AN EXPLORATION OF INTRA-CULTURAL COMPETENCE

IN CHRISTIAN COUNSELLING:

AN ACTION RESEARCH STUDY.

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DECLARATION

I HEREBY CERTIFY THAT THIS MATERIAL, WHICH I NOW SUBMIT
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Date: 16th September 2015

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1. ABSTRACT

Whilst there is a growing body of literature on working with issues of difference in psychotherapy, there is very little literature and almost no empirical research on the implications of 'sameness' in the therapeutic dyad. This research continues the conversation on how contextual issues may impact therapy, but does so from the 'inside', with the aim of developing intra-cultural competence. Intra-cultural competence is defined as the ability to work ethically and reflexively in a therapeutic dyad in which the therapist and client share culture, values, lifestyle, worldview or identity in significant ways, by holding a paradoxical stance of affirmation, acceptance and curiosity with respect to those aspects of shared experience. The focus of this research was on developing Christian counselling, where the client and therapist explicitly share faith, and this is the story of that exploration in the context of my work as a lecturer in Christian counselling at London School of Theology (LST).

Using the insider action research paradigm, some of the relational dynamics and ethical implications of clients and therapists sharing faith in Christian counselling were explored, initially by interviewing the teaching team at LST about their experiences of clinical work with Christian clients. Based on the analysis of the focus group interview, the team then decided to further explore the concepts of power and liminality in Christian counselling. A number of activities were carried out as a result, including a workshop on power dynamics in Christian counselling, followed by the incorporation of this material into the undergraduate and postgraduate courses.

The insider action research approach offers some interesting parallels to intra-cultural work with its similar challenges of reflexivity, belonging and distance. Both the researcher and the therapist in intra-cultural therapy find him or herself in a position of 'in' and 'out' with respect to their own group to which they belong, and it is argued that the emotional toll of this needs careful consideration at times.

As well as the power dynamics associated with difference, it is argued that there is the kinship power of belonging and sameness that deserves equal attention in the therapeutic process. On the one hand, this may facilitate an initial openness and trust in the therapeutic relationship, but may also be associated with

unexamined assumptions, expectations and collusion. Though, at first, less obvious to the eye, being part of the same tribe as our clients raises challenges but also interesting and creative opportunities. This research has begun to articulate and discuss some of these, and considers the implications for other dyads in which there is meaningful sameness, such as Islamic counselling.

"That woman is irritating," Cara says.

"What?" I say. "Why?"

"She can't separate herself from her own knowledge", she says as she draws her weapon. "She keeps saying things like they're obvious, when they are not, in fact, obvious."

"You're right," I say...

"That is irritating."

Allegiant, Veronica Roth.

1. TITLE

An exploration of intra-cultural competence in Christian counselling: An action research study.

2. INTRODUCTION

2.1 'SAMENESS'

This piece of research is an exploration of how to deepen what Gulati calls, 'intra-cultural competence', (2003; p. 350), in the context of Christian counselling. The starting place concerned how to work ethically within a particular religion that I and many of my clients share – in this context – Christianity. The question of working with a client who shares, at times, intimately, in my religion, remained largely unanswered for me. Also, I often did not recognise myself or my practice in most of the current psychotherapy and religion/spirituality literature as it primarily speaks to issues of difference. That is, much has been written on how to work ethically with clients from different religious and other backgrounds, but there is very little comment on shared faith in the therapeutic dyad. It is against this backdrop that as a practicing psychologist and Christian, often working with Christian clients, I found myself trying to navigate through what I saw as some of the ethical challenges and unexamined questions about the sharing of faith in therapy and 'Christian counselling'.

Although this piece may appear to be something of a counter-point to the diversity literature, it sits next to it, continuing the conversation on how contextual

issues impact therapy, but it does so by asking what it means to work therapeutically with meaningful 'sameness' in the dyad. This is the story of that exploration in the context of my work as a counselling psychologist in private practice, and lecturer in Christian counselling at London School of Theology (LST).

Whilst it is unlikely that there will be a definitive, prescriptive approach to culturally affirmative therapy from within, the mandate to be aware of one's own and the client's cultural background as 'foundational' to multicultural counselling competence seems to apply here as well (e.g., Collins & Arthur, 2010). In fact, one could argue there is a greater need for reflexivity in such dyads, given the potential for blind spots arising from familiarity. This was some of the fuel underneath the research process for me.

However, it left me with the question concerning can I really *see* with awareness from the perspective of an insider? The insider action research approach also raises this thorny question; how does the insider researcher position her or himself and reflect with sufficient awareness and criticality from within in order to gain from the research process, moving beyond what is known or tacit? Thus, there are some parallel issues in insider research and working intra-culturally.

2.2 IN AND OUT

In order to facilitate increased awareness within this type of dyad, there needs to be movement towards a liminal position; holding being 'in' and 'out' of the group or culture at the same time, which is not dissimilar to the reflection required by therapists in client work. However, in relation to one's own culture or organisation which may give a sense of identity and belonging, this critically reflective stance has felt for me, as Moore puts it, like eating the 'forbidden fruit from the tree of knowledge' (2007; p. 27). Once that liminal position has been occupied, one cannot go back to belonging with ignorance, but critical reflection adds a subversive, active and potent ingredient into the group. This subversion mitigates stagnation, prompting growth, but comes with a loss of what was familiar and assumed. Something akin to this process must happen in psychotherapy, but also for the insider action researcher, and for psychotherapists wishing to develop intra-cultural competence. Some of these issues have wider implications

for practice in other therapeutic dyads in which there are significant issues of shared background, and these will be further explored below.

2.3 CLIENTS' RELIGION AND SPIRITUALITY

Though notoriously hard to define, religion and spirituality are part of the values, beliefs and practices that some clients and therapists bring to therapy. At a basic level, psychologists have an ethical duty to respect the religious background of their clients (British Psychological Society (BPS), 2009), but perhaps more challenging is the desire that some clients and/or therapists have to explicitly incorporate aspects of spirituality or religion into the therapeutic endeavour. Though not underpinned by empirical evidence, it has been my experience as a therapist, supervisor and trainer that Christian clients almost always explicitly seek to include, to some extent, aspects of their Christian faith in therapy (although I do not advertise myself as a 'Christian' therapist). Anecdotally, this is not an uncommon occurrence within Christian counselling. Thus, there is an imperative to more fully explore this area of work. Although there is a small but growing body of literature on religion/spirituality in psychotherapy (particularly from the United States of America (USA) but less so in the United Kingdom (UK)), it is still an area fraught with some complexity and discomfort (e.g., Jackson & Coyle, 2009), with many questions remaining unexamined, in particular, what it means when therapists and clients share the same faith.

2.4 THE ACTION RESEARCH

This action research study tells the story of that journey through some of these questions. It has answered some, but raised others. It has impacted me professionally, personally and spiritually, and the ripples of the research still continue both systemically and individually. There is the more formal narrative of the research process but also the deeply personal and, at times, overwhelming experience of how this work has changed me. For me, it has been an exploration and development of personal agency within a system, which, in my view, constitutes, in part, the doctoralness of the work. The research makes other concrete and traditional (e.g., empirical) contributions to the field, and this thesis is an attempt to capture something of these elements as I have engaged with and made sense of them at this time.

3. **DEFINITIONS: RELIGION AND SPIRITUALITY**

3.1 RELIGION AND SPIRITUALITY

There have been various attempts to define these 'big' concepts of religion and spirituality; for example, Worthington and Sandage (2001) have put forward a distinction between religion and spirituality, suggesting that religion is associated with 'the sacred within formal institutional structures' and spirituality is 'the more experiential dynamics of personal meaning and transcendence' (p. 473). The concept of spirituality has come to the fore and there seemed to have been a splitting of the definition with spirituality associated with personal growth and being viewed more favourably. It seems that the apparent dogma and rigidity of religion fairs less well in the light of dynamic spirituality. Given the entomological roots of the respective words, this is less surprising as the word religion comes from the Latin 'religare', meaning to reconnect or bind together, whereas 'spiritus', brings the sense of breath or life (Fukuyama & Sevig, 1999).

Although Paloutzian and Park (2005) suggest that this splitting is a more recent trend, William James referred to the institutional and personal aspects of religion as lying each side of 'the great partition which divides the religious field' in his 1902 classic text on religious experience (p. 37). There is a useful discussion of this splitting by Zinnbaur and Pargament (2005) in which they consider some of the polarities of the two concepts, such as, 'institutional objective religion versus personal and subjective spirituality', 'belief-based religion versus emotional/experiential-based spirituality' and 'negative religion versus positive spirituality' (p. 24 & 25). They conclude by questioning the usefulness of such divisions and acknowledge the complexity around offering clear definitions as to the meanings of religion and spirituality. What most writers seem to agree is that any definition is likely to be limited given such a multi-layered and complex phenomenon, and writers also highlight the challenge of capturing agreed definitions given their changing nature over time (e.g., Zinnbauer & Pargament, 2005).

One of the reasons why there is such a challenge in finding a satisfactory definition - perhaps more so for religion than spirituality - may be owing to the fact that religion touches on questions of social, historical, moral, political,

epistemological, philosophical, power, gendered and psychological significance. It is impossible to proffer a meaning without taking a position with regards to one or more of these perspectives. For example, the majority of the definitions from within the psychology of religion literature are associated with positivistic ideas of operationalisation and measurement (e.g., Spilka, Hood, Hunsberger & Gorsuch, 2003). This provides a heuristic and may be satisfactory within that particular framework, but it runs a high risk of reductionism and fails to take into account other perspectives. One universal definition cannot hope to cover such a broad and varied part of life. A broad definition is in danger of being a 'conceptual basket' for anything remotely transpersonal (Clarkson, 2002; p. 4), and a thin definition runs the risk of exclusion.

Nevertheless, Post and Wade offer a useful definition saying that 'the term religious, as it is most commonly understood, implies an affiliation with an institutionalized religion and affirmation of theological doctrine or dogma. The term spiritual most often refers to a connection to the transcendent which for some is disconnected from organized religion' (2009; p. 132). There is no reason why these concepts must be mutually exclusive, but for some, they are. Thus, I would suggest that we have to be content with limited definitions that are sufficient to serve a purpose whilst being mindful of their context.

3.2 DEFINITIONS: A PHENOMENOLOGICAL APPROACH

Of greater interest to this research is how religious/spiritually oriented people define and speak of their experience. Even here we run into challenges of definitions as some argue that all people are 'spiritual' (e.g., Sperry, 2001; p.4), and it raises the question as to whether there is an arbitrary distinction between people who are religious/spiritual and 'non-religious/non-spiritual'. Nonetheless, counselling psychology is interested in how such clients (and therapists) describe and make sense of their religious or spiritual beliefs and experiences.

Sorenson (2004a) makes a really helpful point that resonates with my own experience and position. He argues that words such as 'religion' are not close to the experiences of the religious. He writes, 'for an observant Jew, for example, Judaism isn't religion per se; it is a way of life' (p. 24). He goes on to quote Smith who eloquently captures the task, saying that 'we must not look at their religion

but at the universe, so far as possible through their eyes' (1963; p. 138). A phenomenological approach to peoples' religious and spiritual experiences provides a possible way of looking through that lens by aiming to stay close to the lived experience of the religious and spiritually oriented.

It is my own experience that 'religion' is not a word used very much within most parts of Christianity. Any attempt to offer a definition of religion/spirituality must acknowledge the perspective from which the attempt is made; whether from an 'inside' position of involvement with religion, or from 'outside' as an interested observer. The potential dilemma here is that any definition from the 'outside' may be useful but unrecognizable to the religious person, and any description from the 'inside', though rich, may be unfathomable to the non-religious reader (Smith, 1963) – a similar challenge faced in insider action research.

4. A BRIEF OVERVIEW OF EMPIRICAL RESEARCH ON RELIGION/SPIRITUALITY AND PSYCHOTHERAPY

Freud's negative view of religion as neurosis (e.g., in The Future of an Illusion, 1927/2008) has undoubtedly had an impact on psychotherapy's relationship with religion/spirituality. Whilst some argue that the residue of this still remains within the caring professions (Bienenfeld & Yager, 2007), it is evident that there has been something of a paradigm shift regarding the importance of considering religion and spirituality in psychotherapy, particularly over the last thirty years (Nielson and Dowd, 2006). Nielson and Down point to Bergin's 1980 article on 'Psychotherapy and religious values' as being a vital catalyst for this change, as well as the more general trend towards recognising cultural diversity. With this increasing openness, empirical research has begun to explore a number of questions.

In their 'review of reviews' Worthington and Sandage (2001) provide a brief overview of the empirical research on religion and spirituality in psychotherapy, including therapist and client religiosity. Starting with the perspective of the therapist, their review points out that there is a lack of research on how therapists' religious views may impact the therapy, which is somewhat surprising given that findings suggest that, through the process of therapy, clients tend to internalise their therapists' values - whether religious values or otherwise

(Beutler, Machado & Neufelt, 1994). They point out that the handful of outcome studies on religion-accommodated psychotherapy has been limited to the Islamic and Christian religions, and whilst the results are promising, the research had not taken other factors such as the therapeutic relationship into account.

More recently Post and Wade (2009) have surveyed the empirical research carried out between 1997 and 2007 on psychotherapy and religion, focusing on three main areas; from the therapists' perspectives, from the clients' perspective, and research on religious/spiritual interventions. They point out that, overall, therapists tend to be less religious than clients, but compared to data from the 1980's, are now more likely to describe themselves as 'spiritual' than 'religious'. Whilst therapists do seem to value clients' religious beliefs, there is still considerable unfamiliarity regarding some of the less mainstream religious groups such as Mormonism. From the clients' perspective, Post and Wade highlight the fact that most research has been biased towards clients with religious rather than spiritual beliefs and practices, but note that both religious and spiritually oriented clients primarily look for openness and respect from therapists. It is possible that findings from one group have relevance for the other. Finally, research on using religious/spiritual interventions supports their efficacy with Post and Wade pointing out the need to be mindful of each client's framework, rather than make general assumptions regarding faith.

Empirical evidence does support the need to include religious/spiritual in psychotherapy. A meta-analysis carried out in 2011 by Worthington and his colleagues showed that clients receiving psychotherapy that incorporated religion/spirituality not only had a better outcome than control groups, but had significantly better outcomes on spiritual and psychological measures than other psychotherapies (Worthington, Hook, Davis & McDaniel, 2011). The usual limitations of this kind of research were pointed out, not least the fact that religion/spirituality therapies tend to be carried out by religious therapists who may be invested in certain outcomes. The key issue that this kind of meta-analysis cannot answer is the question of what might be the potent ingredient which accounts for the findings. The incorporation of religion/spirituality may influence the quality of the therapeutic relationship, which is in turn also robustly linked to outcome (e.g., Horvath, Del Re, Fluckiger & Symonds, 2011). Thus, it is

unclear whether the results illuminate specific causal factors or are part of more general common factors that account for psychotherapy outcome.

The results of outcome research does provide an empirical rationale for the inclusion of religion/spirituality into psychotherapy. Therapists of any orientation have something of an ethical duty to take into account the findings of such research. However, the rationale for inclusion ought not to be based solely on research. Taken to the extreme, this runs the risk of accommodating the client's view on the basis of scientism. Irrespective of these empirical findings, there is also an ethical imperative to work respectfully with the client's worldview simply because it is the client's worldview. This is in line with the BPS's emphasis on engaging with 'subjectivity and intersubjectivity, values and beliefs' (BPS, 2005; p 1), and similar values are also incorporated into other professional codes of ethics (e.g., Association for Christian Counselling, 2004 and British Association for Counselling and Psychotherapy, 2013).

5. WORKING WITH RELIGION/SPIRITUALITY IN PRACTICE

5.1 CHALLENGES AND DISCOMFORT

Whilst there is a growing recognition of the need to acknowledge the importance of religious and spiritual values for some clients, it is not without its challenges for therapists - whether they hold religious/spiritual beliefs or not. The ethical and personal challenges of incorporating religious or spiritual issues in psychotherapy have begun to be discussed (e.g., Gonsiorek, Richards, Pargament & McMinn 2009). Gonsiorek et al draw attention to the need for therapists to ensure they have adequate competence to work with spiritual/religious issues, arguing that it is an area of clinical expertise. They recognise that there can be negative biases towards these issues, and rightly point out the equally destructive potential of a positive bias - a point particularly relevant to this piece of research.

What is less clear for many therapists are the implications for clinical work, and how to work with some of the challenges that may arise in practice. For example, Post and Wade (2009) raise an interesting question about the authenticity of using religious/spiritual interventions by non-religious therapists. The question of authenticity may be raised across the difference divide, but also within similar

backgrounds, e.g., where the client and therapist hold different perspectives on the appropriateness or not of religious/spiritual interventions.

Also, Jackson and Coyle (2009) have highlighted the felt sense of conflict that therapists experience in working with such issues, particularly if the client's spiritual beliefs are perceived to be somehow at odds with their psychological well being. They note in their research that, whilst therapists were clear that they would not impose their own beliefs on clients, some were aware of having implicitly addressed what they perceived to be as unhelpful spiritual beliefs. These challenges may be no less present for a therapeutic dyad in which both client and therapist have a shared faith. In fact, there may be added complexities in the therapeutic process for this dyad, some of which will be explored below.

5.2 BRITISH RESEARCH

A significant amount of the empirical research on religion/spirituality and psychotherapy has been carried out in the USA, where there may be subtle differences in the meaning and expression of religion/spirituality. Just a few British studies have explored the phenomenology of addressing spiritual issues in psychotherapy. Crossley and Salter (2005) focused on how psychologists experience addressing spiritual issues in therapy, whereas Suarez (2005) and Stamogiannou (2007) looked at therapist and client experiences (both cited in Jackson & Coyle, 2009). What these studies have brought out is the uncertainty experienced by both therapists and clients around these issues; therapists seemed unsure of how to explicitly work with spiritual issues and clients were concerned about how bringing up such issues would be received. All three empirical studies centred on the experience of spiritual issues being explicitly brought up but not on the dynamics of therapist and client sharing similar spirituality. Baker and Wang's study of Christian clinical psychologists in secular workplaces touches on the issue of shared faith. They briefly mention how some of the psychologists responded to Christian clients, particularly in terms of whether they disclosed their own religion, but do not explore the issue in any depth (2004).

5.3 RELIGIOUS DYADS

The main focus in the literature has been on religious/spiritual difference in the therapeutic dyad, and the challenges and discomfort of that difference. The literature on religion/spirituality and psychotherapy is laced with terms of unease; Gonsiorek et al (2009, p. 385) talk of the 'inherent messiness' of this area of work and according to Aron, 'speaking of values is still safer than speaking about God'; (2004; p. 442). In contrast, it is suggested that there is a sense of trust and comfort arising from the familiarity of sharing faith (e.g., Spero, 1981). However, this is a potentially simplistic picture of the experiences of both secular and Christian therapists with their various clients. In fact, Baker and Wang (2004) do hint at a complexity in the Christian therapist/client dyad; there was considerable variation in how Christian therapists responded to and worked with clients' disclosure of Christian faith. Clearly, there is a need to further understand the therapeutic process of a religious therapist with a religious client.

If religion is characterised as a form of culture (e.g., Cohen, 2009), then similarities in religious belief between therapist and client could be understood as analogous to 'ethnic matching', and such literature might be relevant to the research question. However, the majority of the research on ethnic matching addresses the question as to whether clients prefer psychotherapists of the same ethnicity (with few firm conclusions, according to Karlsson, 2005) but does not explore the interior of the therapeutic process as it is experienced by client or therapist. In fact, Karlsson suggests that other matched variables, such as shared beliefs and attitudes, may be more important to clients than simply ethnicity alone and concludes that these need further examination. Whilst ethnicity is more than merely an 'outward' or observable variable, this does suggest that other, less concrete variables or aspects are at least equally important to clients, and the shared values of religion may be an important factor in the therapeutic process.

What literature there is seems to only touch the surface of the potential challenges, and is written primarily from a Judeo-Christian perspective. Writing as a Jewish therapist from a psychoanalytic perspective, Spero (1981; p. 565) seems to be one of the few writers to highlight what he calls the 'uniqueness' of the interaction between religious therapist and religious client. He points out that

belonging to the same wider religious community may impact the analytic process and explores some of the countertransference and transference dynamics. A shared worldview can assist the development of the therapeutic relationship but can also lead to collusion, and can present challenges around confidentiality if others in the religious community ask for information about the client work (Spero, 1981).

Von Der Heydt (1970) also makes some observations about working with Roman Catholic clients as a Catholic herself. She briefly mentions extra-therapeutic contact with clients, but does not go on to examine the possible impact of this on therapy. There is the potential for 'mutual blind spots' (Grosch, 1985; p.124); if a religious therapist unquestioningly accepts the client's positive statements about religion this can be as much a bias as devaluing a client's religious position (Grosch, 1985). Some of the potential advantages and pitfalls of working with clients of the same religious faith are briefly explored by Plante (2009). He acknowledges that shared faith can engender a strong working alliance, but warns that clients' expectations of spiritual input in therapy may challenge professional boundaries, and that there may be a kind of religious transference in which the therapist is viewed as a spiritual director or pastor.

6. GAPS IN THE LITERATURE

Although these provide something of a window into the experience, it is an area of clinical work with almost no empirical evidence to underpin it; in one sense, it is likely that the important questions are at the embryonic stage. Most of the literature on psychotherapy and religion/spirituality is American where 96% report belief in God (Worthington and Sandage, 2001), which may not address the subtle challenges of such clinical work in the context of a more secular British society. The small amount of literature that there is agrees that there are both pros and cons to work in which the therapist and client share faith; on the one hand it can engender a more immediate trust or understanding of a religious orientation to life and religious issues, whereas it can also place extra expectations on the therapeutic process and result in a blurring of boundaries, 'blind spots' or collusion. However, there seems to be very little in the way of guidelines for therapists, or for the trainer in this area of clinical practice.

The question arises as to whether these sorts of issues equally apply to any other sort of similarity or sameness in the therapeutic dyad. Also, are there really any distinct challenges to working within one's own religious faith or does the usual wisdom of reflection, awareness and supervision apply? It is, of course, perilous to make an assumption that shared background equates to similarities or 'sameness', as this can easily get in the way of the process of encountering the client as an individual. However, the alternative of not reflecting on how a shared background may impact the therapeutic process could be equally unhelpful.

What also seems to be lacking in the religion/spirituality and psychotherapy literature is the acknowledgement that there may be certain considerations and issues for specific denominations within the major faiths. Stewart and Gale capture this eloquently by saying that 'a generic approach to religious clients will not do, anymore than a generic approach to ethnic clients' (1994, p.17). To assume that the same approach could be applied to all clients of a particular religious background is a gross error. Conversely, there is the potential to assume that all e.g., evangelical Christian clients will present with the same challenges and to stereotype clients of any group, but nonetheless, identifying some common characteristics or beliefs can be a helpful starting place.

7. MY OWN QUESTIONS AND EXPERIENCES

As well as training, my own clinical practice has raised some of these questions. Approximately two thirds of the clients I see in private practice as a counselling psychologist would call themselves Christians and have specifically requested a Christian therapist. My clinical experience is that nearly all of the Christian clients who I have worked with wish to acknowledge and explore their faith in therapy and how that relates to their psychological well being at least to some degree. As a therapist and trainer in this context, I'm left with questions about how I work ethically in such a way that goes beyond relying on my own faith experiences as sufficient expertise. For example, how do I work with a client's 'family' (i.e., their Christian sense of family) who is also my family? How do I hold my own experiences as I explore the client's? Is it merely a question of working with the countertransference?

Needless to say, what is my experience may not be the experience of other Christian therapists working with Christian clients, and my own experiences needed to be held lightly and with awareness as I approached the research. I had to hold the tension between offering a fair reason to explore the issues whilst not imposing my assumptions and experiences. Also, by asking the question, 'is it different?', I was potentially creating a difference or artefact of 'sameness'.

8. RESEARCH QUESTIONS AND SCOPE

8.1 RESEARCH QUESTIONS

This study aimed to carry out action research in a Christian counselling training organisation in order to gain a deeper understanding of the therapeutic, ethical and relational dynamics present in the Christian therapeutic dyad. This was carried out with a view to reflecting on the implications for practice and training at London School of Theology, and to potentially make a wider contribution to the field of working with religious/spiritual issues in psychotherapy, as well as contribute to the understanding of work in other dyads that have significant similarities. Areas for further research and its applicability to the wider field will be discussed below.

The specific research questions were:
(1) What are some of the key characteristics, potential ethical and clinical challenges, and implications for practice of practicing Christian therapists working therapeutically with practicing Christian clients?

(2) What are the potential wider implications for other therapeutic dyads in which there is significant 'sameness'?

Question one specifically related to work with clients who express a sense that faith is of some importance to them in the therapy process by explicitly wishing for it to be incorporated in the therapy, or by requesting a Christian therapist. The questions of what 'Christian' and 'practicing Christian' mean notwithstanding, the research focused on dyads in which Christian faith was important to some degree, thus contributing to the field of Christian counselling. The aim was to begin exploring question one through interviewing Christian therapists about their

experiences of working with Christian clients, starting from the perspective of the therapists' experiences.

Question two sought to explore whether there was a wider contribution to the field of counselling and psychotherapy that could be made, particularly to therapeutic work in other dyads in which there was sameness, such as therapy with therapists and clients in the deaf community, sexual minorities, other religious counselling contexts or small communities. Given the fluid nature of the action research paradigm (Coghlan & Brannick, 2010), these aims and questions were used as a starting place.

8.2 CONTEXT AND SCOPE

The contextual nature of the research is acknowledged. It was carried out in an evangelical Christian training organisation, and against a backdrop of almost no previous British empirical research in the area of Christian counselling. Thus, it was exploratory rather than prescriptive in nature – seeking to identify key questions in this area of work - and embedded within a particular expression of Christian spirituality. The research took place in a training organisation and necessarily has some emphasis on the academy and therapists in training. Thus, the voice of the client is less present. Also, it is certainly embedded within a particular point in history – both locally for LST and more widely, but also personally for myself as the researcher. The meaning I have drawn from the data and process is continually changing over time, and, inevitably, I will perceive it slightly differently each time it is revisited. Therefore, I must be content to offer a snapshot as it has appeared in this moment, knowing it is not static.

The contextual nature of the language used in the thesis is recognised. The capitalisation of words such as 'Christian' and names for 'God' is used throughout the doctorate in line with my own bias as a practising Christian. It is acknowledged that this carries with it assumptions that the reader may not share. It is also recognised that there is considerable debate about the gender (and Eurocentricity) of God representations and writings about God (e.g., Barton, 2009; Gudbergsen, 2012 respectively) and this thesis uses the masculine pronoun when referring to God for simplicity and consistency, rather than as a statement on the issue.

8.3 PERSONAL AIMS

My own stake in this research is multi-layered; as a counselling psychologist who is a Christian my aim was to avoid working with unexamined assumptions, and better understand what may be present in therapy; in one sense, to avoid what Spero calls 'unanalyzed religious familiarity' (1981; p. 570). Additionally, my hope was to assist the continued development of the courses at LST by seeking to offer training that is more rooted in empirical evidence and ethical reflection of this aspect of the work. It was also my aim to affect the discourse of Christian counselling by looking at how one might work within a Christian dyad, thus breaking through the assumption that one's own religious faith is necessarily sufficient training for working with religious/spiritual issues.

9. TERMINOLOGY

The uses of words such as 'sameness' and 'shared', suggest assumptions that can be questioned. On the one hand, there is no such thing as two people who are 'the same' (an individualistic view particularly endorsed by the Western context perhaps), but nonetheless, the experience of sharing worldviews, culture, religion or lifestyle in significant and on-going ways is meaningful and noteworthy in clinical practice. Though religion does not necessarily equate to culture, Gulati's (2003) term 'intra-cultural' will be used, as well as shared, sameness or other terms to refer to therapeutic dyads in which the client and therapist share as above.

10. CHRISTIAN COUNSELLING IN THE UK

10.1   INTRODUCTION

Williams (2009) attributes the origins of Christian counselling in the UK to the need for pastors to work more effectively with increasingly difficult problems that arose after the Second World War. The work of people such as Leslie Weatherhead, and Bill Kyle who later set up the Westminster Pastoral Foundation in the 1960's, was influential, shortly followed by the work of Selwyn Hughes (Hurding, 2003). The Association of Christian Counsellors (ACC) was set up in 1992 (ACC, 2014) and Williams describes the Christian counselling

movement as a 'tidal wave' with 'hardly a church in the country that has not been touched in some way' by it (p. 23). His critique of Christian counselling perhaps overstates the magnitude of the movement, and in particular the role of LST in it, but Christian counselling is fairly well established in the UK, with many churches recognising the need for provision of counselling services and further training.

10.2 APPROACHES AND DEFINITIONS

This will be a brief, descriptive survey of Christian counselling, but it is my experience that many students come to LST for counselling training with experience from church life which includes aspects of many of these diverse approaches to helping. These different experiences influence how students perceive what the practice of counselling or psychotherapy is, and how they engage with training. Similarly, clients bring these experiences to the therapy process.

If the term 'counselling' covers a range of meanings, it is no less true for 'Christian counselling'. There are a number of closely related activities that make up the long Christian tradition of 'care of souls' and reactions to the rise of therapies, including activities described as discipleship, pastoral care, spiritual direction, biblical counselling, Christian counselling and various forms of healing and prayer ministry. Any attempt to dissect what Christian counselling is from these other pastoral approaches is a delicate task that requires a steady hand, and there is little hope of a clean cut.

Roger Hurding's updated 2003 book 'Roots and Shoots' still offers a good overview of the main types of Christian counselling and responses to psychology from a Christian perspective. Starting with a brief history of pastoral care, he draws out Clebsch and Jaekle's (1994) point that pastoral care has always drawn from secular psychology, with the inference that the same can be said of many of the Christian counselling approaches. Thus, Christian counselling is shaped by secular and religious traditions, and as such can be a nexus of conflict and stimulation between these two different perspectives.

In attempt to find a way through the diversity that is Christian counselling, McMinn (2010) suggests four major approaches that he argues come under the

umbrella term of Christian counselling; ministry, pastoral counselling, Christian psychology and biblical counselling. Though writing primarily from an American perspective, these distinctions are a useful starting place to describe the British landscape.

10.2.1 Ministry

McMinn's 'ministry approaches' seems to be a catch-all category for a diverse range of practices that don't easily fit the other three definitions. He includes religious recovery groups, lay counselling approaches and inner healing (2010). Prayer ministry would also seem to fit the category of 'ministry', which can involve aspects of counselling to a degree. Of note, is the inclusion of inner healing which is a more specific type of prayer ministry in which the focus may be on past trauma or memories. This type of prayer ministry shares some similarity with imagery rescripting approaches to therapy (e.g., Dancu & Smucker, 1999) in which the memory of the trauma is brought to mind and there is some element of religious mastery and soothing introduced.

The inner healing approach has been more fully developed and utilised in the States where there is also formal training, but the ideas have crossed the Atlantic to the UK and have enjoyed some popularity, particularly in the 1980's. There are diverse methods and assumptions even within this approach, and it is not without controversy. For example, Edward Smith's Theophostic Ministry (TPM) is the most clearly articulated, and has rightly been the subject of critique and concern; there have been over-exaggerated claims of superiority without supporting empirical evidence (Entwistle, 2004; 2004b and Hunter & Yarhouse, 2009). In the UK, the inner healing movement originating with the work of Agnes Sandford (1947/1972) has been more fully embraced by the charismatic church (Garzon, 2005). It adopts a holistic belief in the therapeutic effects of deepening one's relationship with God that is open to a psychological understanding of problems. This may have paved the way for integrative approaches to Christian counselling and pastoral care.

Many Christian churches, particularly within the charismatic or 'Spirit-filled' tradition, provide opportunities for prayer ministry, sometimes incorporating elements of inner healing. Charismatic spirituality emphasises the personal

experience of God's on-going presence and encountering of Christ through the Holy Spirit. It also recognises influences such as family dynamics and trauma on psychological and spiritual well being as much as traditional notions of sin or spiritual influence (Garzon, 2005). Thus, some Christian clients come to counselling having had experiences of prayer ministry and with openness to exploring the effect of the past on present difficulties. This can have implications on the client's understanding of the mechanisms of change within therapy, their own sense of personal agency and notions of integrating psychological and spiritual approaches to ameliorating distress.

On the whole, my experience has been that clients who have received or are receiving prayer ministry report this complementary approach as helpful, and it is indeed often helpful in the therapeutic process. Even though prayer may not form a part of the therapy, clients have already begun to reflect on their difficulties and seem motivated to work. However, some clients can adopt a more passive approach to healing, expecting something to be 'done' to them, perhaps influenced by experiences within church. Sometimes, it can seem that a client may wish for prayer ministry (whether as part of counselling or complementary to it) as a means of avoiding exploring inner pain. Also, some clients may have had negative experiences of deep trauma being the target of prayer without due consideration as to the process of praying for such difficulties, and little sense of after care.

10.2.2 Pastoral Counselling

Pastoral counselling has long taken place within Christian and other faith communities. Again, this is another umbrella term covering a wide range of approaches to helping. McMinn distinguishes between pastors who use counselling skills with varying levels of counselling or psychotherapy training, and pastoral counsellors who are qualified in both counselling and Christian ministry (2010). He focuses on the latter, recognising their religious context and primarily reflects on the question of what qualifications pastoral counsellors might hold. Although he makes some useful points, he does not seem to go deep enough into the implications of receiving therapeutic help in the religious context, which in my view, subtly but significantly impacts issues such as confidentiality, boundaries and expectations.

10.2.3 Christian Psychology

Christian psychology can also be distinguished as either referring to psychologists who integrate religion and psychotherapy – called 'integrationists' by McMinn (2010), or those who draw out the inherent psychology from the Christian texts, seeking to build a psychology based on Christian views. The latter hold a high view of Christian texts such as the Bible, seeing them as authoritative, whereas integrationists may also share a high view, but place more confidence in contemporary psychology/psychotherapy (McMinn, 2010). LST would sit comfortably with the integrationist label.

10.2.4 Biblical Counselling

In contrast, are some models of Christian 'counselling' that firmly reject any influence from what they see as secular approaches. It's hard to say if it is possible to be devoid of any such influence of course, but these approaches attempt to only utilise interventions that are, in their view, drawn from or are supported by the Bible. This is perhaps best captured in the work of Jay Adams' Nouthetic Counselling (1970), and the approach is often described as biblical counselling rather than Christian counselling. Taking its name from the Greek word 'noutheteo', meaning to admonish, warn or give instruction (Vine, Unger & White, 1985), Adams' counselling rejects a medical or deficit model, instead arguing for a moral model, emphasising transformation through relationship with Christ, deposing any approaches that 'begin and end with man' [sic] (1970; p. xviii). His work still has some popularity in parts of the reformed American church (but much less so in the UK) and he is probably one of the more influential writers who affirm this perspective.

Whilst Nouthetic Counselling and the viewpoint it represents have not been widely adopted in the British church, it does seem to be part of the backdrop of the Christian counselling milieu. It calls for a response from Christian counsellors to explicitly or implicitly address the questions it raises; questions such as the nature of psychopathology, the change process and their beliefs around the active involvement of God or not in the counselling process. Within the pastoral context, these questions can be raised, occasionally with a suspicious eye on

therapy, and in the secular context, perceptions of what Christian counselling might be can include images of Adams' confrontative approach.

Fouque and Glachan rightly say that, 'there is a radical distinction between this biblical approach by the Christian counsellor and that of the non-directive therapeutic approach of the pastoral counsellor who seeks an integration of psychological and spiritual insights in the care and counsel of individuals', (2000; p. 202). Looking over from the integrative side of the fence, it seems to me that there is a considerable difference between these approaches, and holding them either in the therapeutic or training context can occasionally be challenging. They are positions held with a degree of authentic conviction, and there can be surprise from either end of the spectrum that assumptions are not shared.

11. EVANGELICALISM

11.1 EVANGELICALISM AND LST

Recognising the breadth of expressions of the Christian religion, this research focuses on broadly 'evangelical' Christianity, which is how LST would describe itself in terms of theological labels (LST, 2015), and on some of the specific complexities of working in this sub-culture. Evangelicalism is a protestant, transdemoninational, global trend in Christianity in which there is an emphasis on the Scriptures and personal conversion through the work of Christ (McGrath, 2007). Although there is some consistent agreement on these key issues, evangelicalism can be seen as a spectrum of beliefs and practices in which there is also considerable diversity, and questions around seemingly orthodox ideas are hotly debated (e.g., Naselii & Hansen, 2011). In contrast to the United States of America, evangelicalism in the UK is generally a lot less conservative, broader in its beliefs and practices and does not correlate so highly with political affiliation (Gempf, 2013).

Bebbington's (1989) definition of evangelicalism – whether widely agreed upon or not - is at least widely used in the theological literature. He argues that cruicentrism (a focus on the person and work of Christ), biblicalism (the centrality of the Bible as authoritative), conversionism (an emphasis on the need for personal conversion) and activism (a commitment to working missionally and

charitably) are the four defining criteria. Stackhouse adds the fifth criterion of transdenominationlism, saying that evangelicalism has also been characterised by openness and a desire by different denominations to work together despite differences of beliefs and practices (2011). Evangelicalism is 'marked by cooperation' according to Stackhouse (2011; p. 128).

Whilst a handful of writers may disagree with this additional fifth criterion, LST is an explicitly non-denominational college that would fulfil the five criteria to a large degree. Within LST there is some agreement on what might be perceived as core orthodox beliefs with encouragement to explore those in practice and in different contexts, as well as an emphasis on cultivating criticality towards issues of faith and belief. This broad context is hospitable to many denominational and other labels such as Pentecostal, Baptist, charismatic and Anglican, each with their own style and emphasis, but sharing some common orthodox Christian views and practices. Anecdotally, LST seems to be the 'Goldilocks' of evangelicalism; it has been described as occupying the middle ground where it is too reformed (orthodox) for some and too liberal for others.

Evangelicalism is also a movement that encompasses charismatic and non-charismatic forms of spirituality. Christian charismatic spirituality emphasises the supernatural work of the Holy Spirit and 'gifts of the Holy Spirit'. The charismatic renewal can be traced back to the 1960's and is, to some degree, associated with the house church movement in which members met to worship in homes (Bebbington, 1989). Again, LST occupies something of the middle ground with respect to charisma, giving space for a breadth of expression of spirituality, not fully Pentecostal but doctrinally adhering to a belief in the active presence and work of the Holy Spirit, and embracing charismatic forms of worship (LST, 1998).

As one would expect, these elements of evangelicalism are related to a Christian client's underlying 'conceptual framework' (Ivey, Ivey & Simek-Morgan, 1997) or worldview, which has considerable implications for therapeutic practice. The literature on cultural diversity attests to the importance of entering into clients' perceptions and how they make sense of the world (e.g., Trevifio, 1996). It is not merely a question of beliefs but Sue and Sue state it clearly, saying, 'put in a much more practical way, worldviews are not only composed of our attitudes, values and opinions, and concepts; they may also affect how we think, define

events, make decisions, and behave' (1999; p. 166). Certainly this is true of my experience of training in Christian counselling at LST; students (and faculty) wrestle with their beliefs and how these may inform their approach to counselling practice. This is not just at a theoretical level or academic level, but in a personal, practical, spiritual and embodied manner; these are deeply held views that do indeed impact in the way Sue and Sue suggest.

11.2 EVANGELICALISM AND PSYCHOTHERAPY

Whilst there is always the danger of stereotyping a particular group or culture, there are some issues that often come to the fore when training in psychotherapy or carrying out therapy within an evangelical Christian context. Some of these considerations or issues may be relevant in work with clients from other backgrounds.

Beliefs and expectations about the therapy process are important to address as well as careful consideration about the ethics of incorporating spiritual interventions such as prayer (e.g., Steihler-Thurston, 2000 and Gubi, 2008). Clients usually hold implicit ideas and expectations about the process of therapy. The evangelical client often comes to therapy with experience of other types of helping within the pastoral context where there is sometimes more emphasis on *moments of change*, such as being prayed for, repentance, forgiveness or other healing rituals. This can be in contrast to the *on-going process* of therapy. Similarly, the Christian client may hold beliefs around the locus of healing; viewing healing as primarily coming directly through their relationship with God, or via other related supernatural means rather than through the ordinary sacrament of human relations.

It is common for Christian clients to wish to include their spirituality in the counselling process. This may be stated in terms of wanting to work in therapy with or on their relationship with God. The idea of a personal relationship to God is prevalent in the monotheist Christian and Judaic traditions. For example, Buber firmly argues that 'the relation to a human being is the proper metaphor for the relation to God' (Buber, 1970; p. 151). McGrath (2007) also points out that the idea of a personal God has been well acknowledged by theologians and believers throughout various stages in the history of Christianity, and that human

personal relationships are an appropriate model for relationship with God. That relationship is assumed by many to be at the heart of what it means to be a Christian, and is a multifaceted and complex relationship with a number of potential implications for psychotherapeutic work with Christian clients.

Christian clients have also been shown to have negative expectations with regard to therapy with a secular therapist, having concerns that their religious beliefs will not be respected or understood (Worthington & Scott, 1983; Keating & Fretz, 1990). Conversely, it may be that with the anticipation of being misconstrued by a secular therapist, a Christian client may come with higher expectations to a Christian therapist. Also, within Christianity there are differences in expectations; Turton (2004) compared evangelical to non-evangelical Christian clients, and found that the expectations of evangelical Christian clients were different regarding the process of counselling than non-evangelical Christians, with the former wanting therapy to be more like pastoral care involving prayer or the use of Scripture.

Esau (1998) argues that history of evangelical Christians' attitudes to therapy is 'complex', outlining periods of ambivalence. Indeed, Chris Williams' 2002 book entitled, 'I'm Not Supposed to Feel Like This: A Christian Approach to Depression and Anxiety' highlights the sense of conflict that may be present for the Christian client in therapy.

12. THE RESEARCH CONTEXT

12.1 LONDON SCHOOL OF THEOLOGY

The majority of my academic work takes place in a religious setting; I teach at London School of Theology in which the integration of Christian theology and psychology is explored. Taking in its first full time students in 1946, LST is an evangelical Christian college that now offers undergraduate and postgraduate qualifications in Theology and joint degrees, validated by Middlesex University. Since 1998, LST has offered a Theology and Counselling degree course, which is accredited by the British Association for Counselling and Psychotherapy (BACP), and for the past five years, an MA in Integrative Psychotherapy. The word 'integration' has come to be used at LST to capture something of the

process of attempting to hold these two disciplines of psychotherapy and theology together.

12.2 LST AND CWR: HISTORY

The Theology and Counselling BA and MA in Integrative Psychotherapy courses have been offered in a joint association with another Christian organisation based in Farnham called CWR (originally named, 'Campaign for World Revival' until the 1980's (CWR, 2015). CWR staff seconded to LST and LST staff taught on the joint course for 16 years, until this joint venture ended in summer 2014. CWR was founded in 1965 by Selwyn Hughes who later developed the 'Waverley Model' of Christian counselling (Hughes, 2005; Kallmier, 2011), which used to be an integral part of the counselling teaching at LST. Hughes acknowledged that the model drew heavily from the work of Larry Crabb (Kallmier, 2011; Crabb, 1975; 1977; 1987/2013), and it can be described as an integrative framework that incorporates elements of cognitive and psychodynamic approaches with an emphasis on the therapeutic relationship. Over the years, there has been something of move away from the model as it was originally conceived by the joint team at LST, and LST has since reviewed the core counselling approach, developing its own integrative framework.

12.3 INTEGRATING PSYCHOTHERAPY AND THEOLOGY

Both LST and CWR aim to offer Christian based approaches to counselling that integrate the psychology and psychotherapeutic literature with Christian theology. The question as to how psychology and Christian theology relate has been widely discussed by Christian writers involved in one or both disciplines (e.g., Roberts & Talbot, 1997; Sorenson, 2004b; Johnson, 2010), with one or two attempting to articulate a Christian psychology for clinical practice (e.g., McMinn, 1996; McMinn & Campbell, 2007). As the integration literature has developed, the themes in integration have moved from focusing on various models of how theology and psychology relate to more practical, clinical questions the Christian counsellor may face. There seems to have been something of a clinical and pragmatic turn.

Whether explicitly articulated or not, these different stances with regards to integration underpin the various approaches to Christian counselling briefly discussed earlier. In sum, Johnson (2010) outlines five basic positions that can be said to describe the relationship between the two domains. A strong biblical counselling view - most associated with Jay Adams (e.g., 1970) - is close to what Crabb calls, 'nothing buttery', (1977; p.35), that is, psychology is rejected as a valid source for understanding human problems. The 'levels of explanation' view, according to Johnson, takes the position that the different disciplines are separate and offer different perspectives (that are not necessarily mutually exclusive). Each domain has different methodologies to tackle different types of questions and this is akin to what Crabb labels as 'separate but equal' (p. 33). The Christian psychology view attempts to develop its own theories based on Christian beliefs, whereas the transformational view is more concerned with focusing on 'personal, ethical, experiential and spiritual matters' (Johnson, p.37). Finally, an integration view attempts to bring together psychology/psychotherapy and theology.

The integrationist view has underlies the courses at LST. At a theoretical level, a relational understanding of the *Imago Dei* (e.g., McFadyen, 1990) contributes to a Christian anthropology and is integrated with the attachment and intersubjective psychotherapeutic literature. This relates to other issues such as ideas about psychopathology and mechanisms of change. In that sense, the approach to therapy is philosophically driven and empirically informed, and many different clinical skills can be integrated into it.

In practice, the process of integration can be complex and uncertain; at times it can appear more like dialogue than integration. Students and faculty wrestle over some of the more thorny issues that can arise. For example, challenging a traditional, moral Christian notion of 'sin' can create discomfort in some students as well as the question of what is distinctly 'Christian' about 'Christian counselling'. The approach has been to give space to these sorts of discussions, allowing students to reflect on their own processing with regards to the questions.

However, it is also true that the teaching team do not have a sense of arrival at all the answers, either as a group or as individuals. This seems congruent with our view of counselling work which is not all about 'arrival' but the process. I am

reluctant to present an idealistic view in which the wrestling is all intentional and pedagogically beneficial; in fact there could be a degree of faintheartedness around engaging with some of these deeply theological and philosophical questions – particularly in terms of putting them down on paper. Nonetheless, the process of departing from the Waverley model of counselling and articulating something newer has been pushing us more deeply into these questions with a greater degree of resolution, culminating in a written paper (Motyer, 2013).

More recently, there has been an emphasis in psychotherapy on 'personal integration'. Lapworth and Sills (2010) argue that integration is 'inevitably a personal affair' (2010; i) and provide a helpful framework for thinking about how to integrate. As Norcross says, one's theoretical orientations is rooted 'in the person that I am and the person I am becoming' (2006; p. 60). Similarly, the teaching at LST has more recently embraced this idea of personal integration. It is an expansion of the integrationist assumption that psychology and psychotherapy are vital but with greater emphasis on integration as 'a continuous, holistic process involving the client, the therapist and the therapeutic model or theory' (Faris & van Ooijens, 2012; p15). With a greater emphasis on the therapeutic relationship and therapists' use of self, it is logical that the meaning of integration has moved away from simply referring to one's theoretical position but includes many layers and meanings of integration, including for some, their Christian faith as an aspect of who they are. This is a snapshot of where the team is with regards to integration at LST at this time, and from it come the questions about what is means to work with a client of the same faith and the complexities of holding who one is, including one's Christian faith, in the therapeutic process.

13. CONTRIBUTION TO THE FIELD

There are a number of potential contributions that this research can make to the field of counselling psychology.

13.1 DEVELOPMENT OF CHRISTIAN COUNSELLING TRAINING

One of the most proximate contributions has been to the work of training counsellors at LST on the BA and MA courses. Also, the research can contribute

to Christian counselling training more widely. Most Christian counselling students find themselves working with clients who share their Christian faith, and there is a need to develop this as an area of clinical expertise, reflecting on what challenges may be present in this dyad. It was something of an unturned stone in Christian counselling training, as is the question of how as therapists we work with clients with whom we share other significant stories.

13.2 EMPIRICAL RESEARCH ON CHRISTIAN COUNSELLING

Worthington and Sandage argue that, 'research on religion and spirituality in psychotherapy needs to be broadened and deepened' (2002; p. 395). Whilst there is an increasing interest in religion and spirituality in counselling psychology, the empirical research literature is comparatively limited, particularly research from the United Kingdom. This research contributes to the small but growing pool of empirical research and aimed to contribute by focusing on one area within the religion/spirituality and psychotherapy literature - clinical practice with Christian therapists and clients. As LST is identified as a broadly evangelical institution, the research may speak more to evangelical Christians' experience (in contrast to nominal or liberal, for example), but there is some potential wider application which will be discussed below.

13.3 DEVELOPMENT OF INTRA-CULTURAL COMPETENCE

Whilst the focus of this research was on the Christian dyad, there are implications for other dyads in which there is a shared background. Highlighting these potential implications could facilitate the development of intra-cultural competence. Therapists often choose to work with clients whose difficulties resonate with their own experience or background. This may allow for a good basis from which to understand the client, but also raises the potential for collusion. The discourse of difference is evident in the counselling psychology literature, but less is said about the apparent comfort or challenges of having a shared background, and there is the need to challenge the assumption that shared background is sufficient for competence. This research aims to contribute to the literature on intra-cultural competence in psychotherapy and counselling.

14. METHODOLOGY

14.1 INSIDER ACTION RESEARCH

This research was carried out in my own work organisation as insider research using an action research framework. There are many approaches that come under the umbrella term of action research and attempts have been made to organise the diversity using various dimensions (e.g., Chandler & Torbet, 2003; Coghlan & Brannick, 2010), as well as a range of positions within the insider research paradigm (Herr & Anderson, 2005). This piece of research is positioned on Herr and Anderson's continuum close to co-operative inquiry (Heron, 1996) where I worked in collaboration with other insiders. Throughout the research process there was for me something of a to and fro between the collaboration and agenda of my colleagues, and my own. I initiated the research, imposed the action research methodology and initially invited the participants to explore my question as a starting point, and choices about subsequent cycles were decided collaboratively. In that sense, the research is close to the insider end of the inside/outside continuum.

The research could be described as 'transformative inquiry' (Heron, 1996) in that the aim was to generate practical knowledge relating to professional skills and transformation in terms of personal and organisational development. It was 'organistic oriented' action research where the research process is a 'value in itself' (Coghlan, 2003; p. 454), that is, taken for granted assumptions are examined and reflexivity is a central task in its own right as a human activity (Reason, 1996).

The starting place for the choice of the action research approach, over other methodologies, concerned the two research questions. That is, should the questions concerning the characteristics of Christian counselling and the implications for practice be asked in the context of my own training organisation or outside of it with a different group of Christian therapist participants? Indubitably, the research process and results would have differed, depending on the outcome of this decision. More important than the pragmatic reasons of time and convenience, collaborative research with my own colleagues afforded me the opportunity to critically reflect on my own working practice in its context. It

also enabled the teaching team to critically reflect and implement changes in the courses at LST as a result of the research. Working together in this way potentially allows for greater ownership of any action.

Given the decision to work with my own colleagues, the action research paradigm was the best fit, specifically insider action research. The insider action research literature offered a good understanding of the dynamics of researching from within, and some containment of the complexities of the research. To some degree, I (along with my colleagues) was intervening in the organisation, and the insider research paradigm gave me a framework for reflecting on and working with the challenges of that process.

At a basic level, the idea of researching 'in community' fitted well with my own underlying values. Also, the research questions concerned how to work effectively and ethically from 'within'. The challenges and dynamics of intra-cultural work could be reflected on through the research with my own colleagues as an insider, and vice versa. Indeed, the parallels between insider action research and intra-cultural work proved to be fruitful and will be discussed below.

Action research was also a good 'fit' for me professionally. Demarco and Willig (2011) argue that action research is congruent with the ethos of counselling psychology – that is, in terms of facilitating participants' autonomy and being responsive to the needs of the participants; 'being with' rather than 'doing to'. It addresses issues of power. With its emphasis on collaboration and shaping subsequent action (e.g., Coghlan & Brannick, 2014) it also fitted well with the ethos of the working context in which the teaching team were used to implementing change through group collaboration. Quantitative and qualitative methodologies apart from the action research paradigm do not fully emphasise collaboration, or fully explore the relationship between theory and practice. Nor do they have the focus on evaluating practice and implementing change organisationally that was desired.

Apart from the usual concerns about action research from a positivistic point of view, there is also the question of how to manage the potential chaos and complexity that is inherent in action research (Brydon-Miller, 2003). This is a particularly relevant question for the novice insider action researcher who may

encounter a steep learning curve, for example, in navigating dual roles (e.g., Darra, 2008). However, rather than dealing with these sorts of issues by changing the methodology to something less complex, insider research gives an opportunity for these issues to be pressed into more deeply, and fruitfully analysed - echoing the aim of this piece of research on intra-cultural therapy. In sum, action research affords many advantages. As Bryant states, action research is 'highly practical with its goal of improvement. It's democratic, with members sharing power. And it's multi-perspective because all members contribute to the interpretation of the findings' (1995; p.16).

14.2 QUALITY AND VALIDITY

Within the qualitative and action research literature, there is much diversity in how questions of quality and validity are conceptualised and addressed. At one end of the argument is the call to reject the concept of validity all together (e.g., Wolcott, 1990 - although Wolcott does acknowledge that his work aims to satisfy the 'implicit challenge of validity' (p. 127)), whereas others have attempted to reformulate the positivist notion of validity to fit the qualitative paradigm. Although various criteria have been offered as means of anchoring validity in action research, the argument that action research is 'its own work of art articulating its own standards' (Bradbury & Reason, 2006; p. 349) is compelling given the contextual nature of the work.

Quality in action research is also a complex and much debated concept. As action research is characterised by many points of choice in the research process, one aspect of quality is regarding the need to be reflexive and transparent in the choices that are made, as well as those not taken up (Reason & Bradbury, 2013). Journalling, engaging with the action research literature, consultation with the critical group, research supervision and collaboration with the research participants were put in place to hopefully help stimulate and contain the many choices available, and enable me to be reflective about those choices. Related to this is the need for the researcher to show self awareness and be reflexive about his or her own role in the research process, which, according to Finlay (2002), enhances the quality of the research. To that end, my own personal context and underlying philosophy will be briefly explored below.

Whilst the intention is not to aim for validity in the sense of the discovery of a fixed truth, the aim is for research that is valid in that it honours the participants' involvement in the research process; creating something that all participants have some connection to and can recognise themselves in. Bradbury and Reason's emphasis on attending to the relational aspects of the research are helpful here, both in terms of the process and one of the outcomes of the research (2006). As well as deepening working relationships, it was hoped there would be practical outcomes such as helping the team refine our teaching approach and content, and also help us articulate our tacit knowledge regarding therapeutic work in this area – to ourselves and to a wider audience. Quality is about values - values that can underlie and drive the research - and therefore these needed reflection on within the critical group, and with the participants, so that there is room for the quality and validity criterion to be emergent.

14.3 PERSONAL CONTEXT AND UNDERLYING PHILOSOPHY

Although my personal context and underlying assumptions are offered in separate headings for simplicity, they are very much related; my theoretical beliefs are impacted in a reciprocal manner by my personal story and context. And the choice of research question and methodology arise, to some degree, from both of those.

14.3.1 Personal Context

I am a white, cisgendered, Christian, married, middle-aged woman. In terms of social class, I fit the Registrar General's classification of Middle class; class 1 (cited in Kearney, 1996). I grew up with middle class (class 1 & 2) parents, who both came from working class backgrounds, in rural Wiltshire. Perhaps more than the values of education (I left school at 16), I was impacted by experiences of community, both the rural and religious, which have informed my emphasis on the importance of relationships. I recognise a questioning streak and dislike of assumptions in myself that have their genesis in my childhood, growing up somewhat publically in a Vicarage, and perhaps my 'rebellion' has been to subvert the system from within – a stone's throw from this research. My Christian faith is essential to me and is the lens through which I perceive – and that faith

lens is white, middle class, Western, etc., in turn, influenced by my social and historical context.

14.3.2 Personal Underlying Assumptions

The research rests on a broadly critical realist view; ontologically realist and epistemologically interpretative and intersubjective, with an appreciation that, as an insider researcher, I am an integral part and co-creator of the research process. I hold a view of interpretation as an aspect of 'creaturehood', that is to say, good, and not a postlapsarian phenomenon in need of elimination, but part of what it means to be human, embodied and creative (Smith, 2012). An interpretative epistemology with competing narratives may appear to be at odds with an orthodox Christian idea of 'truth', but only if one reverts to the modernist Enlightenment goal of achieving objectivity.

14.4 EXTERNAL CONVERSATIONS AND SELF CARE

The research was concerned with being reflexive about how to work within one's own culture or context, and similar challenges are present in the research process. As an insider researcher and Christian researcher working with Christian participants, I am similarly prey to blind spots and biases. As Fougler notes, without a broader perspective, the potential in insider research is that it will only offer 'an incomplete, self-centered picture of reality' which 'will limit opportunities for connections to be made and innovations to be explored' (2010; p. 138). Also, as someone who is part of the system being researched and intervening in the system, I needed some space external to the group to reflect on the impact and dynamics of the research. Critical friends are a common part of action research (Swaffield, 2007) and in this case, a critical group of two, was set up to provide me with support and a catalyst for alternative, questioning perspectives. Two counselling psychologists - one a Christian and one who did not profess religious faith – were consulted at the start and at the end of each cycle of the research to discuss the interviews and my analyses.

The critical group provided a kind of research supervision that helped me see things from a different point of view and helped me avoid only finding what I was looking for – being stuck in my own perceptual bias. However, having to pay for

time to read material and sessions for two professionals was prohibitively expensive (i.e., four sessions payment per one meeting) and for this reason I did not make extensive use of this critical group, but only met with them to discuss my research findings three times. Also, as the organisation and faculty went through various changes and challenges, I began to struggle with feeling overwhelmed by the research perspective, and trapped in it. I took the decision to also find a personal therapist who would be willing to meet every three weeks or so to specifically provide a space to explore the personal impact of the research on me. Personal journalling alone did not provide me with sufficient reflective space or support. On reflection, I see that I felt stuck for a time with the status quo and it took me some time to take action, but the addition of personal therapy give did provide me with a supportive and helpful space.

It felt important for to me to see a therapist who was not a Christian – someone who could perceive from a different perspective - otherwise, the benefit of an external conversation might be lost. The question of how people label themselves in terms of religion and spirituality is an interesting one, and even more delicate when it comes to needing to 'know' where a person stands with regards to these questions when seeking therapy or supervision research from them. How do I ask about something personal whose meaning is contested and sometimes defined in the negative? I discovered that one of the critical friends understandably disliked being defined in the negative as a 'non-Christian'. This term is, of course, framed in excluding ways from the perspective of an 'insider'. Yet, emotionally, I needed a 'non' and I struggled to find satisfactory language. I settled for telling the prospective therapist that I needed someone sufficiently outside of my own faith community, and whatever her spirituality, she was able to offer that perspective.

It brought up for me many questions around therapist self-disclosure (particularly having had my 40 hours of training therapy only to discover on the last session that my therapist was an ordained Church of England minister), and what constitutes 'inside' and 'outside', or 'sameness', and the co-constructed nature of sameness. Yet in this case, emotionally there was not the energy or time to discover this, just an overwhelming need to 'know' and find a good enough, simpler space to work through the other complexities.

Darra (2008) has written on some of the emotional impact of carrying out insider research and goes as far as to question the wisdom of novices carrying out insider research. Whilst falling short of full agreement, I found her emphasis on the need for what she calls 'emotion work' helpful (p.255). It was reassuring to hear something of my own story in hers which normalised some of my responses. Her notion of 'hidden consequences' applies equally to the researcher as well as the participants; I have found the unexpected emotional impact and growth both overwhelming and exciting, some of which will be discussed later.

Moore (2007) too wrestles with the personal and professional impact of his research and for me raises an ethical question regarding the degree to which these struggles can be written about. There is, on the one hand, the need to protect anonymity – not necessarily of my own processing – but of those who I am working with, and the ethical need for self care in the process to not unhelpfully internalise the experiences. This dilemma remains and is not wholly resolved for me, but for this thesis I made the decision to discuss some experiences and purposefully leave out some significant difficulties where anonymity might be breached.

15. OVERVIEW OF THE RESEARCH CYCLES

Action research often evolves organically and as such involves a number of cycles with many points of choice. In order to provide an overview of the whole research, diagram 1 below outlines the main elements of the research process, and gives something of a map through the various options (excluding details such as ethical approval, meeting with the critical group, etc). The boxes in black highlight those aspects of the process that are included and discussed in this thesis, whilst the actions in red are not.

There were three main cycles of research. Firstly a focus group interview on experiences of Christian counselling was carried out. Secondly, there was some negotiation which led to a number of activities, and finally a workshop on power dynamics in Christian counselling was carried out, evaluated and the material was included in the BA and MA programmes.

```
┌─────────────────────────────────┐
│ Group interview with LST/CWR     │
│ theology & counselling team on   │
│ 'Experiences of Christian        │
│ Counselling' (10 participants in │
│ total)                           │
└─────────────────────────────────┘
                │
                ▼
┌─────────────────────────────────┐
│ Thematic analysis of interview   │
│ data: 5 themes                   │
└─────────────────────────────────┘
```

Presence & profound	Spiritual dynamics &	Pros & cons of shared faith	Wrestling with two worldviews	Adopting a liminal position

```
┌────────────────────────────────────────────────────────────┐
│ Met with participants to discuss findings and decide way    │
│ forward; 3 decisions made                                   │
└────────────────────────────────────────────────────────────┘
```

Run team dramatherapy workshop on liminality	Incorporate teaching on power initially via workshop on power dynamics	Reflect on power dynamics in contracting for Yr1 process
Team made the decision to not include this content in research. Tom led workshop on liminality at a team 'awayday'	JP developed material & ran workshop with one tutor and MA students on power dynamics in Christian counselling (12 participants in total)	JP met with Yr1 tutors to explore power in process groups & contracting
	Workshop evaluated via interviews. Thematic analysis carried out on interview data, resulting in three themes:	Yr1 tutors changed contract & process for Yr1 groups

Understanding & awareness	Relational space	Professional & personal impact

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┌─────────────────────────────────┐
│ Decision made to incorporate     │
│ teaching on power dynamics into  │
│ MA & BA courses                  │
└─────────────────────────────────┘
                │
                ▼
┌─────────────────────────────────┐
│ Implemented for MA and BA        │
└─────────────────────────────────┘
```

15.1 Diagram 1: Overview of the action research process.

As can be seen from diagram 1, the action research started with a group interview of the theology and counselling teaching team at LST (LST & CWR faculty) on experiences of Christian counselling. The team met to discuss the findings and collaborate on a way forward. Three actions were agreed and there are two main courses of action that are not formally included in this thesis. The first was the team's desire to further explore the theme of 'liminality' through a dramatherapy workshop for the team led by one of the participants. The participants understandably felt that in order to more fully engage personally with the workshop, they did not wish for it to be recorded and systematically analysed. Also, as it touched on the participants' relationship to the two organisations, there was overall agreement that it should remain confidential.

Secondly, the year 1 tutors wanted to further explore the issue of power dynamics in the context of the process groups that they facilitate with the students. I met with the two tutors to clarify their questions and enabled them to refine the contracting process. The work with the Year 1 tutors was also not included as there was a sense in the discussion of completeness; that is, the tutors valued the space to reflect on the issue and it seemed to clarify their facilitation of the process groups that take place on the BA to a good enough degree. There was also a feeling for the team that the 'heat' in the research was around the more explicit work on power dynamics, starting with the Masters level students. Thus, the thesis focuses on the interview, negotiation process, and the power workshop.

16. PARTICIPANTS & ETHICAL CONSIDERATIONS

16.1 PARTICIPANTS

In terms of criteria for inclusion in the research, participants were limited to the teaching faculty on the joint BA in Theology and Counselling and MA in Integrative Psychotherapy courses at LST. This included LST faculty and faculty seconded from CWR, commonly referred to as 'the team'. It included those who are comfortable in identifying themselves as Christians, and who also have some clinical experience with Christian clients. Experienced practitioners were more likely to have diverse experiences on which to reflect and draw from and be able to engage with questions of clinical and training relevance. Thankfully, I did not

have to consider the ethics of working with trainee or less experienced clinicians where there may have been the possibility of the research question being experienced as 'deconstructing' or who are perhaps still forming their own philosophical 'secure base' from which to explore. All of the ten faculty members met these criteria who were invited and agreed to take part, including myself. One eligible member of the team was unable to take part in the first group interview for personal reasons but joined in with the group's permission at the meeting to discuss the group interview findings.

The group was predominantly made up of white, middle class participants. If some pseudonyms were selected to honour particular participants' cultural background, it ran the risk of identification. In order to prevent this and maintain anonymity, all pseudonyms have been chosen to reflect the predominantly white, middle class characteristics of the participants, with no names that could be suggestive of other groups or cultures. Participants confirmed their agreement with the pseudonyms.

All of the team members were invited in writing to participate in the research (see Appendices for participant letter and information). As well as teaching, all participants carry out clinical work either in private practice or at a counselling agency. Eight of the ten participants described their approach to psychotherapy as 'integrative', and themselves as 'Christian'. Sally used the term 'integrative relational', and 'Christian', and Eleanor used the term 'practicing Christian' and 'integrative'. They had an average of 11.7 years clinical experience, with a range of 6-22 years. Although further biographical details were recorded, these have not been included in the thesis order to protect anonymity.

16.2 ETHICAL APPROVAL

Once ethical approval was gained from Metanoia and Middlesex Univeristy, LST and CWR were asked for permission to approach their employees, and ethical permission to do so was granted by both organizations. As I am one of two members of faculty on the Research Ethics Committee at LST, another member of the faculty was co-opted in to replace me in that decision making process. It does raise the question as to how my collegial relationship may affect that research ethics decision, but the Committee does have the power to consult with

outside consultants (see appendices for the summary proposal and letters of approval).

16.3 ETHICAL CONSIDERATIONS

16.3.1 Confidentiality and Anonymity

One of the consequences of working for one of the larger providers of training in counselling from a Christian perspective is that I professionally and personally know many Christian therapists and, through supervision, their clients. This was also true for many of the participants. Whilst confidentiality was relatively easy to protect, anonymity was more of a challenge. Special care was taken to protect the participants' identities as the Christian therapeutic community is relatively small. This took place primarily through the writing process where the choices of quotes or details were used and changed carefully. Simple methods of changing identifying details were not always sufficient to ensure anonymity as participants might be easily identified simply by their organisational involvement and gender.

In the initial group discussion on confidentiality and the process of the research there was also some exploration of how anonymity could be maintained whilst allowing freedom to speak openly. It seemed important for the group to wrestle with this tension. The participants are used to discussing, reflecting and processing together as part of their work. For example, the team have met for some time together in a confidential 'process group'. Over the years, the shape and dynamics of this group have changed but it has usually operated at a significant level of professional intimacy and openness. At the point at which the research was introduced, there were a couple of newer members to the team, changes of role for some participants, but also a good level of self disclosure and engagement within the group. Hence, the team was used to a level of openness which some felt would have been hindered in the research if they were overly cautious about what they said. There was an explicit wish to '*be real'*, to take risks in what they said and speak freely.

On the one hand, this seemed to indicate a willingness to fully engage with the research process, but I also felt a responsibility to enable the participants to make an informed choice about the level of their participation. Thus, anonymity

was discussed at length. The question of confidentiality was also discussed as a group at some length in order to help the participants reflect on some of the potential implications of taking part, and participants' permission was sought before using direct quotes in the research. Specific details were given about the availability of the finished doctoral thesis and the limits of anonymity were acknowledged.

There was also awareness by the participants of the issue of confidentiality and 'reputation' at an institutional level. That is, both Christian organisations have explicit aims, beliefs, aspirations and reputations, and there was a wish by the team to not feel constricted by this. It is interesting to reflect that although the usual team discussions are free and exploratory – even subversive – the research process evoked this anxiety about being restricted and concerns about the potential impact of the discussion being disclosed. This is understandable given the fact that the doctoral thesis takes on substance, is memorialised, can be taken out of context of the on-going relationships, and is open to a wider audience. Although this was resolved in part by the assurance that material could be checked by participants before being made public, there was a sense that the participants took a deliberate choice to risk being authentic. As the researcher, I felt a need to hold that carefully for myself but also as the gatekeeper for others.

16.3.2 Dual Roles

There were a number of dual and multiple relationships within the team prior to the start of the research. Some of these roles concerned relationships within the team, such as line management or oversight of the course a participant taught on, whereas some of the roles related to contact outside of the organisation such as friendship or past and present clinical supervision. Added to this were the positions of insider researcher and participant. Common with other types of smaller communities, dual or multiple relationships are unavoidable within Christian counselling (Zur, 2009). On the one hand, the presence of these multiple roles impacted the research and deserves careful reflection. It would be congruent with the aim for quality and transparency in the research for me to articulate at least my own involvement in any dual roles.

However, outlining the various relationships could also threaten any anonymity that I am aiming to maintain. In order to maintain anonymity, I have taken the decision to not explicate all of these roles as participants would likely be identified. In Christian counselling, it is fairly common for therapists to disclose to their clients who their supervisor is and check if the client knows the supervisor and in what capacity. This is to avoid the client being discussed in supervision to a supervisor that knows them. Even with the use of pseudonyms, clients in this community could be identified.

In addition to professional relationships and other overlapping roles that may identify the participants, there are various levels of friendship within the team. Again, it would be potentially unethical to specify these exactly but rather comment on the general presence of this in the research. Taylor (2011) has coined the phrase 'intimate insider' in her exploration of friendships in ethnographic research. Intimate insider research is described as 'working, at the deepest level, within their own 'backyard'; that is, a contemporary cultural space with which the researcher has regular and ongoing contact; where the researcher's personal relationships are deeply embedded in the field...' (p. 9). There seems to be very little literature that directly addresses this issue – perhaps owing to cautiousness about engaging in research with participants with whom there is a pre-existing relationship. Nonetheless, Taylor provides some helpful reflections on some of the benefit and challenges of such work, and I would describe my own insider research as having significant elements of intimate insider research.

Some of these multiple roles were discussed at the start of the research process in our initial contracting session. Whilst it was less of a focus in the critical group, I aimed to make space to reflect on the potential implications in my own personal journalling, research supervision and personal therapy. From an ethical perspective, one of the primary feelings I was left with in relation to the presence of friendship was a concern to not take advantage of the support and encouragement I experienced from my colleagues. Friendship also blurred the 'start' of the research process; as a friend I was already discussing my investment in and fears of the doctoral work. Writing in my journal, I note that for me it felt that, '*The whole process of action research is a negotiation of relatedness and agency, of collaboration - being present to the others and with*

myself. It is a negotiation at a number of levels; knowledge, skill, position, organisation, friendship, different dual roles, etc'. Some of this will be explored further in the discussion, including working with my own students as participants.

16.3.3 Informed Consent

Whilst it is vital to explore these and other issues initially, informed consent and contracting can only go so far; it is not until it is experienced that the dynamics and ethical complexities of the multiple roles can be fully appreciated. Similar to psychotherapy, the action research process unfolds, and therefore, the negotiation of informed consent was also on-going. The issues were revisited at different stages of the research and decision making process. The fact that we were entering something of an unknown territory was acknowledged.

An additional ethical consideration deserves attention. Qualitative inquiry is concerned with the sometimes intimate descriptions and meanings of participants' experiences, which are then made public in some way. I am aware of my own context and the systems I am a part of - working at London School of Theology, consulting at CWR Waverley Training, having contact with other Christian therapists and clients - how might it feel for this community to explore the topic and hear how it is experienced? The impact could be minimal, but owing to the nature of the qualitative approach, it was not known what may emerge.

16.4 PRACTICALITIES

The raw data, transcriptions and analysis were kept confidential and password word protected. As noted in the example participant information sheet, participants' confidentiality and anonymity were maintained and permission was sought for the use of direct quotes. The data were gathered and stored electronically, and I am a registered Data Controller with the Information Commissioner's Office for the purposes of research, registration number: PZ2413381.

17. RESEARCH CYCLE 1: THE GROUP INTERVIEW

17.1 INTRODUCTION

As noted earlier, the group interview sought to answer question one through an exploration of Christian therapists' experiences of working with Christian counselling. It was hoped that this would provide some initial answers to defining the key characteristics and dynamics in Christian counselling.

An important point of choice, beyond the initial research question, was whether to conduct a series of one to one interviews with each team member, or carry out a focus group interview. I made the decision to do the latter. Group interviews can be particularly helpful in exploratory research, and where there may be programme development, which this action researched aimed to achieve (Morgan, 1997; Kruger & Casey, 2009 respectively). Also, it was important to acknowledge the context of the research in which group decision-making, group programme development and group processing were the *modus operandi*. To change that without group consensus would have felt quite incongruent, and the team were also keen to carry out a group interview.

As an organisational piece of research, the focus group method provided a snapshot of the experiences of the group with less potential for undue focus on one individual. Thus, there was the potential for greater collaboration and engagement with any organisational changes to practice. It was agreed that the direction of subsequent research cycles would be decided on in collaboration with the team and my own research supervision. At this point, I suggested that one of the subsequent cycles could explore the implications for training and clinical practice. The action research paradigm was very new to the participants and a certain amount of information about potential options helped give form to the research. However, the dilemma was whether that would then overly shape the iterative process.

17.2 THE FOCUS GROUP INTERVIEW

After the initial contracting group discussion, participants took part in a semi-structured focus group to discuss their experiences of Christian counselling.

Participants were given a sheet of potential questions one week prior to the group interview in order to allow them time to identify and think about specific experiences and make good use of the interview time as it was conducted during working hours (see appendices). The focus group interview was audio-recorded and the data were transcribed verbatim.

As the researcher, I have initiated the research and spent considerable time reflecting on the issues that arise from my own clinical and personal experiences. The potential was that I overly influenced the direction of the research and undermined the participatory nature of action research. Though not participatory in the emancipatory sense, the aim was to eventually help the organisation consider implications for practice that participants could have some ownership of. In order to not overly impose my own perceptions and views, my own role in the focus group was less directive than usual in one to one interviews and another participant volunteered to act as facilitator. To a good enough degree, this enabled me to stay present to the research process as a participant, although I did steer the discussion back to the research question on one occasion.

17.3 FOCUS GROUP INTERVIEW: DATA ANALYSIS

17.3.1 Thematic Analysis

The data from the focus group were analyzed by thematic analysis (Braun & Clarke, 2006). Interpretative Phenomenological Analysis (IPA; Smith, Flowers & Larkin, 2009) was considered, but the application of IPA to focus groups is relatively new and not without its problems (Tomkins & Eatough, 2010). The phenomenologically oriented question of the participants' experiences of Christian counselling did make it a good candidate for IPA. However, IPA does not appear to have been used in insider action research and there is the potential to stretch IPA to the point of pulling it away from its philosophical roots. Within IPA, there is a double hermeneutic as the researcher interprets the participants' interpretations (Smith et al, 2009), but within an insider focus group, there is an added complexity. My own position as insider and researcher needed to be taken into account. Hermeneutically, I was making sense of how I and others together make sense of a phenomenon, with myself in the inside and outside position, not unlike the process of therapy in which the therapist is part of and co-constructs

the process whilst also aiming to be reflective about that process in order to look for those 'connections and innovations' (Fougler, 2010).

The process of the thematic analysis followed the steps outlined by Braun and Clarke. Congruent with a position of subjective epistemology, it involved interpretation and thus could be described as an 'interpretative thematic analysis'. In order to help me reflect on the 'lens' of my own interpretation through which I inevitably engaged with the data, I made additional notes on my own reactions, agendas, experiences and engagement with the data to see what was 'below the surface' for me, e.g., points of agreement, stimulation and discomfort or confusion.

Boyatzis puts it eloquently when he says that 'cleaning your glasses helps, but conducting qualitative research involves emotional, value-laden, and theoretical preconceptions, preferences, and worldviews' (1998, p. 8); particularly relevant for insider research. Acknowledgement and analysis of this helped with the process of reflexivity and the ability to identify blind spots, deepening the level of analysis. Consideration was made as whether to carry this out first or after the initial stages of analysis. The decision was made to start the analysis in a more inductive fashion, staying close to the data whilst bracketing off my own experiences, and then move closer to the interpretative analysis, thus moving from description to conceptual and reflective analysis – circling from a stance of some distance out from my own position in the group (if possible!) to close in and then out again.

Inevitably, participants' responses (including my own) were influenced by the group and organisational context. A further level of analysis was then carried out to attempt to account for the interactional and organisational nature of the data. Smith (2004), suggests in IPA that there needs to be additional analysis of the group dynamics when working with focus groups, and this is also part of the protocol suggested by Palmer et al (2010). Although not discussed by Braun and Clarke, this advice seemed apposite. Specifically, the data were analysed with reference to group relationships, organisations and systems.

17.3.2 Critical Group

The raw data and findings from this initial analysis were then discussed with the critical group in order to reflect on my own positioning as an insider researcher, and identify any blind spots and explore further areas of analysis. The feedback and questions from this group were reflected on and some themes were further developed as a result. The critical group noted the sense of tension between the psychological and spiritual, as well as the tentativeness of the participants regarding work in areas of spirituality. They also felt that the theme 'presence and profound moments', which relates to the participants' experiences of transpersonal moments could have been further developed in my analysis. This seemed to be a kind of parallel process of tentativeness in the write up around profoundly spiritual moments. The critical group meeting was recorded, reflected on and the comments were taken into account as the draft findings were re-written.

18. FOCUS GROUP: THEMATIC ANALYSIS FINDINGS

18.1 INTRODUCTION

As noted earlier, the aim was to potentially identify any issues that would seem to be specific to or more present in the shared faith dyad rather than general issues of working with religious/spiritual issues in therapy whatever the configuration of client and therapist (or other differences in culture, topics, clients or therapists find challenging, etc). Therefore, the discussion of the interpretation and results focuses more on those aspects relevant to the Christian dyad. Five interrelated themes were identified (see Table 1; p. 45). A descriptive over-view of the findings will first be presented, with particular emphasis on those aspects that were considered to be potentially relevant to Christian counselling. These will then be critically discussed. Some direct quotes are used to support the themes. Where direct quotes are used, pseudonyms will be used and these quotes are presented in italics. An ellipsis (...) indicates that some of the speech segment has been omitted.

Presence and profound moments
Challenges and benefits of shared faith • more than understanding • space to explore the negatives • potential for collusion • encountering hopes and expectations
Spiritual dynamics and power • concerns about power dynamics • perceptions of spiritual authority
Wrestling with two worldviews • awareness of God: Awareness of the profession • choosing between the witch doctor and the fool
Adopting the liminal position

Table 1: Five themes and sub-themes of experiences in Christian counselling.

18.2 THEME 1: PRESENCE AND PROFOUND MOMENTS

Some of the participants described profound moments in therapy, which were talked about in terms of God being present. There were experiences of '*God in the process*', of experiencing the presence of God coming in, something that both the therapist and client felt. Tricia said, '*I felt there was almost a holy presence in the room that I became aware of then you know, almost immediately the client said, 'are you feeling something?' And I said back to the client 'I am, but what are you feeling?' She said 'I feel God's walked in the room'. It was profoundly, it was a profoundly awesome moment*'. Liz talked about a similar experience and her own stance to this was a '*letting go*', not being able to force or contrive such an experience. These sorts of experiences for the participants were rare but experienced as profound and powerful.

For other participants, the experience of this presence was more implicit; they talked of their spirituality or relationship with God being present by virtue of being present in the therapist, and also in the client. Liz spoke of her and the client's relationship with God as being '*very deep and important*' in the work.

18.3 THEME 2: CHALLENGES AND BENEFITS OF SHARED FAITH

It is not unusual in phenomenological research to create themes that describe the positive and negative aspects of an experience (e.g., Braun & Wilkinson, 2003; Hayne, 2003) and in a similar vein here, the participants reflected on their positive and negative experiences of working within the same religious frame. This theme draws together those positive and negative experiences in practice, and has a number of sub-themes. Participants highlighted those aspects of sharing faith with their clients that were experienced as positive or advantageous, such as the experience of potentially feeling more understood, greater relational depth and having a shared language and empathy to work with negative aspects of faith. However, participants were also aware of the potential for collusion owing to shared faith, the making of assumptions, and experiences of having to address clients' expectations of them as Christian counsellors.

18.3.1 Benefits – More Than Understanding

Having the same faith was experienced as helping the task of understanding the client's frame of reference, at least by knowing the language of Christianity, and also in having an affinity for something that is important to clients. Tom stated that '*I think it means you can talk in, you can talk in terms... both understand*' and Sally picked up on the notion of empathy, saying, '*we have an empathy with the faith whilst being able to look with open eyes*'. Given the discomfort that can be associated with exploring spiritual issues in therapy (Jackson & Coyle, 2009) it is understandable that clients might want to find what they perceive to be a 'safe' space to explore aspects of their spiritual life where there is an ability to talk about faith. As Mark noted, it was about knowing the language of Christianity but also something more, he said, '*it includes the cognitive stuff, the words, the apparatus we use but it's also the sense I am with you and that's massive it seems to me and distinctive*'. For one participant, shared faith was experienced by her as feeling more 'seen' with Christian clients. Liz said '*I still feel present and like I'm me but maybe there is something a little bit more seen*', thus the sense of understanding was something participants said they felt clients experienced in therapy, but here it is something Liz felt as a therapist.

Participants also talked in terms of 'connection' and explored the question as to whether they experienced a relational depth with Christian clients that was qualitatively (or quantitatively) different than with other clients. Here, experiences were mixed and the conversation had the quality of a debate to it, but five of the participants said that they did sometimes experience a deeper level of connection with clients of the same faith. Louise summed it up for herself by saying, '*I have a spirit connection, a Holy Spirit connection, that there's something, a family, I believe that, which is I'm part of the body of Christ...we're part of the same family*'. However, some participants felt connection to be not limited to sharing spirituality, but owing to other things such as feeling compassion, sharing a vocation or about emotional connection. For some of the participants, the question remained unanswered about the reason for this sense of connection. As Graham said, '*so what is it that generates this sense that somehow with Christian clients there's, there's a deeper level of connection than with non-Christian clients, I just don't know... it might be that uh, there's the fact that... connection simply of empathy with their experience, but is that all it is?*'

18.3.2 Benefits – Space to Explore the Negatives

Another sub theme was that of being able to work sensitively with negative aspects of clients' religious experience. The imperatives of 'should, must and ought' were used by a number of the participants to describe some of the restrictions or legalistic ways their clients expressed their faith. For example, Louise said her clients were *'coming from a thing of feeling they've been overwhelmed by oughts and should and musts and they want to know, 'am I free to share my doubts here?''. And I've definitely found that in more than two or three situations'.* The participants' experiences with clients were that there was a sense that church did not always allow space for certain narratives, such as cries of complaint or distress - or to use a theological term - lament. One participant welcomed the opportunity to work with a client's experience of feeling God had let them down and another with a client who was overly concerned about sin, which the therapist perceived as in fact hurt.

At the more extreme end of the spectrum, one participant described her client's experience of spiritual abuse and legalism, and felt that spiritual interventions were needed to address this. Louise said, *'She had been told by somebody who*

had discipled her she shouldn't read books for enjoyment, sex with her husband shouldn't be pleasurable... she was bound up in this and actually you cannot counter that without bringing spiritual truths in'. Thus, whilst sharing faith, participants were open to working with what they saw as clients' negative religious experiences and beliefs.

Some of the participants saw themselves as sharing some of the clients' struggles with faith, wrestling with the same questions such as '*how you do live with grace?*' (Tom), and as being on a similar Christian journey. They described experiences of working with clients in the 'gap' between the theological truth of e.g., being loved by God, a child of God or a 'new creation' and the experiential working out of that, recognising they too are the same.

The therapists seemed comfortable working specifically with these sorts of religious issues and the ways in which faith was being experienced or expressed negatively. In fact, there was a sense of playfulness and/or feeling compelled to challenge these sorts of issues. For example, Jodie, speaking about challenging rigid religious rules, said, '*I have to go there*'.

18.3.3 Challenges – Potential for Collusion

Conversely, there were a number of instances in which participants experienced shared faith as having the potential for collusion in therapy. This sub theme came across fairly strongly in the interview. The participants were uncomfortable with the potential to simply go along with the client's Christian beliefs. That is, some participants felt that if they simply went along with the client's apparent Christian view of things, it might close down the opportunity to work therapeutically or obfuscate deeper issues. Matt expressed his anxiety around this possibility of collusion, comparing the process to that of the witch doctor saying, *'I guess my fear is that I, I miss all of these questions if I identify too strongly with the client's um, 'I am a new creation'... the witch doctor would buy into this, uh, the witch doctor would go into some ritual to allow for the exorcism of this said demon whereas the analyst forces you to own your own demons'.* The therapists also experienced clients as assuming they would agree with them and hold the same view of things. Tom also commented on this saying clients come with, '*'well you're on the same page as me aren't you?', 'so you're going to agree with my*

faith aren't you?' Actually it's their faith that's got them into the trouble they've got into sometimes'.

18.3.4 Encountering Hopes and Expectations

This sub theme is concerned with how participants experienced those initial phases of therapy in which clients express their expectations of the process and the person. In the main, the questions about 'who are you?' were uni-directional from client to therapist, and involved clients asking about the therapist's religious beliefs, practices, church affiliation and spirituality. The valence of this sub-theme is mixed; there was a sense of discomfort regarding some aspects, as well as positive and neutral experiences around working with clients' expectations.

The participants described experiences of being asked about their faith and of feeling sometimes 'checked out' with regard to their faith and beliefs. For example, some participants agreed with Liz when she said, '*I feel occasionally with Christian clients as if I'm being in those initial phases almost checked out for my Christian spirituality along some of these issues around you know, do I pray with clients, do I do prayer ministry, you know perhaps, do I use the Bible?*'. However, for Louise, this experience of being checked out was experienced 'in reverse'; rather than asking about the orthodoxy of her faith, she had experienced clients checking out whether it was safe to share doubts about faith with her. As part of the process of deciding to work and beginning a therapeutic alliance, clients seemed to be trying to gain a sense of the therapists' spirituality. In addition to the usual questions, expectations and anxieties around who each other is as therapy starts, they are also present regarding issues of faith and spirituality.

As well as experiences of addressing the clients' expectations, a number of participants had discussions at the start of therapy about whether prayer or other overtly spiritual interventions, such as use of the Scriptures, would form part of the therapeutic process. Sometimes these discussions were initiated by the therapists and sometimes in response to clients' questions and expectations. Jodie was clear about the boundaries of prayer in her practice saying to her clients, '*I will not be praying with you in the session, this it's not prayer ministry. Um, if there's a point where you particularly want to pray at the end of the*

session then you raise it, you tell me and that's fine, that'll be great but then we'll discuss about what it is you want to pray about and why and what that will mean for you but that's fine too'. For some participants, there seemed to be a need to perhaps set a boundary between therapeutic and other spiritual interventions such as prayer ministry. Two participants reflected on whether therapy included prayer ministry. Given the plethora of alternative helping interventions that Christians can have exposure to, such as prayer ministry, inner healing, pastoral care, it is unsurprising that some negotiations may need to take place around what the landscape of therapy would include.

For a number of participants, there were experiences of feeling that clients expected the therapists to act as 'spiritual experts', and 'judge and jury' with regard to moral or faith issues. For example, Tricia said, '*there is that sense often if you, however much you don't want to be the expert as the counsellor, the client will often turn up on the doorstep seeing you as the expert and you worry, or I worry that, you know, do they want to look at spiritual stuff to please me*'. Experientially, participants felt this was different to experiences of working with other clients. Also, Matt said, '*it's as if I am coming from a place in which I am judge and jury um, that what I will be able to do is not just help them, I'm thinking of client in particular who has issues around what he would see as deviant sexual ideas... and he believes that I will have the right theology to tell him which will then equip him for life'*.

18.4 THEME 3: SPIRITUAL DYNAMICS AND POWER

Participants reflected on issues of power in relation to Christian counselling. Aware of the importance of faith for Christian clients, the participants were concerned not to exploit that.

18.4.1 Concerns About Power Dynamics

The participants expressed their concerns about the potential to misuse or mismanage the power dynamics in therapy. Whilst these sorts of experiences around power dynamics are present in all therapeutic work, there seemed to be the added dimension of shared faith. For example Tom said*, 'I think that's the huge danger isn't it because there's such a potential for abuse there, massive*

potential for abuse', and similarly, Tricia said, '*I think the thing for me that is always at the back of my mind is, or what worries me for, for all Christian counsellors, in a sense and maybe including my own practice is the power dynamic'.* One participant was aware that the reputation of LST within the Christian evangelical community was largely positive and reflected on the implications of clients knowing she worked there in terms of the power dynamics; the concern was that clients might look up to or feel less able to question someone associated with a larger or respected Christian organisation.

Also, using spiritual interventions seemed to raise questions around power. Spiritual interventions such as prayer or the use of the Bible are laden with meaning in clients' lives, and therefore potent. Participants were concerned about using them, as Matt said, as power structures; '*I wouldn't necessarily use the Bible with Christians because I almost feel as if, I don't know, I'm using a power structure'.* Thus, the concerns about power were related to the use of spiritual interventions in therapy. Many of the participants did incorporate prayer, use of Scripture or other spiritual interventions in therapy occasionally and it was noted that these were helpful at times, but this was tempered with the awareness of how this could be misused and feelings of tension or dilemma around the power dynamics that may come with these potent interventions. Tricia went on the say, '*You can see the sort of tension of having a hold on the one hand the potential abuse of power and how yet on the positive being able to have, sort of challenge things that aren't right.*

18.4.2 Perceptions of Spiritual Authority

As well as power in relation to spiritual interventions and what the therapist did in therapy, participants described experiences of being concerned about how clients endowed them with authority as Christian counsellors. This is linked to the notion of expecting expertise, but as well as being seen as having skill, participants felt clients saw them as having authority. Matt said, '*I think with the clients who are Christian is this assumed shared knowledge, this assumed shared belief structure and this sense of projection of me as an authority figure which feels slightly different than with the non-Christian clients. It's not that there isn't an authority dynamic there but it's that there is a different level'.* The

participants expressed discomfort and concern around this sort of transference or dynamic.

18.5 THEME 4: WRESTLING WITH TWO WORLDVIEWS

This theme refers to the participants' experiences of being aware of two worldviews; the Christian theological worldview, and the professional/psychological, and a sense of wrestling with the choice and interplay between the two. Their therapeutic work was influenced by both, sometimes accompanied by a sense of dilemma or tension.

18.5.1 Awareness of God; Awareness of the Profession

The participants talked about their clinical experiences using both professional language – e.g., wanting to work ethically and to facilitate client autonomy, and spiritual language in terms of their relationship with God – e.g., as doing the right thing before God, trusting and believing, as if aware of these two distinct audiences to their work. Participants talked of using intuition to guide their interventions; intuition that seemed to be linked to their spirituality and based on faith. In contrast, their awareness of the profession was discussed with concern for the ethical guidelines. At times this gave rise to feelings of tension or moments of choice between these two very different underlying worldviews. For example, talking about her experiences of praying with a client in the session, Tricia said, '*This is completely against all the rules. This is in the middle of the session, it's not, we haven't even contracted, we haven't decided, although I did give her, there was client autonomy there. And it was absolutely the right thing to do was to pray in the middle of the session*'.

18.5.2 Choosing Between Being 'The Witch Doctor' or 'The Fool'

The participants described wrestling with the implications of the two perspectives and seemed to be alert to the need to avoid collusion, however they were working. Awareness of these two possible underlying worldviews seemed to be underneath Matt's dilemma of whether to go along with a spiritual understanding of a client's issue or a psychodynamic interpretation. He likens the first option as that of the witch doctor, saying, '*they want the witch doctor, um, but they want a*

different type of witch doctor to the one that I want to be. Um, but I still wrestle with that. And I wouldn't have wrestled with that if was a non-Christian, um, because it's quite, it's not easy, but it's, you know, it's quite an easy bit of interpretive work it's, and yet with a Christian I feel more conflicted I think'. There seemed to be some processing around the question of whether to work within one worldview or the other. In contrast, Tom talked about likening his work with Christian clients to that of a kind of Shakespearian holy fool, saying that fools are '*the one that kind of doesn't take things apparently too seriously and they kind of have a tendency to puncture the pomposity of belief systems that are hurting people*'. The participants agreed that when working with more of a spiritual understanding in mind, there was still a need for challenge and scrutiny, holding other perspectives in mind.

Questioned about how they made the decision as to whether to work spiritually or not, the participants seemed to draw on their intuition as well as ethical guidelines, with one of the participants Mark saying, '*it's at the intuitive level I would be taking certain risks if you like but just believing before God I'm doing the right thing... and trusting that, waiting to see what happens – to see have it got it right or wrong but... I'm aware I'm doing that which I think is my ethical responsibility to be aware*'.

18.6 THEME 5: ADOPTING A LIMINAL POSITION

This theme captures something of participants' stance when working with issues of faith, describing themselves as coming at things 'from the edges', or adopting a liminal position, the position of the fool – irreverence, and aiming to create space for alternative conversations. Participants wanted to give clients space to explore things which seemed ignored or that were not given much space for exploration in the church or other settings. Descriptions in this theme were rich in spatial language and the systemic language of positioning, perspective and irreverence. Rather than tackling issues head on, participants talked about coming from angles, from the edges and adopting the third person or liminal position. Sally said, '*we often have to come at it side on and go around the edges*', and Tom commented that for him it was about *'coming in from the edges, from a liminal position is actually where I think Jesus' ministry was, on the edge, on the liminal place, not really in, not really out but on the borderline'.*

On the whole, participants seemed to welcome the opportunity to be on the edge, in the questioning position, perhaps even subversive with regards to faith. Tom compared his approach to that of the fool saying '*they're somehow quite spiritual as well. Look at the fool in King Lear for example, they're the one that tells the truth and helps the person around them to understand reality and that's sort of the position I find myself in as a therapist so and that's why systemic therapy very much appealed to me because it gives a lot of license for that kind of playfulness'.* This sort of positioning is common to many approaches to therapy and helping clients adopt a different perspective to their own experiencing is often part of the therapeutic task (e.g., in cognitive behaviour therapy, mindfulness based approaches, the psychoanalytic concept of the observing ego). Here, it seems that the participants are also adopting a liminal position with regard to the big structures of church and religion.

19. FOCUS GROUP INTERVIEW: DISCUSSION OF RESULTS

This focus group research aimed to explore Christian therapists' experience of counselling Christian clients as a stimulus for considering implications for Christian counselling training. The interview was carried out with participants who are faculty in an evangelical confessional college and so the contextual nature of the results is acknowledged. Nonetheless, there may be points of interest for therapeutic work in other small communities such as ethnic or sexual minorities (e.g., Gabriel & Davies, 2000) in which the therapist and client may have a commonality, and the study presents an initial exploration of the interior of Christian counselling in the LST context.

Participants were aware of some of their values and influences that informed their clinical practice; there was a sense that they wanted to authentically integrate their spirituality in therapy as part of who they are and, where appropriate, work with clients' issues of faith. It seemed important for participants to consider contracting for spiritual interventions as well as managing clients' expectations, and yet intuition played a part in guiding interventions. As well as having the advantage of a common language regarding faith, there were challenges, particularly in terms of managing power dynamics and wrestling with collusion. Systemic influences were visible, for example, taking a stance of playfulness or coming at things from the edges seemed to be important to the

participants perhaps as ways of creating more space for alternative conversations to those experienced in church settings. There were profound moments described as experiencing God in the process and relational depth. These five themes will each be further discussed.

19.1 PRESENCE AND PROFOUND MOMENTS

19.1.1 Presence and Relational Depth

'Profound moments' in therapy were described by a number of the participants, which were talked about in terms of God being present. Participants also talked about a more implicit sense of presence, and of their spirituality as present in the work by virtue of being part of their own life. Ironically, this theme is perhaps the least specific to Christian counselling of all the themes. Many approaches to therapy include descriptions of profound or transpersonal moments in therapy, such as is found in the relational depth literature (Mearns and Cooper, 2005), dialogical therapy, (e.g., Hycner, 1991) and transpersonal approaches (e.g., Clarkson, 2002). Moreover, Rowan (2013; p. 208) argues 'that working at relational depth is a spiritual activity'. Whilst these different perspectives and concepts are not necessarily describing the same thing, there is some overlap in these hard-to-articulate aspects of the therapy process, and they are touched upon from a wide range of theories. Therefore, it is not surprising that this theme should emerge from questions around the experience of therapy.

The telling of these profound experiences as God in the process may have been about a wish to say it is different or profound, and of course the confessional context and nature of evangelicalism may be relevant here. Faith is the raison d'etre for organisations such as LST and CWR and it obviously has an impact on not only the experiences, but on how those experiences are framed. That is not to dishonour the participants' experiences but some critical discussion is appropriate.

The findings in this theme may not be dissimilar to some of the psychotherapeutic research on concepts such as relational depth. For example, Cooper (2005) and Mearns and Schmid (2006) describe moments of relational depth from the therapists' perspectives using profound terms such as 'presence',

'flow', and 'moments of meeting'. But whilst research by McMillan and McLeod (2006) does support the presence of these experiences in therapy, it also suggests that clients' experiences are more prosaic. Perhaps there is a need for the person to person literature to 'find' relational depth. And in a similar vein, perhaps Christian counsellors need to find moments of experiencing God's presence. On the one hand, it is only human to find what we go looking for, but taking the argument too far does psychologise belief in God and is potentially reductionistic. I would suggest that underlying unconscious motivations do not negate the participants' experiences but, as with any human activity, are part of it, at least to some degree.

19.1.2 The Clients' Perspective

Whilst the person centred literature has looked at experiences of relational depth or presence from both the perspective of the client and therapist, what is missing here is the clients' perspective of these moments. One participant in this study suggested a kind of synergy of experience; both understanding the experience in the same terms with Tricia saying, '*almost immediately the client said, 'are you feeling something?' And I said back to the client 'I am, but what are you feeling?' She said 'I feel God's walked in the room'*'. However, there is still relatively little phenomenological or empirical research on the clients' experiences of therapy and it is premature to draw conclusions on clients' experiences of therapy, whether of relational depth, powerful moments or otherwise. Writing in 1951, Rogers commented on the paucity of research in this areas and, nearly forty years later, McLeod (1990) pointed out that the 'voice of the consumer' (p. 1) has been neglected. Just a handful of studies have considered the experience of therapy generally, and of relational depth from the clients' perspective (Knox, 2013). There is still even less on clients' experiences of working with religious/spiritual issues. As the relational depth research mentioned above suggests, clients may experience these moments differently. Clearly further research, particularly from a British perspective, needs to be carried out in order to deepen therapists' understanding in a relatively under researched area of work.

The earlier literature review suggests that therapists can feel a sense of discomfort (e.g., Jackson & Coyle, 2009; Aron, 2004) or hesitancy (Maichuck,

2012) when working with religious/spiritual issues in psychotherapy. There is an understandable caution around unethically imposing beliefs, or unfamiliarity. Indeed some of the participants in this study, although working with clients who explicitly wished to work with issues of spirituality, also expressed some concern. However, the clients' experience and concerns around religious/spiritual issues in psychotherapy are not known and it is quite likely that clients come to therapy with different expectations, concerns and agendas regarding issues of faith or spirituality. Therapists view these issues through the lens of theory and professional and ethical training; clients also have a range of views and concerns that may not equally match the profession. Despite a turn towards equalising the power dynamics of the therapeutic relationship, research so often starts with the theoretical understanding and experience of the therapist and does not sufficiently honour the voice of the client.

This study does not address the imbalance but further highlights the need to explore the question from the clients' perspective. It is quite possible that clients' experiences are different from therapists, that therapists' concerns over working with religious issues are projected onto clients or there are other unidentified concerns. Phenomenologically and anecdotally, therapists and clients do experience important moments of connection or the transpersonal which are often potent turning points, deserving of better understanding from both 'sides' of the therapy room, and intersubjectively.

19.1.3 Christian Counselling

From the perspective of Christianity, these profound moments were thought of in terms of sensing or the involvement of the presence of God. As noted earlier, this presence is often explicitly sought by Christian clients in therapy, and it is my experience as a trainer that many Christian counselling students approach therapeutic work with an eagerness to experience moments of God's presence in the process. This could be understood from a Christian anthropological perspective that views humans as primarily relational (e.g., McFadyen, 1990) and an outworking of their attachment to God or a broader, general view of humans as relational.

The attachment to God literature (e.g., Beck & McDonald, 2004) may be of some help for therapists working in this area, e.g., viewing this relationship in attachment terms provides an understandable frame of reference as a starting place for those working with Christian clients. A greater challenge is how to work with those more profound moments of presence. This has implications for LST as a training organisation and raises a number of questions; e.g., how do we 'teach' around this aspect of the work, do we aim to engender it, and/or explore our underlying motivations for this, what is the impact on the students of our narrative around this? There are few fixed answers here and by definition the transpersonal is not something that can be readily controlled (Rowan, 2013). Experiences of meeting, relational depth or transpersonal moments can be contrasted with the 'everyday' and on-going experience of the therapeutic relationship in which these moments may happen. Description – in contrast to explanation - may be the most one can hope for.

Whilst this is an area of psychotherapy where concepts are hard to categorize, a distinction could be made between those theories that focus primarily on what is happening between the therapist and client, and those that incorporate the transpersonal. The transpersonal includes the 'spiritual or inexplicable dimensions' (Clarkson, 2002; p. 4) or 'that which genuinely goes beyond the personal into the realm of the sacred, the numinous, the holy, the divine' (Rowan, 2013; p. 209). It may be viewed from another perspective as an aspect of the analytic third, but here I am agreeing with the possibility of the transpersonal as something that 'goes beyond'. This seems to capture something of the participants' experience here.

19.1.4 Bias and Desire

Interestingly, this particular theme was associated with some disparate feedback from the two critical friends. One felt that the theme could have been developed more; that is, it was more present in the data than my initial draft write up suggested, and the other wondering if I had sought out these particular answers through the pre-interview questions and, in fact, found what I was looking for. In one sense, both were right. I felt a degree of cautiousness around reporting the participants' spiritual experiences for a number of reasons (e.g., past experiences of how faith was spoken about in my own secular training), but

perhaps primarily owing to a dim awareness that this is what Christians counsellors might want (as noted earlier). It was perhaps a clumsy attempt to avoid the bias I perceive in myself and the Christian counselling community, which resulted in another bias – albeit in the opposite direction.

Said plainly, it is my view that underlying that bias is desire. For many, Christianity encompasses the notion of an intimate relationship with God, and the Christian Scriptures and theological literature attest to the desire for that relationship (e.g., Horsfall, 2012). Bion famously encouraged psychoanalysts to approach their work by 'refraining from memory and desire' (1970; p. 31), and there is of course much wisdom in Bion's trademark phrase. However, as others have also argued, we 'necessarily have memory... We also necessarily have desire. We *want something* from the patient' (Wachtel, 2002; p. 219, author's own italics). And these points need not be mutually exclusive; we may have memory and desire, but we can adopt a 'creative indifference' to them (Joyce & Sills, 2014; p. 40f). Nonetheless, in Christian counselling, this desire ought to be articulated - where it is present - not only in the usual assessment process from the client's point of view, but reflected upon from the therapist's perspective as well.

Much has been written on desire from other perspectives, particularly in relation to sexual desire in psychotherapy. A brief survey of the psychological databases with the term 'desire' confirms that this is the case. Unconscious desires are acknowledged in theories such as the 'wounded healer' (e.g., Barnett, 2007) and the like, but rarely are therapists asked directly – 'what do they want in therapy'? This relates to the need for therapists to articulate, to a good enough degree, their underlying 'model' of therapy, including theoretical notions about mechanisms of change and goals of therapy. But also at a more basic level, the simple question regarding what we desire is rarely posed. Desires can be articulated and clarified. Creative indifference, playfulness or refrain can only occur with respect to that which we are aware of, and the point equally applies beyond the context of Christian counselling.

In the context of Christian counselling, there is, at times, mutual desire by client and therapist towards a third, bringing with it all the complex dynamics of expectations, frustrations, transference and the like by both parties. That third is

conceived of as more than an intersubjective process, but is framed as personal and relational. Where that is the case in the dyad, any conception of the therapeutic relationship in Christian counselling needs to take that into account, with all its attendant interpersonal dynamics, including desire, which is further explored in the discussion on implications for therapy.

19.1.5 'What is Christian about Christian Counselling?'

On the one hand, this theme was least specific to Christian counselling, but on the other hand, the discussion around this theme did evoke some reflection about what was at the heart of Christian counselling. One participant described at some length an experience of sensing a divine presence which seemed to spark something of an exploration amongst the participants around what is distinct about Christian counselling and whether it is 'different' from work with other clients. There was a range of views and experiences about this. I recall that I felt a dilemma in the interview process around the degree to which to give space for this discussion or bring the focus back to the participants' experiences. A number of interesting questions were raised before the focus was brought back. These touched on things such as what is meant by 'Christian', 'spirituality', the 'divide' or not between 'the secular and the spiritual', outwards and more inward expressions of spirituality and ethical considerations of certain spiritual interventions.

On balance, it was right to eventually draw the focus back to the research question. However, my sense was that the question as to what is Christian counselling for us as a team was left unanswered at the time. The differences in approaches and views were not fully explored; it was as if there was some underlying dynamic or tension left unexamined. Some of this may relate to some participants' needs – including my own – to 'defend' Christian counselling as something that God is active in, perhaps not exploring too deeply to avoid some difficult answers. But there seemed to be something else at a group level. I finished the interview feeling I had done the interview 'correctly', but having missed something deeper.

19.1.6 Reflections

Writing about it now, it is hard to not frame this feeling in terms of some of the changes in the relationship between LST and CWR, who decided to end the 16 year joint venture, parting in 2014. It would not be ethical to go into specific details about this, but the decision was made over time with considerable consultation at the team level, and with much agonising over the relational impact, particularly within the teaching team. Without wanting to overstate the impact of the action research, it has left me with questions about the potency of looking to see what is beneath. Looking is never disconnected from acting upon or exacerbating. Although the group did not reflect on the deeper dynamics in the interview at the time, it is my sense that the research was a small link in the chain of unfolding organisational dynamics. It perhaps gave space to explore the pachydermic questions and highlights some underlying fissures that had been slowly developing, particularly in regards to mixed feelings about the Waverley model and other organisational dynamics.

On reflection, I also see that I avoided exploring this feeling of missing something deeper. With many challenges within and between both organisations, I was overwhelmed. Journalling at the time, I wrote, '*It feels as if I have carried the team in my body and lived out the group dynamics – many of which have been dysfunctional in this last academic year. It seems to me as if my friend's illness has been a metaphor for the critical state we have been in. The treatment is long and difficult, poisonous and not wished for, yet life giving*'. I was both enraged and exhilarated by the experience of feeling profoundly 'stuck' in the action research; I could not leave my job without some significant impact on my studies. However, the dormant issues were beginning to be explored and I was finding my own sense of agency through the work, as noted in a further section below.

There is much unexplored territory around the theme of profound moments. Many of the questions that followed the telling of these experiences could have been explored. To do so may feel political or subversive to some, but there is the danger of colluding with the lack of criticality in order to maintain a particular perspective which stagnates what Christian counselling may become. At this point of writing, the teaching team have taken some time to renegotiate LST's approach to psychotherapy and counselling (moving away from CWR's

'Waverley model' of counselling and developing their own) and it would be interesting to revisit the theme of profound moments to see something of the sense of movement.

19.2 POWER IN CHRISTIAN COUNSELLING – EXPLORING THE COMPLEXITY

The theme of spiritual dynamics and power was supported by a considerable amount of data. Participants expressed concerns about the power dynamics and were aware of the need to pay careful attention to how clients perceived them as 'spiritual experts'. They were also aware of power in relation to using spiritual interventions. This is not unrelated to the first theme. For example, here is a dyad in which both to use the language of power – submit or relate to a higher authority, and one of whom may be seen as an agent of that higher authority.

19.2.1 'Koinonic Power' Within Christian Counselling

Power dynamics have been explored in relation to the psychotherapy relationship and various taxonomies of different types of power have been put forward. For example, Proctor suggests there are three aspects of power relevant to therapy; role power, societal power and historical power (2002). In attempting to capture what the participants may experience with Christian clients as a Christian therapist, I would add the term 'koinonic power' (pronounced /kɔɪˈnəʊnɪk/, from the Greek word 'koinonia' (κοινωνία), meaning fellowship). This describes the power dynamic between therapist and client that is present by virtue of belonging to the same faith community or joint participation (in religion), and can engender a sense of trust or authority. As the third theme highlights, there are both advantages and limitations in the shared dyad, and there are also potentially empowering and disempowering aspects within it. Here, I am viewing power not necessarily as a capability or 'thing' that one has but agreeing with Tew, that is a 'social relation... a relation between people that may take form at various levels, from the systemic patterning of the social whole, through the more local structuring to the construction and organization of personal identities (the internalization of power relations)' (2006; p. 39, 40).

There is the wider context that the therapist and client are a (joint) part of, as well as the intersubjective and personal dynamics. Experientially, this could be felt or expressed between and/or by either the client or therapist. The participants seemed aware of this potential and were concerned about being seen as a 'spiritual authority', and indeed one participant did describe an incident of being asked for advice by a client about an issue of lifestyle as if the therapist were an authority.

19.2.2 Koinonic Power & Spiritual Issues

The dynamics of koinonic power also have implications for working with spiritual interventions. The client may perceive the therapist's view as particularly trustworthy and the therapist can be tempted to exercise a normative function of correcting religious behaviour or beliefs, thus potentially misusing that power. As noted earlier, therapists' beliefs tend to be internalised in the therapy process – and to some extent this process of internalisation is part of the healing process (e.g., from an attachment or object relations perspective). In the context of Christian counselling, beliefs around religious issues may be brought up in therapy and the Christian therapist's explicit beliefs or implicit values may be internalised without due awareness and exploration. Despite the breadth of evangelicalism, there may be an underlying pull towards orthodoxy of Christian beliefs from the therapist or client, with the potential for collusion in agreement or power struggles in difference. This is particularly relevant in religious therapy where the client may have had other experiences of pastoral care which can be a more directive form of helping, and clients may bring different expectations to the therapy process as noted earlier.

Also, clients may comply with spiritual interventions such as prayer, spiritual exercises or use of the Biblical narratives, which are sometimes a part of Christian counselling. It is not merely the usual compliance that can be present in any therapeutic approach. Spiritual interventions that are perceived to be endorsed by God may be hard to say no to, particularly when offered by a Christian therapist. Additionally, therapists may feel pressure to 'perform' spiritually if the client requests spiritual interventions, as might the client in some instances. The participants were also aware of potential for abuse here.

There is also something of a paradox in relation to the notion of power in this dyad. Although there is now more emphasis on mutuality and intersubjectivity in psychotherapy, theory-power is still held by the therapist who apparently has the ultimate or guiding understanding of what is occurring in the therapy. But within the Christian dyad, the client may also exercise a kind of koinonic power by virtue of being able to say 'God says' as the final arbiter or view of an issue (equally true for the less ethical therapist of course). This may feel like a defensive move or an authentic conviction. In this case, one person's spirituality is not necessarily privileged over the other.

Of course, that is not to say that therapists shouldn't include spiritual interventions or work in a way that is congruent with the client's faith; that would be a kind of reaction formation based on fear. The key issue is to, as far as it is ever possible, manage these 'spiritual power dynamics' through reflection and raising awareness – and in this context adequate training. For trainee Christian therapists who wish to work with Christian clients, more time needs to be devoted to the exploration of these issues. Current understanding of how the presence of structures such as Church, the Bible, Christian doctrine or God (and potentially the perception of the therapist as an agent of these) impacts the process of power dynamics may be limited by approaches that don't always take into account the presence of these religious structures.

Additionally, the development of intra-cultural competence should include in-depth consideration of particular power dynamics, such as koinonic power, and associated ethical dilemmas that may occur within the dyad. For example, how might a religiously committed therapist feel about working with a religious client who moves towards denouncing their shared faith? Therapists may be primed to be open and respectful with clients presenting with more obvious cultural, religious or sexual difference, but surprised by differences in values from members of their own community. Is there space for subversion, disagreement or challenge? Aveline says, 'What therapists can bear to hear in themselves, they can hear in their patients [*sic*]' (1990; p.333). This is often quoted in referring to one's personal shadow side, but is equally true for wider cultural, religious or social issues. Training needs to include some reflective work on aspects of 'difference within the sameness', that is, some engagement, exploration and deconstruction of – for want of a better phrase – 'sacred cows' that each

community might hold. In some position of power, the potential is for the therapist to subtly close these conversations down. Potentially, these issues above also have implications for other therapeutic dyads in communities where there are shared cultural, lifestyle or religious values.

Zur (2009) provides a comprehensive list of 'types' of power, such as expertise, referent, role etc, helpfully highlighting not only the therapist's but these types from the client's point of view. He challenges the notion of the all powerful therapist. Aspects of spirituality could be added to that in recognition of the associated power dynamics. This could include Stortz' notion of 'power within', which she contrasts with 'power over', saying, "'Power over' is validated by external authority; 'power within' is validated through the personal force of the one possessing it, literally the 'charisms' or gifts of the leader" (1993; p. 77). This is relevant in any dyad, but also takes on an additional meaning within charismatic streams of Christianity in which the supernatural gifts of charisma of the Holy Spirit can be experienced and used powerfully. The expression of spirituality, for example, through powerful prayer or a pronouncement of what God has said, can be associated with 'power within'. Power associated with faith may also be expressed as 'power with' (Stortz), for example, in prayerful support, service or encouragement, and 'power over' has been already been briefly discussed earlier. These three conceptions of power, each with their potential strengths and limitations, provide a helpful starting place for reflection on power in the Christian and affiliated dyad.

19.2.3 The Dyad in the Wider Context

Although the recent UK census shows that many people would describe themselves as religious (Office of National Statistics, 2011), religious commitment and practice is not as common as it once was, and there is some evidence (at least from the USA) that therapists are less likely to be religious than clients (e.g., Post & Wade, 2009). Against this backdrop, the client, having found someone with the 'same' faith as them might breathe a sigh of relief, feeling him or herself to be understood and in safe hands – and potentially be compliant. Talking about smaller communities, Zur points out that, 'The bonds among members in these communities make them highly cohesive and, to varying degrees, separated from other communities or even isolated from the

world around them' (Zur, 2007; p 24). Applying this to the Christian community, this could be associated with a kind of 'ghetto' mentality which restricts novel exploration, or results in the structures of Bible, God and the like as being felt very powerfully. It is the therapist's responsibility to work ethically and be aware of these potential dynamics, within the therapy process but also how the work sits in the wider social context.

19.2.4 Power and Agency; Relatedness and Belonging

Safran and Muran's exploration of relatedness and agency potentially offers a helpful approach for further understanding some of the power dynamics that might be present in shared dyads (2000). Arguing that humans have two basic needs for relatedness or belonging, and to express agency or autonomy, they say that the negotiation of these two needs is 'a fundamental dilemma of human existence' (p. 165). The need to belong within humans is powerful. It is important to note that belonging is expressed not only at an individual level, but systemically at wider group and social levels, including religious or other groups and sub-cultures. Thus, in the shared therapeutic dyad, there are also powerful systemic forces present, which therapists may unknowingly collude with. That is not to infantilise clients and therapists, nor fail to recognise this in other therapeutic dyads, but it is important to recognise where the pull for belonging may be expressed at the expense of agency on a systemic level, as well as individual.

Their work on the therapeutic alliance can be readily applied to affiliated dyads using a systemic perspective. Therapists can reflect on the tension of these two basic needs of clients (and themselves) as they are played out in both the microcosm of the shared dyad and their common wider cultural/religious group. For example, this may be by considering how the needs for agency and belonging are being negotiated and expressed in the client's religious community, as well as at the individual level, in therapy, and the interaction of the domains. Transcultural or intercultural counselling approaches recognise the wider system(s) that clients and therapists belong to, as can intra-cultural work. The key difference in a shared dyad is that the therapist is also part of the same system or group as the client, and issues of agency, power and belonging must be considered from 'the inside'. Similar to insider action research, the tensions,

dynamics or dilemmas may not be resolved per se, but can be identified and managed. Safran and Muran's approach provides not only a helpful theoretical base that can be applied systemically, but practical, clinical skills for recognising and working with how the tension between these two needs may present in therapy and elsewhere.

I am emphasising the powerful pull of belonging being expressed at the expense of agency, rather than vice versa, as it is based on my experience in Christian counselling and as a trainer. More frequently, Christian clients can be helped by considering how to express their agency and being empowered. Empowerment is also a significant issue for many others clients. However, there may be significant differences of emphasis in other shared dyads that hold different values.

There is a risk of viewing power or working powerfully with spiritual interventions in Christian counselling as necessarily harmful and negative, resulting in a 'need to tread on eggshells'. Whilst I am not advocating an overly cautious approach, there is, in my view, a need for Christian therapists to work more reflectively and perhaps cautiously, which will then enable greater freedom to fully embrace clinical work with religious/spiritual issues with more awareness. That is, Christian values can be apprehended in such as way as to engender compliance and there is often a need to first address issues of how agency may be subjugated to belonging. Recognising these issues and conceptualising some the dynamics in terms of koinonic power may help to deepen therapeutic work in this area.

19.2.5 Koinonic Power or Kinship Power in Other Dyads

Some of these issues around dynamics of power are seen in any therapeutic dyad, e.g., the perception of the therapist as an authority or the potential for imposition of views, etc. However, I am arguing that in Christian counselling and in dyads in which there is some significant shared identity, such as religion or culture, there are additional considerations. The sense of belonging, of sharing, of 'being the same' can be powerful, particularly for minority groups, as noted earlier. Unexamined assumptions of being the same can exert a powerful influence in the therapeutic process. Here, there is a 'power of sameness' that

can be empowering, and collaborative, but also potentially a dynamic that unwittingly engenders conformity, fails to ask questions from a different perspective or assumes knowledge. Therapists and/or clients can end up colluding with shared values in an unreflective manner. The potential for conformity may be present in a particular way in shared dyads.

The word 'koinonic' with its religious connotations of fellowship or communion fits well within the Christian landscape but may not be acceptable in other shared dyads. Therefore, other groups may find that there are alternate terms that better fit their community, for example, 'affinity' or 'kinship power' may capture something of the connection that is at the heart of the issues. Nonetheless, the essence of the point is that belonging, sharing, and other related concepts can be powerfully felt. It is even evident in situations in which belonging is painful, for example, in dysfunctional families. To be influenced by the groups that one belongs to is to be human. However, there needs to be greater recognition of this potential power dynamic of 'kinship' in intra-cultural therapy.

Kinship power seems to have the possibility of elements of what Tew has called co-operative power and collusive power (2006). He describes the former as 'sharing and mutual support – through valuing commonalities and difference', which is a productive form of power, and the latter as 'banding together to exclude 'otherness' whether internal or external' – a 'limiting' form of power (p. 41). If the valuing of commonalities cannot also hold differences, it becomes limiting, to use Tew's word, or potentially unethical, even abusive.

There may also be elements of obligation in kinship power. For example, writing about Muslim clients and therapists, Raheim and Hamid (2012) discuss how there may be a sense of 'tribal responsibility' in shared dyads. The sense of kinship or family may result in something of 'pull' for the therapist to be particularly obligated to someone from the same religion. As they note, obligations may be expressed around difficulties in keeping boundaries. Moreover, Christian teaching on helping 'the family of believers' would reinforce this obligation, thus it may be present at a more structural level as well as the individual/intersubjective (e.g., 'Let us do good to all people, especially to those who belong to the family of believers' (Galatians 6:10, New International Version of the Bible). Indeed, it has been my experience in Christian counselling that

clients are more likely to seek help with things such as finding Christian resources, desire therapist self-disclosure, and expect greater flexibility of boundaries generally. Similarly, Christian therapists can end up offering more in terms of time and support. Whilst some of this may be owing to my exposure to trainee therapists who are rather keen to help, it can also be true of experienced therapists – though often carried out with greater awareness. Having personally trained in a secular setting, it is noticeable; moderate, but significant and consistent.

Whilst the sense of obligation or responsibility to someone from the same background may be underpinned by religious teaching and particularly felt within in religious dyads, it is likely to also be subtly present in other shared dyads. This may be welcomed as a part of what it means to belong to the particular community or sometimes felt to be burdensome. In either case, there is a sense of being bound to someone in a way that is not necessarily present in other dyads, and it is unlikely to be limited to a Christian context.

Firstly, this needs recognition in religious counselling. The notion of kinship power needs to be incorporated into conceptions of power dynamics in the therapeutic relationship. Given that the quality of the therapeutic relationship is vital to the success of therapy, and power dynamics are an integral part of human relations, it certainly warrants inclusion. Without consideration and awareness, therapists can be unwittingly pulled towards obligations that their therapist-selves are not comfortable with, or away from what their religious-selves wish to authentically express. It is less about whether the obligation is met or not, but on what basis. This will enable therapists (and clients) to work comfortably within the religious framework, honouring its values, but freely with greater awareness.

Secondly, I argue that these findings are also relevant to other shared dyads. For example, the sense of community and belonging has been discussed with regards to therapy in the deaf community (Glickman, 1996), Latin American communities (Kertesz, 2002) and sexual minority communities (Gabriel & Davies, 2000). Military contexts are not included here as the challenges of power dynamics, in addition to what is expected in therapy, are distinct (Zur & Gonzalez, 2002). Nonetheless, although there may be differences in how kinship

and belonging are expressed in these other communities, there still remains the need to explicate the particular relational and power dynamics that may arise in such dyads, and acknowledge this as part of the process of developing intra-cultural competence. It is essentially about undertaking an exploration of what it means to be part of the same community – a question that will inevitably need revisiting from time to time. Much more research is needed in the various communities to understand the nature and implications of sameness. Writers such as those mentioned have touched on this, but mainly in the discussion around the related issue of dual roles.

19.2.6 Spiritual Abuse

Returning to the contribution this potentially makes to the field of Christian counselling, this theme is also important in terms of the implications for spiritual abuse and ethical practice. According to Wehr (2000), the quest for spirituality is underpinned by normal human longings for things such as love and wisdom. Humans have been viewed as inherently meaning making (e.g., Frankl, 1959) and this meaning can be framed in religious terms. For some, religion and spirituality speak to these deep human needs and vulnerabilities. Not unlike sexuality, religion and spirituality can touch on deeply personal feelings and beliefs, and therefore, the potential to misuse power is present.

The need to explicate power dynamics in Christian and religious counselling can be illustrated by acknowledging the existence of 'spiritual abuse', which was touched upon by the research participants. Spiritual abuse can be described as 'the mistreatment of a person who is in need of help, support or greater spiritual empowerment, with the result of weakening, undermining or decreasing that person's spiritual empowerment' (Johnson & VanVonderen, 1991; p. 20). It is a particular kind of abuse that specifically uses spiritual means or positions of spiritual leadership that disempowers or worse. The literature on spiritual abuse is largely in its infancy, with no agreed definition on what is meant by spiritual abuse (Ward, 2011), but if therapists are to incorporate issues of religion/spirituality into psychotherapy, there needs to be a greater awareness regarding experiences of abuse without, and the potential for abuse or unethical practice within.

This is an area that needs further development within psychotherapy training and research. As psychotherapy moves towards greater inclusion of religious/spiritual issues, there needs to be an accompanying growth in understanding of how to work with such abuse, but also how power dynamics may unfold in the therapeutic process. There is the potential for blatant abuse within therapy, but also for less obvious but harmful unethical practice. One could extrapolate from the current literature on dual roles and abuse in therapy, and apply the ethical principles of good practice in this area of work. Added to that is the need to identify the potency of seemingly positive aspects such as kinship and familiarity, as well as challenges like obligation, blurred boundaries, unexamined acceptance or collusion, conformity and the like that has been discussed in shared dyads. However, there are particular issues within this area of work that are not necessarily helped by drawing from the current understanding of other types of abuse. Gubi and Jacobs (2009) sum it up clearly, saying, 'What makes spiritual abuse different from other abuses is that those who perpetrate this form of abuse use a Higher Power, or they interpret scripture that is considered 'sacred' to justify their actions – a power that is intrinsically difficult to resist for 'a believer' (p. 191).

Moreover, Gabbard makes the point in his discussion on crossing sexual boundaries in psychotherapy that therapists who do this are, in the main, those of good professional standing who are 'more *similar* to the rest of us than different' (1996; p. 312, his italics). The potential to abuse, whether sexually or spiritually, is not limited to a psychopathic few. Also, Foque and Glachan's research on Christian counselling for sexual abuse highlights how power and control in the therapy process may be negatively experienced, going so far as to warn that 'biblical counsellors may unknowingly engage in fresh abusive cycles which the survivor is powerless to prevent' (2000; p. 215). The therapists in their study may have been inappropriately directive, more so for the particular client group, however, the point is that unethical practice or abuse can be carried out by well-intentioned therapists, whilst working within the client's frame of reference. Clearly, there is a need to understand power dynamics in the Christian dyad and also how it might relate to issues of spiritual abuse.

Alongside the usual unconscious dynamics, the Christian client may project onto the Christian therapist (as often happens with spiritual leaders) their internal

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representations of God; e.g., viewing them as absent or perfect. These internal representations and the associated attachment styles can be concordant with internal representations of parents, or compensatory in an attempt to make up for past difficulties (e.g., Beck & McDonald, 2004). The link between the relationship with parents, current and past, and the relationship with God is complex. There are elements of both resonance and profound difference. This is also potentially true in the therapeutic relationship. That is, the transference in Christian or other monotheistic counselling approaches may link to past conflict and the relationship with God (which in turn relates to early relationships in part). Added to that, in Christian theology is the notion of humans as the vehicle through which God often works. There is an additional complexity in the therapeutic relationship at a conscious and unconscious level which need some careful unpacking. As Wehr points out, (2002), when therapists are unable to resist the 'pull' of projective identification dynamics, it can lead to acting out and abuse. Work in this area can extend the understanding of transference as including the relationship with God as it may be transferred onto the therapist.

In sum, the issue of power takes on a different hue in the light of sameness. It is deeply related to belonging and as such deserves due attention and development in the limited intra-cultural literature. There are a number of implications for practice in Christian counselling that have been drawn, but also some wider applications in the field of counselling psychology.

19.3 CHALLENGES AND BENEFITS OF SHARED FAITH

I was browsing in a shop with a colleague recently. As I eventually joined her at the till making her purchase, she was saying to the assistant, '*I have three years now. How many do you have*?' They were discussing their experiences of having and surviving a life-threatening illness, and for a moment, I felt as though I had intruded into a sacred space. There was a look between them, and an expression that I had never seen in my colleague before. They seemed to share a profound moment beyond the 'as if-ness' of empathy but one of embodied comprehension. The '*I know, I see you*' briefly filled the space. I hung back slightly knowing that despite a close relationship with my colleague, I did not fully '*know*'.

The event described above happened some time after the initial group interview and thematic analysis, and as I reflect on the theme of challenges and benefits of sharing faith, I recognise that this event has impacted me considerably. The intensity of the moment was coloured by the severity of my colleague's cancer, and the recent loss of one of my clients to cancer. That aside, the experience somewhat brought this theme alive for me. There is the sense of feeling deeply heard and understood by someone who has gone through a similar experience, yet deep connections still occur where there are differences in experience. Applying that to therapy in shared dyads, there is of course the potential for deep connection with a therapist from the same background who really 'gets it', and has perhaps a kind of embodied, lived understanding, but also with therapists from different backgrounds. I would argue that the view from the 'inside' is not better or worse than that from the 'outside'; it is merely different, and has its own set of issues to navigate, some of which will be explored below.

Unsurprisingly, there were pros and cons to sharing faith. In sum, the main benefits of sharing faith were seen by participants as aiding understanding, engendering a sense of connection or therapeutic relationship, being able to work with negative aspects of faith, and the experience of sharing in similar spiritual struggles. The more difficult aspects were concerns about colluding with clients and being seen by clients as a kind of spiritual authority. There were also the experiences of exploring and clarifying expectations at the start of the therapy, which were more mixed in valence.

19.3.1 The Therapeutic Relationship

Some of these aspects are perhaps more obvious, and common to other shared dyads. For example, it is understandable that shared culture or other important variables could facilitate a good therapeutic relationship in a number of ways. Both Alladin (2001) and Thomas (2011) agree in their discussion of ethnic matching that coming from the same background may engender empathic understanding. Thomas makes the helpful point that it may initially open the door to what he calls an 'easier joining' (p. 52), but beyond that there may still be challenges; the work of building and maintaining a good relationship is just as vital. It may be that there is a self fulfilling prophecy effect whereby the initial openness and trust creates a kind of positive feedback loop. Indeed, research

suggests that the quality of the alliance early in therapy is predictive of outcome (Horvath & Symonds, 1991). However, this initial good will in matched dyads cannot be assumed. It may be enjoyed where it is present, but it does not diminish the need to pay careful attention to building the therapeutic relationship. Also, it is important that this bond is not governed by a kind of idealisation of the relationship, by the therapist or client, otherwise this could close down the opportunity to work therapeutically with alliance ruptures in therapy, which is also linked to outcome (Safran, Muran & Eubanks-Carter, 2011).

The task is for therapists to be alert to some of these potential implications rather than be swept along through assumptive thinking. It may be some of these issues are expressed in particular ways in the context of Christian counselling. That is, there is an emphasis on 'loving one another' within the Christian community which can occasionally be misconstrued as avoiding negative feelings or relationship ruptures, thus therapists can be surprised as the course of the therapeutic relationship takes the inevitable downward turn with commonplace bumps and hiccups in relating.

19.3.2 Wider Relations

Where there are shared dyads, it is for that community to investigate and recognise the potential advantages and limitations of working within the community, and to reflect on ways of working with and managing the particular dynamics and issues. This should include consideration of the 'intra-group politics' (Thomas, 2011; p. 54), and the group's relationship to the wider community. An example of intra-group politics within this research might be the experience of therapists feeling their spirituality is being assessed by the client; there is an orthodoxy or spirituality to aspire to with power ascribed to those who are perceived to attain it. Other politics might centre around issues of differences in denominations or pastoral roles.

Also, it is important for the community to reflect on the wider social context; how might that impact the therapy and the alliance. For example, whilst Christianity is considered a majority religion in the UK, as noted earlier, research evidence shows that therapists are less religious/spiritual than clients and committed

Christians may feel safer (whether they actually are or not) with Christian therapists.

The point is that the question of the pros and cons needs some examination, including the intra-group and wider politics. This will enhance the skill that Thomas talks of when he says, 'being in therapy with someone whose culture and background is similar to one's own will have therapeutic benefit. This will work particularly well when the therapist is skilled enough to recognize when and if the therapy is retreating too far into the comfort of sameness to avoid difference and change' (2011; p. 67).

Returning briefly to the shop scenario, it made me realise that there are times when differences cannot be bridged. Some of what one experiences can only be framed in all or nothing terms – a person has either experienced something or they have not, and that divide might be felt deeply. It may be that for some clients, the 'as if' of empathy is not quite enough and they feel that only a therapist from the same background can really help. Despite the profession of counselling and psychotherapy being largely built on the foundation of empathy (e.g., Feller & Cottone, 2003), sometimes something extra is needed and clients simply wish for connection with another human who has gone through the same thing. It seems politically incorrect to acknowledge this obvious fact in an atmosphere of cross-cultural bridge building and pluralism. However, it is to acknowledge that shared dyads offer something different, including the potential for collusion but also creativity if managed reflectively. Thankfully, religion, culture and other aspects of one's identity and background are broader – less prone to the all or nothing-ness of some experiences, and there is much space to work within.

19.4 WRESTLING WITH TWO WORLDVIEWS

Spatial language was evident in this and the next theme. In this theme, it was used to describe the sense of holding two worldviews and working on the threshold (or overlap) of those worldviews; the spiritual and psychological. This was at the micro level in session, but also in a broader way in terms of their underlying philosophical assumptions, sometimes moving between the two, allowing one to come to the fore and then the other. In the following theme, there

was the sense of coming at things from the edges in Christian counselling. Thus, the theme of adopting the liminal position in practice may be an outworking for some of the holding of two worldviews at the deeper philosophical level, as well as a position taken up with regards to faith. This discussion will focus on the participants' sense of having a dual audience, wrestling and sometimes choosing between the two worlds, and the associated experience of dilemma.

For the participants, the tensions were felt at the clinical level – how to best work with clients, that is, whether to work within a spiritual or psychological framework. At times, the participants seem to be helping clients move in one of two directions; away from spiritual explanations to own psychological material or towards transformation using the spiritual frame. The participants seemed to be able to work in both modalities (if they are separable), though not always without tension around deciding which worldview to inhabit in the moment.

19.4.1 Intuition, Defensiveness & the Profession

Intuition seemed to be an important part of the process in deciding which route to take. It is relevant to note that the participants had an average of more than 11 years of clinical experience, and it would be interesting to explore this dilemma with trainee Christian therapists. It is likely that trainees have less of a store of knowledge and experience from which to unconsciously draw from – like a learner driver that is still making a conscious effort. On reflection I became aware that, as a trainer, the presence of intuition in the theme left me feeling a little anxious. Even though intuition is a 'common factor' in psychotherapy (Welling, 2005), I am aware that the participants' expressions of concern about the audience of the profession resonated with me, particularly with regards to working with issues of spirituality or religion. Tricia captured something of this in her comment when she said described a profound moment as *'completely against all the rules'*. The typically spontaneous and elusive nature of intuition makes it difficult to train in, and it could be caricatured as leading to atheoretical or unethical practice. Risks taken without some underlying rationale could prove harmful. However, intuition and creative risks are a part of most therapeutic work, and it is often the case that one cannot clearly articulate why a particular intervention was chosen prior to but after the fact. It left me wondering about the sense of discomfort I and the other participants felt about the choices and

working with spiritual issues in this way. There seemed to be a hint of defensiveness in relation to the participants' awareness of the profession.

19.4.2 Guilt

Intuitively (ironically), I am left wondering if this defensiveness – which I see in many Christian therapists – is at some level about Christianity's social and historical position, which may have elements of 'white guilt'. For example, Colonialism is strongly linked to Christianity (Meader, 2010). Moreover, the Association of Christian Counselling has only recently banned conversion therapy (ACC statement, 2014), which was probably hastened by the widespread publication of the case of a Christian counsellor who was struck off for trying to 'treat' a homosexual client (Strudwick, 2011). There are some significant issues in the distant and recent past which have caused harm. There may be many reasons why Christian counsellors express some trepidation of censorship; Christian counselling is not a mainstream approach to therapy, and as noted earlier, empirical evidence shows that fellow professional therapists tend to be less religious and there is still discomfort around issues of religion/spirituality in the profession.

However, I would argue that exploration of a version of white guilt is relevant here if Christian therapists are to practice with greater awareness and liberty. Ryde, citing Tuckwell (2002) highlights the 'importance of white people facing the feelings of guilt in order to fully relate to those who are black', saying that ''Unfinished business' will continue to cause conflict until it is acknowledged' (2009; p. 101 & p. 97 respectively). It is not within the scope of this thesis to fully explore these complex issues, but just as white guilt is relevant in multicultural contexts, the added ingredient of Christian guilt is relevant in order to work towards less defensive practice in the wider context. Ryde's book 'Being White' has some helpful questions and reflections that could be easily adapted to the issue of Christianity's history. The point is to reflect on the meaning of being a Christian in the light of its distance and recent past (as well as whiteness as it is my experience that Christian counselling is predominantly carried out by white therapists) and own and work through any feelings of shame and guilt. Issues can be explored at the individual and social level.

It may be that therapists from other religious backgrounds struggle unconsciously or consciously with their past history or the ways particular sub-groups express their faith. For example, Amar and Jalal (2012) draw attention to the fact that some Muslims are less open about aspects of their faith as a result of negative images of Islam after the September 11[th] attacks. Without reflection, this can lead to a pernicious defensiveness in which one unconsciously adopts a one-down position, never quite escaping the dynamics of Karpman's 'drama triangle' (Karpman, 2007).

19.4.3 Value Tensions

Beck (1997) has written helpfully on the variance between counselling values and evangelical values. Some of the issues he notes can be navigated but others are more challenging. He points out that at the philosophical (theological) level, the high view of Scripture as truth and its exclusive Christological claims jar with a humanistic perspective that underlies many approaches to counselling. Some of the practical outworking of this includes differences in views on privacy, pastoral authority and emphases on processes versus events (Beck, 1997). The nature and the rigidity of the religious beliefs will determine the degree to which tension between the two worldviews is experienced. One could argue that these sorts of dilemmas will arise for therapists of any background – at some point, a client may wish to take a course of action that the therapist is not comfortable with and the valuing of autonomy may feel at odds with the therapist's personal values. However, I would argue that whilst this sense of value tension encompasses that, there is a significant difference here. The Christian therapist is aware of, to some extent, two quite different universes each with their own 'truths'.

These issues also have wider implications for other dyads. Whilst this research focused on Christian therapists, it is probable that the sense of dilemma or value tension may be experienced by other (religious) therapists whose worldviews hold alternate values. Returning to the Islamic context, Jafari argues that 'counseling is secular, empirical and parochial in nature' (1992; p. 329), and that its Western based approach is not congruent with an Islamic perspective – even so, he does advocate the development of Islamic counselling. And it seems that there is now a growing body of literature that addresses therapy with Muslims,

such as Ahmed and Amer (2012) suggesting that the issues are being similarly wrestled with and managed.

The tension can serve religious therapists well. In other words, there should be some discomfort where values are at variance. If there is not, the therapist may have slipped unreflectively into potentially unethical practice, e.g., by imposing religious values on clients (whether they are religious or not), or abandoning personal religious values. Noticing the discomfort can act as an indicator of the need for processing or reflection. Again, the key is for the therapists to remain reflective about any sense of tension that may be present - recognising that it may be a fact of being a therapist - and having some framework with which to work through actual dilemmas that arise. If one takes seriously the notion of 'Christian' in the term 'Christian counselling', and the term 'counselling' in 'Christian counselling', it is inevitable that the holding of these two worldviews will, at some point, not feel easy.

That said, I agree with Jafari's point about the nature of counselling – though this is less true today as psychotherapy is now hospitable to traditional healing approaches, non-Western, transpersonal and other viewpoints (e.g., Moodley & West, 2005). However, more ground could be gained in developing clinical practices that are underpinned by the values and knowledge of religious communities. A both/and approach could be adopted whereby the tension between psychotherapy and religious values can be used as a source of creativity, and the discipline of psychotherapy could continue to reflect on the predominance of its Western, Enlightenment, empirical origins with more contributions from other paradigms. This is, in a modest manner, part of the endeavour at LST (and this research), and it is vital that any research and developments are disseminated to the field of psychotherapy. Even as I write this, I am aware that the need to complete research and disseminate arises from the traditional empirical, academic perspective, but nonetheless, the need is still valid.

19.5 ADOPTING A LIMINAL POSITION

This theme described the participants' stance with regard to working with issues of faith. Some of what was described would likely be part of most approaches to

therapy; that is, giving clients space to explore, challenging by questioning, irreverence and reflecting on different perspective. Of more interest is the use of this stance with regards to that which is shared by the therapist and client - faith. In many ways, it could be argued that this is an outworking at the clinical level of holding two worldviews and it suggests a degree of critical reflexivity with regards to issues of faith. I suspect the reflexivity also ran in the 'other direction' towards psychotherapy but that was not the focus of the interview. Some of the participants have had training in systemic and family therapy, and so it is less surprising that these sorts of ideas were expressed.

However, these perhaps obvious ideas have not been considered in the Christian counselling literature to any degree. It has focused primarily on intrapsychic approaches to therapy and training (Hurding, 2003), with contextual and systemic perspectives mostly absent. Whether or not a model of Christian counselling adopts a systemic approach, I would argue that it is necessary to think about Christian counselling in systemic terms at least as part of the training, reflecting on the therapist's position with regards to faith and therapy. This is because the Christian counsellor is part of two distinct domains, which have vast areas of overlap, but also some irreconcilable differences. The potential danger is that the therapist becomes overly embedded in one domain at the expense of the other, thus losing what might be thought of as Christian counselling, or alienated from both. These each have clinical implications; collusion perhaps with the first scenario and a sense of rootlessness in the second.

19.6 POWER AND CLASS

The research was carried out with a group of white participants who belong to the middle classes, which necessitates some reflection on the implications for the findings (the plural of class is used in recognition of the heterogeneity within this broad spectrum). The extent to which traditional differences in class can still said to exist has been challenged (e.g., Pakulski & Waters, 1995), and the definition of what is meant by class will no doubt continue to be debated. However, I agree with Giddens that, for many, differences in class are associated with significant inequalities (2006) and does impact the process and power dynamics in therapy (Ballinger and Wright, 2007). 'Class' can be a challenge to define (Baker, 1996) and it was not practical to get detailed objective and subjective data that would

allow for an accurate categorisation of the participants' class. Nonetheless, all participants were educated to at least Masters degree level, and in a profession, both of which are suggestive of belonging to the middle classes (Giddens, 2006). Thus, the data reflect this bias, and I myself have engaged with the data as a white, middle class person. Here, there is kind of resonance with the challenges in intra-cultural work; how do I as a white, middle class researcher analyse data from white, middle class participants with sufficient critical reflection with regards to the meaning of class and whiteness? The challenge of working from the 'inside' in this research is present at many levels, and I am again brought back to the very crux of the issue. Both class and whiteness have implications for power dynamics in therapy generally, but also in shared dyads.

The influence of class (and politics) on psychotherapy is, as Kearney points out, 'almost never referred to' (1996; p. 9), and, although there is a growing recognition of the need to consider issues of class (e.g., Proctor, Cooper, Sanders & Malcolm; 2006), it is still an under researched and 'neglected' topic (Ballinger & Wright, 2007; p. 157). In my experience, Christian counselling training and literature does not address the topic of class, and it is also an omission in theological literature (Rieger, 2013). Added to that, Christian beliefs and practice tend to aspire to a belief in equality of humans before God, which can mask actual differences in rank. Thus, there is the danger of a significant blind spot with regards to class, not just in psychotherapy, but perhaps more so within Christian counselling.

Although the therapist and trainee therapist participants work in a range of clinical settings, with a range of clients, their responses are indubitably influenced by their own background, and, as noted, interpreted through my middle class background during analysis. Class differences can be associated with a range of differences, including the use of language and vocabulary and attitudes towards therapy (e.g., Kearney, 1996; 2003). Thus, there may be limitations in how these findings translate to other class backgrounds, and important differences in how issues of power and social class are framed by the participants. As Totton points out in his discussion of rank and social class, those in the 'mainstream' are often less aware of issues of power than 'non-mainstream' people (2009; p. 18), with those of a higher rank failing to fully appreciate the implications for the power dynamics in therapy. Given the propensity for counselling and psychotherapy to

pay less attention to issues of class, and the composition of the participants, it is less surprising that the issue of class was not raised in the discussion on Christian counselling. There may be particular dangers in intra-cultural work of overlooking these sorts of differences within the shared dyad, given the comfort or relief of working with someone from the same religion or sexuality, for example.

The absence of any discussion on class in the research replicates a general lack of awareness in the profession and in the middle classes. It would have been interesting to not only explore the topic further in the discussion on power dynamics, but see how the findings might have been different if a more varied group of participants were interviewed. The starting place for the research was the question of experiences of Christian counselling; participants were aware of power dynamics in relation to spiritual 'rank' or authority, but not social rank. Some of this may be owing to focus of the interview questions on those aspects of practice that were specific to Christian counselling. Spiritual power dynamics are less likely in non-religious therapy, whereas social class differences can exist across any type of therapy. That said, there is no comment on the interaction of spiritual dynamics and social class. I suggest that, if asked, most of the participants would not have thought about the topic of class. It highlights a gap in these findings and is an area for further development in Christian counselling training and research.

19.7 POWER AND WHITENESS

Similarly, the research findings are profoundly influenced by the cultural background of the participants. In this first group, all the participants were white. I have suggested that there may be elements of white guilt related the history of Christianity present in the data. Whiteness and Christianity intersect in this research. However, it is also necessary to consider the impact of whiteness in itself on the findings, particularly in terms of how that contributes to the discussion on power.

Like class, whiteness can be a hidden influence in therapy. Unless whiteness is framed in terms of issues of difference, it can be assumed that whiteness is neutral with regards to race. As Ryde notes, 'White people tend not to consider

themselves as having a race' (2009; p. 33). Added to that, the privileged position and power of being white is often denied (Tuckwell, 2002). Suchet captures this well saying, 'The invisibility of whiteness is how it maintains its natural, neutral, and hidden position. This silence is central to the power of whiteness' (2007; p. 868). The privileged and hidden position is a powerful combination.

In the Christian dyad, there may be a danger of further pushing these issues into the ground if consideration of spiritual power and authority takes centre stage. Similar to the topic of class, issues of race or whiteness were absent in the interview. Whilst one could argue that this is owing to the focus of the research question on Christian counselling specifically, it is likely that its absence reflects a more general denial or assumption of neutrality. The interview did explore power dynamics and there seemed to be a lack of awareness around the meaning of whiteness for that in relation to Christian counselling. It is something of a gap in the findings and in need of further exploration. As well as exploring feelings around the history of Christianity, white therapists can explore difficult feelings regarding race, and the meaning of whiteness, better understanding white power and privilege, and how that intersects with potential spiritual dynamics in Christian counselling.

20. RESEARCH CYCLE 2: MOVING FORWARD

20.1 The Decision Making Process

The results of the focus group interview were given to the team, and a team meeting took place to decide on the next course of action, including Stephanie who had not been present at the first interview. The meeting was audio-recorded but the data were not systematically analysed. This was an interesting and free flowing discussion in which a number of ideas arising from the themes were explored; the team seemed keen to incorporate some of the issues that had arisen, such as how we acknowledge and hold the two disciplines' worldviews in practice and help the students grow in awareness regarding potential power dynamics.

What was particularly interesting was the issue of power and negotiation in that meeting. I was uncertain about what collaboration looked like practically; I attempted to balance what I needed to complete my studies and what was

practical on the one hand, with how much to accommodate the wishes of the other team members, some of whom had lofty ambitions that would have taken considerable time and resources to implement. There was a moment in the process in which it felt like the child turned to me and said, 'Mummy, just tell me what to do'. As much as I wanted to maintain the collaborative nature of the research, I knew that I did in fact need to have a parental moment – hopefully consciously – and somewhat direct the decision making process. As a result, I suggested that some activities could take place as part of the doctoral process, and that other longer term projects could be tackled, but lay outside of the scope of the doctorate. I put forward a proposal offering a number of options and the group decided to carry out three activities, one of which will be reported in detail below. The three activities were; one of the participants offered to carry out a dramatherapy workshop on the theme of liminality, the year one tutors wished to explore the issue of power and contracting in the year one process groups, and a workshop would be offered on power dynamics in Christian counselling. In sum, the group decided to focus on the themes of liminality and power.

20.2 Dramatherapy Workshop

Firstly, the group decided to spend some time at our next team away day reflecting on the concept of 'liminality', and Tom later carried out an experiential dramatherapy workshop with the team on this. Given the personal nature of the material, the group understandably decided to keep this work confidential and not include any personal data from it in the doctorate. Thus, the dramatherapy workshop was not audio-recorded nor were any data collected regarding it. From my perspective, I believe the dramatherapy enabled us more fully to articulate that liminal position we inhabit as (Christian) therapists, and the transition we were in as group as a microcosm of the relationship between the two organisations.

20.3 Contracting for Process Groups

Secondly, the year one tutors decided to think about the issue of power in relation to the process groups that they facilitate with the first year students. Process groups take place at each of the three levels of the degree, and aim to help students develop their self awareness in a group setting by focusing on here

and now processes. Year one tutors expressed their questions around power dynamics in relation to how much information they give to students; information is empowering and to what extent should the students learn to sit with the discomfort of not knowing? To what degree should the process groups include structure and guided exercises?

The team decided that I would meet with the year one tutors to reflect on this issue – to try and clarify the nature of the questions for them and help them think about any action they might wish to take. This meeting took place, and although it was audio-recorded and transcribed, the data were not formally analysed, but were reflected on. As a result of that meeting, the tutors decided to work with a written contract for process groups and make more time to explore contracting, power and negotiation in the groups with the students.

20.4 Workshop on Power Dynamics

Thirdly, the team decided to incorporate part of the teaching on the topic of power into the current courses. Some discussion was had about what was developmentally appropriate for the students and the decision was taken to pilot the teaching with my own Masters level students. The material was later formally included in the Masters course that following autumn, and later, into the BA teaching. A workshop on 'Power Dynamics in Christian Counselling' was offered to the Master students and faculty which I developed and carried out. The workshop was audio-recorded and transcribed, and the participants were invited to be interviewed about their evaluation of the workshop and this is reported in full below.

20.5 Reflections on the Inclusion and Exclusion of Data

Whilst the data collected on the power workshop are reported and discussed below, the data regarding the dramatherapy workshop and the contracting for process group are not. There are at least two practical reasons for this; the first concerns the limits of the word count which does not allow for a full discussion of all data, thus decisions had to be made about what to include and exclude, and secondly, the participants were explicit in their wish for the dramatherapy workshop to not be discussed in the thesis.

In the case of the dramatherapy workshop, the participants largely determined its exclusion and I had less choice, whereas the decisions to exclude the data regarding contracting for process group was my own choice. A number of factors influenced that choice. On a practical level, the year one process groups were not due to take place for another seven months, and would finish a further six months after that. This meant that any research that aimed to evaluate a fairly small change from verbal to written contracting would take at least another year, in effect, putting my research on hold. Importantly, in the discussion around the results of the initial interview and the potential options going forward, there seemed to be more excitement regarding the power workshop and the dramatherapy. This was true for the participants as well as myself, and had arisen after a rather animated discussion on the issue of autonomy in counselling and its relation to theology. From a personal perspective, I needed to have some sense of 'connection' to my doctoral work, that is, be able to research and write in an authentic and embodied way - to be credible, rather than 'go through the motions'. As the issue of contracting in process group was problematized, reflected on and 'solved' to a good enough degree, with a sense of completeness, it would have felt inauthentic to pursue it further. The 'heat' to explore this was exhausted.

Also, the power workshop had more potential to further explore some of the issues around power that were being wrestled with, and impact future teaching. Therefore, in comparison to the issue of written versus verbal contracts, the power workshop had more scope to bring about organisational change. Given the limits of the word count, there was a good convergence of practice, personal and organisational reasons to focus on the power workshop and omit the contracting in process group issue.

At the time, I reflected on the process of decision making, writing in my personal journal that, *'it feels quite a challenge to get the balance regarding the degree to which my agenda is figural in contrast to the groups, or individuals in the group'*. This holds true for the decision about what data are included and excluded; to what degree should that be based on my own preferences versus the group as a whole or individuals within it? I was also aware of the participants' goodwill towards me in the decision making process, with one participant saying, *'I think I*

would want to invest in the one [choice of activities for the next cycle] *that you're most empowered by*'. I felt the need to hold this in careful balance too; not taking advantage of it, yet not infantilising the participants by assuming they were not able to offer this support freely. The dilemma around this could have been solved by forcing the group to come up with only one activity, and as a result there would not have been a dilemma about what data to include. However, this would have been in contrast to the usual group process in which problems are freely and fully 'brainstormed', with various options considered and then narrowed down. And as a result of the free flowing discussion, the group wished to pursue a number of activities. Also, that would not have eliminated the dynamics of collaboration, negotiation and power inherent in all human relations, nor the nature of action research, which is 'characteristically full of choices' (Reason, 2006; p.187).

The dramatherapy workshop was also carried out as a direct result of the action research. Thus, it seems something of gap in the research story to miss it out. It also presents something of a dilemma for myself around to the degree to which I can write about in the thesis, even limiting it my own point of view, given the participants' explicit wish for it to remain confidential. Informed consent to participate in the research was sought in line with the British Psychological Society's Code of Human Research Ethics (2010) which states that 'procedures for consent are proportional to the nature of the participation and risks involved' (p. 15). The initial meeting in which consent was discussed was thirty five minutes long, and the issues of consent and confidentiality was also further discussed at the dramatherapy workshop. The length of time given to it reflected the complex nature of informed consent, the dual and multiples roles, and also the workplace setting of the research. It could be argued that the participants gave informed consent at the start of the research process, and as experienced therapists with a good awareness around issues of consent, they were well placed to think about the implications of that informed consent. However, just as in psychotherapy where informed consent is negotiated and 'unfolds over time' (O'Neill, 1998; p. 17), consent is more of a process in research than an immutable outcome. This has to be true of the insider action approach that takes seriously the collaborative and iterative nature of the research; if informed consent was given on the basis of prior, certain knowledge of the process, that would leave little room for negotiation, reflection, evaluation and collaboration.

The unfolding nature of the research means that there has to be room for the unexpected, including a change in mind about informed consent.

It is my sense that the decision to exclude the dramatherapy workshop material related not just to the personal nature of the material, but the inclusion of that in a written thesis during a time of subtle organisational change. The working context may have also been an influence on the participants' decision. That is, there may have been concerns about future repercussions arising from disclosure in the workplace. Whilst the dramatherapy workshop was not a group therapy session, its aim was to allow for 'safe' and contained processing within a group setting. Perhaps the dramatherapy workshop allowed the group to 'split off' some of their feelings safely, knowing these would not be evaluated or analysed, nor visible to misinterpretation from others. This freedom seemed to allow the group to fully partake in the workshop. However, it raises the question as to how to work round or manage gaps in the story of the research. Furthermore, this question became much more pertinent for me later in the process when a difficult event that I was not able to write about punctuated the research. In the latter instance, limits of confidentiality governed the writing decisions, whereas in this case, it appears to me the issue is simply one of respecting the participants' choice to say 'no'.

It would have been interesting to evaluate the effects of the dramatherapy workshop on the participants, and its exclusion represents a limitation in the overall research. As diagram 1 suggests (page 37), the action research could be thought of as a tree with a number of branches, and the thesis only fully traces the pathway of one of those branches. It illustrates the 'messiness' and 'complexity' that Brydon-Miller argues is characteristic of action research (2003; p. 21).

21. CYCLE 3: WORKSHOP ON POWER DYNAMICS

21.1 PARTICIPANTS

All students on the MA in Integrative Psychotherapy course and counselling faculty were invited to take part in the third research cycle. In addition to myself, a total of 13 participants attended the workshop; 12 MA students at various stages of their studies, and one member of the counselling faculty. Four months

later, the participants were invited to take part in an interview to ascertain their evaluation of the workshop and any impact on their counselling practice. Eight participants were interviewed and their data were analysed.

Details of the participants' biographical details are not presented in order to protect anonymity. The participants were made up of 11 women and 2 men, with an average age of 46. All were involved in clinical practice and had some experience of working with Christian clients in a variety of settings.

21.1.1 Ethical considerations

One of the key ethical issues of this cycle of the research was how to gain informed consent from students that were currently being taught and assessed by myself on the MA. Even the act of approaching a student and inviting them to attend from my relative position of power as a tutor needed some careful consideration. Information about this stage of the research was presented to the Research Ethics Committee at LST, and as the course ran in association with CWR, CWR were also asked for permission to approach the students. Permission was given with the condition that students were made aware in writing, in addition to the usual information, that their decision to participate or not would in no way influence the quality of their teaching and assessment, and that if they had any questions or concerns about this at any point, a named member of faculty outside of the counselling team was available to address any concerns whilst they were a student at LST. Permission to approach the faculty had already been given prior to the first research cycle.

21.2 SUMMARY OF WORKSHOP MATERIAL AND OUTLINE

The workshop aimed to explore different definitions of power and enable reflection on power dynamics in Christian counselling. More details on the workshop content are available in the appendices. The two and a half hour workshop consisted of some initial didactic teaching, then a mixture of small and whole group discussions and experiential exercises, including asking the participants to create a group 'sculpt' relating to power.

21.3 THEMATIC ANALYSIS OF WORKSHOP EVALUATION

21.3.1 Introduction

The participants were invited to take part in a brief one to one interview to elicit their evaluation of the workshop. A total of eight participants took part in the semi-structured interviews, with interviews lasting an average of 21.5 minutes. These interviews were audio-recorded, transcribed verbatim and analysed thematically. As there were only two male participants in the group, a few non-Caucasian students, and just one tutor, the results will refer to all participants as female, using female pseudonyms, and not refer to their role at LST. Although this is not ideal, as gender, culture and role may be significant in how they experienced the seminar, the aim is to avoid highlighting any identifying details.

The interview questions focused on two main areas of interest; i) how the participants evaluated the workshop in terms of its impact on their counselling practice, usefulness and helpfulness or not – its strengths and limitations for them, and ii) what questions it left them with, gaps in learning or areas they would like to further explore. Practically, these data could then be reflected on and used to further develop the teaching around the issue of power on the BA and MA teaching programmes at LST.

21.3.2 Data Analysis

Analysis of the interviews was carried out using thematic analysis which is an inductive and content-driven exploratory analysis (Guest, MacQueen & Namey, 2012), again, following the steps outlined by Braun and Clarke (2006). Epistemologically, a critical realist position underpinned the analysis; within limits, a relatively clear picture of how the participants evaluated the workshop could be gained but it was important to reflect on the lens through which I was engaging with the data. Also, given the duality of roles I held as a researcher and tutor with the participants, it was inevitable that some complex dynamics and interpretation was present in the research and analytic process. Thus, it was an interpretative thematic analysis, similar to the first analysis, but with more emphasis on attempting to elicit the participants' evaluation at 'face value'.

I carried out a two stage analysis of the data. Firstly I attempted to capture the participants' views by staying close to the data, identifying themes at a manifest level (Boyatzis, 1998) in order to gain an overall picture of their evaluation of the workshop. Secondly, as the analysis progressed and I familiarised myself with the data, more room was given to interpretation in the process of developing the codes and themes in a manner not dissimilar to interpretative phenomenological analysis. The analysis then moved somewhat away from a broad, overall picture of the whole data set to a focus on aspects particularly relevant to Christian counselling and the LST context. Although there was a narrowing of focus, there were sufficient data to support the creation of the particular themes through most of the interviews. Reflection, personal therapy and journalling were helpful spaces for reflecting on what I was bringing to the analysis process.

I then met with the critical group who offered some comments on the draft findings of the thematic analysis. On the face of it, they suggested that more information could be given on the contents of the workshop, and greater reflection on the presence of dual roles was needed, but were in broad agreement with the findings. This particular meeting also raised some interesting questions for me about the insider-outsider continuum. One of the group stated that he had significantly moved theoretically away from anything close to my own integrative approach and offered feedback that challenged what I perceived as the basic givens of the research, for example, the relevance of working with spirituality or religion in therapy. This slightly extreme outside position felt unnecessary but it did force me to reflect on some hard questions about the nature of my work. It was satisfying to hear myself respond openly and non-defensively, and then direct the focus back to the research data.

It left me with questions around the role of the critical friend or group; why I had chosen these two particular people, what was I hoping for, what had I initially asked them for, my own lack of experience with the critical friend process and their lack of experience, as well as the triangular dynamics of one member not professing faith and one being a Christian, and whether I should have sought two people outside of the faith community. I had asked, in particular, for the group to be a 'mirror' in order to help me unpack taken for granted assumptions in the data analysis process (Kember, et al 1997; p. 463). On reflection, I misjudged the breadth and depth of what I needed, and perhaps narrowed it somewhat in my

haste to produce valid results. There could have been more space for the 'coffee maker', or other motifs of support (Kember et al). Thankfully, I eventually found this through the combination of the critical group and personal therapy.

The results of the findings on the participants' evaluation of the workshop are presented with further discussion below. It is not uncommon for themes to be developed and divided around positive and negative aspects of the focus of study. Here each theme incorporates both the positive and negative; for example, the theme 'relational space' includes both the appreciation of the freedom to discuss and the sense of wanting more time for this. Unsurprisingly, some of the feedback is concerned with generic feedback that might occur in response to any seminar or teaching context, such as, on the usefulness of the structure of the teaching, pace or handouts. Whilst this was analysed and will be briefly reported, the focus of the discussion will be about those themes that seem to be particular to the context of Christian counselling training and less on generic feedback.

22. THEMATIC ANALYSIS RESULTS

Three main themes were drawn from the data. Table 2 (p. 87) outlines the themes and sub-themes. These will be briefly outlined and then discussed.

| Understanding and Awareness |
| • Reflecting on power dynamics |
| • Expanding understanding of power concept |
| Professional Impact |
| • Questioning faith in practice |
| • Slowing the process |
| Relational Space |
| • Freedom to discuss |
| • More time to discuss |

Table 2: Thematic analysis themes and sub-themes.

22.1 THEME 1: UNDERSTANDING AND AWARENESS

This first theme describes how the workshop helped the participants grow in awareness and understanding. They became aware of some of their personal assumptions relating to faith in practice, it deepened and broadened their understanding of the concept of power and helped them to reflect on power dynamics in Christian counselling. This theme touches on the latter two of the three main areas of development in counselling training; therapeutic skills, self exploration, and knowledge (e.g., Thorne & Dryden 1991).

In the first sub-theme, 'reflecting on power dynamics', participants fed back that the workshop had caused them to reflect and it increased their awareness of power dynamics. Quite a few participants reported some growth in awareness of the issues. For example, Lena spoke of having more '*awareness not to impose*'. Participants used words such as '*realisation*' (Helen); Robyn noted that she was questioning '*what is underneath*', and Danielle said she was more aware of her '*agenda*'. For some, there seemed to be a sense of the 'aha' moment.

In the second sub-theme, the feedback indicated that participants gained a better understanding of the concept of power, for example, by looking at the material on the different conceptions or 'types' – e.g., 'power to', 'power over', and 'power together' (Tew, 2006). This sub theme refers to how the workshop added to their knowledge base and understanding of the concept power in Christian counselling; it was broadened and deepened. There were sufficient data to create this sub theme. To leave it out would not reflect the participants' feedback. However, given that one would hope for some addition of knowledge in a teaching context, it is unsurprising and less will be said about this descriptive sub theme.

22.2 THEME 2: PROFESSIONAL IMPACT

This theme describes what the workshop left the interviewees with in terms of their clinical work practice with clients. The two sub-themes were; questioning faith in practice and slowing the process. The first sub-theme concerned the questions they were left with about how to explore faith in practice. This included both critically reflective questioning of their Christian counselling, and also

specific unanswered questions about Christian counselling. Here is where some of the gaps in the workshop were highlighted, and the anxieties, frustrations and unanswered questions were expressed. Some concerned practical and theological questions about the outworking of faith in practice. For example, Emma wanted to know more about the '*role of the Holy Spirit in counselling'*, and Judith had questions around the potentially '*disempowering'* aspects of prayer in therapy.

The latter sub-theme captures how for many participants, the workshop had helped them stop and reflect on the counselling process, and their sense of pace or eagerness to work with spirituality. Stephanie talked of '*stopping*' and '*holding back*' in the process, and Susan noted a greater ability of '*being able to sit with'*, and '*waiting*' had crept into her work. It was as if they had created space within themselves for a slower pace, less anxious to move forward. As well as a kind of reflexive stance, there were also literal examples of stopping and holding back; from praying and sharing aspects of faith with Christian clients. All the participants expressed this as a positive outcome and, for some, it was linked to an increased openness to hear the client's story.

22.3 THEME 3: RELATIONAL SPACE

This theme describes how the participants experienced the workshop process. The sub-theme 'freedom to discuss' came across quite strongly; it was as if there was a sense of hunger for the kind of open space to discuss, '*without judgement'* what Michelle called, '*dangerous issues'*. The other side of that was the strong feeling that there was not enough time in the workshop, which the 'more time to explore' sub-theme describes. Here, some participants such as Helen felt '*rushed*' and as if there was too much material for the allotted time. Many wanted more time on the topic.

23. WORSHOP EVALUATION: DISCUSSION OF FINDINGS

23.1 UNDERSTANDING AND AWARENESS

Awareness and understanding are prized in counselling theory and practice. For example, although not easily defined, self awareness is described as a 'critical

and indispensable ingredient' in counselling and psychotherapy (Pieterse, Lee, Ritmeester & Collins, 2013; p. 191). Most approaches to counselling value the development of insight and greater awareness as a helpful goal of therapy (e.g., MacLeod, 2013). It is said to enable therapists to better avoid unconsciously making unhelpful assumptions and is of vital importance in ethical decision making (MacLeod, 2011; Evans, Heller Levitt & Henning, 2012 respectively). Here, one of the workshop aims was to prompt reflection and questions in order to increase general self awareness and with regards to potential power dynamics within a Christian dyad.

With the increased emphasis on the importance of the relationship and therapeutic use of self, it is understandable that growth in self awareness is valued. It is one of those concepts within the field that can be taken for granted as being important, and we feel 'we know it when we see it', but is hard to operationalise, and sometimes challenging to 'train' in. There are certain activities that can facilitate increased self awareness, such as process or growth groups, personal therapy, supervision, discussions, experiential exercises and journalling, but the 'measure' of it a person has (if it is something one 'has') is linked to complex issues, past and present.

The question of how we can at LST facilitate on-going growth in self awareness has been an important one for the teaching team and no doubt will be revisited. It is hard to judge whether we feel a particular sensitivity to the issue given the context of an evangelical confessional college. It is likely that other training institutions who align themselves so clearly with a particular theory or worldview also strive to hold that view ethically with self awareness.

On the basis that there is no neutrality, the point can be made that all psychotherapy training ought to articulate and engender critical self awareness regarding its particular context, including the lens or philosophical base through which it views the world. The focus on 'self' in self awareness can skew the task away from wider contextual questions, such as, what it means for therapy to be rooted in secular humanism or a religious worldview. Also, working intra-culturally as an 'insider' can lead to blind spots as I have argued, thus there is the need for growth in self awareness that includes a systemic exploration of what it means to be, for example, 'in' or 'out', with all the potential attendant power dynamics.

23.1.1 Power dynamics and spiritual interventions

Of particular relevance to the LST context, is the need for greater self-awareness and reflection on power dynamics in relation to spiritual interventions and issues, for example, the overt use of prayer. This was highlighted during one of the experiential exercises in the seminar. The participants took part in a role play in which the 'counsellors' and 'clients' were separately instructed to sensitively offer prayer and politely decline respectively, within the scenario of longer term work with a good therapeutic relationship. During the debrief, there was considerable agreement around two reactions from the 'clients'; firstly, they agreed that it felt '*empowering*' to decline the offer of prayer, and '*nice*' to say no '*without being judged*'. Secondly, there was also consensus among those playing the client role that they felt '*mean*' saying no, with Liv stating, '*In a real situation, I would have said 'yes' - if she needs it that much, it's for her*', and it felt like, 'I *was depriving her of something*'. The aim was to help the students think about how it might feel for a client to say 'no', with the weight of expectation, God and the whole of Christian tradition bearing down on them as it were – to empower clients to take up the invitation or not of such interventions. Of course, this is an over-statement that is in danger of infantalising the client, but the discussion from it brought out the need to think about the process and power dynamics of such an intervention in practice.

Peter Gubi (2008) makes the point that prayer 'like all therapeutic interventions, needs to be used with caution, sensitivity and awareness... Prayer need be no different, no more dangerous' (p. 87). Writing in his original research, Gubi does raise the point that overt use of prayer could touch on issues of power in the relationship (2001), but again argues that this is also the case for other directive ways of working. In one sense, it is no different – all interventions and ways of working require ethical sensitivity, and to single out prayer, which is an everyday occurrence for many religious clients and therapists, could be a step backwards towards suspicion. His research was based on interviews of therapists from a range of backgrounds and it understandably says less about the specific client characteristics. However, I believe this and other research does not address the 'insider' nature of the therapeutic work of a Christian dyad, or other shared background.

Whilst these issue of power dynamics are no less relevant for other approaches to therapy or types of psychotherapeutic interventions, I am arguing that in dyads in which there is a significant shared background, the therapist needs to reflect on how to empower the client to, in effect, be free to go against the tide of the usual values of their culture – or not. There may be a cultural norm that can powerfully bear down upon a client's decision-making process in therapy with regards to e.g., spiritual interventions. For example, one participant in the seminar commented that it was her usual practice to '*always say yes to these kinds of things*'. Anecdotally, this is not a particularly uncommon reaction in the Christian community; people are open to prayer and being prayed for. However, within psychotherapy, unless the assumptions and dynamics are examined, the benefits of working from within can be undermined by unwittingly restrictive, perhaps even unethical practice.

As well as the usual caution about unethical practice, Gubi does acknowledge that prayer may affect the power dynamics, and makes the point that it can involve intimacy, transparency and vulnerability before God and each other (2008). Many ways of working engender client openness but participation in prayer can involve a degree of self disclosure and intimacy in an immediate way. Also, prayer may bring up issues of spiritual inadequacy for clients or therapists. There is the potential for exercising power over and there is the potential for mutuality, but this needs careful consideration in order to keep it therapeutic in its execution and within the boundaries of counselling practice. It may be important to view prayer or other spiritual interventions in a similar way to other potent experiential interventions (such as in vivo imagery) in which deep feelings can be evoked.

The workshop seminar did not go on to discuss the issue of how the power dynamics may be affected when the client initiates some spiritual input. For example, clients may express gratitude or aim to redress the power dynamics by praying for the therapist or offering a spiritual encouragement. It can be akin to the offering of a small gift, or an unconscious passive-aggressive gesture, for example. The therapist can be helped to think about how to respond therapeutically and reflect on the power dynamics for them. This issue was highlighted for me recently in my clinical practice with a Christian supervisee,

who gave me a card with some words of encouragement written in it which she felt God had spoken to her about me. Despite my usual practice of non self-disclosure, the card touched on a specific, personal issue and I was left wondering about what I had communicated unconsciously, and aware of her prayers for me. This was a fairly positive experience in which the experienced supervisee was content with my brief thanks and did not enquire further. However, it did change the power dynamic of the relationship; it added an element of unspoken intimacy which in this case did not feel intrusive but left me wondering about how other dyads might experience these instances.

Although I am a little reluctant to argue that the issues are different in the Christian dyad than usual psychotherapy issues such as gift giving, self disclosure, and the power dynamics in any therapeutic dyad, I instinctively want to say that it *feels* different owing to the intimacy and everyday-ness of the relationship with God that is brought into the process; it becomes a family affair. In any case, where there are cherished values that are shared with clients, it is important to reflect on the implications of that and have a good level of awareness and understanding about the power dynamics. Also, there may be cultural practices within other shared dyads that bring an element of intimacy (or intrusion) that would benefit from similar reflection.

23.1.2 Questions

The feedback from the participants highlighted the importance of cultivating an attitude of questioning with regards to one's own values, culture or framework. Most of the attendees talked about the helpfulness of questions, and these in going deeper; '*questioning what is underneath'* or '*unearthing assumptions'*. Raising the questions seemed to be an important part of the process of increased awareness and understanding. It did leave them with more questions – questions begat questions – some of which will be addressed below in other themes. This touches on one of the key challenges of working intra-culturally; how can question asking (the antidote to assumptions) be engendered?

Encountering difference causes one to ask questions, but within the relative comfort of what it shared, assumptions can be more readily left unaddressed. It is somewhat reminiscent of Altman's point on the 'unreflectiveness of many white

people about the meaning of their whiteness' (2006; p. 47). Talking of racism and privilege he speaks of 'white obliviousness to what it means to be white' (p. 56). I feel I will always struggle with the question of what it means for me to be white whilst living in a predominantly white country. I did not know that I was oblivious but I am at least now more aware of my obliviousness. The challenge is to articulate the question as a question, to know that we do not know. From within the Christian and other shared dyads, the temptation is to fall into a similar kind of obliviousness and unreflectiveness. I have yet to fully answer the question about my whiteness, but I do feel myself to be profoundly impacted by simply asking the question, and hopefully that has influenced my practice positively. Engendering question-asking is vital and it may be a case of 'take care of the questions and the answers will take care of themselves'.

Part of the unreflectiveness here may be owing to a belief that 'whiteness' is somehow the baseline, or neutral, and to be other is to be different. There are some parallels here with issues of religion and psychotherapy. That is, the psychotherapy literature on working with religion seems to assume that a lack of articulated religion is somewhat neutral. The position of, for example, secular humanism, is rarely discussed in the diversity literature, with the implicit suggestion that it is neutral. Whilst there may be some argument for humanism as the baseline (or philosophical foundation) for a number of approaches to counselling and psychotherapy (such as Person-Centred or Gestalt therapy), it is not necessarily neutral with regards to clients. As Francis Shaeffer polemically writes in his book of a similar name, neutrality is a myth (1982) and there is the same need to question and be reflective of our underlying values, whatever the stance.

The imperative to remain curious is also relevant here. Whatever the theoretical orientation of the therapist, it would seem important to borrow from the systemic approach and take up Cecchin's 'invitation to curiosity' (1987). As Hedges writes, 'a stance of 'curiosity' helps us to question all our stories, theories and responses. This is a stance of perpetual doubt' (2005; p. 69). This too is not a view from 'nowhere'; it has its own assumptions, and ought not to lead to a kind of nihilism in which nothing can be known. However, when working close to one's own experience, a stance of curiosity can not only help therapists avoid unethical blind spots but enable engagement with the familiar in richer, fuller and more

original ways. The deconstructive process need not be destructive, but can be creative. As Sacks says, 'creativity involves the power to originate, to break away from the existing ways of looking at things, to move freely in the realm of the imagination, to create worlds fully in one's mind – while supervising all this with a critical inner eye' (Sacks, 1995; p. 241-242). Cultivating curiosity is vital for any therapeutic work, but is all the more important when the therapist and client have a shared background. It potentially deepens the empathy as it is about a more truthful asking of 'what is this like for you?' without the clutter of 'this is what it is like for me'.

Given that one of the stated aims of the workshop was to increase the participants' awareness of power dynamics and to also reflect on this within the frame of working with spirituality (see Workshop Flyer; p. 186), it is satisfying to note that participants were impacted and the aim was achieved to a helpful degree. One or two participants reported that the seminar built on and continued earlier thinking, and for all the students, the seminar was in the context of on-going training and supervision, thus the workshop was just a part of that process.

23.1.3 Areas for Further Study

The data comprising this first theme contained the most positive comments overall about the workshop. In terms of what they would have liked to hear more about, there were a few relevant comments. Two participants would have liked to hear more about the positive aspects of power; for example, how power might be 'reparative', in the sense of a nurturing parent having power over a child. The other comment related to the fact that increasing awareness raised more questions and not all of those questions were answered, which will be discussed below. The question regarding the positive side of power dynamics left me reflecting on how I had presented the topic, and I think the feedback does reflect what was covered in the available time. The main focus in the workshop was on raising awareness of how power dynamics in Christian counselling can be subtly unhelpful if not managed, and also on empowering the therapists to work ethically with issues of spirituality where appropriate. More could have been said in the workshop on what might be seen as the positive or therapeutic aspects of power in Christian counselling, and in therapy generally.

Writing from the context of social work, Tew's helpful overview of the various perspectives on power could be used as a starting place for a more balanced discussion on the topic. As noted earlier, he describes the modernist conception of 'power to' achieve goals, structural ideas of 'power over', and a feminist perspective of 'power together'. The latter is more than solidarity based on a shared identity but also includes being open to difference and seeing this as a potential source of creativity and opportunity. It is about co-operative power (2006). Therapists could reflect on the various implications for clinical practice of each conception, whatever the valence.

'Power together' may hold a particular attractiveness for therapists as in therapy as the aim may be to engender a 'power togetherness' in the therapeutic relationship, or help clients think about this kind of power in the social groups they may be a part of. Also, it can be a powerful experience to meet someone who has faced a similar loss or trauma; there can be an instant knowing that one is deeply heard and seen. In a similar way, it can be powerful for clients to work with therapists who share important aspects of their life or values. This can be positive and therapeutic. In the shared dyad, the challenge may be to reflect on how the 'with' of shared identity can be empowering and not restrictive, and thus authentically be 'power with'.

The notion of 'power over' can appear to be more problematic in the therapy context, but the participants' wish to explore this further is a helpful one. There has been a shift from viewing therapy as automatically involving an unhelpful power imbalance (e.g., Masson, 1989) to a more nuanced view in which writers such as Zur challenge 'the myth of the power differential' (Zur, 2009; p. 161), and perhaps the participants wanted to further explore the range of implications of power dynamics for therapy. Types of power have been discussed (e.g., Proctor, 2002) and no doubt the debate will continue. However, less has been said about power or power dynamics from the perspective of the potential therapeutic or positive aspects. Assuming with Frank and Frank (1993) that effective therapy involves the mobilization of hope and positive expectation, and their view of therapy as a form of persuasion, the issue of how we can 'use' power therapeutically does deserve greater consideration.

23.2 PROFESSIONAL IMPACT

The participants were interviewed between four and five months after the workshop, allowing some time for them to reflect on whether there had been any impact on their counselling practice. The first sub-theme 'questioning faith in practice' captured something of the questions, gaps and wrestling in integrating faith that the participants had. On the one hand, there was the sense that some of this related to the continued process of questioning and reflection engendered on the MA course, but there were also some practical and philosophical questions that had yet to be worked through which highlighted some gaps in training. The latter questions focused on issues such as: self-presentation/self disclosure and faith, how to work ethically with issues of faith, prayer and power dynamics, and exploring difference within spirituality/theology.

Interestingly, two of the participants also reflected back questions concerning what is Christian counselling; one participant found the definition of Christian counselling not very helpful and the other would have liked a definition of Christian counselling to be offered. The apparently contradictory feedback here left me with the impression that this foundation had not been adequately laid in counselling training. Whilst the LST undergraduate students do cover this question in their first year, perhaps it is important to re-visit this question at a later stage of their professional development when they are more fully able to critically reflect on the clinical and philosophical implications of integration. The MA requires them to answer the question of 'what is Christian counselling for you' but does not offer a 'recipe' or exact instructions for clinical practice. There is something of a balance to be gained here between providing concrete structure and answers, and allowing students to formulate their own integrative approach. The latter is appropriate in M level teaching, and it may also be helpful to leave more room for exploration for students to reflect on their concrete questions such as 'how do I respond to a client's questions about faith?' or 'what are the implications of praying or not praying with a client?'

The second sub-theme, 'slowing the process', arose out of the interview questions regarding the impact of the workshop on their practice. There seemed to be a reflective slowing or holding back that had crept into most of the participants' practice. It is likely that ability to pause and reflect occurs in

counselling or psychotherapy training generally, as part of increased self awareness and developing processes such as mentalisation, or developing the inner supervisor (Casement, 1985). Many students approach counselling training with an eagerness to help and go on to develop an appreciation of the power of letting go, holding back or restraining that need to intervene. This sub-theme could be viewed in that light. Within a religious training context, students additionally come to training with a range of church experiences and theologies that emphasise helping. Thus, it is important to explore this value in the psychotherapeutic context, that is, not to abandon the values that students bring, but carefully examine their potential impact on the counselling process.

Additionally, this slowing down or holding back seemed to allow some participants to more fully be present to all that the clients brought – more fully open to hear the clients' stories and sit with them in that. It is hard to gauge what this was for the participants without doing further in-depth research, but it does seem to suggest a kind of letting go that facilitated the therapeutic relationship. It touches on some of the Person Centred concepts such as 'therapeutic presence' (Geller & Greenberg, 2002), at least in the sense of moving towards a greater 'openness to all aspects of the client's experience' (ibid; p. 79), whilst bracketing personal agendas. It may be that there is a specific need to highlight the importance of therapeutic presence in Christian counselling as a counter balance to the evangelistic nature of faith for many. And this may also apply to other shared dyads where it may be hard to fully hear the client over the din of familiarity.

The questions that the participants noted in their feedback as unanswered offered a helpful list of areas for potential further study – whether on the BA or MA course, or as part of professional development seminars. As noted earlier, the questions related to a range of topics within Christian counselling, but overall, there did seem to be a desire for more teaching on Christian counselling issues in practice – specifically, on some of the implications for practice. Although not formally part of the research, these findings have had an influence on the recent development of a BA module; to accommodate the new counselling framework at LST, I have written a 20 credit third year module called, 'Relational Practice' in which some of these questions are explored.

23.3 RELATIONAL SPACE

The second sub-theme, 'more time to explore', did not come as a surprise. I also sensed that the workshop was rushed and that the participants wanted more time, and this was supported by the feedback. I wanted more time and felt I had plenty of material to discuss and experience, but I was aware on reflection of how embarrassed I was in asking the students to give up their personal time for my personal study – despite them doing so freely (complex dual relationships aside). I only partially inhabited the experience and on some level was occasionally fighting the urge to apologise. Paradoxically in doing so, I infantalised their ability to make a decision whether to attend or not. In Safran and Muran's terms, I had forfeited my own agency at the expense of relatedness, and in doing so not fully trusted the participants' agency (2000). Thus, something of my own feelings were projected into the process, and hindered the effectiveness of the workshop. Also, I felt more aware of the shift in role to researcher with the student participants, as their tutor.

In contrast, the first sub-theme 'freedom to discuss' did came as something of a surprise; it was interesting to hear not just a wish for more time, but a hunger for open and free discussion around the topic of power in Christian counselling. Whilst the form of teaching mirrored that of the MA in Integrative Psychotherapy seminars, it seemed that the topic of power is one that strikes deep and has been neglected; only touched on implicitly. One of the participants compared the workshop with another professional space in which the freedom to discuss was restricted. From a secular point of view, there may be a residual discomfort with discussing issues of faith and spirituality, and from within a Christian context, it might be felt as too deconstructing to unpick the power dynamics involved, leaving issues not fully explored.

There seemed to be something about the opportunity to safely ask and reflect that was at least helpful and perhaps empowering; it may be that the opportunity for open discussion afforded them an example of 'power with'. It also put me in mind of Reuben's 1969 book, 'Everything You Always Wanted To Know About Sex* (*But Were Afraid To Ask)' in as much that there was an opening to ask any question about what might happen 'behind closed doors'.

24. THE ACTION RESEARCH: OVERALL DISCUSSION

This research was carried out with a number of potential aims in mind, and to a large degree, these have been met. The following discussion will explore the significance of the research, both at a local level and for the field of psychotherapy more widely, and discuss some of the key implications for practice.

24.1 IMPLICATIONS FOR LST

The research process has provided the team with an opportunity to reflect on the content and process of teaching at LST. The research took place in the context of significant organisational change, as well as the on-going reflection that forms a part of the life of the teaching team. Thus, it is hard to accurately assess the impact of the research separately from other dynamics and activities. Nonetheless, it was the catalyst for a number of specific changes. The readily observable outcomes included: changes to the teaching content on the MA in Integrative Psychotherapy, some changes to the contracting process in the BA Level four process groups, a member of the team carried out a team 'Away Day' exploring one of the interview themes, contributing towards the development of a new level 6 BA module on relational practice, and an article on researching experiences of Christian counselling was published in the Association of Christian Counselling magazine (Penny, 2013). These will be briefly discussed before offering a fuller, critical discussion of the contribution the research makes to the field of Christian counselling and Christian counselling training, as well as the wider field of psychotherapy practice.

24.1.1 Development of Teaching Material

After the workshop on power dynamics in Christian counselling, the decision was made to use that material to form the basis for a seminar on the topic on the Masters programme. This seminar is part of one of the two compulsory core modules, and it takes place in the first year of the two year part time programme. This material has now been taught for two academic years on the MA in Integrative Psychotherapy and has also been incorporated into the BA level 6 teaching, as well as feeding into the development of a new BA module which I

now deliver (Relational Practice). Most immediately, it has raised awareness regarding issues of power dynamics, particularly in relation to working with spiritual interventions, and clients' potential perceptions of the Christian therapist as an authority.

Reflecting on the time since the team first explored the topic of power, there appears to have been movement in two different directions at the same time. Firstly, an increase in self awareness and power dynamics was associated with some students moving away from using spiritual interventions in a potentially 'power over' way. Secondly, there seemed to be some movement towards greater ownership or integration of spirituality and with it, a developing sense of agency, both at the personal and organisational level. The former is more readily discernible in the evaluation feedback from the workshop on power, whereas the latter is more speculative, and will be more fully discussed below.

The feedback from the workshop on power dynamics, and anecdotal evidence from teaching the material over the last two years, show that, overall, students have a greater sensitivity regarding power dynamics in Christian counselling. That sensitivity is distinct from a reaction-formation anxiety that pushes therapists away from exploring issues of spirituality or using spiritual interventions, but hopefully works towards freeing therapists to take up working in an overtly 'spiritual' way or lay it down, as is ethically appropriate.

24.1.2 Agency and Integration – Developing the New LST Approach

I would also argue that it also contributed to something of a shift to a more balanced anthropology underlying the LST approach to psychotherapy, and greater ownership and integration of spirituality.

Power and agency, though not equivalent, are related, overlapping concepts; though both are contested concepts, a brief comparison of some definitions illustrates the connection. For example, Guilfoyle (2006) says that power may be defined 'as the sum total of forces that lend shape to persons' talk and actions' (2006; p. 89) and Dillen describes it as, 'the possibility to have an influence on reality, on one's own situation and on other's behaviour and attitudes' (2011; p. 204). Similarly, Knox (2011, p. 4) describes agency in terms of 'the experience

that we can influence...' and cites Palmer, who says, 'Agency is the capacity of an intentional being or social group to make choices, to perform actions that have intended consequences, to effect results, or to control situations' (2007;p. 1048). Thus, the two concepts are related and I believe that the exploration of the topic of power contributed towards some significant changes for the team and the organisation. Most significantly, the teaching team went through the process of articulating its own approach to therapy, incorporating the notion of agency, and more fully integrating spirituality.

There is a great deal of emphasis on 'relationality', in the wider psychotherapy field, sometimes described as a 'relational turn' (e.g., Wachtel, 2007; p.4), and certainly LST has embraced this turn both theologically and in the psychotherapy training. The original Waverley Model and the teaching content of the BA and MA have both emphasised the importance of the therapeutic relationship from a philosophical, clinical and empirical point of view. The Christian anthropological foundation at LST views humans as expressing the *imago dei* in their inherent relationality, drawing from relational theology (e.g., McFadyen, 1990), attachment theory and neuroscience findings. However, what has appeared less developed is the notion of the human ability to be an agent, to develop self definition, to have impact or volition.

The Waverley Model does articulate 'the volitional area' as an aspect of human functioning (Kallmier, 2011), but says less about the dynamics of this in the therapeutic relationship. It does not state whether the approach adopts a one or two person psychology, nor does it reflect on the agency of the therapist in the encounter. At times, it has been my experience that the concept of the therapeutic relationship has been readily accepted without examination of what that might mean, and with some tendency to view it in a Rogerian caricature of passively offering core conditions - despite the teaching content and Waverley model not necessarily fitting that image. Also, I have observed that students communicate some fear of working with issues of spirituality as therapists, concerned that professional bodies will censure them for doing so (even if done ethically). Thus, there is the danger of a kind of passive victim orientation as therapists, both in relation to the client and to professional bodies. In Safran and Muran's terms (2000) it is my sense that a kind of relatedness has been emphasised or embraced at the expense of agency.

It is not appropriate for reasons of confidentiality and ethics – even if it was possible – to articulate all the details of how and why the joint venture between the two organisations ended. However, one significant factor was a move away from the original Waverley model of counselling by the teaching team at LST. The end of the joint venture coincided with the need to revalidate the BA course with the BACP and thus the team went through the process of developing its own approach to counselling and psychotherapy, which would be 'owned' by LST, distinct from the CWR Waverley model. Over the course of some months, the team met to put together some key elements that would underpin our integrative approach to counselling, resulting in a paper that was accepted by the wider LST faculty (Motyer, 2013). Interestingly, the team was still made up of LST and CWR employees during this process.

Of vital importance in this process was the task of articulating what it means to be human. Using Bond's 'pond' analogy (1995; cited in Horton, 2000), we identified four elements at the bottom of the pond that were important to us in answering this question; in sum, we agreed that humans are inherently relational, meaning-making, embodied and agentic. Whilst some sense of agency had been stated before in the Waverley model, it was spoken about more in terms of whether or not a client was making 'right' or 'wrong' choices. Here, there seemed to be a shift in our ideas away from discrete actions to something about what it fundamentally means to be human, recognising the human need to develop and express agency, and viewing authentic relating as including the expression of agency. This seemed to more helpfully balance the relational emphasis; not losing the importance of relationship but deepening what it might mean to be human and the need to relate. The process of bringing together the many writers in this area and articulating how that might relate to theology is on-going, but the embryonic model of counselling seems to be something that the team more fully own at this time. The notion of agency will hopefully be something of an antidote to the passivity I noted earlier – not to exercise 'power over', but exit any hint of a drama triangle and be fully present and agentic as a therapist, with a good awareness of our own power and the potential dynamics.

In a similar process, I suggest that the deepening integration of theology and spirituality with psychotherapy was part of the team developing their agency and

self definition. Historically, LST has offered the theology part of the Theology and Counselling degree, and CWR offered the counselling part of the joint degree. Splitting the two disciplines at the level of the two organisations seemed to work well for many years. Nonetheless, when thinking about the various types of relationships between the two disciplines that writers have described, such as 'nothing buttery', 'levels of explanation', 'transformational' and 'integration', it is clear that each relationship engenders particular power dynamics and relational challenges. For example, 'Biblical' counselling puts theology *over* the psychotherapy literature, and even in a truly 'integrative' dialogue, issues of conflict and difference have to be resolved. This is true at the theoretical level, and was played out, with all the complexity of any other issues, at the organisational level. What remained unspoken was the issue of the place of theology. Traditionally in the Christian integrative literature, theology might be seen as having epistemic authority over psychotherapy (e.g., Porter, 2010). This was a question of how one holds the two worldviews and the 'power dynamics' between them.

Systemically, there also seemed to be two opposing forces of some incongruence: firstly the need to state to the evangelical Christian community that the course really was 'Christian', i.e., based on Biblical/Christian theology, when the teaching did also value and embrace the insights of psychotherapy, and secondly a reluctance on LST's part to fully acknowledge that we stood on the ground of theology as our philosophical foundation for fear of the implications on CWR's counselling courses that they taught separate from LST (without theological training). There was the potential that a greater emphasis and valuing of the theological foundations for psychotherapy at LST could highlight the smaller emphasis at CWR. In fact, an article written by LST about the importance of theology for psychotherapy was apparently held back for this reason. It was as if the theological foundations were both affirmed and played down.

Through the process of the changes in relationship between CWR and LST, through developing its own therapeutic approach, and I believe partly through the process of the research, the counselling team at LST came closer to more fully owning its theological foundations. The discussions around the new LST framework had a more secure quality to them; 'this is who we are', and theology is an important part of that, which people are invited to explore for themselves.

Some clarity in self definition seemed to have occurred. And perhaps has for CWR also.

Thus, the integration between the two disciplines is now at the 'personal' level – it is within the team and LST, rather than split between the two organisations. There is a greater enthusiasm for exploring what it means to integrate faith and spirituality, and a freedom to fully mine the theological literature. The emphasis has shifted to enabling the team, and the students who will be taught, to articulate what integration might mean for them. This seems to be a position that the team can more fully own.

Just as the research holds up an interesting reflection of who we are - when we can notice it, the students also hold up something of a mirror to who we are as a team and an organisation. As trainers, we can reflect on what we are bringing to the development of the trainees, and I am suggesting the team contributed towards the tentativeness of the students and the struggles around agency. There is, of course, the potential for projection. However, I believe there has been a sense of prizing relatedness at the expense of agency at the level of the two organisations, at a team level, with how some of the students have practiced, and for me, at the personal level. These different levels interact and I recognise the potential to see other levels through the lens of my own subjective experience.

24.2 IMPLICATIONS FOR CHRISTIAN COUNSELLING TRAINING AND PRACTICE

Many of the points raised are overlapping; for example, the importance of addressing clients' expectations about what Christian counselling is relates to the issue of power dynamics in the dyad. Recognising the interrelated nature of the issues, they will be discussed in separate sections for clarity. Also, some of the questions and points raised may apply to psychotherapy training more widely; these will be discussed in future sections.

24.2.1 The Question of 'What is Christian Counselling?'

Both the initial interview and seminar feedback suggest that there was a degree of uncertainty around the question of 'what is Christian counselling?' for the participants. It is unsurprising that students may not be resolved about the issue if the tutors are not. However, the question was also present for students who had received their undergraduate training elsewhere, suggesting it is not only a local issue. Academic and professional disciplines will always debate their core values and definitions, which may account for the questions to some degree. However, I am suggesting there is a need for greater clarification about these foundational issues, not just at LST but in Christian counselling more widely.

Given that there is some wrestling around the relationship between the two 'worldviews', it is likely to be a question that requires both a degree of resolution and continued reflection; conviction and not knowing. Also, it is unlikely that one meta-definition will cover the many approaches to Christian counselling. However, those in each context in which the question is asked need to wrestle with the definitional task for themselves to a good enough degree. The potential is that trainers in Christian counselling fail to understand the importance of this foundational question and the myriad implications. The question touches upon issues at the level of one's worldview as well as at the theoretical and clinical levels, and overlap with questions about other helping roles that many Christian trainees are also involved with elsewhere, such as pastoral and ministry roles. Thus, training in Christian counselling should allow sufficient space for exploring this question and the relationship of counselling to other helping roles within a Church or para-church context. There are a number of tasks which could facilitate this process, which will be outlined.

(i) Space to recognise the question

My purpose here is not to offer a definition of Christian counselling, but to point out that students need space to reflect on the question of 'what is Christian counselling?'. Firstly, the query of what Christian counselling is needs articulating. It can be better put as 'what is specifically Christian about Christian counselling?' Is it the fact of two people in the therapeutic dyad that are both Christian? Is it the context in which it occurs? Does it relate to methods or strategies, therapy goals or beliefs within the process? These questions are important in themselves, and also because they relate to one's underlying

assumptions and worldview. The question regarding definitions of Christian counselling also links to questions about the relationship between the two perspectives of faith and therapy. Thus, there is a sense of working at the level of worldviews.

(ii) Understanding the task - worldviews

Myers (2004; p.66, citing Josselson, 1992) contrasts clients' worldviews with defences, pointing out that the task in therapy is to find meaning within the worldview, rather than psychologise it or work on resistance that may occur around defences. He says, "Worldviews are internalized as basic psychic structures that provide the foundation from which identity, value and purpose in life are constructed – much in the same way as the internalized mothering object provides the mirroring that confirms a sense of self and value to the child", also noting that "changes in worldview do not come easily and are not without consequences" (2004; p.66). He recognises the difficulties that may arise when there are conflicts between the religious and therapeutic worldviews, acknowledging that bridge building between the two is often successful but not always possible. Similarly, it is important to recognise the depth and nature of the task that trainees attempt when integrating two worldviews as they wrestle with what Christian counselling is for them, and the importance of providing sufficient space and support to do so. The distinction between worldviews and defences needs acknowledging, as does the essential nature of these type of organising beliefs.

Of relevance here is the concept of integrative complexity (Suedfeld, Guttieri & Tetlock, 2003), which is a measure of two related cognitive processes; the ability to appreciate different perspectives, and the ability to integrate or see connections between multiple perspectives at some higher level. This has been applied in various ways, including in conflict resolution over important values in church settings (Boyd-MacMillan, Savage & Liht, 2008). Training in Christian counselling which takes seriously the task of open dialogue with the psychotherapy literature (rather than 'Biblical counselling' which essentially rejects psychotherapy) could be enhanced by recognising the integrative process as a highly complex task – certainly cognitively, and at times, emotionally and spiritually. It does require students to adopt multiple perspectives whose

differences may not ultimately be able to be resolved at times, and to reach a degree of connection or understanding about the relationship between the views. In the frame of Boyd-MacMillan Savage and Liht's model, it requires high integrative complexity. Achieving some level of integration between psychotherapy and Christian theology/faith is an additional task for the trainee in Christian counselling, and perhaps also for other trainees who come to psychotherapy training from different religious or other backgrounds.

As Boyd-MacMillan et al (2008) point out, when core values are imperilled, stress reactions may be evoked, making it harder to maintain a more nuanced perspective. The tendency in such a response may be to view issues in an all or nothing manner, or worse – result in a sense of trauma. This is not to suggest that training should tread on eggshells around these beliefs, but merely to highlight the importance of recognising the nature of worldviews and the complexity of integrating different perspectives. Failure to do so risks the potential for Christian therapists to retreat into a safe, Christian ghetto and go through training with an uncomfortable level of incongruence or lack of resolution. With greater recognition of the nature of the task, students can begin to explore what Christian counselling is for them.

Gary Collins' book on Christian counselling, which has been widely used in the Christian community, offers four 'unique' characteristics that distinguish Christian counselling; unique assumptions, goals, methods and therapist giftedness (2007; p 19, 20). These characteristics have some overlap with Tim Bond's view on the elements that make up a therapeutic model. These are; the underlying assumptions, formal theory, clinical theory and skills and interventions (1995;cited in Horton, 2000). He likens a model to a pond; with the underlying worldview less visible at the bottom, but informing the higher levels, with the skills more obviously visible on the surface. Viewing the question from each of these four levels of the 'pond' could provide a helpful starting place for exploration. It is likely that this would lead to more questions, for example, about what are the goals of Christian counselling and role of the therapist.

   (iii) Revisit the question

Given that our ideas and models are not static, it is vital to give space to revisit the question. By doing so, there is the implied assumption of change and growth, and as therapists grow in self awareness and clinical experience, the relationship to the question changes, as do the questions themselves. Training should provide a 'good enough' definition, but pay attention to the open-endedness of the definition forming process. This also applies at the level of the training organisational. Despite the tendency for groups to maintain equilibrium, internal and external forces do lead to subtle changes. Unacknowledged, significant changes can create discomfort or confusion.

These questions around definitions may apply to the learning of any therapeutic model, but is highly relevant in religious or other contexts where students come to training with a particular worldview, which is lived and breathed every day, such as in Islamic counselling (Abu Raiya & Pargament, 2010). Thus, trainees in other religious training contexts may also benefit from reflecting on their definitions of psychotherapy and the relationship between the worldviews of faith and therapy, using Bond's pond analogy (1995; cited in Horton, 2000). Bond's pond may represent something of a linear, Western conception of a psychotherapeutic model and so other starting places for examining the relationship between therapeutic models and faith may better serve the purpose.

(iv) Reflection on role of Counselling/Psychotherapy and Pastoral Care

Given that many students have had experiences of other types of helping roles in church settings, it is also important to explore the definition of Christian counselling with regard to other related activities, such as pastoral counselling or care. Based on these experiences, many students join training with ideas as to what counselling is. Intake interviews can only begin the process of addressing definitions and expectations, whilst training needs to continue that process.

24.2.2 Training and the Assumption of Expertise

Gonsiorek et al (2009) have pointed out that personal faith does not ensure adequate competence for working with religion/spirituality in clinical practice. Familiarity and experience of religion does not necessarily equate to clinical expertise for working within that area. The notion of 'skills training' takes on a

different hue when viewed through the lens of belonging to a group. We do not often feel ourselves to need help with how to be with our own group, particularly if there is a bond or commitment to that group. In my experience, the belief that belonging to a faith community is sufficient for clinical work, is prevalent in the Christian community and in Christian counselling. That there is little in the wider literature on therapist and clients sharing background in other significant ways suggests the assumption may not be unique to this religious community. Recognition and exploration of this assumption needs addressing as part of psychotherapy training. Training implicitly addresses this assumption - else there would be no need for training - however, it needs addressing explicitly, and sensitively.

Christian counselling training can include an exploration of the strengths and resources that the therapist brings to the work; from his or her own personal experiences and history of faith and spirituality. As well as resources, areas of difficulty or limitations should be articulated. The aim is three-fold; to raise awareness of what the therapist brings to this specific area of work, identify personal resources for working in this area, such as personal religious knowledge, experience and understanding, and thirdly, to highlight limitations and areas for further training - questioning the assumption of familiarity as sufficient expertise. Questions about specific religious/spiritual issues can be used as prompt to outline the boundary of the therapist's experience and understanding, as well as give an opportunity for reflection on underlying motivations and how it might feel to work with these sorts of issues.

In the same way that taking a family or sexual history requires sensitivity, any exploration of this spiritual/religious history would need to be approached sensitively and ethically. This exploratory approach could be applied in work with religious clients, and it ought to be extended to trainees in Christian counselling. Also, doing so appropriately in a group setting can expose trainees to a greater range of experiences not only from which to draw, but can potentially dislodge any rigid assumptions about how faith 'ought' or might be expressed. We become aware of our underlying values when we experience difference, and when they are violated, disturbed, threatened or challenged. Rather than discovering what is beneath by inadvertently stepping on a metaphorical minefield *in vivo*, prior and on-going exploration in a holding environment can

help therapists understand and defuse areas of religious/spiritual challenge or strongly held beliefs. Additionally, therapists can take time to explore what it might mean for them if a client wishes to move away from the cherished norms and values of the shared group; for example, if a Christian client wishes to move away from faith altogether or towards a different worldview.

Additionally, the notion of 'skills training' is interesting from the point of view of Christian counselling, and also needs some explicit reflection. That is to say, Christian theology emphasises the supernatural work of the Holy Spirit who works through the Christian (e.g., Turner, 1999). Side stepping any theological debate here, the point is, that in my experience, a few trainees can hold implicit beliefs about the Holy Spirit that are subtly antithetical to skills training; to learn a skill is to somehow diminish the work of the Holy Spirit. It is perhaps akin to the idea that *training* in a relational oriented psychotherapy somehow reduces the authenticity of the therapeutic encounter.

Within the Christian context, this, and the clinical implications of other theological beliefs can be given space for exploration. The aim would not be to necessarily prescribe an orthodox theology, but recognise areas where tensions or dialectics are present and offer a way of working through those. Working through may not mean resolution, but finding a stance with regard to the tensions or differences. This is a helpful skill for psychotherapy training generally. Trainers in Christian counselling can more carefully monitor areas of difficulty for trainees (and themselves) in order to identify what is at stake or clarify the issue. Noticing these areas of tensions, reluctance or resistance is vital and potentially provides an opening for creativity. In a parallel process, this is true of the counselling process. It requires a degree of courage and openness to deconstruct what is familiar.

Whilst many of these questions and processes are often a part of what occurs in psychotherapy training, these contextual issues need to be addressed explicitly, and particularly within this therapeutic dyad. To not do so, runs the risk of colluding with the assumption that belonging is sufficient training. The three aims of exploring personal faith will now be explored, and suggested areas of exploration for doing so will be presented below.

(i) Raising Self Awareness

It is hard to over-estimate the importance and benefits of developing good self awareness for the profession, and these have been adequately discussed elsewhere (e.g., as a vital aspect of the therapy process (Pieterse et al, 2013); for managing and working with counter transference reactions (Gelso & Hayes, 2001); in ethically managing multiple roles (Rubin, 2000); for therapist self care (McLeod, 2003)). It is inextricably linked to the development and maintenance of a good therapeutic relationship, which in turn is a key factor in the outcome of psychotherapy (e.g., Horvath, Del Re, Fluckiger & Symonds, 2011), and central to the profession of counselling psychology (e.g., Rizq, 2013). The development of self awareness can be thought of as prophylactic to unhelpful hidden assumptions, such as those discussed above.

Self awareness development needs to focus both on the two aspects that Williams highlights, that is, the 'general self-knowledge (an ability to have insight into one's inner world and personality)' and also on self awareness as 'a momentary state, such as self-consciousness' (Williams, 2003; p. 178). The former could be explored through questions regarding a number of key areas:
- Beginnings and development – the story of coming to faith, whether gradual or sudden, involving particular experiences, rituals or people, and its development over time, family of origin experiences and stories regarding religion/spirituality, spiritual/religious growth, attachment to God styles.
- Experiences and rituals – such as important spiritual experiences, symbols and rituals, hurts or disappointments within a religious context, preferences and exposure to different styles of worship and spirituality, both corporate and individual.
- Other helping roles and experiences – such as experiences of giving and receiving pastoral care, prayer ministry, pastoral counselling, working with or experiencing spiritual crises, roles within church/Christian settings, expectations and beliefs about various helping roles, reflecting on the relationship between various church and clinical roles
- 'Boundaries' and identity – reflection on personal meanings of key terms such as 'Christian', 'evangelical' or other commonly used labels, any areas of strong or rigid personal belief – the 'deal breakers' or 'sacred

cows', the meaning and felt sense of belonging (or not) to particular religious groups and sub-groups.

Buchan and Hughes state that 'very few of us come to counselling training with a clear idea of what... spirituality really means to us' (2000; p. 37), and this is true for therapists whatever their religious/spiritual orientation. These areas suggested above could serve as starting points for exploration to raise awareness in the Christian dyad and could mitigate against blind spots. They also have relevance for training generally, and in other therapeutic dyads, but are arguably necessary for working in the specialism of religious/spiritual issues in psychotherapy.

In a similar vein, Pieterse et al (2013) have put forward a helpful model for enabling trainees in the development of self awareness. This integrated approach offers a framework by which trainees can reflect on their personality styles, relational style, social class, ethnic/racial identity, gender and sexual orientation, family of origin influences and spiritual/religious orientation primarily through Socratic questioning, examples of which are provided. Whilst this model covers key areas for exploration, the area on religious/spiritual orientation could be further developed within training as suggested above. Also, their approach of 'systematic questioning and inductive reasoning' could deepen trainees 'self knowledge' (p.198), but may not adequately tap into the more embodied reactions and stories that we hold about ourselves.

As well as the descriptive questions, training should aim to tap into more implicit ways of knowing, for example, by the use of various experiential exercises, group discussion, process groups, and personal journalling. The feedback from the workshop on Power in Christian Counselling that was carried out indicated that the experiential sculpt and prayer role play did powerfully raise awareness of some of the issues. Religious/spiritual beginnings and development could be explored through the construction of a 'timeline' that visually identifies important markers in the narrative, and story telling in small groups. Students could be encouraged to experience different modes of spirituality or worship and role play can be utilised to safely explore counter transference in situations that might subtly cut across religious norms. This is all the more important for work within one's own group.

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(ii) Identifying Resources

Trainees can be encouraged to identify the religious resources that they have access to, both in their own Christian community, and the resources of the training group. This might include practical resources such as religious literature or identifying para-church organisations as well as personal and social support networks, but also experiences of other denominations and ways of expressing Christian spirituality; for example, drawing out the knowledge and experience of charismatic and non-charismatic forms of worship and theology from within the training group.

(iii) Identifying Areas for Further Training

The other side of the coin is to identify areas for further training and significant gaps in knowledge and experience. It is not necessary to cover all of the areas in training, but clarify where the gaps might be in order to highlight the need for further reflection and training. Naming it as an area for further learning or reflection can engender an openness and curiosity, thus avoiding assumptions.

As noted earlier, it is important to explore these areas ethically and sensitively. Mallinckrodt, Porter and Kivlighan (2005; p. 87) offer a useful metaphor for understanding the fluctuations of the therapy process which can be applied in a training context, saying,

> "Sessions that are deep but not smooth may be fraught with too much anxiety to be ultimately productive and have been described as "heavy going"; sessions that are smooth but lack depth may be superficial and have been described as merely "coasting," whereas sessions that combine both depth and smoothness may be among the most productive and have been described as "smooth sailing," to use a nautical metaphor (Orlinsky & Howard, 1977, as cited in Stiles et al., 1994, p. 175)".

To continue the metaphor, it is important that in deconstructing what is essentially familiar and cherished, trainees should not get seasick. This applies to psychotherapy training generally, but with one important difference, which is that religious beliefs do not equate to defences.

Psychotherapy training involves personal growth. Many students are able to make good use of personal therapy and the training experience to move towards not only professional development, but integration of split off aspects of self and resolution of past conflict. This often occurs through some 'deep' and sometimes uncomfortable work. However, it is important to note with Myers (2004) that religious faith involves core beliefs that are distinct from defences. That is not to say that trainees ought to be protected from any discomfort in exploring faith, but that, as with any issue, the level of discomfort needs to be well judged, and importantly, the distinction between what is defensive and what is a worldview, borne in mind. This is no easy task for a trainer, or a psychotherapist. But the distinction must be made. This point will be expanded upon further below, but suffice to say that the learning context needs to recognise the specificity of task in hand and balance the 'smoothness and depth'.

The findings from the workshop seminar emphasized the value of group discussion. As someone once noted, 'When you are a bear of Very Little Brain and Think of Things, you sometimes find a Thing which seemed very Thingish inside you is quite different when it gets out into the open and has other people looking at it; (Milne,1928; p.97). If well facilitated, group discussions can be a safe and creative relational space in which to contain some of the discomfort of beliefs being examined, and allow for exploration of embodied reactions and implicit ways of knowing.

24.2.3 Addressing Expectations

The interview findings highlighted the need for the therapist to fully explore the client's expectations about the process of therapy; what Constantino, Glass, Arnkoff, Ametrano and Smith call 'treatment expectations', in contrast to 'outcome expectations' (2011; p.354). This touches on three related areas: the client's expectations about the process of therapy and what specific spiritual interventions they may wish to include, the client's potential perception of the therapist as a spiritual authority and the client's expectations and beliefs about mechanisms of change in therapy, i.e., what are the client's ideas about loci of control and change, and beliefs about God's active intervention in the healing process. Some of these questions relate to abstract ideas that many clients - and

therapists - would not be able to readily articulate, however, therapists can listen carefully to how their clients talk about these issues when asked.

Although, according to Constantino et al (2011), the research findings on treatment expectations and outcome are somewhat mixed, an unaddressed mismatch between therapist and client treatment expectations is likely to hinder the therapeutic relationship, which is robustly linked to outcome. It is the 'tasks' and 'goals' elements of Bordin's (1979) concept of the alliance that need addressing if therapy is to progress adequately. This could also include some consideration of the role of other forms of help for the duration of therapy, such as pastoral support or prayer ministry. Clients from any background will have others in assisting them as part of their support system, but within the Christian dyad, there may be a greater sense of overlap – or wish for overlap on the part of the client.

As part of the assessment process, it is important that therapists enquire not only about past experiences of counselling or psychotherapy, but of helping experiences and rituals in church life – whether experienced as positive or negative – with a view to understanding the client's ideas about loci of control and change, and potential causal factors in their difficulties.

24.2.4 Power Dynamics

The initial interview brought out the importance of considering power dynamics in Christian counselling. As a discipline, counselling psychology emphasises the importance of empowering clients and of the need to 'be mindful of the power dynamics of the professional/client relationship' (BPS, 2005; p.3). The issue of power is important in any approach to therapy, and as I have argued, has not been adequately explored in relation to shared dyads where there may be particular issues. The issue is not about trying to eradicate power dynamics or 'lessen' them as if they can be gotten rid of; power dynamics are integral to human relationships, both explicitly and implicitly. The task is to deepen the understanding of those dynamics in the context of the psychotherapy relationship, in the shared dyad, and in this instance, in Christian counselling. In addition to the usual considerations that have been explored by writers such as Proctor (2002), Zur (2009) and Harrison (2013), there is also the relevance of the

notion of thirdness, as well as potential assumptions, and kinship obligation, which will be discussed below.

24.2.5 Thirdness

As noted, many Christian clients explicitly wish to incorporate their faith into the counselling process with Christian therapists. For many, faith is construed and experienced as a 'relationship with God', which the client and therapist may also share. Thus, there is experientially a 'third in the room'; a mutual relationship present with all its attendant power dynamics. Given the relational nature and personal importance of faith that both the client and therapist may share, it is important to consider the potential impact of this in the relational dynamics of the therapeutic relationship.

Though not literal in the Christian theological sense, the notion of a third presence in the therapy is not new to psychotherapy. The mother-infant relationship, aspects of the therapeutic process, social discourses, pre-given theories, and almost any perspective outside the therapeutic dyad (if an outside can be said to exist) have all been understood by using the concept of the third (e.g., Britton, 2004; Green, 2004; Straker, 2006). In this broad meaning, that could also include the artefact or narrative of Christian counselling; co-created by the Christian therapist and client. From a more analytic perspective, the definition has focused in on the dyad. Intersubjective theorists use the term variously with Ogden describing the analytic third' as the 'jointly created unconscious life of the analytic pair' (2004; p.167) and Benjamin emphasises thirdness as 'a quality or experience of intersubjective relatedness that has as its correlates a certain kind of internal mental space' (2004; p.6). Benjamin says that the third is 'that to which we surrender', a 'principle or process that mediates between the self and other' to which both client and therapist surrender (p.7) - an interesting idea when put in the frame of a Christian context, and in fact Benjamin's work draws upon the Christian theological literature (Hoffman, 2011).

In Christian counselling, I suggest there is both thirdness as understood in intersubjective terms, but also the felt sense of a third, personal presence, which may be experienced in those 'profound moments', but is also part of the on-going context of therapy for many Christian dyads. This needs to be taken into account

when explicating the power and relational dynamics. Moreover, Christian theology includes the notion of God as agentic and powerful. This has implications for therapy in which this 'third' is invited. This is influenced by each person's internal representations and expectations of that third. On the one hand, this is no different from working with any attachment or influential figure in the client's system, but the question of perceived joint relationship to that figure may make it something of a significant third in the equation.

There is the therapeutic dyad, but underpinning that is also a triadic relationship; the client, therapist and God. This is present in terms of the client's and therapist's underlying religious beliefs about being part of 'one Body', but may also come to the fore when either person focuses on God in the therapy in some way, either through religious/spiritual interventions, discussions or profound moments. It is a cognitive (religious) belief, and at times, is felt experientially. In fact, 'God is a member of the relational system' (Heiden-Rootes, Jankowski & Sandage, 2010; p. 91). If the alliance includes an understanding of this mutual relationship to any degree, it therefore becomes necessary to draw from systemic approaches on processes such as triangulation to add to the conceptualisation of the relationship.

Bowen's work on triangulation posits that two people draw in a third to reduce stress between them (e.g., Charles, 2001). If applied to Christian counselling, it can be seen the therapist or client could use God as an ally to deal with tension. It is not uncommon for clients to bring a third person into a discussion as a way of reducing anxiety, for example, in 'story telling' (Safran & Muran, 2000). But it may be powerfully felt if that person is God. More importantly, is for the therapist to understand the potency of 'using God' in the process. At the extreme, is the potential for spiritual abuse, but more commonly is the potential to defend against anxiety in the process by using God as an ally, rather than dealing with issues of rupture or impasse in the therapeutic alliance. Without due reflection, the unconscious anxiety may be masked by good intentions of the therapist to help, and it is the good intention and bringing in the 'good object' – God - that can be hard to resist, as noted by the participants in the workshop on power. This is not to suggest that Christian counselling ought to be overly cautious, but there is power in naming the potential dynamics. As Steffen and Hanley say, 'The thing

with power is that it likes to operate in secret. To call it by its name, to make it visible is to make it open to change. And that is a form of action' (2013; p. 5).

On the other hand, there are those who have questioned the necessarily destructive nature of triangulation. For example, Butler, Stout & Gardner (2002; p. 24) point out that couples who 'invoke a couple-Deity triangle' draw upon an importance source of support which was found to benefit their relationship. Whilst there are profound differences between intimate couple relationships and the therapeutic alliance, it is important to note that triangulation need not equate to dysfunction. Nonetheless, it suggests that the involvement of God as a third can bring relational benefits. In Butler et al's study, prayer enabled couples to deal appropriately with conflict. In terms of power, prayer can be a reminder for the Christian dyad that both are equal before God, whatever their social position. There are aspects to the triad that can be utilised in clinical practice. The difference between what is therapeutic and what may be defensive or harmful can be a fine line, and the onus is on the therapist to monitor the dynamics in the triad.

In sum, it is recognised that there is a degree of asymmetry by virtue of the helping relationship but also that the client has power. Added to that is the mutuality as fellow Christians, both able to some degree to express spirituality in the process, but also the client's potential perception of the therapist as a spiritual authority or agent of God. Thus, there are elements of both mutuality and asymmetry (and there is also the wider social context that impact on the relationship).

24.3 WORLDVIEWS AND VALUES BEYOND CHRISTIAN COUNSELLING

The discussion on clarifying what Christian counselling is has emphasised the importance of considering its underlying worldview, and the relation of that to the disciplines of psychotherapy. Whilst there may not be the same need for the non-religious therapist to think in terms of integrating those two worldviews specifically, there is benefit in a similar process of delineating one's own values and assumptions, and the relationship of those to counselling and psychotherapy. Bond (1995) and Horton (2000) agree that the basis for a therapeutic model is the underlying philosophy or assumptions. These interact at

the individual level with one's personal values. Proctor defines personal values, saying, 'values express what it means to be human... and are... inherent in our behaviour and everyday decisions (2014; p. 11), and emphasises their importance in making ethical and clinical decisions. Whether fully articulated or not, therapists have beliefs and values that address ontological and epistemological questions. In some models of therapy, particularly philosophically driven approaches such as existential therapies, the underlying assumptions are more visible, whereas in other therapies, such empirically driven approaches like cognitive approaches, less is said about its underlying worldview (even though empiricism is a philosophical view). In both cases, beliefs and values at this level profoundly influence clinical practice, but sometimes in subtle ways as they are at the 'bottom of the pond' and therefore less visible.

Given their influence, it behoves therapists to reflect on and articulate their underlying worldviews and values. There has been something of a recent shift towards integration, and integrative approaches, particular those that espouse personal integration, are more likely to give space to this task. For those, like myself, who trained some time ago in a different paradigm, it may be necessary to visit, or revisit the question. There are two tasks; firstly the articulation of one's own values at that point of 'capture' (recognising they are not always static), and then consideration of the relationship of these with the values of counselling/psychotherapy - which includes also a clarification of what those therapy values are. This task assumes that the two sets of values are not necessarily the same, and that psychotherapy training is not about the conversion of personal values to professional values. It highlights the value-laden nature of the profession, with its emphasis on, e.g., autonomy, and engenders a critically reflexive stance. Otherwise, the values of psychotherapy could be internalised without due consideration, as if they are neutral or automatically normative. Without this criticality, counselling psychology training could imperil the very thing it espouses, that is, autonomy and respect for difference. There is, of course, irony in that this process is not value-free, but promotes and maintains professional values of reflexivity, but at least the questions, whatever the outcome and method, do need asking.

24.4 TOWARDS THE DEVELOPMENT OF INTRACULTUAL COMPETENCE

Clearly, distance was needed and helpful for me in this insider research. Drawing from the insider research paradigm, I would argue that it is also needed in intra-cultural therapy. Whilst research and therapy have different methods and aims, there are some parallels to be drawn from insider research that can be applied to psychotherapeutic work in which the therapist and client come from the same background, culture or sub-group in significant ways. The notion of distance is an important one, amongst others. As well being relevant to the context of Christian counselling, I am suggesting it is also applicable to other therapeutic shared dyads or in smaller communities where the dynamics of dual roles, shared culture or beliefs may be present. There is very little literature and, it seems, no empirical research on how to approach intra-cultural therapy. There is a need to recognise the challenges of work from 'within', and the insider research paradigm can offer some helpful pointers for therapists working in this area, some of which will be discussed.

24.4.1 Intra-cultural Competence: Definition

Gulati compares 'cultural affirmation to... a more shaded issue of what might be called intra-cultural competence' (2003; p. 350). One can only surmise what he means by 'a more shaded issue', but it is suggestive of the less obvious nuances that I have encountered and discussed so far. Some issues of difference, and their attendant dynamics, can be easier to spot at least. Here, in naming intra-cultural issues, I am agreeing with Gulati that it is an area to be explored and developed. It is not my purpose to delineate with any degree of exactness what constitutes an intra-cultural dyad. A rough definition can be offered, but it is important to take into account, not only the social realities or labels that the therapist and client might be associated with, such as, Muslim, etc, but their experiential felt sense of identity with a particular group or culture. Some potentially relevant groups have already been identified such as the deaf community, sexual minorities, religious communities or other specific close knit contexts in which intra-cultural work may occur. However, there is a shadedness that recognises one's sense of belonging and identity is multi-layered and complex.

Intra-cultural competence could be defined as the ability to work ethically and reflexively in a therapeutic dyad in which the therapist and client share culture, values, lifestyle, worldview or identity in significant ways, by holding a paradoxical stance of affirmation, acceptance and curiosity with respect to those aspects of shared experience. Of importance, is the same need for affirmation when working 'within' as 'between', and a need for competence in clinical work that goes beyond belonging. However, affirmation can also be accompanied by curiosity and questioning in order to avoid the aforementioned pitfalls. Here, competence does not only equate to technical skills, but is also primarily a stance that will enable navigation through the particular dynamics of intra-cultural therapy. That stance needs to include movement between 'inside' and 'outside'; or putting it another way, allowing for moments of distance in order to give space for fresh perspectives, and consideration of the power dynamics, collusion and the like. Drawing from insider research, systemic thinking and some of these research findings, some of the issues of how to work from within affirmatively will be discussed.

24.4.2 The Assumption of 'Expertise'

The word in the title of this section was put in quotes as recognition of the tension inherent in the point being made. On the one hand, the notion of expertise brings with it connotations of 'power over', and psychotechnology, which is at odds with some of the core values of counselling psychology, and a relational emphasis. Nonetheless, this research rests on the assumption that some training – whether in the shape of skills or increased awareness – is needed for intra-culturally competent practice. By definition, belonging is necessary in a shared dyad, but is not sufficient to ensure ethical practice. There is a need for greater self awareness, familiarity and perhaps greater knowledge than is currently assumed in this area of work.

Neal and Davies (2010), in the introduction to their book on working with lesbian, gay, bisexual and transgender clients, hold this tension well when they point out that therapists similarly need self awareness and 'comfort' around issues of sexuality rather than a different set of skills. However, they seem to make the same point as Gonsiorek et al, saying, 'Many therapists seem to feel that a common sexual orientation is by itself a qualification for working with clients from

these minorities. We do not agree!' (p.1). Their text speaks to some of the issues present in this shared dyad, with a focus on dual roles, suggesting there are also specific issues in this dyad that need consideration. The issues may differ or be expressed in other ways in other shared dyads, but the principle remains the same; belonging or commonality in important ways is not necessarily sufficient for ethical practice, and indeed may hinder practice. The development of Intra-cultural competence/awareness is as important as inter-cultural competence/awareness.

24.4.3 Distance

Distance is not the same as objectivity. The latter presumes that a particular kind of dispassionate separateness is achievable to some degree that aims to detach personal feelings or views. In contrast, distance does not need to be uninvolved. The fact of personal involvement in any therapy, and in intra-cultural therapy is a given. There is widespread acceptance of the inter-subjective nature of the therapeutic relationship in which the therapist and client co-create the interpersonal field. But shifts in perspective that move closer towards the 'outside' (but can never fully be outside) give breathing space for alternative ways of perceiving, engaging and relating. This is not a new idea to therapeutic practice, for example, it overlaps with ideas of curiosity in systemic approaches but does need to be intentionally applied in intra-cultural therapy, and in the development of intra-cultural competence.

Zinker (1978; p. 46) argues that, 'the therapist's greatest enemy is that state in which he [*sic*] finds himself deeply identified with his client, embedded in the other's psychological skin'. The challenges of personal identification have been well acknowledged and explored, and this can be extended to include embeddedness at the social or cultural level. The inherent embeddedness of intra-cultural work needs to be recognised and trainees can be encouraged to consider the implications for practice. Moreover, distance ought not to be thought as a static position, but it is more likely that there will be a cyclical movement towards and away from, or in and out of the systems that the therapist and client are a part of. Of course, one can never disembed, but learning and reflexive activities can promote sufficient space and distance to help not only avoid collusion and the assumption of expertise but aid creativity.

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24.4.4 Multiplicity of Self

The idea of a static, unified self has been challenged and replaced with the concept of multiplicity by various theorists (Rowan & Cooper, 1998). Tolendano's (1996) paper on being a Jewish therapist working with Jewish clients is reminiscent of this when he says that his work involves 'at times being more connected to my 'Jewish' ideas and at others to my professional ideas' (p. 291). It is as if different aspects of his personhood or identity come to the fore at various times, allowing him to move between different positions of curiosity and connection. This seems to offer a simple way of thinking about how therapists might navigate the pitfalls and advantages of intra-cultural work. That is, by recognising the multiplicity of what they might bring to the process they can move reflexively between these identities where appropriate. Clinical supervision needs to recognise this and could also be a helpful space to engender this sort of reflection.

It is relevant to note that Tolendano's discussion is also about the religious dyad. It may be that the notion of multiplicity is more helpful in this case owing to the bigger differences in underlying worldviews between religion and psychotherapy than in other shared dyads. That is, there may be more of a sense of tension between the competing values. He notes that clients do not wish their religion to be psychologised, suggesting clients are also aware of these differences, and moving between identities may be a way of working with this.

24.4.5 Emotion Work & Inhabiting a Liminal Position

"The shadow of the unsaid haunts our saying" (Romanyshyn, 2007; p. 6)

The emotional impact of carrying out insider research has begun to be explored and acknowledged. This has been considered in terms of dilemmas around power dynamics (e.g., Darra, 2008), the impact of holding dual roles of practitioner and researcher (e.g., Sword, 1999; Arber, 2006), the dynamics of being an 'intimate insider' (Taylor, 2011) and of the potential support needed for the researcher (Dickson-Swift, James, Kippen & Liamputtong, 2009). It is interesting to note that the issues faced in insider research have some relevance

for the development of intra-cultural competence in psychotherapy training. For example, in both cases, there is the need to consider power relations and potential dual roles, there are benefits and challenges of knowing the culture, and a need for critical reflexivity. Although the insider research literature highlights these issues, there is a paucity of literature for psychotherapists working with clients with whom they share the same background or religion. Just as emotion work is vital in insider research, it is also important in training intra-culturally. I would argue that the emotional impact of intra-cultural work is certainly different, and can also be greater. This is acknowledged in the insider research, and needs greater recognition in intra-cultural therapy, particularly in religious dyads where there is navigation between two different perspectives.

Importantly, there is also the question of navigating closeness and distance when holding the positions of insider and outsider simultaneously. That is to say, most therapeutic approaches involve the reconsideration of meaning, incorporating the adoption of a different perspective (Power and Brewin, 1997) and the development of a critically reflective eye. In order to do this, there has to be a degree of distance from that which is being reconsidered, introducing some movement towards the outside, whether temporarily, permanently or cyclically moving between inside and outside. Just as insider research can be emotionally demanding and overwhelming (Fougler, 2009), so too the perspective or experience of being outside with respect to one's own group can be uncomfortable at times.

For many, religious faith, or other aspects of one's culture, is felt to be inextricably linked to their personal identity (Reddie, 2013), and is associated with a sense of belonging to a particular community. Experientially, there is often both an individual and community expression of faith. As noted earlier, for some, religion is all encompassing - a way of life. To be reflexive as insider research and intra-cultural therapy training requires, is to question something that is not only familiar and potentially linked to individual and corporate practices, but to core aspects of one's personal narrative in profound ways. The sense of insider or belonging can become dislodged as the person views their religion from a different perspective. Yet, this will never fully be the perspective of the outsider, and once undertaken, nor cannot it go back to the position of the 'blissfully ignorant' insider. This brings us back to Moore's point that it is akin to eating from

the forbidden tree of knowledge (2007). Thus, the therapist inhabits a liminal position; on the threshold of inside and outside.

It has been my experience as a trainer that many Christian counselling students wrestle to a greater or lesser degree during training with repositioning themselves in their church context. This may be at a practical level of renegotiating the roles they carry out in church, such as thinking through the issues of confidentiality and boundaries in relation to pastoral work. As students reflect on the value of confidentiality and the complexity of dual roles, they may question their own pastoral roles. They have to clarify the distinction between what is counselling and what is pastoral work, and articulate that in their own context. It can also mean important subtle changes in how they relate and think about the life of the church community. For example, in churches that are a part of what is called the 'word of faith' movement (e.g., Perriman, 2003), where positive confession, prosperity and believing faith are emphasised, counselling students who are willing to face their shadow sides can find their church family less hospitable to addressing issues of suffering and pain.

Although students frequently resolve these issues, and there is often a deepening of spirituality as they are faced, it can also mean they are left with an on-going challenge of holding a different perspective within their own community. The distance that aids critical reflexivity can have an intra-psychic and inter-relational impact on a number of levels. This is also likely to be true for therapists of other religious backgrounds, and more research needs to consider the process of psychotherapy training for religious therapists.

As Fougler points out, the role of external conversations is vital in managing difficult feelings in insider research (2009). Similarly, clinical supervision of psychotherapy practice provides a safe external space for understanding and managing difficult feelings that may arise. However, supervision and psychotherapy training in this area of clinical work may fail to recognise the potential emotional impact on the trainee or therapist of working this through. Additionally, the dynamics of shared faith in the therapeutic dyad may be replicated in the supervisory relationship; it is my experience that a significant number of trainees in Christian counselling have clinical supervision with a

Christian supervisor. Thus the dynamics may also be complex in this relationship.

There is, I suggest, some sense of loss that is experienced in the process of psychotherapy training, perhaps particularly in religious counselling. It is as if movement occurs towards Klein's depressive position in which there is a greater understanding and acceptance of the nuances, complexities and bittersweetness of faith, psychotherapy, beliefs and theories, and of course in the relational sphere. To integrate is to let go of the 'all bad or all good' position and see the strengths and limitations present in both disciplines. With the loss of the fantasy, as Klein suggested, is a sense of mourning as the imperfection of an object is realised (e.g., Simanowitz & Pearce, 2003).

24.4.6 Integration as Acculturation

Without wishing to overstate the argument or negate the actual challenges of acclimatising to a different country, there is some relevance in thinking about the process of adopting a liminal position through the lens of acculturation. It is only metaphorical and, of course, metaphors can be stretched beyond helpfulness if used too far. Nonetheless, the literature attests to the challenges of acculturation (e.g., Amoah, 2014) and I am suggesting there are some similarities in the process of training in Christian counselling, which may also apply for therapists of other religions. In religious dyads that seek to do psychotherapy with reference to the religious framework, there is the challenge of how to stand in relation to the worlds of religion and psychotherapy, and how to hold the integration or dialogue between the two.

Trainee therapists are being introduced to a new paradigm whilst usually seeking to maintain a commitment to their own religious background. Analogously, psychotherapy may be the host identity and faith the cultural/ethnic identity (although this depends on when the person came to faith in relation to psychotherapy training as it can be experienced as vice versa). As Amoah points out, 'The confluence of different cultures detracts continuity of the ethnic identity and calls for reconstructions. This fact creates a difficult path for an easy identity construct.' (2014; p. 127). Just like the challenges that a child of an immigrant family straddling two cultures might face, integrating psychotherapy and theology

requires careful identity reconstruction. Less desirable, is the sense of feeling adrift between two worlds.

Focusing on the impact on the individual, Berry (2003) has described four strategies associated with acculturation. They are organised with reference to the attitude valence towards the new and original culture as table 3 (p. 128) shows:

	Positive attitude to culture of origin	Negative attitude towards culture of origin
Positive attitude to new culture	Integration	Assimilation
Negative attitude towards new culture	Separation	Marginalisation

Table 3: From Berry (2003; p. 128).

It is interesting to note some similarity between these strategies and the terminology used to outline the possible relationships between theology and psychology mentioned earlier. The literature on integration or dialogue between psychology and theology has helpfully outlined the various ways in which the two disciplines might relate. Theoretical models have been developed and more recently, the clinical implications are also being considered (Hsu, Lewis Hall & Coe, 2007). However, less has been said about the personal and emotional impact of the process. It has been primarily viewed at a theoretical level, without consideration of the emotional task, which is particularly relevant for practicing clinicians. Given that there is movement within the Christian integration literature towards 'personal integration', and a wider emphasis on the therapeutic use of self, the need to consider the personal impact of integration is becoming more figural.

Whilst Berry's model is not without criticism (e.g., Balls-Organista, Marin & Chun, 2009), his model does draw attention to the fact that acculturation involves change at a number of levels; from readily observable changes in appearance and habits, to 'self identity' and for some, feelings of stress, depression and other emotional reactions. According to Berry, adoption of the integration strategy should be associated with the least amount of acculturation stress, compared

with the other three strategies (2003). Similarly, LaFromboise, Coleman and Gerton (1991) argue that bicultural competence is associated with better physical and psychological health. It fits that the outcome and on-going experience of holding a positive attitude towards one's culture of origin and the new culture is associated with better well being. However, I would question if the initial process is as stress-free as suggested. Any process of adjustment throws up challenges and, drawing from an attachment perspective, it could be argued that a degree of secure attachment to one's origins is necessary to aid exploration of the new. The process is unlikely to be straightforward but influenced by a number of individual and social factors. Similarly, in the integrative process.

There are many significant social, economic and political issues that are interwoven with the issue of acculturation that are not a part of the process of integrating faith and psychotherapy/psychology. Nonetheless, the acculturation literature highlights the potential challenges of negotiating two (or more) different cultures, and considerable research and theory now underpins this area of work. However, there is almost no empirical research on the integration of faith and psychology/psychotherapy. A recent brief review of PsycINFO and EBSCO's Religion & Philosophy Database reveals just one American book on twelve authors' stories of integration (Collins & Moriarty, 2010), and a single piece of empirical research by Hsu, Lewis Hall & Coe (2007).

What is perhaps less clear is the experiential process of developing such competence or skills, such as high integrative complexity, to comfortably hold different values – that is, how is that experienced, and negotiated? What is the shape of it developmentally? What does this mean in clinical practice? Also, as Sorenson points out, the psychotherapy/theology integration literature has been 'predominantly white, Western, stereotypically masculine and theologically reformed' (1996; p.182). Are there other ways in which we could consider integration – perhaps with a phenomenological, relational, gendered or cultural perspective in mind to aid exploration of these and other questions? Integration from a theoretical perspective has acted as if the main question was 'who is right?', whereas, the at least equally important questions of 'how is this experienced?' and 'what exactly is the 'it' that we are experiencing?' remain unaddressed. Further empirical research is needed to fully explore these and other questions.

I have failed to offer a prescription; the process of integrating faith and psychotherapy is different for each person. And yet, there is the need to recognise that for some, this is a deeply personal, challenging but rewarding process. It may be enough for trainers and trainees to name it and hold it in awareness. In insider research, activities such as personal journalling and external conversations with critical friends serve to contain the emotion work. Similarly, external conversations might be helpful for the trainee in this context, particularly conversations that provide some truly external space.

24.4.7 Dual Roles in Shared Dyads

Dual roles are common in the Christian counselling community. The debate around dual roles in psychotherapy has centred on power dynamics in the therapeutic relationship and how to avoid harmful boundary violations (e.g., Zur & Lazarus, 2002). It is now more widely acknowledged that a total ban on dual or multiple roles, particularly within smaller communities, is not practical or desirable (e.g., Lazarus, 2002). It has been my own clinical experience as a therapist, trainer and supervisor that many Christian therapists wrestle with issues of dual roles in their work, and was certainly my experience in this research process.

There is a growing body of literature on the topic of dual roles (e.g., Lazarus & Zur, 2002; Reamer, 2012) which enables therapists to navigate the issues. The literature has moved on from the focus on sexual relationships to encompass the varied and subtle ways in which dual roles may occur. However, there is scant recognition of the duality that may arise from shared religion, identity or culture, that is, the felt sense of connection. This is not about extra-therapeutic contact, but the sense of shared belonging. In Christianity, there is also a theological view that underpins this, but it is not limited to this community.

Guthmann and Sandberg seem to allude to this in their comments on working within the deaf community when he talks about 'the values of personal connection, knowledge, understanding, and shared history that characterize the deaf community' (2002; p. 292), as does Kertesz, noting the 'additional and unique complexities to the dynamics of dual relationships' in Latin American culture (2002; p. 329). This is something more elusive than the concrete labels of

e.g., therapist and joint church member. It exists independently of actual contact or roles and is about the felt sense of duality, of being part of the same tribe as well as therapist and client. Writing about his work with religious clients in a Jewish agency, Tolendano says 'even before the first word is said, the therapist and the agency are an inextricable part of the religious and cultural context of the family' (1996; p. 295). The recognition of this duality is just peppered throughout the literature, with little articulation of the relational and power dynamics. The particular issues may vary from community to community, but the point can be made that exploration of dual roles and power dynamics needs to also take into account this conception of duality, particularly in developing intra-cultural competency.

Duality may refer to concrete roles, such as being a clinical supervisor and member of the same church community, but may also be deepened to include the felt sense of shared identity. The therapist and client enter into particular therapeutic roles, but may also perceive themselves to have another connection. As Llewellyn points out, within Christianity, 'the individual is defined as a member of a wider community, the 'body of Christ'' (2002; p.307), and there can be a sense of duality by virtue of that belonging. This relates to the notion of 'tribe' or family that may be present in the process. I am arguing, along with Llewellyn, that there is an inherent duality in the Christian dyad. This inherent duality is also present in the other shared dyads exemplified above, including the military context. In the latter, it is literal and perhaps easier to spot, but I am suggesting that where there is kinship, although it may be less concrete, it nonetheless exerts an influence on the relational dynamics and needs naming as such.

Religious, sexual or other aspects of identity are often core to personhood and perhaps transcend the identities of therapist and client. The therapist and client meet in the professional context, but also as both belonging to a community. This notion of duality can be woven into the literature on dual roles. Also, identifying this dynamic as duality can point therapists towards the dual role literature, some of which can be applied to shared dyads and help them make sense of the relational dynamics, including consideration of the dyad's relation to the third. For religious dyads that third is their faith and a higher power, for other dyads, it may be focused around physical or sexual identities.

24.4.8 Difference Within Sameness

Thus far, the emphasis has been on exploring the meaning and dynamics of clients and therapists sharing the same background in some way. As noted at the start, the aim is not to challenge the literature on diversity in counselling and psychotherapy, but rather deepen the conversation on contextual issues. As important as it is to recognise the influence of shared culture, religion or identity, intra-cultural competence must also take into account the differences that may exist within that sameness. For example, a religious therapeutic dyad could be made up of two people with significant differences in culture, sexual orientation or class, or a client and therapist who share the same sexual orientation may differ in class, disability or religion. This raises more questions for intra-cultural therapy, such as whether it is most advantageous to approach the therapy as inter-cultural or intra-cultural therapy, and what are implications for issues of power dynamics in intra-cultural dyads.

It seems unwise to offer a prescriptive answer for these questions, but rather recommend that therapists become more aware of the interplay of the inter and intra-cultural dynamics that may be present. One approach is to make an on-going assessment of the relative importance and meaning for the client of the various aspects of identity. Some cultures or religions may suggest a hierarchy. For example, within traditional Christian doctrine, membership of the Body of Christ is thought to transcend other social or biological categories: In an attempt to break down social barriers and affirm belonging, the apostle St Paul writes, 'There is neither Jew nor Gentile, neither slave nor free, nor is there male and female, for you are all one in Christ Jesus' (Galatians 3:28; the New International Version Bible). Indeed, the group interview research with the participants alluded to this sense of oneness, with some discussion on their sense of deeper connection with Christian clients. However, just as there can be a 'weaker association between espoused theory and theory in practice' in counselling (Horton, 2012; p. 240), religious beliefs does not always fully impact behaviour or attitudes, and unconscious modes of relating may supersede doctrine in practice. As Tuckwell argues in her book on white identity, issues need to be dealt with at an emotional level, which 'requires a recognition of both conscious and unconscious dynamics' (2002; p. 122). Issues of difference, class and racial identity are complex. They are experienced on a number of social and personal

levels, subject to various defences that protect one from uncomfortable feelings and realities.

As intra-cultural competence is concerned with developing a more nuanced understanding of power dynamics, it is also vital to reflect on the meaning of any differences within shared dyads, particularly in relation to issues of race and white privilege, as well as class. Negation of the differences that may exist within the shared dyad would potentially result in unethical assumptions being held. Any positive bias based on shared identity must not occlude importance differences. As I have argued, intra-cultural competence requires careful reflection on the meaning of working 'within', and that includes reflecting on the complexity of any differences within the dyad.

Such reflection means exploring one's identity and the various aspects of it. Viewing self as multiplicitous and moving between the various aspects of self in intra-cultural therapy involves a good enough degree of exploration and acceptance about those aspects of self. This includes, for example, exploring what it means to be white, which may be a somewhat puzzling question for a white therapist who considers whiteness to be racially neutral. It may involve facing some difficult feelings. For example, the participants in this research (particularly in the first interview), including myself, have the trifecta of privileged positions; Christian (at least historically powerful), white and middle class, and as I have suggested, there may be hidden feelings of guilt about this. As noted, class differences can also evoke feelings of shame or pride. Working ethically and managing power dynamics in intra-cultural therapy involves exploration of one's identity. This means confronting and working through unconscious fears and internalised beliefs around those aspects of identity.

Whilst this is no different for therapy with any client, in intra-cultural therapy, there is, I argue, greater potential for blind spots if the shared background is to used to defend against uncomfortable differences within. There is the potential for the usual denial and lack of awareness, but in intra-cultural work, this denial may be hidden underneath the shared background. This shared background may be something important and cherished by both the therapist and client, making harder to spot and challenge differences, leaving both parties with confusion. On the one hand, unconscious dynamics may be felt where there are differences

within, resulting in, e.g., feelings of anger, guilt or injustice, misunderstanding or resentment. On the other hand, there may be cultural pressure to accept each other, beliefs that the other will understand, or kinship obligation. Clearly, identifying and managing differences within intra-cultural work is vital.

24.4.9 Conclusions

There are many gaps in the literature on intra-cultural competence. A few writers have written anecdotally, and this is one of the few pieces of empirical research that has explored this area of work. I have attempted to offer some pointers towards areas for consideration, much of which is about recognising and exploring the dynamics. Future work needs to more fully incorporate the experience of practicing therapists outside of the academy and the clients' perspective as well in order to give a more rounded picture of what may be present.

25. EMOTION WORK & INSIDER RESEARCH: PERSONAL REFLECTIONS

> "How does one find words to bridge the gap between soul and its epiphanies, like the greening of the world in all its luxuriant and extravagant excess, and the mind that would take hold of them, give them shape and form in a concept or theory?" (Romanyshyn, 2007p. 309)

Keeping 'the soul in mind' as Romanyshyn calls it, in the process of writing up psychological research, is no easy task. The potential is to find a safer place in the polarities of saying nothing – keeping the writing away from the personal or embodied, or at the other end, saying everything – a kind of intimate disclosure that leaves the reader overwhelmed and enmeshed. The writer has to do the task of processing the deeper personal material that arises in the work until it sits, in the self and on paper, with a good enough degree of resolution. The written work, though not fully disclosing it, represents the deeper emotion work and personal engagement as it has lived in the researcher. There is, therefore, a gap between what has been experienced and what is given words. There is, he argues, a kind of mourning that has to take place, which lets go of what is unsaid in the work, that which haunts the piece (2007). This gap is inevitable, given that some of

what one experiences is primarily somatic and not easily expressed linguistically, and yet language is necessary.

As I reflect on the loss and what remains unsaid for me, I have a sense that as time goes by, words will form around the research experience as I live out and embody the impact that it has had on me personally. Some of those gaps are around things I am unable to say for reasons of ethics and confidentiality. Two events in particular are present in the research, though not fully articulated. Firstly, there have been on-going, seismic changes and challenges in and between the two organisations of CWR and LST at many levels. Secondly, one particularly difficult event happened after the group interview and workshop had been carried out, but the workshop data were not yet analysed. The former was chronic, whereas the latter was acute; together, they constituted a degree of trauma for the organisation, in particular, the theology and counselling team, including myself. The second event felt harder owing to the presence of friendships within the team. The presence of friendships and deep working relationships, as well as the challenges, impacted me and undoubtedly the research process. I concluded that the presence of close relationships in research is a bit like the eponymous Little Girl; 'when they are good they are very, very good, but when they are bad, they are horrid' (Longfellow, 1904).

At times, that did take an emotional toll on me as I felt isolated and frustrated. I felt there was no one else with which to share the experience of going through it, having the addition of a researcher's perspective, which others did not share. Whilst there was a degree of narcissism in this, a shift was occurring in my thinking to a more systemic view, which was helpful for my understanding of what I perceived to be going on, but emotionally harder to hold in isolation. What had to also be let go of, was a narcissistic wish to fix things. For a season, perceiving in isolation and wanting to fix was a toxic combination. I was not able to share in the safety of the critical group as, expense aside, it became apparent that one of the critical friends was acquainted with a research participant. Thus, I sought personal therapy with someone who was happy to focus on my experience of the research. This turned out to be a better external conversational space as there the therapist had no ties to my own research participants or my community.

For me, clarity came through reading Kahn's article on organisational trauma (2003). And I recognised my own reactions in Herman's description, when she writes, 'traumatic reactions occur when action is of no avail. When neither resistance nor escape is possible, the human system of self defense becomes overwhelmed and disorganized' (Herman, 1997; p.34). Also, I recognised my own potential as a 'lightening rod' - for personal and proximate reasons - and the potential for the trauma to be organisationally split off into the counselling team, with further splitting into those who were closest.

Referring to the particularly challenging issue, this was confirmed by an LST senior colleague's comment that the counselling team would '*know how to handle things and could deal with it*'. A mixture of fear and clarity led me to bring the issue back to the wider organisation; it was an organisational wound and needed some organisational intervention. Based on that, the senior leadership invited all staff to an open time of sharing and prayer, which many attended, and the issues were held to a good enough degree at the organisational level. The non-counselling colleagues were able to bear witness to some of the pain and trauma, and hear some past, unspoken issues as well. It was risky in that the process could have been re-traumatising, but incredibly, there was a sense of containment. On reflection, this, amongst many other things, has led to a greater integration of the counselling team into the wider college. There is less of a tendency to split difficult feelings into the 'psychos' (the affectionate but now defunct name for the counselling faculty), also evidenced I believe by the recent appointment of three part time pastoral workers to support staff and students.

As well as support from within, I needed support from outside, that is, support that gave me distance. It is unsurprising that the emotional intensity was a hindrance to achieving the distance I needed in order to carry out analysis. Citing Ohnuki-Tierney (1984), Taylor (2011) highlights the need for intellectual, emotional (and physical) distance that is so important in intimate insider research. Once I literally found this distance in the research process through the personal therapy, I was able to find distance in my own emotional and intellectual processing, which in turn impacted the research process in a reciprocal, cyclical fashion. For me, I needed some space with another with which to do that by having therapy about every few weeks. I knew, and was able to articulate the impact of the group dynamics on me as evocative of my early experience, and

both stay with and let that go. Journalling, I noted my need to work things through and let the experience be transformed:

> *"The experience has disappeared into the background but leaves its mark as it goes. The temptation is to rush on to the next thing. But it has changed everything and this must be noticed, reconsidered and navigated. Telling the story is part of gaining and reclaiming from the experience – letting it speak through you rather than become you"*.

The emotional intensity of research can be greater for the insider than the outsider, and perhaps greater still for the intimate-insider. It echoes experiences of therapists in which they can hear and bear difficult client material that might be overwhelming if it were from an intimate family member. Working from the inside does not result in superior research compared to outside; it is no better or worse, but different. Undoubtedly 'the negotiated reality' between the participants and another researcher would have been quite different, including the emotional experience (Ohnuki-Tierney, 1984; p. 585). But the emotional task is different – and greater I would argue – for insider work, as Moore (2007) and Darra (2008) suggest, and perhaps more so in intimate-insider work, particularly when there is an element of trauma present.

Galea (2009) offers sound advice about the ethics and dynamics of insider research, highlighting the need for prior critical reflection and good support for those undertaking it. Whilst I wholeheartedly agree with her caution, it is impractical; that is, one does not know in advance what may unfold in the process. In the same way that informed consent in psychotherapy is something of an abstract concept for the novice client, preparation and reflexivity can only go so far prior to the actual experiencing of the work. The challenge is to adapt to changes in the emotional landscape, but also to recognise the potential quagmire in insider research; once invested - emotionally, intellectually, financially and in other ways, it is very difficult to extricate oneself from without considerable loss. That said, it would be tempting to dwell on my own victimhood whilst negating the opportunities for empowerment that also came through the research. These are very much prized and motivate me forward.

These sort of experiences present a challenge in conducting action research. There are the research challenges of unexpected events that invade the process, but also it raises questions about the quality of the research. Professional codes of practice do not allow for disclosure of the event, and this presents a challenge to the validity of the research if there is opacity. Reason (2006) argues that quality comes from transparency about the choices made. As well as presenting an emotional challenge, there is an ethical and research dilemma. In many ways, that dilemma was easily resolved as confidentiality simply did not allow for disclosure, but the dilemma remains with regards to how to remain transparent in the analysis and writing, and maintain confidentiality. Perhaps, the best one can hope for is to be transparent about what is unsaid. In the spirit of transparency, it is also vital to reflect on the potential impact of organisational trauma on the research findings.

The question of the relationship between LST and CWR was raised well before the first group interview took place, and the joint venture ended more than two years later after that. Thus, there was a degree of uncertainty over a long period of time. The decision would be ultimately made by those in positions above the team, but the team were consulted and asked to sit with the decision for some time. Although helpfully intended, it had some elements of, I believe, of a double bind; asking the team to 'decide' without full power to decide. I noted in my personal journal that it felt like asking the children whether the parents should divorce. Reflecting on the impact of this on the findings, it is possible that the emphasis on power dynamics in Christian counselling were an unconscious way of processing the power dynamics within the team and the wider organisational contexts. On the one hand, power dynamics are a fundamental aspect of human relating, and it is unsurprising that the topic would come up in an interview on experiences of (Christian) counselling. On the other hand, it would be interesting to see if the degree of emphasis was related to the on-going organisational issues. There is the level of engagement with the topic of power for the group, but also my own engagement and subsequent interpretation, both of which did not occur in a vacuum. Also, the decision of the group to specifically pursue the topic of power through the workshop activity and inclusion into to the teaching is also noteworthy. I suggest that the on-going uncertainty about the joint venture brought two questions to the fore in the research process; the question of power

dynamics, and also about what Christian counselling is. There were shifts in identity and agency that underpinned the findings.

The impact of the acute event on the research is of a different nature. It occurred after the data collection and analysis had taken place. I felt unable to escape the trauma outside of work as I engaged with it through writing up the doctorate, and there were personal ramifications of the event for me outside of LST. For a period of time, I found it necessary to have some distance by temporarily reducing my working hours and have some personal therapy, which enabled me to face into analysing the event rather than defending against it. The ideas of distance and adopting a liminal position in intra-cultural work became personally relevant as my own position in the team shifted as a result. I resonated with Humphrey's experience in insider research of 'becoming the hyphen'. She describes 'living a hyphenated existence in a wilderness between two worlds', which she resolved by 'taking responsibility for one's identity' (2007' p. 21 & 23). The intimacy and complexity of insider work - whether research or therapy, was highlighted through this event, as was the need for a position that allows for some reflective space. But the adoption of a liminal position and distance needs some processing itself. Although this event did not occur out of nowhere, it is likely it had less impact on the data collection and systematic analysis, but more on the shape and form of the writing up as I wrestled with the impact of it. Both events deepened the thesis as I embodied and lived out many of the issues of power dynamics, distance and identity in insider work.

26. CONCLUSION

"*Teach me what I cannot see*" (Job 34:32, The Bible; New International Version).

Power dynamics are an integral aspect of human relating. As well as the power of difference, there is the kinship power of belonging and sameness that deserves equal attention in the therapeutic process. Though, at first, less obvious to the eye, being part of the same tribe as our clients raises challenges but also interesting and creative opportunities. This research has begun to articulate and discuss some of these. There are many parallels with the insider research process, and further dialogue between these two areas is likely to be very fruitful for the further development of intra-cultural competence.

27.   REFERENCES

Abu Raiya, H. & Pargament, K. (2010) Religiously integrated psychotherapy with Muslim clients: From research to practice, *Professional Psychology: Research and Practice*, 41 (2), 181-188.

Adams, J. E. (1970) *Competent to Counsel*, Grand Rapids: Zondervan.

Ahmed, S. & Amer, M. M. (Eds.), (2012) *Counseling Muslims*, London: Routledge.

Alladin, W. J. (2001) Ethnic matching in counselling: How important is it to ethical match clients and counsellors? In S. Palmer, (Ed.), *Multicultural Counselling: A Reader*, pp. 175-180, London: Sage Publications Ltd.

Altman, N. (2006) Whiteness, *The Psychoanalytic Quarterly*, 75, 45-72.

Amar, M. M. & Jalal, B. (2012) Individual psychotherapy /counseling: Psychodynamic, cognitive-behavioral, and humanistic-experiential models, In S. Ahmed. & M. M. Amer, (Eds.) *Counseling Muslims*, pp.87-118, London: Routledge.

Amoah, J. K. (2014) The identity question for African youth: Developing the new while maintaining the old, *The Family Journal: Counselling and Therapy for Couples and Families*, 22 (1), 127-133.

Arber, A. (2006) Reflexivity: A challenge for the researcher as practitioner? *Journal of Research in Nursing*, 11 (2), 147-157.

Aron, A. (2004) God's influence on my psychoanalytic vision and values, *Psychoanalytic Psychology*, 21 (3), 442-451.

Association of Christian Counselling (no date) *About Us*, [On-line] Available from: http://www.acc-uk.org/pages/1539.htm. [Accessed 5.4.2014].

Association of Christian Counselling (2004), *Ethics and Practice*, [On-line] Available from: http://www.acc-uk.org/pdfs/eandpractice.pdf [Accessed 16.2.2015].

Association of Christian Counselling (2014), *An ACC statement to its members January 2014*, [On-line] Available from: http://www.acc-uk.org/pdfs/ACC%20statement%20to%20its%20members%20January%202014.pdf [Accessed 7.2.2015].

Aveline, M. (1990) The training and supervision of individual therapists, In W. Dryden, (Ed.), *Individual Therapy: A Handbook*, pp. 313-339, Milton Keynes: Open University Press.

Baker, M. & Wang, M. (2004) Examining connections between values and practice in religiously committed UK clinical psychologists, *Journal of Psychology and Theology*, 32 (2), 126-136.

Baker, N. L. (1996) Class as a construct in a 'classless' society, *Women and Therapy*, 18 (3-4), 13-23.

Ballinger, L. & Wright, J. (2007) 'Does class count?' Social class and counselling, *Counselling and Psychotherapy Research*, 7 (3), 157-163.

Balls-Organista, P., Marin, G. & Chun, K. M. (2009) *The Psychology of Ethnic Groups in the United States*, Thousand Oaks, CA: Sage Publications.

Balmforth, J. (2009) 'The weight of class': Clients' experiences of how perceived differences in social class between counsellor and client affect the therapeutic relationship, *British Journal of Guidance and Counselling*, 37 (3), 375-386.

Barnett, M. (2007) What brings you here? An exploration of the unconscious motivations of those who choose to train and work as psychotherapists and counsellor, *Psychodynamic Counselling*, 13 (3), 257-274.

Barton, M. (2009) Gender-bender God: Masculine or feminine? *Black Theology*, 7 (2), 142-166.

Bebbington, D. W. (1989) *Evangelicalism in Modern Britain: A History from the 1730s to the 1980s*, London: Unwin Hyman.

Beck, J. (1997) Value tensions between evangelical Christians and Christian counseling, *Counseling and Values*, 41 (2), 107-117.

Beck, R. & McDonald, A. (2004) Attachment to God inventory, tests of working model correspondence, and an exploration of faith group differences, *Journal of Psychology and Theology*, 32 (2), 92-103.

Benjamin, J. (2004) Beyond doer and done to: An intersubjective view of thirdness, *The Psychoanalytic Quarterly*, 73, 5-46.

Bergin, A. (1980) Psychotherapy and religious values, *Journal of Consulting and Clinical Psychology*, 48, 95-105.

Berry, J. W. (2003) Conceptual approaches to acculturation, In K. M. Chun, P. Balls-Organista & G. Marin (Eds.), *Acculturation: Advances in Theory, Measurement and Applied Research*, pp. 17-38, Washington DC: American Psychological Association.

Beutler, L. E., Machado, P. P. P., M. & Nuefeldt, S. (1994) Therapist variables, In S. L. Garfield & A. E. Bergin, (Eds.), *Handbook of Psychotherapy and Behavior Change*, 4th Edn., pp. 259-269, New York: John Wiley & Sons.

Bienenfeld, D. & Yager, J. (2007) Issues of spirituality and religion in psychotherapy supervision, *Israel Journal of Psychiatry and Related Sciences*, 44 (3), 178-186.

Bion, W. R. (1970) *Attention and Interpretation*, New Edn., London: Karnac, 2012.

Blanton, P. G. (2004) Opening spaces for dialogue between postmodern therapists and evangelical couples, *The Family Journal*, 12, 375-382.

Bond, T. (1995) 'Integration and eclecticism in counselling theory: Bond's Pond'. Unpublished handout for postgraduate counselling students, University of Durham.

Bordin, E. S. (1979) The generalizability of the psychoanalytic concept of the working alliance, *Psychotherapy: Theory, Research and Practice*, 16 (3), 252-260.

Boyatzis, R. E. (1998) *Transforming Qualitative Information: Thematic Analysis and Code Development*, London: Sage Publications Ltd.

Boyd-Macmillan, E., Savage, S., & Liht, J. (2008) *Conflict Transformation Among Senior Church Leaders with Differing Theological Stances*, London: The Foundation for Church Leadership.

Bradbury, H. & Reason, P. (2006) Conclusion: Broadening the bandwidths of validity: Issues and choice-points for improving the quality of action research, In P. Reason & H. Bradbury (Eds.), *The Handbook of Action Research*, Concise Paperback Edn, pp. 343-351, London: Sage Publications.

Braun, V. & Clark, V. (2006) Using thematic analysis in psychology, *Qualitative Research in Psychology*, 3, 77-101.

Braun, V. & Wilkinson, S. (2003) Liability or asset? Women talk about the vagina. *Psychology of Women Section Review* 5, 28-42.

British Association for Counselling and Psychotherapy, (2013) *Ethical Framework for Good Practice in Counselling and Psychotherapy*, Lutterworth: British Association for Counselling and Psychotherapy.

British Psychological Society (2005) *Division of Counselling Psychology: Professional Practice Guidelines*, Leicester: British Psychological Society.

British Psychological Society (2009) *Code of Ethics and Conduct*, Leicester: British Psychological Society.

British Psychological Society (2010) *Code of Human Research Ethics*, Leicester: British Psychological Society.

Britton, R. (2004) Subjectivity, objectivity, and the triangular space, *The Psychoanalytic Quarterly*, 73, 46-61.

Bryant, P. (1995) *Collaborative Action Research 'On the Cutting Edge'*, [On-line] Available from:
https://www.uleth.ca/dspace/bitstream/handle/10133/849/Bryant_Paul.pdf?sequence=1. [Accessed 25.8.2015].

Brydon-Miller, M., Greenwood, D. & Macguire, P. (2003) Why action research? *Action Research*, 1 (1), 9-28.

Buber, M. (1970) *I and Thou*, (Walter Kaufman, Trans.) New York: Scribner.

Buchan, L. & Hughes, R. (2000) *Experiences of Person-centred Counselling Training*, Ross on Wye: PCCS Books.

Butler, M. H., Stout, J. A. & Gardner, B. C. (2002) Prayer as a conflict resolution ritual: Clinical implications of religious couples' report of relationship softening, healing perspective and change responsibility, *The American Journal of Family Therapy*, 30, 19-37.

Casement, P. (1985) *On Learning from the Patient*, London: Routledge.

Cecchin, (1987) Hypothesising, circularity and neutrality revisited: An invitation to curiosity, *Family Process*, 26 (4), 405-13.

Chandler, D. & Torbet, B. (2003) Transforming inquiry and action: Interweaving 27 flavours of action research, *Action Research*, 1 (2), 133-152.

Charles, R. (2001) Is there any empirical support for Bowen's concepts of differentiation of self, triangulation, and fusion? *American Journal of Family Therapy*, 29, 279-292.

Clarkson, P. (2002) *The Transpersonal Relationship in Psychotherapy*, London: Whurr Publishers.

Clebsch, W. A. & Jaekle, C. R. (1994) *Pastoral Care in Historical Perspective*, Lanham: Jason Aronson, New Edn.

Coghlan, D. (2003) Practitioner research for organizational knowledge: Mechanistic and organistic-oriented approached to insider action research, *Management Learning*, 34, 451-463.

Coghlan, D. & Brannick, T. (2010) *Doing Action Research in Your Own Organisation*, London: Sage Publications Ltd.

Coghlan, D. & Brannick, T. (2014) *Doing Action Research in Your Own Organisation*, 4[th] Edn., London: Sage Publications Ltd.

Cohen, A. B. (2009) Many forms of culture, *American Psychologist*, 64 (3), 194-204.

Collins, G. R. (2007) *Christian Counselling*, 3[rd] Edn., Nashville: Thomas Nelson.

Collins, G. R. & Moriarty, G. L. (2010) (Eds.) *Integrating Faith and Psychology: Twelve Psychologists Tell Their Storie*s, Downers Grove, IL: IVP Academic.

Collins, S. & Arthur, N. (2010) Culturally-infused counselling: A model for developing multicultural competence, *Counselling Psychology Quarterly*, 23 (2), 217-233.

Constantino, M. J., Glass, C. R., Arnkoff, D. B., Ametrano, R. M. & Smith, J. Z. Expectations, In J. C. Norcross (Ed.), *Psychotherapy Relationships That Work*, 2[nd] End., pp. 354-376, Oxford: Oxford University Press.

Cooper, M. (2005) Therapists' experiences of relational depth: A qualitative interview study, *Counselling and Psychotherapy Research*, 5 (2), 87-95.

Crabb, L. J. (1975) *Basic Principles of Biblical Counseling*, Grand Rapids, Michigan: Zondervan, 1987.

Crabb, L. J. (1977) *Effective Biblical Counseling*, Grand Rapids, Michigan: Zondervan, 2013.

Crabb, L. J. (1987) *Understanding People*, Enlarged Edn, Grand Rapids, Michigan: Zondervan, 2013

Crossley, J. P. & Salter, D. P. (2005) A question of finding harmony: A grounded theory study of clinical psychologists' experience of addressing spiritual beliefs in therapy, *Psychology and Psychotherapy: Theory, Research and Practice*, 78, 295-313.

CWR, (no date) *About Us*, [On-line] Available from: http://www.cwr.org.uk/about-cwr. [Accessed 5.2.2015].

Dancu, C. V. & Smucker, M. R. (1999) *Cognitive Behavioral Treatment for Adult Survivors of Childhood Trauma: Imagery Rescripting and Reprocessing*, New York: Jason Aronson Inc.

Darra, S. (2008) Emotion work and the ethics of novice insider research, *Journal of Research Nursing*, 13 (3), 251-261.

Demarco, M. & Willig, C. (2011) Significant processes in action research with a group of physiotherapists, *Counselling Psychology Review*, 26 (4), 31-40.

Dickson-Swift, V., James, E. L., Kippen, S. & Liamputtong, P. (2006) Researching sensitive topics: qualitative research as emotion work, *Qualitative Research*, 9 (1), 61-79.

Dillen, A. (2011) Power, justice, asymmetry and relationality in pastoral care and parent-child relationships, *International Journal of Practical Theology*, 14, 204-218.

Entwistle. D. N. (2004) Shedding light on theophostic ministry 1: Practice issues, *Journal of Psychology and Theology*, 32 (1), 26-34.

Entwistle, D. N. (2004b) Shedding light on theophostic ministry 2: Ethical and legal issues, *Journal of Psychology and Theology*, 32 (1), 35-42.

Esau, T. G. (1998) The evangelical Christian in psychotherapy, *American Journal of Psychotherapy*, 52 (1), 28-36.

Evans, A. M., Heller Levitt, D. & Henning, S. (2012) The application of ethical decision making and self awareness in the counsellor education classroom, *Journal for Counselor Preparation and Supervision*, 4 (2), 41-52.

Faris, A. & van Ooijens, E. (2012) *Integrative Counselling and Psychotherapy*, London: Sage Publications Ltd.

Feller, C. P. & Cottone, R. R. (2003) The important of empathy in the therapeutic alliance, *Journal of Humanistic Counseling, Education and Development*, 42, 53-61.

Finlay, L. (2002) "Outing the researcher":The provenance, process and practice of reflexivity, *Qualitative Health Research*, 12 (4), 531-545.

Foque, P. & Glachan, M. (2000) The impact of Christian counselling on survivors of sexual abuse, *Counselling Psychology Quarterly*, 13 (2), 210-220.

Foulger, T. S. (2010) External conversations: An unexpected discovery about the critical friend in action research inquiries, *Action Research*, 8 (2), 135-152.

Frank, J. D. & Frank, J. B. (1993) *Persuasion and Healing: A Comparative Study of Psychotherapy*, 3[rd] Edn., Baltimore: The John Hopkins University Press.

Frankl, V. E. (1959) *Man's Search for Meaning*, New Edn., London: Rider, 2004.

Freud, S. (1927) *The Future of an Illusion*, London: Penguin, 2008.

Fukuyama, M. A. & Sevig, T. D. (1999) *Integrating Spirituality into Multicultural Counseling*, London: Sage Publications Ltd.

Gabbard, G. O. (1996) Lessons to be learned from the study of sexual boundary violations, *American Journal of Psychotherapy*, 50 (3), 311-322.

Gabriel, L. & Davies, D. (2000) The management of ethical dilemmas associated with dual relationships, In Neal, C. & Davies, D. (Eds.), *Issues in Therapy with Lesbian, Gay, Bisexual and Transgendered Clients*, pp. 35-54, Buckingham: Open University Press.

Galea, A. (2009) Breaking the barriers of insider research in occupational health and safety, *Journal of Health and Safety Research & Practice*, 1 (1), 3-12.

Garzon, F. L. (2005) Inner healing prayer in 'Spirit-filled' Christianity, In R. Moodley & W. West (Eds.), *Integrating Traditional Healing Practices into Counseling and Psychotherapy*, pp. 148-158, Thousand Oaks, CA: Sage Publications, Ltd.

Geller, S. M. & Greenberg, L. S. (2002) Therapists' experience of presence in the psychotherapy encounter, *Person-Centred and Experiential Psychotherapies*, 1, 78-86.

Gelso, C. J. & Hayes, J. A. (2001) Countertransference management, *Psychotherapy: Theory, Research, Practice, Training*, 38 (4), 418-422.

Gempf, C. H. (2013) *Evangelical with a British accent*, electronic mail, Personal communication, 15.7.2013.

Giddens, A. (2006) *Sociology*, 5th Edn., Cambridge: Polity Press.

Glickman, N. S. (1996) The development of culturally deaf identities, In N. S. Glickman & M. A. Harvey (Eds.), *Culturally Affirmative Psychotherapy with Deaf Persons*, pp. 115-154, Mahwah, NJ: Lawrence Earlbaum Associates.

Gonsiorek, J. C., Richards, P. S., Pargament, K. I. & McMinn, M. R. (2009) Ethical challenges and opportunities at the edge: Incorporating spirituality and religion into psychotherapy, *Professional Psychology: Research and Practice*, 40 (4), 385-395.

Green, A. (2004) Thirdness and psychoanalytic concepts, *The Psychoanalytic Quarterly*, 73, 99-135.

Grosch, W. N. (1985) The psychotherapist and religious commitment, In E. M. Stern (Ed.), *Psychotherapy and the Religiously Committed Patient*, New York: The Haworth Press.

Gubi, P. M. (2001) An exploration of the use of Christian prayer in mainstream counselling, *British Journal of Guidance and Counselling*, 29 (4), 425-434.

Gubi, P. M. (2008) *Prayer in Counselling and Psychotherapy*, London: Jessica Kingsley Publishers.

Gubi, P. M. & Jacobs, R. (2009) Exploring the impact on counsellors of working with spiritually abused clients, *Mental Health, Religion and Culture*, 12 (2), 191-204.

Gudbergsen, T. (2012) God consists of both the male and the female genders: A short note on Gen 1:27, *Vetus Testamentum*, 62, 450-453.

Guest, G. S., MacQueen, S. & Namey, K. M. (2012) *Applied Thematic Analysis*, London: Sage Publications Ltd.

Guilfoyle, M. (2006) Using power to question the dialogical self and its therapeutic application, *Counselling Psychology Quarterly*, 19 (1), 89-104.

Gulati, S. (2003) Epilogue: When the therapist is deaf, In N. S. Glickman & S. Gulati, (Eds.), *Mental Health Care of Deaf People: A Culturally Affirmative Approach*, pp. 347-372, New Jersey: Lawrence Erlbaum Associates, Inc.

Guthmann, D. & Sandberg, K. A. (2002) Dual relationships in the deaf community: When dual relationships are unavoidable and essential, In A. A. Lazarus & O. Zur (Eds.), *Dual Relationships and Psychotherapy*, pp. 287-297, New York: Springer Publishing Company.

Harrison, K. (2013) Counselling psychology and power: Considering therapy and beyond, *Counselling Psychology Review*, 28 (2), 107-117.

Hayne, Y. M. (2003) Experiencing psychiatric diagnosis: client perspectives on being named mentally ill, *Journal of Psychiatric and Mental Health Nursing*, 10, 722-729.

Hedges, F, (2005) *An Introduction to Systemic Therapy with Individuals*, Basingstoke: Palgrave Macmillan.

Heiden-Rootes, K. M., Jankowski, P. J. & Sandage, S. J. (2010) Bowen family systems theory and spirituality: Exploring the relationship between triangulation and religious questing, *Contemporary Family Therapy*, 32, 89-101.

Herman, J. (1997) *Trauma and recovery*. New York: Basic Books.

Heron, J. (1996) *Cooperative Inquiry: Research Into the Human Condition*, London: Sage Publications Ltd.

Herr, K. & Anderson, G. L. (2005) *The Action Research Dissertation*, London: Sage Publications Ltd.

Hoffman, M. T. (2011) *Towards Mutual Recognition*, New York: Routledge.

Horsfall, T. (2012) *Rhythms of Grace*, 2nd Edn., Abingdon: BRF.

Horton, I. (2000) Principles and practice of personal integration, In S. Palmer & R. Woolfe, *Integrative and Eclectic Counselling and Psychotherapy*, London: Sage Publications Ltd.

Horton, I. (2012) Models of counselling and psychotherapy, In C. Feltham & I. Horton, (Eds.), *The Sage Handbook of Counselling and Psychotherapy*, 3rd Edn., pp. 240-242, London: Sage Publications Ltd.

Horvath, A. O., Del Re, A. C., Fluckiger, C. & Symonds, D. (2011) Alliance in individual psychotherapy, In J. C. Norcross (Ed.), *Psychotherapy Relationships That Work*, 2nd Edn., pp. 25-69, Oxford: Oxford University Press.

Horvath, A. O. & Symonds, B. D. (1991). Relation between working alliance and outcome in psychotherapy: A meta-analytic review. *Journal of Counseling Psychology*, 38 (2), 139-149.

Hsu, S. S., Lewis Hall, E., & Coe, J. H. (2007) Integration in Hong Kong: A phenomenological study of Chinese Christian therapists, *Journal of Psychology and Theology*, 35 (2), 103-111.

Hughes, S. (2005) *Christ Empowered Living*, Farnham: CWR.

Hunter, L. A. & Yarhouse, M. A. (2009) Considerations and recommendations for use of religiously based interventions in a licensed setting, *Journal of Psychology and Christianity*, 28 (2), 159-166.

Hurding, R. (2003) *Roots and Shoots*, 2nd End, London: Hodder and Stoughton.

Hycner, R. (1991) *Between Person to Person*, Gouldsboro: The Gestalt Journal Press, Inc.

Ivey, A. E., Ivey, M. B. & Simek-Morgan, L. (1997) *Counseling and Psychotherapy: A Multicultural Perspective*, Boston: Allyn Bacon.

Jackson, J. & Coyle, A. (2009) The ethical challenge of working with spiritual difference: An interpretative phenomenological analysis of practitioners' accounts, *Counselling Psychology Review*, 24 (3), 84-99.

Jafari, M. F. (1992) *Counseling values and objectives*: A comparison of Western and Islamic perspectives, Paper presented at the National Seminar on Islamic Counseling, Sengalor, Malaysia, 17th December, 1992.

James, W. (1902) *The Varieties of Religious Experience*, London: Penguin Classics, 1982.

Johnson, D. & VanVonderen, J. (1991) *The Subtle Power of Spiritual Abuse*, Minneapolis: Bethany House Publishers.

Johnson, E. L. (2010) (Eds.), *Psychology and Christianity: Five Views*, 2nd Edn., Downers Grove, Illinois: InterVarsity.

Joyce, P. & Sills, C. (2014) *Skills in Gestalt Counselling and Psychotherapy*, London: Sage Publications Ltd.

Kallmier, R. (2011) *Caring and Counselling*, Farnham: CWR.

Karlsson, R. (2005) Ethnic matching between therapist and patient in psychotherapy: An overview of findings, together with methodological and conceptual issues, *Cultural Diversity and Ethnic Minority Psychology*, 11 (2), 113-129.

Karpman, S. B. (2007) *The New Drama Triangles*, [On-line] Available from: http://www.karpmandramatriangle.com/pdf/thenewdramatriangles.pdf, [Accessed 21.10.2014].

Kearney, A. (1996) *Counselling, Class and Politics*, Ross on Wye: PCCS Books.

Kearney, A. (2003) Class and counselling, In C, Lago. & B. Smith, (Eds.), *Anti-Discriminatory Practice in Counselling & Psychotherapy*, 2nd Edn., London: Sage Publications Ltd.

Keating, A. M. & Fretz, B. R. (1990) Christians' anticipation about counselors in response to counselor descriptions, *Journal of Counseling Psychology*, 37 (3), 293-296.

Kember, D., Ha, T., Lam, B., Lee, A., Ng, S., Yan. L. & Yum, J. C. K. (1997) The diverse role of the critical friend in supporting educational action research projects, *Educational Action Research*, 5 (3), 463-481.

Kertesz, R. (2002) Dual relationships in psychotherapy in Latin American, In A. A. Lazarus & O. Zur (Eds.), *Dual Relationships and Psychotherapy*, pp. 329-336, New York: Springer Publishing Company.

Knox, J. (2011) *Self-Agency in Psychotherapy*, New York: W. W. Norton & Company.

Knox, R. (2013) Relational depth from the client's perspective, In R. Knox, D. Murphy, S. Wiggins & M. Cooper (Eds.), *Relational Depth: New Perspectives and Developments*, pp. 21-35, Basingstoke: Palgrave Macmillan.

Krueger, R. A. & Casey, M. A. (2009) *Focus Groups*, 4th Edn., London: Sage Publications Ltd.

LaFromboise, T., Coleman, H. L. K. & Gerton, J. (1991) Psychological impact of biculturalism: Evidence and theory, *Psychological Bulletin*, 114 (3), 395-412.

Lapworth, P. & Sills, C. (2010) *Integration in Counselling and Psychotherapy*, London: Sage Publications Ltd.

Lazarus, A. A. (2002) The truth about the codes of ethics: Dispelling the rumors that dual relationships are unethical, In A. A. Lazarus & O. Zur (Eds.), *Dual Relationships and Psychotherapy*, pp. 55-63, New York: Springer Publishing Company.

Lazarus, A. A. & Zur, O. (2002) *Dual Relationships and Psychotherapy*, New York: Springer Publishing Company.

Llewellyn, R. (2002) Sanity and sanctity: The counsellor and multiple relationships in the church, In A. A. Lazarus & O. Zur (Eds.), *Dual Relationships and Psychotherapy*, pp.298-314, New York: Springer Publishing Company.

London School of Theology, (no date) Mission Statement, [On-line] Available from: http://www.lst.ac.uk/mission-statement/mission-statement. [Accessed 5.2.2015].

London School of Theology, (1998) *Doctrinal Statement of Belief*, [On-line], Available from: http://www.lst.ac.uk/downloads/DoctrinalBasis.pdf. [Accessed 10.3.2014].

Longfellow, H. W. (1904) *There was a little girl*, [On-line], Available from: http://www.bartleby.com/360/1/120.html. [Accessed 17.2.2015].

McFadyen, A. I. (1990) *The Call to Personhood*, Cambridge: Cambridge University Press.

McGrath, A. E. (2007) *Christian Theology: An Introduction*, 4th Edn., Oxford: Blackwell Publishing.

McLeod, J. (1990) The Client's Experience of Counselling and Psychotherapy: A Review of the research Literature', In D. Mearns, & W. Dryden, (Eds.), *Experiences of Counselling in Action*, pp. 66-79, London: Sage Publications Ltd.

McLeod, J. (2003) *An Introduction to Counselling*, 3rd Edn., Maidenhead: Open University Press.

McLeod, J. (2013) *Introduction to Counselling*, 5th Edn., Maidenhead: Open University Press.

McMillan, M. & McLeod, J. (2006) Letting go: The client's experience of relational depth, *Person Centered and Experiential Psychotherapies*, 5 (4), 277-292.

McMinn, M. R. (1996) *Psychology, Theology and Spirituality in Christian Counseling*, Wheaton, Illinois: Tyndale House Publishing, Inc.

McMinn, M. R. & Campbell, C. D. (2007) *Integrative Psychotherapy: Toward a Comprehensive Christian Approach*, Downers Grove, Illinois: IVP Academic.

McMinn, M. R. (2010) Just What is Christian Counseling Anyway? *Professional Psychology: Research and Practice*, 41 (5), 391-397.

Maichuck, Z. (2012) *Therapists who address client religious beliefs in therapy: A qualitative exploration.* Dissertation Abstracts International: Section B: The Sciences and Engineering. Vol.73 (3-B).

Mallinckrodt, B., Porter, M. J. & Kivlighan Jr. (2005) Client attachment to therapist, depth of in-session exploration, and object relations in brief psychotherapy, *Psychotherapy: Theory, Research, Practice, Training*, 42 (1), 85-100.

Masson, J. (1989) *Against Therapy*, London: Harper Collins Publishers.

Meader, J. (2010) *Cosmetic Christianity and the Problem of Colonialism – Responding to Brian McLaren*, [On-line]. Available from: https://notesfromasmallplace.wordpress.com/2010/09/17/cosmetic-christianity-and-the-problem-of-colonialism-responding-to-brian-mclaren/ [Accessed 7.2.2015].

Mearns, D. & Cooper, M. (2005) *Working at Relational Depth*, London: Sage Publications Ltd.

Mearns, D. & Schmid, P. F. (2006) Being-with and being counter: Relational depth: The challenge of fully meeting the client, *Person Centered and Experiential Psychotherapies*, 5 (4), 255-265.

Milne, A. A. (1928) *The House at Pooh Corner*, New Edn., Glasgow: Egmont, 2013.

Moodley, R. & West, W. (Eds.) (2005) *Integrating Traditional Healing Practices into Counseling and Psychotherapy*, Thousand Oaks, CA: Sage Publications, Inc..

Moore, B. (2007) Original sin and insider research, *Action Research*, 5 (1), 27-39.

Morgan, D. L. (1997) *Focus Groups as Qualitative Research*, 2nd Edn., Thousand Oaks, CA: Sage Publications.

Motyer, S. (2013) *The New LST Counselling Model*, Paper presented at Academic Board, London School of Theology.

Myers, G. E. (2004) Merging the horizons of psychotherapeutic and religious worldviews: New challenges for psychotherapy in the global age, *Mental Health, Religion and Culture*, 7 (1), 59-77.

Naselli, A. D. & Hansen, C. (Eds.) (2011) *Four Views on the Spectrum of Evangelicalism*, Grand Rapids: MC, Zondervan.

Neal, C. & Davies, D. (Eds.) (2010) *Issues in Therapy with Lesbian, Gay, Bisexual and Transgender Clients*, Buckingham: Open University Press.

Nielson, S. L. & Dowd, E. T. (2006) Religion for psychotherapists: The psychologies in religion versus the psychology of religion, In E. T. Dowd & S. L. Nielson (Eds.), *The Psychologies in Religion*, pp. 1-18, New York: Springer Publishing Company.

Norcross, J. (2006) Personal integration: An N study of 1, *Journal of Psychotherapy Integration*, 16 (1), 59-72.

Office of National Statistics, (2011) *Religion in England and Wales 2011*, [On-line] Available from: http://www.ons.gov.uk/ons/rel/census/2011-census/key-statistics-for-local-authorities-in-england-and-wales/rpt-religion.html [Accessed 6.2.2015].

Ogden, T. H. (2004) The analytic third: Implications for psychoanalytic theory and technique, *The Psychoanalytic Quarterly*, 73, 167-195.

Pakulski, J. & Waters, M. (1995) *The Death of Class*, London: Sage Publications Ltd.

Paloutzian, R. F. & Park, C. L. (2005) Integrative themes in the current science of the psychology of religion, In R. F, Paloutzian & C. L. Park (Eds,), *Handbook of the Psychology of Religion and Spirituality*, pp. 3-20, New York: The Guilford Press.

Penny, J. E. (2013) Christian counselling and the 'R' word, *Accord*, Association of Christian Counselling, 77, Winter 2012/2013, 24-26.

Perriman, A. (2003) *Faith, Health and Prosperity: A Report on 'Word of Faith' and 'Positive Confessions' Theologies by ACUTE (the Evangelical Alliance Commission on Unity and Truth among Evangelicals)*, London: Evangelical Alliance Commission on Unity and Truth (ACUTE).

Pieterse, A. L., Lee, M. Ritmeester, A. & Collins, N. M. (2013) Towards a model of self-awareness development for counselling and psychotherapy training, *Counselling Psychology Quarterly*, 26 (2), 190-207.

Plante, T. G. (2009) *Spiritual Practices in Psychotherapy*, Washington DC: American Psychological Association.

Porter, S. L. (2010) Theology and queen and psychology as handmaiden: The authority of theology in integrative endeavours, *Journal of Psychology and Christianity*, 29 (1), 3-14.

Post, B. C. & Wade, N. G. (2009) Religion and Spirituality in Psychotherapy: A Practice Friendly Review of the Research, *Journal of Clinical Psychology: In Session*, 65 (2), 131-149.

Power, M. & Brewin, C. R. (Eds.) (1997) *The Transformation of Meaning in Psychological Therapies: Integrating Theory and Practice*, Chichester: John Wiley & Sons.

Proctor, G. (2002) *The Dynamics of Power in Counselling and Psychotherapy: Ethics, Politics and Practice*, Ross-on-Wye, PCCS Books.

Proctor, G. (2014) *Values & Ethics in Counselling and Psychotherapy*, London: Sage Publications Ltd.

Proctor, G., Cooper, M., Sanders, P. & Malcolm, B. (Eds.) (2006) *Politicizing the Person-Centred Approach*, Ross-on-Wye, PCCS Books.

Raheim, F. T. & Hamid, H. (2012) Mental health interview and cultural formation, In S. Ahmed & M. M. Amer (Eds.), *Counseling Muslims*, p. 51-70, New York: Routledge.

Reamer, F. G. (2012) *Boundary Issues and Dual Relationships in the Human Services*, New York: Columbia University Press.

Reason, P. (1996) Reflections on purposes of human inquiry, *Qualitative Inquiry*, 2 (1), 15-28.

Reason, P. (2006) Choice and quality in action research practice, *Journal of Management Inquiry*, 15 (2), 187-203.

Reason, P. & Bradbury, H. (Eds.) (2006) *The Handbook of Action Research*, Concise Paperback Edn, London: Sage Publications Ltd.

Reason, P. & Bradbury, H. (2013) Concluding reflections: Wither action research, In P. Reason, P. & H. Bradbury, (Eds.) *The Handbook of Action Research*, 2[nd] Edn., pp. 659-707, London: Sage Publications.

Reddie, A. G. (2013) Living out faith: Black Christianity in Britain and transformative Christian education as a riposte to the historical negation of blackness, *Black Theology*, 11 (3), 342-362.

Reuben, D. (1969) *Everything You Ever Wanted To Know About Sex* But Were Afraid To Ask*, Philadelphia: McKay.

Rieger, J. (2013) Introduction: Why class matters in religious studies and theology, In J. Rieger, (Ed.), *Religion, Theology and Class*, New York: Palgrave Macmillan, pp. 1-26.

Rizq, R. (2013) IAPT and thought crime: Language, bureaucracy and the evidence based regime, *Counselling Psychology Review*, 28 (4), 111-115.

Roberts, R. C. & Talbot, M. R. (Eds.) (1997) *Limning the Psyche: Explorations in Christian Psychology*, Grand Rapids, Michigan: William B. Eerdmans Publishing Company.

Rogers, C. (1951) *Client Centred Therapy*, New Edn., London: Constable Robinson Ltd, 2003.

Romanyshyn, R. D. (2007) *The Wounded Researcher*, New Orleans: Spring Journal Books.

Roth, V. (2013) *Allegiant*, Kindle version [ebook reader], London: Harper Collins Children's Books, [accessed: 30 April, 2014].

Rowan, J. (2013) The transpersonal and relational depth, In R. Knox, D. Murphy, S. Wiggins & M. Cooper, Eds., *Relational Depth*, Basingstoke: Palgrave Macmillan.

Rowan, J. & Cooper, M. (Eds.) (1998) *The Plural Self: Multiplicity in Everyday Life*, London: Sage Publications.

Rowan. J. & Jacobs, M. (2002) *The Therapist's Use of Self*, Buckingham: Open University Press.

Rubin, S. S. (2000) Differentiating multiple relationships from multiple dimensions of involvement: Therapeutic space at the interface of client, therapist and society, *Psychotherapy: Theory, Research, Training, Practice*, 37 (4), 315-324.

Ryde, J. (2009) *Being White in the Helping Professions*, London: Jessica Kingsley Publishers.

Sacks, O. (1995) *An Anthropologist on Mars*, New York: Knopf.

Safran, J. D. & Muran, J. C. (2000) *Negotiating the Therapeutic Alliance*, New York: The Guilford Press.

Safran, J. D., Muran, J. C. & C. Eubanks-Carter (2011) Repairing alliance ruptures, *Psychotherapy*, 48 (1), 80-87.

Sandford, A. (1947) *The Healing Light*, New York: Ballatine Books, 1972.

Schaeffer, F. (1982) *A Time for Anger: The Myth of Neutrality*, Westchester, IL: Crossway Books.

Simanowitz, V. & Pearce, P. (2003) *Personality Development*, Maidenhead: Open University Press.

Simpson, D. B., Newman, J. L. & Fuqua, D. R. (2008) Understanding the role of relational factors in Christian spirituality, *Journal of Psychology and Theology*, 36 (2), 124-134.

Smith, J. A. (2004) 'Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology', *Qualitative Research in Psychology,* vol. 1, pp. 39–54.

Smith, J. A., Flowers, P. & Larkin, M. (2009) *Interpretative Phenomenological Analysis*, London: Sage Publications Ltd.

Smith, J. K. A. (2012) *The Fall of Interpretation*, 2nd Edn., Grand Rapids, Michigan: Baker Academic.

Smith, W. C. (1963) *The Meaning and End of Religion*, New York: Macmillan.

Sorenson, R. L. (1996) Where are the nine? *Journal of Psychology and Theology*, 24, 179-196.

Sorenson, R. L. (2004a) *Minding Spirituality*, Hillsdale, NJ: The Analytic Press, Inc.

Sorenson, R. L. (2004b) How to anticipate predictions about integrations' future trends, *Journal of Psychology and Theology*, 32 (3), 181-189.

Spero, M. H. (1981) Countertransference in religious therapists of religious patients, *American Journal of Psychotherapy*, 35 (4), 565-575.

Sperry, L. (2001) *Spirituality in Clinical Practice*, Hove: Brunner-Routledge

Spilka, B., Hood, R. W., Hunsberger, B. & Gorsuch, R. (2003) *The Psychology of Religion*, 3rd Edn., New York: The Guilford Press.

Stackhouse, J. G. (2011) Generic evangelicalism, In A. D, Naselli & C. Hansen (Eds.), *Four Views on the Spectrum of Evangelicalism*, Grand Rapids, Michigan: Zondervan.

Stamogiannou, I. (2007) *A portfolio of academic, therapeutic practice and research work including an exploration of psychologists' and clients' experiences of addressing spirituality in cognitive-behavioural therapy.* Unpublished Practitioner Doctorate (PsychD - Psychotherapeutic and Counselling Psychology) portfolio: University of Surrey.

Steffen, E. & Hanley, T. (2013) The power of counselling psychology in an age of powerlessness: A call to action, *Counselling Psychology Review*, 28 (2), 3-7.

Steihler-Thurston, N. (2000) Psychotherapy with evangelical and fundamentalist protestants, In P. S. Richards & A. E. Bergin (Eds.), *Handbook of Psychotherapy and Religious Diversity*, pp. 131-154, Washington DC: American Psychological Association.

Stewart, S. P. & Gale, J. E. (1994) On hallowed ground: Marital therapy with couples on the religious right, *Journal of Systemic Therapy*, 13, 16-25.

Stortz, M. E. (1993) *Pastor Power*, Nashville: Abingdon Press.

Straker, G. (2006) The anti-analytic third, *The Psychoanalytic Review*, 93, 729-753.

Strudwick, P. (2011) *Conversion therapy: she tried to make me 'pray away the gay'* [On-line] Available from: http://www.theguardian.com/world/2011/may/27/gay-conversion-therapy-patrick-strudwick [Accessed 7.2.2015].

Suarez, V. (2005) *A portfolio of academic, therapeutic practice and research work including an investigation of psychotherapists' and clients' accounts of the integration of spirituality into psychotherapeutic practice*, Unpublished Practitioner Doctorate (PsychD - Psychotherapeutic and Counselling Psychology) portfolio: University of Surrey.

Suchet, M. (2007) Unraveling whiteness, *Psychoanalytic Dialogues*, 17, 867-886.

Sue, D. W. & Sue, D. (1999) *Counseling the Culturally Different*, 3rd Edn., New York: John Wiley & Sons, Inc.

Suedfeld, P., Guttieri, K., & Tetlock, P. E. (2003) Assessing integrative complexity at a distance: Archival analyses of thinking and decision making, In J. Post, (Ed.), *The Psychological Assessment of Political Leaders,* pp. 246-270, Ann Arbor: University of Michigan Press.

Swaffield, S. (2007) Light touch critical friendship, *Improving Schools*, 10 (3), 205-219.

Sword, W. (1999) Accounting for presence of self: Reflections on doing qualitative research, *Qualitative Health Research*, 9 (2), 270-278.

Taylor, J. (2011) The intimate insider: negotiating the ethics of friendship when doing insider research, *Qualitative Research*, 11 (1), 3-22.

Tew, J. (2006) Understanding power and powerlessness: Towards a framework for emancipatory practice in social work, *Journal of Social Work*, 6 (1), 33-51.

Thomas, L. (2011) Ethnic sameness and difference in family and systemic therapy, In B. Mason & A. Sawyerr, (Eds.), *Exploring the Unsaid: Creativity, Risks and Dilemmas in Working Cross-Culturally*, pp. 49-68, London: Karnac Books.

Thorne, B. & Dryden, W. (1991) *Training and Supervision for Counselling in Action*, London: Sage Publications Ltd.

Tolendano, A. (1996) Issues arising from intra-cultural family therapy, *Journal of Family Therapy*, 18, 289-301.

Tomkins, L. & Eatough, V. (2010) Reflecting on the use of IPA with focus groups: Pitfalls and potentials, *Qualitative Research in Psychology*, 7, 244-262.

Totton, N. (Ed.) (2005) *The Politics of Psychotherapy*, Maidenhead: Open University Press.

Totton, N. (2009) Power in the therapy room, *Therapy Today*, September, 16-19.

Trevifio, J. G. (1996) Worldview and change in cross-cultural counseling, *The Counseling Psychologist*, 24, 198-215.

Turner, M. (1999) *The Holy Spirit and Spiritual Gifts*, Rev Edn., Ada, MI: Baker Academic.

Turton, D. W. (2004) Expectations of counselling: A comparison between evangelical and non-evangelical Christians, *Pastoral Psychology*, 52 (6), 507-517.

Vine, W. E., Unger, M. F. & White Jr., W. (1985) *An Expository Dictionary of Biblical Words*, New York: Thomas Nelson Publishers.

Von Der Heydt, V. (1970) The treatment of Catholic patients, *Journal of Analytic Psychology*, 15, 72-80.

Wachtel, P. (2002) Probing the boundaries of the relational paradigm: Commentary on paper by Jeremy Safran, *Psychoanalytic Dialogues*, 12 (2), 207-225.

Wachtel, P. (2007) *Relational Theory and the Practice of Psychotherapy*, New York: The Guilford Press.

Ward, D. J. (2011) The lived experience of spiritual abuse, *Mental Health, Religion and Culture*, 14 (9), 899-915.

Wehr, D. S. (2000) Spiritual abuse: When good people do bad things, In P. Young-Eisedrath & M. E. Miller, (Eds.), *The Psychology of Mature Spirituality: Integrity, Wisdom and Transcendence*, pp. 37-48, London: Routledge.

Welling, H. The intuitive process: The case of psychotherapy, *Journal of Psychotherapy Integration*, 15 (1), 19-47.

Williams, C. (2002) *I'm Not Supposed to Feel Like This: A Christian Approach to Anxiety and Depression*, London: Hodder & Stoughton.

Williams, E. N. (2003) The relationship between momentary states of therapist self-awareness and perceptions of the counseling process, *Journal of Contemporary Psychotherapy*, 33, 177-186.

Williams, E. S. (2009) *The Dark Side of Christian Counselling*, London: The Wakeman Trust.

Wolcott, H. F. (1990) On seeking – and rejecting – validity in qualitative research, In Eisner, E. W. & A. Peshkin, (Eds.), *Qualitative Inquiry in Education: The Continuing Debate*, New York: Teachers College.

Worthington, E. L., Hook, J. N., Davis, D. E. & McDaniel, M. A. (2011) Religion and Spirituality, *Journal of Clinical Psychology: In Session*, 67 (2), 204-214.

Worthington, E. L. & Sandage, S. J. (2001) Religion and Psychotherapy, *Psychotherapy*, 38 (4), 473-478.

Worthington, E. L. & Sandage, S. J. (2002) Religion and spirituality, In J. C. Norcross (Ed.), *Psychotherapy Relationships That Work*, pp. 383-400, Oxford: Oxford University Press.

Worthington, E. L. & Scott, G. G. (1983) Goal selection for counseling with potentially religious clients by professional and student counselors in explicitly Christian or secular settings, *Journal of Psychology and Theology*, 11, 318-329.

Zinker, J. C. (1978) *Creative Process in Gestalt Therapy*, New York: Vintage Books.

Zinnbauer, B. J. & Pargament, K. I. (2005) Religion and spirituality, In R. F. Paloutzian & C. L. Park (Eds.), *Handbook of the Psychology of Religion and Spirituality*, pp. 21-42, New York: The Guilford Press.

Zur, O. (2007) *Boundaries in Psychotherapy – Ethical and Clinical Explorations*, Washington, DC: American Psychological Association.

Zur, O. (2009) Power in psychotherapy and counseling: Exploring the 'inherent power differential' and related myths about therapists' omnipotence and clients' vulnerability, *Independent Practitioner*, 29 (3), 160-164.

Zur, O. & Gonzalez, S. (2002) Multiple relationships in military psychology, In A. A. Lazarus & O. Zur (Eds.), *Dual Relationships and Psychotherapy*, pp. 315-328, New York: Springer Publishing Company.

Zur, O. & Lazarus, A. A. (2002) Six arguments against dual relationships and their rebuttals, In A. A. Lazarus & O. Zur (Eds.), *Dual Relationships and Psychotherapy*, p. 3-24, New York: Springer Publishing Company.

28. BIBLIOGRAPHY

Asselin, M. E. (2003) Insider research: Issues to consider when doing qualitative research in your own setting, *Journal for Nurses in Staff Development*, 19 (2), 99-103.

Aten, J. D. & Leach, M. M. (Eds.) (2009) *Spirituality and the Therapeutic Process*, Washington DC: American Psychological Association.

Barnett, J. E. & Yutrzenka, B. A. (2002) Nonsexual dual relationships in professional practice, with special applications to rural and military communities, In A. A. Lazarus & O. Zur (Eds.), *Dual Relationships and Psychotherapy*, pp. 273-286, New York: Springer Publishing Company.

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

Brannick, T. & Coghlan, D. (2007) In defense of being 'native': The case for insider academic research, *Action Research*, 10 (1), 59-74.

Campbell, C. D. (2007) Integrating Christianity across the supervisory relationship, *Journal of Psychology and Christianity*, 26 (4), 321-327.

Cassell, C. & Johnson, P (2006) Action research: Explaining the diversity*, Human Relations*, 59 (6), 783-814.

Clarkson, P. (2003) *The Therapeutic Relationship*, 2nd Edn., London: Whurr Publishers.

Coghlan, D. & Holian, R. (2007) Editorial: Insider action research, *Action Research*, 5, 5-10.

Costley, C., Elliott, G. & Gibbs, P. (2010) *Doing Work Based Research*, London: Sage Publications Ltd.

Creswell, J. W. (2007) *Qualitative Inquiry and Research Design*, 2nd Edn., Thousand Oaks: Sage Publications.

Dineen, The psychotherapist and the quest for power: How boundaries have become an obsession, In A. A. Lazarus & O. Zur (Eds.), *Dual Relationships and Psychotherapy*, pp. 115-139, New York: Springer Publishing Company.

Evans, K. R. & Gilbert, M. C. (2005) *An Introduction to Integrative Psychotherapy*, Basingstoke: Palgrave Macmillan.

Fade, S. (2004) Using interpretative phenomenological analysis for public health nutrition and dietetic research: A practical guide, *Proceedings of the Nutrition Society*, 63, 647-653.

Garzon, F. L. & Burkett, L. (2002) Healing of memories: Models, research, future directions, *Journal of Psychology and Christianity*, 21 (1), 42-49.

Greenberg, L. S. & Pinsof, W. M. (Eds.) (1986) *The Psychotherapeutic Process*, New York: The Guilford Press.

Hathaway, W. (2008) Clinical practice with religious/spiritual issues: Niche, proficiency or speciality? *Journal of Psychology and Theology*, 36 (1), 16-25

Hodge, D. R. (2004) Developing cultural competency with evangelical Christians, *Families in Society*, 85 (2), 251-260.

Hope, K. W. & Waterman, H. A. (2003) Praiseworthy pragmatism? Validity in action research, *Journal of Advanced Nursing*, 44 (2), 120-127.

Humphrey, C. (2007) Insider-outsider: Activating the hyphen, *Action Research*, 5 (1), 11-26.

Johnson, E. L. & Jones, S. L. (2000) (Eds.), *Psychology and Christianity: Four Views*, Downers Grove, Illinois: InterVarsity Press.

King, R. R. (1978) Evangelical Christians and professional counseling: A conflict of values? *Journal of Psychology and Theology*, 6, 276-281.

Knox, S., Caitlin, L., Casper, M. & Schlosser, L. Z. (2005) Addressing religion and spirituality in psychotherapy: Clients' perspectives, *Psychotherapy Research*, 15, 287-303.

Langdridge, D. (2007) *Phenomenological Psychology: Theory, Research and Method*, Harlow: Prentice Hall.

Lines, D. (2006) *Spirituality in Counselling and Psychotherapy*, London: Sage Publications Ltd.

Lyons, E. & Coyle, A, (Eds.) (2007) *Analysing Qualitative Data in Psychology*, London: Sage Publications Ltd.

McCullough, M. E. (1999) Research on religious-accommodative counseling: Review and meta-analysis, *Journal of Counseling Psychology*, 46 (1), 92-98.

McNiff, J. & Whitehead, J. (2009) *Doing and Writing Action Research*, London: Sage Publications Ltd.

Martin, D. J., Garske, J. P & Davis, M. K. (2000). Relation of the therapeutic alliance with outcome and other variables: A meta-analytic review. *Journal of Consulting and Clinical Psychology*, 68 (3), 438-450.

Mayhew, E. (2006) Organizational change processes, In B. B. Jones & M. Brazzel (Eds.), *The NTL Handbook of Organization Development Change*, pp. 104-120,San Francisco, CA: Pfeiffer.

Meyer, J. (2000) Evaluating action research, *Age and Ageing*, 29 – S2, 8-10.

Norcross, J. (Ed.) (2002) *Psychotherapy Relationships That Work: Therapist Contribution and Responsiveness to Patients*, New York: Oxford University Press, Inc.

Ogden, T. H. (1994) The analytic third: Working with intersubjective clinical facts, *The International Journal of Psychoanalysis*, 75, 3-19.

Palmer, G. B. (2007) Cognitive linguistics and anthropological linguistics, In D. Geeraerts & H. Cuyckens, (Eds.), *The Oxford Handbook of Cognitive Linguistics*, pp. 1045-1073, New York: The Oxford Press.

Palmer, M., Larkin, M., de Visser, R. & Fadden, G. (2010) Developing an interpretative phenomenological approach to focus group data, *Qualitative Research in Psychology*, 7, 99-121.

Paul, P. (2005) With God as my shrink, *Psychology Today*, May/June, 62-68.

Reason, P. (2006) Choice and quality in action research practice, *Journal of Management Inquiry*, 15 (2), 187-203.

Rose, E. M., Westefeld, J. S. & Ansley, T. N. (2001) Spiritual issues in counseling: Clients' beliefs and preferences, *Journal of Counseling Psychology*, 48 (1), 61-71.

Rowan, J. (1993) *The Transpersonal,* London: Routledge.

Saldana, J. (2009) *The Coding Manual for Qualitative Researchers*, London: Sage Publications Ltd.

Silverstein, L. B., Auerbach, C. F. & Levant, R. F. (2006) Using qualitative research to strengthen clinical practice, *Professional Psychology: Research and Practice*, 37 (4), 351-358.

Smith, J. A., Jarman, M. & Osborn, M. (1999) Doing interpretative phenomenological analysis, In M. Murray & K. Chamberlain (Eds.), *Qualitative Health Psychology: Theories and Methods*, pp. 218-240, London: Sage Publications Ltd.

Smith, T. B., Bartz, J. & Richards, P. S. (2007) Outcomes of religious and spiritual adaptations to psychotherapy: A meta analytic review, *Psychotherapy Research*, 17 (6), 643-655.

Stern. E. M. (1985) *Psychotherapy and the Religiously Committed Patient*, New York: The Haworth Press.

Thorne, B. (1998) *Person-Centred Counselling and Christian Spirituality*, London: Whurr Publishers.

Turnock, C. & Gibson, V. (2001) Validity in action research: A discussion on theoretical and practice issues encountered whilst using observation to collect data, *Journal of Advanced Nursing*, 36 (3), 471-477.

Weld , C. & Eriksen, K. (2007) Christian clients' preferences regarding prayer as a counseling intervention, *Journal of Psychology and Theology*, 35 (4), 328-341.

Wertz, F. (2005) Phenomenological research methods for counseling psychology, *Journal of Counseling Psychology*, 52 (2), 167-177.

Willig, C. (2001) *Introducing Qualitative Research in Psychology*, Maidenhead: Open University Press.

Woskett, V. (1999) *The Therapeutic Use of Self: Counselling Practice, Research and Supervision*, London: Routledge.

Yardley, L. (2008) Demonstrating validity in qualitative psychology, In J. A. Smith (Ed.), Qualitative Psychology: A Practical Guide to Methods, 2nd Edn., pp.235-251,London: Sage Publications Ltd.

Zur, O. (2012) Multiple relationships not always bad, *The National Psychologist*, Jan/Feb, 17.

29. APPENDICES [Redacted]