians are called to receive blessing from the triune God and to pass it on to others in their station and vocation” (2009, p. 2).

The simplest use of blessing may take the form of a prayer, or the final words of a prayer, that concludes the session. Two universally applicable blessings in this context are the homiletic ending based on the words of Paul in Philippians 4:7, and the Aaronic blessing (Num 6:23-24).

For many centuries Phil 4:7 has been used by clergy at the conclusion of their sermon. “And now, may the peace of God which passes all human understanding keep your hearts and minds fixed firmly on Christ Jesus our living Lord and Saviour”. This is an equally fitting way for a professional counsellor to conclude a session with a Christian client,

maintaining the focus on the client's life but recognising that life under the lordship of Jesus is shared with all Christians (including, possibly, the counsellor themselves).<sup>64</sup>

When used wisely and discerningly blessings from the professional counsellor can be applied with very low risk and yet may well yield fruitful, transformative results in the client's life. Prayers generally, and prayers of blessing specifically, benefit from a close connection with a scriptural foundation. The next section will discuss the use of scripture in professional counselling in various forms. Competent use of scripture has emerged as a significant implication for the practice of the Christian professional counsellor.

### **11.3.2.2 Scripture.**

The most common use of scripture is within a CBT framework (Pearce et al., 2015; Summermatter & Kaya, 2017; Tan, 2007) but there is no limit to the extent that scripture can be usefully, appropriately, and ethically applied in a professional counselling context. Equally, scripture can be misused so the challenge for the professional counsellor is to achieve the former and avoid the latter.

A common dilemma for the professional counsellor with a faith background is they have seen scripture used in differing ways (e.g., apologetically, homiletically, catechetically or devotionally) and may be tempted to import one of these ways to a counselling conversation. This is rarely helpful. The priority is to discover how to use scripture *counsellingly*. Unlike some other ways of using scripture, a counselling approach does not require or assume deep expertise in the scriptures. This is reassuring because a lack of theological expertise is often a reason why counsellors are reluctant to consider using scriptures in their practice.

Using scripture counsellingly may involve questions such as:

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<sup>64</sup> From his perspective as a Messianic Jew, Marcus (2018) has published an entire text on the Aaronic blessing that offers valuable insight for the professional counsellor considering this blessing as an intervention in their practice.

- “As you listen to yourself tell your story, is there a biblical character that comes to mind?”
- “Is there a scripture verse you can think of that relates to your situation?”
- “It sounds like you are experiencing anxiety. Do you know of any place where the Bible has something to say about anxiety?”

If a specific scripture is read in session with the client, the client’s interpretation can be invited. “As we were reading ...

- how did you feel?
- did any thoughts come to mind?
- were you reminded of anything this week/ in your past/ in your family?
- has anything been stirred up you would like to talk about?
- did any particular word or concept leap off the page for you?

Such questions are intrinsic to the professional counsellor and, in the first instance, do not require biblical expertise since control of content and theology lies in the hands and viewpoint of the client. However, with more biblical knowledge (client and/or counsellor), and instead of referral to a priest, pastor or chaplain, additional questions become possible such as:

- “So do you see yourself behaving more like Mary or Martha at the moment?”
- “Do any of Jesus parables seem to relate to your story at present?”
- “I hear a lot of Joseph, son of Jacob in your story... do you hear anything?”

Richards and Bergin (2005b) suggest seven ways scripture might be used in counselling:

1. Quoting scriptures.
2. Interpreting scriptures.

3. Making indirect references to scripture while discussing or teaching religious concepts.
4. Relating stories from scripture.
5. Encouraging clients to memorise scripture.
6. Encouraging clients to read or study scripture outside of sessions.
7. Using scripture to challenge dysfunctional or irrational beliefs.

The evidence of this study, and personal experience, affirms six of these ways of using scripture but challenges the suggestion that the counsellor might interpret scripture for clients. Even for the few professional counsellors who may have the theological training, interpretation of scripture may lead to “imposition of the counsellors values or beliefs” which may be in conflict with ethical requirements (CCAA, 2012, p. 15).

These illustrative notes offer some suggestions of the competencies in which Christian professional counsellors could be trained to improve the effectiveness of their use of scripture. As observed when discussing prayer, scripture often undergirds other spiritual and religious interventions. While an intervention in itself, scripture is the foundation of many SRIs as seen in the following discussion on forgiveness and then further demonstrated in the final section on meditation.

#### **11.3.2.3 Forgiveness.**

Forgiveness is growing increasingly popular as an intervention amongst secular therapists (Davis et al., 2015; Enright, 2001; Krause & Ellison, 2003; Mutter, 2012). Whilst these perspectives may have close connections with Christian forgiveness there are some important points of departure which require additional competency training and therefore will be the focus of this discussion. Like prayer, forgiveness takes many forms that need to be considered separately.

- Encouraging forgiveness when the client is the victim.

- Seeking and receiving forgiveness when the client is the offender:
- Seeking and receiving forgiveness from God.
- Forgiving self when the client is the offender

*Encouraging forgiveness when the client is the victim* is the most commonly considered circumstance, a situation to which Enright's four phases (2001) and Wade and Worthington's five core elements (2005) are directed. The professional counsellor can work very effectively with the Christian and non-Christian client in these phases, or elements, to encourage them in considering the many complex aspects of forgiving the offender. Whilst this process is essentially the same, this author has discovered there are some subtle differences in a Christian context.

- Finding empathy for the perpetrator and acknowledging one's own defences is clearer for the Christian client who sees themselves in need of God's constant forgiveness.
- The end state of secular forgiveness is relief of psychological discomfort whereas Christian forgiveness may, but not always, continue a further step and become complete when reconciliation is achieved.
- Christian forgiveness recognises the occasional necessity for God's supernatural ability to operate inside the victim.
- In a Christian worldview no offence is unforgivable (1 John 1:9).

*Seeking/receiving forgiveness when the client is the offender.* Psychoeducation concerning the difference between good guilt, false guilt and shame can support Christian and non-Christian offender alike. Setting aside of false guilt can be liberating (Hunt, 2022; Watson-Jarvis & Bishop, 2000). Framing any remaining guilt as a good and helpful emotion designed to motivate us toward reconciliation can be helpful. Copeland observes that

... guilt, by prompting us to think more deeply about our goodness, can encourage humans to atone for errors and fix relationships. Guilt, in other words, can help hold a cooperative species together. It is a kind of social glue (2018, para. 5).

*Seeking and receiving forgiveness from God* is obviously only ethically suitable for clients whose worldview acknowledges God's existence. My experience suggests a surprisingly large number of Christians are fully aware of the forgiveness they have through Christ yet have rarely engaged in a formal process (or rite) of receiving that forgiveness<sup>65</sup>.

*Forgiving oneself when the client is the offender.* The professional counsellor who chooses to work around forgiveness will inevitably encounter the messy challenge of self-forgiveness. The secular literature is replete with discussions on self-forgiveness (Davis et al., 2015; Pierro et al., 2018; Tangney et al., 2007). Yet nowhere does the Bible speak of self-forgiveness. Instead, Jesus is described as the one who takes sin away (John 1:29). The Professional Counsellor who chooses to work with forgiveness will need to resolve for themselves this apparent conflict to work effectively in this area.

Secular and Christian professional counsellors can broadly work quite effectively with forgiveness. However, there is an important difference. The secular professional counsellor using forgiveness as a spiritual and religious intervention must be aware of potential limitations in working with those who wish to engage their spirituality and consequently remain open to referral options as gauged from client responses and feedback.

#### **11.3.2.4 Meditation.**

John Kabat Zinn, professor of medicine at the University of Massachusetts, is credited with the integration of meditation into mainstream western therapy after he applied elements of his personal experience of Buddhist meditation to his medical patients. Kabat Zinn describes mindfulness meditation as the “awareness that emerges through paying attention on

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<sup>65</sup> See Hood (2018c) for a case study .

purpose, in the present moment, and nonjudgmentally to the unfolding experience moment by moment” (Kabat Zinn, 2013).

This definition is religion agnostic so the psychological/spiritual practice of mindfulness meditation can be adapted by the professional counsellor to suit any religious context, including adaptation to a Christian context. As Thompson observes, “... in the past century, the Church has rediscovered mindfulness techniques that are based on Christian faith and which have been practiced for hundreds of years” (2019, p. 60).

Like all the dominant interventions, the best way for the Christian professional counsellor to acquire the necessary competence in equipping their client in the use of mindfulness meditation is to be experiencing it in their own life. This can (for example) be aided by numerous mobile apps such as ‘Abide’ which take the participant through various topic-based scripture-focused meditations from a Christian worldview.

Blanton (2019) has developed the therapeutic use of Christian contemplative prayer and meditation into an approach that is exceptionally helpful for the Christian professional counsellor seeking to incorporate contemplation and meditation in their practice. In Blanton’s own words his “Christian contemplative-oriented model is multidimensional and integrative” (2019, p. 116). Its multidimensional and integrative nature focusses on body, emotions, intellect and behaviour. When used in its completeness it offers a holistic approach to incorporating Christian meditative practices as they might apply to each of these four dimensions. However, the model is also flexible enough to allow the Christian professional counsellor to focus only on one or two dimensions they feel might be most suitable for the client.

This concludes discussion of the application of the four dominant interventions. As noted, some level of competence is required but the professional counsellor under wise

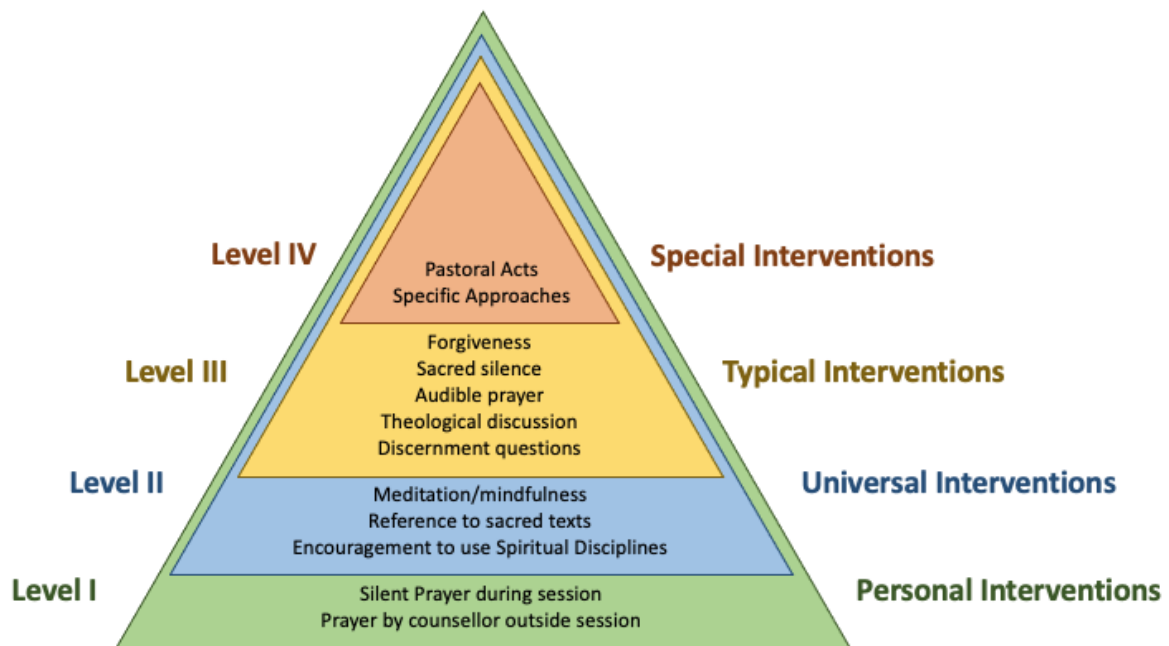
regular supervision does not need to be an expert before choosing to use SRIs, noting that client response and feedback will be a good indicator of a possible referral.

### 11.3.3 Implications of Theory B: A taxonomy of SRIs.

On face value Theory B simply represents a means of classifying most spiritual and religious interventions into one of twelve major types, each belonging to one of four categories. However, when applied clinically, Therapy B is far more than a typological framework. The significance is suggested visually in Figure 32 as a series of stacked triangles that represent levels of integration in practice.

- Level I: Restricted mainly to Personal Interventions.
- Level II: Personal Interventions and some Universal Interventions.
- Level III: Blend of Personal, Universal and Typical Interventions
- Level IV: Includes many Level I, II and III Interventions plus Pastoral Acts, or a use of a specific approach.

**Figure 32**  
Theory B showing levels of integration



In the present wave of integration, the focus is on clinical practice (Neff & McMinn, 2020; Strawn et al., 2018), with an associated acknowledgment that psychotherapy and integration embody activities that characterise a unique interaction between humans that together forms a unique counselling relationship. This unique counselling relationship will generally operate at one of the four levels of integration. As demonstrated in the previous section, the process of identifying the appropriate level requires a complex interaction of elements internal and external to the professional counsellor. These elements include their spirituality, identity, and competency plus external factors relating to the client, ethics codes and the context of the counselling conversation.

The identified level is unique to each counselling relationship. Consequently, an individual professional counsellor may find themselves operating at multiple levels each day as they interact with a diversity of clients. The level of interaction has implications for, and is influenced by, concepts already introduced into this study. These are summarised in Table 33 and form the basis of the discussion that follows.

**Table 33**  
*Theory B Levels of Integration relationship with wider concepts*

	<b>SRI</b>	<b>Meta-Model<sup>a</sup></b>	<b>Prof Type<sup>b</sup></b>	<b>Spiritual Alignment</b>
	<b>Types</b>			
Level IV	Special	CP/TP	Prof Christian Couns	=*
Level III	Typical	Integration	Prof Christian Couns	=
Level II	Universal	R.S.C	Prof Christian Couns	<u>?</u>
Level I	Personal	Secularism	Christian Prof Couns	<u>?</u>
Level 0	NIL	Secularism	Prof Couns	N/A

Note: <sup>a</sup> Meta-Model: R.S.C. = Religious Sensitive Counselling; CP = Christian Psychology TP = Transformative Psychology; <sup>b</sup> Prof Type = Profession Type: Prof Christian Couns = Professional Christian Counselling; Christian Prof Couns: Professional Counselling by a Christian; <sup>c</sup> Spiritual Alignment: ? = Not necessarily equal; =\* = must be equal

When interpreting Table 33 it is important to appreciate the stacked nature of the levels, that is, all levels embrace those below. In practice, each counselling relationship is

comprised of a series of sessions and while able to function at, for example, level II, a particular session may display more Level I characteristics. In other words, the level of integration sets the maximum ceiling level of any specific counselling session within the counselling relationship.

#### ***11.3.4 Application of Theory B***

We will discuss the application of Theory B by exploring each level of integration and thus refer to the various concepts in Table 33. Discussion begins at Level 0. Level I includes a discussion of the counsellor's personal spirituality. The Level II discussion reveals common ground amongst many professional counsellors choosing to use Spiritual and Religious Interventions. Moving from Level II to Level III involves crossing 'the great divide' explored in depth in the discussion on Level III. Finally, Level IV discussion explores the important clergy/counsellor distinction.

##### **11.3.4.1 Level 0.**

Level 0 sets the datum for other levels. In practical terms this signifies a counselling relationship with no intentional inclusion of anything spiritual or religious, perhaps representative of most work done by most clinical psychotherapists. The client may of course engage in their own religious activities outside sessions but these two worlds are kept quite separate. This type of professional counselling does not fit within the scope of Christian Counselling (Appendix XV – Table of Definitions). The degree to which the counsellor and client are aligned in their spirituality is neither applicable nor relevant. There is no intended use of Spiritual interventions or religious interventions.

##### **11.3.4.2 Level I.**

Level I integration is characterised by the absence of any overt use of spiritual and religious interventions (Tan, 2011a; Tan & Johnson, 2005). Instead, the professional counsellor, unknown to the client who is naturally unaware of the counsellor's life outside the

clinical setting, may use personal interventions such as prayer outside of session and silent prayer during session.

There are many valid and invalid reasons why a counselling relationship may be set at Level I. Amongst the most common valid reasons is the context of the counselling conversation. This study has shown that approximately one quarter of counsellors working as employees (23%) or contractors (25%) felt their context prohibited them from using SRIs. Another valid reason relates to the code of ethics so if a client does not want their spirituality or religiosity included in their counselling encounters together, this must be respected.

Alternatively, if the client's experience of faith and religion has been a source of, or come from, one of the many contexts and environments of abuse, then, if not properly explored, to include spirituality and religion may be a breach of the duty to act with beneficence.

Some professional counsellors are people of faith but choose to exclude overt expressions of their faith from their practice. Appendix XV – Table of Definitions describes this as Professional Counselling by a Christian, that is, a professional counsellor who is a Christian or a Christian Professional Counsellor (Christian Prof Couns Table 33). Definitionally, a counsellor adopting this identity “employs primarily psychotherapy” (Appendix XV – Table of Definitions) in contrast to a Professional Christian Counsellor (Christian Prof Couns) who “employs psychotherapy and/or Christian SRIs” (Appendix XV – Table of Definitions).

Other counsellors may feel inadequately trained beyond Level I and therefore remain at Level I only. These choices are valid in the short term, however in the medium to long term this approach may not adequately serve clients desiring a counselling relationship at a higher level of integration. A universal rule in this context is that if there are counsellor related

factors limiting the level of integration desired by the client then referral should be strongly considered.

It is self-evident that at Level I integration, the spiritual alliance between the client and counsellor is not applicable. In the context of this study, Spiritual Alliance is analogous to Therapeutic Alliance (Horvath & Luborsky, 1993; Sharf et al., 2010). It is not only the extent to which the counsellor's spirituality is aligned with that of the client but also concerns

#### Case Study – Level I Integration (John)

John is a husband, father, and full-time paid emergency services worker demonstrating clear trauma symptoms he attributes in large part to his work. In addition to the normal exposure from his work, John spent several years in specialist roles with uniquely acute exposure to trauma. Previous experience of psychotherapy has been of limited benefit.

Recently John's trauma symptoms have become life-limiting, impacting his ability as husband and provider. John's employer referred him through their Employee Assistance Program (EAP). We met by phone for 5 sessions over approximately 3 months. After our first session my primary role was to bridge John's transition into a longer-term relationship with a therapist.

Given the EAP context, I engaged with John as a Professional Counsellor who was a Christian (Appendix XV – Table of Definitions) so an overt use of SRIs would not be part of our time together. However, I often used various types of prayer as a Personal Intervention.

Phone calls were scheduled at unusual times and often my only client engagement for that day. Prayer prior to sessions was an important way to help my mind let go of whatever I was working on to focus on John. I needed to be particularly attentive because phone sessions demand a much greater cognitive focus than sessions in person or by video.

Being a transitional bridge into longer term therapy, I needed wisdom during session. Sessions were highly unpredictable, and I needed to respond quickly to whatever emerged, based on John's life since we'd last spoken. He was hungry for tangible, practical help. I needed to know enough about his situation to provide a helpful conversation without uncovering extra detail that could not be safely contained before the end of the session. More than with most clients, to achieve this balancing act I sought the Holy Spirit's leading through silent spiritual activities: seeking prompts for the next question; asking God for wisdom whether to pursue emerging topics or let them pass by. Richards observed: within such a spiritual therapeutic space, some psychotherapists have also reported experiencing inspiration, enlightenment, and/or a heightening of their attributes and abilities that enabled them to (a) more clearly assess and understand their clients problems, and (b) select and implement effective interventions. (Richards, 2012, p. 249)

Calls with John were extremely taxing, consuming great amounts of cognitive and emotional energy. As calls concluded, prayer, more than usual, transitioned me back to my work and also processed the difficult content.

However, most remarkable was the frequency of his story coming to mind between sessions. Remembering client stories was often an annoying, intrusive part of my day that goes with counselling. I now receive these thoughts with gratitude – using them as a prompt to pray for the client, and now a regular experience with John. For example, in one conversation we had discussed strategies for coping with anxiety generated by travel he needed to take for personal reasons. On the day of the travel, I would think about where John would be (at the airport, on the plane, arriving etc.) and each time I prayed for him. The trip was successful, and I believe that his courage, our strategies, and my prayers all played a part.

John lives in a remote location, so finding a long-term, face to face therapist would be difficult. I prayed about this after our first (or second?) session. He soon found someone who, with John's permission, I have spoken with as part of handover. I believe my prayer helped achieve this remarkably quick result.

John's spirituality never came up in conversation and I guess that until he received this case study for approval, he had no notion of my personal faith, or my prayers for him and his family.

the counsellor's ability to support the client in their spiritual journey based on their own faith experience. As noted, the only spiritual and religious interventions likely to be employed at Level I would be personal, and therefore not apparent to the client. For all intents and purposes, a session conducted at Level I integration is indiscernible from standard, secular psychotherapy.

#### 11.3.4.3 Level II.

Level II integration is characterised by the professional counsellor's willingness to enable the client to introduce their religion into the counselling conversation. McMinn describes this as Religiously Sensitive Counselling (2009, p. 23), or what is generally meant by Religious Accommodative Psychotherapy (Koenig, 2019) or simply Religious Psychotherapy (Azhar & Varma, 1995). As the descriptor suggests, the primary change mechanism is still grounded in science-based psychotherapy, but the counsellor accommodates the client's religion in this therapeutic process.

In its simplest form and in line with observed indicators, the client experiencing loneliness and isolation might be encouraged to explore attending a weekly religious service as a means of social engagement. The client experiencing depression might find some temporary relief by engaging in the ritual and drama of a 'high Church' service, or they may find stimulation beyond their routine in a lively, contemporary worship experience. The client experiencing anxiety might find support from a predictable daily pattern that includes a structured daily reading of a passage of scripture and prayer, either chosen or provided. These practices are uniquely associated with a religious faith intended for positive change in the client's life. However, the same psychotherapeutic outcome could be achieved by the client attending a local

#### Case Study – Level II Integration (Julie)

An ordained member of a non-Christian religion, Julie works as a paid Chaplain and Pastoral Carer in secular settings. She sought Clinical Supervision with me mostly because of our shared, mutual appreciation of spirituality, albeit expressed through different religious faith traditions. Julie provides a clear example of combining Personal and Universal Interventions (Theory B) that also demonstrates how theories from this study can be applied to Supervision, often part of the work of many Professional Counsellors.

Personal Interventions? I prayed carefully about my decision about taking Julie as a supervisee, partly due to workload but also uncertainty around our differing religious backgrounds. I felt a great peace and a clear sense of God growing and expanding me and my practice. This has already happened. I rarely seek guidance during our sessions, or routinely pray before or after meetings. However, Julie's story included ill-treatment by a Christian chaplain. Several times outside of session I prayed for a softening of this chaplain's heart and for the fruit of the Spirit to become more apparent during interactions with Julie.

Universal Interventions? I occasionally raise issues of religious faith. For example, "What do the teachings of your faith say about this situation?" or, "Do you feel this would be something worth taking into your meditation between now and when we meet next?" I am deeply aware of my ignorance about Julie's faith tradition, a common experience with Universal Interventions. In this context I have found it helpful to ask questions that cause the client (or supervisee) to reflect Spiritually and Religiously on their situation, mainly by drawing on their own knowledge of their sacred scriptures or encouraging them to pursue Spiritual Disciplines relevant to their faith.

In fact, much of our time focuses psychotherapeutically on issues such as workplace conflict and anger management. Most conversations have no spiritual/religious tone but might be working with topics such as personality and family of origin. This case demonstrates what McMinn describes as working in a "religiously sensitive" (2009, p. 23) manner. .

football game or going to the cinema or completing a daily crossword.

A commonly used Religious Accommodative Psychotherapeutic approach combines the use of sacred texts with some form of Cognitive Behavioural Therapy (CBT). Garzon notes that “[m]uch has been written on applying the scriptures from cognitive perspectives emphasising REBT styles... as well as styles resembling the work of Aaron Beck<sup>66</sup>” (2005, p. 116).

Rational Emotive Behavioural Therapy (REBT) typically uses a five-step process. All five steps will not be discussed but it is simply noted that step 2 involves identifying beliefs driving behaviours and step 4 involves disputing these beliefs. Change comes from the client accommodating a new set of beliefs in the expectation that these will drive new behaviours (Asimina Koutsoukou-Argyarak et al., 2016). Johnson and Ridley (1992) and Johnson et al. (1994) used a REBT approach to incorporating scriptures in their primary research.

Beck’s research also focused on addressing negative thoughts. He identified the Negative Triad (negative view of self, world and future) which he hypothesised sat at the core of depression (Corey, 2016, p. 282). Propst (1980), Pecheur and Edward (1984) and Propst et al. (1992) conducted primary effectiveness research on the cognitive use of scriptures based on using an approach sympathetic to Beck’s therapeutic approaches to clients experiencing depressive symptoms. These five primary research projects continue to be the core research into the SRI efficacy studies. More recently, literature discussing the inclusion of religious texts into CBT has included:

- A randomised trial reported in 2015 where a therapist “gently directed the client to more healthy ways of thinking based on religious teaching in their particular tradition.

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<sup>66</sup> In 2021 The Guardian Newspaper described Beck as “the Father of Cognitive Behavioural Therapy” observing “Beck’s work revolutionised the diagnosis and treatment of depression and other psychological disorders” (Associated Press, 2021, para. 2).

For example, therapists provided clients with a passage from their holy scriptures” (Pearce et al., 2015, p. 244).

- Tan’s *Biblical Approach to CBT* which includes as step 4, “use biblical truth, not relativistic values, to conduct cognitive restructuring and behavioural change interventions” (Tan, 2007).

These two research projects illustrate Level II integration and include the use of sacred texts as one of the three types of universal intervention (Table 33, Figure 32). It is a form of Christian counselling that overtly includes low level religious interventions (Appendix XV- Table of Definitions). At this level of integration there is no need for a clear spiritual alliance between counsellor and client. In fact some recent research has indicated better results when the client and the counsellor are not aligned spiritually (Koenig, Pearce, et al., 2015).

Level II Integration has greatest common ground in the integration community. Its defining characteristic is that although there might be many religious terms used, the fundamental mechanism of change remains psychotherapeutic, a radical difference when compared with Level III Integration.

#### **11.3.4.4 Level III.**

This level is characterised by the inclusion of the spiritual dimension in the counselling conversation. Moving between level II and Level III involves crossing what this author describes as “the great divide”. In a professional counselling conversation, the counsellor tends to employ a set of ‘tools’ to bring about positive client change. Professional Counsellors are generally well schooled in the use of Psychotherapy. As discussed in the literature review, these tools of psychotherapy emerged from the medical model and have generally been developed from a scientific paradigm that rejects the spiritual. The toolkit for the inclusion of the spiritual dimension comes largely from the world and discipline of

Spiritual Direction (Moon et al., 2004; Neufelder & Coelho, 1982). Learning to use a whole new set of tools is uncomfortable for many and is one of the main reasons, supported by the data, why very few psychotherapeutically trained counsellors fully engage the spiritual. Lack of training was identified by the focus groups as one of the key factors for why Professional Counsellors may be hesitant to use SRIs. This is one element of the great divide. Furthermore, practicing in the spiritual dimension is not about adapting psychotherapy to a client's belief system, rather it means learning to help the client engage and perhaps modify their relationship with their transcendent, in the belief that this modified relationship will manifest in positive improvements in the client's life.

#### **11.3.4.4.1      *The Great Divide.***

It is commonly assumed that every person has a spirituality (Elkins, 1998; J. W. Kleinig, 2008; Richards, 2012; Senkbeil, 2019). It is self-evident that challenging this fundamental assumption may be a reason why psychotherapists do not engage in the spiritual. For some individuals, their spirituality will be found and best expressed through a formal religion. Others may consider themselves ‘Spiritual but Not religious’ (Calderwood & Debien, 2016; Christian Research Association, 2019; Murphy, 2015; Warden, 2017) or may never have even considered themselves spiritual.

Psychologists Calhoun and Tedeschi suggest Spirituality “tends to connote subjective experiences that have in common a connection to something transcendent, or at least an existential state beyond the self” (2013, p. 120). They note that “the specific content of people’s answers to the central existential questions will differ, but most human beings have developed some answers to those questions”. Although the answers may indeed be different, Swinton (2001, p. 25), extrapolating data from Martsolf and Mickey (1998), suggests Spirituality has five central features, reproduced below as Table 34.

**Table 34**  
*Swinton’s Central Features of Spirituality*

Feature	Description
Meaning	The ontological significance of life; making sense of life situations; deriving purpose in existence.
Value	Beliefs and standards that are cherished; having to do with the truth, beauty, worthy of a thought, object or behaviour; often discussed as 'ultimate values'.
Transcendence	Experience and appreciation of a dimension beyond the self; expanding self-boundaries.
Connecting	Relationships with self, others, God/higher power, and the environment.
Becoming	An unfolding of life that demands reflection and experience; includes a sense of who one is and how one knows.

Richard's (2012) review of 18 definitions of spirituality, yields helpful insight into Swinton's summary. It has already been noted that 10 of the 18 definitions contain some element of the feature of *transcendence* and that seven contain *meaning*, or purpose. Five of the definitions speak of *values*, or passion. Eight allude to *connectedness* and relationship, once by referring to 'love'. Finally, whilst none of the 18 definitions make use of the word 'becoming', to a greater or lesser extent every one of them speaks in some way about the unfolding of life, experience, and the sense of self.

This analysis seems to affirm Swinton's five central features as a helpful indication of the various elements other authors have commonly identified as aspects of spirituality. His commentary on these features is of such importance for understanding the great divide it is quoted in full.

Why call this spirituality? It could of course be argued that the 'spiritual needs' identified above can be explained equally well in psychological terms without having to draw upon the rather ethereal and 'unscientific' idea of spirituality. However, ... words such as 'hope', 'faith', and 'purpose', and ideas such as 'the search for meaning' and 'the need for forgiveness', are not adequately captured in language that assumes they are *nothing* but thought processes or survival needs. Although it may not fit neatly into the current scientific paradigm, as one encounters such language, one

experiences a deep, intuitive sense of affirmation that these desires refer to a dimension that includes, yet at the same time transcends psychological explanation (Swinton, 2001, p. 25).

Theory A of this study identified the client's spirituality as a key factor for the Professional Counsellor to discern and evaluate when considering the use of Spiritual/Religious Interventions. Swinton's five features offer a useful language and focus that help the professional counsellor explore the Spiritual with their client. Encouraging clients to explore their spirituality can have profound outcomes. The retiree may be invigorated by discovering an inspiring life renewing *meaning* and purpose beyond their previous paid vocation. The trauma survivor may be inspired by a new set of *values* that underpin their 'new normal' life. The terminally ill patient may find deep *peace* when engaging in a dimension beyond the 'here and now'. The First Nations individual may be enlivened by a deeper *connection* with their ancient spirituality and the associated *connection* to land, ancestors, and totems that this brings. The mother of an empty nest may be inspired to life transforming change by the rediscovery of her *identity* as a cherished daughter in the Kingdom of God.

Positive changes in an individual's life can be fully explored and fruitfully engaged by a counsellor willing to 'cross the great divide' and engage with Level III integration.

Finally, any intervention can be used Spiritually. Focus Group data identified that Silence can, for example, be used as a Spiritual Intervention. As previous discussion has shown, spiritual interventions may take the form of introspection, cultural discovery or trauma recovery. They could also include a walk on the beach, engaging in creative arts, listening to music or any activity that is specifically intended to help the client modify their relationship with their transcendent to inspire positive life changes.

Level III integration goes beyond religious-sensitive counselling and moves into the integration metamodel. This movement beyond secular or science-based psychotherapies will challenge some professional counsellors who may never cross the great divide. This demands some level of letting go of secular science-based etymological and anthropological paradigms and requires the professional counsellor to find their own place of comfort in the broad category of integration.

Theory B makes it clear that Level III integration presents an opportunity to include spiritual interventions typical of the faith of the client and aligned with their natural modes of expression. This study recommends that for full engagement with these faith-based interventions, Level III integration can only be practiced when

#### Case Study – Level III Integration (Jane)

Jane represents the typical client of the Professional Christian Counsellor and indicates the use of 'Typical Interventions', a category with five types of interventions: Forgiveness, Sacred Silence, Audible Prayer, Theological Discussion and Discernment, Theological Questions. See Figure 29. Jane's story demonstrates the significance of counsellor identity in choosing to use SRIs.

I knew Jane through the sudden workplace related death of her brother. As a Rapid Response consultant, I travelled interstate to the worksite to provide support for the work colleagues. Jane, and other family members, also received support from our organisation. In the hours after the incident, I spoke by phone, prior to departure, to the fiancée of the deceased worker. She recommended I speak with Jane who was concerned how to tell her primary-aged son about his uncle's death. Jane and her husband wanted to discern this together so I offered to speak to them that evening when they could both be on the call. For the purposes of this study, my identity at this stage was, Professional Counsellor who happens to be Christian.

Jane's husband immediately indicated that previous conversations with mental health professionals had not gone well. He felt they had disregarded his Christian faith. He wanted to make it clear up-front that the most important thing in their lives, and their family, was their Christian faith and would I be OK working on that basis. I think I may have cried.

In the moment of my reply, I could have continued to relate to them as a Professional Counsellor with a (covert) Christian faith or offered to relate to them as a Professional Christian Counsellor. I chose the latter.

The immediate issue of speaking to their son about his uncle's death enabled me to facilitate a discussion true to their faith and appropriate for their son. This included theological discussion about topics such as salvation, heaven, and eternal life. Without referring to specific texts, we explored a theological understanding of deception and speaking truth, especially as it related to their son. Conversation also included purely psychological perspectives on their son's personality and developmental stage. This illustrates both the use of 'theological conversation' (Figure 29) and how a Professional Christian counsellor might use psychotherapy AND SRIs (Appendix XV – Table of Definitions).

Jane and I met on an ad-hoc basis for over 10 months as new challenges confronted their extended family's journey, seamlessly blending the tools of Psychotherapy and Spiritual Direction.

Part of Jane's journey required an extraordinary act of forgiveness, explored as an extension of the forgiveness of God she has herself experienced. Using discernment questions, I asked where she saw God already at work. Theological conversations were based on biblical narratives but, significantly from an SRI perspective, we have prayed (and often cried) together.

A final comment, emerging in part from the experience of crying with Jane. One of the distinguishing marks between Professional Counselling by a Christian and a Professional Christian Counsellor is that the latter views the client as a fellow pilgrim on a shared journey of Christian living (Appendix XV – Table of Definitions). This observation appears in a separately published article with the suggestion that "[s]elf-disclosure is often more prevalent in Christian Counselling. Many Christian Counsellors will indicate that they find themselves engaging in noticeably more self-disclosure when supporting Christian clients who have requested Christian Counselling" (Hood & Milson, 2021a). The following excerpt from correspondence from Jane reflects on her counselling journey.

"Being able to speak with a counsellor who not only is specialised in this field of trauma but shared the same belief as myself and my family, really was an enormous blessing and one in which I do not think occurred by coincidence. I consider myself very fortunate. Having the ability to speak and express my feelings freely and knowing that I was fully understood, was the best possible experience for me. The feedback and guidance I received was in line with my beliefs, which helped me make informed decisions and assisted me in navigating through my feelings. Concluding difficult sessions in prayer was powerful and had a huge impact on how I continued my day and how I continued to digest the session" (Anonymous, 2021).

client and counsellor have identified and agreed spiritual alliance.

#### 11.3.4.5 Level IV.

Level IV Integration is complex, potentially rich and rewarding, and applies to client and counsellor alike. Theory B suggests that Level IV Integration will embrace the full gamut of Spiritual and Religious Interventions, including Interventions that may be perceived as Pastoral Acts such as anointing with oil, hearing confession and Cheirotonia. There may be moments during the Level IV counselling relationship that will involve interventions highly spiritual in their intent *and* highly religious in their nature. Level IV is indicated when religious practices such as prayer, meditation, reading scripture and forgiveness are used in a 'Spiritual' and not just psychotherapeutic way. The primary defining factor between Level III and Level IV integration is the professional counsellor's personal professional identity, explored at length when discussing Theory A. Some professional counsellors may believe that Level IV integration expectations are beyond their theological or professional scope and will refer clients to clergy whenever these kinds of Pastoral Acts are desired.

It is hard to  
imagine Level IV  
integration without a  
strong spiritual  
alliance between  
client and  
counsellor. Beyond

Jerry, a seminarian training for ordination in a major Christian denomination, was referred because of emerging issues perhaps related to his troubled childhood. My role and identity were clearly framed - Professional, Christian Counsellor - enabling the use of Psychotherapy and/or S/R Interventions.

We had three sessions. In the first I learned a little of his history and situation, including a theological conversation about his call to the ministry. He seemed an ideal candidate for Traumatic Incident Reduction – a psychotherapeutic technique especially effective for single incident trauma. The second and third sessions were extended to accommodate TIR which can take two or three hours to complete. At Jerry's request we ended each session with audible prayer and we both prayed.

TIR can be especially taxing emotionally and physically, and in Jerry's case spiritually. As the final session ended, it was clear that some quite transformative work had been done. When it came time for me to pray, I offered to pray a blessing over Jerry that I knew was deeply rooted in his faith tradition. I also offered to lay my hand on his shoulder and prayed the blessing. According to Theory B, this act of Cheirotonia would typically be seen as a Pastoral Act considered as a 'Special Intervention', an intervention familiar to us both and which seemed appropriate for the moment.

My prayer concluded with the blessing, leaving me with a profound sensation that this did not just conclude that day's session but also this phase of our counselling journey. Most importantly, there was a cognitive, emotional, and spiritual end to the worst of the challenges that had long been plaguing Jerry. I have not had a session with Jerry since, but a follow-up phone call suggested that he has experienced this sense of conclusion, and transformative transition in his life.

this however, as Coe and Hall (2010b) have indicated, the professional counsellor will be required not just to adhere to a similar spirituality as the client but be actively engaging and living out of that faith expression. This living practice is at the heart of Transformational

Psychology (Coe & Hall, 2010b). Level IV becomes embodied when both client and Professional Counsellor are actively living a complementary spiritual and faith experience. A detailed case study of Level IV integration can be found in a published peer review article (Hood, 2018c) that highlights the importance of spiritual alignment between client and counsellor

Theory B helps define and classify spiritual and religious interventions. However, the four levels of integration embedded in Theory B contribute to the integration landscape by providing a framework or guide for clinical practice and a theoretical grid that can be used to draw together otherwise disparate concepts of integration.

This concludes the discussion of the research findings, presented as a descriptive and visual exploration of the two theories emerging from this grounded theory mixed methods project. Numerous implications for practice have been developed and discussed. To reach this point the researcher had to establish working definitions to overcome the lack of definitional clarity identified in the literature review. Whilst recognising these working definitions may be beyond the scope of a *Critical Investigation into the use of Spiritual and Religious Interventions by Professional Counsellors*, these working definitions were offered to the reader as a brief excursus. It is hoped these working definitions may not only bring additional insight into the findings of this study but be valuable to future practitioners and researchers.

#### **11.4 Working Definitions – an excursus**

At the conclusion of any public presentation on the use of Spiritual or Religious Interventions by professional counsellors it is almost inevitable that one of the first questions posed is, “What is the difference between a spiritual intervention and a religious intervention?”

Answering this pertinent question is the impetus for this excursus. Simply speaking, the working definitions used for this study suggest the difference lies in the nature and purpose of the intervention. The working definition of a religious intervention was deemed to be “any action uniquely associated with a formal religion taken to encourage positive change for the client.” The major focus is the extent to which the intervention is, by its very nature, uniquely associated with a formal religion recognised and/or embraced by key participants. By logical extension, the more an intervention is uniquely associated with a formal religion the more religious it is considered to be.

This stands in contrast to a spiritual intervention. The working definition of a spiritual intervention was deemed to be “any action intended to modify a client's relationship with their transcendent in order to inspire positive change”. The key idea here is the intended purpose of the intervention.

An analogy may be helpful.

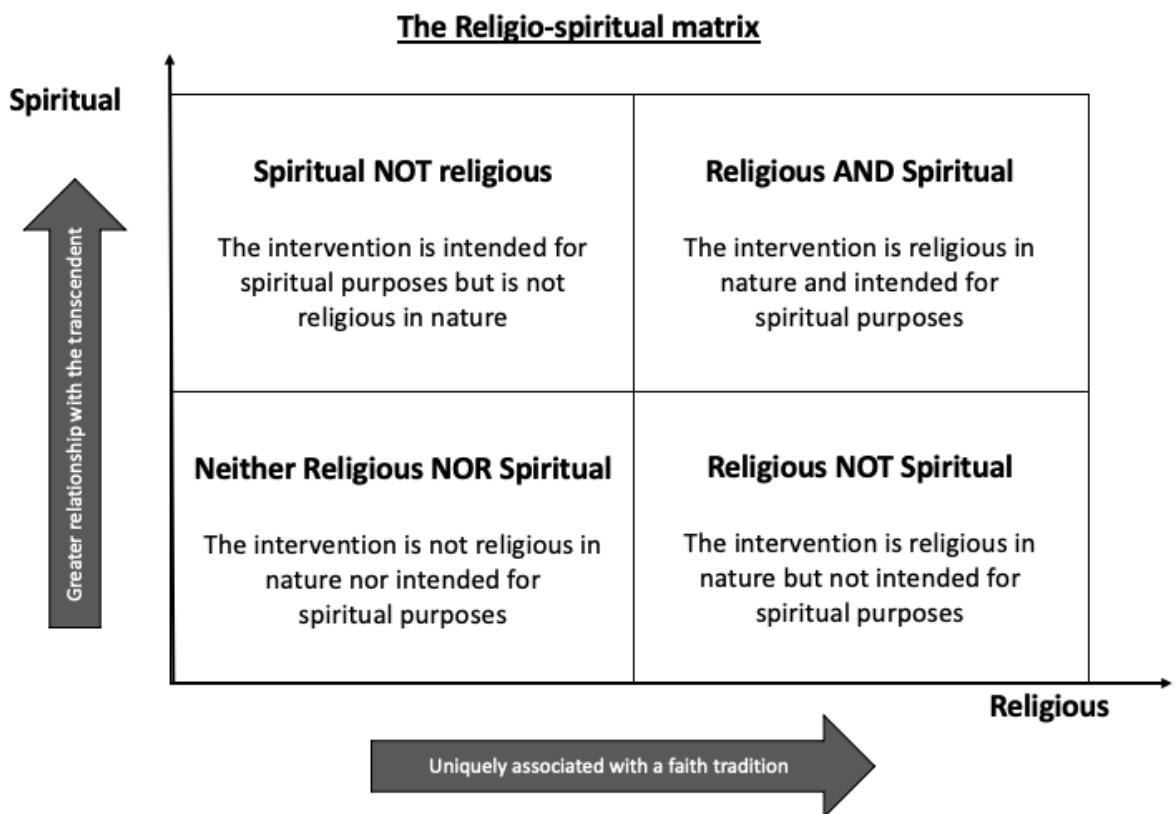
One might ask “what is the difference between a uniform and a woman's dress?” Both terms clearly relate to garments of clothing. Being a dress is innate to the characteristic of the garment and will usually attract that descriptor, whereas being a uniform involves an identification purpose and will usually prompt association with a profession, authority or organisation. We know from experience that some dresses are uniforms - but most are not. Equally we know from experience that shirts and trousers can be used for uniforms - clearly not all uniforms are dresses. To complete the possibilities, many items of clothing are neither dresses nor intended for the purpose of a uniform.

This is analogous to spiritual and religious interventions. They are clearly related terms. Whilst an intervention may be innately religious, a spiritual intervention serves the purpose of modifying a client's relationship with their transcendent. A religious intervention may be spiritual, or perhaps not be - it depends on the intended purpose. Equally there may

be interventions such as a walk along a beach that are not innately religious but could be used for a spiritual purpose. To complete the picture most interventions used by professional counsellors are likely to be neither religious nor spiritual.

These four possibilities are displayed visually on the Religio-spiritual matrix (Figure 33).

**Figure 33**  
*Visual representation of Spiritual Interventions*



A full and comprehensive explanation of these definitions and their derivation can be found in *Appendix II– Working definitions for Spiritual and Religious Interventions*.

## 12 Conclusion

This study emerged from an environment of uncertainty for professional counsellors, primarily in Australia but by implication, wherever counsellors practice. The introduction referred to a case study in ambivalence and ambiguity where a tribunal panel deregistered a psychologist for using prayer as an intervention, yet equally found “there are specific circumstances... where prayer could be of some use” (Psychologists Tribunal of New South Wales, 2010, sec. 126.24). The study earlier referenced the CCAA code of ethics which specifically excludes prayer ministry from counselling whilst never actually defining what prayer ministry is (CCAA, 2012, p. 8, 2020, p. 10).

Demands for culturally inclusive practice that embraces and responds to religious or spiritual values are pressuring professional counsellors more strongly towards a situation where even thirty years ago “clients and counsellors” were allowed “to freely pursue their spiritual values” (Bergin, 1991, p. 399). There are even suggestions it may be unethical **not** to include spiritual and religious interventions in practise under certain circumstances (Peter Madsen Gubi, 2017; Plante, 2016). There is growing evidence that using spiritual and religious interventions in professional counselling may even be more effective than psychotherapy alone (Captari et al., 2018) and Sperry argues professional counsellors “could reasonably address the spiritual concerns of their clients” (2003, p. 6). One peak professional body has declared “it is not the role of professional psychologists to be spiritual guides” (Eseadi et al., 2015, sec. 74) and another has specified that a required competence is to be able to recognise “when a client should be referred to a clergy member or spiritual advisor” (CCAA, 2020, sec. 16).

How does a professional counsellor make sense of these conflicting messages? How should they practice in the context of these competing demands? These are some of the

questions that sit behind this critical investigation into the use of spiritual and religious interventions by professional counsellors.

This investigation's action-inquiry process resonates with the DNA of professional counsellors. Many of the great counselling theories emerged this way (Corey, 2016; De Shazer et al., 1986; Kenny, 2016; C. Rogers, 1977), as a key element of supervision requirements for all professional counsellors (K. Wilson & Lizzio, 2010). Investigations into how professional counsellors are actually using spiritual and religious interventions were designed to directly inform what collectively they (we) ought to be doing.

Grounded theory anticipates that theories about what ought to be happening may emerge or be discovered from an investigation into what is currently happening in practice. A mixed methods approach enabled many voices to be heard through a large-scale quantitative analysis (including some free data) and then gave space for rich dialogue in focus groups. The mixed methods, grounded theory approach made for a complex project, but outcomes suggest the gain has been fruitful and an original contribution is being made to knowledge in this discipline.

*Theory A – Factors influencing the use of SRIs* is perhaps the outcome most immediately relevant to the research question. The six factors, three internal to the professional counsellor (spirituality identity and competency) and three external (code context and client) are presented visually and discussed extensively. It is suggested that the application of this theory by the professional counsellor will help navigate the ambiguity, uncertainty and competing demands that surround decisions to apply SRIs in practice. This suggestion is based not only on insights from the reflective practice of the author and this current research, but also the acceptance for use by the Clinical Governance Committee of one of Australia's largest employers of professional counsellors (Converge International, 2021c).

The discussion in the body of the thesis is enhanced by suggesting clinical guidelines (or ‘hints and tips’) on the application of the four dominant interventions, namely prayer, scripture, mindfulness/meditation, and forgiveness. Theory A was developed using data from a largely Protestant Christian context, with a small degree of wider representation. However, the language and the model of the theory are intentionally designed to make it directly and universally applicable to any faith context, not only for practice purposes but also for testing, reflection, and with appropriate sampling and design, other research projects.

Also presented is *Theory B: A Taxonomy of SRIs* and although not immediately at the centre of the research question about the use of SRIs, it was deemed to be an important discovery. Based on extensive literature review and analysis, the taxonomy offers for critique a description of some of the language and terminology currently being used by professional counsellors and identifies some contemporary nuanced applications of SRIs.

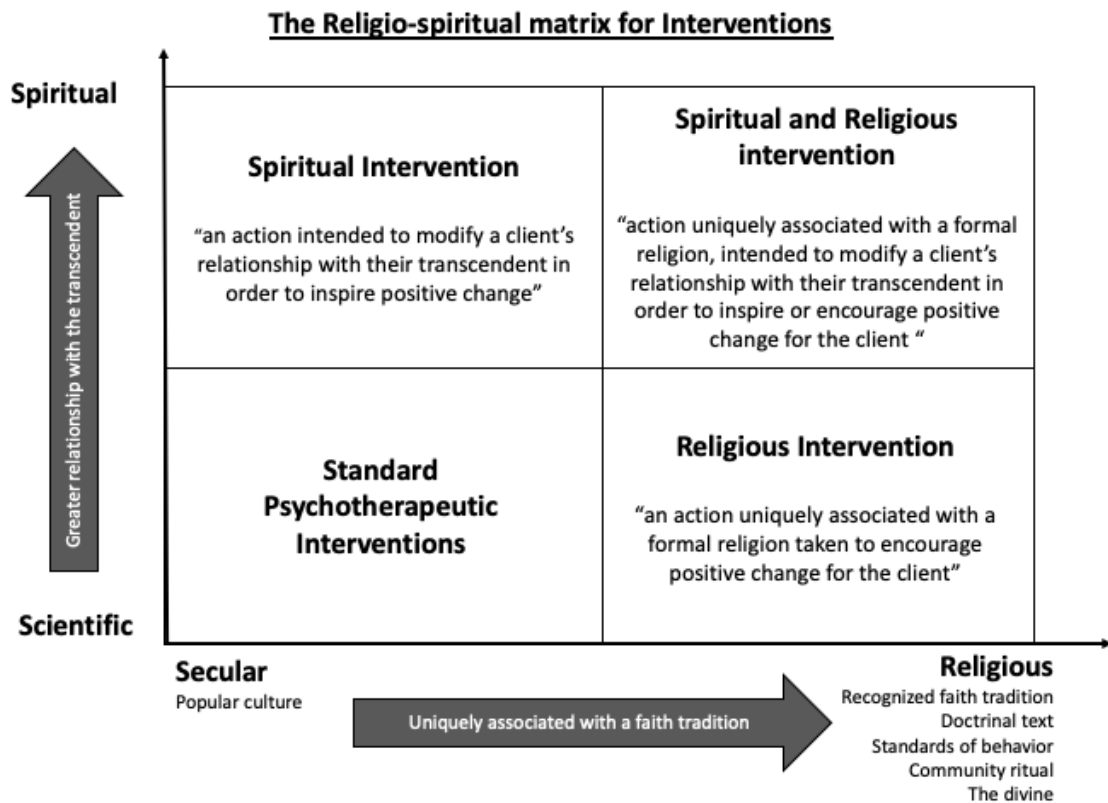
So, how do the two theories relate to one another? Theory A helps answer the question, “Should I implement an SRI for this client?” If the answer is “yes”, then Theory B helps determine what category of SRI might be appropriate. Theory B is presented visually and discussed extensively and identifies twelve types of SRI grouped into 4 categories. The discussion of both theories is enhanced with the inclusion of multiple case studies, an indicator that these theories could be used in personal reflective practice, supervision scenarios and educational settings.

Throughout this study the dilemma of absent, imprecise or inconsistent definitions of terms becomes abundantly apparent. While Koenig observed that “without crystal clear definitions, research on religion, spirituality and health is not possible” (2012, p. 36), it is essential for future research to find or create such definitions, even if only to serve as working, rather than “crystal clear”, definitions to enable the primary research objectives. This study had to create such definitions and refined these throughout the research process,

even as working theory developed. While not presented as a distinct grounded theory they are offered in support of research discussion, open to be adapted or further refined by practitioners or future researchers. Many of these definitions were developed early in the life of this study and published separately under peer review (Hood, 2018a). The inherent flexibility may also enable cross-cultural discussion. The definition of Christian counselling from this publication was used by Dr Carolyn Russell as her preferred definition in her keynote address at the 3<sup>rd</sup> Asian Christian Counsellors Association Conference held in Indonesia (Oct 2019).

What has not been previously published is the definitional work on the terms, *spiritual intervention* and *religious intervention* as outlined in the brief excursus in the Discussion. Their origins are extensively explained in *Appendix II– Working Definitions for Spiritual and Religious Interventions* and they are summarised visually in Figure 34 below. This matrix seeks to bring into the conclusion, in visual form, the voices and writing of many centuries of reflective practitioners hoping that their wisdom can still enrich contemporary practice.

**Figure 34**  
*Working Definitions of Spiritual and Religious Interventions*



Where to from here? There remain some important possibilities this research could inform, particularly for those bodies who guide and support professional counsellors who face uncertainties that could be resolved by publications and events as peak bodies support their codes of ethics as they evolve in response to all forms of diversity and changes. The APS offers guidelines addressing sex and gender diverse clients. PACFA now has a position paper on therapeutic support for LGBTQ+ individuals and their families. The AASW sets specific accreditation standards when working with First Nations people and the ACA offers accredited PD courses on "male sensitive counselling. There seems to be no clear reason why these peak bodies could not create similar guidelines, position papers, accreditation standards or professional development events for working with religion and spirituality, all opportunities to engage resources such as this study.

Professional specialisation could be considered from both sides of the integration story. Psychology already recognises specialised sub disciplines such as educational psychology, organisational psychology, and sports psychology - alongside clinical or counselling psychology. Perhaps it is time for a specialised subdiscipline within pastoral psychology to be considered? The research suggests these practitioners might be uniquely skilled in dealing with issues of spirituality such as meaning, identity, connection, values and belonging as well as being theologically trained in (for example) their knowledge of major world religions.<sup>67</sup>

The research emphasised the importance of the context of the counselling conversation as a factor for using SRIs whilst also identifying that usage expectations were usually implied rather than explicit. The literature review revealed a deep and expanding pool of empirical evidence regarding the use of spiritual and religious interventions. Organisations, agencies and employing bodies, as well as individual practitioners, may benefit from the research evidence, including this study. Their role is to develop contextually, culturally and professionally up-to-date policies, procedures, processes and clinical guidelines regarding the use of spiritual and religious interventions. If organisations and practitioners were to do this it would enable clients to make better informed choices and reduce the likelihood of an accidental mismatch of expectations between client and counsellor.

The growing mental health issues facing nations like Australia make it abundantly clear that whatever secular measures are being applied at present are not adequately coming to grips with the problem (Austalian National University, 2020; Black Dog Institute, 2015; Rusak, 2020). At the same time the empirical evidence supporting use of SRIs to deal with common issues such as depression and anxiety is overwhelming (Razali et al., 2002; Ross et

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<sup>67</sup> Despite the presence of the high-quality journal *Pastoral Psychology*, established in the 1950s, the Psychology profession does yet not seem to recognise this as a legitimate sub-discipline. See for example <https://psychology.org.au/psychology/about-psychology/types-of-psychologists>

al., 2015; Tan & Johnson, 2005; Worthington & Sandage, 2002). Perhaps there is an opportunity for studies such as this one to be used to build a case for broadening the scope of current resources, strategies and countermeasures that are endorsed and funded by government agencies to combat arguably worsening social issues.

There is always opportunity for further research in this area and this study has identified the following.

- While non-Christian religions have been considered there is significant room to test the theories in non-Christian and multi-faith contexts.
- Even within the Christian context, Catholic and Orthodox contributions were disproportionately low when compared to representation in the Christian community. Further research could seek to address this limitation.
- Although the survey was not limited to any profession, respondents from a Registered Counselling context were overrepresented compared to other counselling professions such as social workers and psychologists. Intentionally broadening this represents a research opportunity.
- The research identified the counselling context of private practice, employment or agency work as a significant factor in the use of SRIs, yet the research did not adequately differentiate between these contexts when surveying professional counsellors. Future context-specific research would be valuable.
- Whilst the research identified client spirituality to be important, further research could more deeply explore what aspects of client spirituality are most pertinent in influencing the use of SRIs.

Far more important is the potential follow-on benefit to the clients of these counsellors. It is the prayer of the author that this study will make a positive difference to those individuals in order that they might deal more effectively with the journey of life (Hood,

2018a) as the spiritual and religious dimensions of their faith and living bring healing and hope.

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**A Critical Investigation into the Use of  
Spiritual and Religious Interventions by  
Professional Counsellors**

Appendices

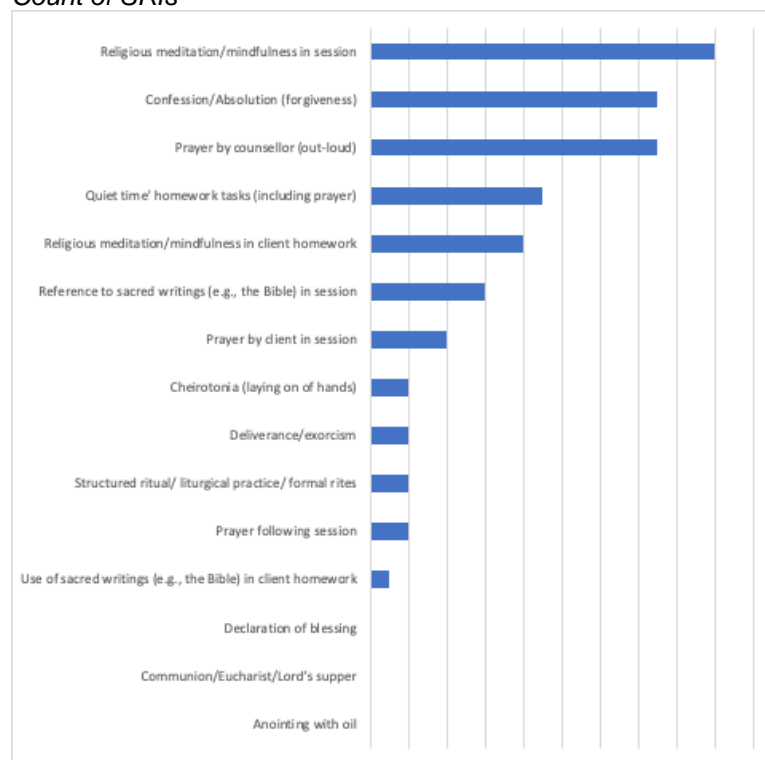
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## Appendix I - Results from Systematic Review

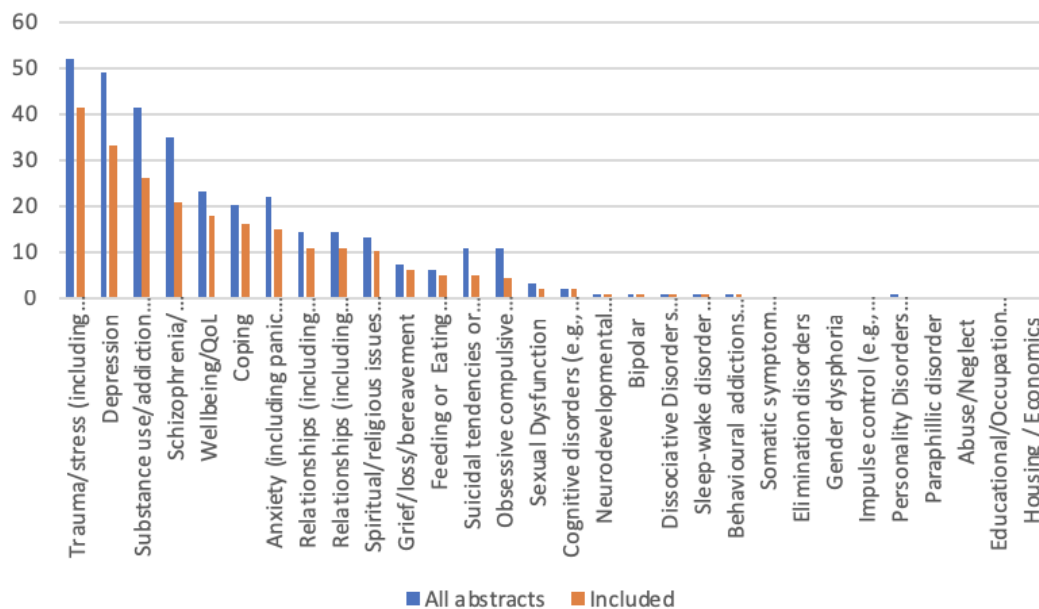
**Figure 1**

*Count of SRIs*



**Figure 2**

*Count of DSM V categories*



**Table 1***List of Coded articles from systematic review*

Prayer	Scripture	Confession/forgiveness	Mindfulness
Ball:1991	Garzon:2005	Baetz:2009	Beck:2017
Beach:2008	Hankle:2010	Bell:2014	Boerstler:1987
Dann:2004	Martinez:2007	Callahan:2010	Bormann:2006
Der-Pan:2015	Ripley:2009	Frise:2010	Bormann:2012
Egan:2004	Sutton:2016	Griffin:2014	Casellas-Grau:2014
Eilami:2018	Tan:2007	Jennings:2016	Chan:2014
French:2011		McCullough:1997	Decker:2015
Gubi:2004		Rye:2005	Evans:2008
Hunter:2009		Shechtman:2009	Garzon:2016
Kilbourne:2009		Tuck:2014	Geppert:2007
Kuchan:2011		Vasiliauskas:2013	Goncalves:2015
Mann:2005		Wade:2005	Grevenstein:2018
Monroe:2016		Wagner:2009	Kabat-Zinn:1992
Naimi:2018		Witvliet:2004	Koren:2014
Saenz:2013		Worthington:2016	Kreitzer:2009
Slife:2010			Mayer:2016
Szaflarski:2013			Miller:1998
Tan:2007			Oman:2007
Washington:2001			Purandaran:2014
Weld:2007			Rubinart:2016
Weld:2007			Russinova:2002
			Satija:2017
			Sperry:2003
			Sperry:2017

## Appendix II - Working definitions for SRIs.

### *Spiritual and Religious Interventions*

Any definition of ‘spiritual and religious interventions’ must first address each of the three main terms separately: ‘spiritual’, ‘religious’, and ‘intervention’. The ultimate purpose is to define what a spiritual intervention is and how it compares with a religious intervention, and thus have a robust definition of the broad term ‘spiritual religious intervention’.

**Spiritual.** The PACFA *Literature Review into the Effectiveness of Spiritual / Religious Interventions in Psychotherapy and Counselling* suggests the “term spirituality is generally used to refer to *less* formal and *more* [emphasis added] experiential, individual and personalised beliefs and practices” (Ross et al., 2015, p. 6). Hill et al. identify “important distinctions between the terms religion and spirituality”, noting that “contemporary views often emphasize their differences” (2000, p. 61).

The PACFA definition is no exception to this emphasis of difference, that is, defining spirituality in contrast to religion by using the determinants “less” and “more”, thus highlighting the difference between religion and spirituality at the potential expense of full appreciation of the similarities. As we hope to show, both similarities and differences are true.

Any definitional work of the broad scope of ‘Spiritual’ receives a cautionary note from Swinton’s observation that “[s]pirituality has become a slippery concept in Western culture” (2001, p. 12), and his recognition that we are dealing with “dimensions of human experience that are essentially inexpressible” (2001, p. 13).

Whilst heeding the warning that “in order to understand spirituality it will be necessary to let go of our positivistic desire for absolute certainty, neat definitions and universally applicable categories” (2001, p. 13), we also must embrace the reality that critical investigation of the use of a spiritual intervention requires some basis for assessing whether a

particular intervention is spiritual or not. Is a 15-minute mindfulness activity a spiritual intervention? Is a 15-minute beach walk a spiritual intervention? Is reading a sacred text a spiritual intervention?

In pursuing a working definition Pattinson notes that “spirituality is characterised as the experience and process of engaging with and managing significant *relations and attachments* [emphasis added] with a variety of objects, including material, immaterial, psychological, social, living, dead, conscious, unconscious, and transcendent objects” (Pattison, 2010, p. 351). Although, one may not agree with the full list of Pattison’s possible spiritual objects, his foundational idea of the importance of *relations and attachments*, with concomitant historical and cultural meaning, is exceedingly helpful and explored below.

**Relationship** “Attachment and relationship”, essentially Object Relations Theory, is at the centre of Pattison’s understanding of Spirituality (Pattison, 2010, p. 354). Considering spirituality through the lens of relationship has two great benefits.

First, it provides a mechanism for tolerance towards differences in spirituality. An individual can consider something spiritual because they have a relationship with it. Their neighbour can hold something else to be spiritual due to their relationship with the other thing. These two people can avoid an argument over the objective truth of their spiritualities by accepting something is spiritual *for them* due to their unique relationship.

The second benefit of a relational understanding is the lived experience of the ebb and flow of human relations. As noted later in this chapter, viewing spirituality as a relationship enables the idea that one can nurture, deepen, and enrich these relations or be in a season **when** the relational connection is weak. Pattison notes “spiritual care is the business of attending to, understanding, responding to, nurturing, or even attempting to question or extinguish, those relationships and attachments” (2010, p. 360).

In chapter 16 of the *Oxford Handbook of Psychology and Spirituality*, Richards (2012) undertakes a review of no fewer than 18 definitions of spirituality. Leaning heavily upon, whilst not being limited to, this work, two strong, helpful themes emerge, namely, the individual and transcendence.

***The individual*** The markers of religion often involve community (Hill et al., 2000; Koenig et al., 2012; Plante, 2009a; Ross et al., 2015) characterised by factors such as shared practices, beliefs and doctrines. However, spirituality is overwhelmingly recognised

as a personal and individual experience and concept (Burke & Miranti, 2001; James, 1902; Koenig et al., 2012). It is theoretically possible for two people to share an identical religious framework yet have quite diverse spiritualities. Associated with the individual is the sense that spirituality is a reality for every human. Some might even say it is not only something that unites all humans (Elkins, 1998) but is what makes humans unique (Association for Spiritual Ethical and Religious Values in Counseling (ASERVIC), 1996).

If the professional counsellor accepts this assertion, it can be helpful to consider every client as having a spirituality. The question emerges: What form does that spirituality take and does the client wish to explore that part of themselves in the counselling journey?

***Transcendence.*** Transcendence is perhaps the strongest theme permeating attempts to define spirituality. Transcendence (or “transcendent”) appears in 10 of the 18 definitions cited by Richards (2012), with Kelly (1995) and Martin and Colson (1988) using synonymous language of “reality beyond” and “something non-material that is beyond or larger” respectively (Richards, 2012, p. 246). Transcendence is also mentioned by authors such as Hill et al. (2000) and Koenig et al. (2012). Gubi succinctly states “spirituality includes a sense of transcendence” (2017, p. 11).

Etymologically, ‘transcend’ (from trans- ‘across’ + scendere ‘climb’) means to climb across or surpass. Yet for something to be transcendented, there must be another thing that is being transcendeded. Where applicable, definitions describe this other factor as:

- A dimension (Burke & Miranti, 2001; Elkins, 1998; Vaughan, 1996)
- The self (Finnegan, 2008; Martin & Carlson, 1988)
- The empirically perceived, material world (Kelly, 1995)
- Reality (Sperry & Shafranske, 2005; Wuthnow, 1998)

To be transcendent is to be that which is beyond. In the context of human spirituality this generally means a dimension both beyond the self and beyond the ability for humanity to measure empirically and reliably. For example, Pullen et al. describe spirituality as “usually considered to be untouchable, indescribable and untestable by any physical science” (1996, p. 94). From an individual perspective, it exists beyond our five natural senses and our bodies. For some, their source or prompt for transcendence is external to themselves, for others it is found within.

There is no limit to external entities that can serve as the basis of an individual's spirituality. Of course, there are the gods of the thousands of formal worldwide religions. Shinto alone embraces 120 chief gods amongst the 8 million, a number chosen to represent the idea of Shinto gods being ‘uncountable’. Other than gods of formal religions, external spirituality could, for example, be found in First Nations cultural expressions, naturalism, and various philosophies. Clinically, the Professional Counsellor may encounter people whose relationship with their football team, volunteer emergency service, political cause, professional work or god of their religious faith could be attached to their spirituality as source and focus.

For people on an internal spiritual path of enlightenment the self is transcended. The objective of their spiritual journey may be beyond the self, the five natural senses and their body but they do not expect to find their transcendence anywhere but within.

*A working definition of Spirituality.* As discussed, previous scholars identified three major themes in defining Spirituality: relationship, individuality, and transcendence. Drawing these together, it is now suggested that spirituality is simply an individual's relationship with the transcendent.

A relevant example may be helpful in highlighting the importance of this definition to the professional counsellor. 'Nature' is transcendent. Of course, elements of nature such as a raindrop or a gumleaf are perceivable and measurable with human senses, yet 'nature' as an ethereal concept is untestable by physical science.

A professional counsellor maybe working with a client who has an intellectual interest in the natural world, is an enthusiastic gardener or even feels passionate about environmental causes. Counselling discussions with all such clients can remain very cognitive. However, a client from a First Nations background may feel they share a relationship with nature or the land. Professional Counsellors must be aware that for such clients discussions concerning nature are likely to be spiritual and therefore they will cover topics that are most certainly sacred (Pargament, 2007) for the client.

We will return to this definition in a later discussion of Spiritual interventions. The next section further explores a working definition of 'Religious'.

**Religious.** According to PACFA, "[t]he term religion has generally been used to refer to more theistic, ritualised and communal expressions of belief that are often maintained in accordance with a theology or doctrine with reference to a supreme being" (Ross et al., 2015, p. 6).

PACFA's helpful definition of religion provides an excellent example of what Harrison (2006) would describe as an "intellectual definition" in *The Pragmatics of Defining Religion in a Multicultural World*, published in the International Journal for Philosophy and Religion. She contrasts intellectual definitions of a belief about a particular object with affective definitions that tend to speak of the emotions that characteristically accompany faith. Harrison indicates that these two types of definition "are typically adopted by theologians and other religiously committed scholars" (2006, p. 135). Harrison then introduces a third type of definition (functional definition) which concentrates on what religion achieves with respect to the adherent and their deity. Her comprehensive article, dedicated entirely to the endeavour of defining religion, notes:

Elementary though this task may seem it has proven difficult to formulate a definition of religion that can command wide assent. Many rival definitions have been proposed most of which can be classified as one of three basic types, intellectual definitions, affective definitions, and functional definitions (2006, p. 133).

However, Harrison's footnotes make it abundantly clear that even these classifications do not have universal agreement. Two of her insights are noteworthy. Firstly, the search for a definition of religion is a relatively contemporary endeavour that aligns with the artificial separation of the "religious" and "secular" within Western culture. Secondly, the introduction of her approach to defining religion is based on what she terms "family resemblances" as opposed to traditional, essentialist approaches (Harrison, 2006, p. 135).

Harrison's alternative to the essentialist approaches to defining religion is the application of a Wittgensteinian (Wittgenstein, 1959) approach of *family resemblances*, which enables conclusions to be drawn and distinctions to be made without applying hard and fast rules of exclusivity.

For example, the children of a particular biological family may typically have blonde hair and therefore the presence of blonde hair is an indicator that a particular individual might belong to that family. However, blonde hair does not necessarily mean that an individual is, for certain, a member of a particular family and nor is an absence of blonde hair a definitive reason to exclude the possibility that a person is a child of the family. This family resemblance lens may be applied to the earlier PACFA definition where characteristic aspects of religion may be:

- Theistic – based on the belief of one or more deities (a single supreme being).
- Ritualistic – engages a culture of established ceremonies performed according to prescribed order.
- Communal – involving multiple community members.
- Maintained in accordance with a theology or doctrine.

Whilst Eseadi et al. echo Harrison’s observations that “the definition of religion appears to be problematic and there is no exact definition of the term that is all-embracing and indisputable” (2015, p. 65), they **do not** dismiss the importance of the endeavour, noting “religion appears to encompass beliefs, faiths, creed and convictions held strongly by man (sic) and displayed in multifarious dimensions” (2015, p. 65). They summarise the definitional work of writers like Muller (1889), Brown (1987) and Pimpinella (2011), observing “these descriptions speak to an institution that is organised, has rules, and there is an element of behavioural practice involved in repetition” (2015, p. 65).

Eseadi et al. (2015) highlight the importance that many definitions attach to the connection between religion and an institution. Pargament and his colleagues described religion as “the search for significance that occurs within the context of established institutions that are designed to facilitate spirituality” (2013, p. 15). The core of this definition acknowledges the centrality of an established institution.

Richards and Bergin (2014) use this institutional basis of definition as the core structure of their Handbook that dedicates a chapter to each major worldwide religion, allocating little room for the possibility that religion might exist outside of these institutions. Worthington and Sandage recognise contemporary views often see religion as "... the search for the sacred within formal institutional structures" (2002, p. 473).

Having acknowledged "there are no universally agreed upon definitions of "spirituality" and "religion"", Plante provides a grouping of concepts that recognises the institutional and organisational, but also offers additional characteristics. "Religion is defined as the organisational and community structure of the faith traditions that generally include attention to sacred scriptures, a doctrine that outlines the values and beliefs, and a spiritual model to emulate" (2009a, p. 4).

Koenig et al. in their seminal *Handbook of Religion and Health* describe religion as "an organised system of beliefs practices, rituals and symbols designed to facilitate closeness to the sacred or transcendent (God, higher power, or ultimate truth/reality) and to foster an understanding of one's relation and responsibility to others in living together in community" (2012, p. 18).

*Five markers of the religious.* Amongst previously cited definitions there are common themes regarding the possible markers of religion.

- Associated with an **established faith tradition** (Eseadi et al., 2015; Hill et al., 2000; Plante, 2009a; Ross et al., 2015). The four major faith traditions are Christianity, Islam, Hinduism, and Buddhism.
- The existence of **doctrinal texts** seen as sacred by adherents (Plante, 2008; Ross et al., 2015).
- The shared practice of **community ritual** by adherents (Eseadi et al., 2015; Koenig et al., 2012; Ross et al., 2015).

- Agreed **standards of moral behaviour**, often expressed in relationship to a deity, other adherents, humanity as a whole and the rest of creation (Eseadi et al., 2015; Koenig et al., 2012; Plante, 2009b).
- Connection to **the divine** (Hill et al., 2000; Koenig et al., 2012; Ross et al., 2015).

These five markers affirm and resonate with the PACFA definition.

For the purposes of this research, these five factors become ‘Religious Markers’, or family resemblances of religion. Therefore, the more anything can be connected to an established faith tradition, a doctrinal text, a practice of community ritual, a set of standards of behaviour, or connection with the divine, the more we might consider it ‘religious’. These family resemblances guide the task of determining the extent to which an intervention might be described as religious (or not). This approach to defining religion also recognises that religion may be viewed as an artificial modern construct best described in a non-binary way.

***Religious vs Secular.*** This thesis takes a ‘family resemblances’ approach to assessing the religiousness of anything against the five markers identified above. When the language of ‘religious’ is used as an adjective, then that object displays a combination of the markers with sufficient intensity that a highly subjective threshold is crossed to allow us to employ ‘religious’ as an adjective.

If the assertion that religiousness has only emerged as an endeavour to separate the religious and secular realms (Harrison, 2006), then the five markers of religion are only relevant as they compare to the secular realm against which they are being assessed. Pragmatically, this means from a definitional perspective that any evaluation of the religiousness of an item will be impacted as much by the prevailing secular culture with which it is compared as by the innate ‘religiousness’ of the item.

For example, attending church might be seen to be a ‘religious’ act in a culture prohibiting church attendance. Yet, it may not be seen as religious in a culture where church

attendance is common, even for many who are not necessarily faithful adherents. Equally, the wearing of a hijab by a woman in Malaysia (culturally required) would be a weaker indicator of religiousness than the wearing of a hijab in Australia which might attract negative attention.

***A Working Definition of Religious.*** The five markers allow for a mechanism whereby the religiousness of an item can be evaluated in a graduated (e.g., low, medium, high) way in contrast to the prevailing culture rather than with exclusive categories of ‘religious’ and ‘not-religious’. The working definition of ‘Religious’ therefore is, “that which is uniquely associated with formal, institutional, faith organisations”. The five markers become useful guideposts for determining the extent of ‘uniqueness’ that something might have compared to the prevailing culture.

Applying this definition to a professional counselling setting can help navigate questions such as whether (for example) meditation is a religious act. Hopefully, it enables a more robust answer than simply yes or no. There is no doubt that meditation is associated with many institutional faith organisations such as Christianity and Buddhism. However, when compared with the prevailing culture one might assert that meditation has become mainstream in Australia, especially when compared to several decades ago.

An application of this definition might therefore conclude that meditation was once seen as a highly religious act but not so much in today's Australian culture. This is not because the act of meditation has changed but because the cultural contrast is no longer as stark or intense.

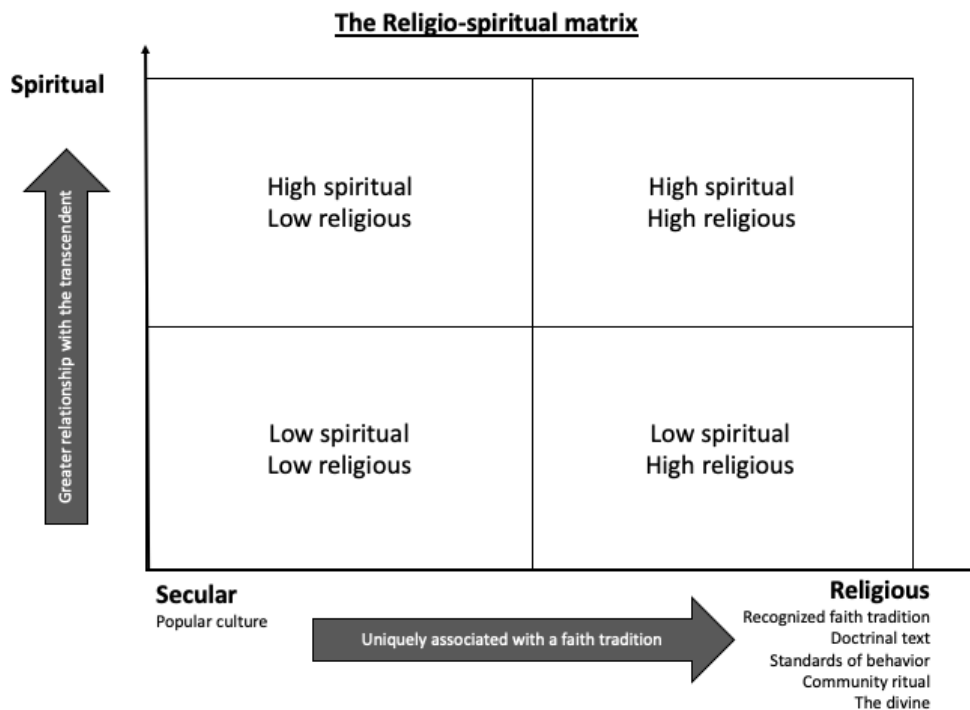
Having independently defined *spiritual* and *religious* they will now be considered together.

**Spiritual and/or Religious.** Analysis so far offers two independent definitions within the context of spiritual and religious interventions:

- Spiritual - that which is associated with “an individual’s relationship with the transcendent”.
- Religious - “that which is uniquely associated with formal, institutional, faith organisations”.

These definitions will now be drawn together, visually representing what Vieten et al. describe as “distinct yet overlapping constructs” (2013, p. 130). We do this in the form of the Religio-spiritual matrix in Figure 3.

**Figure 3**  
*Religio-Spiritual Matrix*



The Religio-spiritual matrix suggests that anything (e.g., object, idea, place, person) can be evaluated in two distinct but overlapping ways.

Firstly – the X-Axis. Something possesses a level of ‘Religiousness’ equal to the extent that it is associated with a formal religion in contrast to secular popular culture. A humble candle on a supermarket shelf might have a low level of religiousness but when inserted into an ornate candelabra on a church altar and lit by an acolyte to commence a religious service, the candle would acquire a much higher level of ‘religiousness’ due to its

association with formal religion. Importantly, there is a degree of objectivity associated with this evaluation.

Secondly – the Y-Axis. If the ‘thing’ is transcendent in nature and an individual has an intimate relationship with it, then it will be significantly spiritual *for them*. This is an entirely subjective evaluation.

The overlap will be explored in more detail but at this stage an object could be religious OR it could be spiritual OR it could be *both* religious *and* spiritual OR it could be *neither* religious *nor* spiritual. The religio-spiritual matrix attempts to visually represent these four options and will be referred to later in this chapter when applied to the specific context of Spiritual/Religious interventions, the focus of this study. To do so, the notion of an intervention needs explanation.

**Intervention.** The idea of an ‘intervention’ is well understood in the field of Professional Counselling, the setting for this study. The APA Dictionary of Psychology describes an intervention as an “action on the part of a psychotherapist to deal with the issues and problems of a client.” This reflects two aspects of an intervention.

1. An action - seen as “action on the part of a psychotherapist”.
2. Producing change - “to deal with the issues and problems of a client”.

For this study a basic, widely applicable understanding of intervention was developed, using three existing definitions from reputable dictionaries (

Table 2).

**Table 2**

<i>Definitions of Intervention</i>		
Dictionary	Action	Change
Oxford (2022)	“an action taken ...	... to improve a situation”
Cambridge (2022)	“the action of becoming intentionally involved in a difficult situation...	... to improve it or prevent it from getting worse”
American Heritage Stedman’s Medical Dictionary (2022)	“interference...	... to modify a process or situation”

The Oxford definition is succinct but only includes the narrow context of improvement. The Cambridge definition narrowly applies interventions only to difficult situations yet broadens the outcome to include prevention from worsening as well as improvement. In the broadest sense a combined ‘Oxbridge’ definition might be, “any action taken in order to improve a situation or prevent it from getting worse”. Stedman’s definition broadens this even further, suggesting the modification can be of any form with any outcome. In other words, the situation need not necessarily be difficult and the modification could make a situation worse.

A proposed working definition of intervention is simply “an action taken to produce a change”.

Having established separate, concise working definitions of spiritual, religious, and intervention, the following sections will combine them to establish working definitions for both *spiritual intervention* and *religious intervention*, including a discussion on how these compare with one another, hopefully bringing definitional clarity to the discipline.

**Spiritual Intervention.** By combining the working definitions for spiritual and intervention, a working definition for a spiritual intervention may be “an action intended to modify a client’s relationship with their transcendent in order to inspire positive change”. Working sequentially through this definition extracts the fullness of its intended meaning.

- An *action* taken by the counsellor or the client, or the counsellor and client working collaboratively.
- An *action* may occur in session, or it could be a homework task for the client outside of session.
- The *intent* of the action is critical. To be deemed a spiritual intervention, modification to the client's relationship with their transcendent must have been *intentional* (i.e., it cannot have happened by accident). In other words, an intervention which *inadvertently* modified the client's relationship with their transcendent was not a spiritual intervention, it was a different kind of intervention with an unintended spiritual consequence.
- The direct intent of the intervention is to apply some *modification* to the relationship between the client and their transcendent, with the purpose of nurturing a healthy relationship. However, as Pattison notes, some spiritual relationships may be "perverted, harmful or inappropriate" (2010, p. 359). In such a case, the intended modification could aim to diminish or even sever the relationship the client has with their transcendent.
- The relationship is with *their* transcendent and as such it is tailored to suit the specific client. As Pattison observes and Miller (1998) has demonstrated, people's spirituality "is not necessarily bound up with relations and attachments to the sacred and religion" (2010, p. 359). This could include spiritualities as diverse as those connected with First Nations people and the land, naturalism, the football club they support, a paid vocation or involvement as a volunteer emergency worker.
- The action is taken to *inspire* positive change. Etymologically, *inspire* is traced back to Latin, *in spirare* - to breathe into or fill with spirit. Change for the

client is achieved indirectly. Methodologically, the therapeutic approach aims to modify the transcendent relationship, hoping that this modified relationship brings about positive change by inspiring some deep part within the client. We might consider that (previously lifeless) part of the client has life ‘breathed into’ it through the spiritual intervention.

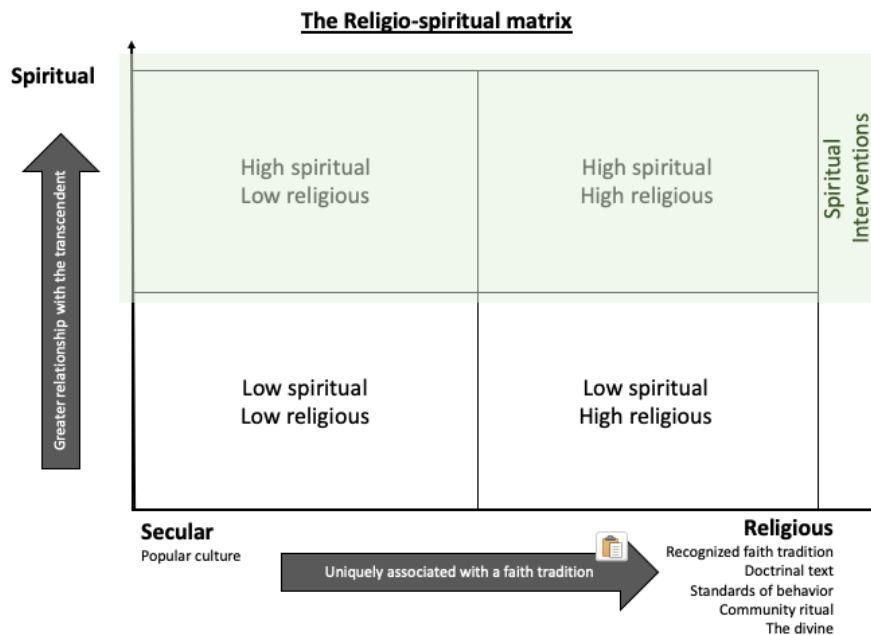
- The intent must be to achieve a *change*. The need for change may set the counsellor apart from the Spiritual Director. The Spiritual Director works with the directee towards modifying their relationship with their transcendent. When achieved, the Spiritual Director’s work is done.<sup>1</sup> Any positive change achieved is a ‘bonus’ from the perspective of Spiritual Direction. However, for the counsellor, if positive change is not achieved, then no amount of relationship modification, development or cultivation will be seen as satisfactory.
- The change must be *positive* as evaluated by the client. The ethical principle of beneficence that permeates all codes of conduct for professional counsellors’ mandates that it is not acceptable that change is achieved, but that change must be positive.

With reference to the Religio-spiritual Matrix, Spiritual Interventions can be visually represented by Figure 4.

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<sup>1</sup> According to Barry and Connolly “spiritual direction differs from moral guidance, psychological counselling, and the practice of confessional, preaching, or healing ministries (though having affinities with them) in that it directly assists individuals in developing and cultivating their personal relationship with God” (1982, p. ix).

**Figure 4**  
 Visual representation of Spiritual Interventions



**Religious Intervention.** A combination of working definitions of ‘religious’ and ‘intervention’ shapes a working definition for a ‘religious intervention’ as “an action uniquely associated with a formal religion taken to encourage positive change for the client.” Working sequentially through this definition will extract the fullness of its intended meaning.

- Just as with a Spiritual Intervention, the *action* could be taken by the counsellor or the client, or the counsellor and client working collaboratively. The *action* could occur in session, or as a homework task for the client outside of session.
- The action must be uniquely associated<sup>2</sup> with a formal religion as indicated by the five markers.

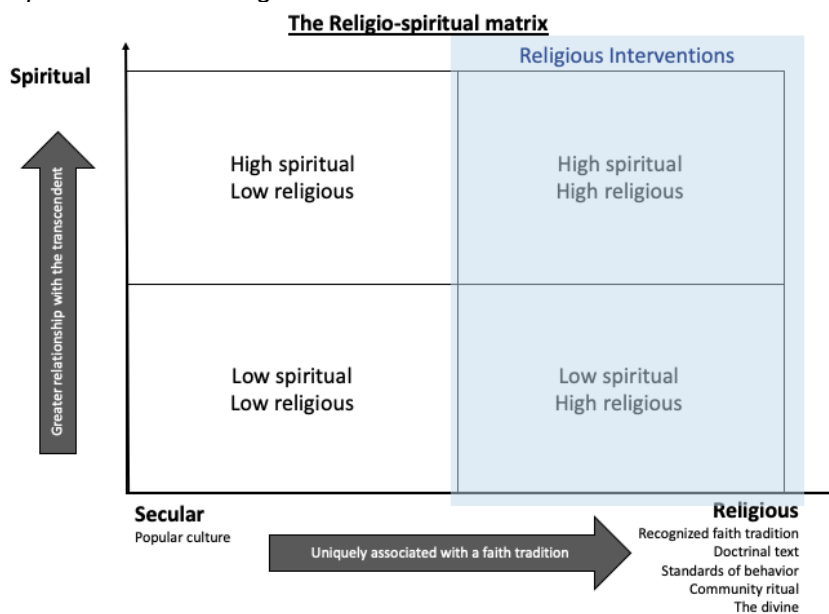
<sup>2</sup> The meaning of ‘unique association’ can be hard to determine precisely. Consider the action of silence and solitude. If a person stayed in a tent in a public campsite at a National Park for two days, it would be unlikely to be considered a religious intervention. However, that same person reading through the Book of Psalms on a two-day silent retreat conducted by Catholic monks at their monastery would likely be seen as a religious activity

- As with spiritual interventions, the change for the client is achieved indirectly. The intent is that the client makes the choice to engage in a religious action and this (indirectly) encourages the desired change.<sup>3</sup>
- As with a spiritual intervention, change must be the desired outcome and acting with beneficence means the change must be positive.

By using the Religio-spiritual Matrix, Religious Interventions could be visually represented by Figure 5.

**Figure 5**

*Visual representation of Religious Interventions*

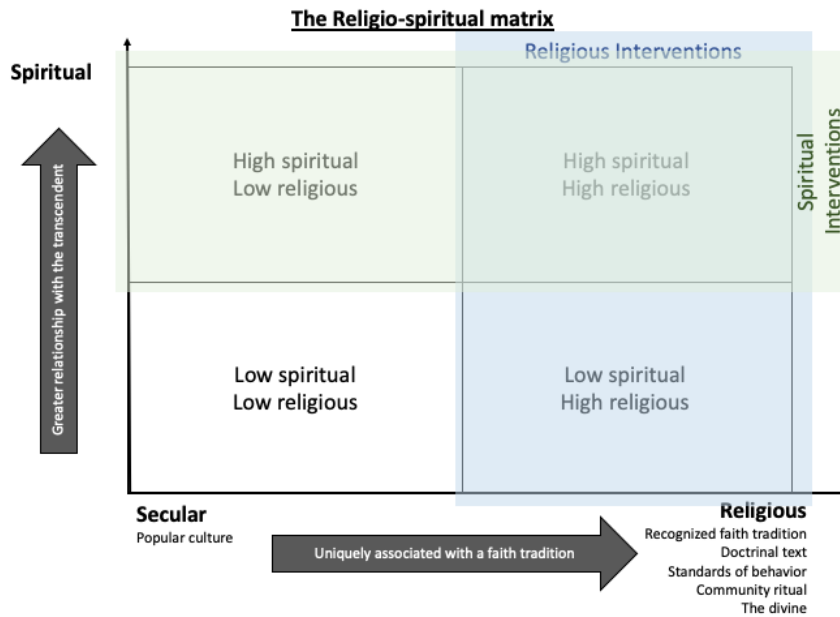


**Spiritual / Religious Interventions.** This study suggests a working definition of Spiritual / Religious Intervention (SRI) is simply any intervention that could be defined as Spiritual and/or Religious. How can this be understood? Visually this is represented in Figure 6.

**Figure 6**

<sup>3</sup> For example, the client may be experiencing anxiety symptoms. As a result of Professional Counselling, the client may resolve to engage in daily reading of the Bible and prayer. The religious intervention is the reading and prayer – the desired change would be a reduction in anxiety symptoms.

Visual Representation of Spiritual / Religious Interventions



With Reference to Figure 6

- A Spiritual Intervention is any intervention in the top row.
- A Religious Intervention is any intervention in the right column.
- An Intervention in the Top Right Quadrant is both Religious AND Spiritual.
- An Intervention in the Bottom Left Quadrant is neither Religious nor Spiritual.

This does not make it invalid. In fact, this quadrant is where most psychotherapists will limit their practice, yet still achieve excellent change outcomes for their clients.

A Spiritual AND Religious Intervention might therefore be defined as any “action uniquely associated with a formal religion, intended to modify a client’s relationship with their transcendent in order to inspire or encourage positive change for the client.”

The four dominant interventions used by Christian soul carers throughout history (prayer, Scripture, meditation and forgiveness) can fit into this ‘both/and’ category of S/R Interventions. The Religio-spiritual matrix may help explain why these have emerged as being so effective for so many clients, as well as give guidance on choice of intervention for Professional Counsellors in the future.

Furthermore, it is hoped that the working definitions developed thus far serve as a useful contribution for further research

### Appendix III - Online Survey Questions

Survey Page / Question	Details	Possible answers
<b>Page 1: A little bit about you...</b>		
Q1. Gender:	Response	Male; Female
Q2. Age:	Response	15-19 years; 20-24 years; 25-29 years; 30-34 years; 35-39 years; 40-44 years; 45-49 years; 50-54 years; 55-59 years; 60-64 years; 65-69 years; 70-74 years; 75-79 years; 80-84 years; 85+ years; ;
Q3. Country of Practice: From what country do you provide the majority of your Counselling Services?	Response	[List of all countries]
<b>Page 2: Professional Qualifications</b>		
Q4. Please provide a summary of your Professional Counselling Qualifications (Counselling, Social Work, Psychotherapy, Psychology etc.). If you have more than one qualification at a particular level, please provide the one you believe to be most relevant. For counsellors completing the survey outside of Australia, please select the closest match to the name of your qualification.	AQF 3 (Certificate III) - Field	Counselling; Psychotherapy; Social Work; Psychology; Family Therapy; Drug & Alcohol; Pastoral Care; Other
	AQF 3 (Certificate III) - Provider	UK College or University; Aust. College of Applied Psychology; Aust. Catholic University; Aust. Institute of Family Counselling; Aust. Institute of Professional Counselling; Bond University; Cairnmillar Institute; Charles Sturt University; Christian Heritage College; Eastern College / Tabor Victoria; Edith Cowan

		University; Excelsia College / Wesley Institute; Gestalt Institute; Griffith University (Gold Coast); Ikon Institute; Institute of Emotion Focussed Therapy; James Cook University; Jansen Newman Institute; Monash University; Morling College; Murdoch University; QUT; Southern Cross University; Swinburne; Tabor Adelaide; Tabor WA; University of Adelaide; University of Canberra; University of Divinity; University of Melbourne; University of New England; University of Notre Dame; University of Queensland; University of Southern Queensland; University of South Australia; University of Sunshine Coast; Uniting Institute; Victoria University; Western Sydney University
	AQF 3 (Certificate III) - Graduation Year	[2000 - 2019]
	AQF 4 (Certificate IV) - Field	Counselling; Psychotherapy; Social Work; Psychology; Family Therapy; Drug & Alcohol; Pastoral Care; Other
	AQF 4 (Certificate IV) - Provider	UK College or University; Aust. College of Applied Psychology; Aust. Catholic University; Aust. Institute of Family Counselling; Aust. Institute of Professional Counselling; Bond University; Cairnmillar Institute; Charles Sturt University; Christian Heritage College; Eastern College / Tabor Victoria; Edith Cowan University; Excelsia College / Wesley Institute; Gestalt Institute; Griffith University (Gold Coast); Ikon Institute; Institute of Emotion Focussed Therapy; James Cook University; Jansen Newman Institute; Monash University; Morling College; Murdoch

		University; QUT; Southern Cross University; Swinburne; Tabor Adelaide; Tabor WA; University of Adelaide; University of Canberra; University of Divinity; University of Melbourne; University of New England; University of Notre Dame; University of Queensland; University of Southern Queensland; University of South Australia; University of Sunshine Coast; Uniting Institute; Victoria University; Western Sydney University
	AQF 4 (Certificate IV) - Graduation Year	[2000 - 2019]
	AQF 5 (Diploma) - Field	Counselling; Psychotherapy; Social Work; Psychology; Family Therapy; Drug & Alcohol; Pastoral Care; Other
	AQF 5 (Diploma) - Provider	UK College or University; Aust. College of Applied Psychology; Aust. Catholic University; Aust. Institute of Family Counselling; Aust. Institute of Professional Counselling; Bond University; Cairnmillar Institute; Charles Sturt University; Christian Heritage College; Eastern College / Tabor Victoria; Edith Cowan University; Excelsia College / Wesley Institute; Gestalt Institute; Griffith University (Gold Coast); Ikon Institute; Institute of Emotion Focussed Therapy; James Cook University; Jansen Newman Institute; Monash University; Morling College; Murdoch University; QUT; Southern Cross University; Swinburne; Tabor Adelaide; Tabor WA; University of Adelaide; University of Canberra; University of Divinity; University of Melbourne; University of New England; University of Notre Dame; University

		of Queensland; University of Southern Queensland; University of South Australia; University of Sunshine Coast; Uniting Institute; Victoria University; Western Sydney University
	AQF 5 (Diploma) - Graduation Year	[2000 - 2019]
	AQF 6 (Advanced Diploma/Associate Degree) - Field	Counselling; Psychotherapy; Social Work; Psychology; Family Therapy; Drug & Alcohol; Pastoral Care; Other
	AQF 6 (Advanced Diploma/Associate Degree) - Provider	UK College or University; Aust. College of Applied Psychology; Aust. Catholic University; Aust. Institute of Family Counselling; Aust. Institute of Professional Counselling; Bond University; Cairnmillar Institute; Charles Sturt University; Christian Heritage College; Eastern College / Tabor Victoria; Edith Cowan University; Excelsia College / Wesley Institute; Gestalt Institute; Griffith University (Gold Coast); Ikon Institute; Institute of Emotion Focussed Therapy; James Cook University; Jansen Newman Institute; Monash University; Morling College; Murdoch University; QUT; Southern Cross University; Swinburne; Tabor Adelaide; Tabor WA; University of Adelaide; University of Canberra; University of Divinity; University of Melbourne; University of New England; University of Notre Dame; University of Queensland; University of Southern Queensland; University of South Australia; University of Sunshine Coast; Uniting Institute; Victoria University; Western Sydney University

	AQF 6 (Advanced Diploma/Associate Degree) - Graduation Year	[2000 - 2019]
	AQF 7 (Bachelor Degree) - Field	Counselling; Psychotherapy; Social Work; Psychology; Family Therapy; Drug & Alcohol; Pastoral Care; Other
	AQF 7 (Bachelor Degree) - Provider	UK College or University; Aust. College of Applied Psychology; Aust. Catholic University; Aust. Institute of Family Counselling; Aust. Institute of Professional Counselling; Bond University; Cairnmillar Institute; Charles Sturt University; Christian Heritage College; Eastern College / Tabor Victoria; Edith Cowan University; Excelsia College / Wesley Institute; Gestalt Institute; Griffith University (Gold Coast); Ikon Institute; Institute of Emotion Focussed Therapy; James Cook University; Jansen Newman Institute; Monash University; Morling College; Murdoch University; QUT; Southern Cross University; Swinburne; Tabor Adelaide; Tabor WA; University of Adelaide; University of Canberra; University of Divinity; University of Melbourne; University of New England; University of Notre Dame; University of Queensland; University of Southern Queensland; University of South Australia; University of Sunshine Coast; Uniting Institute; Victoria University; Western Sydney University
	AQF 7 (Bachelor Degree) - Graduation Year	[2000 - 2019]

	AQF 8 (Honours Degree, Grad Certificate, Grad Diploma) - Field	Counselling; Psychotherapy; Social Work; Psychology; Family Therapy; Drug & Alcohol; Pastoral Care; Other
	AQF 8 (Honours Degree, Grad Certificate, Grad Diploma) - Provider	UK College or University; Aust. College of Applied Psychology; Aust. Catholic University; Aust. Institute of Family Counselling; Aust. Institute of Professional Counselling; Bond University; Cairnmillar Institute; Charles Sturt University; Christian Heritage College; Eastern College / Tabor Victoria; Edith Cowan University; Excelsia College / Wesley Institute; Gestalt Institute; Griffith University (Gold Coast); Ikon Institute; Institute of Emotion Focussed Therapy; James Cook University; Jansen Newman Institute; Monash University; Morling College; Murdoch University; QUT; Southern Cross University; Swinburne; Tabor Adelaide; Tabor WA; University of Adelaide; University of Canberra; University of Divinity; University of Melbourne; University of New England; University of Notre Dame; University of Queensland; University of Southern Queensland; University of South Australia; University of Sunshine Coast; Uniting Institute; Victoria University; Western Sydney University
	AQF 8 (Honours Degree, Grad Certificate, Grad Diploma) - Graduation Year	[2000 - 2019]
	AQF 9 (Masters Degree) - Field	Counselling; Psychotherapy; Social Work; Psychology; Family Therapy; Drug & Alcohol; Pastoral Care; Other

	AQF 9 (Masters Degree) - Provider	UK College or University; Aust. College of Applied Psychology; Aust. Catholic University; Aust. Institute of Family Counselling; Aust. Institute of Professional Counselling; Bond University; Cairnmillar Institute; Charles Sturt University; Christian Heritage College; Eastern College / Tabor Victoria; Edith Cowan University; Excelsia College / Wesley Institute; Gestalt Institute; Griffith University (Gold Coast); Ikon Institute; Institute of Emotion Focussed Therapy; James Cook University; Jansen Newman Institute; Monash University; Morling College; Murdoch University; QUT; Southern Cross University; Swinburne; Tabor Adelaide; Tabor WA; University of Adelaide; University of Canberra; University of Divinity; University of Melbourne; University of New England; University of Notre Dame; University of Queensland; University of Southern Queensland; University of South Australia; University of Sunshine Coast; Uniting Institute; Victoria University; Western Sydney University
	AQF 9 (Masters Degree) - Graduation Year	[2000 - 2019]
	AQF 10 (Doctoral Degree) - Field	Counselling; Psychotherapy; Social Work; Psychology; Family Therapy; Drug & Alcohol; Pastoral Care; Other
	AQF 10 (Doctoral Degree) - Provider	UK College or University; Aust. College of Applied Psychology; Aust. Catholic University; Aust. Institute of Family Counselling; Aust. Institute of Professional Counselling; Bond University; Cairnmillar Institute; Charles Sturt University; Christian Heritage

		College; Eastern College / Tabor Victoria; Edith Cowan University; Excelsia College / Wesley Institute; Gestalt Institute; Griffith University (Gold Coast); Ikon Institute; Institute of Emotion Focussed Therapy; James Cook University; Jansen Newman Institute; Monash University; Morling College; Murdoch University; QUT; Southern Cross University; Swinburne; Tabor Adelaide; Tabor WA; University of Adelaide; University of Canberra; University of Divinity; University of Melbourne; University of New England; University of Notre Dame; University of Queensland; University of Southern Queensland; University of South Australia; University of Sunshine Coast; Uniting Institute; Victoria University; Western Sydney University
	AQF 10 (Doctoral Degree) - Graduation Year	[2000 - 2019]
Q5. Please provide a summary of any Theology Qualifications (Divinity, Theology, Ministry, Christian Studies etc. ). If you have more than one qualification at a particular level, please provide the one you believe to be most relevant. For counsellors completing the survey outside of Australia, please select the closest match to the name of your qualification.	AQF 3 (Certificate III) - Field	Divinity; Theology; Ministry; Christian Studies; Spirituality; Other
	AQF 3 (Certificate III) - Graduation Year	[2000 - 2019]
	AQF 4 (Certificate IV) - Field	Divinity; Theology; Ministry; Christian Studies; Spirituality; Other

	AQF 4 (Certificate IV) - Graduation Year	[2000 - 2019]
	AQF 5 (Diploma) - Field	Divinity; Theology; Ministry; Christian Studies; Spirituality; Other
	AQF 5 (Diploma) - Graduation Year	[2000 - 2019]
	AQF 6 (Advanced Diploma/Associate Degree) - Field	Divinity; Theology; Ministry; Christian Studies; Spirituality; Other
	AQF 6 (Advanced Diploma/Associate Degree) - Graduation Year	[2000 - 2019]
	AQF 7 (Bachelor Degree) - Field	Divinity; Theology; Ministry; Christian Studies; Spirituality; Other
	AQF 7 (Bachelor Degree) - Graduation Year	[2000 - 2019]
	AQF 8 (Honours Degree, Grad Certificate, Grad Diploma) - Field	Divinity; Theology; Ministry; Christian Studies; Spirituality; Other
	AQF 8 (Honours Degree, Grad Certificate, Grad Diploma) - Graduation Year	[2000 - 2019]
	AQF 9 (Masters Degree) - Field	Divinity; Theology; Ministry; Christian Studies; Spirituality; Other

	AQF 9 (Masters Degree) - Graduation Year	[2000 - 2019]
	AQF 10 (Doctoral Degree) - Field	Divinity; Theology; Ministry; Christian Studies; Spirituality; Other
	AQF 10 (Doctoral Degree) - Graduation Year	[2000 - 2019]
<b>Page 3: Professional Memberships</b>		
Q6. Australian Counselling Association	Response	Not a member; Associate; Student; Level 1; Level 2; Level 3; Level 4
Q7. Psychotherapy and Counselling Federation of Australia	Response	Not a member; Associate; Student; Intern; Graduate; Clinical Member;
Q8. Christian Counsellors Association of Australia	Response	Not a member; Associate; Student; Intern; Graduate; Clinical Member
Q9. Australian Psychological Society	Response	Not a member; Student; Member; Fellow; Honorary Fellow
Q10. Australian Association of Social Workers	Response	Not a member; Student (qualifying); Student (already eligible); New Graduate; Accredited Social Worker;
Q11. Association of Christian Counsellors (UK)	Response	Not a member; Student; Friend; Pastoral Care; Registered Counsellor; Transfer
Q12. Other UK Professional Counselling Association	Response	British Association of Counsellors and Psychotherapists; UK Council for Psychotherapy; National Counselling Society; COSCA Counselling and Psychotherapy in Scotland; Other; Senior Accredited; Retired; Other (please specify)
	Other (please specify)	

Q13. Christian Association of Psychological Studies (CAPS)	Response	Not a member; Student; Spousal; Associate; Regular
Q14. Do you have any other Relevant Professional Memberships	Response	No; Other (please specify)
	Other (please specify)	
Q15. Please indicate if you are a Supervisor with any of these Organisations	Australian Counselling Association	Yes; No
	Psychotherapy and Counselling Federation of Australia	Yes; No
	Australian Psychological Society	Yes; No
	Australian Association of Social Workers	Yes; No
	Association of Christian Counsellors (UK)	Yes; No
	Other UK Counselling body	Yes; No
	Other (please specify)	Yes; No
<b>Page 4: Religious Affiliation</b>		
Q16. Religious Affiliation	Response	Anglican; Baptist; Buddhism; Catholic; Christian, (Not further defined); Eastern Orthodox; Hinduism; Islam; Jehovah's Witness; Judaism; Latter-day Saints; Lutheran; No Religion; Oriental Orthodox; Other Protestant; Pentecostal; Presbyterian and Reformed; Seventh-day Adventist; Sikhism; Uniting Church

Page 7: DUREL		
Q17. How often do you attend church or other religious meetings?	Response	Never; Once per year or less; A few times per year; A few times per month; Once per week; More than once/week;
Q18. How often do you spend time in private religious activities, such as prayer, meditation or Bible study?	Response	Rarely or never; A few times per month; Once per week; Two or more times/week; Daily; More than once per day
Q19. In my life, I experience the presence of the Divine (i.e. God)	Response	Definitely not true; Tends not to be true; Unsure; Tends to be true; Definitely true of me
Q20. My religious beliefs are what really lie behind my whole approach to life	Response	Definitely not true; Tends not to be true; Unsure; Tends to be true; Definitely true of me
Q21. I try hard to carry my religion over into all other dealings in life	Response	Definitely not true; Tends not to be true; Unsure; Tends to be true; Definitely true of me
Page 6: Belief Into Action (BIAC) scale		
Q22. Please indicate the highest priority in your life	Response	My health and independence; My family; My friendships; Job, career or business; My education; Financial security; Relationship with God; Ability to travel and see the world; Listening to music and partying; Freedom to live as I choose; ; ; ;
Q23. How often do you attend religious services	Response	Never; Rarely; Couple times/year; Every few months; About once per month; Several times per month; About every week; Every week; More than once per week; Daily; ; ; ;
Q24. Other than religious services, how often do you get together with others for religious reasons (prayer, religious discussion, volunteer work, etc.)?	Response	Never; Rarely; Couple times/year; Every few months; About once per month; Several times per month; About every week; Every week; More than once per week; Daily; ; ; ;
Q25. To what extent have you decided to place your life under God's direction?	Open-Ended Response	[Score 0-100]

Q26. What percentage of your gross annual income do you give to your religious institution or other religious causes each year?	Response	0%; Less than 1%; 1-2%; 3-4%; 5-6%; 7-8%; 9-10%; 11-12%; 13-14%; 15% or more; ; ; ;
Q27. On average, how much time each day (in 24 hours) do you spend listening to religious music or radio, or watching religious TV?	Response	0 (never); 1-5 mins; 6-10 mins; 11-20 mins; 21-30 mins; 31-60 mins; More than 1hour, less than 2 hours; More than 2 hours, less than 3 hours; 3-4 hours; 5 hours or more; ; ; ;
Q28. On average, how much time each day (in 24 hours) do you spend reading religious scriptures, books, or other religious literature?	Response	1 (never); 1-5 mins; 6-10 mins; 11-20 mins; 21-30 mins; 31-60 mins; More than 1hour, less than 2 hours; More than 2 hours, less than 3 hours; 3-4 hours; 5 hours or more; ; ; ;
Q29. On average, how much time each day (in 24 hours) do you spend in private prayer or meditation?	Response	2 (never); 1-5 mins; 6-10 mins; 11-20 mins; 21-30 mins; 31-60 mins; More than 1hour, less than 2 hours; More than 2 hours, less than 3 hours; 3-4 hours; 5 hours or more; ; ; ;
Q30. On average, how much time each day (in 24 hours) do you spend as a volunteer in your religious community or to help others for religious reasons?	Response	3 (never); 1-5 mins; 6-10 mins; 11-20 mins; 21-30 mins; 31-60 mins; More than 1hour, less than 2 hours; More than 2 hours, less than 3 hours; 3-4 hours; 5 hours or more
Q31. To what extent have you decided to conform your life to the teachings of your religious faith?	Open-Ended Response	[Score 0-100]
<b>Page 7: HOGE Intrinsic Religiosity scale</b>		
Q32. My faith involves all of my life	Response	Definitely not true; Tends not to be true; Unsure; Tends to be true; Definitely true of me
Q33. Although I am a religious person, I refuse to let religious considerations influence my everyday affairs	Response	Definitely not true; Tends not to be true; Unsure; Tends to be true; Definitely true of me
Q34. Nothing is as important to me as serving God as best I know how	Response	Definitely not true; Tends not to be true; Unsure; Tends to be true; Definitely true of me

Q35. My faith sometimes restricts my actions	Response	Definitely not true; Tends not to be true; Unsure; Tends to be true; Definitely true of me
Q36. One should seek God's guidance when making important decisions	Response	Definitely not true; Tends not to be true; Unsure; Tends to be true; Definitely true of me
Q37. Although I believe in religion, I feel there are more important things in life	Response	Definitely not true; Tends not to be true; Unsure; Tends to be true; Definitely true of me
Q38. It does not matter so much what I believe as long as I lead a moral life	Response	Definitely not true; Tends not to be true; Unsure; Tends to be true; Definitely true of me
<b>Page 8: Christian Counsellor Questionnaire</b>		
Q39. Would you consider yourself a Christian Counsellor?	Response	Yes; No
<b>Page 9: American Association of Christian Counselors (AACC) questionnaire</b>		
Q40. What is your primary practice discipline?	Response	Counselling; Psychology; Social Work; Marriage & Family Therapy; Pastoral Ministry; Other
Q41. What is your primary work activity?	Response	Professional practice; Teaching; Pastoral Ministry; Supervision; Administration
Q42. What is your Primary Practice setting?	Response	Private Practice; Clinic/agency; Church; Parachurch ministry; School; Hospital; Other
Q43. What is your Primary description of practice?	Response	Marriage/family therapy; Generalist; Brief Therapy; Long-term psychotherapy; Pastoral Care and Counselling
Q44. What is your Theoretical orientation?	Response	Cognitive-behavioural; Biblical-nouthetic; Family Systems; Eclectic/Integrationist; Psychoanalytic / object relations; Spiritual Direction

Q45. Do you advertise as a Christian Counsellor	Response	Yes; No
Q46. Please rank your referral source from highest (1) to lowest (5)?	Clients	[1-5]
	Pastors	[1-5]
	Physicians	[1-5]
	Schools	[1-5]
	Advertising/marketing	[1-5]
Q47. Do you pray with clients in session?	Response	Always; Often; Sometimes; Rarely; Never
Q48. Do you refer to scripture in session?	Response	Always; Often; Sometimes; Rarely; Never
Q49. Do you believe relationship is more important than technique in Christian Counselling?	Response	Always; Often; Sometimes; Rarely; Never
Q50. Do you encourage development of spiritual disciplines?	Response	Always; Often; Sometimes; Rarely; Never
Q51. Do you encourage particular denominational beliefs?	Response	Always; Often; Sometimes; Rarely; Never
<b>Page 10: Preferred Models and Modalities</b>		
Q52. Please indicate the extent to which you use the following models or modalities. If you are unfamiliar with a modality please mark 'Not at all'	Acceptance Commitment Therapy	Not at All; Rarely; Occasionally; Often; Always
	Art/Music Therapy	Not at All; Rarely; Occasionally; Often; Always
	Behavioural Therapy	Not at All; Rarely; Occasionally; Often; Always
	Cognitive Behavioural Therapy	Not at All; Rarely; Occasionally; Often; Always

	Cognitive Therapy	Not at All; Rarely; Occasionally; Often; Always
	Emotion Focussed Therapy	Not at All; Rarely; Occasionally; Often; Always
	Family Therapy	Not at All; Rarely; Occasionally; Often; Always
	Integrative Therapy	Not at All; Rarely; Occasionally; Often; Always
	Litchfield/AIFC General Counselling Model	Not at All; Rarely; Occasionally; Often; Always
	Litchfield/AIFC Family Therapy Model	Not at All; Rarely; Occasionally; Often; Always
	Narrative Therapy	Not at All; Rarely; Occasionally; Often; Always
	Psychodynamic Therapy	Not at All; Rarely; Occasionally; Often; Always
	Psychoanalytic	Not at All; Rarely; Occasionally; Often; Always
	Person – centred	Not at All; Rarely; Occasionally; Often; Always
	Solution Focussed (Brief) Therapy	Not at All; Rarely; Occasionally; Often; Always
	Supportive Therapy	Not at All; Rarely; Occasionally; Often; Always
	Systemic Therapy	Not at All; Rarely; Occasionally; Often; Always
Q53. Are there any other models or modalities you use that have not been listed above?	Response	No: Other (please specify Model/Modality and frequency of use)
	Other (please specify Model/Modality and frequency of use)	

Q54. Do you use Spiritual or Religious Interventions (such as prayer, meditation or reading of sacred texts) in your practice?	Response	Always/almost always; A lot; A moderate amount; A little; None at all;
<b>Page 11: Spiritual and Religious Interventions</b>		
Q55. Please indicate your use of the following Spiritual or Religious (S/R) Interventions	Prayer prior to session	Not at All; Rarely; Occasionally; Often; Always
	Prayer in session (silent)	Not at All; Rarely; Occasionally; Often; Always
	Prayer in session (out-loud)	Not at All; Rarely; Occasionally; Often; Always
	Prayer following session	Not at All; Rarely; Occasionally; Often; Always
	Confession/Absolution (declaration of forgiveness)	Not at All; Rarely; Occasionally; Often; Always
	Anointing with oil	Not at All; Rarely; Occasionally; Often; Always
	Communion/Eucharist/Lord's supper	Not at All; Rarely; Occasionally; Often; Always
	Structured ritual/ liturgical practice/ formal rites	Not at All; Rarely; Occasionally; Often; Always
	Deliverance/exorcism	Not at All; Rarely; Occasionally; Often; Always
	Cheirotonia (laying on of hands)	Not at All; Rarely; Occasionally; Often; Always
	Declaration of blessing	Not at All; Rarely; Occasionally; Often; Always
	Religious meditation/mindfulness in session	Not at All; Rarely; Occasionally; Often; Always

	Religious meditation/mindfulness in client homework	Not at All; Rarely; Occasionally; Often; Always
	Reference to sacred writings (e.g., the Bible) in session	Not at All; Rarely; Occasionally; Often; Always
	Use of sacred writings (e.g., the Bible) in client homework	Not at All; Rarely; Occasionally; Often; Always
Q56. Are there any other Spiritual or Religious (S/R) Interventions you use that have not been included above?	Response	No; Other (please indicate the type of S/R Intervention and your frequency of use)
	Other (please indicate the type of S/R Intervention and your frequency of use)	
<b>Page 12: Treatment suitability</b>		
Q57. DSM5 category 1 of 26: Do you have experience or interest in working with clients with Neurodevelopment disorders (e.g., Autism, ADHD, Tics, stuttering)	Response	Yes; No - take me to next DSM5 Category
<b>Page 13: Neurodevelopment disorders</b>		
Q58. Assuming all ethical conditions such as Informed consent, client desire and counsellor competence are met, please indicate which S/R Interventions you feel would be suitable for clients with Neurodevelopment disorders (e.g., Autism, ADHD, Tics, stuttering)	Prayer prior to session	Unsuitable; Unsure; Suitable

	Prayer in session (silent)	Unsuitable; Unsure; Suitable
	Prayer in session (out-loud)	Unsuitable; Unsure; Suitable
	Prayer following session	Unsuitable; Unsure; Suitable
	Confession/Absolution (declaration of forgiveness)	Unsuitable; Unsure; Suitable
	Anointing with oil	Unsuitable; Unsure; Suitable
	Communion/Eucharist/Lord's supper	Unsuitable; Unsure; Suitable
	Structured ritual/ liturgical practice/ formal rites	Unsuitable; Unsure; Suitable
	Deliverance/exorcism	Unsuitable; Unsure; Suitable
	Cheirotonia (laying on of hands)	Unsuitable; Unsure; Suitable
	Declaration of blessing	Unsuitable; Unsure; Suitable
	Religious meditation/mindfulness in session	Unsuitable; Unsure; Suitable
	Religious meditation/mindfulness in client homework	Unsuitable; Unsure; Suitable
	Reference to sacred writings (e.g., the Bible) in session	Unsuitable; Unsure; Suitable

	Use of sacred writings (e.g., the Bible) in client homework	Unsuitable; Unsure; Suitable
Q59. DSM5 category 2 of 26: Do you have experience or interest in working with clients with Schizophrenia/ psychosis (including delusions, hallucinations)	Response	Yes; No - take me to next DSM5 Category
<b>Page 14. Schizophrenia/ psychosis</b>		
Q60. Assuming all ethical conditions such as Informed consent, client desire and counsellor competence are met, please indicate which S/R Interventions you feel would be suitable for clients with Schizophrenia/ psychosis (including delusions, hallucinations)	Prayer prior to session	Unsuitable; Unsure; Suitable
	Prayer in session (silent)	Unsuitable; Unsure; Suitable
	Prayer in session (out-loud)	Unsuitable; Unsure; Suitable
	Prayer following session	Unsuitable; Unsure; Suitable
	Confession/Absolution (declaration of forgiveness)	Unsuitable; Unsure; Suitable
	Anointing with oil	Unsuitable; Unsure; Suitable
	Communion/Eucharist/Lord's supper	Unsuitable; Unsure; Suitable
	Structured ritual/ liturgical practice/ formal rites	Unsuitable; Unsure; Suitable
	Deliverance/exorcism	Unsuitable; Unsure; Suitable
	Cheirotonia (laying on of hands)	Unsuitable; Unsure; Suitable

	Declaration of blessing	Unsuitable; Unsure; Suitable
	Religious meditation/mindfulness in session	Unsuitable; Unsure; Suitable
	Religious meditation/mindfulness in client homework	Unsuitable; Unsure; Suitable
	Reference to sacred writings (e.g., the Bible) in session	Unsuitable; Unsure; Suitable
	Use of sacred writings (e.g., the Bible) in client homework	Unsuitable; Unsure; Suitable
Q61. DSM5 category 3 of 26: Do you have experience or interest in working with clients with Bipolar disorder	Response	Yes; No - take me to next DSM5 Category
<b>Page 15. Bipolar disorder</b>		
Q62. Assuming all ethical conditions such as Informed consent, client desire and counsellor competence are met, please indicate which S/R Interventions you feel would be suitable for clients with Bipolar disorder	Prayer prior to session	Unsuitable; Unsure; Suitable
	Prayer in session (silent)	Unsuitable; Unsure; Suitable
	Prayer in session (out-loud)	Unsuitable; Unsure; Suitable
	Prayer following session	Unsuitable; Unsure; Suitable
	Confession/Absolution (declaration of forgiveness)	Unsuitable; Unsure; Suitable
	Anointing with oil	Unsuitable; Unsure; Suitable

	Communion/Eucharist/Lord's supper	Unsuitable; Unsure; Suitable
	Structured ritual/ liturgical practice/ formal rites	Unsuitable; Unsure; Suitable
	Deliverance/exorcism	Unsuitable; Unsure; Suitable
	Cheirotonia (laying on of hands)	Unsuitable; Unsure; Suitable
	Declaration of blessing	Unsuitable; Unsure; Suitable
	Religious meditation/mindfulness in session	Unsuitable; Unsure; Suitable
	Religious meditation/mindfulness in client homework	Unsuitable; Unsure; Suitable
	Reference to sacred writings (e.g., the Bible) in session	Unsuitable; Unsure; Suitable
	Use of sacred writings (e.g., the Bible) in client homework	Unsuitable; Unsure; Suitable
Q63. DSM5 category 4 of 26: Do you have experience or interest in working with clients with Depression	Response	Yes; No - take me to next DSM5 Category
<b>Page 16. Depression</b>		
Q64. Assuming all ethical conditions such as Informed consent, client desire and counsellor competence are	Prayer prior to session	Unsuitable; Unsure; Suitable

met, please indicate which S/R Interventions you feel would be suitable for clients with Depression		
	Prayer in session (silent)	Unsuitable; Unsure; Suitable
	Prayer in session (out-loud)	Unsuitable; Unsure; Suitable
	Prayer following session	Unsuitable; Unsure; Suitable
	Confession/Absolution (declaration of forgiveness)	Unsuitable; Unsure; Suitable
	Anointing with oil	Unsuitable; Unsure; Suitable
	Communion/Eucharist/Lord's supper	Unsuitable; Unsure; Suitable
	Structured ritual/ liturgical practice/ formal rites	Unsuitable; Unsure; Suitable
	Deliverance/exorcism	Unsuitable; Unsure; Suitable
	Cheirotonia (laying on of hands)	Unsuitable; Unsure; Suitable
	Declaration of blessing	Unsuitable; Unsure; Suitable
	Religious meditation/mindfulness in session	Unsuitable; Unsure; Suitable
	Religious meditation/mindfulness in client homework	Unsuitable; Unsure; Suitable

	Reference to sacred writings (e.g., the Bible) in session	Unsuitable; Unsure; Suitable
	Use of sacred writings (e.g., the Bible) in client homework	Unsuitable; Unsure; Suitable
Q65. DSM5 category 5 of 26: Do you have experience or interest in working with clients with Grief/loss/bereavement	Response	Yes; No - take me to next DSM5 Category
<b>Page 17. Grief/loss/bereavement</b>		
Q66. Assuming all ethical conditions such as Informed consent, client desire and counsellor competence are met, please indicate which S/R Interventions you feel would be suitable for clients with Grief/loss/bereavement	Prayer prior to session	Unsuitable; Unsure; Suitable
	Prayer in session (silent)	Unsuitable; Unsure; Suitable
	Prayer in session (out-loud)	Unsuitable; Unsure; Suitable
	Prayer following session	Unsuitable; Unsure; Suitable
	Confession/Absolution (declaration of forgiveness)	Unsuitable; Unsure; Suitable
	Anointing with oil	Unsuitable; Unsure; Suitable
	Communion/Eucharist/Lord's supper	Unsuitable; Unsure; Suitable
	Structured ritual/ liturgical practice/ formal rites	Unsuitable; Unsure; Suitable
	Deliverance/exorcism	Unsuitable; Unsure; Suitable

	Cheirotonia (laying on of hands)	Unsuitable; Unsure; Suitable
	Declaration of blessing	Unsuitable; Unsure; Suitable
	Religious meditation/mindfulness in session	Unsuitable; Unsure; Suitable
	Religious meditation/mindfulness in client homework	Unsuitable; Unsure; Suitable
	Reference to sacred writings (e.g., the Bible) in session	Unsuitable; Unsure; Suitable
	Use of sacred writings (e.g., the Bible) in client homework	Unsuitable; Unsure; Suitable
Q67. DSM5 category 6 of 26: Do you have experience or interest in working with clients with Anxiety (including panic or phobias)	Response	Yes; No - take me to next DSM5 Category
<b>Page 18. Anxiety</b>		
Q68. Assuming all ethical conditions such as Informed consent, client desire and counsellor competence are met, please indicate which S/R Interventions you feel would be suitable for clients with Anxiety (including panic or phobias)	Prayer prior to session	Unsuitable; Unsure; Suitable
	Prayer in session (silent)	Unsuitable; Unsure; Suitable
	Prayer in session (out-loud)	Unsuitable; Unsure; Suitable

	Prayer following session	Unsuitable; Unsure; Suitable
	Confession/Absolution (declaration of forgiveness)	Unsuitable; Unsure; Suitable
	Anointing with oil	Unsuitable; Unsure; Suitable
	Communion/Eucharist/Lord's supper	Unsuitable; Unsure; Suitable
	Structured ritual/ liturgical practice/ formal rites	Unsuitable; Unsure; Suitable
	Deliverance/exorcism	Unsuitable; Unsure; Suitable
	Cheirotonia (laying on of hands)	Unsuitable; Unsure; Suitable
	Declaration of blessing	Unsuitable; Unsure; Suitable
	Religious meditation/mindfulness in session	Unsuitable; Unsure; Suitable
	Religious meditation/mindfulness in client homework	Unsuitable; Unsure; Suitable
	Reference to sacred writings (e.g., the Bible) in session	Unsuitable; Unsure; Suitable
	Use of sacred writings (e.g., the Bible) in client homework	Unsuitable; Unsure; Suitable

Q69. DSM5 category 7 of 26: Do you have experience or interest in working with clients with Obsessive compulsive disorder (including hoarding)	Response	Yes; No - take me to next DSM5 Category
<b>Page 19. Obsessive compulsive disorder</b>		
Q70. Assuming all ethical conditions such as Informed consent, client desire and counsellor competence are met, please indicate which S/R Interventions you feel would be suitable for clients with Obsessive compulsive disorder (including hoarding)	Prayer prior to session	Unsuitable; Unsure; Suitable
	Prayer in session (silent)	Unsuitable; Unsure; Suitable
	Prayer in session (out-loud)	Unsuitable; Unsure; Suitable
	Prayer following session	Unsuitable; Unsure; Suitable
	Confession/Absolution (declaration of forgiveness)	Unsuitable; Unsure; Suitable
	Anointing with oil	Unsuitable; Unsure; Suitable
	Communion/Eucharist/Lord's supper	Unsuitable; Unsure; Suitable
	Structured ritual/ liturgical practice/ formal rites	Unsuitable; Unsure; Suitable
	Deliverance/exorcism	Unsuitable; Unsure; Suitable
	Cheirotonia (laying on of hands)	Unsuitable; Unsure; Suitable
	Declaration of blessing	Unsuitable; Unsure; Suitable

	Religious meditation/mindfulness in session	Unsuitable; Unsure; Suitable
	Religious meditation/mindfulness in client homework	Unsuitable; Unsure; Suitable
	Reference to sacred writings (e.g., the Bible) in session	Unsuitable; Unsure; Suitable
	Use of sacred writings (e.g., the Bible) in client homework	Unsuitable; Unsure; Suitable
Q71. DSM5 category 8 of 26: Do you have experience or interest in working with clients with Trauma/stress (including PTSD)	Response	Yes; No - take me to next DSM5 Category
<b>Page 20. Trauma/stress (including PTSD)</b>		
Q72. Assuming all ethical conditions such as Informed consent, client desire and counsellor competence are met, please indicate which S/R Interventions you feel would be suitable for clients with Trauma/stress (including PTSD)	Prayer prior to session	Unsuitable; Unsure; Suitable
	Prayer in session (silent)	Unsuitable; Unsure; Suitable
	Prayer in session (out-loud)	Unsuitable; Unsure; Suitable
	Prayer following session	Unsuitable; Unsure; Suitable
	Confession/Absolution (declaration of forgiveness)	Unsuitable; Unsure; Suitable

	Anointing with oil	Unsuitable; Unsure; Suitable
	Communion/Eucharist/Lord's supper	Unsuitable; Unsure; Suitable
	Structured ritual/ liturgical practice/ formal rites	Unsuitable; Unsure; Suitable
	Deliverance/exorcism	Unsuitable; Unsure; Suitable
	Cheirotonia (laying on of hands)	Unsuitable; Unsure; Suitable
	Declaration of blessing	Unsuitable; Unsure; Suitable
	Religious meditation/mindfulness in session	Unsuitable; Unsure; Suitable
	Religious meditation/mindfulness in client homework	Unsuitable; Unsure; Suitable
	Reference to sacred writings (e.g., the Bible) in session	Unsuitable; Unsure; Suitable
	Use of sacred writings (e.g., the Bible) in client homework	Unsuitable; Unsure; Suitable
Q73. DSM5 category 9 of 26: Do you have experience or interest in working with clients with Dissociative Disorders (including Dissociative Identity Disorder)	Response	Yes; No - take me to next DSM5 Category

Q74. Assuming all ethical conditions such as Informed consent, client desire and counsellor competence are met, please indicate which S/R Interventions you feel would be suitable for clients with Dissociative Disorders (including Dissociative Identity Disorder)	Prayer prior to session	Unsuitable; Unsure; Suitable
	Prayer in session (silent)	Unsuitable; Unsure; Suitable
	Prayer in session (out-loud)	Unsuitable; Unsure; Suitable
	Prayer following session	Unsuitable; Unsure; Suitable
	Confession/Absolution (declaration of forgiveness)	Unsuitable; Unsure; Suitable
	Anointing with oil	Unsuitable; Unsure; Suitable
	Communion/Eucharist/Lord's supper	Unsuitable; Unsure; Suitable
	Structured ritual/ liturgical practice/ formal rites	Unsuitable; Unsure; Suitable
	Deliverance/exorcism	Unsuitable; Unsure; Suitable
	Cheirotonia (laying on of hands)	Unsuitable; Unsure; Suitable
	Declaration of blessing	Unsuitable; Unsure; Suitable
	Religious meditation/mindfulness in session	Unsuitable; Unsure; Suitable

	Religious meditation/mindfulness in client homework	Unsuitable; Unsure; Suitable
	Reference to sacred writings (e.g., the Bible) in session	Unsuitable; Unsure; Suitable
	Use of sacred writings (e.g., the Bible) in client homework	Unsuitable; Unsure; Suitable
Q75. DSM5 category 10 of 26: Do you have experience or interest in working with clients with Somatic symptom disorder	Response	Yes; No - take me to next DSM5 Category
<b>Page 22. Somatic symptom disorder</b>		
Q76. Assuming all ethical conditions such as Informed consent, client desire and counsellor competence are met, please indicate which S/R Interventions you feel would be suitable for clients with Somatic symptom disorder	Prayer prior to session	Unsuitable; Unsure; Suitable
	Prayer in session (silent)	Unsuitable; Unsure; Suitable
	Prayer in session (out-loud)	Unsuitable; Unsure; Suitable
	Prayer following session	Unsuitable; Unsure; Suitable
	Confession/Absolution (declaration of forgiveness)	Unsuitable; Unsure; Suitable
	Anointing with oil	Unsuitable; Unsure; Suitable
	Communion/Eucharist/Lord's supper	Unsuitable; Unsure; Suitable

	Structured ritual/ liturgical practice/ formal rites	Unsuitable; Unsure; Suitable
	Deliverance/exorcism	Unsuitable; Unsure; Suitable
	Cheirotonia (laying on of hands)	Unsuitable; Unsure; Suitable
	Declaration of blessing	Unsuitable; Unsure; Suitable
	Religious meditation/mindfulness in session	Unsuitable; Unsure; Suitable
	Religious meditation/mindfulness in client homework	Unsuitable; Unsure; Suitable
	Reference to sacred writings (e.g., the Bible) in session	Unsuitable; Unsure; Suitable
	Use of sacred writings (e.g., the Bible) in client homework	Unsuitable; Unsure; Suitable
Q77. DSM5 category 11 of 26: Do you have experience or interest in working with clients with a Feeding or Eating disorder (e.g, Anorexia, Bulimia)	Response	Yes; No - take me to next DSM5 Category
<b>Page 23. Eating disorder (e.g, Anorexia, Bulimia)</b>		
Q78. Assuming all ethical conditions such as Informed consent, client desire and counsellor competence are met, please indicate which S/R Interventions you feel	Prayer prior to session	Unsuitable; Unsure; Suitable

would be suitable for clients with a Feeding or Eating disorder (e.g, Anorexia, Bulimia)		
	Prayer in session (silent)	Unsuitable; Unsure; Suitable
	Prayer in session (out-loud)	Unsuitable; Unsure; Suitable
	Prayer following session	Unsuitable; Unsure; Suitable
	Confession/Absolution (declaration of forgiveness)	Unsuitable; Unsure; Suitable
	Anointing with oil	Unsuitable; Unsure; Suitable
	Communion/Eucharist/Lord's supper	Unsuitable; Unsure; Suitable
	Structured ritual/ liturgical practice/ formal rites	Unsuitable; Unsure; Suitable
	Deliverance/exorcism	Unsuitable; Unsure; Suitable
	Cheirotonia (laying on of hands)	Unsuitable; Unsure; Suitable
	Declaration of blessing	Unsuitable; Unsure; Suitable
	Religious meditation/mindfulness in session	Unsuitable; Unsure; Suitable
	Religious meditation/mindfulness in client homework	Unsuitable; Unsure; Suitable

	Reference to sacred writings (e.g., the Bible) in session	Unsuitable; Unsure; Suitable
	Use of sacred writings (e.g., the Bible) in client homework	Unsuitable; Unsure; Suitable
Q79. DSM5 category 12 of 26: Do you have experience or interest in working with clients with Elimination disorders	Response	Yes; No - take me to next DSM5 Category
<b>Page 24. Elimination disorders</b>		
Q80. Assuming all ethical conditions such as Informed consent, client desire and counsellor competence are met, please indicate which S/R Interventions you feel would be suitable for clients with Elimination disorders	Prayer prior to session	Unsuitable; Unsure; Suitable
	Prayer in session (silent)	Unsuitable; Unsure; Suitable
	Prayer in session (out-loud)	Unsuitable; Unsure; Suitable
	Prayer following session	Unsuitable; Unsure; Suitable
	Confession/Absolution (declaration of forgiveness)	Unsuitable; Unsure; Suitable
	Anointing with oil	Unsuitable; Unsure; Suitable
	Communion/Eucharist/Lord's supper	Unsuitable; Unsure; Suitable
	Structured ritual/ liturgical practice/ formal rites	Unsuitable; Unsure; Suitable
	Deliverance/exorcism	Unsuitable; Unsure; Suitable

	Cheirotonia (laying on of hands)	Unsuitable; Unsure; Suitable
	Declaration of blessing	Unsuitable; Unsure; Suitable
	Religious meditation/mindfulness in session	Unsuitable; Unsure; Suitable
	Religious meditation/mindfulness in client homework	Unsuitable; Unsure; Suitable
	Reference to sacred writings (e.g., the Bible) in session	Unsuitable; Unsure; Suitable
	Use of sacred writings (e.g., the Bible) in client homework	Unsuitable; Unsure; Suitable
Q81. DSM5 category 13 of 26: Do you have experience or interest in working with clients with Sleep-wake disorder (e.g., Insomnia, Sleep Apnea, Narcolepsy)	Response	Yes; No - take me to next DSM5 Category
<b>Page 25. Sleep-wake disorder</b>		
Q82. Assuming all ethical conditions such as Informed consent, client desire and counsellor competence are met, please indicate which S/R Interventions you feel would be suitable for clients with Sleep-wake disorder (e.g., Insomnia, Sleep Apnea, Narcolepsy)	Prayer prior to session	Unsuitable; Unsure; Suitable
	Prayer in session (silent)	Unsuitable; Unsure; Suitable
	Prayer in session (out-loud)	Unsuitable; Unsure; Suitable

	Prayer following session	Unsuitable; Unsure; Suitable
	Confession/Absolution (declaration of forgiveness)	Unsuitable; Unsure; Suitable
	Anointing with oil	Unsuitable; Unsure; Suitable
	Communion/Eucharist/Lord's supper	Unsuitable; Unsure; Suitable
	Structured ritual/ liturgical practice/ formal rites	Unsuitable; Unsure; Suitable
	Deliverance/exorcism	Unsuitable; Unsure; Suitable
	Cheirotonia (laying on of hands)	Unsuitable; Unsure; Suitable
	Declaration of blessing	Unsuitable; Unsure; Suitable
	Religious meditation/mindfulness in session	Unsuitable; Unsure; Suitable
	Religious meditation/mindfulness in client homework	Unsuitable; Unsure; Suitable
	Reference to sacred writings (e.g., the Bible) in session	Unsuitable; Unsure; Suitable
	Use of sacred writings (e.g., the Bible) in client homework	Unsuitable; Unsure; Suitable

Q83. DSM5 category 14 of 26: Do you have experience or interest in working with clients with Sexual Dysfunction	Response	Yes; No - take me to next DSM5 Category
<b>Page 26. Sexual Dysfunction</b>		
Q84. Assuming all ethical conditions such as Informed consent, client desire and counsellor competence are met, please indicate which S/R Interventions you feel would be suitable for clients with Sexual Dysfunction	Prayer prior to session	Unsuitable; Unsure; Suitable
	Prayer in session (silent)	Unsuitable; Unsure; Suitable
	Prayer in session (out-loud)	Unsuitable; Unsure; Suitable
	Prayer following session	Unsuitable; Unsure; Suitable
	Confession/Absolution (declaration of forgiveness)	Unsuitable; Unsure; Suitable
	Anointing with oil	Unsuitable; Unsure; Suitable
	Communion/Eucharist/Lord's supper	Unsuitable; Unsure; Suitable
	Structured ritual/ liturgical practice/ formal rites	Unsuitable; Unsure; Suitable
	Deliverance/exorcism	Unsuitable; Unsure; Suitable
	Cheirotonia (laying on of hands)	Unsuitable; Unsure; Suitable
	Declaration of blessing	Unsuitable; Unsure; Suitable

	Religious meditation/mindfulness in session	Unsuitable; Unsure; Suitable
	Religious meditation/mindfulness in client homework	Unsuitable; Unsure; Suitable
	Reference to sacred writings (e.g., the Bible) in session	Unsuitable; Unsure; Suitable
	Use of sacred writings (e.g., the Bible) in client homework	Unsuitable; Unsure; Suitable
Q85. DSM5 category 15 of 26: Do you have experience or interest in working with clients with Gender dysphoria	Response	Yes; No - take me to next DSM5 Category
<b>Page 27. Gender dysphoria</b>		
Q86. Assuming all ethical conditions such as Informed consent, client desire and counsellor competence are met, please indicate which S/R Interventions you feel would be suitable for clients with Gender dysphoria	Prayer prior to session	Unsuitable; Unsure; Suitable
	Prayer in session (silent)	Unsuitable; Unsure; Suitable
	Prayer in session (out-loud)	Unsuitable; Unsure; Suitable
	Prayer following session	Unsuitable; Unsure; Suitable
	Confession/Absolution (declaration of forgiveness)	Unsuitable; Unsure; Suitable
	Anointing with oil	Unsuitable; Unsure; Suitable

	Communion/Eucharist/Lord's supper	Unsuitable; Unsure; Suitable
	Structured ritual/ liturgical practice/ formal rites	Unsuitable; Unsure; Suitable
	Deliverance/exorcism	Unsuitable; Unsure; Suitable
	Cheirotonia (laying on of hands)	Unsuitable; Unsure; Suitable
	Declaration of blessing	Unsuitable; Unsure; Suitable
	Religious meditation/mindfulness in session	Unsuitable; Unsure; Suitable
	Religious meditation/mindfulness in client homework	Unsuitable; Unsure; Suitable
	Reference to sacred writings (e.g., the Bible) in session	Unsuitable; Unsure; Suitable
	Use of sacred writings (e.g., the Bible) in client homework	Unsuitable; Unsure; Suitable
Q87. DSM5 category 16 of 26: Do you have experience or interest in working with clients with Impulse control (e.g., anger, aggression, antisocial behaviour)	Response	Yes; No - take me to next DSM5 Category
<b>Page 28. Impulse control</b>		
Q88. Assuming all ethical conditions such as Informed consent, client desire and counsellor competence are	Prayer prior to session	Unsuitable; Unsure; Suitable

met, please indicate which S/R Interventions you feel would be suitable for clients with Impulse control (e.g., anger, aggression, antisocial behaviour)		
	Prayer in session (silent)	Unsuitable; Unsure; Suitable
	Prayer in session (out-loud)	Unsuitable; Unsure; Suitable
	Prayer following session	Unsuitable; Unsure; Suitable
	Confession/Absolution (declaration of forgiveness)	Unsuitable; Unsure; Suitable
	Anointing with oil	Unsuitable; Unsure; Suitable
	Communion/Eucharist/Lord's supper	Unsuitable; Unsure; Suitable
	Structured ritual/ liturgical practice/ formal rites	Unsuitable; Unsure; Suitable
	Deliverance/exorcism	Unsuitable; Unsure; Suitable
	Cheirotonia (laying on of hands)	Unsuitable; Unsure; Suitable
	Declaration of blessing	Unsuitable; Unsure; Suitable
	Religious meditation/mindfulness in session	Unsuitable; Unsure; Suitable
	Religious meditation/mindfulness in client homework	Unsuitable; Unsure; Suitable

	Reference to sacred writings (e.g., the Bible) in session	Unsuitable; Unsure; Suitable
	Use of sacred writings (e.g., the Bible) in client homework	Unsuitable; Unsure; Suitable
Q89. DSM5 category 17 of 26: Do you have experience or interest in working with clients with Substance use/addiction (e.g. Alcohol or other (including prescription) drugs)	Response	Yes; No - take me to next DSM5 Category
<b>Page 29. Substance use/addiction</b>		
Q90. Assuming all ethical conditions such as Informed consent, client desire and counsellor competence are met, please indicate which S/R Interventions you feel would be suitable for clients with Substance use/addiction (e.g. Alcohol or other (including prescription) drugs)	Prayer prior to session	Unsuitable; Unsure; Suitable
	Prayer in session (silent)	Unsuitable; Unsure; Suitable
	Prayer in session (out-loud)	Unsuitable; Unsure; Suitable
	Prayer following session	Unsuitable; Unsure; Suitable
	Confession/Absolution (declaration of forgiveness)	Unsuitable; Unsure; Suitable
	Anointing with oil	Unsuitable; Unsure; Suitable
	Communion/Eucharist/Lord's supper	Unsuitable; Unsure; Suitable

	Structured ritual/ liturgical practice/ formal rites	Unsuitable; Unsure; Suitable
	Deliverance/exorcism	Unsuitable; Unsure; Suitable
	Cheirotonia (laying on of hands)	Unsuitable; Unsure; Suitable
	Declaration of blessing	Unsuitable; Unsure; Suitable
	Religious meditation/mindfulness in session	Unsuitable; Unsure; Suitable
	Religious meditation/mindfulness in client homework	Unsuitable; Unsure; Suitable
	Reference to sacred writings (e.g., the Bible) in session	Unsuitable; Unsure; Suitable
	Use of sacred writings (e.g., the Bible) in client homework	Unsuitable; Unsure; Suitable
Q91. DSM5 category 18 of 26: Do you have experience or interest in working with clients with Cognitive disorders (e.g., delirium, TBI, Parkinson's, dementia)	Response	Yes; No - take me to next DSM5 Category
<b>Page 30. Cognitive disorders</b>		
Q92. Assuming all ethical conditions such as Informed consent, client desire and counsellor competence are met, please indicate which S/R Interventions you feel	Prayer prior to session	Unsuitable; Unsure; Suitable

would be suitable for clients with Cognitive disorders (e.g., delirium, TBI, Parkinson's, dementia)		
	Prayer in session (silent)	Unsuitable; Unsure; Suitable
	Prayer in session (out-loud)	Unsuitable; Unsure; Suitable
	Prayer following session	Unsuitable; Unsure; Suitable
	Confession/Absolution (declaration of forgiveness)	Unsuitable; Unsure; Suitable
	Anointing with oil	Unsuitable; Unsure; Suitable
	Communion/Eucharist/Lord's supper	Unsuitable; Unsure; Suitable
	Structured ritual/ liturgical practice/ formal rites	Unsuitable; Unsure; Suitable
	Deliverance/exorcism	Unsuitable; Unsure; Suitable
	Cheirotonia (laying on of hands)	Unsuitable; Unsure; Suitable
	Declaration of blessing	Unsuitable; Unsure; Suitable
	Religious meditation/mindfulness in session	Unsuitable; Unsure; Suitable
	Religious meditation/mindfulness in client homework	Unsuitable; Unsure; Suitable

	Reference to sacred writings (e.g., the Bible) in session	Unsuitable; Unsure; Suitable
	Use of sacred writings (e.g., the Bible) in client homework	Unsuitable; Unsure; Suitable
Q93. DSM5 category 19 of 26: Do you have experience or interest in working with clients with Personality Disorders (e.g., Paranoia, Borderline, Narcissism)	Response	Yes; No - take me to next DSM5 Category
<b>Page 31. Personality Disorders</b>		
Q94. Assuming all ethical conditions such as Informed consent, client desire and counsellor competence are met, please indicate which S/R Interventions you feel would be suitable for clients with Personality Disorders (e.g., Paranoia, Borderline, Narcissism)	Prayer prior to session	Unsuitable; Unsure; Suitable
	Prayer in session (silent)	Unsuitable; Unsure; Suitable
	Prayer in session (out-loud)	Unsuitable; Unsure; Suitable
	Prayer following session	Unsuitable; Unsure; Suitable
	Confession/Absolution (declaration of forgiveness)	Unsuitable; Unsure; Suitable
	Anointing with oil	Unsuitable; Unsure; Suitable
	Communion/Eucharist/Lord's supper	Unsuitable; Unsure; Suitable
	Structured ritual/ liturgical practice/ formal rites	Unsuitable; Unsure; Suitable
	Deliverance/exorcism	Unsuitable; Unsure; Suitable

	Cheirotonia (laying on of hands)	Unsuitable; Unsure; Suitable
	Declaration of blessing	Unsuitable; Unsure; Suitable
	Religious meditation/mindfulness in session	Unsuitable; Unsure; Suitable
	Religious meditation/mindfulness in client homework	Unsuitable; Unsure; Suitable
	Reference to sacred writings (e.g., the Bible) in session	Unsuitable; Unsure; Suitable
	Use of sacred writings (e.g., the Bible) in client homework	Unsuitable; Unsure; Suitable
Q95. DSM5 category 20 of 26: Do you have experience or interest in working with clients with Paraphillic disorder	Response	Yes; No - take me to next DSM5 Category
<b>Page 32. Paraphillic disorder</b>		
Q96. Assuming all ethical conditions such as Informed consent, client desire and counsellor competence are met, please indicate which S/R Interventions you feel would be suitable for clients with Paraphillic disorder	Prayer prior to session	Unsuitable; Unsure; Suitable
	Prayer in session (silent)	Unsuitable; Unsure; Suitable
	Prayer in session (out-loud)	Unsuitable; Unsure; Suitable
	Prayer following session	Unsuitable; Unsure; Suitable

	Confession/Absolution (declaration of forgiveness)	Unsuitable; Unsure; Suitable
	Anointing with oil	Unsuitable; Unsure; Suitable
	Communion/Eucharist/Lord's supper	Unsuitable; Unsure; Suitable
	Structured ritual/ liturgical practice/ formal rites	Unsuitable; Unsure; Suitable
	Deliverance/exorcism	Unsuitable; Unsure; Suitable
	Cheirotonia (laying on of hands)	Unsuitable; Unsure; Suitable
	Declaration of blessing	Unsuitable; Unsure; Suitable
	Religious meditation/mindfulness in session	Unsuitable; Unsure; Suitable
	Religious meditation/mindfulness in client homework	Unsuitable; Unsure; Suitable
	Reference to sacred writings (e.g., the Bible) in session	Unsuitable; Unsure; Suitable
	Use of sacred writings (e.g., the Bible) in client homework	Unsuitable; Unsure; Suitable
Q97. DSM5 category 21 of 26: Do you have experience or interest in working with clients with Relationship issues (including Family)	Response	Yes; No - take me to next DSM5 Category

Page 33. Relationship issues		
Q98. Assuming all ethical conditions such as Informed consent, client desire and counsellor competence are met, please indicate which S/R Interventions you feel would be suitable for clients with Relationship issues (including Family)	Prayer prior to session	Unsuitable; Unsure; Suitable
	Prayer in session (silent)	Unsuitable; Unsure; Suitable
	Prayer in session (out-loud)	Unsuitable; Unsure; Suitable
	Prayer following session	Unsuitable; Unsure; Suitable
	Confession/Absolution (declaration of forgiveness)	Unsuitable; Unsure; Suitable
	Anointing with oil	Unsuitable; Unsure; Suitable
	Communion/Eucharist/Lord's supper	Unsuitable; Unsure; Suitable
	Structured ritual/ liturgical practice/ formal rites	Unsuitable; Unsure; Suitable
	Deliverance/exorcism	Unsuitable; Unsure; Suitable
	Cheirotonia (laying on of hands)	Unsuitable; Unsure; Suitable
	Declaration of blessing	Unsuitable; Unsure; Suitable
	Religious meditation/mindfulness in session	Unsuitable; Unsure; Suitable

	Religious meditation/mindfulness in client homework	Unsuitable; Unsure; Suitable
	Reference to sacred writings (e.g., the Bible) in session	Unsuitable; Unsure; Suitable
	Use of sacred writings (e.g., the Bible) in client homework	Unsuitable; Unsure; Suitable
Q99. DSM5 category 22 of 26: Do you have experience or interest in working with clients with Abuse/Neglect	Response	Yes; No - take me to next DSM5 Category
<b>Page 34. Abuse/Neglect</b>		
Q100. Assuming all ethical conditions such as Informed consent, client desire and counsellor competence are met, please indicate which S/R Interventions you feel would be suitable for clients with Abuse/Neglect	Prayer prior to session	Unsuitable; Unsure; Suitable
	Prayer in session (silent)	Unsuitable; Unsure; Suitable
	Prayer in session (out-loud)	Unsuitable; Unsure; Suitable
	Prayer following session	Unsuitable; Unsure; Suitable
	Confession/Absolution (declaration of forgiveness)	Unsuitable; Unsure; Suitable
	Anointing with oil	Unsuitable; Unsure; Suitable
	Communion/Eucharist/Lord's supper	Unsuitable; Unsure; Suitable
	Structured ritual/ liturgical practice/ formal rites	Unsuitable; Unsure; Suitable

	Deliverance/exorcism	Unsuitable; Unsure; Suitable
	Cheirotonia (laying on of hands)	Unsuitable; Unsure; Suitable
	Declaration of blessing	Unsuitable; Unsure; Suitable
	Religious meditation/mindfulness in session	Unsuitable; Unsure; Suitable
	Religious meditation/mindfulness in client homework	Unsuitable; Unsure; Suitable
	Reference to sacred writings (e.g., the Bible) in session	Unsuitable; Unsure; Suitable
	Use of sacred writings (e.g., the Bible) in client homework	Unsuitable; Unsure; Suitable
Q101. DSM5 category 23 of 26: Do you have experience or interest in working with clients with Educational/Occupational/workplace issues	Response	Yes; No - take me to next DSM5 Category
<b>Page 35. Educational/Occupational/workplace issues</b>		
Q102. Assuming all ethical conditions such as Informed consent, client desire and counsellor competence are met, please indicate which S/R Interventions you feel would be suitable for clients with Educational/Occupational/workplace issues	Prayer prior to session	Unsuitable; Unsure; Suitable
	Prayer in session (silent)	Unsuitable; Unsure; Suitable

	Prayer in session (out-loud)	Unsuitable; Unsure; Suitable
	Prayer following session	Unsuitable; Unsure; Suitable
	Confession/Absolution (declaration of forgiveness)	Unsuitable; Unsure; Suitable
	Anointing with oil	Unsuitable; Unsure; Suitable
	Communion/Eucharist/Lord's supper	Unsuitable; Unsure; Suitable
	Structured ritual/ liturgical practice/ formal rites	Unsuitable; Unsure; Suitable
	Deliverance/exorcism	Unsuitable; Unsure; Suitable
	Cheirotonia (laying on of hands)	Unsuitable; Unsure; Suitable
	Declaration of blessing	Unsuitable; Unsure; Suitable
	Religious meditation/mindfulness in session	Unsuitable; Unsure; Suitable
	Religious meditation/mindfulness in client homework	Unsuitable; Unsure; Suitable
	Reference to sacred writings (e.g., the Bible) in session	Unsuitable; Unsure; Suitable
	Use of sacred writings (e.g., the Bible) in client homework	Unsuitable; Unsure; Suitable

Q103. DSM5 category 24 of 26: Do you have experience or interest in working with clients with Housing/ Economic issues	Response	Yes; No - take me to next DSM5 Category
<b>Page 36. Housing/ Economic issues</b>		
Q104. Assuming all ethical conditions such as Informed consent, client desire and counsellor competence are met, please indicate which S/R Interventions you feel would be suitable for clients with Housing/ Economic issues	Prayer prior to session	Unsuitable; Unsure; Suitable
	Prayer in session (silent)	Unsuitable; Unsure; Suitable
	Prayer in session (out-loud)	Unsuitable; Unsure; Suitable
	Prayer following session	Unsuitable; Unsure; Suitable
	Confession/Absolution (declaration of forgiveness)	Unsuitable; Unsure; Suitable
	Anointing with oil	Unsuitable; Unsure; Suitable
	Communion/Eucharist/Lord's supper	Unsuitable; Unsure; Suitable
	Structured ritual/ liturgical practice/ formal rites	Unsuitable; Unsure; Suitable
	Deliverance/exorcism	Unsuitable; Unsure; Suitable
	Cheirotonia (laying on of hands)	Unsuitable; Unsure; Suitable
	Declaration of blessing	Unsuitable; Unsure; Suitable

	Religious meditation/mindfulness in session	Unsuitable; Unsure; Suitable
	Religious meditation/mindfulness in client homework	Unsuitable; Unsure; Suitable
	Reference to sacred writings (e.g., the Bible) in session	Unsuitable; Unsure; Suitable
	Use of sacred writings (e.g., the Bible) in client homework	Unsuitable; Unsure; Suitable
Q105. DSM5 category 25 of 26: Do you have experience or interest in working with clients with Suicidal tendencies or self-harm	Response	Yes; No - take me to next DSM5 Category
<b>Page 37. Suicidal tendencies or self-harm</b>		
Q106. Assuming all ethical conditions such as Informed consent, client desire and counsellor competence are met, please indicate which S/R Interventions you feel would be suitable for clients with Suicidal tendencies or self-harm	Prayer prior to session	Unsuitable; Unsure; Suitable
	Prayer in session (silent)	Unsuitable; Unsure; Suitable
	Prayer in session (out-loud)	Unsuitable; Unsure; Suitable
	Prayer following session	Unsuitable; Unsure; Suitable
	Confession/Absolution (declaration of forgiveness)	Unsuitable; Unsure; Suitable

	Anointing with oil	Unsuitable; Unsure; Suitable
	Communion/Eucharist/Lord's supper	Unsuitable; Unsure; Suitable
	Structured ritual/ liturgical practice/ formal rites	Unsuitable; Unsure; Suitable
	Deliverance/exorcism	Unsuitable; Unsure; Suitable
	Cheirotonia (laying on of hands)	Unsuitable; Unsure; Suitable
	Declaration of blessing	Unsuitable; Unsure; Suitable
	Religious meditation/mindfulness in session	Unsuitable; Unsure; Suitable
	Religious meditation/mindfulness in client homework	Unsuitable; Unsure; Suitable
	Reference to sacred writings (e.g., the Bible) in session	Unsuitable; Unsure; Suitable
	Use of sacred writings (e.g., the Bible) in client homework	Unsuitable; Unsure; Suitable
Q107. DSM5 category 26 of 26: Do you have experience or interest in working with clients with Behavioural addictions (e.g., gambling, pornography)	Response	Yes; No - take me to next DSM5 Category

Q108. Assuming all ethical conditions such as Informed consent, client desire and counsellor competence are met, please indicate which S/R Interventions you feel would be suitable for clients with Behavioural addictions (e.g., gambling, pornography)	Prayer prior to session	Unsuitable; Unsure; Suitable
	Prayer in session (silent)	Unsuitable; Unsure; Suitable
	Prayer in session (out-loud)	Unsuitable; Unsure; Suitable
	Prayer following session	Unsuitable; Unsure; Suitable
	Confession/Absolution (declaration of forgiveness)	Unsuitable; Unsure; Suitable
	Anointing with oil	Unsuitable; Unsure; Suitable
	Communion/Eucharist/Lord's supper	Unsuitable; Unsure; Suitable
	Structured ritual/ liturgical practice/ formal rites	Unsuitable; Unsure; Suitable
	Deliverance/exorcism	Unsuitable; Unsure; Suitable
	Cheirotonia (laying on of hands)	Unsuitable; Unsure; Suitable
	Declaration of blessing	Unsuitable; Unsure; Suitable
	Religious meditation/mindfulness in session	Unsuitable; Unsure; Suitable

	Religious meditation/mindfulness in client homework	Unsuitable; Unsure; Suitable
	Reference to sacred writings (e.g., the Bible) in session	Unsuitable; Unsure; Suitable
	Use of sacred writings (e.g., the Bible) in client homework	Unsuitable; Unsure; Suitable
<b>Page 39: Employee/volunteer</b>		
Q109. As a professional counsellor, do you work for an organisation in a volunteer role or as an employee (this includes, full time or part time, permanent or casual)?	Response	No - this will take you to the next section; Yes
<b>Page 40: Employee/volunteer information</b>		
Q110. Do you feel you have permission to use Spiritual or Religious Interventions in your employment/volunteer context?	Response	Yes; No
Q111. What is your Full Time Equivalent (FTE) Role. For example, if you work, full time, please enter 1.0; if you work three days per week please enter 0.6	Open-Ended Response	[0-1.0]
Q112. What is your Full Time Equivalent Salary (the salary you would earn if your role was full time)?	Response	I'd rather not say; \$US0 (I'm a volunteer); \$AUD0 - \$AUD24k /annum (£0 - £13k / \$US0 - \$US17k); \$AUD25k - \$AUD39k/annum (£14 - £21k / \$US18k - \$US27k); \$AUD40k - \$AUD54k/annum (£22 - £29k / \$US28k - \$US37k); \$AUD55k - \$AUD69k/annum (£30 - £38k / \$US38k - \$US47k); \$AUD70k - \$AUD84k/annum (£39 - £46k / \$US48k - \$US58k); \$AUD85k -

		\$AUD99k/annum (£47 - £54k / \$US59k - \$US68k); \$AUD100k - \$AUD114k/annum (£55 - £62k / \$US69k - \$US79k); \$AUD115k - \$AUD129k/annum (£63 - £70k / \$US80k - \$US89k); \$AUD130k - \$AUD144k/annum (£71 - £79k / \$US90k - \$US99k); \$AUD145k + per annum (£80k + / \$US100k +)
Q113. Approximately how many clients per week would you see as a volunteer/employee?	Open-Ended Response	[Any number]
Q114. Do you provide Supervision as part of your volunteer/employee role?	Response	No - go to next section; Yes
<b>Page 41: Employee/volunteer supervision</b>		
Q115. Approximately how many supervisees per week would you see as a volunteer/employee?	Open-Ended Response	[Any number]
<b>Page 42: Contractor to an agency</b>		
Q116. As a professional counsellor, do you work for an agency as a sub-contractor?	Response	No - this will take you to the next section; Yes
<b>Page 43: Contractor information</b>		
Q117. Do you feel you have permission to use Spiritual or Religious Interventions in your contractor/agency context?	Response	Yes; No
Q118. On average, approximately how many hours per week would you work for an agency/agencies?	Open-Ended Response	[Any number]
Q119. What is your normal contracted hourly rate?	Response	I'd rather not say; \$0 (I'm a volunteer); \$0 - \$24/hour (£0 - £13 / \$US0 - \$US17); \$25 - \$39/hour (£14 - £21 / \$US18 - \$US27); \$40 - \$54/hour (£22 - £29 / \$US28 - \$US37); \$55 - \$69/hour (£30 -

		£38 / \$US38 - \$US48); \$70 - \$84/hour (£39 - £46 / \$US49 - \$US58); \$85 - \$99/hour (£47 - £54 / \$US59 - \$US68); \$100 - \$114/hour (£55 - £62 / \$US69 - \$US79); \$115 - \$129/hour (£63 - £70 / \$US80 - \$US89); \$130 - \$144/hour (£71 - £79 / \$US90 - \$US99); \$145 + per hour (£80 + / \$US100 +)
Q120. Approximately how many clients per week would you see in your agency work?	Open-Ended Response	[Any number]
Q121. Do you provide Supervision as part of your agency work?	Response	No - go to next section; Yes
<b>Page 44: Contractor supervision</b>		
Q122. Approximately how many supervisees per week would you see as part of your agency work?	Open-Ended Response	[Any number]
<b>Page 45: Counsellor in Private Practice</b>		
Q123. As a professional counsellor, do you work in Private Practice	Response	No - this will take you to the next section; Yes
<b>Page 46: Private Practice Information</b>		
Q124. Approximately how many clients per week would you see in your Private Practice?	Open-Ended Response	Yes; No
Q125. What is your normal client charge rate?	Response	I'd rather not say; \$0 (I'm a volunteer); \$0 - \$24/hour (£0 - £13 / \$US0 - \$US17); \$25 - \$39/hour (£14 - £21 / \$US18 - \$US27); \$40 - \$54/hour (£22 - £29 / \$US28 - \$US37); \$55 - \$69/hour (£30 - £38 / \$US38 - \$US48); \$70 - \$84/hour (£39 - £46 / \$US49 - \$US58); \$85 - \$99/hour (£47 - £54 / \$US59 - \$US68); \$100 - \$114/hour (£55 - £62 / \$US69 - \$US79); \$115 - \$129/hour (£63 -

		£70 / \$US80 - \$US89); \$130 - \$144/hour (£71 - £79 / \$US90 - \$US99); \$145 + per hour (£80 + / \$US100 +)
Q126. Do you provide Supervision as part of your private practice?	Response	No - go to next section; Yes
<b>Page 47: Private Practice Supervision</b>		
Q127. What is your normal supervision charge rate?	Response	I'd rather not say; \$0 (I'm a volunteer); \$0 - \$24/hour (£0 - £13 / \$US0 - \$US17); \$25 - \$39/hour (£14 - £21 / \$US18 - \$US27); \$40 - \$54/hour (£22 - £29 / \$US28 - \$US37); \$55 - \$69/hour (£30 - £38 / \$US38 - \$US48); \$70 - \$84/hour (£39 - £46 / \$US49 - \$US58); \$85 - \$99/hour (£47 - £54 / \$US59 - \$US68); \$100 - \$114/hour (£55 - £62 / \$US69 - \$US79); \$115 - \$129/hour (£63 - £70 / \$US80 - \$US89); \$130 - \$144/hour (£71 - £79 / \$US90 - \$US99); \$145 + per hour (£80 + / \$US100 +)
Q128. Approximately how many supervisees per week would you see in your private practice?	Open-Ended Response	[Any number]
<b>Page 48: Client Outcomes</b>		
Q129. How often do you believe your counselling is effective?	Response	Always; Usually; Sometimes; Rarely; Never
Q130. What are the five main indicators that suggest to you that the counselling experience has been effective?	Indicator 1	[Free text]
	Indicator 2	[Free text]
	Indicator 3	[Free text]
	Indicator 4	[Free text]
	Indicator 5	[Free text]

Q131. Based on your counselling experience, please rate the following factors in order. Please rate the factor you believe to be most important in achieving successful counselling (1), through to the factor you believe to be least important (5).	Relationship between Counsellor and Client	[1-5]
	Clear goals from the counselling experience	[1-5]
	Selecting and applying a good modality/therapeutic approach	[1-5]
	Client's willingness to work for change	[1-5]
	Client circumstance (e.g., living arrangement, support networks etc.)	[1-5]
Q132. Are there any other factors you believe to be important in achieving effective counselling that have not been listed above	Response	No; Other (please specify)
Q133. In situations where counselling has not been effective, please describe reasons why you think this has happened	Reason 1	[Free text]
	Reason 2	[Free text]
	Reason 3	[Free text]
	Reason 4	[Free text]

	Reason 5	[Free text]
<b>Page 49: Conclusion</b>		
Q134. Would you like to be involved in further research?	Response	Yes - please invite me to participate in further research; No - I would not like to be included in further research;
<b>Page 50: Contact information</b>		
Q135. Your contact information:	First Name	[Free text]
	Last Name	[Free text]
	Address	[Free text]
	Address 2	[Free text]
	City/Town	[Free text]
	State/Province	[Free text]
	ZIP/Postal Code	[Free text]
	Country	[Free text]
	Email Address	[Free text]
	Phone Number	[Free text]

### **Appendix IV - Initial 15 SRIs**

An initial search of “Spiritual Intervention” OR “Spiritual Interventions” OR “Religious Intervention” OR “Religious Interventions” was undertaken in the PsychINFO database. A scan of the abstracts from 131 articles yielded an initial list of 15 example types of S/R Interventions:

- Religious meditation/mindfulness in session
- Confession/Absolution (forgiveness)
- Prayer by counsellor (out-loud)
- Quiet time homework tasks (including prayer)
- Religious meditation/mindfulness in client homework
- Reference to sacred writings in session
- Prayer by client (in session)
- Cheirotonia (laying on of hands)
- Deliverance/exorcism
- Structured ritual/liturgical practice/formal rite
- Prayer following session
- Use of sacred writings in client homework
- Declaration of blessing
- Communion/Eucharist/Lord’s supper
- Anointing with oil

## Appendix V - Sample Focus group Transcript

The first three pages of the focus group transcript for the Perth Focus Group:

- The brown font is denoted R (researcher). It contains words spoken by the researcher.
- Black text is spoken by participants with the specific participant denoted by P1, P2, P3 etc.
- Highlighted text shows coding to specific topic areas. For example (with reference to the sample provided):
  - Comments made about SRIs generally and specifically the four dominant SRIs were coded with grey highlight
  - Comments relating to client factors were highlighted in blue
  - Comments related to context were highlighted in red

**Perth Transcript**

1  
2  
3  
4 [0:0] R: Recording now, and... I'll just put that there. And we should be fine... you should  
5 be fine so and then what have done... actually on the last sheet of paper is... on the last sheet  
6 of paper, actually its come to 2 pages the printing is I've actually given you some information  
7 that I thought that you may find interesting that I'm not going to be talking about that is  
8 actually some information about people's practise... and I thought you might find interesting  
9 in terms of knowing for your own purpose and comparison.. so a few basic questions as long  
10 as you're OK with the process so the first question... is really a broad question about um

11  
12 **What do you understand by the phrase spiritual religious interventions as it relates to**  
13 **professional counselling?**

14  
15 spiritual and religious interventions and the reason that the word professional is underlined  
16 there is that we're thinking very specifically about counselling done by someone from a  
17 mental health profession so it could be the registered counsellor, could be a psychologist  
18 could be a social worker but the important thing is that they are bound by an external code of  
19 ethics or code of conduct as a mental health professional so we're not talking about the  
20 church setting or people meeting privately or whatever, its that specific context that is my  
21 focus so your understanding or experience with or comments on this idea of spiritual and  
22 religious interventions in that setting and context

23  
24 P4 well what came to my mind is where if a person has faith and I find that out by their  
25 intake form where their faith, where they believe their faith intersects the issue that they're  
26 having and the question is "well, where faith does your apply to this?", "what verses might  
27 you apply to this?" um so yeah its only a couple of times where I've had sort of non-Christian  
28 ... people who have spiritual understanding which I actually find quite difficult, I'm not sure  
29 where to go with that , you know, um typically they're New Agey types who believe in the  
30 great consciousness of the earth mother or something like that uh so I tend not to use spiritual  
31 interventions for them because I don't want to follow their path.

32  
33 [2:36] R: Yep ok, yep and others?

34  
35 P4: look I'll jump in again, it depends on what... on the client as well um for instance I had a  
36 Pastor and his wife and I saw them separately, not for a marital issue, for a Pastor getting  
37 sacked issue um and she was finding it hard to deal with that uh I used a lot of spiritual  
38 terminology and concepts with her, far more than I would with anyone else um but that's  
39 where she was, you know, basically follow the client .. into that.

40  
41 [3:20] R: so you asked the question about where they faith might intersect with their issues  
42 um and you have had experience of clients who indicated a spirituality that is non-Christian  
43 but in that context you've sort of felt like you do really know where to go with that so it's  
44 really hasn't been included in that sense

45  
46 P4: that's true

47  
48 [3:41] R: and an example that you given is where you worked with the Pastor and his wife  
49 and in that setting you said you've used a lot of terminology and concepts so for you if I'm

50 understanding correctly then the idea of spiritual religious interventions would include using  
51 specific terminology and concepts that the client would relate to on very much a client basis

52

53 P4: so, things like forgiveness, um things like um servanthood um things like you know the  
54 place and use of communion. My clients were from Free Reformed background so as you  
55 know they are very strong on their theology and particularly with Lord's Supper and stuff  
56 like that so this was a big thing for her because she didn't feel she could take it, because she  
57 harboured bitterness towards people so um yeah and we talked about that

58

59 R: well that raises an interesting point doesn't it I meant mean if you were a non-Christian  
60 counsellor in the same way as an issue that might relate to someone's practise of their  
61 Buddhist faith I would not really know the detail of that and so it would be very hard if you  
62 were non-Christian counsellor to understand the issues around receiving communion with  
63 bitterness in your heart like if you had no Christian worldview that just wouldn't make any  
64 sense at all would it so that's great thank you P4 its very helpful

65

66 P4: ill be quiet now for a while

67

68 [5:22] R: hahahaha you set the bar high

69

70 P5: yeah I would um probably say that what I understand as phrase 'spiritual and religious  
71 intervention' um I would've taken the lead from the word intervention as a professional  
72 counsellor knowing that that can be a range of interventions um and so my my standard  
73 understanding of that would've been things like prayer, meditation in a generic kind of  
74 context like say Australian society it could you know I would say, I wouldn't say, I would  
75 say sacred texts rather than the bible because that would for me be a generic understanding of  
76 spirituality and religious interventions, bearing in mind that the majority of the Australian  
77 identify in some way with Christian religion um I would still say its things like prayer,  
78 meditation, sacred text reading um it could be depending on the kind of spirituality you know  
79 it could be some more questionable components like deliverance.. or.. you know what I mean  
80 so um yeah

81

82 [6:52] R: OK great, thank you, and like this is just to get us kicked off and rolling and we can  
83 come back to this same so P6, P7 have you got anything good add in that regard in terms of  
84 spiritual and religious interventions as it related to professional counselling?

85

86 P6: I think I would also include how um how ... say they're presenting with issues and uh  
87 behaviours or even thinking that doesn't line up with their faith um and I only well 99% of  
88 my clients are Christian but even if they weren't Christian or didn't say they were Christian I  
89 would I guess challenge them gently on some issues if they were there experiencing that so  
90 say it was adultery or anything that we would call sin how that lined up with their um faith  
91 of their faith so I don't know if that's really an intervention um but also then as an  
92 intervention more of their understanding of their identity I think in relation to their faith and  
93 kind of.. um.. if they did align with the ..um.. Christian faith well then an intervention of  
94 meditating on the truth of what the word of God says about them if they're a Christian

95

96 [8:24] R: OK so so you mentioned a couple of things then the idea even the courageous idea  
97 that if they had indicated that they were a person of faith and you observe that they had  
98 behaviour or thinking that perhaps didn't line up with that you would even as a possible  
99 intervention use that as the basis of a challenge or probe or yeah OK

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P6: asking them how do they think and what they're doing or thinking or whatever line up with their faith and their values and also their faith

[9:00] R: ok great thank you and also the idea of the identity work and meditation in that regard. do you have anything to add P7?

P7: so I um took a similar line to forgotten your name, Steve about spiritual religious interventions being prayer, meditation and the scriptures um I would love to use that with with my clients I don't often get the opportunity to um and I um I counsel sort of in several different sectors currently although I'm located at at at the church and an it's it is Christian people coming my current sort of group of clients have had a lot of prayer ministry already and they're looking for something else something but they want a Christian Counsellor so I tend to I did try actually I remember with one to read some scriptures and I could see her eyes glaze over and I thought she doesn't want this yeah you know they don't want another but well the group I'm working with at the moment they've had a lot of prayer ministry quite heavy prayer ministry which perhaps helps for a little bit but but not necessarily so I'm actually not using what would I would classify is as spiritual and religious interventions however I'm they've come to me because I'm a Christian and I understand where they're coming from but they have ... I have had one person asked me to pray for her and I did but because she was like going through a divorce and that kind of stuff but but generally I find I'm not using that and I started my I work sort of for agencies - secular agencies have done and the work I do for Churches is like on the side when it's the too hard one's for the pastors because my background is in psychology so you know someone who's, who's got a diagnosis of schizophrenia there already - they've come to the church for help they are already in the mental health system they they want someone who can blend the two can understand both and so I tend not to pray for them particularly what I would prefer to do is help them learn how to pray themselves I think that's that's my encouragement that I think really you need to learn how to connect with God yourself at 2:00 o'clock in the morning instead of ringing someone up if it I mean I have had Christians ring me up like 2:00 o'clock in the morning and want me to pray for them and I'm not I'm not good at 2:00 o'clock in the but but you know you really need to learn how to pray yourself so

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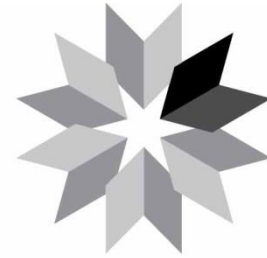
[12:14] R: yeah so I'm understanding from what you said there then that that in your context even though you are a Christian and people are coming to you generally through churches part of the background that they're coming with often is they've received what you term prayer ministry and so they're looking for something to compliment that or extra to that and your question, your comment may be a very helpful insight into the next into the next stage so I'm gonna use that as a great segue here so one of the things that I found quite interesting in terms of the responses so figure 1 shows the response to the question

## **Appendix VI - Focus Group Interview Guide**

The following pages provide a copy of the handouts provided during the Focus Group Interview. They include two copies of the informed consent form (one retained by the participant and one by the researcher) as well as information for discussion and the precise structured interview questions used.

*Research Project:*

***A Critical investigation into the effect of using of Spiritual and Religious Interventions in Professional Counselling***



**UNIVERSITY  
OF DIVINITY**

***Counsellor Focus Group***

Welcome to a focus group discussion designed to learn more about the therapy practice of counsellors like yourself. In particular we are hoping to gain greater understanding regarding your use of Spiritual and Religious Interventions (SRIs) following a survey you participated in a few months ago. When complete the research will contribute to the evidence-base for utilising SRIs and give guidance as to what particular interventions (e.g., prayer) are most useful for specific disorders (e.g., depression)

You have been invited based on the indication you provided that you would be willing to be involved in future phases of the research.

The research is supported by an Australian Government Research Training Program (RTP) Scholarship.

This focus group will be facilitated by Mr Shannon Hood – the researcher. He can be contacted via email at [shood@stirling.edu.au](mailto:shood@stirling.edu.au). If you have any complaints or queries that the researcher has not been able to answer to your satisfaction, you may contact the University's Director of Research: [rso@divinity.edu.au](mailto:rso@divinity.edu.au).

This focus group will take approximately 90 minutes. During the focus group discussion, the researcher will present pertinent information or pose questions for discussion by the group. Your participation is encouraged. The whole focus group will be audio recorded and then transcribed by the researcher. Any audio recordings or transcriptions will be retained on the researcher's laptop computer and a backup kept in an on-line repository that can only be accessed by the researcher and his supervisor/s.

Results of the focus group will be published in various forms but we will never divulge the details of any individual without prior consent. We may use direct quotes from comments made in the focus group but these will be selected so that the speaker cannot be identified. The researcher will not release transcripts to any other party but may use the content in subsequent research projects in the broad area of Counselling research.

The risks of harm to you are negligible. However, if you experience any discomfort please notify the focus group facilitator (the researcher). If you feel you require follow up support as a result of this focus group, please feel free to contact Connect Counselling on 0438 575 434.

In signing this form, you agree to keep all discussions confidential unless you believe that an individual may be in imminent harm or feel required to do so by virtue of a mandatory reporting requirement. Everything you share will be subject to the same confidentiality agreement.

**You may withdraw from involvement in this research at any time** without any disadvantage, penalty or adverse consequence. You can insist that direct quotes from your participation are not used in the research project, provided you exercise this right within 2 weeks of the conclusion of the focus group.

By signing the form below you agree:

- You have read and understood the information above and any questions have been answered to your satisfaction
- To participate in the research project, realising you may withdraw without prejudice
- That information provided by you or with your permission during the project may be included in a thesis, presented at conferences and published in journals on the condition that neither your name nor any other identifying information is used.

Name of Researcher: **SHANNON HOOD**

Signature: 

Date: 13./09./2018.

Name of Participant (in block letters):

Signature: ..... Date: ...../...../.....

*Research Project:*

***A Critical investigation into the effect of using of Spiritual and Religious Interventions in Professional Counselling***



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Results of the focus group will be published in various forms but we will never divulge the details of any individual without prior consent. We may use direct quotes from comments made in the focus group but these will be selected so that the speaker cannot be identified. The researcher will not release transcripts to any other party but may use the content in subsequent research projects in the broad area of Counselling research.

The risks of harm to you are negligible. However, if you experience any discomfort please notify the focus group facilitator (the researcher). If you feel you require follow up support as a result of this focus group, please feel free to contact Connect Counselling on 0438 575 434.

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By signing the form below you agree:

- You have read and understood the information above and any questions have been answered to your satisfaction
- To participate in the research project, realising you may withdraw without prejudice
- That information provided by you or with your permission during the project may be included in a thesis, presented at conferences and published in journals on the condition that neither your name nor any other identifying information is used.

Name of Researcher: **SHANNON HOOD**

Signature: 

Date: 13./09./2018.

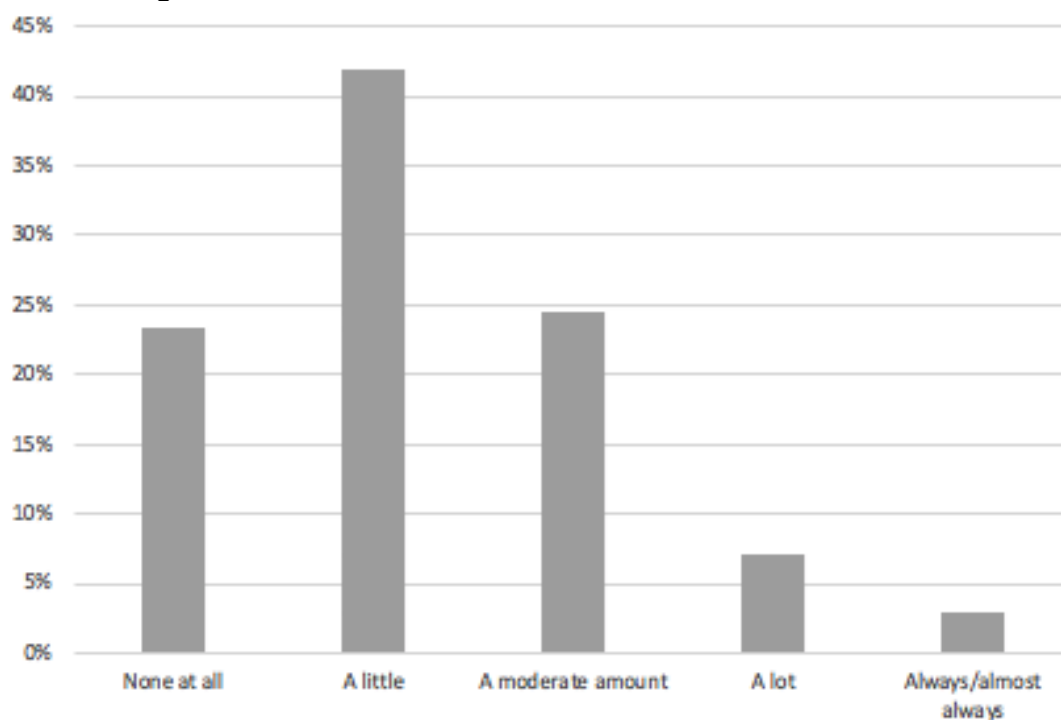
Name of Participant (in block letters):

Signature: ..... Date: ...../...../.....

### Use of Spiritual and Religious Interventions

**Focus Group Question 1: “What do you understand by the phrase “Spiritual and Religious Interventions” as it relates to Professional Counselling?”**

**Figure 1. Do you use Spiritual or Religious Interventions (such as prayer, meditation of reading of sacred texts) as part of your practice? – Counsellors who identified as having a Christian Religious Affiliation.**



**Table 1**

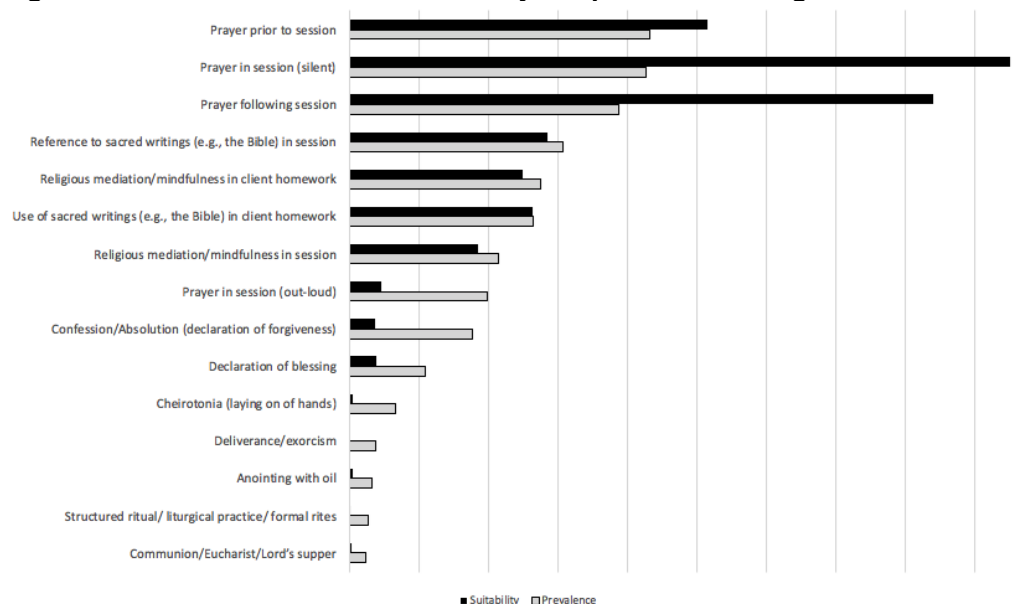
*Comparison of Survey Results between Australian and American Christian Counsellors*

Practice	Never		Rarely		Sometimes		Often		Always	
	US	Aus	US	Aus	US	Aus	US	Aus	US	Aus
Prayer with clients in Session	2%	17%	12%	27%	26%	41%	34%	11%	24%	4%
Refer to Scripture in session	-	4%	4%	20%	26%	57%	54%	17%	16%	2%
Encourage Spiritual Disciplines	-	4%	2%	10%	16%	47%	36%	33%	42%	8%
Encourage Denom. Beliefs	54%	74%	26%	20%	14%	6%	4%	-	2%	-

**Focus Group Question 2: Why might the use of S/R Interventions be so small amongst Counsellors who are Christian particularly compared to US colleagues?**

## Types of Spiritual and Religious Interventions

**Figure 2 Prevalence of Use and Suitability of Spiritual and Religious Interventions**



### **Focus Group Question 3: What do you find interesting about these findings?**

**Table 2**

*Prevalence and Suitability of Various S/R Interventions*

	Prevalence	Suitability
Personal (Suitability > 30)		
Prayer prior to session	216	25.76
Prayer in session (silent)	213	47.50
Prayer following session	194	41.95
Universal (Suitability < 30 & >5). – for all Spiritually aware counsellors		
Reference to sacred writings (e.g., the Bible) in session	154	14.29
Religious mediation/mindfulness in client homework	138	12.45
Use of sacred writings (e.g., the Bible) in client homework	132	13.18
Religious mediation/mindfulness in session	107	9.30
Typical (Suitability <5 & >1) – minimum for all Christian Counsellors		
Prayer in session (out-loud)	99	2.29
Confession/Absolution (declaration of forgiveness)	89	1.88
Declaration of blessing	55	1.97
Special (Suitability < 1) – for uniquely trained Christian Counsellors		
Cheirotonia (laying on of hands)	33	0.27
Deliverance/exorcism	19	0.09
Anointing with oil	16	0.24
Structured ritual/ liturgical practice/ formal rites	14	0.11
Communion/Eucharist/Lord's supper	12	0.18

### **Focus Group Question 4: Are these classifications helpful**

### Types of S/R Interventions

Original List	‘Others’ proposed by survey respondents	Proposed New List
Prayer prior to session		Prayer prior to session
Prayer in session (silent)	Listening to the Holy Spirit for discernment and wisdom - the truth sets you free	Prayer in session (silent)
Prayer in session (out-loud)		Prayer by counsellor (out-loud)
Prayer following session		Prayer following session
Confession/Absolution	Forgiving of others, forgiving of self - occasionally forgiveness	Confession/Absolution (forgiveness)
Anointing with oil		Anointing with oil
Communion/Eucharist/Lord’s supper		Communion/Eucharist/Lord’s supper
Structured ritual/ liturgical practice/ formal rites	lighting a candle- reflection time	Structured ritual/ liturgical practice/ formal rites
Deliverance/exorcism	Spiritual warfare	Deliverance/exorcism
Cheirotonia (laying on of hands)		Cheirotonia (laying on of hands)
Declaration of blessing		Declaration of blessing
Religious meditation/mindfulness in session	Hakomi mindfulness meditation as therapy	Religious meditation/mindfulness in session
Religious meditation/mindfulness in client homework	Listening to worship music	Religious meditation/mindfulness in client homework
Reference to sacred writings (e.g., the Bible) in session	Affirmations from Scripture	Reference to sacred writings (e.g., the Bible) in session
Use of sacred writings (e.g., the Bible) in client homework		Use of sacred writings (e.g., the Bible) in client homework
	Intentional invitation of God’s presence in session	Inviting / calling in Jesus/the light/God’s presence
	Calling in the light	
	Invocation of spiritual energies relating to client beliefs. Use of Clients spiritual concepts, icons, ritual etc	Prayer by client in session
	Client self prayer re deliverance (not by therapist)	
	For the client to pray and form a closer relationship with God	Dream interpretation
	Christian dreamwork	
	Culturally appropriate spiritual practices such as Karakia as per Maori beliefs	Culturally specific S/R Interventions
	Elijah House prayer ministry principles.	Prayer Ministry
	Freedom Through Christ Ministry and Spiritually Sensitive Counselling-often	
	Healing physical and mental illnesses through prayer	
	Prayer Counselling	
	Homework of actively forgiving or turning to God for help with addictions, etc - only with clients that have a Christian faith though.	Quiet time’ homework tasks
	Prayer Ministry - daily	
	Worksheets	Holy Spirit enabled visualisation/listening
	Use of the internal person of Jesus or Holy Spirit	
	Visualisation Jesus as a safe person frequently visualisations	
	Visualization - I also see non-Christian clients Christian clients who I would not conduct spiritual interventions with	

**Focus Group Question 4: What feedback do you have regarding the proposed new list?**

One's I'm not sure what to do with:

Check out belief system

Energetic presence with Holy Spirit

Only use spiritual interventions when requested by a client

Own belief of walking authentic spiritual path and own perception of closeness to personal values and beliefs

Refocussing

used when client has specified and with great care

showing Jesus to the client by my acceptance of them & compassion for them

Non Dual Psychotherapy Integral Psychology - Ken Wilber

Practicing the Presence of God

Practicing the Presence of God, Guided Meditation with spiritual imagery,

Silence

soul alignment etheric clearing and energy transmutation of akashic

The Immanuel Approach (Lehman and Wilder) Use it normally.

***Focus Group Question 5: What advice do you have regarding any of these?***

## Appendix VII - Sample Qualitative coding

Coded quotes from all transcripts that relate to Client Factors and Context Factors are provided below as an indicative sample:

- Each quote begins with a 4-digit code that denotes the transcript line number from where the quote has been taken.
- Each participant is denoted by P1, P2, P3 etc.
- The column to the right was subsequent sub-category coding for further analysis of the primary coding. For example, client comments are divided into sub-categories:
  - Pref = client preference
  - Hist = client history
  - WV = client worldview
  - Pres = Presenting issue

### Not suitable for some clients

B294 P1: 50% are very comfortable with some of the some of their upbringing or their knowledge of biblical verses or something that was said in church or whatever it might be they're very comfortable but there's still a component that perhaps won't go into complex or deep spiritual exploration	Pref
B306 P1: I'm told quite quite stringently and you know we're not going there I know what you might be able to not going there so you have instruction not to go there	
B462 P3: unsuitable because the person doesn't want that to happen	Pref
P35 P4: it depends on what... on the client as well	
P38: far more than I would with anyone else um but that's where she was, you know, basically follow the client .. into that	N/A
P110 P7: it is Christian people coming my current sort of group of clients have had a lot of prayer ministry already and they're looking for something else something but they want a Christian Counsellor so I tend to I did try actually I remember with one to read some scriptures and I could see her eyes glaze over and I thought she doesn't want this yeah you know they don't want another but well the group I'm working with at the moment they've had a lot of prayer ministry quite heavy prayer ministry which perhaps helps for a little bit but but not necessarily so I'm actually not using what would I would classify is as	Hist

spiritual and religious interventions however I'm they've come to me because I'm a Christian and I understand where they're coming from	
P125 P7: they want someone who can blend the two can understand both	
P219 P4: well it is very much drummed into us that we follow the client and work from their world view.	WV
P265 P4: Just one thing that's just come to mind sometimes I hesitate to use an overtly Christian intervention because when people come to counselling their walk with God generally isn't great so my impression is if I say well how's your devotional life? Are you praying and living that made him feel worse yeah so I almost hesitate to now in my own mind I understand that his primary so I'm sort of talking myself into a corner... P7: I agree with you yeah that's probably something for me to say... most of the people that come and set of the reason why I started a private practise and I even actually have rooms that I rent at a physiotherapy centre that's totally away from church 'cause I started off with church... sometimes the people that come to me there Christians and they want a Christian counsellor who understands where they're coming from but they've been hurt by the Church and that tends to be so that that's and I've got lots of storys but I won't tell you but so and that's where I intervene in that regard and so I you know I do this spiritual interventions and things like that but it's more helping them heal and then there's the referral source also is pastors who have someone with severe mental health issues that they don't know how to manage because often their people like a you know I've seen several people with schizophrenia there already involved in the mental health system on medication have been hospitalised several times they have come to the church for help and the Church has done what they can do but they're still not being helped so	Hist
P310 P7 she didn't want to be prayed for she needed some help and so I had to build the rapport and she didn't want scriptures and she didn't want prayer and she she had been prayed uphill and down dale yeah you know it just had had it all and so I worked with her for a few sessions	Pref
S075 P8: so do you use that with people that are already self confessed Christians or with people that are non Christians as well? P10: I'd say predominantly with people with an active Christian faith...	WV
S330 P10: and but I'll sort of not do it with everybody .. just some...	N/A
M367 P13: I would probably put myself in the moderate amount column and the reason is because my spread of clients... I've got a lot of clients that are not Christian so I'm not going to do that. It's only with Christians clients that are really openly Christian that that I realised that it's appropriate actually being more open yeah and it could be that so that's just ... so it is the client mix	WV
M377 P14: we are multicultural nation so we're going to have many cultures ... M384 so I guess for me I'm really wary around the use of spiritual interventions unless it's contextual to the client	WV
M391 P14: and is presenting with...	Pres

<p><b>B631 P1:</b> the setting matters...  [59:34] R: OK  P1: if a person is going to engage a Christian counsellor who works out of a church there's going to be expectation that prayer ministry is part of the service ... if they engage a Christian counsellor who works in a school there gonna be bound by the policies and procedures of the school if a if a person is in private practise they're going to sit somewhere where there's a little more freedom perhaps but it depends on what the agenda of the client is and they come to be so there's the setting that matters...  [1:00:06] R: so you're bringing in these the idea of the setting and context and there is a framework that so it was interesting that one of the things that come out of the data is that it was 22% and 23% and I can't remember which way around it was but when you really do thing you'll be able... that 22% of Christian counsellors who work as employees felt that their employment circumstance did not permit them to use spiritual and religious intervention so I think that could be another thing that accounts for that...  P1 &amp; P2: Yes, yes it does</p>	Emp
<p><b>P108 P7</b> I would love to use that with with my clients I don't often get the opportunity to um and I um I counsel sort of in several different sectors  <b>P120</b> but generally I find I'm not using that and I started my I work sort of for agencies - secular agencies</p>	Emp
<p><b>P661 P7:</b> doesn't it depend on the context in which you're conducting you're conducting your counselling? umm  [59:37] R: help me understand that  <b>P7:</b> well I've, because I mean I've been doing that the counselling thing for about 20 years but... professionally... but I also work for Churches so I work for I worked in a secular organisation in sexual assault and I was told when I got the job I wasn't to talk about God in my counselling OK... and my supervisor was watching me. How she knew I was Christian I'm really not quite certain but anyway she told me that but then I've and I said to her well I said "I'm not going to bring it up but if the client wants to talk about God I'm gonna talk about God" and often it happened this was in a sexual assault agency and I said often they'll say "why did God let this happen to me?" They've just been raped and they wanna know "why did God let this happen to me?" so I'm gonna go there but then if then ive worked for Baptist or work for Riverview counselling there then I I've done four years with a Baptist Church and they they have different expectations and now I'm currently at a Pentecostal church and I have worked for for Pentecostal Churches before so I go right across the board so it depends on the context so.</p>	Emp
<p><b>P699 P7:</b> but if you had a Christian come to you ive had in those secular settings and the person is a Christian and then when they find out and they asked me ive been amazed I get them asking are you a Christian? and I say yes and then then they're sort of praising God and thinking I wanted a Christian counsellor I didn't think I'd get one coming to this organisation so but even then I was really careful what I did I thought "I hope I haven't got... I hope they're not listening to what I'm doing in here".</p>	Emp
<p><b>S139 P9:</b> at one point in the Australian context it appeared that Christian counsellors were not allowed to use spiritual interventions and and there are</p>	Emp

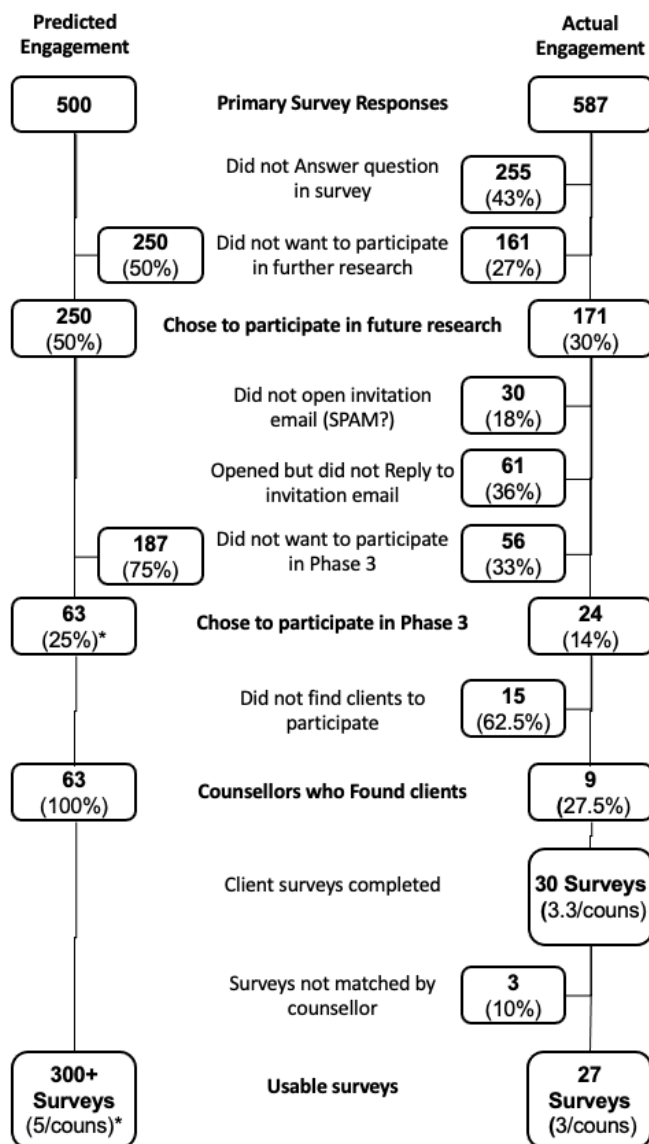
still a number of Christian organisations that don't allow their counsellors to use spiritual interventions	
S165 P10 the policy organisational policies and guidelines just to build on what P9 was saying that you can... I've heard that organisations say, feel prayer can be leading so if the counsellor prays aloud with a client it can be perceived or be thought as giving advice or direction and I think that's where the some of their fear around legal issues or the ethics around that can be a bit of an issue	Emp
S198 P9 I think the way that I personally work around it is I don't work for a particular organisation I'm in private practise... trying to build my private practise part time and in relationship to a Church so working together with the Pastor and under leadership of the Church and I... advertise myself by word of mouth as a Christian counsellor so the people that come to me know that I'm a Christian counsellor right? and then on the very first session I talk to them about.. "you know that I'm a Christian counsellor come to me would you be open to use spiritually interventions?" and if the client said it and often in the majority of the times they come to me particularly because I use spiritual interventions... right... as opposed to other people that they have seen that don't and they feel that being a Christian seeking counselling they feel that there's a piece missing from other therapy that they've seen that don't use the spiritual intervention so they come to me because I'm offering something different	Emp
M375 P14 it depends on the.. the service that you're working in yeah so that's going to really dictate which.. which line you go.	Emp
M480 P14: I can tell you I don't pray before I see every client I certainly don't pray after every client because where I work it is back to back - the kids one walks out the other one walks in and they do a high 5 so I actually don't get an opportunity	Emp

### Appendix VIII - Phase 3

This study was designed in two parts. The primary focus was the first part comprising the Online Survey (Phase 1) and a series of Focus Groups (Phase 2). The primary part of the study was approved by the University of Divinity Ethics Committee (HREC) in June 2018 and has ultimately proven to be the entirety of the study. The second part of the study (Phase 3) was contingent on the recruitment of clients by counsellors who had volunteered to be included. See Figure 7 below.

**Figure 7**

*Phase 3 engagement – Predicted vs Actual*



The \* indicates estimates as provided in the HREC application

Phase 3 sought and received independent HREC approval. This second HREC submission provided estimates of engagement. As can be seen from Figure 7, the 27 usable survey responses (from clients of only 9 counsellors) fell far short of the estimated 300+ clients from more than 60 counsellors. These numbers were far too small to be able to undertake statistical analysis with any level of confidence. As has already been discussed, the Mann Whitney U Test (intended to be the primary statistical tool) cannot be used for group sizes of less than 5. With only 27 surveys, as soon as the analysis sought to compare more than 3 or 4 groups the probability that one of these groups didn't meet the necessary size became highly likely. A cursory review of the data revealed further limitations:

- All 27 client cases involved the use of at least one SRI – thus it was impossible to compare the differing effect of using or not using SRIs
- The clients' experiences were so positive, there was little variability in the effect. For example, when selecting the most appropriate ending to the sentence "Overall, my counselling experience...", 11 respondents chose the highest answer of "... was life transforming"; 15 (more than 50%) chose the next highest answer of "was very helpful". Only one respondent chose the 'average' answer of "was a little bit helpful" and no respondents selected the lower two answers.

Due to low response rates and minimal variability amongst the respondents, it was decided not to pursue the second part (Phase 3) of the study.

## Appendix IX - Stirling Landing page

### RESEARCH PROJECT

## Research Project

### A Critical investigation into the effect of using of Spiritual and Religious Interventions in Professional Counselling

To commence the survey please scroll down to the link below

#### Counsellor Survey

This research project is being conducted by Mr Shannon Hood – *Counselling Research Fellow and Industry Liaison* at Stirling Theological College. Shannon is a faculty member of the University of Divinity. He can be contacted on [shood@stirling.edu.au](mailto:shood@stirling.edu.au).

Please read through this information carefully before selecting the link below if you wish to continue to the Counsellor Survey.

This research is designed to **investigate the effect of using Spiritual or Religious interventions in a Professional Counselling setting**. Spiritual and Religious interventions include activities such as prayer or specific rites and rituals. The research is limited to settings conducted by an accredited Mental Health Professional (e.g., Counsellor, Psychologist or Social Worker). When complete the research will contribute to the evidence-base for utilising Spiritual and Religious Interventions and give guidance as to what particular interventions (e.g., prayer) are most useful for specific disorders (e.g., depression)

The first stage of the research involved a comprehensive literature review and is nearing completion.

This second stage seeks to understand the practice of Mental Health Professionals (particularly counsellors). The research has the support of the Australian Counselling Association (ACA) and the Christian Counsellors Association of Australia (CCAA).

The research is supported by an Australian Government Research Training Program (RTP) Scholarship.



For this stage, we are asking counsellors to complete an online survey by clicking the link below. This survey is being conducted using the Survey Monkey platform and should take approximately 45 minutes to complete. At the end of the survey you will be asked if you would like to be involved in subsequent phases of the research in which case we will require you provide your name and basic contact details. If you would not like to participate in future phases, you can leave these fields blank and your survey responses will remain completely anonymous.

The risks of harm to you are negligible. However, if you experience any discomfort you are free to exit the survey at any time. If you feel you require support as a result of this survey, please feel free to contact Connect Counselling on 0438 575 434.

The survey data will be stored on the researcher's laptop computer and a backup kept in an on-line repository that can only be accessed by the researcher and his supervisor/s. Results of the survey will be published in various forms but will never divulge the details of any individual without prior consent. All data will be sufficiently aggregated prior to publication so as to de-identify any individual responses. The researcher will not release the data to any other party but may use the data in subsequent research projects in the broad area of Counselling research.

**You may withdraw from involvement in this research at any time** without any disadvantage, penalty or adverse consequence. Should you chose to provide your contact details at the end of the survey and subsequently change your mind, you will have 14 days to withdraw your details in which case your details will be removed and your data will become completely anonymous. You can insist that information from your participation is not used in the research project, provided you exercise this right within 2 weeks of completing the survey.

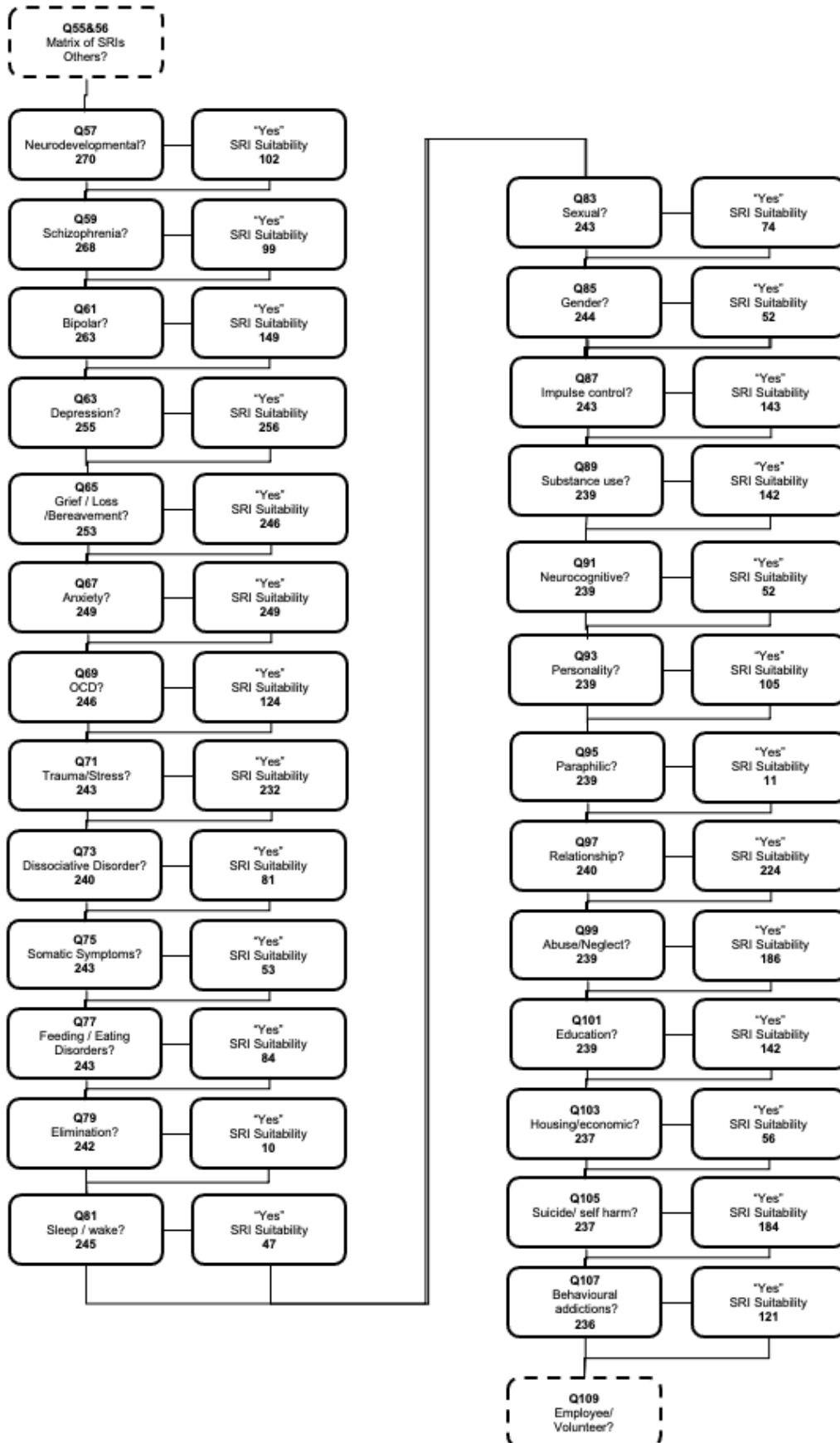
Any questions regarding this research can be directed to the researcher via [shood@stirling.edu.au](mailto:shood@stirling.edu.au). If you have any complaints or queries that the researcher has not been able to answer to your satisfaction, you may contact the University's Director of Research: [rso@divinity.edu.au](mailto:rso@divinity.edu.au).

#### By clicking on the link below you agree:

- You have read and understood the information above and any questions have been answered to your satisfaction
- To participate in the research project, realising you may withdraw without prejudice
- That information provided by you or with your permission during the project may be included in a thesis, presented at conferences and published in journals on the condition that neither your name nor any other identifying information is used.

Click here to continue to the [Counsellor Survey](#).

### Appendix X - DSM5 Category Survey Monkey Survey Skip Logic



## Appendix XI - Human Research Ethics Committee Approval Letter



26 June 2018

To  
Mr Shannon Hood

Dear Shannon,

**Re: HREC Application No. 320/18**

I am pleased to advise that The University of Divinity Human Research Ethics Committee has approved your application for ethical clearance.

If in the course of your research, you make any changes that are contrary to what has been approved, you and your supervisor are required to advise the HREC in writing and seeking further approval.

Under University of Divinity Regulation 1 (6.4, Human Research Ethics Committee), the functions of the Committee also include monitoring on an annual basis the progress of all research projects it has approved. To fulfil this requirement the Human Research Ethics Committee has implemented a Progress/Final Report, which must be completed every 12 months from the date of this letter and at the completion of your project (once you have received your final result.) It is your responsibility to ensure that Progress/Final reports are submitted to the HREC. The form is available on the University website at: <https://divinity.edu.au/study/research/human-research-ethics/>

I wish you well in your research, and am happy to answer any queries you may have.

Yours sincerely

Professor John C. McDowell  
Director of Research



OFFICE *of the* VICE-CHANCELLOR

21 Highbury Grove, Kew Victoria 3101 Australia  
TELEPHONE +61 3 9853 3177 FACSIMILE +61 3 9853 6695  
EMAIL ENQUIRIES@DIVINITY.EDU.AU WWW.DIVINITY.EDU.AU  
ABN 95 290 912 141 CRICOS PROVIDER 01037A



## Appendix XII - Additional Quantitative Results

**Table 3**

*Mann Whitney analysis of Christian Denominational classifications*

	N	$\mu$	Anglican			Baptist			Catholic			C <sup>n</sup> (NFD)			Other Prot			Pent.			Pres/Ref		
			U	Z	P	U	Z	P	U	Z	P	U	Z	P	U	Z	P	U	Z	P	U	Z	P
Anglican	39	2.44																					
Baptist	50	2.52	964	0.09	.9283																		
Catholic	17	1.65	179	2.71	.0067	238	2.69	.007															
C <sup>n</sup> (NFD)	129	2.26	2284	-0.87	.3843	2909	-1.01	.313	680	2.54	.011												
Oth Prot	12	2.50	233	0.02	.984	296	-0.07	.944	58	-1.93	.054	712	-0.46	.646									
Pent.	62	2.52	161	0.33	.7414	1525	0.15	.881	286	2.88	.004	3491	-1.42	.156	362	0.15	.881						
Pres/Ref	17	2.65	288	-0.78	.4354	379	-0.66	.509	59	2.93	.003	846	-1.53	.126	89	0.55	.582	485	-0.50	.617			
Uniting	8	1.75	98	1.63	.1031	129	1.60	.110	60	-0.44	.660	370	1.34	.180	32	1.23	.218	152	1.76	.078	33	2.01	.044

**Table 4**

*SRI use compared with AACC Survey*

	Never			Rarely			Sometimes			Often			Always			Total		
	Aus	UK	US	Aus	UK	US	Aus	UK	US	Aus	UK	US	Aus	UK	US	Aus	UK	US
Prayer	31	5	3	57	26	7	71	27	10	23	4	14	7	1	2	<b>189</b>	<b>63</b>	<b>36</b>
Scripture	12	1	0	34	15	4	109	40	14	33	6	18	2	1	1	<b>190</b>	<b>63</b>	<b>37</b>
Spiritual Disciplines	5	4	0	18	16	0	91	32	14	64	10	18	11	1	5	<b>189</b>	<b>63</b>	<b>37</b>
Beliefs	139	52	19	34	7	12	12	3	5	5	1	0	0	0	1	<b>190</b>	<b>63</b>	<b>37</b>

## Appendix XIII - Validation of Theory B

**Table 5**

*Other SRIs identified by survey respondents (Oct 2018 – Feb 2021)*

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“Are there any other Spiritual or Religious (S/R) Interventions  
you use that have not been included above?”

---

**Prayer Outside of Session**  
Prayer for clients before seeing them

**Silent prayer in session**  
listening to my instinct  
I find the most powerful intervention is the intentional invitation of God's presence in the session....non-Christians sense Him.....they tell me there is something in the atmosphere and they ask me what it is? John 15:5 is a directive on our impotence without Him....no matter how fancy the training....The Lord penetrates to the bone marrow of a person....it is the most thrilling aspect of counselling to hear the client feel His presence. If they ask specifically, I tell them that I cannot counsel without His strength....and they understand! Gods Spirit is sensed by all of mankind...whether they draw near to Him or reject Him

**Sacred texts**  
Memorizing Scriptures  
The principles of the bible are many.... for example forgiveness, being transformed by the renewal of your mind.... these are truths for anyone's life...these principles will be part of who I am in counselling someone....I do not have to quote scripture...unless the client requested that intervention.... .

**Meditation/mindfulness**  
Faith based imagery  
Bespoke person centred ritual as metaphor  
Jesus visualisation (2%)  
lectio divina,  
non-religious but spiritual meditation - often  
non-religious meditation and mindfulness - often  
Visualisation occasionally  
Spiritual Imagery  
Spiritual rather than religious. Teach meditation.  
use of religious imagery and scripture in guided imagery, relaxation, and mindfulness  
visualisation of previous trauma bringing in Jesus

**Encourage Spiritual Disciplines**  
Prayer Walk, Spiritual-Emotional Diary, Wisdom Sayings  
Worship songs occasionally out of session, kindness outside of sessions.

**Prayer in session**  
Invite client to light a candle and walk the labyrinth at my mental health centre to assist them in setting a personal intention or prayer

**Forgiveness**

The principles of the bible are many.... for example forgiveness

### **Discernment Questions**

Discernment (using physical senses to detect spiritual presence and properties) Word of Knowledge; Word of Prophecy.

Use of experience of God as a corrective or descriptive relational experience, often

### **Theological Discussion**

Educational understanding of particular topics related to client faith (e.g. influence/outworking of hating one's earthly father and its impact on the emotional health of clients) in

Exploration of God image/relationship; experiential techniques (pictures, objects); exploration of meaning and purpose in life

Gospel Coaching – Occasionally

Not religious but spiritual work like exploring meaning and value, moral injury

Theological reframing all of life / Kingdom Compass

### **Sacred Silence**

### **Pastoral Acts**

### **Specific Approaches/Resources**

Read Peter Madison Gubi - Prayer in Counselling & Psychotherapy

Recommendation of books that integrate psychology and scripture/theology

Family Sculpt but asking to map out God in the room

Certain books and practices

I have used soft toys to enable a client to let her dead son go into God's care.

i-Rest yoga nidra & MBSR & Centering Prayer

reading contemplative works (eg. Merton), referring to a spiritual director and referring a client to a retreat, reading conservative/liberal theology for issues of

headship/predestination/sexuality

### **Prayer Ministry**

Religious Genogram /

Restoring the foundations. Sozo ministry

Sometimes use of particular DVDs with Christian relevance

Suggesting books for Clients to read

The Immanuel Approach

Spiritually informed trauma work/EMDR, occasionally

use of identity in Christ statements

use various decks of spiritual or strengths cards

yogic philosophy

### **Other Comments**

I believe that I am Jesus with skin on with my clients at all times

I use Spiritual Direction techniques when appropriate

It depends. I work at a secular setting and also at a Christian setting. Sometimes I lead groups inside a church. I interact differently with clients in each setting.

It would be driven by the clients' choice of religious views

Respond congruently to client's devotional practice if introduced by them but non collusively

Trust in the universe, Goddess

Trusting that it is only the Lord using these interventions that accomplishes the healing...spiritually first, then mentally, emotionally and often physically. If I pridefully take credit for His work, I become less effective for His purposes.

---

## Appendix XIV - Development of Theory B

**Table 6**  
*Development of SRI Typology*

List of SRIs used in On-line Survey	SRI's discussed with Focus Group	Working list of SRIs
Prayer prior to session	Prayer prior to session	Prayer Outside of Session
Prayer following session	Prayer following session	
Prayer in session (silent)	Prayer in session (silent)	Silent prayer in session
Ref. to sacred writings (e.g., Bible) in session	Ref. to sacred writings (e.g., Bible) in session	Sacred texts
Religious meditation/mindfulness in session	Religious meditation/mindfulness in session	Meditation/mindfulness
	Holy Spirit enabled visualisation/listening	
	Inviting/ calling in Jesus/the light/God's presence	
Religious med <sup>n</sup> /mindfulness (homework)	Religious med <sup>n</sup> /mindfulness (homework)	Encourage Spiritual Disciplines
Use of sacred writings (e.g., Bible) (homework)	Use of sacred writings (e.g., Bible) (homework)	
	Quiet time' homework tasks	
Prayer in session (out-loud)	Prayer by counsellor (out-loud)	Prayer in session
	Prayer by client in session	
Declaration of blessing	Declaration of blessing	
Confession/Absolution	Confession/Absolution (forgiveness)	Forgiveness
	Dream interpretation	Discernment Questions
		Theological Discussion
		Sacred Silence
Cheirotonia (laying on of hands)	Cheirotonia (laying on of hands)	Pastoral Acts
Deliverance/exorcism	Deliverance/exorcism	
Anointing with oil	Anointing with oil	
Structured ritual/ liturgical practice/ formal rites	Structured ritual/ liturgical practice/ formal rites	
Communion/Eucharist/Lord's supper	Communion/Eucharist/Lord's supper	
	Culturally specific S/R Interventions	Specific Approaches
	Prayer Ministry	Prayer Ministry

**Appendix XV - Table of Definitions**

**Table 7**

*Proposed set of working definitions for Christian counselling*

“Counselling is a relationship between two or more persons in which one person (the counsellor) seeks to advise, encourage and/or assist another person (the counselee[s]) to deal more effectively with the problems of life” Collins (1973)

“Christian counselling is a relationship between two or more persons in which a Christian (the counsellor), in partnership with the Holy Spirit seeks to advise, encourage assist, and/or accompany another person (the counselee[s]) to deal more effectively with the journey of life”.

	Professional Counselling	Pastoral Counselling	Lay Counselling			
<b>Element</b>	Professional Counselling	Professional Counselling by a Christian	Professional Christian Counselling	Christian Pastoral Counselling	Biblical counselling	Prayer Ministry (Prayer Counselling)
	is a relationship between two or more persons in which	is a relationship between two or more persons in which	is a relationship between two or more persons in which	is a relationship between two or more persons in which	is a relationship between two or more persons in which	is a sacred experience in which
<b>Faith Lay/ Prof</b>	a professional (the counsellor)	A Christian Mental Health professional (the counsellor)	A Christian Mental Health professional (the counsellor)	A Christian member of clergy or religious leader (the counsellor)	A Christian (the counsellor)	A number of Christians (the counsellors)
<b>Role of HS</b>	based solely on their training and experience	in partnership with the Holy Spirit	in partnership with the Holy Spirit	in partnership with the Holy Spirit	in partnership with the Holy Spirit	Enter into a time of anticipatory prayer
<b>Means and Activities</b>	primarily employs psychotherapy in order to advise, encourage and/or assist	employs primarily psychotherapy in order to advise, encourage and/or assist	employs Psychotherapy and/or Christian SRIs in order to advise, encourage assist, and/or accompany	primarily employs Christian SRIs in order to advise, encourage assist, and/or accompany	primarily employs the Christian Scriptures in order to advise, encourage assist, and/or accompany	to receive external enlightenment concerning
<b>Rel. w/view</b>	Client/s	another person made in God's image	another pilgrim/s	another member/s of their faith community (the counselee[s])	another pilgrim/s	Another pilgrim
<b>Goal</b>	(the counselee[s]) to deal more effectively with the problems of life	(the counselee[s]) To deal more effectively with the journey of life	(the counselee[s]) To deal more effectively with the journey of Christian living	To deal more effectively with the journey of Christian living	To deal more effectively with the journey of Christian living	(the counselee[s]) To bring lasting emotional, psychological, physical and/or emotional healing

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