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ST. STEPHEN'S COLLEGE

SOJOURNING WITH THE SPIRIT IN RECOVERY FROM MENTAL ILLNESS

by

Beverly Anne Mennie

A thesis submitted to the Faculty of St. Stephen's College in partial fulfillment of the requirements for the degree of

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DEDICATION

I dedicate this paper to my father Leslie John Mennie (1926-2007) who would have loved to have seen my accomplishment.

And I dedicate this paper to the many patients who have encouraged me to continue on with this project.

A Sabbath Prayer

God of the universe, you speak to us in all of creation, but you call to us most surely in the depths of our hearts. Help us to listen for your voice today, gentling our work, our recreation, and our relationships with others in ways that let us hear you. Deepen in us our faith in your presence to us. Grant this through the intercession of all your prophets who listened in sincerity and truth, and in the name of our Lord Jesus Christ. Amen

(Carmelite Monastery, 1997, p.79).

ABSTRACT

A large part of the population is affected by issues of mental illness. Yet, there has been a corresponding lack of spiritual content in how we have been defining mental health. In an attempt to respond to this lack, the World Health Organization acknowledged that, "An expansion of the WHO definition may be necessary to include a spiritual dimension of health if social scientists can agree that spirituality is part of health and not merely an influence" (Larson (1996, Abstract).

More recently the definition of mental health changed,

> Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. (W.H.O., 2009, Mental health: As state of well-being, para. 1)

This study is an attempt to contribute to this growing awareness and need. In particular, and based on the belief that integrating the Spiritual is a relational work that involves deepening counsellor understanding of that work, the chosen focus is one of self-study. The question posed is "What is my experience of learning to integrate a spiritual component into counselling psychotherapy?" This thesis developed from the lack of spiritual content in the definition of mental health.

From the lived experience of the author, there is a large part missing from psychotherapy. The interest in the question of integrating a spiritual component into mental health therapy was first ignited by my changing role from mental health worker to counsellor. The heuristic research was collected over a period of one year using journal writing and art journals.

The thesis begins with the theological metaphor of a weaver weaving the thread of spirituality into counselling psychotherapy.

> What is necessary, though not enough, is a capacity to know how the patient is experiencing himself and the world, including oneself. If one cannot understand him, one is hardly in a position to begin to 'love' him in any effective way. We are commanded to love our neighbor. One cannot, however, love this particular neighbor for himself without knowing who he [*sic*] is. (Laing, 1969, p.34)

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I would like to thank the numbers of people with whom I have had the privilege to meet along the way from the early 1970's to the present and who have been on the path to recovery, weaving a way with me toward a stronger final fabric to incorporate a spiritual component into mental health therapy and counselling.

Thank you to my family who have grown with me in this quest; to my daughters Kathryn (Katie) Kurtz and Allison Kurtz for waiting for me to complete this research, and to my grandson Odin John Kurtz, born during this time. Thank you to my mother, Jessie Mennie.

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SOJOURNING WITH THE SPIRIT IN RECOVERY FROM MENTAL ILLNESS

CHAPTER ONE

Introduction

In contrast to traditional approaches to therapy, it is my premise that, when people who have been diagnosed with a mental illness are given the opportunity to reflect on their own spirituality while in therapy, recovery will be enhanced. Fallot (2001) indicates that to have quality of life, a holistic method of therapeutic intervention is necessary (Stebnicki, 2006; Reeves & Reynolds, 2009). It is my observation that counselling therapies used by health authorities and medical systems predominantly use psychosocial and biophysical approaches and seldom include or integrate a *Spiritual* (as opposed to religious) component in holistic care.

I believe that a therapist/counsellor must be able to engage a client in spiritual journeying (Gilbert, 2007). In my view, the inclusion of a spiritual component is not simply an add-on to therapy. It is my belief that to truly dwell, or *sojourn,* with a "client" in their journey toward recovery requires the inclusion of their spiritual journey as well, whether this journey is implicit or explicit (Fallot, 2001; Koslander & Arvidsson, 2006). The spiritual component in therapy can be accessed when the "client" is willing to be open to it. It is possible that "patients" of long-term mental health care may have a major component of their personal development, the Spiritual, excluded from therapy (Stebnicki, 2006). I have used the terms 'patient' and 'client' as defined under the heading "Key Word Definitions", p.5. The therapist facilitates, helps create, and opens

the space for the client to deepen their sense of the Spirit's Presence and Call. This implies the therapist(s) themselves must be cognizant of their own spiritual journey. This is not a simple task.

To work with this task, I explored my own sojourn and theological reflection through my perspective of clients' Spiritual needs in counselling psychotherapy. This thesis focuses on personal transitions, my own in particular, notably my experience of becoming a therapeutic counsellor who includes spirituality in mental health healing. The barriers I faced in this transition from worker to counsellor are examined. To do this I asked the question: "What is my experience of learning to integrate a spiritual component into counselling psychotherapy?" Creating and holding therapeutic space is essential to making it most possible for the client to do their work. Thus, there is tremendous value for the counsellor to focus on theological preparation. By focusing on my experience of integrating this component into psychotherapy through the heuristic research process, I enriched my own understanding. I found my own process and discovery to be applicable and valuable to heuristic research.

1.1. Background.

Throughout my daily life and at work, I reflect on my professional and spiritual identity. Although I celebrate an Anglo-Catholic religious theology and way of life, I am fortunate to have an interfaith perspective that espouses an accepting and progressive worldview (Jones, 1989). With an existential theoretical approach, Rogerian client-centred principles, Jungian psychological theories, systems theories of Satir and Bowen, art therapeutic applications, and Gendlin focusing, I have formed and continue to form my counselling technique.

Leigh Bishop of the Menninger Department of Psychiatry Texas, stated in a commentary to Josephson & Peteet (2004), authors of the *Handbook of Spirituality and Worldview in Clinical Practice* that, “Clinical assessment of the patient’s worldview is not for the careless or unprepared. In addition to humility, those who venture into the delicate and daunting forest of the patient’s spiritual life need a guide” (Bishop, 2004, Josephson & Peteet, Back cover commentary).

Initially, I wanted to write this thesis with co-researcher’s participation and to include narrative interviews which may illuminate the need to use spiritual process in mental health psychotherapy. However, upon reflection, I began to understand that this would not allow sufficient space for my own exploration of the delivery I would use for clients’ therapy. I was also concerned that I might find myself indirectly engaging in counselling during the narrative interview which would confound the research. In respect to these possible complications, I made the decision instead to study, learn and reflect upon the developing awareness of the spiritual core of counselling work from my own standpoint and by means of heuristic research. It was primarily my interest to focus on the deep spiritual meaningfulness in counselling.

Using the heuristic method made it possible for me to deeply study the changes and challenges that exist between my present role of mental health care worker using psycho-social rehabilitation practices and my new role as a counsellor employing spiritual components. Lane, Newman, Schaeffer and Wells (2006) cite Moustakas, “What is the experience and who experienced it are important facets of the investigation. Many times, a phenomenological researcher has personal interests or reasons for wanting to explore the lived experience” (Lane, Newman, Schaeffer and Wells, “Phenomenology

in a nutshell", para. 2). My reason for study and research relates not only to the need to see spiritual components integrated into psychiatric care, but also to my own personal development, transition and desire to be of assistance to others who might be preparing to counsel with the Spirit. Transition into this new role has presented some challenges.

1.2. Theological image.

I can best describe my experience of learning how to integrate a spiritual component into mental health counselling through the use of a theological image. Incorporating a spiritual component into therapy is likened to the analogy of a weaving. In this thesis, I share my theological image as a facilitator of the weave—a weaver. The image of the weaver is of one who prepares a whole fabric—prepares material to clothe the subject, makes as new, redefines, refines, ties together, and bonds. Learning to integrate is spiritual in itself. It is a capacity that is met through the soul. Turning and returning to the fundamental core—that which is nothingness or All, that which some call "God" and others call "Nature"—is the essence of experience (Buckley, 1995, p.31). "And he is named Wonderful Counsellor, Mighty God, Everlasting Father, Prince of Peace" (Isaiah 9:6).

For me, a counsellor is like the weaver. Both bring together many fibres to make a simple material stronger—the emotional, intellectual, social, cultural and spiritual. The weaver and the counsellor connect the fibres, weaving, letting the motion and emotion flow with reassurance, tying the loose ends together in a spiritual place made possible by God/ the Holy Spirit. The weaving of the *pattern* of the fabric is similar to the counsellor (facilitator of the weave) sojourning with each mental health client to create new and healthy relationships. Each person contributes to the whole pattern. It is in the sojourn of

the *shuttle* (a tool used to transport yarn on a loom) travelling through the *warp* (the lengthwise threads on a loom through which crosswise threads are woven) that is attentive to any broken threads.

This relational element is necessary to develop a true strong fabric. I believe that the Spirit works with psychotherapy to bring together the broken material, that which has become foreign, thus empowering the individual to rediscover and re-access their own spiritual path through the relationship of sojourning with an experienced facilitator of the weave.

1.3. Key word definitions.

The key words in a research study question should be defined, discussed and clarified in order to make clear the intent and purpose of the study. I identified the following key words prior to conducting the study.

Client – For the purpose of this thesis, I define "client" as an individual who utilizes the services of counselling or voluntarily chooses to use the services of psychotherapeutic counselling.

Patient – I define "patient" as a medical term used for people who are hospitalized and would generally be named clients if they were part of a counselling or community program.

Integrate – By "integrate" I mean that there is a relationship. For the purpose of this thesis, *integration* is a connection and interconnection where there was once separation. Learning to integrate means bringing together knowledge, understanding and behaviour in a connected way.

Spirit – In this thesis, I define Spirit using Griffith & Griffith's (2002) description that Spirit is "one's relatedness with all that is" (p.16). Spirit is at the centre of awareness, consciousness and knowingness. It is a Holy Spirit because it is in the centre of ourselves which communicates with God. The Spirit is inner Truth that does not leave us, is inborn, and with us throughout our lifespan—even during our worst chaotic and traumatic times (Marie, 2007).

Spiritual – I define spiritual as "a connection with a larger context of meaning" (Josephson & Peteet, 2004, p.x). The spiritual part of one's *development* is a relationship with the earth, universe and/or supernatural, that is defined by the essence of the 'self' of the individual but which is also influenced by cultural beliefs and individual experiences. The spiritual process is an integral part of learning about self, others and the structures in which we live. Franciscan Sister of Joy, Dr. Victoria Marie (2007), describes spirituality as "we-ness", further emphasizing the fellowship aspect that "the Christian context (of the active care that is generated) is called *agape*, a love that is concerned with the well-being of others" (p.152). Health must involve a holistic integration of the physical, emotional, spiritual, intellectual and social dimensions of people's lives. It is important to recognize a person's own cultural definition of Spirit as well as religious aspects or rituals of spiritual practice.

Religion – Josephson & Peteet (2004) define "religion" as "the form that spirituality takes within given traditions" (p.x). I define religion as a formal institutionalized prescribed spiritual journey. The use of the term *spiritual* does not connote a religion. Kahle and Robbins (2004) suggest that "Spirituality refers to the uniquely personal and subjective experience of God: religion refers to the

specific and concrete expression of spirituality" (p.2). Therefore, within this definition a religious tradition can be formed from the relationship with others who share a same or similar spiritual practice, for example, a Yoga retreat or Contemplative Prayer groups.

Pastoral – Much of the spiritual content of therapy has been designated in mental health systems as pastoral care. The definition of pastoral care is generally designated to ministry, to the Pastor, Minister, Rabbi or Reverend of a religious setting. However, the definition I will use for the purposes of this research includes counsellors who may not claim any particular religious designation; that is, "the expression of pastoral care is related to establishing rapport/relationship enabling pastoral conversation in which spiritual well-being and healing may be nurtured" (Luke & Innes, 2006, p.36).

Sojourn – For the purpose of this research, sojourn will be defined as sharing time with or journeying with the client in their times of grief, pain, fear and loss, understanding where they live physically, but mainly where they are emotionally, and where they have come from by deeply listening, empathizing and walking alongside during psychotic phases. I have used Webster's online dictionary definition:

> v. i. 1.To dwell for a time; To dwell or live in a place as a temporary resident or stranger, not considering the place as a permanent habitation; to delay, to tarry. 'Abram went down into Egypt to sojourn there'. Gen.xii. 30

As I have indicated, sojourning is meant as spending time to develop a client/counsellor relationship weaving the disconnected and misunderstood ends

together in order to understand the turmoil, and tying the loose ends together. It is a trusting relationship, reinforced by Spirit.

Beneficence – is defined as “doing good” (Lebacqz, 1985, p.25).

Non-maleficence – is defined as “avoiding evil” (Lebacqz, 1985, p.25).

Recovery – For the purposes of this research, I define recovery as a process within the individual to become a full-functioning person. My definition of a full-functioning person is one who is self-determining, having a strong sense-of-self identified through peer relationships and from personal knowledge coming from within oneself. A full person has purpose, hope and a future (Chamberlin, 1997; Liberman & Kopelowicz, 2005).

Rogers (1989) elaborates on client-centred therapy, assisting in the process of recovery as “experience [which] has forced me to conclude that the individual has within him [*sic*] self the capacity and the tendency, latent if not evident, to move forward toward maturity” (p.35). Rogers (1989), in the chapter “What it means to become a person” (p.107 - 124), focuses specifically on the concept of “becoming”. To me, the act of becoming indicates success and hope for a future (Appendix A) and is an important quality of goal development and progress.

Fisher (2010), known as a strong psychiatric advocate, indicates that there is a need to redefine recovery now that there is evidence that people have recovered from serious mental illnesses (Harding, 1994 and 2003; McGuire, 2000; Mancini, 2007). “There has been a significant change in psychology's understanding of the recovery rate from serious mental illness, indicating that most people respond to appropriate treatment

and many fully recover" (Bedell, Hunter & Corrigan cite Harding, Zubin, & Strauss, 1987, "Phenomenology in a nutshell", para. 2).

Initially I found in Ridgeway's (1999) report on the Recovery Paradigm Project, a reference to research on psychiatric recovery. Unfortunately, this online link is no longer available. There was reference to research which indicated that life-long use of psychiatric medications were not necessarily required for recovery and that spirituality was increasingly important. It was also noted that,

> Approaches to mind-body healing that acknowledge the importance of spirituality, understand brain function is malleable, acknowledge that the mind can affect brain and body functioning and accept the healing function of hope are being integrated in other aspects of the healthcare system. Ironically, the Mental Health field has fallen behind. (Ridgeway, 1999)

Fisher (2010) has identified some characteristics of a person who has recovered from mental illness as follows:

1. makes their own decisions in collaboration with other supportive people outside the mental health system,
2. has a meaningful and fulfilling network of friends outside the mental health professionals,
3. has achieved a major social role/identity other than consumer (such as student, parent, worker),
4. medication is one tool among many freely chosen by the individual to assist in their day to day life (used as the *chronically normals* [emphasis added] use medication),
5. capable of expressing and understanding emotions to such a degree that the person can cope with severe emotional distress without it interrupting their social role and without them being labeled symptoms,
6. a Global Assessment of Functioning Scale score of greater than 61 "functioning pretty well, some meaningful interpersonal relationships" [GAF Score sheet, DSM-IV-TR, 2000, p.34] and 'most untrained people would not consider him [*sic*] sick', and
7. sense of self is defined by oneself through life experience and interaction with peers. (Fisher, 2010, "Seven Characteristics of a Person who has Recovered from Mental Illness")

"Recovery is a deeply personal and unique process of changing one's attitudes, values, self-concept and goals. It is finding ways to live a hopeful, satisfying, active and contributing life" (Walsh, 1996, "Coping with" section, p.87, para. 2).

> …recovery is a process. It is a way of life. It is an attitude and a way of approaching the day's challenges. It is not a perfectly linear process. Like the sea rose, recovery has it's seasons, its time of downward growth into the darkness to secure new roots and then the times of breaking out into the sunlight. But most of recovery is a slow, deliberate process that occurs by poking one little grain of sand at a time. (Deegan, 1996, p.13, para. 2)

Reflecting upon Walsh's (1996) statement above, my experience of recovery has intense meaning. Recovery to me begins at the point of my life when I was able to start anew. Without an option for recovery, I would always be imprisoned within the walls of "sickness", societal judgment or condemnation. Recovery is a door that opens to offer *grace* in times of distress. This door or opportunity could be opened through counsellor facilitation. As consciousness-raising provides hope for full recovery, changing from Mental Health Care Worker (MHCW) to 'spiritual' counsellor is also consciousness-raising. I quote my personal source for grace in a time of recovery:

> Do not let your hearts be troubled. Trust in God, trust also in me. In my Father's house are many rooms; if it were not so, I would have told you. I am going there to prepare a place for you. And if I go and prepare a place for you, I will come back and take you to be with me that you also may be where I am. You know the way to the place where I am going.
>
> Thomas said to him, 'Lord, we don't know where you are going, so how can we know the way?'
>
> Jesus answered, 'I am the way and the truth and the life. No one comes to the Father except through me. If you really knew me, you would know my Father as well. From now on, you do know him and have seen him'. (John 14: 1-7)

<u>Psychotherapy</u> – For the purpose of this paper, psychotherapy will be defined as: a process of treating mental and emotional disorders by talking about the condition and

related issues with a mental health provider (Mayo Clinic, 2008). Psychotherapy can be an existential therapy. Vaughan (2010) quotes Existential-Humanist Bugental to emphasize “Psychotherapy is the art, science, and practice of studying the nature of consciousness and of what may reduce or facilitate it” (“Mapping the territory in search of common ground” section, para.2).

1.4. Definitions of Mental Health Care Worker and Counsellor.

It is important to recognize that rehabilitation is not about the role professionals play but it is about the person rehabilitating and recovering.

> The wishes of the person being served direct the rehabilitation process through working partnerships that are forged between the practitioner and the individual with mental illness. Effective rehabilitation helps the individual to compensate for the negative effects of the psychiatric disability. (Hughes & Weinstein, 2000, p.35)

In defining the roles of care worker and counsellor, it is important to note two issues. First, prior to commencing work on my Master’s program I worked in the mental health field for over 20 years. During that time, the role of Mental Health Care Worker (MHCW) or Psychiatric Rehabilitation Worker (PRW) was defined as:

> Reporting to the Manager or designate, the Mental Health Worker participates in the provision of client-focused treatment, rehabilitation and support for persons with mental illness in a residential, community-based facility. Promotes a safe, healthy and non-threatening environment that instills a sense of dignity and self-respect. Participates in the planning, development, implementation, delivery, and modification of clinical services by responding to identified client needs, within the program’s guidelines. Motivates, assists, and instructs clients with the activities of daily living, reports clients’ conditions, including reactions to medications. Escorts clients to off-site programs, appointments and other planned events. Assesses clients’ ability to assume self-care responsibility.
> (MH&A “Mental Health and Addictions Services”, 2006, Reference Number 5992/VI)

The scope of practice required Grade 12 graduation supplemented by post-secondary courses dealing with mental illness. Just at the time I began the Master's program, the job description evolved identifying a much broader and simpler scope of practice.

> Under the supervision of the Registered Nurse or Registered Psychiatric Nurse, assists in routine care of patients during psychosocial rehabilitative activities, self care and structured group activities. Assists in maintaining a safe environment and provides ongoing monitoring of patients' status. As required, assists patients with making beds and washing patients' personal clothing. Transports patients to offsite appointments. (Mental Health Care Worker, Job Description F3450)

The MHCW now required a grade 10 education only and a certificate from a Mental Health Care program (2 years or less).

Second, with the reduction in the role of the MHCW the perceived difference between an MCHW and a counsellor became greater. There was a definite shift with the responsibility of Counsellor/Therapist. The role of Counsellor/Therapist in mental health (outpatient programs) was described generally as:

> Under the general supervision of the Coordinator, Outpatient teams, the Therapist works as a member of a multidisciplinary team providing direct case management to clients with a variety of psychiatric disorders. Provides teaching to clients and families, individually, and in group settings. Contributes to program development.
> (Fraser Health 2009, Job description number: P6321)

Even though the counsellor job description was defined as such, in practice, the (Clinical) Counsellor must also have a Master of Social Worker degree (MSW), have a Registered Nurse (RN) or a Registered Psychiatric Nurse (RPN) designation, and may or may not have a counselling degree. Currently, I do not have any of these designations.

Thus, notwithstanding the much greater scope of practice I had in the past, I could no longer become a counsellor or Case Manager anywhere without completion of a Master's degree.

Regardless of these changes, during my Master's studies, I have found it necessary and appropriate to continue to work within the mental health field, as it has dominated my life throughout the last 20 years. Despite the role definition revisions, I did not significantly change my own personal scope of practice. From my study and experience in psychosocial rehabilitation, I built upon my practice, including a spiritual component in the rehabilitation process. "Hope is [*sic*] an essential ingredient…all people have an underutilized capacity to learn and grow that should be developed" (Hughes & Weinstein, 2000, p.40).

1.5. Summary.

The counselling profession is of critical importance to mental health rehabilitation. So far, mental health psychotherapy has rejected the need for pastoral and spiritual presence in this professional position. It is imperative that the counsellor provide and open the space for the Spirit to enter and to be welcomed into what is already at work in recovery from mental illness. My religion states:

> For I am convinced that neither death, nor life, nor angels, nor ruler, nor things present, nor things to come, nor powers, nor height, nor depth, nor anything else in all creation, will be able to separate us from the love of God in Christ Jesus our Lord. (Romans 8: 26-39)

In the next chapter, I will examine relevant literature as it relates to my research, methodology, and theology.

CHAPTER TWO

Literature Review

There are two sections within this Literature Review. The first section is composed of literature which relates to the subject, and the second is literature which relates to the methodology of the research. In the literature relating to the subject, I discuss philosophical, theological, classical, pastoral and spiritual thinkers first. Next, I discuss theoretical literature and psychological literature. In this section I include literature on therapist self-preparation. Last I explore literature searches from library and online sources. In literature relating to the methodology, I specify literature relating to research theory and research articles.

2.1. Philosophical, Theological, Classical, Pastoral and Spiritual Thinkers.

Along with theoretical literature of both psychotherapy and spirituality, there are important principle and historical writings which provided a base for my study. The philosopher Buber (1970), in his message of relationship and deep meaningful communication, has guided me in respecting and honouring each individual with whom I work–not as "other", but as "thou". "The purpose of relation is the relation itself—touching You. For as soon as we touch a You, we are touched by a breath of eternal life" (Buber, p. 112- 113).

Kierkegaard has long been a favourite philosopher and theologian for me but also difficult to comprehend without interpretation. Shmueli (1971), in the Preface to *Kierkegaard and Consciousness*, identifies Kierkegaard's value of relationship and ethics within our conscious development. In this writing lie the principles of caring and kindness which are extremely valuable to the role of helping. Shmueli's discussion helps

me to understand how I can adapt and provide spiritual components in care while maintaining the reverence of my own religious tradition. This interrelational aspect is important to me as I weave my interpretation of faith alongside my counselling work with people.

Karl Rahner's theology gives strong attention to the personhood of experience and transcendence. Rahner wrote of "perikethesis", or the practice of study of one's *self* in the evolution of consciousness and knowledge. Theology such as his was very helpful to my groundedness in this study of personal learning experience and process. Rahner, as described eloquently by Anne E. Carr (1995) in a chapter entitled "Starting with the Human", speaks of the human and the holy mystery of transcendence and experience. "Each of our particular experiences occurs within a finite horizon of understanding" (p.20). Carr (1995) refers to Rahner's philosophy stating:

> The fundamental reality of the whole person is the experience of subjectivity, or personal experience. ... The experience in which we become conscious of ourselves as selves is one of radical questioning…. Our questioning of each single explanation we can find leads us to a place in which we stand outside ourselves. (p.19)

The existential theology presented by Rahner, of personal existence in the Holy mystery, has impacted my life enabling me to explore the Holy mystery and to be capable of exploring other's experiences in the capacity of grace. While psychology has an end goal, theology which is existential, "is a basic structure which permeates the whole of human existence; it is not a localized part or region of our being, but a dimension pertaining to the whole" (Galvin, 1995, p.72). My study explored this existential and spiritual component integrated within a counselling relationship.

In the historical writings of pastoral counselling, Boisen (1936, 1960) describes the early history from the perspective of a patient turned therapist and theorist. Even though his written work has been referenced and incorporated into most pastoral counselling methods, I felt that his perspective, especially that of client involvement in psychiatric facilities is, although antiquated, still of value to include in this paper. He explains that with the more diverse and culturally conscientious society that we are faced with in 2011, a theological reflection principally involving Christianity is not sufficient. In my reading of Clark and Olson's selected literature for the course *Spiritual Assessment in the Promotion of Health* (St. Stephen's College Summer Term, 2010), a more general (interfaith) theological reflection is the most appropriate perspective in the analysis of the integration of a spiritual component. This in no way diminishes the need for a counsellor to have a strong grounding in their own faith tradition but they must keep in mind it is just one path among many. "It seems as if everyone will talk about spiritual issues at one time, at least, during their stay on a psychiatric unit" (Mennie, Journal).

I have quoted more current philosophical thinkers, Josephson and Peteet, throughout my thesis to support diversity and cultural content of spiritual issues. In the *Handbook of Spirituality and Worldview in Clinical Practice* it is stated that 'spiritual' assessment:

> Is a critical step in this process since it determines whether the clinician sees the patient's spirituality and beliefs as risk factors for psycho-pathology (requiring intervention directed toward change) or as protective or supportive of health (in need of facilitation). (Josephson & Peteet, 2004, p.31)

Just as it indicates in the quote preceding, I wrote, “some people need more spiritual content in therapy than others” (Mennie, Journal). My interest has been to connect my reading and knowledge to that which occurred in daily interaction. Josephson & Peteet (2004) infer that:

> When the patient does not report that religious issues are associated with the presenting complaint, the clinician may still have an index of suspicion that religious belief or spiritual practice has a role in the patient’s psychopathology and should be considered in treatment planning (p.23).

However, it occurs to me that there is no indication in the statement above that the client would have some input into the discussion of his/her own treatment, which from a psychosocial perspective, would not be rational.

I felt that it was necessary for my transition to counsellor to examine Worldview assessment more closely. During work breaks I continued to explore.

> By including worldview in this model of interacting risk and protective factors, the clinician comes to understand what behaviours and life events mean to the patient beyond their particular meaning based on the patient’s internalized world of object relations. Knowledge of three areas is helpful in deciding how these meanings function in the patient’s life: 1) ways that religion can function to promote or undermine health. 2) Characteristics of the patient’s particular tradition and 3) psychiatric epidemiologic literature correlating measures of religion and spirituality with health. (Josephson & Peteet, 2004, p.34)

In support of my quest to keep within the values and principles of mental health and counselling values, I added to my reading that of Jensen and Bergin (1988), “Mental Health Values of Professional Therapists: A National Interdisciplinary Approach”, in which values were addressed. Here, the spiritual was referred to in relation to personality theory.

> “Spiritual psychiatry” does not yet have markers analogous to the derangements of sleep, appetite and sexual function that are assessed in

> biological psychiatry. Even so, …a 'spiritual conception of human nature which reorients personality theory' provides a moral frame of reference for guiding and evaluating treatment procedures and outcomes and a developing body of spiritually derived interventions. (Bergin, 1988, p.6)

Bergin also wrote with other authors and specifically wrote from an existential point of view. "Existential themes addressed by spiritual approaches include hope, identity, morality, meaning and autonomy…The approach is in its infancy but is rapidly developing" (Richards & Bergin, 1997, p.33). The reading inferred that there was a large interest in spiritual approaches to psychotherapy but I had observed the opposite. I wanted to believe in the preceding quotation and apply it to my work.

In this study of the lack of spiritual content in mental health therapy I have learned that, "although spiritual components are acceptable for therapeutic means such as Yoga, Tai Chi or Qi-Gong exercise, relaxation meditation and visualization, it appears to me that the components are generally simple and non-specific to religion" (Mennie, Journal). Every role has its challenges. A counsellor may want to incorporate spiritual content into therapy. However, as Pargament (2007) states, "spiritually integrated therapy is not grounded in religious authority or legitimacy. Unlike the pastoral counsellor, the therapist cannot claim to offer absolute truth or deliver the rituals and sacraments of a religious tradition" (p.19). When one is intent on focusing psychotherapy on a person's sacred meaningfulness, one can move on to satisfying the holistic progress of therapy. What I discovered from reading Pargament's literature follows:

> Spiritually integrated psychotherapy is both spiritual and psychological in character. How is it spiritual? Spirituality is the central phenomenon of interest in this approach to treatment. As noted above, spirituality receives explicit attention as a dimension that shapes and is shaped by other aspects

> of life, and as a dimension of significance in and of itself. (Pargament, 2007, p.18)

2.2. Theoretical.

Gerkin (1984), although approaching pastoral counselling specifically from a Christian rather than interfaith orientation, is more contemporary than Boisen, and respects a “therapeutic relationship that effects change”;

> That way of imaging the relationship offers the possibility that it is in the richness, the delicate balance and respect experienced intersubjectively with both counsellee and counsellor open and vulnerable to the intrusion of the new that some fresh possibility for a changed way of being in relation to one another and therefore to all others may be opened. (Gerkin, p.46)

It is this rich, delicate balance of respect in the therapeutic relationship that I believe is essential for establishing a therapeutic rapport with the client, rapport being one of the threads of sojourning. Gerkin (1984) speaks to theological reflection suggesting that “theological language must find its way into the reflections of the pastoral counselor on the concrete decisions of the counseling process” (p.18). The focus on *reflection* established a strong image for my process of evaluation of the collection of journal entries during contemplative research. Though Gerkin uses an hermeneutical method of exploration, his evocations helped me to develop concrete decisions asking questions of myself, such as: “Where am I in all of this?” Gerkin’s question is, “How am I to interpret what is being said to me?” (Gerkin, p.122). I feel that the interpretation comes from the Spirit that is opened in conversation with the client.

Jung’s life story (1989) and theories of an inner mental process also helped me to concentrate on personal depth and to analyze myself as I learn. Contemplation and prayer are the methods I use to look deeply inside myself as well as through ‘Focusing’

techniques (Gendlin,1981) in order to concentrate on the position of my faith and my values. In Focusing, I let go of the desire for security, affection and control. I let go of the desire to change this feeling. The sensing deepens through surrender.

Sojourning requires constant care of one's own soul (in this sense, soul is defined as inner process and personal depth) in order to walk with other individuals in distress, especially in the mental health care profession. Burkhardt (1989) conveyed the same principle of sojourning using the word *spiriting* in "Spirituality: An analysis of the concept". He states that, "Dealing effectively with spiriting with clients requires an investment of the self, which is an intentional way of being with the client and can be a part of every nurse [*sic*]-client relationship" (p.75).

In *Suffering,* I found that Dorothee Soëlle (1975) presents a positive and spiritual perspective on suffering which, in my opinion, is most appropriate for counselling individuals experiencing mental illness and who are in psychotherapy. For instance,

> The modern question about suffering, focusing on society and directed outward …can only be addressed meaningfully in a context in which the traditional question, directed inward and focusing on the individual,… is not suppressed. (Soëlle, 1975, p.4-5)

Keeping in mind that each individual holds a key to the answer of the greater societal problems is, in a sense, logically holding oneself responsible to others and their well-being. Genuinely paying attention to the causes of suffering and looking at the meaning of this suffering develops trust and relationship with others which leads to reinforcing a trusting society, caring for one another. Within the mental health field, it is not acceptable to be indifferent or apathetic to suffering. Apathy and indifference has caused "stigma" of individuals who have suffered from their confinement in the mental

facility. Though the *History of Asylums* (1961) is an antiquated book, it discusses enormous facilities that didn't work for individuals with mental illness, isolating and confining them. Goffman (1961) has written of these alienated and dissociated facilities. Seclusion, still used in many facilities, has a sense of asylum. I cannot condone the use of seclusion or isolation. I believe that behavioural composites in care are not compatible to compassionate care.

This section, composed of a selection of theoretical literature, (Gerkin, 1984; Jung, 1989; Burkhardt, 1989; and Soëlle, 1975) has been instrumental in the development of themes of change, language and position in therapeutic relationships between mental health professionals and clients who are from a range of economic statuses. One necessary center of attention for the counsellor is to understand one's own personal learning process and the ability to explore the Holy mystery.

2.3. Psychological.

Fallot (2007), whom I quote in the introduction to this thesis, noticed that there is a differentiation of roles in spiritual service and a different approach to spiritual services offered for consumers (of mental health programs) in recovery. He has researched and written about a significant number of informative projects and discussion groups which relate to finding "the place of spirituality and religion in psychiatric rehabilitation and related services" (p.262). I have great admiration for Fallot and for what he has contributed to the inclusion and integration of spiritual services in counselling and psychotherapy for clients.

From my observation, psychological theoretical approaches are commonly service orientated, such as cognitive behavioural therapy (CBT) and dialectical-based therapy

(DBT) which are predominantly medical in modality. Using theoretical tools presented by Rogers', Yalom and O'Hanlon enables me to work deeply within mental health counselling, to sojourn with the client, and establish connection. I am also able to take into consideration my own well-being. In his client-centered approach, Rogers (1961, 1989) suggests that relationship and motivation are essential in therapy.

> The relationship which I have found helpful is characterized by a sort of transparency on my part, in which my real feelings are evident; by an acceptance of this other person as a person with value in his own right; and by a deep empathic understanding which enables me to see his private world through his eyes. When these conditions are achieved, I become a companion to my client, accompanying him in the frightening search for himself, which now feels free to undertake. (Rogers, p.34)

Yalom (2002) delivers the message that "what we must do 'as therapists', is plunge into one of many possible meanings, particularly one with a self-transcendent basis" (p.136) and "to help patients assume responsibility for their actions" (p.147). O'Hanlon (2003, 2004, 2006) proposes "solution-focused therapy" which encourages the therapist to lead the client to turn former liabilities into assets by looking for resources and strengths. These are techniques I use daily when talking with clients.

Gendlin (1981) discusses inner depth which gave me the basic tool of *focusing* to use in reflecting upon my changes in becoming a counsellor. Focusing is a body-mind practice or technique, sometimes used in conjunction with meditation or biofeedback, to unblock the creative process and define problems. It enables an individual to work with a *felt sense* in the body "to change subliminal knowing. It befriends and listens to the body" (Ferguson, 1980, p.ix). I have used focusing for reflecting on the integrity of specific spiritual components which I consider worthwhile for integrating into psychotherapy. "The emergence of a step forward on a problem, and the simultaneous

physical sense of relief, suggest a sudden knowing in both hemispheres [of the brain]" (Ferguson, 1980, p.xi). It is Gendlin's focusing technique, for the most part, which enabled me to work with heuristic research and to ask the question of "what is my experience of learning to integrate a spiritual component into counselling psychotherapy?" When doubting my feelings or observations, I was able to use the focusing technique to find the true sense of how I was actually identifying with the activity or interaction during the experience of learning.

The psychiatrist theorist R.D. Laing (1969), who is often considered to have been a radical therapist of his time, delivered a strong message and had important information regarding individuals who have suffered as a result of being defined as a mental health patient. His message is about the lack of respect—the *stigma* of mental illness. This message is one of the reasons why I began to work with psychiatry years ago; that is, to help people understand their mental suffering within a society that does not respect this type of suffering. Laing's quest in *The Divided Self* is to "look at how such schizoid theory originates… to understand… schizoid experience" (p.20). He states,

> One has to be able to orientate oneself as a person in the other's scheme of things rather than only to see the other as an object in one's own world, i.e. within the total system of one's own reference. (Laing, 1969, p.26)

The subject matter that Laing presents is that which I can refer to from my past and from my current personal experiences with mental health and also to link to the psychosocial methods used today (Appendix A).

My encounter with mental health from the early 1970's (Appendix B) formed some of my early tenets as Mental Health Care Worker (MHCW). Political activism is not important to my question but holds importance to the challenges that clients face.

Szasz' (1974, 1983) books demand attention due to his revolutionary idea that there is no such thing as mental illness; Anthony (2000), a psychiatrist with the Boston University and Empowerment Centre, an early pioneer in psychosocial rehabilitation; and Fisher (2008) who was a patient at one time and is now a Psychiatrist. Fisher and Chamberlin, whom I describe below, often wrote together.

Judi Chamberlin was the Sr. Consultant of Survivor Perspectives at Boston University. Chamberlin (1977), whom I knew in the early 1970's while she researched for her book *On Our Own,* was a "survivor", (defined as one who spent time in an institution and for the rest of a lifetime suffered the consequences) of mental illness. Before she passed away in January 2010 at 68 years of age, I was able to talk briefly with her about my project of integrating the spiritual component into psychotherapeutic counselling. She expressed her appreciation, as spiritual content was not the area she had focused on herself, but now felt it was valuable. Judy had dedicated her entire life to the rights of people who had been disempowered (Chamberlin, 1997) by the mental health system. She was ill and suffering but continued fighting for the rights of the patients in her hospital unit. She wanted to be proud of her accomplishment and to have the energy and spirit to do so.

2.4. Therapist self-preparation—examining one's own theology.

I could add many self-help books to this literature review. However, I have limited the realm of literature relating to therapist self-preparation to include a few books which have given me direction. Spiritual direction might be included but is not because it is a different avenue than the one for therapist preparation. Therapist preparation discusses the needs of the therapist, such as: the willingness to examine their own

theology; the capacity to be with what might appear different from themselves; or their sensitivity in guiding the client toward what is or has been blocked in relationship with God—all the while without getting in the way of the same.

Faithful Companioning (Schlauch, 1995) was literature which directly assisted me in finding answers to the questions that I asked of myself and in examining my own theology during this thesis writing. Schlauch's theological perspective and the reference to "companioning" relates to my own language of *sojourning*. Language use was only one point of several worth acknowledging. I was pleased to find the discussion of the turning of regular conversation to theologizing (p.29) and to query my own use of language in interactive relationships with clients. *Faithful Companioning* helped me to become aware of my everyday interactions with others, "we are engaged with others in light of four contributors: faith tradition, cultural information, personal experience, and God" (p.41). Schlauch (1995) citing Kohut, addresses the blocks that one might find in conversation with clients. From the following excerpt I understand how a counsellor might hold the client's pain in one's own body through transference; "A person may experience that herself extends to include other persons or shrinks when, for example, she experiences being driven" (p.61).

Henri Nouwen (1972) in *The Wounded Healer* states, "In our own woundedness we can become a source of life for others" (Front cover). I learned from this message. I learned to appreciate my woundedness, to become a bridge—the interlocker, the strengthener of the weave. Although Nouwen wrote *The Wounded Healer* a number of years ago, the message is the still the same; "every Christian is constantly invited to overcome his or her neighbour's fear by entering into it with him [*sic*], and to find in the

fellowship of suffering the way to freedom" (p.77). Similarly in Cohen & Bai's (2008) article, "Suffering needs and loves company: Buddhist and Daoist perspectives on the counsellor as companion", there were elements which positively helped me to differentiate my transitional roles from MHCW to Counsellor and helped me to identify with the need of the client, not the need or the suffering in the therapist. From these authors, I learned that it is the counsellor who intentionally invites the client to open to the Spirit in the counselling space. The counsellor as a person is incredibly important to the fulfillment of the counselling process.

Thomas Moore (1992) in *Care of the Soul: A Guide for Cultivating Depth and Sacredness in Everyday Life* helped me to "nurse" my own soul by "attention, devotion, husbandry, adorning the body, healing, managing, being anxious for, and worshiping the gods" (p.5). I remind myself of the soul as a "quality or a dimension of experiencing life and ourselves. It has to do with depth, value, relatedness, heart and a personal substance" (p.5). Moore helped me to examine my own theology. In my own spiritual development, the nature of the Soul has been important. Simple words have vast and complex meaning (as does the metaphoric language of Christ). I have focused on personal healing relationships during transition and the transformative process. Soul has a deep place where one must listen carefully so as to not miss the sensitive and passionate identity of the Sacred in each person.

In *Man's Search for Meaning*, Viktor Frankl (1984) states "once an individual's search for meaning is successful, it not only renders him happy but also gives him [*sic*] the capacity to cope with suffering" (p.163). I learned that taking myself away from the protocols of the workplace, to reflect and meditate on my own meaning-making, and to

spend time learning to become a counsellor as it integrated with psychotherapy, prepared me for the challenges of working with others who might appear different to me.

In *The Gift of Therapy: An Open Letter to a New Generation of Therapists and Their Patients,* Irvin Yalom (2002) helped me to recognize that a counsellor must be constantly aware of the need for self-care and the need to have counselling for oneself (p.40), one's own sojourner. Yalom relates to the client as "fellow traveler" (p.8). He states that this term "abolishes distinctions between 'them' (the afflicted) and 'us' (the healers)…we are all in this together" (p.8). Yalom talks about questions that a therapist might find difficult to answer for oneself. As a mature therapist, he has shared wisdoms of his therapy sessions and helped to prepare me for the possible difficulties that may arise (especially with psychotic clients or patients) and how I may be able to anticipate some of these challenges. I found that many of the challenges he spoke about were common in the psychotherapeutic environment with which I work presently. There are similar challenges with "sharing of self-disclosure", "engaging the client", "resistance", and "helping patients assume responsibility". Spending time, as mental health care worker, with the client in their own therapeutic environment may differ from the counselling office. This book encouraged me to continue my profession in my own counselling practice and also encouraged me to work with clients with what is or has been blocked in relationship with God, all the while without getting in the way of the same. Similarly, in the heart of counselling at a "relational depth" (Mearns and Cooper, 2005, Chap. 7) helped me to answer my queries of how I might interact in a therapeutic session as a counsellor by providing me with examples of what I might encounter. For

instance, my desire to sojourn with clients in their own journey must not overwhelm the intent to meet the clients where they are.

In summary, the authors in this section (Schlauch, 1995; Nouwen, 1972; Moore, 1992; Frankl, 1984; Yalom, 2002; Mearns and Cooper, 2005) help me to prepare for theological questions which might arise in the integration of spiritual components to psychotherapeutic environments. Allowing myself to be faithful, to be a healer in my own woundedness, care for myself and others, is a gift, and is, in essence, an asset to the therapeutic encounter.

2.5. Literature searches.

2.5.1. Mental Health Services and Spirituality.

An important resource for this research was that of Peter Kahle and John M. Robbins (2004) *Power of Spirituality in Therapy: Integrating Spiritual and Religious Beliefs in Mental Health Practice*. I believe their contribution is important as they discuss what people are afraid to talk about in the delivery of therapy, both in a spiritual and religious sense. They conducted a questionnaire with therapists and counselors, then stated,

> If we are to be an ethical field with regard to the integration of spirituality and psychotherapy, we have only given ourselves one option. Externalize it if you must, but we must address the God phobia, antireligious bias, and antispiritualism directly and strive to make healthy and ethical changes. (Kahle & Robbins, 2004, p.78)

They state clearly that people are frightened to discuss spirituality, and God, in the workplace. Kahle and Robbins present the integration of spirituality (and religious) beliefs in Mental Health practice through Christian perspectives and also suggest that individuals "…have unique values and customs that would likely influence the course of

therapy (McGoldrick, Pearce & Giordano, 1982) …it is important for therapists to listen carefully to every client's unique God narrative" (Kahle & Robbins, 2004, p.39-40). They make an important statement, which I can utilize in my own counselling, in regard to the individuality of clients; "…we try to help our clients see their own stories of competence over time by simply inviting them, through the art of questioning, to attend to the parts of their own stories in which competencies and strengths are visible" (Kahle & Robbins, 2004, p.90).

Scientist, practitioner and editor William R. Miller (1999) prepared, for the American Psychological Association, a plethora of informative essays, literature and research articles on the subject of spiritual integration into psychotherapy. Accessing these references (Miller & Thoreson, 1999) added new ideas for practical application to my own experience of learning to integrate a spiritual component into counselling psychotherapy such as; the incorporation of spiritual perspectives of forgiveness, hope, prayer and meditation into secular treatment, examples of spiritually-based interventions and respect for client diversity.

Using the keywords *spirituality* and *integrated,* two literary sources were located through the University of Victoria's Main Catalogue. These two sources were relevant to this study and were applicable to both counselling practice and to this research. Kenneth Pargament (2007), in *Spiritually Integrated Psychotherapy: Understanding and Addressing the Sacred* cites many resources, references and research studies akin to my subject. His own study of the subject is clear, organized and directly related to integrating the spiritual into psychotherapy. He takes a strong position on spirituality used (integrated) in therapy. His description of the *sacred* is important as it opens up a

controversial subject into a profusion of multidimensional faiths and traditions. He recognizes that,

> From a clinical standpoint, it is important to take the search for the sacred seriously as a directing force in its own right. Just as people enter the world with physical, social, and psychological potentials, they are born with spiritual potential, the potential to seek out the sacred. (Pargament, p.60)

Furthermore, “the search for the sacred is not time-limited; it continues over the lifespan, unfolding in a larger field of situational, social, cultural, and psychological forces that both shapes and is shaped by the nature of the search” (Pargament, 2007, p.61).

In reference to a 1975 survey, Pargament (2007), citing McReady, makes special note that,

> A wide range of situations elicited connections to a powerful spiritual force, from the aesthetic (listening to music, the beauties of nature, creative work) to the religious (prayer, church services, listening to sermons) to the sexual (intimacy, lovemaking). These situations seemed to carry their own extraordinary, transcendent qualities that helped open the doors to a spiritual connection. (p.66)

Pargament continues his discussion of spiritual connection within a sociocultural context, such that there are developmental discoveries, conservation or coping and transitional or transformational times in individual growth and the search for the sacred. This book further motivated me to deliver psychotherapeutic counselling with spiritual content in order to enhance therapy so that it is holistically relative to each individual. I am able to understand the perspective of his discussion. It is a fascinating study in which Pargament appears to have no difficulty in explaining and organizing every discussion of spiritual matter within counselling and therapy.

> Spirituality is not divorced from the psychological, social and psychical dimensions of life—far from it. The power of spirituality lies in the fact that it is fully embedded in the fabric of life. As James Hillman (1975) put it, 'Psychology does not take place without religion, because there is always a God in what we are doing' (p.228). The connections are not always smooth; at times, spirituality clashes with other aspects of life, forcing the individual to make hard choices between competing interests. More often, though spiritual growth and decline go hand in hand with growth and decline in other spheres of life. Facilitating greater spiritual integration can enhance the well-being of the individual not only spiritually, but also psychologically, socially and physically. (Pargament, 2010, p.21)

Moriarty's (2010) current book, *Integrating Faith and Psychology: Twelve Psychologists Tell Their Stories,* is a collection of biographical articles from Christian professionals who narrate their experiences of integrating a spiritual content, primarily spiritual direction, into psychotherapy. Moriarty relates that the reason he is sharing the stories of Christian professionals is that,

> I believe that hearing them allows you to learn something about the integration of psychology and Christianity that you cannot learn from a class or a book that describes the theoretical or technical aspects of integration….I have found that often what affects us the most is hearing other people's stories. (p.23)

I have found that each person has their own story to tell. Though it is not my intention to create my own narrative story or biography, it is my intention to discuss my personal experiences of learning how to integrate spirituality into counselling through my heuristic research question, process, transition and how I have maintained my spiritual discipline. Moriarty, in the collection of narratives illuminates the necessity for spiritual discipline and describes, "Contributors share how these felt experiences of God and spiritual disciplines shaped, and continue to shape, their understanding of integration" (p.26).

2.5.2. Spiritual content in therapy for Mental Health.

An additional search of Journals, Abstracts and Table of Contents, using the subjects 'counselling' and 'spiritual' and keywords 'heuristic research', 'psychotherapy' or 'counselling', produced a large number of articles. The primary insight from this resource was the description of *resilience* and the reference that "there are ways to bounce back from life's difficulties" (Cooper, 2010). Though this was an article about the use of Cognitive therapy, there was also a reference to meta-analysis which included *meditation* to build steps to resilience with "realistic optimism, hardiness, determination and self-confidence" (Cooper, 2010).

A further search was conducted using keywords 'mental health' and 'spirituality' with only a slight difference in content received. From the large list from which to choose, the most relevant to my question were explored.

In the article "Spirituality, religion and psychiatry; its application to clinical practice", D'Souza and George (2006) discuss the need to include a spiritual dimension to psychiatric client therapy to ensure that the whole person is cared for. The most relevant aspect of their research was the conclusion that clients' spiritual needs must be addressed at all levels of practice which includes doctors, psychiatrists, clinicians, chaplains and mental health professionals. Early in their article D'Souza and George (2006) state,

> Attempts to reach a consensus regarding its Spirituality [*sic*] nature have not met with success. In examining spirituality, one is fundamentally looking at the ways in which people fulfill what they consider to be the purpose of their lives. Therefore, it is possible to see why many different definitions of spirituality have been proposed. (p.408)

Further to the discussion of the treatment of the whole person in therapy, in Australia it is also recognized that "there is a need for collaboration between religious and mental health professionals. …Approaching questions of spirituality and religiosity with patients will not only improve patient care and the patient-doctor relationship, but in time may well come to be seen as the salvation of biomedicine" (D'Souza & George, 2006, p.411). This need for collaboration and the integration of spirituality and religiosity with clients' relationships may improve care as well as give hope to the client, once again emphasizing the basis of this thesis.

Though the article is more focused on curriculum, M. A. Stebnicki (2006) in "Integrating spirituality in rehabilitation counsellor supervision" in the journal *Rehabilitation Education (ProQuest Psychology Journals)* reinforces the need for rehabilitation counselling to include, holistically, a spiritual component in mental health counselling practice to offer and enhance wellness, to attend to the diagnostic category of spiritual distress or spiritual emergencies, and to offer a multicultural perspective. I appreciated the viewpoint that counselling must incorporate a multicultural perspective as many clients I have recently encountered are of another culture and/or recent immigrants with a variety of different faith traditions. Stebnicki emphasizes the need for counsellors to study other religions and cultures. There is reference that "some rehabilitation counsellors work in medical-model rehabilitation settings and are required to address the spiritual and religious concerns of serving the 'patient'" (Stebnicki, 2004, p.117). On the other hand, in British Columbia, Douglas Todd, a religious commentator for the Vancouver Sun, on December 21, 2009, recognized the dilemma of fairly recent firing of spiritual health and pastoral care directors and Chaplains in numerous health regions in

B.C. The article concludes that the dismissals prove there is a lack of concern for the client.

2.5.3. Spiritual Assessment.

As a resource for clinical and spiritual practice in psychotherapy, the literature from the reference list for the course *Spiritual Assessment in the Promotion of Health* INTD 577 at St. Stephen's College (Clark & Olson, 2010) was very helpful. Though most of the information was focused on assessment in nursing practice, literature from this resource had direct relevance to psychiatric care and all mental health professionals working in community mental health services or programs. All of these articles were extremely useful.

In answering the question of the experience of learning to integrate a spiritual component into counselling psychotherapy, I focused on, first, integration, and second, on the spiritual component. Numerous authors have raised similar questions of the experience of integrating spiritual components into counselling psychotherapy, from both Christian and interfaith traditions and clinical professions.

Especially important to the topic of this research and to my question was Julia Emblen's (1992) article, "Religion and spirituality defined according to current use in nursing literature". In it, she indicates that people frequently use the words interchangeably. (This appears often during my own work discussions.) As well, people will defer from commenting upon spiritual issues. In contrast to common usage, Emblen explicitly discusses the important distinction between the two words *religion* and *spirituality* stating that *spirituality* has a broader context than *religion.* This is important

to my research in that my subject of *spiritual component* is significantly affected by a clarity in the meaning of spiritual.

Emblen (1992) defines "religious care includes helping people maintain their belief systems and worship practices, while spiritual care includes helping people to identify meaning and purpose in their lives, maintain personal relationships and transcend a given moment" (p.47). In "Spiritual needs and interventions: Comparing the views of patients, nurses and chaplains" Emblen and Halstead (1993) further analyze and define spiritual needs in six categories: "religious, values, relationships, transcendence, affective feeling and communication" (p.175). "Respondents identified five common nursing interventions: prayer, scripture, presence, listening, and referral" (p.175). Although these categories and respondents were not from psychiatry, there is much commonality with spiritual care needs in all areas of health.

Anandarajah and Hight (2001) in "Using the HOPE questions as a practical tool for spiritual assessment" ask clients for personal information. A mental health counselling professional, with whom I have worked in practicum, used the HOPE questionnaire (Anandarajah & Hight, 2001) successfully. It can be completed with individuals from any faith tradition.

> The mnemonic, H, [Holy or Health] pertains to a patient's basic spiritual resources without immediately focusing on religion or spirituality…
> O and P refer to areas of inquiry about the importance of Organized religion in patient's lives and the specific aspects of their Personal spirituality…
> E, pertains to the Effects of a patient's spirituality and beliefs on medical care and end-of-life issues. (Anandarajah & Hight, 2001, p.86)

The acronym HOPE is easily accessible when one needs to make a quick and basic evaluation, especially for the Mental Health Care Worker. Anandarajah and Hight

suggest the questions based on this acronym are for formal assessment in a medical interview. Edey, Larson and LeMay (2005) have expanded on HOPE examining tools. For example, some of the questions they propose for examining situations in the context of Hope are:

> What makes you hopeful about the situation?
> When you think about the future, what is it that threatens your hope?
> How hopeful are you on a scale of zero to ten, where zero represents no hope?
> How do you explain the number you chose? Why isn't it higher? Why not lower?
> Is there anyone whose presence or behaviour influences your hope?
> Do you notice any patterns when you think about how your hope goes up and down? (p.7)

During my journal writing and compilation of issues that affected clients, I was aware of situations that clients have faced during their mental illness. Some of these issues include grief over losing family, losing friends, and/or losing employment due to mental health issues. I have found one must be aware that individuals facing difficulties, such as hearing extraneous voices or having hallucinations as a result of mental illness, at times prepare suicidal plans and face end-of-life decisions. When individuals are forced to leave spiritual traditions and practices at home while being hospitalized, they feel at risk in counselling situations which lack a spiritual component. Clients ask many questions that require spiritual answers. They may ask the same questions illustrated in the HOPE model of assessment.

In Burkhardt (1989) "Spirituality: An analysis of the concept", the MHCW or Counsellor is not forgotten. She included "the need for attentiveness to the spirituality and spiritual concerns of client(s) by nurses and other health care professionals" (p.69). Reading further into this article one begins to understand how the use of the words spirit

or spirituality affect the approach in care. Burkhardt (1989) suggested that "spiritual care needs to be based upon a more universal concept of inspiriting rather than focusing around religious concepts" (p.71). The concept of *spiriting*, "the unfolding of mystery through harmonious interconnectedness that springs from inner strength" (p.72) certainly relates to my view of *companioning* and *sojourning.*

> Companioning is about honouring the spirit:
> It is not about focusing on the intellect.
>
> Companioning is about curiosity:
> It is not about expertise.
>
> Companioning is about learning from others:
> It is not about teaching them.
>
> Companioning is about being still:
> It is not about frantic movement forward.
>
> Companioning is about discovering the gifts of sacred silence:
> It is not about filling every painful moment with talk.
>
> Companioning is about bearing witness to the struggles of others:
> It is not about judging or directing those struggles.
>
> Companioning is about being present to another's pain:
> It is not about taking away or relieving the pain.
>
> Companioning is about respecting disorder and confusion:
> It is not about imposing order and logic.
>
> Companioning is about going into the wilderness of the soul with another human being: It is not about thinking you are responsible for finding the way out. (Crossroads Hospice, 2011, "Companioning")

Burkhardt (1989) states that "dealing effectively with spiriting with clients requires an investment of the self, which is an intentional way of being with the client and can be a part of every [MHCW, Counsellor] nurse-client relationship" (p.75).

Chui et al (2004) wrote, "An integrative review of the concept of spirituality in the health sciences" (p.406), which is particularly helpful to my understanding of the spiritual component in counselling psychotherapy. This informative discussion included elements of the definition of spirituality (derived from Christian theological tradition), operational definition of spirituality, theoretical framework models currently used in health care, and investigation from the transcultural perspective. The definition and models were particularly informative additions to my understanding.

Again, with a focus on the vocation of nursing care, Lane (1987, November/December) examined "The care of the human spirit". This article described appropriate spiritual care in health care, proposing that the topic is composed of: "supporting the faith needs of a patient, providing devotional opportunities, encouraging denominational connectedness, cooperating in pastoral care—or simply strengthening the ego of the patient" (Lane, 1987, p.332). Lane used the term *human spirit* for human beings. Four suggestions to enable the characteristics of the spirit are: "first, by transcending or going beyond the here and now; second, by connecting or belonging; third, by giving life; and fourth, by being free" (p.333). These characteristics were reminiscent of conversations I have had with mental health clients and their concerns, especially suicidal clients. The topic of activities of the human spirit are essential to the *sojourning* of the MHCW and the relationship of the counsellor with the client. Lane (1987) further suggests that there are four activities. "They are inward turning, struggling, surrendering and committing" (p 334). The client is important but the care provider is also important. "Who you are speaks more genuinely to the other than to have an array of knowledge" (p.335). What spoke to me most about this article was the

following excerpt. Though it discusses the nursing role, it may apply to the MHCW or to the Counsellor.

> From her or his own spiritual life, the nurse will be able to elucidate more clearly the struggles heard from the spirit of a patient. In the best sense, the nurse will experience the ability of one spirit to speak to another spirit about what is really important in life. (Lane, 1987, p.337)

Ross (1995) in “The spiritual dimension: Its importance to patients’ health, well-being and quality of life and its implications for nursing practice”, discussed a nursing role of caring for the spiritual needs of a client. Though this specifically refers to the nurse as primary therapist or counsellor, I was particularly interested in the charts and figures used to describe spiritual distress, which detail three examples of treatment of spiritual needs in therapy. One of the examples refers to Maslow’s description of the failure to provide spiritual needs and what the outcome looks like, that is, “attainment of full personal development and functioning is stunted because the process of self-actualization has been disrupted” (p. 464). With this information, I was more convinced that the spiritual component be integrated into therapy for optimum recovery. Themes of the spiritual dimension from Ross’ perspective are: “meaning, purpose and fulfillment in life”, “will to live”, and “belief and faith in self, others and God” (Ross, 1995). In effect, integrating a meaningful quality of life into therapy is necessary for quality of recovery and well-being.

In this section, I drew from the spiritual component already occurring in Mental Health therapy and psychiatric units, that is, Spiritual Assessment. Spiritual or Pastoral Care and practice has made suggestions on how professionals might introduce spiritual questions to the Mental Health client population. Through Spiritual Assessments, the

scientific and medical modality is satisfied. However, this does not satisfy the deep therapeutic relationship that is necessary to facilitate the spiritual component into therapy.

2.6. Research Methodology: Literature.

Moustakas' (1994) detailed description of the Heuristic method in *Phenomenological Research Methods* provided me with information I needed to design, compose, investigate and analyze my question using an heuristic methodology. I was most impressed when I read his example citing Becker's 1993 research on the experience of psychiatric nurses and coping with stress (p.20–21). This topic appeared to be similar to my work experiences in the psychiatric facility and had some parallel with which I was familiar. In this text, I recognized how appropriate the heuristic method was to my own study. "In heuristics, the focus is exclusively and continually aimed at understanding human experience" (p.19). From this text alone, I was able to extract information related to method, investigation and collection of data, as well as analysis relating to my experience. Another source of Moustakas' (1995) research is *Being-In, Being-For, Being-With.* I found an abstract online which was pertinent to my research. Examples of relevance are:

> [Heuristics] "contemplates the coexistence of being and relating".
>
> But there is a paradox to communion and loneliness; while solitude inspires intimate contacts with others, it also increases one's need for privacy and aloneness. Freedom releases. When others are free to be themselves, we are free to be who we are. (Bentz, para.1)
>
> *Being-in, Being-for, Being-with* is a tour-de-force of a master phenomenologist. The text is an elegantly woven tapestry, made on the woof of the works of Heidegger, Husserl, and Rollo May, three of Moustakas's intellectual fathers. Moustakas weaves these so beautifully with the warp of his being, life experiences, and lifeworks that one forgets the issues that have separated them. (Bentz, 1995, Front flap)

Literature describing subjects using the qualitative methodologies, with emphasis on heuristic method, was described further in the following articles of research. Swinton & Mowat (2006) described the relational piece between theology and qualitative research—particularly in the area of validation. They state “the object of qualitative research is to gain understanding of the experience of research participants, rather than to explain the experience. Consequently, any form of validation process will need to reflect this perspective” (p.121).

Glesne (2006) provided a concise application that I could use in reference to data collection and analysis. Using this guide, I was able to understand the qualitative process as, “a search that leads into others’ lives, your discipline, your practice, and yourself” (p.220).

Research on the heuristic methodology was also valuable for my understanding and connection to this research. Etherington (2004) wrote an inquiry on “Heuristic research as a vehicle for personal and professional development”. Her research further encouraged me to write this heuristic and reflective thesis. Etherington (2004), citing Johns, stated “Personal development is not an event but a process, lifelong and career-long: it must and will happen incidentally before and after any training course, through all aspects of life and work” (Etherington, p.1).

An article I found interesting, although it is phenomenological, corresponds to my own past experience. In Smuckers’ (1996) analysis of “A Phenomenological description of the experience of spiritual distress”, the article focused on the event of spiritual distress. I include it here as it related to my past experience and to the lack of spiritual

therapeutic evaluation and counselling within the mental health system. Another marvelous story which is more autobiographical than it is heuristic, is that of Jill Bolte Taylor (2006) in *My Stroke of Insight*. She described the process of recovery and transformation by way of accessing inner peace. I included this book here as it spoke to the possibility of recovery in a spiritual sense from inner peace.

To support my heuristic design, I found parallels with Palmer (1999) in *The Courage to Teach: A Guide for Reflection and Renewal*. I chose his guide as it was similar to my use of theological reflection in research. He indicated a need for reflection as one continues in professional practice. Palmer presented themes for study and concentration. On his CD, he suggested the need for "soul role integrity" meaning that one must value and fully honour oneself in the counselling role. He discussed how, in counselling, one must "bring the whole self to the surface", develop relational trust as a safe place to be, to honour oneself, and to "just be". The thematic structure presented by Palmer in this guide also helped me relate to the context of the experience as a learning process. He suggested that it is "inner work for outer" (Palmer, 2000, p.91) that is used in discerning oneself while working to liberate the suffering and impoverished. This was also a theme that Soëlle (1975) mentioned. Parker Palmer's advice on counselling suggested that one must not use tips or techniques, nor advice. One must "make use of deep listening" (Programs, para.1). Further counselling advice suggested that one must "explore the intersection of our personal and professional lives" (Circle of Trust Retreats, "Introduction to a Circle of Trust: The journey toward an undivided life", para.2). Palmer (2002) suggests "The heart of a teacher: Identity and integrity in teaching", that

the human soul is the inner teacher, in any vocation (Palmer, "We teach who we are" section, para.5).

Recently, I met with Dr. Victoria Marie (2004) from Simon Fraser University (SFU) who used heuristic research for her Dissertation, "*Addictions and Recovery, Integrating a Spiritual Content*". Although the topic is primarily addictions-focused and not specifically psychiatric in nature, it was of great help to my adjustment process in relevance to this study and to its methodology. A healthy recovery from addictions is similar to mental health recovery. Both require a healthy reflective relationship to reconnect with community. The spiritual approach accentuates and encourages this healthy relationship, first with self and then with another.

2.7. Articles on research

Two significant articles supported my understanding of the lack of spiritual content in mental health therapy. I included an article of research found through the Fraser Health Authority (FHA) library search, as well as from Psycho-Social Rehabilitation (PSR) Journals. Wong-McDonald (2007) researched and documented, "Spirituality and psychosocial rehabilitation: Empowering persons with serious psychiatric disabilities at an inner-city community program". The paper described the importance of spirituality to people with mental health disorders in the reduction of their depression, anxiety, substance abuse and isolation. The information was derived from 48 clients' concepts during a spiritual group held at an inner-city community mental health centre. The outcome of the research suggested a strong relation to achieving treatment goals as a result of spiritual participation.

Again, concerning the lack of spiritual content in mental health therapies, Baetz, Griffin, Bowen and Marcoux, (2004) researched “Spirituality and psychiatry in Canada: Psychiatric practice compared with patient expectations” in the *Canadian Journal of Psychiatry*. The conclusion of the study, involving 157 clients and 1204 psychiatrists, specified that clients have a higher level of spiritual and religious belief than do psychiatrists. Half of the clients in the study felt that their psychiatrists were not interested in addressing the issue of spirituality and mental health. This paper presented a strong indication that it is important to look at the interests of clients. Information which respects the clients’ point-of-view is important to me. What I have learned is that one must work with the client from where they are.

There are numerous books, articles and journals on mental health and spirituality and recently there has been a significant increase in the amount of research regarding the combination of psychological theory and spirituality in psychotherapy. With a variety of combinations of subject heading and keywords, numerous articles can be found for use in reference to mental health with spiritual focus. However, the personal aspect of the experience of learning to integrate the spiritual with psychotherapy is infrequently researched especially in the role changes from mental health worker to counsellor. Reviewing literature as part of my research is a continual process.

2.8. Review Summary.

Much of the literature discussed here identifies the need for spiritual assessment in mental health therapy. From these literature readings and searches I developed a foundation upon which I began to build and integrate a spiritual component into counselling psychotherapy. The literature review expanded my knowledge and

challenged me to rethink my inquiry. Was I on the right track? How was I to prepare to integrate this spiritual part realistically into my own work environment? Even though I had a tremendous amount of literature on the subject of counselling for mental health and spiritual health, in reality, the workplace system and workers were not ready or willing to introduce the concepts of Spirit, God or components of religious character onto the psychiatric unit. The mental health community and individual counsellors who do focus on the spiritual condition are scattered and isolated according to their relative ecumenical tradition. God is not named as a Holy and Sacred place but is challenged, wrestled with, instead of being a resting place. The theology is left out of the spiritual and is replaced by recreational events.

The subject of God is wrestled with in the psychiatric hospital setting because of old and negative connotations that remain in memories of this generation. What one might perceive as "positive" might reflect a different response to another. To avoid conflict, the medical system defers from interjecting in this inner core turmoil, yet it must be attended to for the evolution of individual well-being and development of consciousness. This "task" can be accomplished by mental health counsellors trained to spiritually focus.

CHAPTER THREE

Research Methodology

My passion has been to explore the process of delivering a spiritual component into mental health therapy. I have watched a decline in the holistic approach while I have worked with clients in the mental health system over the past several years. The medical, behavioural and pharmacological approaches have prevailed with little or no consideration of the sacred or the Holy. My initial desire to take a Master's degree in this area of study was to research potential means of incorporating a spiritual component into mental health care and therapy.

It took time and effort to make the decision but, after considerable contemplation, it became quite clear to me that the best approach would be to further my research using a heuristic design. This design was appropriate to my question. There is complexity in the use of confidential accounts of experience. My own experience ensured the confidentiality in the study without asking clients to disclose. By focusing on my own place in the weaving of the Spirit, I was trusting that there would be an equal balance with the daily work I do and an openness in the workplace to my study.

Changing the heuristic research method also challenged me to focus my question. Moustakas (2001) explains the purpose of heuristic research.

> In the process of heuristic search, I may challenge, confront, or doubt my understanding of a human concern or issue, but when I persist, I ultimately deepen my knowledge of the phenomenon. In the heuristic process, I am personally involved, searching for the qualities, conditions and relationships that underlie a fundamental question or concern. (p.263)

The connectedness to the experience via heuristic design encouraged me to continue to work in the field of psychiatry at the same time as researching my understanding.

Learning what must take place to integrate spiritual components into counselling psychotherapy, by studying the lack of spiritual content in mental health care and using a reflective method of inquiry, the heuristic method, were both personal experiences. More specifically, the course of study, the practicum, and engagement with professionals and clients has led to self-reflection, asking myself the question again and again: 'what is my experience of learning to integrate a spiritual component into counselling psychotherapy?'

In the heuristic research method that Moustakas (1990) presented there are six main phases: 1. Initial engagement, 2. Immersion, 3. Incubation, 4. Illumination, 5. Explication and 6. Creative synthesis. Throughout my research I referred to these terms. I concentrated on integrating a spiritual component into counselling psychotherapy by studying my transition (through Immersion and Incubation) from mental health care worker (MHCW) to that of counsellor (Canadian Certified Counsellor, CCC).

3.1. Heuristic Method.

The heuristic method places heavy emphasis on the individual. It focuses primarily on the effects of the researcher's personal experience (Moustakas, 1985). As it is personal and reflective, it becomes a process or experience from which others, especially mental health care workers and professionals, may benefit. My contribution may be of considerable value to colleagues who also wrestle with the issue; for example, *my experience* of integrating a spiritual component into counselling psychotherapy may have relevance for other professionals (social workers, nurses, doctors) in the mental health field.

Intentional professional changes and the use of personal reflection along with integrated learning can be enhanced by means of the heuristic design. In the phase of illumination a door is opened to "new awareness, a modification of an old understanding, a synthesis of fragmented knowledge, or an altogether new discovery of something that has been present for some time yet beyond immediate awareness" (Moustakas, 1990, p.30). I have drawn on this illuminated *place* as the environment for studying my research. What an individual experiences using the heuristic method is essentially a development of awareness.

In reference to Moustakas' approach to research, Marcantonio explains how important this development of awareness is to living.

> Man's [*sic*] task is to find the way to him[*sic*] self. We must also be open to receive the other, to help him [*sic*] to become, to seek revelation and transformation into greater authenticity and being….Being present to the experience of one's self and the other is man's [*sic*] way of affirming Life. (Moustakas, 1968, p.v11)

Reflection upon personal experience however is not done in isolation. An integral component of heuristic design involves reflection upon relevant literature. As noted in the previous chapter, there is a large source of written material dedicated to spiritual content in recovery. Thus, I explored the question of integration of spiritual components by writing journals of my own experience, reading and reviewing current literature, and comparing, linking and examining my experience with research that has been completed previously using a heuristic methodology. The heuristic methodology collects and correlates layer upon layer of information to not only discover, but understand, the meaningful themes—seeking the essence.

3.2. Methodology: Step-by-step.

I have emphasized before that my field of study, though cognizant of the relational nature of therapy, focused here on my own experience of learning to integrate a spiritual component into therapy. It did not specifically involve any individual clients. I recognize my role has changed during the process of learning as well as my attitude toward delivering care.

I followed a basic three step process:

1. Being aware each day of the spiritual moments which occur in direct communication and other activities with clients,
2. Journalling each of the spiritual moments after the event occurred, and,
3. Reflecting on the individual occurrences and the overall situation.

To conduct my research I incorporated two stages (times of the year) of data collection. The first stage was from January to April and the second from July to November. Each stage progressed from the Initial Engagement through to Explication. Upon completion of the two stages, I distilled my understanding of the journalled experiences, illuminating it, to lead to a Creative Synthesis and final conclusion. There was a three month incubation period between stages wherein the environment phase was also repeated.

The first stage and second stages consisted of journal writings focused on:

1. inner dwelling during working experience (two different times of year) and
2. reflection during retreat experiences (unsupervised and supervised).

Creating a safe environment is an important element to the counsellor and patient relationship. I identified two environments: 1. the workplace and 2. away from the

workplace which I define as 'retreat' unsupervised and supervised. It was important to me to understand what a client might undergo when moving into a strange environment in a difficult time.

Throughout these times I engaged in discussion with long-time friends and professionals. They provided insight and direction. When I took myself away from the workplace (Environment 1) to a quiet place of my own (Environment 2) I reflected upon my mental and somatic changes (See Figure 1).

	STAGE 1: **January to May**	**STAGE 2**: **July to November**
Environment 1	Inner dwelling reflections on workplace journals	Inner dwelling reflections on workplace journals
Environment 2	Retreat environment— No supervision (Barras de Piaxtla, Mexico)	Retreat environment— Supervision (Queenswood Retreat Centre)

Figure 1. Method quadrant

To keep confidentiality while working with clients in the workplace, I journeyed and reflected with them using art and other forms of creative expression. While off work, I journalled my reflections on these interactions. My focus remained consistently on the topic of integrating components of a spiritual nature into psychotherapy. My retreat environments were; first, at a secluded property in Barras de Piaxtla, Sinaloa, Mexico

where the language is predominantly Spanish and, second, at the Queenswood Retreat Centre, a Catholic conference and retreat centre in Victoria, British Columbia, during a transitional time.

Two points that I kept in mind while exploring the nature of learning how to integrate a spiritual component into psychotherapy were:

1. values differ from person to person and culture to culture and,
2. in the role of sojourning, one becomes immersed in an ‘other' individual.

During both retreats, I read extensively, and wrote daily journal entries about my feelings of the personal theological and professional theological changes gained through lived experiences. In a sense, I composed a study of myself through journal entries. I recognized the need to consider both location and *safe* places in which to provide therapeutic care and this led me to collect journals in different environments and cultures. The changes in environment not only provided for my self-care but also gave me the opportunity to experience the impact of place on therapeutic counselling. In Illumination, “it is … missed, misunderstood or distorted realities that make their appearance and add something essential to the truth of the experience” (Moustakas, 1990, p.30).

Moustakas (1990) writes, in explanation of heuristic research, that various methods can be utilized to come to an understanding.

> The purpose of the Explication phase is to fully examine what has awakened in order to understand its various layers of meaning. Numerous Heuristic approaches are utilized in pursuing a full elucidation of the descriptive qualities and themes that characterize the experience being investigated…In the explication process, the Heuristic researcher utilizes focusing, indwelling, self-searching, and self-disclosure, and recognizes that meaning [is] unique and distinctive to an experience and depend[s] upon internal frames of reference. (Moustakas, p.31)

I utilized the methods of "focusing, indwelling, self-searching and self-disclosure" in both stages as I made journal entries. Moustakas uses the term *themes* for organizing what is gleaned from our experience, but in my heuristic study, the real essence is to come to a deeper knowing about what has tantalized and agitated my inquiry. Instead of themes, I discuss threads.

> In explication a more complete apprehension of the key ingredients is discovered…Ultimately a comprehensive depiction of the core or dominant themes are developed. The researcher brings together discoveries of meaning and organizes them into a comprehensive depiction of the essences of the experience. (Moustakas, 1990, p.31)

After Immersion, I set the material aside. Explication developed at this time from the intuitive knowledge I gained from questioning, reflecting and experiencing. Creative Synthesis from my personal study developed from the understanding that emerged and was explicated from my focusing.

To summarize, if one was to replicate this process one would:

1. become aware each day of the spiritual moments as they occur,
2. journal each action of spiritual content after the event occurred, and,
3. reflect upon the changes that result from these occurrences.

The heuristic methodology requires an experience and recognizing the detail was crucial. In this case, the experience was personal, requiring detailed observation and data collection in a variety of formats. However, an important caveat was to remain confidential in compliance with ethical standards. It is imperative that full confidentiality was maintained, no names, quotes or remarks being used to recognize any individual except for oneself in relation to the experience, as this was lived experience. In this way, I addressed the ethical responsibilities and confidentiality of the mental health care

worker role and of the student counsellor with Canadian Counselling and Psychotherapy Association (CCPA) and St. Stephen's College for this thesis.

3.3. Validity and trustworthiness.

Validation of the recurring ideas that emerged in my study was accomplished by comparing the understandings to those described in recently published articles by current thinkers and those found in similar heuristic research (Cohen, 2009; Marie, 2007; Palmer, 1999; Fallot, 2001). The process was followed faithfully, with complete dedication to the methodology. Leaving the mental health workplace for a sabbatical retreat allowed for full engagement in the process of study.

The first retreat was a self-directed journey to Mexico to a secluded meditative place near a small village where the language was predominantly Spanish. The second retreat was reliably supervised by the staff of Queenswood Retreat Centre. Here, the setting was away from the city and specifically set up for silence, sanctuary worship or prayer, contemplative meditation, swimming and walking the labyrinth. While focusing on the incorporation of spirituality into psychotherapy, I read literature primarily chosen by the librarian, journalled my feelings and thoughts, meditated on the topic, and swam in order to allow my thoughts to percolate into my intuition (See Appendix C). "As with scripture, life may be disclosed again and again as a sphere of engagement and invention of value" (Fishbane, 2008, p.82).

During the heuristic research process, at the Explication stage, I reconnected with people I have previously known professionally and those who have sojourned with me throughout my life as I have matured and also during this specific transition. We discussed in informal conversation my new role as counsellor engaged in integrating a

spiritual component into mental health therapy. As well, during this research I conversed informally with current mental health professional colleagues to hear how they counselled clients who requested, or required spiritual content in their counselling. Simultaneously, I reflected on my own response to the subsequent outcomes of this situation. Self-reflection, via journalling, fit in well for my project in finding discourse relevant to my learning and to my profession.

Through these ways I was able to reflect on my own experience in understanding this subject as it was also reflected in and understood by others. I was also able to examine the developmental changes I made in my role and what a spiritual component and reflection really meant to me in the context of becoming a counsellor. Part of my journey was to more fully explore how I understand the term *counsellor*.

This research is a dedication to personal experience. Trustworthiness was assured by asking the question in both stages so that I was able to develop collateral.

Moustakas (1990) indicates that:

> The question of validity is one of meaning; Does the ultimate depiction of the experience derived from one's own rigorous, exhaustive self-searching and from the explications of others present comprehensively, vividly, and accurately the meanings and essences of the experience. This judgment is made by the primary researcher, who is the only person in the investigation who has undergone the Heuristic inquiry from the beginning formulation of the question through phases of incubation, illumination, explication and creative synthesis. (p.32)

The data analysis was dependent upon my interpretation of the self-reflection of the process and positive or negative feedback from the professionals who read my analysis. Greater understanding emerged as the research unfolded.

3.4. Summary.

Choosing the heuristic method enabled me to live what I was studying. Success of this research was recognized through the slow, but sure, development of evidence that my personal role was changed as a result of my experience. I have enjoyed the challenge of discussing the process of this heuristic research from my own point of view, from different environments, so that I am more capable of acknowledging the new possibilities of my accomplishments.

CHAPTER FOUR

Organizing Data

Prayer of St. Francis.

Lord make us instruments of peace on earth.
Where there is hatred, let us sow love.
Where there is injury, pardon.
where there is discord, unity.
where there is doubt, faith.
where there is error, truth.
where there is despair, hope.
where there is sadness, joy.
where there is darkness, light.
O Divine Ruler, grant that we may not so much seek
To be consoled, as to console,
To be understood, as to understand,
To be loved, as to love.
Amen

(Poster on the wall of a Recovery House where I worked in during a practicum).

4.1. Introduction.

The question "what is my experience of learning to integrate a spiritual component into counselling psychotherapy?" arose when I recognized the challenge of becoming a counsellor in the mental health field using a holistic (physical, psychological, biological, emotional and spiritual) approach. I believe that 'Spirituality' should be included so that the essence of rehabilitation therapy is complete. Currently, the essential spiritual component would have to appear as a recreation therapy or activity to be included within the arena of psychosocial rehabilitation. My engagement with the spiritual component within a large framework of Mental Health services has become an intentional focus on what one might call Sacred.

The base for my early work was, and continues to be, built upon psychosocial principles and values (Appendix A and Appendix B). However, for me, "Counsellors" values have become increasingly predominant during the process of this research. In learning to integrate a spiritual component into counselling psychotherapy, I searched to find ethical mental health counselling values which gave me a stronger focus than I had to begin with. The ethical values in the *Journal of Mental Health Counselling* are: "relational connection, autonomy, beneficence, non-maleficence, competence, humility, professional growth, openness to complexity and ambiguity, and self-awareness" (Jennings, Sovereign, Bottorf, Mussell & Vye, 2005, para.1). "Creating the research manuscript" edited by Schneider, Bugental and Pierson (2001) helped me organize the research on my question.

My early start with mental health began with my own trauma. My personal experience of recovery urged me to work with people who had psychiatric difficulties and to spend time with people in a compassionate and spiritual mode rather than one that relied solely on medical means as intervention. This spiritual mode is the component which I investigated in this research.

To research the spiritual component that I would integrate into counselling psychotherapy, I developed a heuristic research project, a study of lived experience and spoken conversation, which reflected my own inner experience of becoming a counsellor. In this way, I understood my own progress and developed clear understanding of my relationship with individuals who have resided in psychiatric environments.

During the writing, a variety of events occurred and there have been changes in my life. First, my husband and I have moved four times, our last move bringing us closer

to family and the opportunity to begin a private business as counsellor. Second, I have changed work roles three times in the last three years. Third, we have moved from one small rural community postmodern church to a large cosmopolitan downtown High Anglo-Catholic church and have taken on religious duties in the ministry of Servers and Street Outreach. Although each of these moves and employment changes could appear to be irrelevant to this research, each change has led to deeper introspection and self-understanding directly related to my heuristic study. "Therapists must be well cognizant of their own spiritual journey which is not a simple task" (Mennie, p.10).

Recently I moved into another job where I could utilize the spiritual component. I feel as if I have completed the circle as I am working in the same facility where I began this mental health adventure years ago as a client in 1972. I was concerned about being retraumatized at first, but now I have overcome those fears. I am experiencing the Mental Health system from a different perspective, with knowledge, and understanding that will hopefully be beneficial to the recovering client in rehabilitation.

This opportunity allowed me to revisit grace (defined as; "benevolence", "the infinite love, mercy, favour and goodwill shown to humankind by God" (Online Encarta Dictionary), and to provide the missing piece of therapy I did not have (both psychosocial rehabilitation and spiritual content). By offering a non-judgmental approach, peer opportunities, opportunity to express oneself through art, metaphor, dance, worldview and religious experience, as well as learning new skills with dedicated people with whom to sojourn, rehabilitation of people with mental health problems and re-integrating them from the institutional facility to the community had become easier.

4.2. Presentation of the data.

I found that it was best to examine the large amount of data (literature, research, journals, reflections, art) I had collected by answering the question using work and retreat journals. In this manner, the development and change in my thought process and in my role during this past year was illuminated into a creative synthesis. There were experiences which were consistent throughout. These experiences and understandings translated into a final analysis and concluding statements. From my research I found myself gathering threads, like the gathering of fibres for the weave, which helped me to organize the data. In the next section, I focus on four threads gathered from my journals:

1. use of a non-judgmental approach,
2. trusting and safe environment,
3. reflecting on care, and,
4. values as a mental health professional and counsellor.

First, from two time periods, the two environments of 'Reflections on the workplace journals' were compared. Then, from the two time periods, the two environments of 'Retreat one—Barras de Piaxtla, Mexico' and 'Retreat two—Queenswood Retreat Centre' were compared.

The integration of spiritual components into psychotherapeutic counselling became more evident throughout the year of data collection and I became aware of personal changes in my perspective and development. Other threads and fibres were discovered during the gathering of material. These threads appeared when the two completed stages were compared side-by-side. I have considered these threads (as the *weft*) under the heading *Other*.

This Heuristic process helped to develop my personal journey to enable me to gather the information and then to collate this information into a total fabric.

4.3. Environment one—Reflecting on workplace journals—Stage one.

I was engaged in the role of Mental Health Care Worker long before beginning my immersion into the topic of this thesis. “The researcher is alert to all possibilities for meaning and enters fully into life with others wherever the theme is being expressed or talked about – in public settings, in social contexts, or in professional meetings” (Moustakas, 1990, p.28). I then set the new material that I had collected aside for a month of Incubation.

> Incubation is the process in which the researcher retreats from the intense, concentrated focus on the question. Although the researcher is moving on a totally different path, detached from involvement with the question and removed from awareness of its nature and meanings, on another level expansion of knowledge is taking place. (Moustakas, 1990, p.28)

After this time, while continuing to observe and sense through my journals, I made my approach more investigative. I searched additional literature within new guidelines and knowledge, using new keywords.

Spirituality, *pastoral* and *religion* have historically been controversial topics in psychiatric service. Throughout this time of thesis and research writing more changes have occurred in the health care system; chaplains have been released from their duties in major hospitals in both British Columbia and Alberta. This is not specific to mental health and psychiatric care, but affects these areas nevertheless. Vancouver Sun Columnist Todd (December 12, 2009) stated, “The Fraser Health Authority’s decision to terminate 12 spiritual care directors is a sign it is not operating at the highest levels of medical innovation” (News article, para.1). There also has been a change in the portrayal

of the term *pastoral*. The word has been replaced by *spiritual*. For example: Canadian Association of *Pastoral Practice* and Education, CAPPE is now Canadian Association of *Spiritual Care*, CASC. Even more recently, in British Columbia, chaplains have been renamed as Spiritual Care Coordinators. The larger issue may be a revisiting of what, if anything, spiritual care means and what place we will give it.

4.3.1. Workplace–Use of non-judgmental approach–Stage one.

I spend time with clients, coaching and counselling them. I sojourn with them in this worker role to reduce the *power* imbalance between the "patient" and the medical staff. Although I have yet to become a practicing counsellor in private practice, in my learning, I discovered that it is in the relationship between counsellor and client that the counselling process is transformed into therapeutic alliance. I developed many such relationships as a health care worker.

Some people are in the mental health units as clients for the first time and others have returned. There are many reasons why people find themselves in a facility. Psychiatric evaluation is not the only reason. There are physical and safety reasons as well, often involving the police or paramedics. Homelessness is also a contributing factor.

Early in my work, and early in the accounting of my experience, I felt that it was necessary to begin with a certain sense of *knowing* the client. If I was to *sojourn* with this individual, I needed to recognize what I could do for him or her. This information I could only find from the individual (person-centred). Since I was relating to the client directly, without other staff present, I had to assess quickly and spontaneously to meet the

individual's needs. It was my observation and my intuitive sense that helped me research or delve deeply into this experience of integration into counselling psychotherapy.

First and foremost, when starting with a client or patient I attempted to use a non-judgemental approach, to convey a sense of acceptance and respect for the individual. This appears to come through fairly well most of the time. I would always make a note to myself, "Respect the client as an individual" (Mennie, Journal).

As I entered any situation, I had to respond appropriately and immediately to the impact of that situation, often from a spiritual perspective. "I went to work open-minded…but tired. Spiritual things were referred to frequently" (Mennie, Journal).

> So many people with religious conversations, religious, perseverance, judgements, delusional and spiritual depth. All at different stages. In fact, I can certainly notice the different perseverations of religious issues rather than healthy spiritual sensibility. (Mennie, Journal, Feb. 16, 2010)

4.3.2. Workplace–Trusting and safe environment–Stage one.

It is important also to note that having a trusting and safe environment gives one a sense of community and belonging. This is another aspect of developing relationship.

> The self-reflective part is very important. I feel comfortable when people come to me to discuss issues they would otherwise leave to themselves. I feel trusted then and this sense of trust develops new relationship. There is an open sense where new ideas are formed and further exploration of self is initiated to become 'an excitement'. I have something to look forward to. (Mennie, Journal Feb. 5, 2010)

One of the first spiritual components that I experienced in the psychiatric environment was something that might be easily overlooked. My collection of journals stretched over one year. This meant that four seasons had come and gone and also many special days of the year had been celebrated in many different cultural traditions. In our calendar, we celebrate both Christian and Canadian holidays. These holidays are

observed by the health facility but where people of many different faiths, and who do not know each other, must meet and live close together for days, weeks or even months, while in therapy. For those not of the Christian faith or background, therefore, efforts must be made to include them in the celebrations, but in a way that does not diminish their own faith traditions. Non-Christian religious days are not often recognized but need to be so in a truly holistic, inclusive mental health program.

4.3.3. Workplace–Reflecting on care–Stage one.

To keep confidentiality I decided to create an Art Journal (Appendix D, Figures 1-4) during my work experience prior to the first retreat. This way, with work out of the way while on retreat, I was able to relax and take the time to concentrate on my own self-awareness without distraction.

In this heuristic research I felt that my comments mattered although there were times when I felt challenged, and certainly concerned, that I would not be able to employ the spiritual component into my own practice.

> Many times I am discouraged with my work, primarily because of the team or lack of team attitude. At times I have been admonished by one of my team members with, "Why do you question those in authority over you? Why don't you just stick to your role and do your job? It would be much easier." I feel burdened when this occurs and yearn for my own independent business. (Mennie, Journal)

And,

> Throughout the thesis writing process I have made great progress in coming to terms with my past history. I felt many years ago that the system of mental health did not have the necessary tools to deal with spiritual dilemmas and healing toward recovery. It is with the theme of this thesis that I had great difficulty to begin with. I asked myself whether it was for my own benefit that I was writing and querying, or was it for the greater good of all mental health clients that I asked the question of spiritual healing.

> Recently, it has become evident to me that, though I have answered questions of myself, the question does not pertain only to me. (Mennie, Journal)

Some of the time, the connection of spiritual or religious would link with the subject of mental health care. In this case I would listen cautiously as there were many times when one would discuss the need for spiritual over the need for medication, as if medication was not necessary at all. I felt that if I went into this discussion further, I would bend toward my own bias. In the following journal, there is similar mention to both spiritual inflection and the mental health system:

> As I reflect back, I realize that this was a good session today. There was stated interest and excitement to be able to share views of mental health with me in regard to spirituality. There was a comment that mental health will "jump" at any moment to find something wrong with you. There was a reference to how a Christian Catholic will give more time to work on a deeper spiritual level which was more healing. …Apparently at this time …felt that one didn't need meds when faith tradition was available for therapy . Prayer was the primary source of therapy.
>
> There was concern that the spiritual was not practiced correctly at times. This was identified as "defence" spirituality. This was not a true way of looking at oneself at a deeper and honest level. 'Defence' spirituality made one distrust another. 'Defence' spirituality appears like the person looks down at you because they use the spiritual or religious to protect themselves.
>
> Interesting concepts, I am thinking. There is a need to work with assertiveness and focus on self-concept with these topics. (Mennie, Journal, February 10, 2010)

4.3.4. Work–Values as a mental health professional and counsellor–Stage one.

Both beneficence and non-maleficence relate to trust and having a feeling of safety. "The MHCW will walk with the client, not always with compassionate understanding, but with caution" (Mennie, Journal). Walking with an individual while they are acutely psychotic does not always provide a level of safety for the professional.

One must always be aware that there might be some active physical display of transference.

> Patients sometimes want therapists to help them understand whether their core beliefs…are distorted by emotional factors such as depression. To help people with such concerns, therapists first need to convey that the patients' worldview is respected, if not shared. (Josephson & Peteet, 2004, p.48)

Finally, my values are important in the role of MHCW or Counsellor especially as I develop the use of a spiritual component in the *relationship.* In the following journal entry I talk about my relationship with clients who might ask for spiritual reflection, in this case a Biblical reflection:

> There is spiritual distress here. Positive affirmation from biblical quotation is helpful when it gives the client an opportunity to smile. I have a need to talk and reflect about spiritual insight during my work. I need to debrief with others but there is not always that opportunity because there are very few here who are incorporate spiritual elements into therapy.
>
> I made mental note of a quote I had read recently, "We have to watch what we talk about…what we say (Ellis, Campbell, Detwiler-Breidenbach, Hubbard, 2002, p. 249)". (Mennie, Journal)

As noted above, it is important to have a supportive team that one can relate to and to debrief with regard to spiritual matters. I discussed this with my priest from St. James Anglican Church, Father Mark, one day.

> I was pleased to feel more organized as I spoke with Father Mark, as many of the words I spoke he was able to understand and interpret, as if I was speaking in tongues. In this conversation we discussed the need to "contain" in a Christian understanding, of the spiritual direction or formation that was evidently necessary. Who could I sojourn with myself to give me that satisfactory reflection?
>
> There were two threads usually (warp and weft as I interpreted them) which lead to coming to a conclusion of satisfactory cohesion. This would be like the two walking together, the silent listening, the prayer and the meditation (one being for one and the other being led). Each has its value and given hue or tone of expression. Working with spiritual

> inflection cannot be influential but has the quality of listening, integrating, delegating, potentially energizing, supporting and companioning as a neighbour. (Mennie, Journal)

4.4. Environment one–Reflecting on workplace journals–Stage two.

In the heuristic method, the researcher repeats the subject to compare the results with the first data collection. Stage two is an attempt to repeat Stage one at a different time of the year.

4.4.1. Workplace–Use of non-judgmental approach–Stage two.

Perhaps most important however, in developing a spiritual component in a client-counsellor relationship is often simply the client's eagerness to engage in that level. I am incorporating spiritual values and exercises, as components, into my mental health care work and counselling wherever I am. I consider this to be an integrated approach. For example:

> When I am with clients I realize that there are times when religion and traditions have been perceived in harmful terms. At other times, religion and traditions are helpful to a client's understanding, how they perceive themselves in their illness from the point of view of their peers and others. People need others to support them and when they have church or traditional religious support, it is easier to feel accepted and to then move on in one's own healing. (Mennie, Journal)

Throughout the year I have contemplated the changes, both in my spiritual life and in my practice, that have occurred while I have focused on the experience of integrating a spiritual component in counselling psychotherapy. My journals from daily interaction speak of this. The new understanding I gleaned regarding non-judgement, between Stage 1 and 2 was associated with the spiritual approach that I had begun to use more confidently within the second stage. I found that I did not see the person only from

the emergent and medical environment but I had greater openness to hearing more of their spiritual way of life and how they were affected by their point of view.

4.4.2. Workplace–Trusting and safe environment–Stage two.

There are numerous times that I led groups as a Mental Health Care Worker. My groups were not planned ahead but were formed within the first hour by my observation of the type and need of the clients who might attend. Most often the group quickly reached consensus on any activity I suggested.

Requests for spiritual activity, individual or group, were frequent. I started to note the frequency of requests for spiritual services or discussions of a spiritual nature with me. In one month I noted eighteen days in which such a request was made. Often there were times when there were no spiritual resources available at all for the client. At other times in this month, a Chapel visit was the one available option for the group. Chapel visits were requested four times of the eighteen mentioned spiritual content activities. Group activities incorporating a spiritual nature included art, nature walks, relaxation exercises, meditation and yoga. During this one month period, art was requested five times. I found that in art groups, people frequently commented about a certain *sense* being present during this time. I discovered nature walks would introduce a new environment and at times I would find myself in discussions related to elements of grief and loss.

In general, it was appropriate for me to engage in a spiritual discussion with a client although, in some specific instances, it was not possible.

> On those occasions when I refrained from discussion of spiritual matters and indicated to the patients that I was not to discuss these matters, the patients discussed them among themselves or formed groups on their own

> to discuss the spiritual topic that was foremost on their minds. At times, I noticed that clients brought their own spiritual material into the facility. (Mennie, Journal)

Religious differences were obvious as there were First Nations, Buddhists, Muslims and Christians present, and all were vocal about their faith tradition much of the time. If a person wanted to talk about religious issues, I was open to the discussion.

4.4.3. Workplace–Reflecting on care–Stage two.

I have been told that there is a feeling of security when individuals speak with me. I have had people tell me they would not have succeeded if it were not for me. Most often I would answer that it is their own determination which helped them succeed and they must keep that strength within so that it might grow to be resilient.

My comments account for change—for myself, for the individual clients and, in a small way, for the systematic progression of psychiatry. “I am the eye of the listening ear” (Mennie, May 2007, SSC – Art Therapy Class notes).

> I feel that there are more times I am being able to talk about spiritual matters while at work than there were at the beginning of this study. Perhaps this is because I feel more aware of these times. My talking about the subject comes more easily. I can spot the need in individuals. I begin simply and at times get to talk about issues deeply.
>
> Biblical verse is phrased frequently among Christians as there appears to be a great number of people who are Evangelical or have traditionally memorized biblical phrases. (Mennie, Journal)

4.4.4. Work–Values as a mental health professional and counsellor–Stage two.

As certain critical times in my life have related to physical and emotional growth, they also pertained to spiritual growth and development – leading to psychological interactions with others. I made a journal note, “The reflection of my internal challenge also is seen in non-verbal communications and in choices made and taken each day and

in life in general" (Mennie, Journal). A friend sent me this quote from the Dalai Lama which seemed to resonate with my thoughts on this subject; "Spiritual practice involves, on the one hand, acting out of concern for others' well-being. On the other, it entails transforming ourselves so that we become readily disposed to do so" (C. Beddows, August 1, 2010, personal communication).

4.5. Environment two—Retreat at Barras de Piaxtla, Mexico—Stage one.

Environment two focuses on retreats. It was during my retreat (data collection) that the Illumination stage became evident. Illumination developed intuitively, first in Mexico.

> The process of illumination is one that occurs naturally when the researcher is open and receptive to tacit knowledge and intuition. The illumination as such is a breakthrough into conscious awareness of qualities and a clustering of qualities into themes inherent in the question. (Moustakas, 1990, p.29)

During this time, I was struck by the beauty of the birds singing in the trees. I spent each night at sunset videotaping the palms swaying and birds singing as I meditated with the spiritual essence. As I was far from my work, I was able to concentrate on the relaxation technique which I hoped would become useful (Appendix E).

4.5.1. Mexico–Use of non-judgmental approach–Stage one.

The Mexico retreat was meant to be a place where I could experience nature and quiet. "I am taking my soul to a spa…" (Mennie, Journal).

The different language and culture provided a solitude different from that of home. Even in day-to-day activities, difficulties in communication allowed for a level of detachment, sharpening simple observation and reducing judgement, skills which have become so useful in my work. "I hope to open my mind to a more loving view and

understanding of myself. In this way I will be able to provide deeper listening in a non-biased way" (Mennie, Journal).

4.5.2. Mexico–Trusting and safe environment–Stage one.

The following journal entry explained some of the difficulties we had during our retreat to Mexico.

> We drove an old wrecked recreational van RV we bought for $3400 down to the US but it broke down as we were going downhill on the I-5. We were blessed with safety and waited three hours for a tow truck to come. It was sunny for only those hours. All the rest of our trip was one mishap after another. No money due to lack of funds for one, spent too much on the RV and repairs, having to purchase a van to get us to Mexico and to catch the flight home, and also that Canadian money isn't exchanged in Mexico any longer, even at banks. We camped with a tent we bought at Kmart for $100. Our property has many snakes we found out; rattle snakes which I could hear when we first arrived in the dark, and when I meditated in the tent, once we got it up in the horrendous wind storm (accompanied with a flood of pouring rain).
>
> When I went to my counsellor today he mentioned that the snakes are like when an alcoholic addiction doesn't get the alcohol. (Mennie, Journal)

During the stay in Mexico, there were numerous events which changed our quiet retreat by the ocean into a landscape with dilemmas. First, in camping on our property we were challenged with the process and the paperwork that accompanied our occupancy. The steps to property ownership are very different in Mexico and in Canada. Second, we were challenged with the language as we had not acquired sufficient fluency in Spanish to enable us to do the negotiation of the sale quickly and effectively. Third, the climate, extremely wet weather and flooded roads, prevented us, at times, to get to the property. We even had to make a decision of whether to let go of the property or to keep it. Although the local people were kind and friendly, during this period our life became

complicated, felt insecure, unsafe and less of a retreat. At that time I reminded myself that:

> It is necessary in a relationship to trust at a deep, deep level that is like faith in order to satisfy the relationship. Some of this might reflect upon a relationship of trust between client and professional whether it is a MHCW or a counsellor. To create a positive affirmation one must be able to trust as it is the first step to counselling with a spiritual component. One needs to hear and to be heard for an honest and trustworthy interaction to be processed in relationship (Mennie, Journal).

I made note, "Fearful of that wilderness, I could have said" (Mennie, Journal).

Though we experienced problems on this specific journey to Mexico, I encountered a spiritual knowledge from being there that I would have missed had I not gone. Facing situations totally out of my control, I had no choice but to gain greater ability to let go and to reduce "attachment". The journey to Mexico also compelled me to consider the spiritual practice of *questing*.

> Questing is a companion of adventure. This kind of travel broadens your horizons and gives you practice dealing with new situations. It increases your capacity to take risks. It helps you overcome any timidity or fear of the unknown that may be holding you back. Questing also serves as an antidote to the rigidity of servitude, thinking you already know it all. It encourages you to be a seeker, to keep searching for different strategies to meet the challenges of our time. (Brussat, para.1)

Instead of staying on our land, we stayed at a resort. The resort was not at all the same challenge as was the procuring of property.

> My inner response (to the resort atmosphere) [added] was that, in this spiritual yet vacationing place, my own focus has to be very intentional to separate it from another's intentional choice. Mindfulness, yoga, massage are all included here for a personal rest away from work and business yet they are not as personal for me when I have to pay for them. How might I create a personal mindfulness for myself without making it into work? (Mennie, Journal)

From my retreats, I discovered the delicate physical presence I am on this earth. I became more aware of myself in the presence of the whole. This is the result of taking care of oneself and taking time to respect God and nature in a mindful way.

> Mindfulness requires a ritual I realize…I can be most mindful when I am experiencing the sound of the waves, being outside, swimming or walking in a path in the water. The times in water gave me a sense of not only refreshment but calmness, at peace with water. I was mindful of my movement as each foot was placed through the fluid and in a fluid movement. (Mennie, Journal)

At another time, I wrote in my journal of the physical healing that I experienced,

> We stepped away from the pool to the ocean, walked a short distance and stood still while the waves lapped up to our knees. My white lily feet covered quickly in the soft sand. No one was on the beach except for us. It felt as if the ocean washed us and cleansed that pain from the legs and ankles. It was so soothing. (Mennie, Journal)

Though there was some difficulty trying to find the spiritual essence in the resort atmosphere, I was aware that the vacation retreat was a type of self-care. I reminded myself in my journal that,

> The more I work on my own self-care the more I am able to work at psychotherapeutically assisting other in my workplace employment. The more time that I can spend in Contemplative or Centering Prayer or retreat, the more I feel satisfied with my strength in responding to my own needs and also to the needs of others. This is where I can access resilience. (Mennie, Journal)

4.5.3. Mexico–Reflecting on care–Stage one.

I have found a need for self-care. This is very different from self-improvement in that self-care informs me of my own health and well-being when I take time away from caring for others. In the time I take for self-care, I regain personal and physical energy so that I may come back refreshed and put more effort into my time with others.

> Taking myself away from the workplace for awhile of meditative mindfulness as self-care. Still cannot find a completely quiet space. Space needs to feel like a place of trust. Secure. Swimming this morning brought new awareness of body and pains in my body, back, shoulders, arms, hands and legs as well. (Mennie, Journal)

4.5.4. Mexico–Values as MH professional and counsellor–Stage one.

Self improvement, on the other hand, is skill-building and encourages the learning of new exercises to personally enhance one's ability to improve on already learned skills. I have alluded to self-understanding which grew out of the Mexican retreat. The ability to let the external situation be, to lessen my attachment to it, to trust, has allowed for a much greater ability to focus on the presenting issue with a client and to acknowledge her/him at a deeper level.

During this time in Mexico, I took an online art therapy course to develop my theology and to draw out the inner Spirit with clients. "I wanted to say that the Art Therapy has been really helpful. Being aware of tools to work with for an approach that is spiritual provides me with a connection" (Mennie, Journal).

> Some of the transpersonal work really has to have the leverage of timelessness and Art Therapy or Expressiveness does this. It gives time for in-between, alike what I am experimenting with between work and in introducing the spiritual component into my own self-care, using a spiritual component. (Mennie, Journal)

4.6. Environment two—Queenswood Retreat Centre—Stage two.

Illumination developed in both retreats, in Mexico and again at Queenswood Centre. During this retreat, I continued to read articles and study material concerning the subject of spiritual therapies. "However, illumination seems to be an ongoing occurrence as each day more material generates into an exhaustive amount of translation and understanding" (Mennie, Journal).

4.6.1. Queenswood–Use of non-judgmental approach–Stage two.

The Queenswood Retreat Centre was non-judgmental. Anyone could attend counselling at a sliding scale fee or attend retreats, utilize the library or the park-like grounds for meditation and contemplation. While I was at the conference centre, there were a variety of meetings held: Reiki for trainers and for clients of Reiki, a meeting for Our Place, a Christian-based Victoria group of street people and Yoga groups from the community. Everyone ate with the nuns in the small cafeteria for a fee. The meals were prepared so that there would be quiet times and a time for conversation. At one time, Queenswood had supported and housed women and children in transition from abusive situations. Queenswood was very open to change. Through spiritual direction and guidance, the retreat to Queenswood strengthened my non-judgemental approach.

> I focused on the word "experience", in my own investigation, as I met with others, alone, in group, on the bus, in the city. Today's experience was in a crowd and I was cramped into the corner of the front bus seat smelling the odour of alcohol over my shoulder and listening to the loud blind woman talking with the passenger next to her. I tried reading *The Divided Self* on this bus but it was too close to the truth so I thought I would just sit and enjoy where I was. (Mennie, Journal)

4.6.2. Queenswood–Trusting and safe environment–Stage two.

In these self-care retreat experiences, I was prepared to learn more about how therapeutic retreats complimented spiritual components of healing and how to integrate the retreat as a spiritual component into my own counselling business. Although, years ago, I found spiritual grace from God during my own healing and recovery in a natural and wilderness environment, I found that discovering or developing the spiritual component for practice in psychotherapy was not easily acquired. Taking myself away in

retreat for self-care became a search for mystery, a component which was unknown and sometimes risky.

> I must be concerned with my listening skills, my contracts with individual clients, becoming known as a counsellor and working with an agency, or beginning a business. This could mean moving again closer to the family on Vancouver Island. Through this journey and time at Queenswood, I have reconnected with my fellow workmates I had prior to my initial move. My feeling is that I am more qualified now and that I will not be able to get employment at the old workplace. (Mennie, Journal)

The retreat at Queenswood Centre was meant to be a self-directed silent meditation. I was unaware that Queenswood Centre, usually a quiet meditative Christian centre, was experiencing a traumatic transition.

> The quiet did not occur. I could not be silent even in the library. I tried to go out for a walk in the woods where I found the most quiet. It was recommended that I go with someone for safety. (Mennie, Journal)

Notwithstanding, I had a sense of cocooning, secure and restful. A psychiatric ward is hardly an experience in cocooning but the sense of safety and the sense that everything will be alright in the end is a highly important element in facilitating client healing and in caring for others.

4.6.3. Queenswood–Reflecting on care–Stage two.

In work, as at Queenswood, it was important to demonstrate that there is faith and hope in the process of caring about others. To be able to attend to the caring of others means that one must look after oneself. “Any job must have self-care related to it. Everyone must take time for their own self-care” (Mennie, Journal).

> The retreat has enhanced my ability to distinguish between my own self-care and caring for others as well as enhancing the ability to focus on special techniques which will be transferable to spiritual practice on psychiatry units. (Mennie, Journal)

> Self-care for oneself may take one away from the workplace. Self-care techniques enhance the ability to be peaceful, compassionate, educated, and to have clarity. Self-care encourages one to be loyal to oneself and to respect the inner feelings of oneself as well as in communication with others. (Mennie, Journal)

4.6.4. Queenswood–Values as MH professional and counsellor–Stage two.

The final retreat enhanced my spiritual persona and, more and more, the spiritual becomes my approach to daily life and my work. Perceiving the innate worth of the individual client, regardless of their problems or illnesses, is my operating value and the strength of this value enhances my ability to reach the client and journey with them.

> Inside I am content. I am a counsellor and I know my lived experience as in the mental health profession. Yet I know now that I am able to work on my own. I am confident that I can listen truthfully, honestly and ethically to others, to be helpful and caring. (Mennie, Journal)

4.7. Other threads.

Along with the threads of use of non-judgmental approach, trusting and safe environment, reflection on care and my values as MHCW or counsellor, I recognized the recurrence of *relationship*. The therapeutic relationship is common to the counselling process (Chiu et al., 2004; Pargament, 2010) as well as to psychosocial principles (Appendix A). Throughout the thesis research, I felt and noticed that “self-care” was prominent and repetitive. While I learned how I might improve my own self-care, spiritual applications such as relaxation or meditation, prayer, walking in nature, music, and art, were easier to integrate. I was better able to provide spiritual assistance to the client when I could use these tools.

4.8. Explication.

Explication developed from the intuitive knowledge as gained from questioning, reflecting and experiencing.

> The purpose of the explication phase is to fully examine what has awakened in consciousness, in order to understand its various layers of meaning. Numerous heuristic approaches are utilized in pursuing a full elucidation of the descriptive qualities and themes that characterize the experience being investigated… In the explication process, the heuristic researcher utilizes focusing, indwelling, self-searching, and self-disclosure [*sic*], and recognizes that meanings are unique and distinctive to an experience and depend upon internal frames of reference. (Moustakas, 1990, p.31)

While I was on retreat at Queenswood I discovered a need to have a group outside of the workplace so as to enhance my intuitive knowledge with a spiritual connection. Having an outside group allows me to interact in confidence with others who inform my ritual and tradition.

Through my retreat experiences, I found that I require a quiet, non-conversational group, one of quiet contemplation which encourages my focusing and indwelling (contemplative prayer). From my presence at weekly communion, I found that I need a group with whom to communicate, self-search, self-disclose and discuss my faith tradition (Education for Ministry, EfM).

> In explication a more complete apprehension of the key ingredients is discovered… ultimately a comprehensive depiction of the core or dominant themes are developed. The researcher brings together discoveries of meaning and organizes them into comprehensive depiction of the essences of the experience. (Moustakas, 1990, p.31)

4.9. Summary, implications and outcomes.

In asking the question of ‘what is my experience of learning to integrate a spiritual component with counselling psychotherapy’, data was accumulated from two

experiences (environments) categorized as 'reflection on workplace journals' and 'retreat journals' in two stages (time periods).

The findings of this research differ from the literature review in that these findings are unique to my personal experience. I have gained new knowledge of my own religious tradition. I have learned to add focusing, prayer ritual, Bible and Psalm reading as daily practices to my routine. I have learned to honour myself. I have learned to inner focus. I have learned to look at the human being as sacred spirit.

> Solitude is not a private therapeutic place. Rather it is a place of conversion, the place where the old self dies, the place where the new self is born, the place where the emergence of the new man and the new woman occurs. How can we find a clearer understanding of this transforming solitude? (Henri Nouwen, 1985, p.70)

> A felt sense is made of many interwoven strands, like a carpet. But it is felt (or "seen", if we pursue the carpet analogy) *as one*. A felt sense is the many-stranded fabric of bodily awareness. (Gendlin, 1981, p.84)

I am working on an Artistic piece. Without deliberate planning, I create my art. This is where I believe my connection to the spiritual component exists in form. (Appendix D, Figures 1-4). Figure one suggests the beginning of a journey to me. Figure two, midway in the journey, I feel overwhelmed in facing a monster of information which has arrived in my collection of material. The image in Figure three shows the capacity to foresee what might be. I was pleased to hear this bird in my retreat and one that I meditated on as a natural environment. (Appendix E). Figure four indicated to me that the journey would at a safe place and that I would begin to build on this place.

I have a desire to relate my image to the work of this thesis especially since it details the *felt* and innermost sense. This sense is a greater sense than I can imagine or

explain. It has, and is, Spirit. The Spirit holds time in an environment all on its own. I am the shuttle moving the thread, working amidst, connecting fibre to fibre, as new material is developed and processed with detailed patterns. The spiritual component is transformational. As a Counsellor, I am able to trust the Spirit with the gift and ability of deep listening so that I can assist each client to hear and listen to their own rediscovery of the journey to recovery.

CHAPTER FIVE

Creative Synthesis

Creative Synthesis developed from the understandings that were explicated from my internal focusing and journalling. The term *integration* included my integration into the process of a holistic therapy. The *component* was a combination of spiritual traditions, cultural tradition and therapeutic methods. Explication developed from the intuitive knowledge I gained from questioning, reflecting and experiencing.

I began to work out a Creative Synthesis illuminating spiritual content and developing how these spiritual ideas work on primary goals of rehabilitation. This is one way of counselling. I wondered if I could find a goal like this for each individual for whom I care, categorizing components with perhaps the title of Spiritual phenomenon or Worldview—"the way someone sees and understands events, especially in relation to their religious or political beliefs and ideas" (MacMillan Dictionary, n.d.).

In the time of the thesis writing, I have enhanced my ability to develop a rapport with clients; I have a sincere compassion and a clear intent in regard to providing a place of safety for people in my care. I recognize that my role is to provide safety and a sense of hope in a time of stressful events. For my practice in counselling, it is important to understand that there is a need for the client to feel that this confidential space is kept as a *sacred* space. This satisfies my premise that "when people who have been diagnosed with a mental illness are given the opportunity to reflect on their own spirituality while in therapy, recovery will be enhanced" (Mennie, Introduction, p.9).

During this time, I found that it was important to fully recognize and understand what I felt in my body when I was sensing right direction. I stated;

> "This is vital to my capability and ability to work with a person who is going through a traumatic time of psychiatric change. In counselling terminology this would be termed *being conscious* or *being present*" (Mennie, 2010, Journal).

"It is this 'alternative readjustment' that balances my mind at times" (Mennie, 2007, SSC Art Therapy Class notes).

I stated also that, "self-care as well as my knowledge of what systematically is occurring with my workplace are both important in my ability to work effectively and efficiently" (Mennie, Journal). Competence is keeping up-to-date with current psychiatric data. Competence is also being consistent with self-care. Both are important in my ability to incorporate the most accurate information with my team and with the clients whom I am assisting. In humility, I must acknowledge and be aware of my use of words so that I do not make assumptions, characterize or demean anyone. I must know what my own spiritual understanding is and be aware of my transference, if any, to clients if I have misunderstood feelings. For this reason I have incorporated (more deeply during this time of heuristic questioning) a felt sense into my awareness and focus daily upon my bodily sensing.

> Every day I can observe myself as I travel more deeply, deeply into the body of helping another, not only myself. At times I feel great pain which I need to attend to through another means of assistance. In this case it is an acupuncturist. (Mennie, Journal)

I began to join associations of professionals. I began to be more interested in the processes of ethical and organizational policies for counsellors and joined the Board of Canadian Counsellors and Psychotherapists for British Columbia. I am a member of the

BC Board of Directors for psychosocial rehabilitation (PSR/RPS BC) but also joined a study group so that I may be certified as a Psychiatric Rehabilitation Practitioner (CPRP). I noticed that I had been alone and feeling isolated but when I joined the groups I was able to gain knowledge as well as to find a voice amongst my professional comrades. I also joined a spiritual group for Spirituality and Practice and the Centre for Action (www.SpiritualityandPractice.com/ecourses) and (www.cacradicalgrace.org) for daily contemplative prayer with Richard Rohr. This was a way that I could reconnect with my spiritual companions.

> The underlying need for the suffering person is for ontological security (Laing, 1965) made possible by a two-fold connection: intra-subjective connection to self through integration of emotions, thoughts and psycho-physical states; and inter-subjective connection with others, which is initiated and modelled through the process of connection development with you. (Cohen & Bai, 2008, p.46)

Suffering, in this sense, can be defined as:

> …consensual form of unhealth[iness] [*sic*] and is a common reason for seeking help. Such suffering may take a variety of forms, including physical pain, anxiety, depression, or distress. Yet, in a larger sense, we have known many healthy people who have lived with chronic pain or who exuded health even as they approached death from disease. (Miller & Thoresen, 1999, p.4)

There were times when I felt pretty low and devalued while I was at work and in study. I suffered. Without a person to debrief confidential issues of clients with, there is a disconnection with reality. I felt that reflecting on myself (as in observing oneself) was disconnecting and isolating. Gendlin (1981), in *Focusing*, described a process which helped me to reconnect as it isolated the problem, not me.

> Sometimes it helps to begin with an image and then find the felt sense. Imagine that your *whole* problem is a very large picture on a wide wall. You have to step back to see it all. Let such an image come, then attend in your body for what felt sense that image gives you. (Gendlin, 1981, p.88)

As I stand back and look again at my journey, I realize that I have also self-isolated many times. My sense is that there are times when self-isolation is necessary for healing, such as in my retreats. It has been recognized that the isolating tendency occurs also in the mental health system—where the spiritual is an isolated practice. My thesis examined the lack of spiritual content in mental health therapy from my personal immersion in the mental health care system.

I have found that when people who have been diagnosed with a mental illness are given the opportunity to reflect on their own spirituality while in therapy, recovery is enhanced. The client needs to have someone to talk with and all the counsellor needs to do is listen to this silent place. In this silent place is the Spirit—God, Counsellor, the ultimate weaver of the pattern. It is in this holistic method of therapeutic intervention that a quality of life is delivered. The sojourner (MHCW or Counsellor) assists, by welcoming and including the Spirit, to facilitate the weave of the spiritual journey for the client by finding and listening, to the broken threads. In my literature study, and daily reading, I found beauty in the words from Nouwen (1981) stating:

> Through the discipline of solitude we discover space for God in our innermost being. Through the discipline of community we discover a place for God in our life together. Both disciplines belong together precisely because the space within us and space among us are the same space.
>
> It is in that divine space that God's Spirit prays in us. Prayer is first and foremost the active presence of the Holy Spirit in our personal and communal lives. Through the disciplines of solitude and community we remove—slowly, gently, yet persistently—the many obstacles which prevent us from listening to God's voice within us…Solitude and

> community are the disciplines by which the space becomes free for us to listen to the presence of God's Spirit and to respond fearlessly and generously. When we have heard God's voice in our solitude we will also hear it in our life together. (Nouwen, 1981, p.90-91)

Nouwen's statement has assisted me to find this space in my way of life and in my being with another.

CHAPTER SIX

Conclusion

People must be able to talk about their God. Through this research, I have touched upon some of the approaches which enable or disable the spiritual thread to become part of the fabric of holistic care in the mental health system of therapeutic rehabilitation.

In this study using heuristic research and data collection in the form of journal writing, several threads have been discovered (using a non-judgmental approach, having a trusting and safe environment, reflecting on care, values and ethics, and relationship) in regard to integration of the spiritual component in counselling psychotherapy. Along with Psycho Social Rehabilitation principles, hope and journeying, or 'sojourning', in a therapeutic relationship with the client, I have discovered that a spiritual composite must be included for therapy to become holistic. With diverse cultures and faith traditions, people with mental health issues face various problems when in mental health crises—some of these could be spiritual and must therefore be reflected in therapeutic assessment. The counsellor trained with a spiritual practicum can understand these issues as they are part of the composite of professional growth.

A suggestion for future research is to have each graduate counselling student write a project from an heuristic experience during their transition into a new role at the same time as using new knowledge. It is extremely satisfying to study this subject and to explore one's values and ethics. I suggest that Counsellors with spiritually-integrated training should be hired to work on critical psychiatric assessment short-term and long-

term units so that individuals in care can receive superior rehabilitation in a holistic healing environment.

Though I have felt that I have gone ‘full circle’ from the beginning of my quest for spiritual meaning within the mental health system, this is not the end of my sojourn with the Spirit in recovery. It is my desire to work fully focused on spiritual content in my therapeutic approach with individuals who are in recovery. It is in my being.

References.

American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorders*. (DSM-IV-TR; 4th ed.). Washington, DC: Author.

American Psychiatric Association (2010). *Publication Manual* (Sixth edition). Washington, DC: Author.

Anandarajah, G. & Hight, E. (2001). Spirituality and medical practice: Using the HOPE questions as a practical tool for spiritual assessment. *American Family Physician*. 63(1), 81-88.

Anthony, W. A. (2000). A recovery-oriented service system: Setting some system level standards. *Psychiatric Rehabilitation Journal.* 24(2), 159-168. Retrieved from http://www.bu.edu/cpr/resources/articles/2000/anthony2000.pdf.

Association Catholique Canadienne de la Sante/ Catholic Health Association of Canada (1996). *Spirituality and health: What's good for the soul can be good for the body, too.* Ottawa, ON: The Catholic Health Association of Canada.

Baetz, M., Griffin, R., Bowen, R. & Marcoux, G. (2004). Spirituality and psychiatry in Canada: Psychiatric practice compared with patient expectations. *Canadian Journal of Psychiatry.* 49(4), 265-271.

Bedell, J.R., Hunter, R.H. & Corrigan, P.W. (1997, June). Current approaches to assessment and treatment of persons with serious mental illness. *Professional Psychology: Research and Practice.* 28(3), 217-228. (Para. 2).Retrieved from http://www.psychosocial.com/psr/assessment_treatment.html.

Beddows, C. (2010, August 1). Quote from Dalai Lama. [Personal communication].

Bentz, V.M. (1995). [Commentary, Front flap]. In Clark Moustakas (1995). *Being-In, Being-For, Being-With.* Retrieved from http://www.amazon.com/Being--Clark-Moustakas/dp/1568215371/ref=sr_1_20?s=books&ie=UTF8&qid=1302814143&sr=1-20#reader_1568215371.

Bergin, A.E. (1988). Three contributions of a spiritual perspective to counselling psychotherapy, and behavior change. *Counseling and values*. 33, 21-31.

Bishop, L. (2004). Commentary. In A.M. Josephson & J.R. Peteet (Eds.). *Handbook of spirituality and worldview in clinical practice*. Washington, DC, US: American Psychiatric.

Blanch, A. (2007). Integrating religion and spirituality in mental health: The promise and the challenge. *Psychiatric Rehabilitation Journal.* 30(4), 251-260.

Boehnlein, J. K. (Ed.). (2000). *Psychiatry and religion: The convergence of mind and spirit*. Washington, DC, US & London, UK: American Psychiatric Press.

Boisen, A. (1936). *The exploration of the inner world: A study of mental disorder and religious experience*. Philadelphia, US: University of Pennsylvania Press.

Boisen, A. (1960). *Out of the depths: An autobiographical study of mental disorder and religious experience.* New York, NY, US: Harper and Brothers.

Brussat, F. & Brussat, M.A. (2011). Questing. Spirituality and practice: Resources for spiritual journeys. [Online resource]. Retrieved from http://www.spiritualityandpractice.com/practices/practices.php?id=25.

Buber, M. (1966/1970). *I and thou*. W. Kaufmann. (Trans.). New York, US: Charles Scribner's Sons.

Buck, H.G. (2006, November/December). Spirituality: Concept analysis and model development. *Holistic Nursing Practice*, 288-292, In M. Clark & J. Olson, *Spiritual assessment in the promotion of health*. Edmonton, AB: University of Alberta Students' Union.

Buckley, M.J. (1995). Within the holy mystery. In L.J. O'Donovan (Ed.). *An introduction to the themes and foundations of Karl Rahner's theology: A world of grace.* (pp.31-49). Washington, D.C.,US: Georgetown University Press.

Burkhardt, M. (1989). Spirituality: An analysis of the concept. *Holistic Nursing Practice* 3(3), 69–77. In M. Clark & J. Olson, *Spiritual assessment in the promotion of health*. Edmonton, AB: University of Alberta Students' Union.

Burns-Lynch, B. & Peterson, C. (2006). Integrating treatment and rehabilitation interventions. In M.S. Salzer (Ed.). *Psychiatric Rehabilitation Skills*. (pp.249-288). Linthicum, MY, US: USPRA.

Canadian Broadcasting Corporation. (1984, May 1). Interview by P. Gzowski. [Radio broadcast]. Cohen at 50: Book of mercy. CBC Digital Archives. Retrieved from http://archives.cbc.ca/arts_entertainment/poetry/topics/93/.

Canadian Counselling Association Committee. Sheppard, G.W., Schulz, W.E., & McMahon, S. (2007). *Code of ethics*. Ottawa, ON, Canada: Canadian Counselling Association.

Canadian Mental Health Association. (2009, April 16). Out of the shadows and toward recovery...are we getting there? CMHA response to draft framework for a national strategy. Retrieved from Canadian Mental Health Association website: http://www.cmha.ca/data/1/rec_docs/2195_CMHA%20Response%20to%20MHCC%20FINAL.pdf.

Carmelite Monastery. (1997). *People's Companion to the Breviary*. 1. (p.79). Indianapolis, Indiana, US: Email copy April 6, 2011 to B. Mennie from J. Turner.

Carr, A.E. (1995). Starting with the human. In L.J. O'Donovan (Ed.). *A world of grace: An introduction to the themes and foundations of Karl Rahner's theology*. Washington, DC, US: Georgetown University Press.

Cavendish, R., Luise, B.K., Russo, D., Mitzeliotis, C., Bauer, M., Bajo, M. M., Calvino, C., Horne, K., & Medefindt, J. (2004). Spiritual perspectives of nurses in the United States relevant for education and practice. *Western Journal of Nursing Research*. 26(2). 196-212. In M. Clark & J. Olson, *Spiritual Assessment in the Promotion of Health*. Edmonton, AB: University of Alberta Students Union.

Cavendish, R., Edelman, M., Naradovy, L., McPartlan Bajo, M., Perosi, I., & Lanza, M. (2007, March/April). Do pastoral care providers recognize nurses as spiritual care providers? *Holistic Nursing Practice*. 89-90. In M. Clark & J. Olson, *Spiritual Assessment in the Promotion of Health*. Edmonton, AB: University of Alberta Students Union.

Chamberlin, J. (1977). *On our own.* Lawrence MA, US: National Empowerment Center.

Chamberlin, J. (1997, Spring). A working definition of Empowerment. *Psychiatric Rehabilitation Journal*. 20(4). Retrieved from http://www.manitoba.cmha.ca/data/1/rec_docs/1099_a%20working%20definition%20of%20empowerment.pdf.

Chui, L., Emblen, J., Van Hofwegen, L., Sawatzky, R. & Meyerhoff, H. (2004). An integrative review of the concept of spirituality in the health sciences. Western journal of Nursing Research, 26(4), 405-428. In M. Clark & J. Olson, *Spiritual Assessment in the Promotion of Health*. Edmonton, AB: University of Alberta Students Union.

Clark, M. & Olson, J. (2010, Summer). *Spiritual assessment in the promotion of health*. Edmonton, AB: University of Alberta Students Union.

Cohen, A. (2009). *Gateway to the Dao-field: Essays for the awakening educator.* Amherst, NY, US: Cambria Press.

Cohen, A. & Bai, H. (2008, January). Suffering needs and loves company: Buddhist and Daoist perspectives on the counsellor as companion. *Canadian Journal of Counselling*. 42(1), 45-56.

Companioning. (2010). [Definition in poem]. Victoria, BC: Crossroads Hospice. Retrieved from http://www.crossroadshospice.bc.ca/inlet/companioning.php

Cooper, A. (2010 March/April). Depression and resilience. *Neurology Now*. 6(2), 18-25.

Corey, G. (2001). *The art of integrative counselling.* Toronto, ON: Brooks/Cole.

Davidson, L., Harding, C.M., Spaniol, L. (2006). Recovery from severe mental illnesses: Research evidences and implications for practice. Center for Psychiatric Rehabilitation: Boston University. Retrieved from http://www.bu.edu/cpr/products/books/titles/sample-rsmi-2.pdf.

Deegan, P. (1996). Recovery and the conspiracy of hope. [Presented at The Sixth Annual Mental Health Services Conference of Australia]. Retrieved from http://www.bu.edu/resilience/examples/deegan-recovery-hope.pdf.

Denzin, N.K. & Lincoln, Y.S. (1994). *Handbook of qualitative research*. California, US: Sage.

Denzin, N.K. & Lincoln, Y.S. (2003). *Strategies of qualitative inquiry*. (Second edition). California, US: Sage.

Dorff, F. (1988). *The art of passingover: An invitation to living creatively.* New Jersey, US: Paulist Press.

D'Souza, R. & George, K. (2006, December). Spirituality, religion and psychiatry: its application to clinical practice. *Australasian Psychiatry.* 14 (4). 408-412.

Edey, W., Larsen, D. & LeMay, L. (2005). The counsellor's introduction to HOPE tools. Edmonton, AB: Hope Foundation of Alberta.

Ellis, M.R., Campbell, J.D., Detwiler-Breidenbach, A. & Hubbard, D.K. (2002). What do family physicians think about spirituality in clinical practice? *Journal of Family Practice.* March. 51(3), 249-254.

Emblen, J. (1992). Religion and spirituality defined according to current use in nursing literature. *Journal of Professional Nursing*. 81, 41-47. In M. Clark & J. Olson, *Spiritual assessment in the promotion of health*. Edmonton, AB: University of Alberta Students Union.

Emblen, J. & Halstead, L. (1993). Spiritual needs and interventions: Comparing the views of patients, nurses, and chaplains. *Clinical Nurse Specialist* 7(4), 175-182. In M. Clark & J. Olson, *Spiritual assessment in the promotion of health*. Edmonton, AB: University of Alberta Students Union.

Etherington, K. (2004). Heuristic research as a vehicle for personal and professional development. In Counselling and Psychotherapy Research, *Becoming a reflexive researcher: Using our selves in research.* 4(2). 63.

Fallot, R.D. (2001). The place of spirituality and religion in mental health services. In H.R. Lamb, *Best of New Directions for Mental Health Services, 1979-2001*. 80. 79-88. San Francisco, CA, US: Jossey-Bass.

Fallot, R.D. (2007). Spirituality and religion in recovery: Some current issues. *Psychiatric Rehabilitation Journal*. 30(4). 261-270.

Ferguson, M. (1980). Focusing: A tool for changing times. In E. Gendlin, *Focusing*. (2nd ed.). [Revised]. US/Canada: Bantam.

Fishbane, M. (2008). *Sacred attunement: A Jewish theology*. Chicago, US: University of Chicago Press.

Fisher, D. (2008). Psychiatrist Daniel Fisher talks about hope and recovery. [Video file]. Retrieved from www.youtube.com/watch?v+BP_EW9u_TTw.

Fisher, D. (2010). What are the characteristics of a person who has recovered from mental illness? National Empowerment Centre. Retrieved from www.power2u.org/articles/recovery/characteristics.html.

Fitchett, G. (1998, December). Screening for spiritual risk. *St. Louis Metropolitan Medicine.*20(12). In M. Clark & J. Olson, *Spiritual assessment in the promotion of health*. Edmonton, AB: University of Alberta Students Union.

Frankl, V. (1984). *Man's search for meaning.* NY, US: Pocket Books.

Fraser Health Authority. (2009). Job description Code F3450, Mental Health Care Worker, Inpatient Unit. Retrieved from http://careers.fraserhealth.ca/

Fraser Health Authority. (2009). Job description Code P6321, Counsellor/Therapist (Outpatient programs). Retrieved from http://careers.fraserhealth.ca

Freire, P. (2004). *Pedagogy of the oppressed*, (30th Anniversary edition). NY, US and London, UK: continuum.

Galvin, J.P. (1995). The invitation of grace. In L.J. O'Donovan (Ed.). *A world of grace: An introduction to the themes and foundations of Karl Rahner's theology*. (p. 72). Washington, DC, US: Georgetown University Press.

Gardner, F.M. & Kippen, S.A. (2009). Healing of the soul: The role of spirituality in recovery from mental illness. *International Journal of Psychiatric Rehabilitation*. 13(2). 65-75. Retrieved from www.psychosocial.com/IJPR-13/Healing_of_the_Soul_Gardner.html.

Gendlin, E.T. (1981). *Focusing*. US and Canada: Bantam.

Gerkin, C.V. (1984). *The living human document: Revisioning pastoral counselling in a hermeneutical mode*. Nashville TN, US: Abingdon Press.

Gilbert, P.D. (2007). Spirituality and mental health: a very preliminary overview. *Current Opinion in Psychiatry*. 20. 594-598.

Glesne, C. (2006). *Becoming qualitative researchers: An introduction.* (Third edition). Boston MA, US: Pearson Education.

Goffman, E. (1961). *Asylums: Essays on the social situation of mental patients and other inmates.* New York NY, US: Anchor Books.

Goldberg, A. (Ed.). (1978). *The psychology of the self: A casebook.* New York, NY, US: International Universities Press.

Griffith J.L. & Griffith, M. E. (2002). *Encountering the sacred in psychotherapy: How to talk with people about their spiritual lives*. New York, NY, US: The Guildford Press.

Griffiths, T., Giarchi, G., Carr, A., Jones, P. & Horsham, S. (2006). Life mapping: a 'Therapeutic Document' approach to needs assessment. *Quality of Life Research.* (Revised 2007 ed.). 16. 467-481.

Grosch, W.N. (1985). The psychotherapist and religious commitment. In M. Stern, (Ed.). *Psychotherapy and the religiously committed patient.* The Psychotherapy Patient Series. 1(3). 123-127. New York, NY, US: The Hawthorn Press.

Harding, C.M. (1994). An examination of the complexities in the measurement of recovery in severe psychiatric disorders. In R. Ancil (Ed.). *Exploring the spectrum of psychosis.* Hoboken, NJ, US: John Wiley & Sons. Retrieved from www.bu.edu/resilience/examples/index.html

Harding, C.M. (2003). Changes in schizophrenia across time: Paradox, patterns and predictors. In: C. Cohen (Ed.). *Schizophrenia into later life: Treatment, research and policy.* Washington, DC, US: American Psychiatric, 19-42. Retrieved from www.bu.edu/resilience/examples/index.html.

Health Canada: Resources of Federal Government Initiatives. (2006). *It's your health*. Retrieved from http://www.hc-sc.gc.ca/hl-vs/iyh-vsv/diseases-maladies/mental-eng.php.

Hendlin, S.J. (1985) The spiritual emergency patient: Concept and example. In M. Stern, (Ed.). *Psychotherapy and the religiously committed patient.* The Psychotherapy Patient Series. 1(3). 79-87. New York, NY, US: The Hawthorn Press.

Hesse-Biber, S.N. & Leavy, P. (2006). *The practice of qualitative research*. US, UK and India: Sage.

Hershenson, D. B. & Power, P. W. (1987). *Mental health counselling: Theory and practice*. New York, NY, US: Pergamon Press.

Hughes, R. & Weinstein, D. (Eds.). (2000). *Best practices in psychosocial rehabilitation.* Columbia, MD, US: International Association of Psychosocial Rehabilitation.

Hutchinson, D.S., Gagne, C., Bowers, A., Russinova, Z., Skrinar, G.S., & Anthony, W.A. (2006, Spring). A framework for health promotion services for people with psychiatric disabilities. *Psychiatric Rehabilitation Journal*. [Special Issue]. 29(4). 241-249.

Jauregui, A. (2003). *Epiphanies: A psychotherapist's tale of spontaneous emotional healing*. New York, NY, US: Prima.

Jeffs, S. (2006). The politics of asylum. Retrieved from VICSERV website http://www.vicserv.org.au/publications/new_para/pdf/2006/JeffsPoliticsAsylum06.pdf.

Jensen, J.P. & Bergin, A.E. (1988, June). Mental health values of professional therapists: A national interdisciplinary survey. *Professional Psychology: Research and Practice*, 19(3), 290-297.

Jennings, L., Sovereign, A., Bottoroff, N., Mussell, M.P. & Vye, C. (2005, January). Nine ethical values of master therapists. *Journal of Mental Health Counselling*. CBS Interactive Business Network. Retrieved from http://goliath.ecnext.com/coms2/gi_0199-3628931/Nine-ethical-values-of-master.html.

Johnson, D. & Westermeyer, J. (2000). Psychiatric therapies influenced by religious movements. In J.K. Boehnlein (Ed.). *Psychiatry and religion.* (pp.87-108). Washington, D.C., US: American Psychiatric Press.

Jones, W.P. (1989). *Theological worlds: Understanding the alternative rhythms of Christian belief.* Nashville, TN, US: Abingdon Press.

Josephson, A.M. & Peteet, J.R. (Eds.). (2004). Therapeutic implications of worldview. *Handbook of spirituality and worldview in clinical practice.* US: American Psychiatric.

Jung, C. G. (Ed.). (1964). *Man and his symbols*. US: Dell.

Jung, C. G. (1989). *Memories, dreams, reflections.* A. Jaffé (Ed.). R. Winston & C. Winston (Trans.), New York, NY, US: Vintage Books.

Kabat-Zinn, J. (2005). *Wherever you go there you are: Mindfulness meditation in everyday life.* NY, US: Hyperion.

Kahle, P.A. & Robbins, J.M. (2004). *The power of spirituality in therapy: Integrating spiritual and religious beliefs in mental health practice.* Binghamton, NY, US: The Haworth Pastoral Press.

Kalaga, H. & Gilbert, P. (2007, September/October). Believing in mental health. *openmind.* 147. 8-9.

Kohut, H. (1971). *The analysis of the self: A systematic approach to the psychoanalytic treatment of narcissistic personality disorders.* New York, NY, US: International Universities Press.

Koslander, T. & Arvidsson, B. (2006, November). Patients' conceptions of how the spiritual dimension is addressed in mental health care: a qualitative study. *Journal of Advanced Nursing Original Research*. 56(6), 597-604. doi: 10.1111/j.1365-2648.2006.04190.x.

Laing, R.D. (1969). *The divided self.* London, UK: Penguin.

Lane, J. (1987, November/December). The care of the human spirit. *Journal of Professional Nursing*. 332-337. In M. Clark & J. Olson, *Spiritual assessment in the promotion of health*. Edmonton, AB: University of Alberta Students' Union.

Lane, C., Newman, B., Schaeffer, S. & Wells. A. (2006). Phenomenology: A field guide. (A field guide for the qualitative student). Retrieved from http://qualipedia.wikispaces.com/Phenomenology.

Lariviére, N., Gélinas, B.M., Tallant, B. & Paquette, I. (2006). Adjustment to community residential settings over time among older adults with serious mental illnesses. *Psychiatric Rehabilitation Journal.* 29 (3). 189-196.

Larson, J.S. (1996, June). The World Health Organization's definition of health: Social versus spiritual health. *Social Indicators Research.* 38(2). 181-192. Retrieved from SpringerLink http://www.springerlink.com/content/kj8x4714w45541n6/.

Lawrence, L. (2007, November 21). Re: Stages of faith. [Online forum comment]. Retrieved from http://thejourney.typepad.com/the_journey/2006/07/stages_of_faith_2.html.

Lebacqz, K. (1985). *Professional ethics: Power and paradox.* Nashville, US: Abingdon Press.

Liberman, R.P. & Kopelowicz, A. (2005, June). Recovery from Schizophrenia: A concept in search of research. *PsychiatrServ.* 56, 735-742. Retrieved from http://psychservices.psychiatryonline.org/cgi/content/full/56/6/735?ijkey=055346cell38c36ced3179ac3b8b6c81b1abc567&keytype2=tf_ipsecsha.

Longo, D.A. & Peterson, S.M. (2002). The role of spirituality in psychosocial rehabilitation. *Psychiatric Rehabilitation Journal.* 25(4). 333-340.

Luke, M. & Innes, K. (2006). Developing an Australian mental health intervention classification. [Doc.C410.] Meeting of WHO collaborating centres for the family of international classifications. (p.36). Retrieved from http://apps.who.int/classifications/apps/icd/meetings/2006meeting/WHOFIC2006%20-%20C410%20-%20Development%20of%20an%20Australian%20Mental%20Health%20Intervention%20Classification%20+%20Annex.pdf.

Malony, H.N. (1985). Assessing religious maturity. In E. M. Stern (Ed.). *Psychotherapy and the religiously committed patient.* The Psychotherapy Patient Series. 3. New York, NY, US: Hawthorn Press.

Mancini, M. (2007). The role of self-efficacy in recovery from serious psychiatric disabilities: A qualitative study with fifteen psychiatric survivors. *Qualitative Social Work*. 6(1), 49-74. St. Louis University: Sage Journals Online. Retrieved from http://qsw.sagepub.com/cgi/content/abstract/6/1/49.

Marie, V. (2007). (Personal communication, May 30, 2010). Spirituality: Its starring role in recovery from addiction. *Spirituality and Health International.* 8. 148-156. Vancouver, BC: Wiley InterScience.

Marie, V. (2004). (Personal Communication, May 30, 2010). *Transformations: The spiritual dimension of learning recovery from addictions*. (Doctoral dissertation). Burnaby, BC: Simon Fraser University.

MayoClinic, Mayo Foundation for Medical Education and Research. (2008). Psychotherapy. [Definition]. Retrieved from http://www.mayoclinic.com/health/psychotherapy/MY00186.

McGuire, P.A. (2000). New hope for people with schizophrenia. *Monitor on Psychology*, 31(2). Retrieved from www.apa.org/monitor/feb00/schizophrenia.html.

McLaughlin, D. (2004, July/September). Incorporating individual spiritual beliefs in treatment of inpatient mental health consumers. *Perspectives in Psychiatric Care.* 40(3). 114-119.

Mearns, D. & Cooper, M. (2005). *Working at relational depth in counselling and psychotherapy.* London, UK: Sage.

Mennie, B.A. (2007, May). Art Therapy Class [Handwritten notes]. SSC, Edmonton, AB: Possession of Beverly Mennie.

Mennie, B.A. (2009-2010). Journal. [Handwritten notes]. Vancouver, BC: Copy in possession of Beverly Mennie.

Miller, W.R. (Ed.). (1999). *Integrating spirituality into treatment: Resources for practitioners.* Washington, DC, US: American Psychological Association.

Miller, W.R. & Thoreson, C.E. (1999). Spirituality and health. In W.R. Miller (Ed.) *Integrating spirituality into treatment: Resources for practitioners.* Washington, DC, US: American Psychological Association. p.3-18.

Moriarty, G.L. (Ed.). (2010). *Integrating faith and psychology: Twelve psychologists tell their stories.* Downer's Grove, Illinois, US: InterVarsity Press.

Moore, T. (1992). *Care of the soul: A guide for creating depth and sacredness in everyday life*. New York, NY, US: HarperCollins.

Moustakas, C. (1968). *Individuality and encounter: A brief journey into loneliness and sensitivity groups.* Cambridge Mass. US: Howard Doyle.

Moustakas, C. (1990). *Heuristic research: Design, methodology, and applications.* New York, NY, US: Sage.

Moustakas, C. (1994). *Phenomenological Research Methods.* California, US: Sage.

Moustakas, C. (2001). Heuristic research design and methodology. In K. J. Schneider, J.F.T. Bugental & J.F. Pierson (Eds.). *The handbook of humanistic psychology: Leading edges in theory, research and practice.* [Preview]. Retrieved from http:books.google.com.

Natale, S.M. (1985). Confrontation and the religious beliefs of a client. *Psychotherapy and the religiously committed patient.* 107-115. Connecticut, US: The Haworth Press.

Nouwen, H. (1972). *The wounded healer: Ministry in contemporary society.* New York, NY, US: Doubleday.

Nouwen, H. (1981). *Making all things new: An invitation to the spiritual life.* New York, NY, US: HarperOne.

Nouwen, H. (1985). *The way of the heart.* NY, US: The Seabury Press.

Oates, W. E. (Ed.). (1959). *An introduction to pastoral counselling*. Nashville, TN, US: Broadman Press.

Oates, W.E. (1994). *The care of troublesome people.* MD, US: Alban Institute.

O'Connell Killen, P. & de Beer, J. (1994). *The art of theological reflection.* New York, NY, US: Crossroad.

O'Donovan, L.J. (Ed.). (1995). *A world of grace: An introduction to the themes and foundations of Karl Rahner's theology*. Washington, D.C., US: Georgetown University Press.

O'Hanlon, B. (2002). *Solution-oriented therapy for chronic and severe mental illness*. (Revised ed.). US: Norton.

O'Hanlon, B. (2004). *Thriving through crisis*. US: Penguin/Perigree.

O'Hanlon, B. (2006). *Pathways to spirituality*. US: Norton.

Onken, S.J., Dumont, J.M. (with Ridgway, P., Dornan, D. & Ralph, R.). (2002). Mental health recovery: What helps and what hinders? [Phase One Research Report] Retrieved from National Association of State Mental Health Planning website: http://www.nasmhpd.org/general_files/publications/ntac_pubs/reports/MHSIPReport.pdf.

Palmer, P. (1999). *The courage to teach: A guide for reflection and renewal.* San Francisco, US: Jossey-Bass.

Palmer, P. (2002). Transforming education. The heart of the teacher: Identity and integrity in teaching. Retrieved from http://caedofu.tripod.com/doc/ppalmer2.pdf.

Pangerl, S. (2008, August). Thinking our doing: Pastoral theological reflection reconsidered. *Journal of Spirituality in Mental Health.* 10(3). 249-261.

Pargament, K.J. (2007). *Spiritually integrated psychotherapy: Understanding and addressing the sacred.* New York, NY, US: The Guilford Press.

Plante, T.G. (2009). *Spiritual practices in psychotherapy.* Washington, DC, US: American Psychological Association.

Psychosocial Rehabilitation British Columbia and Canada (2009). What is psychosocial rehabilitation? Retrieved from http://www.psrbc.com/about.htm.

Public Health Agency of Canada (2002). *A report on mental illnesses in Canada*. Cat: No. 0-662-32817-5. Canadian Catalogue in Publication Data. Retrieved from http://www.phac-aspc.gc.ca/publicat/miic-mmac/chap_1-eng.php.

Randour, M.L. (Ed.). (1993). *Exploring sacred landscapes: Religious and spiritual experiences in psychotherapy.* NY, US: Columbia University Press.

Reeves, R.R. & Reynolds, M.D. (2009). What is the role of spirituality in mental health treatment? *Journal of Psychosocial Nursing and Mental Health Services*. 47(3): 8-9.

Richards, P.S. & Bergin, A.E. (1997). *A spiritual strategy for counselling and psychotherapy.* (p.33). Washington, DC, US: American Psychological Association.

Ridgeway, P. (1999). Recovery Paradigm Project: Deepening the mental health recovery paradigm, defining implications for practice. A Report on the Recovery Paradigm Project. Kansas, US: University of Kansas School of Social Welfare. Retrieved from http://www.socwel.ku.edu/mentalhealth/recovery/recovery%20paradigm%20project.htm (Source is now not available and replaced by http://www.socwel.ku.edu/mentalhealth/projects/value/pathways/pdfs/7.%20Boston%20University%20PR%20Newsletter,%202003.pdf). Retrieved June 24, 2011.

Riggs, B.J. (2006, Winter) Ethical considerations of integrating spiritual (direction) into psychotherapy. *Journal of Pastoral Care and Counselling*. 60(4), 353.

Rogers, C. (1961, 1989). *On becoming a person: A therapist's view of psychotherapy*. Boston, NY, US: Houghton Mifflin.

Rohr, R. (2010). Centre for action and contemplation. [Online resource]. Retrieved from http://www.cacradicalgrace.org/.

Ross, L. (1994). The spiritual dimension: Its importance to patients' health, well-being and quality of life and its implications for nursing practice. *International Journal of Nursing Studies*. 32(5), 457-468. In M. Clark & J. Olson, *Spiritual assessment in the promotion of health*. Edmonton, AB: University of Alberta Students' Union.

Royal College of Psychiatrists (2009). Spirituality and Mental Health. Retrieved from http://www.rcpsych.ac.uk/mentalhealthinformation/therapies/spiritualityandmentalhealth.aspx.

Royal College of Psychiatrists (2010). Spirituality and Mental Health. P. Timms (Ed.). Retrieved from http://www.rcpsych.ac.uk/mentalhealthinfo/treatments/spirituality.aspx.

Russinova, Z. & Blanch, A. (2007). Supported spirituality: A new frontier in the recovery-oriented mental health system. *Psychiatric Rehabilitation Journal*. 30(4). 247-249. [Copy]. Trustees of Boston University.

Russinova, Z. (1999). Providers' hope-inspiring competence as a factor optimizing psychiatric rehabilitation outcomes. *Journal of Rehabilitation*. 16(4), 50-57.

Schlauch, C.R. (1995). *Faithful companioning: How pastoral counselling heals*. Minneapolis, MINN. US: Fortress.

Schram, T.H. (2006). *Conceptualizing and proposing qualitative research*. Upper Saddle River, NJ, US: Pearson Education.

Schneider, K.J., Bugental, J.F.T. & Pierson, J.F. (Eds.). (2001). *The handbook of humanistic psychology: Leading edges in theory, research and practice*. [Abstract]. Retrieved from http://books.google.com/books?hl=en&lr=&id=jtO7czidPeYC&oi=fnd&pg=PA263&dq=%22Moustakas%22+%22Heuristic+research%22+&ots=0QCqIFhWWP&sig=xQb3TCBLGZei-EgtwtgPiUd7kDs#v=onepage&q=%22Moustakas%22%20%22Heuristic%20research%22&f=true.

Shmueli, A. (1971). Preface. *Kierkegaard and Consciousness*. N. Handelman (Trans.). Princeton, NJ, US: Princeton University.

Smuckers, C. (1996, April-June). A phenomenological description of the experiences of spiritual distress. Paper presented at NANSA 11th Conference Proceedings. *Nursing Diagnosis.* 7(2), 81-91. [Reprinted online http://onlinelibrary.wiley.com/doi/10.1111/j.1744-618X.1996.tb00297.x/abstract].

Soelle, D. (1975). *Suffering*. H.J. Schultz (Ed.). E. Kalin (Trans.). Philadelphia, US: Fortress Press.

Sojourn. (n.d.). In *Merriam-Webster's online dictionary*. Retrieved from http://www.webster-dictionary.net/definition/Sojourn.

Stebnicki, M.A. (2006). Integrating spirituality in rehabilitation counsellor supervision. *Rehabilitation Education. ProQuest Psychology Journals*. 20(2), 115-132.

Stern, E. M. (Ed.). (1985). *Psychotherapy and the religiously committed patient*. New York, NY, US: The Hawthorn Press.

Stovich, R.J. (1985). Metaphor and therapy: Theory, technique, and practice of the use of religious imagery in therapy. In E.M. Stern (Ed.). *Psychotherapy and the religiously committed patient.* (pp. 117-122). New York, NY, US: The Hawthorn Press.

Summerville, C. (2007). Spirituality and recovery from mental illness. Retrieved from University of Saskatchewan website: http://ccamhr.ca/resources/Spirituality_and_Recovery_from_Mental_Illness.pdf

Swinton, J. & Mowat, H. (2006). *Practical theology and qualitative research*. London, Great Britain: scm press.

Szasz, T. (1974). *The myth of mental illness: Foundations of a theory of personal conduct*. [Revised edition]. New York, NY, US: Harper/Perennial.

Szasz, T. (1983). *The manufacture of madness: A comparative study of the inquisition and the mental health movement*. New York, NY, US: Harper & Row.

Tarko, M.A. (2002). *A grounded theory study of the experience of spirituality among persons living with schizophrenia*. [Doctoral dissertation]. Vancouver, BC: UBC.

Taylor, J. B. (2006). *My stroke of insight: A brain scientist's personal journey.* New York, NY, US: A Plume Book.

The New Oxford Annotated Bible. Third Edition. New Revised Standard Version with Apocrypha. (2001). M. Coogan (Ed.). Oxford, NY. US: Oxford.

Todd, D. (2009, December 21). Douglas Todd: Fraser Health's firing of spiritual-care directors a step backwards. *Vancouver Sun.* Vancouver, BC: Copy of clipping in possession of author.

Vancouver Island Health Authority. (2006). Job Description. Reference number 5992/VI. Online MH & A "Mental Health and Addictions Services".

VanKatwyk, P. (2002, Summer). Pastoral counselling as a spiritual practice: An exercise in a theology of spirituality. *The Journal of Pastoral Care and Counselling*. 56(2). 109-119. In M. Clark & J. Olson, *Spiritual assessment in the promotion of health*. Edmonton, AB: University of Alberta Students' Union.

Vaughan, F. (2010). Mapping the territory in search of common ground. Retrieved from http://www.buddhanet.net/psyspir2.htm.

Walsh, D. (1996, April 19). A journey toward recovery: From the inside out. *Psychiatric Rehabilitation Journal.* Fall. 1996. 20(2). 85 – 89. Retrieved from http://www.bu.edu/cpr/repository/articles/pdf/walsh1996.pdf.

Webb, D. (2005, April). Bridging the spirituality gap. *Australian e-journal for the Advancement of Mental Health (AeJAMH).* 4(1).

Wicks, R.J. (1991). *Seeking perspective.* NJ. US: Paulist Press.

Wise, C.A. (May, 1983). Pastoral counselling and pastoral psychotherapy. In *Pastoral psychology, theory and practice.* (2nd ed.). New York, NY, US: Jason Aronson.

Wong-McDonald, A. (2007). Spirituality and psychosocial rehabilitation: Empowering persons with serious psychiatric disabilities at an inner-city community program. *Psychiatric Rehabilitation Journal.* 30(4). 295-300. doi:10.2975/30.4.2007.295.300.

World Health Organization. (October, 2009). Mental Health: A state of well-being. Online resource. http://www.who.int/features/factfiles/mental_health/en/index.html.

Worldview. (n.d.). In *MacMillan Dictionary*. Retrieved from http://www.macmillandictionary.com/dictionary/british/world-view.

Yalom, I. D. (2002). *The gift of therapy: An open letter to a new generation of therapists and their patients*. New York, NY, US: HarperCollins.

APPENDIX A: Psycho Social Rehabilitation Principles.

1. Psychosocial rehabilitation practitioners convey hope and respect, and believe that all individuals have the capacity for learning and growth.

2. Psychosocial rehabilitation practitioners recognize that that culture and diversity are central to recovery , and strive to ensure that all services and supports are culturally relevant to individuals receiving services and supports.

3. Psychosocial rehabilitation practitioners engage in the processes of informed and shared decision-making and facilitate partnerships with other persons identified by the individual receiving services and supports.

4. Psychosocial rehabilitation practices build on strengths and capacities of individuals receiving services and supports

5. Psychosocial rehabilitation practices are person-centred; they are designed to address the distinct needs of individuals, consistent with their values, hopes and aspirations.

6. Psychosocial rehabilitation practices support full integration of people in recovery into their communities, where they can exercise their rights of citizenship, accept the responsibilities and explore the opportunities that come with being a member of a community and a larger society.

7. Psychosocial rehabilitation practices promote self-determination and empowerment. All individuals have the right to make their own decisions, including decisions about the types of services and supports they receive.

8. Psychosocial rehabilitation practices facilitate the development of personal support networks by utilizing natural supports within communities, family members are defined by the individual, peer support initiatives, and self and mutual- help groups.

9. Psychosocial rehabilitation practices strive to help individuals improve the quality of all aspects of their lives, including social, occupational, educational, residential, intellectual, spiritual and financial.

10. Psychosocial rehabilitation practices promote health and wellness, encouraging individuals to develop and use individualized wellness plans.

11. Psychosocial rehabilitation services and supports emphasize evidence-based, promising, and emerging best practices that produce outcomes congruent with personal recovery. Psychosocial rehabilitation programs include program evaluation and continuous quality improvement that actively involve persons receiving services and supports.

12. Psychosocial rehabilitation services and supports must be readily accessible to all individuals whenever they need them; these services and supports should be well coordinated and integrated as needed with other psychiatric, medical and holistic treatments and practices.

www.psrrpscanada.ca (2011) PSR/RPS Links.

APPENDIX B： Psycho Social Rehabilitation History.

“Until the 70s and 80s, the conventional wisdom was that people with mental illness became progressively worse with little hope of recovery. More recent observations have found far more positive long-term prognosis and PSR practitioners believe that people can recover or improve if they receive the right kind of support and services.

The PSR movement owes its beginnings to the efforts of discharged "patients" trying to help themselves by creating Clubhouses: a hopeful, innovative, client driven social experiment in self-help and recovery which filled an unmet need in the community.

The client centred approach pioneered in clubhouses, is one of the hallmarks of PSR practice today. PSR practitioners work collaboratively with their clients to identify and help clients reach their goals by using well established practices such as Supported Housing, Supported Education, & Supported Employment”

(PSR/RPS BC).

Core Principles and Values of Psycho-Social Rehabilitation (PSR)

Appendix C: Letter of Validation from Queenswood (Copy.)

June 26, 2010

Queenswood Victoria

2494 Abutus Road

Victoria, British Columbia

V8N 1V8

Dear Madam/ Sir:

This letter is to confirm that Beverly Mennie has taken a self-directed retreat at Queenswood Spiritual Retreat Centre to concentrate on study and to participate in spiritual programs.

She has utilized the Library, Reiki, swimming, Eucharist, walks and the Art room.

Sincerely,

Laurene Bitz

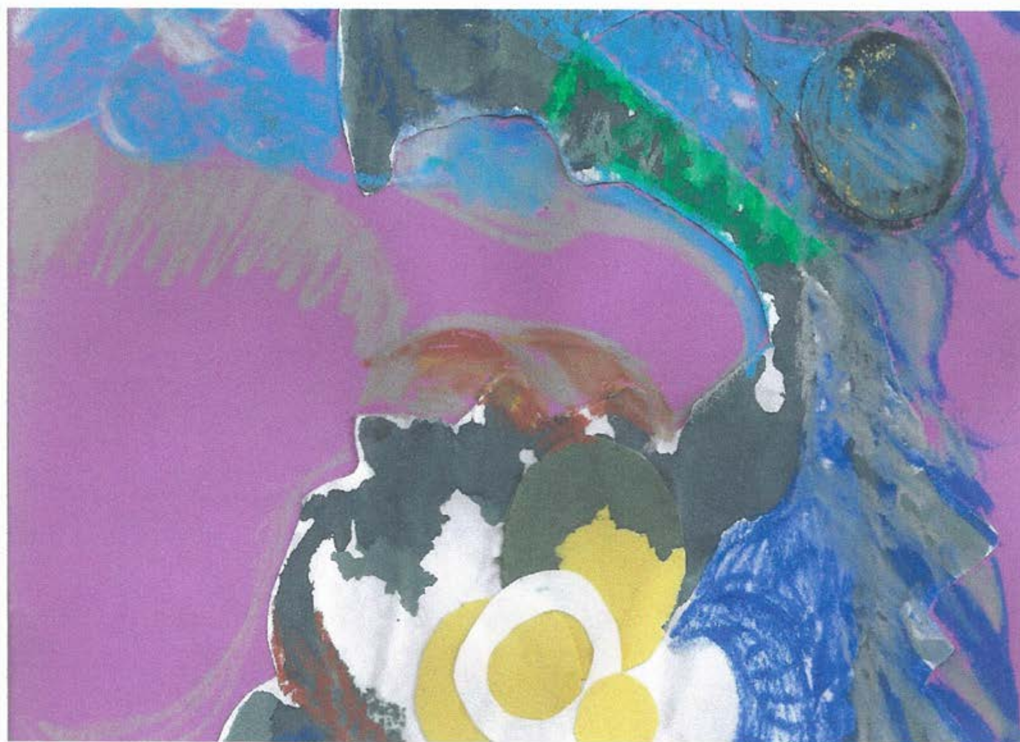
Hospitality

Queenswood Victoria

APPENDIX D: Art Journal (2010).

Figure1

Image made at work in the beginning development of the journey. April 2010.



The journey changes to look like a monstrousity! July 2010

Art Journal (2010). Figure 2

Art Journal (2010). Figure 3
At work in art group. Image of thesis project in development. Notice the bird (Bird sound heard in retreat later on in this month). August 2010.

Art Journal (2010). Figure 4.

Appendix E: Retreat Relaxation video (2010) (On Flash drive)