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Integration in Practice. How do they do it?

Abstract

This study examines the phenomenological experience of Christian psychotherapists working with clients in an Integrative Psychotherapy paradigm.

A qualitative phenomenological methodology was used in order to give congruency with the subject matter.

Eight co-researchers were interviewed and the data obtained was analysed by the Colaizzi method (1978) to ensure the maximum amount of rigour possible.

An overall composite description of the phenomenon under investigation was obtained and discussed in light of the existing literature. Common themes emerged showing that faith can be both a help and a hindrance in the therapy room. Whichever is the case, it seems that if the therapist has a faith it cannot be ignored if he/she is to provide a high level of authenticity in relationship with clients.

The issue of judgmentalism was figural for many of the co-researchers, revealing the possible dilemma of a conflict between the major person-centred principles of authenticity and deep empathy within the therapeutic relationship. There were some indicators that this may be more of a problem for Christian rather than non-Christian therapists.

A number of suggestions for future research were made.

Introduction

This paper is derived from a Masters dissertation entitled, "An Exploration of the therapist's experience of integrating Christian faith with Integrative Psychotherapy Practice." (Scott, 2005)

As the researcher, my personal interest came from the desire to find a congruent way to integrate my Christian faith with my understanding

of psychotherapy theory, and to put this into practice in the therapeutic relationship.

Literature Review

This literature review is deliberately not over-detailed in order to stay congruent with the methodology of research. As the investigation is exploratory, issues emerge from the data. Therefore it seemed appropriate to add literature details at the discussion stage, where the focus of the material is much clearer.

On researching the literature, it became clear that although there is much written about psychotherapy and many kinds of spirituality, there is little empirical evidence in this area

Both historical and more recent writings were investigated, covering a wide range of psychological paradigms.

The findings could be summarised as follows.

1. Although there was some dissent, (Freud, 1940 Smail, 2001, Rowe 2001) much of the literature supported the idea that spirituality was a factor in many people's lives (Jung 1933, Frankl 1975, Boadella 1988). For some there is a pragmatic acceptance of its existence, for others it is seen as a positive influence in promoting mental health (James 1902, Rowan, 2000, Clarkson 2001 Schreus 2002).
2. It appears that the spiritual dimension in therapy is difficult to ignore, and if this happens then the profession may do a disservice to the client population. (Payne Bergin and Loftus 1992)
3. The distinction between spirituality and religion was important, both historically and for current theorists. (Maslow, 1968, Luckoff, Turner and Lu 1993)
4. Although there was evidence that spirituality was present in some of the roots of psychotherapy, over time its importance had been lost (West, 2004). However, some writers, e.g. Rowan (2000) suggest that transpersonal (i.e. spiritually aware) psychotherapy has a great deal of potential in facilitating personal growth and healing.
5. There seems to be acceptance of the spirituality of man from many different psychological perspectives such as object relations (Spero 1990), self-psychology (Kohut as cited by Wolf 1998), developmental theories (Stern 1990) and integrative psychotherapy. (Lapworth, Sils and Fish 2001)

6. There is wide variation on views of 'the self', both within each broad perspective ;psychological(Freud 1940, Rogers 1967, Wolf 1998) and Christian (Hammond 1986, Hession 1952), and also been them

Although the lack of phenomenological evidence characterised the findings of this literature research one example of one such study was Sullivan,(1998). He interviewed five well-established psychotherapists of various spiritual positions and found that spirituality had a major influence on their motivation for clinical work. It affected the way they viewed the human individual but that it also allowed them to respect the spiritual views of the client. Spirituality served them as a resource for compassion, attunement and presence with each client and all found prayer or meditation helpful to themselves. Although none actually prayed with clients, some explored the subject area if the client introduced it.

This research was structured to follow up on Sullivan's work, attempting to tighten up the parameters in order to gain more clarity. A slightly larger sample group (eight) was used, all of whom professed a Christian faith. As my particular interest is in integrative psychotherapy all were either trained as integrative psychotherapist or actively integrated two or more theoretical perspectives a as a matter of course in their clinical work.

Particular attention was paid to:

- The motivation of the therapist
- The resources available to them
- The model of the person held by each therapist and how their integration was built
- Negative effects of faith on practice.

The formal research question was, "What is the therapist's experience of integrating Christian faith with psychotherapy practice?"

Methodology

A qualitative methodology was chosen in an attempt to be congruent with the content of the investigation. In order to echo the integration of the different elements of the self, which is where the research question is centred, it seemed appropriate to proceed in an expansive and inclusive way, rather than categorise and reduce data as any quantitative methodology would inevitably demand (McLeod 2001).

The aim of the study was to 'get inside the experience' of a group of therapist. Therefore phenomenological enquiry was chosen. Also as spiritual matters are by their very essence existential; it made sense to use a methodology that emphasised meanings (Moustakas).

It was recognised at the outset that the 'bracketing off' of my own material would perhaps become problematic, simply because in order to sustain such a research project, I needed to be passionate about it. Therefore safeguards were put in place to limit my effect on the research process.

These were:

- An attempt at full transparency on my part
- Recording self reflections throughout the process.
- Opportunity for co-researchers to comment on their material at three different stages during the analysis
- Discussion of how my own thoughts may have affected the research.

Co-Researchers

There were eight co-researchers, five men and three women, all of Christian faith of more than two years standing (self defined). All worked integratively, using at least two theoretical perspectives to inform their therapy practice.

They were recruited from personal contacts, from SPTI, Nottingham, Oxford University and via the BACP journal.

Procedure

Semi structured interviews of approximately one hour duration were conducted, using the Sullivan Study as a basis for the questions asked. These covered

- Theoretical psychotherapy background
- Christian background
- Perceived affect of faith on practice

At the end of each I recorded my thought and feelings in order to aid self-awareness and emphasise the need to maximise 'epoche'. (ibid)

Ethical Considerations

The ethical principles adhered to throughout the investigation were identical to those a therapist is expected to hold towards their clients, again showing congruency between therapy and this research process, i.e. beneficence, non-maleficence, autonomy and fidelity.(Bond 1993)

Care was taken to ensure that all co-researchers had adequate confidentiality, support, control of their own material and choice in the level of their involvement.

Data Analysis

The Analysis of the material followed the Colaizzi (1978) procedure, as cited in Moustakas, 1994, with some variation to allow for co-researcher comments. This included:-

- Raw transcripts sent to individual co-researchers for comment and verification
- Horizontalisation of statements made.
- Reduction, removing duplicate and irrelevant material producing a summary of the interview material
- Summary sent to individual co-researchers for comment and verification
- Reduced texts inductively coded to produce clusters of like material and then main themes for each co-researcher. These were checked against the raw transcripts to ensure continuity of meaning.
- Textural description production, asking the question, "What is it like to be in the experience of this person?"
- Structural description production, asking, "What are the main themes and meanings made by this co-researcher?"
- Both Structural and Textural descriptions were checked against transcripts
- Composite description production, combining texture and structure.
- Composite descriptions checked against transcripts, then sent to co-researchers for comment and verification.
- An overall composite description was constructed combining all individual descriptions.

Findings and Discussion

The main themes that emerged from the analysis of the data were in line with the literature on the subject. As would be expected from Integrative Psychotherapists, the topics of Integration and Relationship were the two given most attention by the co-researchers. All were clear that their faith could both help and hinder their practice in a variety of ways.

Integration and Congruency

There is debate in the literature as to whether the spiritual aspect of the self should be integrated into psychotherapy, or kept separate as suggested by Smail, (2001), or is totally irrelevant(Thorne,1997).

What is clear from these findings is that for these co-researchers, spirituality exists, in line with transpersonal psychotherapists (for example: Maslow, 1968, Daniels, 2001). and in disagreement with Rowe (2001) who would see there being nothing of reality beyond the self. All co-researchers in this study agree that faith an integral part of the person, e.g. "Faith is probably the most significant influence in my life" and therefore cannot be factored out of the equation, in line with Clarkson (2002). "If I am myself as truly as I can be, in whatever encounter or relationship, this I that meets the other is the wholest person I can be."

Thus if they are to be available for contact to the client, which Perls Heffaline and Goodman (1953) see as a crucial healing factor, then they cannot split off their spirituality and 'leave it outside the room', "It doesn't come as a separate factor. It is interwoven in the complete set up of who I am". In fact if they did they would be modelling a pathological way of being. If clients are aware of their own spirituality, then it seems important to accept this as part of the whole person and not ask them to put it aside as they enter the therapy room (Payne, Bergin and Loftus, 1992).One co-researcher expresses this as: - "I try to look at people as a whole..." "Was that was the Almighty or that was psychotherapy?' actually it strikes me as being a bit of a false boundary.

Acceptance is much more likely from a therapist who recognizes his/her own spiritual dimension. It is evident that all the co-researchers are able to do this, finding easy common ground with their clients at the beginning of the therapeutic relationship. This understanding of the cultural and religious framework is recognized as important by a number of writers (e.g. Calestro, 1972; Schreus, 2002).

Motivation too shows a considerable degree of integration. All the co-researchers stated that faith was either always there in the background affecting all decisions, including the one to enter psychotherapy, or were quite clear that it was particularly instrumental in this. "I wanted to do something that was consistent with my principles and my personality too." For some it is the most significant reason, even a divine calling, "...but I also believe always in a calling, that I was following a path."

Many saw parallels between therapy and faith, "(Liturgy) creates the same kind of space as a therapy session does, within which, things get worked through." Although for many of them, their faith was not overt in the therapy room, it was an integral part of how they viewed the individual and therefore how they worked. "The more committed we are to becoming more human, we are growing into divinity."

It seems that these Christian psychotherapists are offering a rare service (Spero, 1990) as the literature shows that there is a shortage of psychotherapists who are willing to deal with spiritual issues (Shafranke and Gorsuch, 1984). They therefore make a specific, valuable contribution to mental health (Luckoff, Turner and Lu, 1993).

There was evidence that the co-researchers see psychotherapy in a similar way to those in the Sullivan study (Sullivan, 1998). For all of them, spirituality (in this study, Christianity) appears to be an integral part of the way they understand themselves. This may be expressed in a variety of ways. It is their spirituality, rather than their religious tradition that helps them be available for clients.

Relationship

From many theorists, relationship is seen as key in the initial development of the individual, and in the later reparation of a sense of self, in the therapeutic encounter. For example, Rogers says that autonomy and growth in the individual is enabled by relationship with a significant other (Rogers, 1967). Kohut notes that it is both developmental and relational factors that build the individual (Kohut in Wolf, 1998).

All the co-researchers concur with this, "Relationship with self and relationship with 'other' is important, is critical," However; they base their understanding and experience of relationship around their faith. "We as individuals are made for relationship and that includes relationship with God," and "Just as Jesus came alongside us in the incarnation, so we get alongside other people and do the best we can." Here they are in line with Boadella, who says that the heart of spirituality is

compassion (Boadella, 1998), which inevitably helps them provide the optimum conditions for the client's healing and grow. Sullivan agrees here, noting that faith was a resource for attunement, compassion and presence for the therapists (Sullivan, 1998). Many other writers build their theories centring on reparation through relationship, for example, Stern, 1998; Winnicott, 1964; Bowlby, 1953. This reparation, as one co-researcher puts it, "Redemption is always possible" has its echoes in the Christian faith.

The potential for an I-Thou relationship (Buber, 1931) is interesting as there is disagreement within the co-researchers as to whether or not this is possible. "I actually believe in the Holy Spirit being the 'and' in 'I and Thou', the intermediary. versus, "I strongly believe you cannot have and I- Thou relationship because of the power imbalance that is always there. Buber was talking about a transcendent relationship with the Almighty."

However, most comment on the inherent inequality of the therapeutic relationship. "I am conscious that I do carry a lot of power because the person comes to me thinking I am the expert." and the desire to not manipulate and to give power back to the client as soon as they can. "If you get it right, all you do as it were is to say with Martin Buber, 'I am another human being' and immediately you triangulate to something larger than yourself. There is an authority in the room, but not yours. The other person is empowered. This could be seen as an acknowledgement that initially the power balance lies with the therapist, but that a movement towards dialogic interaction is desirable and show progress through the therapy process.(Clarkson, 1993).

Faith as resource

For all of the co-researchers, faith is a resource for them in their work. "It (faith) is something I find very inspiring."

It tends to improve levels of empathy. This is expressed in a variety of ways, for example having an increased level of tolerance and patience with difficult clients because they are looking for 'the divine spark' or 'the face of God revealed to me'. This echoes Spero's claim that it is only with the spiritual dimension that we can offer profound levels of empathy (Spero, 1990).

It can reduce the risk of being judgmental if one has an 'extra' level of respect for each person because they see something of God in the client. "It makes me a lot less judgmental than I would naturally be." This makes the relationship a more equal one and therefore more likely to evolve into an I-Thou engagement. It is interesting to note that Evans and Gilbert (2005) suggest that it is

through this I-Thou encounter that spiritual experiences can arise. If this is so, then it seems that Spirituality can both enhance the therapeutic encounter and be a result of it.

The Christian faith is based on the ideas of redemption and becoming more Christ-like. (NIV: Galatians, 2:20) This is paralleled by the Psychotherapy concepts of reparative relationship and personal growth. (Erskine and Trautmann, 1993). Therefore one perspective supports the other.

Faith is of particular importance to the co-researchers when difficulties arise. "...something that sustains me when I am getting a lot of negative transference or when I screw up sometimes as a therapist." It provides the means to continue to attune, be compassionate and be present even with the most difficult of clients (Sullivan, 1998). "I think with clients who are very grandiose I can feel quite squashed. I think my faith bolsters me at those times." Its very omnipresence means that the therapists in this study have continual extra level of support that would be lacking without faith.

The 'common ground' is mentioned by a number of co-researchers. A Christian therapist would understand the basic framework of those with the same faith. There will be a shared vocabulary. Schreus (2000) points out the importance of this. As they have knowledge of both psychotherapy and faith perspectives, then there seems more likelihood that the spiritual experience of the client can be accepted and worked with.

Negative aspects of faith

The fact that the therapist has a Christian faith can have negative effects on the therapeutic process. If the therapist is known to be a Christian, or even more profoundly if he/she is a minister of the faith, then this can set up certain expectations in the client that are not helpful. "...the idea that confession and repentance, forgiveness are a kind of five minute job and therefore 'if I have confessed it repented I can go out and I am healed'." They may want confession or absolution, rather than the hard work of processing difficult issues, or they may want to use religion as a defense against pain or an abrogation of personal responsibility, as described by Freud (1940). Sometimes there are particular transference reactions set up because of the persona of the therapist. "Because people know that I am a vicar and I have faith, it very easily facilitates 'Father' transferences. They can be positive and negative....not necessarily helpful." Although this could happen in any therapeutic relationship, they are more likely because of his known position.

For some therapists, dependent on their particular background, having a Christian faith can lead to a more judgmental attitude. "I think I was very judgemental and I didn't know how judgemental I was being." In particular, evangelical Christianity would view the individual in a negative light. For example, "All have sinned and fallen short of the Glory of God" (NIV: Romans 3: 23). This cuts right across Roger's principle of 'Unconditional Positive Regard' (Rogers, 1967). However, it must not be forgotten that 'agape' love (unconditional sacrificial love) is part of the evangelical message also. For example, "This is what love is. Jesus Christ laid down his life for us and we ought to lay down our lives for our brothers" (NIV: 1 John 3:16). The processing and integration of these different aspects are inevitably a matter for the therapist's personal growth journey. As self awareness grows, then judgmentalism becomes less of a problem.

It does seem here that negative experience in the church builds awareness of both judgmentalism and the misuse of power dynamics in the therapist. "One of the reasons for actually choosing psychotherapy was my bad experiences in this country of what I saw as the counsellor in the church. The power dynamics etc were very great." I think it is a huge influence on my practice."

Still for some there is a fear that clients, Christian or not, who know that the therapist is a Christian may make an assumption that they will be judged. This will of course have to be dealt with if it is not to hinder the building of a therapeutic alliance.

This leads to a particular tension between deep empathic attunement and authenticity in the relationship. The therapist can suspend his/her own principles and end up 'loosing him/herself, perhaps colluding with the client in a way that is not therapeutic.

"I think sometimes when we give from the deepest part of us we can click into giving ourselves away in a way that's actually models something counter productive. Because what we are saying to the other person is at the end of the day you must give yourself away for the other person." and "My Christian, 'judgmental thing' lead me to say, 'I mustn't talk about that bit because she might think I was being judgmental.'"

This is interesting, because it implies that two of Roger's great principles of person-centred counselling are working against each other here (Rogers, 1967). In order to be highly empathic, authenticity is lost. Whether this is particular to Christian therapists is a moot point. All therapists will have some value system and not all of their clients will have the same one. Therefore the issue of judging/not wanting to judge is an issue of

awareness for all. Perhaps the difference with Christian therapists is twofold. Firstly the expectation of judgment may be stronger in the client if the therapist's faith is known. Secondly, the Christian may feel they have a particular admonition to be humble, "As Christians, we have an absolute command to be humble about ourselves." and would therefore tend to be particularly sensitive to being seen as judgmental. Perhaps Christian psychotherapists have a more difficult quest in being truly authentic with the client because of this.

Boadella throws some light on this where he talks about layers of religion (Boadella1998). Perhaps the Christian therapist is working in the different layers at different times. Sometimes he/she is triggered into working in the outer religious form, maybe by assumptions of the client, context of the therapy or his/her own proactive transference response (Racker, 1968). At other times perhaps the essential level is to the fore, where spirituality, love and compassion work to unify and strengthen the therapeutic relationship. This would be in line with the many writers that differentiate between the positive aspects of spirituality and the more negative opinion of religiosity (e.g. Maslow, 1968, Luckoff. Turner and Lu, 1993).

Critique

Co-researchers

All the co-researchers integrated at least two main psychotherapeutic theories in their practice and were able to express how it was affected by their Christian faith. All were very clear about which theories they integrated in their psychotherapy model, although some did not articulate clearly how they saw the individual in terms of their faith. In the light of experience, it might have been better to interview people who specifically had some kind of theological training, so that their thoughts in this area were as developed as those in the psychotherapeutic arena. Although efforts were made to draw from as large a spectrum of the Christian faith as possible and a variety of sources were used to find co-researchers, the final sample was dictated by expediency. All of the co-researchers had connections with liturgical churches, either Catholic or Anglican. However, the level of involvement in this kind of Christianity does vary across the group and there was a spread from Evangelical to Liberal Theology. Quite quickly it became apparent that the liberal element proportionally better represented. It was not clear whether this was just applicable to this sample or a representation of the spread of psychotherapists within the Christian spectrum.

The researcher

Bracketing of the researcher's own material was not always easy.

Certainly the issues of

- integrating the different aspects of the self
- relationship; faith as a resource
- power issues

... were important to researcher and co-researchers alike. Although this was held in awareness and a number of checks and balances were put into place, (see methodology) it was an inevitable factor in the research.

It became evident as the research proceeded that the process of conducting the study was having an effect on the researcher, particularly in her view of the individual in a spiritual context. If we assume that the interviews were conducted in relationship as would be congruent with the material, then there must have also been some effect in the other direction. Therefore, although safeguards were in place to reduce this effect, the process of *epoché* (Moustakas, 1994) could not be considered absolute.

Procedure

The interview questions were designed to be as open as possible, allowing the co-researcher to give what information they deemed important. This meant that some co-researchers made little or no comment on some of the areas of interest.

In retrospect, one important area was missed from this study. It did not look at how much support the practitioners felt they received in supervision as they attempted to integrate their faith with their practice, (c.f. West, 1998). This may well have affected how confident they were in allowing the spiritual dimension to be present in the therapy room.

There are some particular subject areas where the researcher's material closely parallels that of some of the co-researchers. For example, the researcher has noted that a consistent theme for her in clinical supervision during the time of the study was a reluctance to challenge clients at appropriate places in their therapy because of an unconscious desire not to be seen as judgmental. As this is a subject touched on by a number of co-researchers, there may be some intermeshing of material. However, where the material occurred it was included in the texts sent to the co-researchers for checking. None wanted it omitted or amended, thereby owning it. This kind of occurrence was seen as an inevitability because

much of the researcher's background is paralleled in that of the co-researchers, (Integrative Psychotherapy training, Christian faith etc), and so values and areas of interest are bound to be similar. While this shared background may cause bias and enmeshment of material, it also gave a common cultural and religious framework that helped establish good contact. This echoes the necessity for understanding the cultural framework of the client (Calestro, 1972: Schreus, 2000). The congruency seems apt as this is a very important issue for all the co-researchers.

Conclusion

This study has brought some illumination to the understanding of the phenomenological experience of psychotherapists with a Christian faith. It shows that faith has high importance for them, for who they are and what they do. It has highlighted a problem, that of how to be authentic, but still be empathic with clients of different value systems, and perhaps this is of particular difficulty to Christian therapists.

This qualitative methodology has proved to be appropriate for the study, allowing the gathering and analysis of large amounts of complex data. Although this was very time consuming, and therefore the sample size remains quite small, it has allowed reasonable access into the actual experience of the co-researcher. In the light of the fact that the eight co-researchers reported similar phenomenological experience the findings can be seen to show a slightly more generalized picture.

There have been some notable difficulties.

1. The bracketing off of the researcher's material inevitably has been only partially accomplished. To offset this any such material has been declared and the analysis must be seen in that particular light.
2. This study asked co-researchers to report on past events and for some of them this must have been after a considerable time lapse.
3. Some of the co-researchers gave very little information on their view of the individual from a theological viewpoint. It would have been better to look for co-researchers who were trained in both theology and psychotherapy so that they were better able to articulate their views from both perspectives.
4. Some investigation of the availability and effect of suitable supervision would have been helpful
5. This is not a comparable study. Therefore the experiences described by the co-researchers

may not entirely be as a result of their faith. Therapists without a faith may have parallel experiences, but describe them with a different vocabulary.

Future work

The possibilities for future work could include:-

- A wider spectrum of Christian experience, particularly people from churches other than Anglican or Roman Catholic.
- A further investigation of the empathy/authenticity tension
- An examination of the language in psychotherapeutic and theological explanations of healing mental and emotional distress. Are the routes to healing essentially the same but described differently, or are they actually different?

References

- Boadella, D. (1998) *Essence and Ground: Towards the Understanding of Spirituality in Psychotherapy*. International Journal of Psychotherapy, Vol. 3, No. 1. 1998.
- Bond, T. (1993), *Standards and Ethics for Counselling*. Sage Publications Ltd. London EC2A 4PU.
- Bowlby, J. (1953). *Childcare and the Growth of Love*. Harmondsworth, UK, Penguin Books
- Buber, M. (1923) *I and Thou*. Translation: Ronald, G. R. (1958) 2nd edition. London. T&T Clark.
- Calestro, K. M. 1972. *Psychotherapy, Faith Healing and Suggestion*. International Journal of Psychiatry, 1972. June, Vol. 10, No. 2 Pages 83-113
- Clarkson, P. (1993). *Transactional Analysis Psychotherapy. An Integrated Approach*. London. Tavistock/ Routledge.
- Clarkson, P. (2002) *The Transpersonal Relationship in Counselling, Psychology and Psychotherapy*. in *Spirituality and Psychotherapy*, King-Spooner & Newnes (Ed), Ross-on-Wye, UK. PCCS Books Ltd
- Daniels, M. (2001) *On Transcendence in Transpersonal Psychology* Transpersonal Psychology Review, 2001, Vol. 5(2) Pages 3 – 11
- Erskine, R. and Trautmann, R.L. (1993) *The Process of Integrative Therapy*. The Boardwalk Papers. Madison, New York, Omni press

- Evans, K. R. and Gilbert, M.C. 2005 An Introduction to Integrative Psychotherapy. Basingstoke, Hampshire. Palgrave Macmillan.
- Frankl (1975) as cited in Boadella, D. (1998) Essence and Ground: Towards the Understanding of Spirituality in Psychotherapy. International Journal of Psychotherapy, Vol. 3, No. 1. 1998.
- Freud, S. (1940) An Outline of psychoanalysis in Strachey, J. (Ed) (1964) Standard edition. Vol. 23. London, Hogarth Press and the Institute of Psychoanalysis
- Hammond, T.C. (1936) In understanding be men. London. Intervarsity Press.
- Hession, R. (1950) The Calvary Road. Hampshire, Christian Literature Crusade.
- James, W. 1902 The Varieties of Religious Experience: A Study in Human Nature. Cambridge Mass. Harvard University Press 1985. (Original edition 1902)
- Jung, C. 1933 Modern Man in Search of a Soul. London Routledge Classics
- Kohut, H. as cited by Wolf, E.S. (1988). Treating the Self. Elements of Clinical Psychology. London. The Guildford Press.
- Luckoff, L. Turner, R. and Lu, F (1992) Transpersonal Psychology Research Review: Psycho religious Dimensions of Healing. The Journal of Transpersonal Psychology, 1993, Vol. 24. No.1
- Luckoff, L. Turner, R. and Lu, F (1993) Transpersonal Psychology Research Review: Psycho-religious Dimensions of Healing. The Journal of Transpersonal Psychology, 1993, Vol. 25, No.1
- Maslow, A. H. (1968) as cited in Irvine, J.A. and Williams, D.I. (2001) The Path and Price of Personal Development. European Journal of Counselling and Health Vol. 4, No. 2 August 2000
- McLeod, J. (2001) Qualitative Research in Counselling and Psychotherapy. London. Sage Publications
- Moustakas, C. (1994) Phenomenological Research Methods. London. Sage Publications.
- N.I.V (1984) Bible: New International Version. London. Hodder and Stoughton
- Racker, H. 1968 Transference and Countertransference. London, Karnac Books
- Payne, P., Bergin, A.E. and Loftus, P.E. (1992.) A review of attempts to integrate Spiritual and Standard Psychotherapy Techniques. Journal of Psychotherapy Integration, Vol. 2, No.3.
- Perls Heffaline and Goodman 1953
- Rogers, C. 1967 On Becoming a Person. London. Constable.
- Rowan, J. 2000 The Three Bodies in Psychotherapy. European Journal of Psychotherapy, Counselling and Health. Vol 3 No.2 August 2000. pp193-207
- Rowe, D. 2001 What do you Mean by Spiritual? in Spirituality and Psychotherapy.
- King-Spooner & Newnes (Ed) (2 001) Ross-on Wye. PCCS Books
- Scott 2005 An Exploration of the Therapists Experience of Integrating Christian Faith with Psychotherapy Practice. (Unpublished manuscript). Nottingham. SPTI.
- Shreus, A. (2002,) Psychotherapy and Spirituality. London. Jessica Kingsley Publishers.
- Shafranke, E.P. and Gorsuch, R.L. (1984) Factors Associated with the Perception of Spirituality in Psychotherapy. The Journal of Transpersonal Psychology, 1984.vol 16 no.2
- Smail, D. (2001) On not being able to Eff the Ineffable. in Spirituality and Psychotherapy. King- Spooner & Newnes (Ed) (2001) Ross-on Wye. PCCS Books
- Spero, M.H. (1990) Parallel Dimensions of Experience in Psychoanalytic Psychotherapy of the Religious Patient. Psychotherapy, Volume 27. Spring 1990, No. 1.
- Stern, D. (1998) The Interpersonal World of the Infant. London. Karnac Books.
- Sullivan, J.P. (1998) On Holy Ground Maryland, USA. University Press of America
- Thorne, B. (1997) as cited in Irvine, J.A. and Williams, D.I. (2001) The Path and Price of Personal Development. European Journal of Counselling and Health Vol. 4, No. 2 August 2001.
- West, W. 1988. Developing Practice in a Context of Religious Faith: A Study of Psychotherapists who are Quakers. British Journal of Guidance and Counselling v26 no.3 Aug 1998 p365-75
- West, W. (2001) Counselling, Psychotherapy and Religion in Spirituality and Psychotherapy. King- Spooner & Newnes (Ed) (2001) Ross-on Wye. PCCS Books
- Winnicott, D. W. (1964) The Child, the Family and the Outside World. London. Penguin Books
- Wolf, E.S. (1988) Treating the self. Elements of Clinical Psychology. London. The Guildford Press.