Relational engagement at the intersection of personal and professional identities: A phenomenological exploration of the experience of Christian therapists

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Relational engagement at the intersection of personal and professional identities:

A phenomenological exploration of the experience of Christian therapists

by

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DISSEPTION

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Abstract

Though Christian spirituality and therapeutic relationships are unique subjects, commonly found throughout literature pertaining to each topic is an emphasis on how people ought to approach and participate in relationship with one another. In other words, each subject represents a unique tradition of relational engagement. For therapists who practice Christian spirituality, it is possible, if not likely, that both traditions impact how they go about engaging with clients. Despite this, there is a lack of material exploring the experience of relational engagement when these traditions intersect. For this reason, I set out to explore what this experience is like for Christian therapists. Using concepts found within Relational Theory as a guide, this study employed a hermeneutic phenomenological framework to gather and process information. Semi-structured interviews were conducted with twenty Christian therapists across the province of Ontario, Canada, to learn more about this experience. Findings from the study suggest that this experience is fluid, complex, and made up of several “structures” that interact with, impact, and are impacted by each other. These include the personal and professional identities of Christian therapists, whether and how such identities are integrated, as well as several relational actions and relational perceptions. Based on this, the following recommendations are made. First, that counsellor educators encourage students to reflect on their personal and professional identities and whether and how they are integrated. Second, that therapists similarly reflect on the intersection of their personal and professional identities and how it impacts their relational engagement with clients. Finally, that clinical supervisors support supervisees in considering how their personal identities impact their approaches to, and experiences of, relational engagement in professional settings.
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Table of Contents

Abstract ................................................................................................................. i
Acknowledgments ............................................................................................. ii
Table of Contents ................................................................................................ iii
List of Figures ....................................................................................................... vii

Chapter One: Introduction ............................................................................... 1
  Background ....................................................................................................... 3
  Statement of the Problem ............................................................................... 4
  Objectives of the Study ................................................................................. 4
  Research Questions ....................................................................................... 5
  Significance of the Study ............................................................................. 5
  Overview of Methodology ............................................................................ 6
  The Researcher ............................................................................................. 7
  Select Terminology ....................................................................................... 9
  Organization of the Dissertation ................................................................. 12
  Conclusion ................................................................................................... 14

Chapter Two: Literature Review ..................................................................... 15
  Selection of Literature .................................................................................. 15
  The Literature ............................................................................................. 20
    Identity Literature .................................................................................... 20
    Personal Identity ..................................................................................... 21
    Professional Identity .............................................................................. 22
    Fluctuating and Intersecting Identities .................................................... 23
    Therapeutic Relationship Literature ...................................................... 25
    Presence .................................................................................................. 28
    Love and Acceptance ............................................................................ 30
    Empathy .................................................................................................. 33
    Power ....................................................................................................... 36
    Christian Spirituality Literature .............................................................. 39
    People as Valuable .................................................................................. 41
    Love and Compassion .......................................................................... 44
    Humility ................................................................................................... 49
    Hospitality ............................................................................................... 51
    Integration Literature .............................................................................. 54
    Defending Integration ............................................................................ 56
    Describing Integration .......................................................................... 57
    Doing Integration .................................................................................... 58
    Spiritually Integrated Psychotherapy Literature ................................... 58
    Application of Literature to Present Study .............................................. 61
    Conclusion ............................................................................................... 62

Chapter Three: Theoretical Orientation ......................................................... 64
  Relational Theory ......................................................................................... 64
  Thirdness ..................................................................................................... 67
  Intersubjectivity ........................................................................................... 69
  Negotiation .................................................................................................. 72
  Application of Theoretical Orientation to Present Study ......................... 76
# Chapter Six: Discussion

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foundation: Personal Identity</td>
<td>158</td>
</tr>
<tr>
<td>Sources of Personal Beliefs</td>
<td>159</td>
</tr>
<tr>
<td>Management of Personal Beliefs</td>
<td>160</td>
</tr>
<tr>
<td>Impacts of Personal Beliefs</td>
<td>162</td>
</tr>
<tr>
<td>Impacts of Personal Identity on Relational Actions</td>
<td>162</td>
</tr>
<tr>
<td>Impacts of Personal Identity on Relational Perceptions</td>
<td>164</td>
</tr>
<tr>
<td>Impacts of Personal Identity on Perceptions of Self</td>
<td>164</td>
</tr>
<tr>
<td>Impacts of Personal Identity on Perceptions of Others</td>
<td>166</td>
</tr>
<tr>
<td>Personal Identity and the Experience of Relational Engagement</td>
<td>167</td>
</tr>
<tr>
<td>Basement: Professional Identity</td>
<td>168</td>
</tr>
<tr>
<td>Professional Identity: Why and How</td>
<td>168</td>
</tr>
<tr>
<td>Professional Identity and Other Structures of Experience</td>
<td>170</td>
</tr>
<tr>
<td>Professional Identity, Personal Identity, and Integration</td>
<td>170</td>
</tr>
<tr>
<td>Professional Identity, Relational Actions, and Relational Perceptions</td>
<td>172</td>
</tr>
<tr>
<td>Professional Identity and the Experience of Relational Engagement</td>
<td>174</td>
</tr>
<tr>
<td>Subfloor: Integration</td>
<td>175</td>
</tr>
<tr>
<td>Overview of Integration</td>
<td>176</td>
</tr>
<tr>
<td>Process of Integrating Personal and Professional Identities</td>
<td>178</td>
</tr>
<tr>
<td>Intersubjective Negotiation and the Process of Integration</td>
<td>179</td>
</tr>
<tr>
<td>Intrapsychic Negotiation and the Process of Integration</td>
<td>180</td>
</tr>
<tr>
<td>Impacts of Integration on Relational Actions and Perceptions</td>
<td>182</td>
</tr>
<tr>
<td>Integration and Relational Actions</td>
<td>183</td>
</tr>
<tr>
<td>Individual Nature of Integration and its Impact on Relational Actions</td>
<td>184</td>
</tr>
<tr>
<td>Integration and the Experience of Relational Engagement</td>
<td>186</td>
</tr>
<tr>
<td>Living Room: Relational Actions</td>
<td>188</td>
</tr>
<tr>
<td>Overview of Relational Actions</td>
<td>189</td>
</tr>
<tr>
<td>Sources of Relational Actions</td>
<td>191</td>
</tr>
<tr>
<td>Fluidity of Relational Actions</td>
<td>192</td>
</tr>
<tr>
<td>Impact and Significance of Relational Actions</td>
<td>193</td>
</tr>
<tr>
<td>Relational Actions and the Experience of Relational Engagement</td>
<td>195</td>
</tr>
<tr>
<td>Bedroom: Relational Perceptions</td>
<td>197</td>
</tr>
<tr>
<td>Experience and Relational Perceptions</td>
<td>198</td>
</tr>
<tr>
<td>Identity and Relational Perceptions</td>
<td>198</td>
</tr>
<tr>
<td>Christian Spirituality and Relational Perceptions</td>
<td>200</td>
</tr>
<tr>
<td>Relational Perceptions and Relational Actions</td>
<td>202</td>
</tr>
<tr>
<td>Impact and Significance of Relational Perceptions</td>
<td>204</td>
</tr>
<tr>
<td>Relational Perceptions and the Experience of Relational Engagement</td>
<td>205</td>
</tr>
<tr>
<td>Conclusion</td>
<td>206</td>
</tr>
</tbody>
</table>

# Chapter Seven: Reflexivity

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reflexivity</td>
<td>208</td>
</tr>
<tr>
<td>Bracketing</td>
<td>210</td>
</tr>
<tr>
<td>Too Good to be True</td>
<td>211</td>
</tr>
<tr>
<td>Discomfort</td>
<td>215</td>
</tr>
<tr>
<td>Experience Describing Experience</td>
<td>217</td>
</tr>
<tr>
<td>Erosion and Examples of Experience</td>
<td>219</td>
</tr>
<tr>
<td>Continual Circling</td>
<td>220</td>
</tr>
<tr>
<td>Continual Circling</td>
<td>222</td>
</tr>
</tbody>
</table>
Chapter One: Introduction

In his seminal work on spiritually integrated psychotherapy, author Ken Pargament (2007) describes his therapeutic orientation as “my road map for working with clients, helping me to identify problems, solutions, directions for change, and the role I should play in this process” (p. 175). Pargament goes on to say, “without this map, I would be lost in the therapy room; oriented by this map, I can feel reasonably confident in the work to come” (p. 175). As apt of a description as this is for any therapist, it does beg several questions. For example, what happens when there are multiple maps? Further, what happens when multiple maps converge or diverge? Do the directions align? Do the maps describe the same terrain? What are the differences, subtle or obvious? What happens to the one reading the maps? What happens to their relationships with those who share their journey? In other words, what is this experience like? That is precisely what this paper seeks to explore.

As noted by Carter (1977), there exists a belief that Christianity and therapy are fundamentally different from each other. According to this view, therapists who practice Christian spirituality¹ – or, as are referred to throughout the remainder of this paper, Christian therapists² – must either choose to emphasize one approach or the other in helping relationships or attempt to bridge the two. This paper is about what happens when these two approaches connect. As both Christian spirituality and therapy represent traditions describing how one can, if not should, go about engaging relationally with another, it could be said that each offers a map

¹ Christian spirituality “involves taking the beliefs and values of Christianity and weaving them into the fabric of our lives, so that they animate, provide the breath and spirit and fire for our lives” (Provost, 2009, p. 47). In other words, the phrase Christian spirituality refers to practicing or enacting the beliefs and values associated with Christianity (McGrath, 1999).

² The phrase Christian therapist is used throughout this paper to describe a therapist who identifies as a Christian or, more accurately, as one who practices Christian spirituality. It is not to be confused with an approach to counselling sometimes known as “Christian counselling” that emphasizes practice in an explicitly “Christ-centered, biblically based, and Spirit-filled way” (Tan, 2011, p. 16). Unless otherwise noted, the phrase Christian therapist is used in reference to a therapist who practices Christian spirituality, as defined above.
for relational engagement. In this sense, this paper is about what happens when one seeks to follow these two roadmaps and, moreover, what their experience of doing so is like. In other words, this paper seeks to better understand the experience of those at the intersection of therapeutic relationship-based and Christian spirituality-based approaches to relational engagement.

Though the phrase *Relational Engagement* is found elsewhere in the literature (e.g., Ozanne et al., 2017; Pols et al., 2017), it has not yet been used in its current form save but one article (Smith, 2021). Defined as the ways in which one approaches and participates in relationship with another, relational engagement involves two main components: *Relational Actions* and *Relational Perceptions*.\(^3\)

*Relational Actions*, as its name suggests, are the many actions, inactions, and reactions one engages in within the context of a relationship or relational encounter. These can include a variety of actions or behaviours, such as those meant to communicate something to another, reactions to another’s actions or inactions, and the many ways in which one presents oneself while interacting with another. Likewise, *Relational Perceptions* are both what and how one believes, perceives, conceives, and even simply thinks about relationship and relational encounters. This includes a variety of perceptions, such as beliefs about relationship in general, assessments of specific relationships or encounters, and perceptions of both people broadly and specific persons within a given relationship. These may also include meanings ascribed to

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\(^3\) It is noted that though the phrases *Relational Actions* and *Relational Perceptions* are found elsewhere in the literature, in each case they are used differently than in the current paper. For example, Wahlgren et al. (2016) use the phrase “relational actions” to describe “actions that create and support positive relationships” (p. 305). Though this use is similar to the current paper, relationals actions in this paper are not necessarily limited to those that contribute positively to relationships. In a similar way, my usage of the phrase “relational perceptions” is broader than is found in the literature. For example, though Littlejohn (1996) describes Laing et al.’s (1966) work on interpersonal perceptions using the phrase “relational perceptions” (p. 254-256), this is reference to specific perceptions about specific relationships and the behaviours and feelings of people within those relationships. My own use of the phrase includes but is not limited to such perceptions, and instead also includes perceptions and beliefs about relationships more broadly.
relationships or experiences within a relationship, beliefs about how one should approach or behave in a social interaction, thoughts on how relationships function or ought to function, beliefs about the nature of people in both broad and specific manners, and interpretations of others’ actions and tendencies within relationships.

Though it is suggested that relational engagement primarily involves actions and perceptions, how one goes about approaching and participating in relationship with another is built on and thereby influenced by numerous other structures as well. To understand the experience of relational engagement for Christian therapists, then, these other structures must also be explored. As will be discussed, these structures include personal identity, professional identity, and whether and how these parts of identity converge and are integrated.

**Background**

Numerous discussions regarding the intersection of Christianity and therapy exist throughout the literature (e.g., Dessel et al., 2011; Harris & Yancey, 2017; Hodge, 2005; Johnson, 2010; McMinn & Campbell, 2007; Shaler, 2016). Despite this surplus of literature, however, to date there has been no exploration as to the intersection of therapeutic relationships and Christian spirituality in the context of relational engagement. Further there has been no attempt to understand how these approaches, particularly when combined, influence Christian therapists’ experiences of relational engagement.

It has been noted that over 50% of social workers in the United States identify as practicing Christianity (Canda & Furman, 2010). Despite there being no record as to this number in Canada, numerous similarities have been noted in social work between Canada and the United States (Gilchrist James, 1986). As such, it is not unreasonable to think there are many social workers and other therapists throughout Canada who likewise identify as practicing
Christianity. It is also not unreasonable to think that the experiences of relational engagement for many therapists in Canada are thus influenced not only by professional, therapeutic training but also by personal experiences of Christian spirituality.

As noted by Furness and Gilligan (2010), “most social workers are insufficiently engaged with reflection on their own values relating to religion and belief” (p. 2186). Further, as this is true of all religions and forms of spirituality, it seems likely that such a lack of reflection may unintentionally lead to significant amounts of harm being done in professional helping relationships (Reid, 1977). Therefore, reflecting on the intersection of therapeutic relationships and religion or spirituality in a Canadian context seems important not only for the purpose of addressing gaps in the literature, but also to increase the likelihood of therapists engaging relationally with clients in therapeutically effective and ethical manners.

Statement of the Problem

As noted in the above quote by Pargament (2007), a therapist’s approach acts as a road map for virtually all aspects of their work with clients. This includes not only their therapeutic processes but also how they engage relationally. As such, and as no studies have yet explored the intersection of religion- or spirituality- and therapeutic relationship-based approaches to relational engagement, this study attempts to do so. More specifically, this study represents an attempt to accomplish this purpose by exploring how Christian therapists specifically experience and thereby manage this intersection.

Objectives of the Study

As will be explored in more depth throughout this paper, Christian therapists’ relational engagement is influenced by multiple factors, including approaches and traditions associated

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4 This study was not meant to be exhaustive or comparative of all religions or forms of spirituality, but instead representative of one particular body of therapists. The decision to focus exclusively on Christian therapists is discussed more in Chapter 4.
with both therapeutic relationships and Christian spirituality. As such, the following objectives of this study were established:

1. To understand how (values associated with) Christian spirituality influence(s) the ways in which a Christian therapist approaches therapeutic relationships.

2. To identify the most salient factors stemming from Christian spirituality that impact a Christian therapist’s approach to therapeutic relational engagement.

3. To discuss the implications of the findings from this research for therapeutic education, supervision, and practice.

Research Questions

With the goal of better understanding the experience of relational engagement for Christian therapists, the following question acted as the focal point of this study:

- How do Christian therapists experience the intersection of Christian spirituality and therapeutic relationships?

As is explained in Chapter 4 of this paper, to explore this question, a number of other research questions were asked during the interviews. These included the following:

- How do you define the phrase “therapeutic relationship”?
- How do you define the phrase “Christian spirituality”?
- How do you understand therapeutic relational engagement?
- As a therapist who practices Christian spirituality, how do you experience relational engagement with your clients?
- What impact, if any, does Christian spirituality have on your approach to relational engagement?
- How, if at all, do you use aspects or values from both therapeutic relationship- and Christian spirituality-based approaches as you engage relationally with clients?

Significance of the Study

As indicated above, this study addresses several gaps in the literature including, for example, how Christian spirituality can influence therapists’ experiences of and approaches to relational engagement. This study also remains significant given its focus as compared to other literature exploring the integration of Christian spirituality and therapy.
Much of the literature exploring the intersection of Christianity and therapy tends to focus on questions of whether integration is ethical. Those who argue that such integration is ethical (e.g., Chamiec-Case, 2008; Neagoe, 2013; Oden, 1989) contribute to a body of literature sometimes referred to as “defending integration” literature (Jones, 2006). In contrast, the current paper makes no attempt to either defend or argue against such integration. Instead, as there are Christian therapists, the question of whether integration should occur is a moot point as there is a strong likelihood it already is occurring. To borrow from van Manen (1990), I am “less interested in the factual status of particular instances” (p. 10) than I am in what this experience is like. In other words, this study does not seek to prove or disprove anything, but instead simply observe, explore, and comment on what is already happening.

As mentioned, it is possible if not likely that there exists a significant number of Christian therapists. As the relationships these therapists form with clients are significant, extremely influential, and often central to their work in therapy, it is important if not necessary to understand more about these experiences. Further, it seems important to understand more about how the convergence of aspects from their professional identity, such as their training or therapeutic values, with aspects from their personal identity, such as their spirituality, impacts their experience and thereby approach to relational engagement.

**Overview of Methodology**

Given the exploratory nature of this study, a hermeneutic phenomenological methodology was used for both the collection and analysis of data. This methodological approach was selected due in part to my own experience. As a Christian therapist, I have experienced the intersection of Christian spirituality and therapeutic relationships. Further, I have experienced relational engagement at this intersection. Whereas some other research
approaches suggest that such experience may hinder my study of others’ experiences, hermeneutic phenomenology holds this need not be the case (van Manen, 1990).

As noted by van Manen (1984), “when we analyze a phenomenon, we are trying to determine what the themes are, the experiential structures that make up that experience” (p. 59). To this end, my methodological approach included consideration of the experiential structures – or “structures of experience” – that make up the broader experience of relational engagement at the intersection of Christian spirituality and therapeutic relationships. It also included interviewing twenty Christian therapists, and reviewing more than three hundred pages of transcripts from their interviews. This was done not to identify “conceptual formulations or categorical statements” (van Manen, 1984, p. 59), but rather to learn more about these structures of experience and the broader experience they make up.

**The Researcher**

As mentioned, I am not merely a researcher but also a practicing therapist. More specifically, I am a Registered Psychotherapist with the College of Registered Psychotherapists of Ontario. At present, I work in a primary health care setting, though over the past ten years, I have also worked in institutional and community-based mental health organizations, domestic violence prevention and abuse recovery programs, and a variety of other settings providing individual, couple and family therapy. I have pursued advanced training in Cognitive Behavioural Therapy for Insomnia, Emotionally Focused Therapy for Couples, the Gottman Method, Sex Therapy, and Compassion Fatigue recovery.

My psychotherapeutic training began when, approximately fourteen years ago, I entered a Master of Theological Studies program with an emphasis on counselling. Whereas I could have pursued other therapy training programs that had nothing to do with theology, my decision to go
this route stemmed in part from my identity as one who practices Christian spirituality. In this program, I felt at home learning how to help others while simultaneously learning more about my Christian spirituality. Further, it was in this program where I was first introduced to the idea of integrating spirituality with professional therapeutic approaches. As such, I have been thinking about the intersection of these two traditions for a relatively long time.

In the years since completing my first graduate degree, in addition to my work as a therapist, I have also taught numerous undergraduate and graduate level courses in psychotherapy and social work practice. These have included courses on subjects such as ethics and professional practice, therapeutic use of self, the integration of faith and counselling, individual and family development, research methodologies, and integrative approaches to counselling, to name just a few. During this time, I also held the position of Assistant Professor and Program Director of Counselling Studies at a small Bible College in Southern Ontario. Each of these experiences further influenced my relationship with the subject of this paper.

Unsurprisingly, I hold certain beliefs about the experience of relational engagement at the intersection of Christian spirituality and therapeutic relationships. These beliefs have been influenced not only by my experiences, but also by the experiences of friends and colleagues, various teachings I have heard, and innumerable readings I have done on the topic. Though a lengthier discussion as to my relationship with this subject is provided in Chapter 7 of this paper, it is worth noting at the onset that before I began this study, I believed the following:

- That Christian therapists are consciously aware of their experience of relational engagement.
- That Christian therapists are able to articulate their experience.
- That Christian therapists’ relational engagement with clients is influenced not only by their professional training, but also by their personal spirituality.
- That Christian therapists are aware of the influence that their spirituality had on their relational engagement.
- That the intersection of Christian spirituality and therapeutic relationships is not and need not be one of conflict.

In his work on what is known as the hermeneutic circle, a concept discussed at more length in Chapter 4, Schmidt (1996) writes:

How does one arrive at a correct projection for the unity of parts and whole? The interpreter must create an openness into which the subject matter may emerge. To create such an openness requires that one call one’s own prejudices into question and listen to and acknowledge the possible correctness of the other. (p. 266)

Prior to my engaging in this study, I set out to reflect on and even call into question my biases, prejudices, preconceived ideas, and so forth. As suggested by van Manen (1990), “our ‘common sense’ pre-understandings, our suppositions, assumptions, and the existing bodies of scientific knowledge, predispose us to interpret the nature of the phenomenon before we have even come to grips with the significance of the phenomenological question” (p. 46). In other words, if I failed to acknowledge to myself prior to beginning this study that I held numerous assumptions and biases about this topic, I would not have been able to truly hear from others about their experiences. Likewise, if I failed to acknowledge to you, the reader, at the onset of this paper that I held, and still hold, various understandings and beliefs about this topic, I may inevitably prevent the emergence of the experience of this phenomenon.

Select Terminology

The study discussed in this paper examines an experience at the intersection of several concepts. As such, there are a number of terms and phrases used throughout and therefore must be defined. These are discussed below. (See Appendix A for a lexicon of select terminology used throughout this paper.)

As noted above, the phrase relational engagement is used to describe the ways in which one approaches and participates in relationship with another. The phrase therapeutic relational
engagement is also sometimes used when discussing relational engagement in the context of therapeutic relationships, therapeutic relationship-based approaches to relational engagement, or relational engagement in the context of therapy.

Throughout the paper, the words relational encounter and relationship are used on several occasions. The first is used to refer to a social or interpersonal interaction between two persons, however brief it may be. The second is used to refer to an established connection between two persons. Though the first may lead to the second, whether in the context of therapy or elsewhere, this is not always the case. Whereas the phrase relational encounter is used to refer to interactions that are limited to a single occurrence, the term relationship references connections that tend to involve multiple, if not recurring, interactions.

There are many definitions of the phrase therapeutic relationship, each of which emphasizes different aspects or ideals of this type of relationship. This multiplicity in turn has produced a lack of consensus about the nature of these types of relationships (Fraser & Solovey, 2006). For this paper, I am using Gelso and Carter’s (1985) definition of the therapeutic relationship as “the feelings and attitudes that the counseling participants have toward one another, and the manner in which these are expressed” (p. 159). In addition to the phrase therapeutic relationship referring to a specific relationship between “counselling participants,” it is also used to refer to a particular tradition within therapeutic literature. In its most irreducible form, this tradition suggests that regardless of therapeutic technique, the relationship between members of a counselling or therapeutic dyad is highly important. The phrase therapeutic relationship, then, is used to refer not only to the specific relationship between two or more persons, but also to the school of thought that emphasizes interpersonal dimensions of therapy.
Building on several of the concepts defined above, the phrases *therapeutic relationship-based approach to relational engagement* and *Christian spirituality-based approach to relational engagement* are likewise used throughout this paper. Each phrase is meant to represent the various values, principles, beliefs, and directives that are associated with their respective traditions about how relationship is to be “done.” Though various approaches exist within each tradition, these phrases are used to refer to the core recurring aspects found within each separate tradition. Evidence and examples of such aspects, as found throughout the literature, are discussed in more length in Chapter 2.

The term *therapist* is used extensively throughout this paper to represent a range of helping professionals from a variety of disciplines that provide psychotherapy and engage in therapeutic relationships as defined above. For the purpose of this paper, these include psychologists, social workers, psychotherapists, nurses, occupational therapists, and physicians. Though several of these terms are used throughout the paper, as well as *counsellors*, unless otherwise noted, they are done so interchangeably. For the sake of clarity, the term *therapist* is used as often as is possible.  

Several terms are used throughout the literature to describe the person of the client. The most common of which include the terms *client* and *patient* and, as such, both appear and are used interchangeably throughout this paper. As noted by Spector (2016), whereas medical professionals such as psychiatric nurses tend to favour the term “patient,” most counsellors and therapists tend to prefer the term “client.” As such, and as all participants of this study identified

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5 Referring to this grouping of professionals by the term *therapist* is not meant to minimize the uniqueness of any one helping profession, or to assume homogeneity among all providers of psychotherapy, as there are many theoretical and epistemological differences both between and among helping professions. Rather, this is done: first, to acknowledge the overlap and similarities between the various helping professionals who practice psychotherapy; and second, to clarify that, though some helping professions, such as social work, comprise many roles, the role specific to this paper is that of therapist.
as practicing social workers and psychotherapists (though one identified as being a nurse, she identified as being a psychotherapist as well), the term *client* is used primarily.

Finally, as with other terminology, there exist multiple terms referring to the practice of therapy. Though the word *therapy* itself is used primarily throughout this paper, other terms such as *psychotherapy* and *counselling* are likewise used at times to refer to “the assessment and treatment of cognitive, emotional or behavioural disturbances by psychotherapeutic means, delivered through a therapeutic relationship based primarily on verbal or non-verbal communication” (S.O., 2007, c 10, Sched. R, s. 3). The decision to use these terms interchangeably stems in part from the presence of such varying language throughout the literature, as well as the fact that participants likewise used a variety of terms when describing their work.

**Organization of the Dissertation**

This paper is organized into a total of eight chapters. Chapter 1 acts as the introduction to the dissertation. This chapter contains relevant background information, the statement of the problem, the purpose and objectives of the study, the research questions, the significance of the study, an overview of the methodology, discussion regarding the researcher, explanations of select terminology, and this organization of the dissertation.

Chapter 2 comprises a review of literature relevant to the dissertation. This includes discussion as to the process of selecting literature; an overview of literature regarding identity, therapeutic relationships, Christian spirituality, integration, and spiritually integrated psychotherapy; and consideration of the application of the literature to this study.

Chapter 3 encompasses discussion regarding the theory that orientated this study. This includes an introduction of relational theory, discussion about the concepts of thirdness,
intersubjectivity, and negotiation, and an overview as to how the theoretical orientation is applied to the present study.

Chapter 4 includes discussion as to the methodological approach used to conduct the study. Included in this discussion are the following topics: research as qualitative inquiry, hermeneutic phenomenology as both theory and research methodology, the recruitment and selection of participants, an overview of the participants, data collection, field notes, reflective journals, transcriptions, written summaries, member-checking, data analysis, and credibility. This also includes discussion about several ethical considerations such as informed consent, confidentiality and anonymity, authenticity, risks and benefits, and compensation.

Chapter 5 begins with a discussion regarding themes and structures of experience in hermeneutic phenomenological research. The remainder of this chapter uses the metaphor of a house to present the findings of this study which, when put together, make up the experience of relational engagement for Christian therapists. These structures of experience are presented through numerous participant-provided stories and statements regarding personal identity (the Foundation), professional identity (the Basement), integration (the Subfloor), relational actions (the Living Room), and relational perceptions (the Bedroom).

Chapter 6 explores the findings of this study. Moreover, by weaving together materials from Chapters 2, 3 and 5, this chapter seeks to accomplish the goal of better understanding Christian therapists’ experience of relational engagement. To accomplish this goal, this chapter includes discussion on a number of subjects. For example, the experience of relational engagement of Christian therapists is discussed by examining the personal identity of Christian therapists and reflecting on the source, management, and impact of personal beliefs and identity. This chapter also includes discussion about the why and how of one’s professional identity, how
one’s professional identity intersects with other structures of experience, and how professional identity relates to relational actions and perceptions. Discussions about the process, impact, and individual nature of integration, as well as how integration connects with relational actions and perceptions is also included. Finally, discussions regarding the relational actions and the relational perceptions of Christian therapists are likewise included in this chapter.

Chapter 7 is reflexive in nature and includes discussions regarding my own relationship with the subject, as well as my experience researching the subject. In keeping with several of the basic tenets of phenomenology, this chapter also includes discussion regarding participants’ experiences when describing their experience.

Chapter 8 concludes the dissertation by discussing the implications of the findings, the limitations of the study, and recommendations to emerge from the study, including those for further research, as well as those for therapists, supervisors, and educators. Finally, this chapter concludes with a discussion regarding my plans for disseminating the findings of this study.

Conclusion

As indicated above, it is possible if not likely that a number of therapists practice Christian spirituality. Further, it is plausible that the personal spirituality of these therapists influences how they go about approaching and participating in professional relationships with clients. As such, and as no known research exists on the intersection of the personal and professional identities of Christian therapists and their approaches to relational engagement accompanying these identities, let alone how they experience and manage this intersection in their relationships with clients, this study and dissertation present a unique and important contribution to the literature and to the field of therapy.
Chapter Two: Literature Review

A great deal of literature exists on the topics of social work, therapy, and spirituality, including Christian spirituality (e.g. Barker, 2013; Gilligan & Furness, 2006). As noted by Barker (2013) however, “relatively little attention has been given to the role of spirituality and religion in the life of the social worker and the subsequent impact that has on the practice context” (p. 5). Instead, much of this literature had tended to focus on issues of religion or spirituality in clients’ experiences in social work (e.g. Crisp, 2008; Oxhandler et al., 2015; Sherr et al., 2009). Though exceptions exist (e.g. Canda & Furman, 2010; Furness & Gilligan, 2010; Stewart et al., 2006), generally there is a noticeable lack of literature exploring therapists’ experiences with these matters.

As this study seeks to explore, and thereby better understand, the experience of relational engagement for therapists who practice Christian spirituality, several subjects must first be understood. The purpose of this chapter is to review literature related to such subjects, organized into five main categories: identity, therapeutic relationships, Christian spirituality, the integration of Christianity and therapy, and spiritually integrated psychotherapy. This chapter concludes with a brief discussion regarding the connection between the literature discussed throughout and the current study.

Selection of Literature

The current paper focuses on the intersection of personal and professional identities and, more specifically, how relational engagement is experienced at this intersection. As such, literature that explores the experience and negotiation of multiple identities is emphasized. One work in particular, by Jones and McEwen (2000), has been described as one of the more illustrative models of multiple dimensions of identity (Evans et al., 2009) and one of the “most
widely recognized” models for understanding the experience of identity (Jones et al., 2014, p. 65). This model is thus used to help explore aspects related to the personal and professional identities of Christian therapists.

As mentioned, there is a great deal of literature that explores the subjects of therapy and Christianity from a variety of perspectives including areas of tension between therapy and Christianity (e.g. Chonody et al., 2013; Stewart, 2009) and areas of compatibility and overlap (e.g. Chamiec-Case, 2008; Neagoe, 2013; Oden, 1989). As this study does not focus on questions of tension or compatibility, however, such literature is not emphasized. Instead, literature describing therapeutic relationship- and Christian spirituality-based approaches to relational engagement are emphasized given their respective connections to the personal and professional identities of Christian therapists.

To understand how literature describes, and even prescribes, relational engagement from a therapeutic relationship perspective, there were numerous articles and books reviewed. Of these, four authors comprising a total of seven works stand out: Rogers’ (1951) *Client-centered therapy*, (1957) *The necessary and sufficient conditions of therapeutic personality change*, (1961) *On becoming a person*, and (1980) *A way of being*; Yalom’s (2002) *The gift of therapy*; Bugental’s (1987) *The art of the psychotherapist: How to develop the skills that take psychotherapy beyond science*; and Kondrat’s (1999) *Who is the “self” in self-aware: Professional self-awareness from a Critical Theory perspective*.

Though additional literature exploring the therapeutic relationship is explored, these particular works stand out in terms of the impact that each author and/or work has had on contemporary psychotherapeutic practice. For example, both Rogers and Yalom have been ranked among the most influential figures in psychotherapy (Cook, et al., 2009). Yalom’s (2002)
text, *The Gift of Therapy*, has been identified as one of the most important texts for therapists (Cook et al., 2009). Like Rogers and Yalom, Bugental (1987) has also been described as one of the most influential figures in furthering understanding of therapeutic presence (Krug, 2009). Kondrat (1999), in discussing critical reflexivity, has influenced anti-oppressive practice (Morgaine & Capous-Desyllas, 2015), which is one of the most commonly used approaches to Western social work practice and education (Wilson & Beresford, 2000). Just as critical reflexivity has significantly influenced social work, humanistic and person-centered approaches to therapy, such as those written about by Rogers, Yalom, and Bugental, have influenced much of contemporary therapeutic practice more broadly (Goldfried, 2007; Hanna, 2015).


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6 Though non-Northern and non-Western traditions of Christian spirituality, such as certain African forms of Christianity (Oladipo, 2006) and Eastern Orthodox Christianity (Payton, 2007), discuss some aspects of relational engagement, material from these has not been surveyed for this paper.

7 The decision to include Vanier’s (1989) work in this dissertation was made several years before it was publicly known that, over a period of more than 30 years, Vanier had “engaged in manipulative sexual relationships with at least 6 women” (L’Arche, 2020, p. 5). The decision to retain Vanier’s work is not meant to minimize the horrific nature of his actions. Instead, the decision to do so, which was neither rushed nor taken lightly, was made in part due to the merit of the ideas presented within its pages, as well as the influence such ideas and the work itself have had on Christianity. A longer discussion regarding this decision is found in Chapter 7.
These authors stand out in large part due to the impact each has had on practices or understandings of relational engagement within Christian spirituality. Nouwen, for example, is considered “one among five or six of the most influential guides for Christian spirituality in the twentieth century” (LaNoue, 1999, p. 283) and has been named as the author read most often by both Catholic and mainline Protestant clergy (Carroll, 2003). Vanier’s works have “influenced the Church’s understanding of what true community is and should be” (Fettke, 2010, p. 89). Aelred has been described as “the unofficial patron saint of spiritual directors,” (Benner, 2002, p. 212), and his text, *Spiritual Friendship*, has been called “one of the richest discussions of spiritual friendship” (Benner, 2002, p. 212). Finally, Benner, who has made “substantial contributions to the literature relating to spirituality and spiritual formation in ways that address the often-shaky linkage between psychology, spirituality, and Christian education” (Howard, 2006, p. 231), provides a contemporary exploration of relationship and friendship from the perspective of Christian spirituality.

Though this literature represents several of the more influential and commonly used therapeutic relationship- and Christian spirituality-based approaches to relational engagement, it is important to acknowledge that other perspectives exist within both traditions. For example, within the tradition of therapeutic relationships, though Cognitive Behavioural Therapy (CBT) emphasizes aspects of relational engagement such as warmth, empathy, and acceptance (Dattilio & Hanna, 2012), “it also tries to remain true to its root in a method that is practical, systematic, concrete, and empirical” (p. 148). This dual focus on both relational and technical aspects of therapy differs from the more singular relational focus of both Person-Centered Therapy and Existential Therapy, two approaches drawn heavily from in this paper.
Within Christian spirituality there also exists varied approaches to relationship. For example, Jay Adams (1970), the founder of Nouthetic Counseling – an approach to Biblical counselling favoured by many conservative, evangelical, and fundamentalist Christians (Joyce, 2014) – argues that one should not attempt to be both open and non-judgmental in relationships as “it would destroy genuine empathy (or at least its expression) and at best could develop only a superficial relationship; more likely a non-relationship would ensue” (p. 86). This position runs counter to those taken by Nouwen (1972, 1981) and Vanier (1989), who suggest that authenticity and acceptance are desirable and even necessary for healthy relationships.

In addition to those discussed above, two other bodies of literature are also explored in this chapter as they exist at the intersection of therapeutic relationships and Christian spirituality. As noted by Pargament (2007):

> When people walk into the therapist’s office, they don’t leave their spirituality behind in the waiting room. They bring their spiritual beliefs, practices, experiences, values, relationships, and struggles along with them. Implicitly or explicitly, this complex of spiritual factors often enters the process of psychotherapy (p. 4).

Assuming Pargament is correct, and that this is true not only for clients but also therapists, it is likely that many, if not all, therapists who practice Christian spirituality bring and integrate their spirituality in therapeutic relationships. As such, a review of literature regarding the integration of Christianity and therapy, as well as spiritually integrated psychotherapy, is important for contextualizing this phenomenon.

As with authors representing other bodies of literature, those selected to represent integration literature are considered exemplars in their field. Stanton Jones, for example, has been described as “a leading second-generation integrationist” (Johnson, 2010, p. 38-39) and has been both professor and provost at Wheaton College, which Kosits (2011) describes as “one of the leading centers for the integration of psychology and Christianity” (p. 164). Likewise, Eric
Johnson is known as a “leading Christian psychology professor,” having held both teaching and research positions at numerous theological institutions for more than twenty years (Shellnutt, 2017). The selection of both Jones and Johnson for the purpose of this paper stems in part from their individual achievements and accolades. Further, they co-edited *Psychology and Christianity: Four views* (2000), a text which has been called “a major contribution to the ongoing discussion of how the field of psychology and Christianity should relate to each other” (Beck, 2001). This and other works they have authored suggest that both Jones and Johnson are voices of authority on the subject of integration.

Finally, though additional literature is also reviewed, one author has been selected to primarily represent the subject of spiritually integrated psychotherapy. Ken Pargament has been described as “a leading figure in the effort to bring a balanced view of religion and spirituality to the attention of scientists and professionals” (Tisdale, 2010, p. 219). In addition to having authored over 300 articles on the subjects of spirituality and health (Iliff, 2017), his (2007) work *Spiritually integrated psychotherapy: Understanding and addressing the sacred*, which is referenced primarily throughout this paper, is considered important, if not seminal, to the field of spiritually integrated psychotherapy (Derezotes, 2009; H. Harris, 2008; Tisdale, 2010).

**The Literature**

**Identity Literature**

Definitions of identity abound throughout the literature. Summarizing the seminal work of Erik Erikson, for example, Kroger (2007) suggests that identity is primarily shaped by “one’s biological characteristics; one’s own unique psychological needs, interests, and defenses; and the cultural milieu in which one resides” (p. 8). Waterman (1992) defines a person’s sense of identity as “a set of goals, values, and beliefs that, to a greater or lesser extent, correspond to the
actual potentials of the individual” (p. 58). Webb (2017) likewise suggests identity is “the central, distinctive and more or less enduring qualities of an actor” (p. 1). These and other definitions suggest that identity is best understood as comprising multiple aspects.

**Personal Identity.** To understand identity, as suggested by Jones and McEwen (2000), requires seeing it as less of something singular and instead as something that is multiple in nature. More specifically, one’s identity is best understood as being comprised of both a core and numerous “layers of identity” that include, for example, “race, culture, gender, family, education, relationships with those different from oneself, and religion” (p. 408). Layers such as these tend to be experienced as “outside identities” that are experienced “as more or less salient” at different times and in different contexts (p. 410). The “inner identity” or core of one’s self (p. 408), in contrast, is experienced as the most consistent part of self and includes attributes and characteristics one sees as being most meaningful and most representative of their truest inner self. It is this part, the inner, personal core of one’s identity, that is thus experienced as “a cohesive self-image that is temporally stable” (Atwood & Stolorow, 2014, p. 31).

As noted by Kondrat (1999), “the self is a construct that is continuously emerging within specific social contexts” (p. 459). Despite this, most people tend to think of their personal identity as being unchanging and “an objective and enduring social reality that transcends the here and now” (Bromberg, 1993, p. 155). As summarized by Weinberg (2007), “while I do not believe individuals have a stable coherent self … I think most people perceive themselves as having a core or stable sense of their identity” (p. 216, emphasis original). In other words, people tend to think of their core personal identity as remaining constant across time and regardless of context.
Personal identity, as suggested by Deaux (1993), includes “those traits and behaviors that the person finds self-descriptive” (p. 6). Findings of a study by Borgman (2009) suggest that those who practice Christian spirituality see their spirituality as being one such important and self-descriptive characteristic. As Borgman writes, “consistently, participants reported that their personal relationship with God was the core of their identity” (p. 517). Christian spirituality or more accurately one’s perceived relationship with God, then, is an example of how characteristics or other aspects of self can be perceived as defining one’s inner, personal identity.

**Professional Identity.** As noted by Webb (2017), “there is no clear-cut acceptance of what is meant by professional identity” (p. 4). It has been noted that professional identity shares a number of similarities with personal identity. For example, Webb (2017) suggests that both personal and professional identities develop through a series of events in which one encounters different values, goals, actions, and so forth. Beddoe (2011) adds that this process, for both personal and professional identities, occurs over time. One other notable similarity is seen in how both types of identity are largely influenced if not determined by certain factors. One of the most influential factors, as noted by Rodgers and Scott (2008), is context: “contexts inevitably shape our notions of who we perceive ourselves to be and how others perceive us” (p. 734).

Despite their similarities, professional identity differs from personal identity in several ways. First, unlike personal identity which exists at, if not represents, the core of one’s identity, professional identity is an “outside identity” or layer of identity. As such, it tends to be experienced as more or less salient at different times and in different contexts (Jones & McEwen, 2000). Second, whereas one’s personal identity tends to be relatively private and individual in nature (Rodgers & Scott, 2008), professional identity “involves the attitudes, values, knowledge, beliefs and skills that are shared with others within that profession” (Beddoe, 2011, p. 27).
Similarly, Wiles (2017) argues that there exists a “collective sense” (p. 40) to professional identity as certain traits and qualities are often prioritized within a given profession.

**Fluctuating and Intersecting Identities.** As noted by Rodgers and Scott (2008), identity “is always ‘in the making,’ rather than stable, shifts according to context and relationships, and is therefore varied and multiple” (p. 736). This echoes the aforementioned findings of Jones and McEwen (2000) who suggest that identity is best understood as comprising multiple “layers of identity” among which there is a great deal of “interaction and interface” (p. 412). To help explain this idea, Jones and McEwen (2000) propose a model of multiple dimensions of identity. Described as “fluid and dynamic,” this model (Figure 1, next page) illustrates how the “importance, or relative salience, of these identity dimensions” (p. 410) depends in large part on their proximity to an individual’s felt sense of self in a given moment, which in turn is dependent on context. In other words, depending on contextual influences, certain layers or dimensions of one’s identity are likely to be experienced as being closer to one’s core identity and as more important or pronounced than are others.

According to Jones and McEwen’s (2000) model, each person’s identity is comprised of a core and multiple layers. As has been discussed, the core is experienced as being the most consistent part of one’s identity. In comparison, though layers of identity or “outside identities” such as professional identity, race, religion, or culture are always present, there is more fluctuation to how they are experienced depending on contextual factors. One such contextual factor, as seen in Figure 1, is what Jones and McEwen (2000) describe as “sociocultural conditions” (p. 409). An example of how this factor influences the experience of identity is seen in Jones and McEwen’s finding that “race was found to be very salient for the Black women in the study, and rarely salient for the White women” (p. 410). Noting that “both difference and
privilege worked to mediate the connection with and salience of various identity dimension” (p. 408), Jones and McEwen suggest this as an example of how contextual factors such as sociocultural conditions can influence the experience of identity. Moreover, this example demonstrates how the different parts of one’s identity can be “experienced simultaneously as well as more or less salient than other dimensions” (p. 410).

As noted by Rodgers and Scott (2008), “the distinction and relationship between one’s self/ves and one’s identity/ies remains murky” (p. 732-733). In other words, the multiple parts that make up one’s identity, including both the core and the “outside identities,” intersect with one another. Wiles (2017) hints at this when describing a “common quandary” that researchers
and practitioners alike encounter regarding “where to draw the line” (p. 40) between someone’s inner core, personal identity, and outer layers of their identity, such as professional identity. Though these two parts of identity are distinct, as are all layers of identity, they are also connected. As such, it is challenging to know where one begins and the other ends. Each layer touches and impacts the other. As Pfohl (2004) notes, “personal identity intersects with professional decisions and opportunities” (p. 152). To understand the notions of both personal and professional identity, then, requires seeing them as fluid and connected.

Therapeutic Relationship Literature

The concept of the therapeutic relationship has long been considered a core component of therapeutic practice (Yalom, 1980). Given its importance and a lack of consensus regarding a specific definition of this relationship (Fraser & Solovey, 2007), there exists a plethora of literature exploring near countless understandings of the therapeutic relationship. Indeed, the therapeutic relationship remains one of the most heavily researched areas of therapy (Fraser & Solovey, 2007). Corsini and Wedding (2008) state that there are over four hundred approaches to counselling, many of which consider the therapeutic relationship as being fundamentally important to therapy (Fraser & Solovey, 2007).

Horvath and Bedi (2002) have described the therapeutic relationship as “the quintessential common ground shared by most psychotherapies” (p. 37). For example, though psychodynamic and person-centered therapies differ in many ways, as noted by Fraser and Solovey (2007), each views the therapeutic relationship as “the critical tool and focus of effective therapy” (p. 67, emphasis added). Yalom (1980) states that, in addition to the abundance of research supporting the importance of the therapeutic relationship, “there is no more self-evident truth in psychotherapy; every therapist observes over and over in clinical work
that the encounter itself is healing for the patient in a way that transcends the therapist’s theoretical orientation” (p. 401). Horvath and Bedi (2002) likewise argue that the effectiveness of many therapeutic techniques, regardless of approach, hinges on a strong therapeutic alliance.

In an analysis of outcome-focused literature, Lambert (1992) observed that whereas approximately fifteen percent of change experienced in therapy is accounted for by specific therapeutic techniques, approximately thirty percent is accounted for by factors related to the therapeutic relationship. Lambert & Barley (2001) concluded, “the common factors, or client-relationship factors, are most significant in contributing to positive therapy outcomes” (p. 358). These factors include “therapist variables (e.g., interpersonal style, therapist attributes), facilitative conditions (empathy, warmth, congruence), and the therapeutic alliance” (p. 358). Findings such as these clearly demonstrate the significance of the therapeutic relationship, which in turn has impacted countless approaches to relational engagement in therapeutic practice.

In what has become an oft-cited work (e.g. Lustig et al., 2002; Wright & Davis, 1994), Bordin (1979) puts forth a conceptualization of the therapeutic working alliance, a concept closely related to the therapeutic relationship (Horvath, 2000). In this, Bordin (1979) suggests that, regardless of therapeutic approach, the working alliance consists of three components: an emotional bond between therapist and client, their agreement on goals of therapy, and their agreement on the kinds of tasks of therapy. In so doing, Bordin argues there are components of the working alliance that are generalizable to all approaches to psychotherapy. Similarly, a review of the literature suggests that there are several key themes of what constitutes a therapeutic relationship that are generalizable to all helping relationships.

Prior to discussing key themes of therapeutic relationships, it must be established what is meant by “key theme.” Further it must be made clear how and why the themes discussed in this
chapter are considered key. The phrase “key theme” is used to signify that the aspect being discussed is considered among the most important in terms of therapeutic relationships.

The process of recognizing a theme as important and therefore assigning it the term “key” – such as those in Table 1 – involved recognizing the weight assigned to them by various authors. These themes were also recognized by their recurring presence throughout the therapeutic relationship literature. Essentially, numerous exemplars of therapeutic relationships, having written countless works over many years, including those emphasized throughout this paper, repeatedly and emphatically hail various ideas and practices as important if not essential for one who seeks to participate in a therapeutic relationship. As such, though an argument could be made that there are other equally important aspects, it is suggested the themes discussed below are among the most important in therapeutic relationships.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Summary</th>
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<tbody>
<tr>
<td>Presence</td>
<td>Described as a complex yet crucially important aspect of the therapeutic relationship, presence is defined as “the quality of being in a situation or relationship in which one intends, at a deep level, to participate as fully as she is able” (Bugental, 1987, p. 27). Presence also involves curiosity on part of the therapist, attempts to journey alongside the client, and a sense of companionship experienced by both.</td>
</tr>
<tr>
<td>Love and acceptance</td>
<td>Borrowing from Howard’s (2008) definition of care, this aspect of therapeutic relationships involves “intentional, loving, self-giving for the enrichment of another” (p. 339). This includes accepting, caring for, respecting, and supporting the person of the client, while also valuing both the person and that person’s experiences.</td>
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<tr>
<td>Empathy</td>
<td>Defined in multiple ways throughout the literature, Rogers (1957) suggests that empathy is “to sense the client’s private world as if it were your own, but without ever losing the ‘as if’ quality” (p. 99). Essentially, empathy involves recognizing and understanding the experience of another.</td>
</tr>
</tbody>
</table>
Power. This theme begins with the notion that power is implicit in therapeutic relationships. As noted by Kondrat (1999), therapists must consider their position in the therapeutic relationship, particularly in terms of the power they often have over the client. This theme also involves consideration of whether and how power can be shared in the therapeutic relationship. As such, the theme of power also includes consideration of therapist genuineness.

Presence. The centrality of presence to therapeutic relationships is evidenced in several ways. First, multiple references to presence are found throughout the literature (e.g. Bugental, 1987; Geller et al., 2010; Friedberg et al., 2013; Yalom, 2002). Second, of these references, many explicitly describe presence as being important if not critical for therapeutic relational engagement. For example, presence is described throughout the literature as a “crucially important matter” (Bugental, 1987, p. 23) and “the most important thing” (Rogers, as quoted by Baldwin, 1987, p. 48). Rogers further emphasized the central importance of presence by explaining, “when I am intensely focused on a client, just my presence seems to be healing” (p. 45). In a similar way, Yalom (2002) makes a case for the centrality of presence:

The here-and-now is the major source of therapeutic power, the pay dirt of therapy, the therapist’s (and hence the patient’s) best friend … The here-and-now refers to the immediate events of the therapeutic hour, to what is happening here (in this office, in this relationship, in the in-betweenness – the space between me and you) and now, in this immediate hour (p. 46, emphasis original).

Statements such as these suggest that presence is one of the most important aspects of therapeutic relational engagement.

As noted by Bugental (1987), presence is best understood as a range, rather than an either/or process. It is characterized by a therapist’s transparency and ability to “authentically remain in psychological contact with patients and their emotionally potent phenomenological experiences” (Friedberg et al., 2013, p. 2). In other words, presence refers to “how genuinely
and completely a person is in a situation rather than standing apart from it as observer, commentator, critic, or judge” (Bugental, 1987, p. 26).

The impact of presence on both people and relationships cannot be understated. Such impacts are multifaceted and well documented throughout the literature. For example, presence can change the dynamics of a relationship, moving it from a place of caution, self-protection, and/or superficiality to a place of vulnerability and depth (Bugental, 1987). This in turn can produce greater closeness and intimacy in relationships, a deeper appreciation for the other, and increased frankness in terms of how each person responds to the other (Bugental, 1987).

Another impact of presence is seen in how it can produce lasting intrapersonal change and growth (Bugental, 1987) and aid clients in better being able to hear, accept and even like themselves (Rogers, 1961). Presence has also been shown to help keep another grounded, even amid what might otherwise be an overwhelming situation (Yalom, 2002).

In addition to descriptions of presence and its impacts, numerous processes involved in the act of being present are found throughout the literature. Bugental (1987) suggests that presence requires two qualities: accessibility, which involves investing oneself in a relationship and being receptive to influence in that relationship; and expressiveness, which involves being willing to be truly known by another. Bugental (1987) also suggests that presence must be developed gradually with a great deal of patience and sensitivity, while actively showing genuine concern for and openness with another.

Geller (2013) proposes a three-step method for establishing therapeutic presence. This begins with a therapist “being open and receptive to client’s experience” (p. 177). Active and patient listening, basic attending skills, and both verbal and nonverbal cues as to one’s openness to the client’s both felt and described experiences are used in this first step. Following this, a
therapist focuses on “inwardly attending to one’s bodily resonance with the clients’ experience” (p. 177). Self and other awareness, including consideration of the positions of both participants in the relationship in regards to power and location, critical reflexivity, and extensive use of empathy are used in this second step. Finally, the third step, according to Geller, involves “extending and contact with the client from this place of receptivity and inward contact” (p. 177). This sees a therapist responding in such a way that demonstrates understanding and facilitates further discussion. This also involves a therapist accepting and caring for the client.

Despite the many prescriptions for creating presence, Engebretson (2004) argues that presence “largely refers to non-instrumental aspects of the patient-provider relationship” (p. 236). From this perspective, presence is “the quality of being open, receptive, ready, and available to the experience of another person through a reciprocal interpersonal encounter” (p. 235). In other words, presence is not about doing; it is about being.

**Love and acceptance.** Another key theme of therapeutic relationships seen throughout the literature is that of love and acceptance. As noted by Kottler and Carlson (2014), the word _love_ “is a peculiar word to use in this professional context” so much so that it is considered by many to be “the forbidden word in our profession” (p. 193). Despite this, the literature contains references to several related concepts including warmth (e.g. Rogers, 1951), empathy (e.g. Rogers, 1980), and support (e.g. Bugental, 1987). Kottler and Carlson (2014) note that these sorts of concepts, along with “caring, respect, and affection are just as healing as anything else that we do for them [clients]” (p. 193).

Rogers (1961) once described the ideal therapeutic relationship as “an atmosphere which simply demonstrates ‘I care’; not ‘I care for you _if_ you behave thus and so’” (p. 283, emphasis original). Elsewhere Rogers (1951) suggests that being loved means, “being deeply understood
and deeply accepted” (p. 159) and inversely that acceptance is “non-possessive love” (Shostrom, 1965). It would seem, then, that acceptance is one of the clearest expressions of love.

As noted by Berlin (2005), acceptance is one of the most commonly used concepts in the therapeutic relationship. To this end, acceptance is discussed often throughout the literature. For example, Rogers (1980) urges therapists to consider “a positive, acceptant attitude toward whatever the client is at that moment” (p. 116). Other descriptions of acceptance suggested by Rogers include:

- “A warm regard for him [a client] as a person of unconditional self-worth – of value no matter what his condition, his behavior, or his feelings … a respect and liking for him as a separate person, a willingness for him to possess his own feelings in his own way.” (Rogers, 1961, p. 34)

- “In terms of the therapeutic situation, I think this feeling says to the client, I have a real hunger to know you, to experience your warmth, your expressivity – in whatever form it may take – to drink as deeply as I can from the experience of you in the closest, most naked relationship which we can achieve. I do not want to change you to suit me: the real you and the real me are perfectly compatible ingredients of a potential relationship which transcends, but in no way violates, our separate identities” (Rogers, 1951, p. 164).

In addition to the descriptions of acceptance provided by Rogers, both Yalom (2002) and Bugental (1987) also discuss acceptance in a manner suggesting it is an expression of love. Yalom (2002), for example, writes, “acceptance and support from one [the therapist] who knows you [the client] so intimately is enormously affirming” (p. 14). Similarly, Bugental (1987) states, “I am interested in what you [the client] have to say … I accept your saying it without necessarily agreeing or disagreeing at this time” (p. 72). In this way, acceptance is akin to “moving away from ourselves” which comes from an “intense desire for that person to grow” (Kottler & Carlson, 2014, p. 201). This, Kottler and Carlson argue, is the essence of love.

Descriptions of love abound throughout the literature. In addition to statements suggesting love involves accepting, elsewhere love is described as involving caring (Bugental,
1987; Rogers, 1961, 1980), valuing (Bugental, 1987; Rogers, 1980), supporting (Bugental, 1987; Yalom, 2002), and respecting (Rogers, 1951, 1961). Yalom (2002) implores therapists to demonstrate “loving respect” for their clients (p. 39). Rogers (1980) further suggests that love involves “dropping my own expectations of what I want him or her [a person] to be for me, dropping my desire to change this person to suit my needs” (p. 85). From this, love means not only accepting and appreciating someone, but also all potential versions of that person, including those one may or may not approve of or desire to see come to fruition.

The impact of love in therapy is well established throughout the literature. Rogers (1961) suggests that “acceptance of each fluctuating aspect of this person makes it for him a relationship of warmth and safety” (p. 34). Elsewhere, Yalom (2002) argues that acceptance can lead a client to feel validated as a person: “to tell an individual all one’s darkest secrets, all one’s illicit thoughts, one’s vanities, one’s sorrows, one’s passions and still be fully accepted by that person is enormously affirmative” (p. 406). Rogers (1961) posits that when loved, people feel “elevated, freer, more accepting of ourselves and others, more open to new ideas, trying hard to understand and accept” (p. 305). Additional impacts of love are seen in how a client may become more likely to then accept one’s self and others (Rogers, 1951, 1961), and how love tends to foster creativity and a sense of freedom (Rogers, 1980). Further, because of love and acceptance, “shy persons become less shy and aggressive persons more sensitive and moderate” (Rogers, 1961, p. 306) while also feeling valued and cared for (Rogers, 1980).

Found throughout the literature are numerous directives regarding how to demonstrate love and acceptance in a therapeutic relationship. One such directive is seen in Rogers’ (1980) description of how love requires “that for the time being, you lay aside your own views and values … in some real sense it means that you lay aside yourself” (p. 143). Rogers (1951, 1961)
also suggests that love requires consistency, support, and a non-judgmental approach built on compassion, sympathy, and empathy. Yalom (2002) explains that this involves “regularly expressing my positive thoughts and feelings about my patients” (p. 13).

Not only does the literature contain directives of how to show love and acceptance, but also specific examples of what this can look like in therapy. One example is seen in Carlson’s (with Kottler, 2014) description of his work with a client named Mike. Carlson writes of how much he liked and admired Mike, and how, during one of their final sessions together, he said, “Mike, you see yourself as someone who has deep flaws that must be disguised and hidden, while I see this amazing man who has created an incredible start to life despite some big handicaps” (p. 202). In a like manner, Rogers demonstrates love by telling a client named Gloria “you look to me like a pretty nice daughter” (Shostrom, 1965). Examples such as these clearly demonstrate that love has a place in therapeutic relationships and that “it is love that drives a lot of our therapeutic work” (Kottler & Carlson, 2014, p. 193).

**Empathy.** A review of the literature suggests that many see empathy as being of vital importance to the therapeutic relationship (e.g. Bugental, 1987; Clark, 2010a; Gibbons, 2011; Rogers, 1961, 1980; Yalom, 2002). Despite this, as noted by Elliot et al. (2011), there is no single agreed upon definition of empathy in psychotherapeutic literature. Having reviewed forty-three definitions of empathy found throughout the literature, Cuff et al. (2016) propose a composite definition of empathy as:

An emotional response (affective), dependent upon the interaction between trait capacities and state influences. Empathic processes are automatically elicited but are also shaped by top-down control processes. The resulting emotion is similar to one’s perception (directly experienced or imagined) and understanding (cognitive empathy) of the stimulus emotion, with recognition that the source of the emotion is not one’s own (p. 150).
From this and other definitions, empathy is best understood as a complex process. Rogers (1980) suggests when it comes down to it, empathy is essentially about “deeply hearing … the words, the thoughts, the feeling tones, the personal meaning, even the meaning that is below the conscious intent of the speaker” (p. 8).

Clark (2010a) has observed that of Rogers’ core conditions of empathy, acceptance, and congruence, empathy is the most researched and discussed. A multidimensional concept (Clark, 2010b), empathy involves “perceiving the hates and hopes and fears of the client through immersion in an empathic process, but without himself, as counselor, experiencing those hates and hopes and fears” (Rogers, 1951, p. 29). More simply put, empathy is “feeling with” another (Brown, 2010).

As noted above, the literature contains many descriptions of the processes of empathy. Empathy involves recognizing the “felt meaning” (Rogers, 1980, p. 141) of a client’s experience in each moment. Empathy also involves:

> Entering the private perceptual world of the other and becoming thoroughly at home in it. It involves being sensitive, moment by moment, to the changing felt meanings which flow in this other person, to the fear or rage or tenderness or confusion or whatever that he or she is experiencing. It means temporarily living in the other’s life, moving about in it delicately without making judgements. (Rogers, 1980, p. 142)

Bugental (1987) notes the experiential nature of empathy, particularly when it involves pain: “emphatically, we know it in our bones. We now sense how it grips him [a client], how it interferes with his otherwise smooth functioning, what he does sometimes to control it, and how desperately he fears it” (p. 205). In this way, empathy is what allows a therapist to become “a confident companion to the person in his or her inner world” (Rogers, 1980, p. 142).

The impacts of empathy have been well established throughout the literature. These include how empathy produces better communication (Rogers, 1961) and enhances therapeutic
processes (Yalom, 2002). Rogers (1980) notes that empathy allows someone to feel truly heard, which in turn produces a number of experiences: “There is first of all a grateful look. He feels released. He wants to tell me more about his world. He surges forth in a new sense of freedom. He becomes more open to the process of change” (p. 10). If someone does not feel heard or understood, however, it is a “very deflating and a very lonely experience” (p. 14).

Much like the other identified key aspects of therapeutic relationships, a number of directives can be found throughout the literature in terms of practicing empathy. Though Rogers (1961) is perhaps one of the strongest proponents of empathy, he argues that expressions of empathy are only effective if they also involve unconditional positive regard:

> It is only as I understand the feelings and thoughts which seem so horrible to you, or so weak, or so sentimental, or so bizarre – it is only as I see them as you see them, and accept them and you, that you feel really free to explore all the hidden nooks and frightening crannies of your inner and often buried experience. (p. 34, emphasis added)

Other references likewise suggest empathy must involve participating “deeply and personally in the healing process” (Yalom, 2002, p. 107); understanding a client’s feelings and meanings, and expressing this understanding to the client (Clark, 2010a); self-awareness (Rogers, 1980); and continually considering the impact of one’s values, perspectives, and social location and identity on their understanding and experience of the moment (Burke & Harrison, 2004).

In terms of what expressions of empathy can look like in a therapeutic setting, Elliott et al. (2011) suggest a number of possibilities, including: *empathic understanding responses*, which communicate understanding of client experiences; *empathic affirmations*, which validate client’s perspectives; *empathic evocations*, which “try to bring the clients’ experience alive using rich, evocative, concrete, connotative language and often have a probing, tentative quality” (p. 47); and *empathic conjectures*, which are attempts to “get at what is implicit in clients’ narratives but not yet articulate” (p. 48).
Underlying the many different ways of communicating empathy is what Egan (2014) describes as a basic empathic response: “You feel … (here name the correct emotion expressed by the client) Because … (here indicate the correct experiences, thoughts, and behaviors that give rise to the feelings)” (p. 113, emphasis original). As noted by Raines (1990), though, empathy must be more than words:

Empathy can never be stated, it must always be demonstrated. Beginning social workers often make the mistake of telling clients, “I know how awful you must feel” or “I understand the feelings you’re going through.” This, however, is not empathy. Empathy always involves explicit feelings stated in a context of tentativeness. Thus, we say, “it seems that you’re enraged because of being treated unfairly” or “it appears you’re getting desperate because no one is offering you a job.” To say we know or understand without demonstrating is both grandiose and falsely reassuring. (p. 67)

When empathy is not only communicated but also expressed, we feel reassured. We also feel valued, cared for, and accepted (Rogers, 1980).

**Power.** The notion of power in therapy is the final key theme of therapeutic relationships discussed in this chapter. One of the more common ways this theme is seen throughout the literature is in conversations about ethical practice (e.g. Anderson & Handelsman, 2010; O’Leary et al., 2013; Proctor, 2002; Zur, 2017). As noted by Adamowich et al. (2014), “social workers have come under increasing pressure to critically reflect on their social locations to minimize the potential harm they could do to clients” (p. 132). As such, many discussions about power in therapy involve topics such as self-awareness and reflection; positions or “relations of power” (D’Cruz et al., 2007, p. 75); the response to power; mutuality; and therapist genuineness.

As noted by Kondrat (1999), self-awareness is considered a “necessary condition for competent social work practice” (p. 451). Adamowich et al. (2014) likewise argue that, “one thing comes across loud and clear for us: we need to critically reflect on our use of self; however we define that self” (p. 132, emphasis original). When literature refers to self-awareness or
reflecting on use of self, it is usually about the impact of self on both others in a relationship and the relationship itself. Kondrat (1999) suggests that “any exclusively psychological account of self-awareness will be incomplete” (p. 464) and that the self is “inextricably emersed in society’s structures both as agent and as product” (p. 464). Because of this, self-awareness involves considering the reality that the self both impacts and is impacted by the social structures surrounding and enveloping the self. More simply put, as noted by Kondrat, “at a very basic level, self-awareness is defined in terms of becoming awake to present realities, noticing one’s surroundings, and being able to name one’s perceptions, feelings, and nuances of behavior” (p. 452). One of the most common themes explored in terms of “present realities” is power.

The existence of a power imbalance in therapy, and thereby the therapeutic relationship, has been well established throughout the literature. Barnett et al. (2007) suggest “the psychotherapy relationship, by its very nature, results in an imbalance of power. The psychotherapist is in a much more powerful and influential position than the client” (p. 401). Similarly, Pope and Vasquez (2011) describe the power differential as “inherent in psychotherapy” (p. 38). Due in part to aspects such as the therapist’s role, experience, expertise, and even status as given by society, as well as the unequal nature of information shared between participants, therapists tend to hold more power than clients in the context of a therapeutic relationship (Zur, 2017).

Unlike those who accept the inevitability of a power imbalance, others (e.g. Parton & O’Bryne, 2000) challenge the notion that power is necessarily imbalanced in a therapeutic relationship and suggest that therapists can and should work collaboratively with clients. As articulated by Rogers (1942), this perspective supposes that “the counselor cannot maintain a counseling relationship with the client and at the same time have authority over him. Therapy
and authority cannot be coexistent in the same relationship” (p. 109). To paraphrase Rogers, this perspective suggests that therapy and authority cannot coexist in an effective and helping relationship, or more simply therapy and authority should not coexist in the same relationship.

One of the more common methods for establishing a collaborative, power-neutral relationship, that which Rogers (1980) calls a climate of mutuality, involves demonstrations of therapist genuineness. Defined as “the ability to and willingness to be what one truly is in the relationship” (Gelso & Carter, 1994, p. 297), some (e.g. Greenberg & Geller, 2001) suggest that demonstrating genuineness helps to challenge any power imbalance that may exist or be perceived within a therapeutic relationship. Similarly, Yalom (2002) recommends challenging “artificial boundaries – patient and therapist, the sick and the well, the dying and the living” and instead focus on “a common humanity” (p. 188).

The literature contains many guidelines describing how to go about demonstrating genuineness in relationship. Perhaps one of the more controversial guidelines comes from Rogers’ (1980) description of genuineness as “the straightforward expressive of all personally owned feelings – both negative and positive” (p. 160). In other words, genuineness is expressed through therapist self-disclosure (Brown, 1994; Hill & Knox, 2002). Though Yalom (2002) likewise encourages the disclosure of all feelings toward a client, he differs from Rogers by suggesting that “here-and-now disclosure should not be indiscriminate; transparency should not be pursued for its own sake” and argues “All comments must pass one test: Is this disclosure in the best interests of the patient?” (p. 87). Other directives as to demonstrating genuineness include admitting when you make a mistake (Yalom, 2002), being both intentional and spontaneous (Schnellbacher & Leijssen, 2009), and using self-disclosure appropriately, selectively and infrequently (Egan, 2014; Schnellbacher & Leijssen, 2009).
In addition to demonstrating genuineness, the literature contains numerous other suggested steps for managing any existing power imbalances in the therapeutic relationship. Examples of such steps include critical self-reflection (Mandell, 2008); exploring and analyzing therapist and client positions of power and access to resources (Burke & Harrison, 2004); facilitating rather than guiding interactions (White & Epston, 1990); setting boundaries (Newman, 1998); and reflecting on one’s “conscious and unconscious behavior, attitudes, beliefs, and feelings” (DeVaris, 1994, p. 591), to name a few.

**Christian Spirituality Literature**

For the purpose of this paper, Christian spirituality is defined as “a lived experience, one that involves a unique way of seeing, a special gestalt of emotions, values, and aspirations, and a distinct consciousness and sensibility” (Scorgie, 2011, p. 28). This definition suggests Christian spirituality is to be actively practiced. It is also to be visible to, and experienced by, others within the context of community and relationship (Benner, 2002; Vanier, 1989).

Christian spirituality is rich in its history and impact on how people engage relationally with others. Historically, Christian spirituality has contributed to the establishment of various helping professions, including social work (Leiby, 1985). History also contains occurrences when Christians have both implicitly and explicitly said, “The church of Christ ... is not a benevolent institution nor a social institution, but an institution for one purpose – winning lost souls to Christ” (Marsden, 2006, p. 81) and in so doing turned a blind eye towards persons in need. Cliteur (2010) suggests that despite these failings, Christian spirituality has also produced “many laudable exhortations and precepts” (p. 76) regarding how Christians are to serve and otherwise engage relationally with others. For example, in the fifteenth century (Tylenda, 1984) Thomas à Kempis argued:
A humble peasant who serves God is much more pleasing to him than an arrogant academic ... If I were to possess all the knowledge in the world, and yet lacked love, what good would this be in the sight of God? (as cited in McGrath, 1999, p. 32)

Since, if not before, this time, humility and love have been considered requisite practices of Christian living (Howard, 2008).

In a similar manner, through the centuries there have been many other influential works not only discussing but also directing interpersonal behaviours meant to love and care for others, for example, as expressions of Christianity (Fleming, 2008; McGrath, 1999). Holder (2010) suggests that such writings have made “a profound difference in the lives of generations of readers across time and space” (p. xiv). That Christian spirituality has made such profound impacts suggests it is a rich approach that has much to offer relational engagement.

A review of Christian spirituality literature suggests that among the many discussions on relational engagement exist several themes. These are put forth as “key themes” of how one who practices Christian spirituality is to approach and participate in relationship with others (Table 2). As with the therapeutic relationship literature discussed above, the process of ascertaining certain themes to be “key” within a Christian spirituality-based approach to relational engagement from occurred through several means. These include noting explicit descriptions of their central importance as well as observing their recurring presence throughout the literature.

<p>| Table 2: &quot;Key themes of relational engagement within Christian spirituality literature&quot; |</p>
<table>
<thead>
<tr>
<th>Theme</th>
<th>Summary</th>
</tr>
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<tbody>
<tr>
<td>People as valuable</td>
<td>This theme of Christian spirituality involves the perception of other people, specifically “seeing the other person through the eyes of Christ” (Benner, 2002, p. 56). Seeing others through such a lens involves seeing people as being created in the image of God, having inherent value and worth, and deserving “nothing less than respect” (p. 55). This theme is also seen in various prescribed actions meant to demonstrate the valuing of another person.</td>
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</table>
Love & Compassion

Considered a foundational component of the practice of Christian spirituality (Nouwen et al., 2005), this theme begins with a belief that God loves everyone and further that we are to do likewise. Demonstrating love and compassion involves joining in the suffering of another, showing respect, being present, and allowing all other actions and forms of communication to be impacted by a belief that God loves the other.

Humility

Humility is described as “one of the most essential things that characterizes true Christianity” (Edwards, 2005, p. 153). Though definitions vary, there is general agreement that humility involves demonstrations of openness and authenticity, and actions meant to create a sense of mutuality in relationship.

Hospitality

As suggested by Braganza (2018), “Christian hospitality involves creating a welcoming space for encounters to occur such that those encountered feel safe, free, loved, and ‘at home’” (p. 35). Motivated by love (Benner, 2002), hospitality is “the ability to pay attention to the guest” (Nouwen, 1972, p. 89) and includes any attitude or action meant to welcome, accompany, and/or demonstrate acceptance of another.

People as Valuable

As noted by Goss-Reaves et al. (2018), one of the more distinctive values of Christian spirituality is a belief that “God created all people in the image of God; therefore, people are created sacred” and that, because of this, “we can acknowledge and believe that all people are worthy of dignity and humane love” (p. 16, emphasis added). These beliefs – that people are created in the image of God and that people are valuable – are echoed throughout the literature in several ways. It is suggested, therefore, that the idea and practice of seeing people as valuable is a key theme within Christian spirituality.

The first way this theme is expressed throughout the literature involves references to how one ought to approach seeing others. These include, for example, statements such as Vanier’s (1989) tongue-in-cheek suggestion that “we should try loyally to see the good qualities of our enemies. After all, they must have a few!” (p. 31). Vanier further explains that seeing people in this light involves looking for “their beauty, the light shining within them … their value and
importance in the universe” (p. 97). Aelred (1977) echoes this notion, suggesting that one look at “nothing in his friend but his heart” (p. 106).

Contrasting the perspective that suggests looking for the good in another, Benner (2002) suggests it is acceptable if not important to see another realistically, including “the weaknesses that are hidden from the view of those at a distance” (p. 68). Such a view, Benner argues, “does not diminish the respect, affection and admiration that they feel” but rather by looking beyond “the outer garb of persona” we can see “the dependable and relatively stable elements of habit, character, disposition and trait” (p. 68). By looking at another this way, one can see their value.

Though the literature contains different understandings of how one ought to see others, woven throughout nearly each of these works is a theme that suggests one is to look at people “through God’s eyes” or to see people how God sees them. One description of what this means is seen in Nouwen et al.’s (2005) description of God’s eyes as “compassionate eyes” (p. 99). Similarly, Benner (2002) describes the eyes of God as “eyes of love” and writes:

… when I see them [other people] through the eyes of Christ, I see their worth and dignity. I also see what they can become, not simply what they are. And if I am really willing to see them as God sees them, I see Jesus in them; I see them as imagers of the God who was fully represented in Jesus (p. 56).

Statements such as these indicate a belief that when God looks at people, God sees them as valuable. The predominant reason for this value presented throughout the literature echoes Benner’s above description of people as “imagers” of God. As Penner (2017) plainly states, “Christians believe in the intrinsic value of every human being because we’re created in God’s image. Nothing negates that image and the value it instills in every human being” (para. 1). When those who practice Christian spirituality attempt to see people through God’s eyes, according to such perspectives, they ought to see them as having value.
Accompanying descriptions of the eyes of God as compassionate and loving are numerous directives to those who practice Christian spirituality to likewise be compassionate and loving. Such directives are to be expected within a tradition that a: promotes a God who is innately compassionate and loving; b: suggests that God sees people as having innate value; and c: suggests that we are to attempt to see and therefore treat people as God does. For example, Vanier (1989) writes that as the teachings of Jesus suggest God loves others, we also are to “love others with the very love of God; to see them with the eyes of the Lord” (p. 31). Similarly, Benner (2002) suggests that when we “see others through God’s eyes of love … [we] begin to experience God’s love for others” (p. 34). The literature thus agrees that seeing people as valuable leads to actions meant to prioritize and value others.

Actions meant to demonstrate the valuing of another are varied and abundant. These include caring enough about others that they become the most important thing to us in the moment of interaction (Nouwen, 1972); encouraging silence (Nouwen, 1981); demonstrating forgiveness, and acting with tenderness, gentleness, and sensitivity (Vanier, 1989). Additionally, one can demonstrate the valuing of another through expressions of respect (Benner, 2002), empathy (Aelred, 1977), patience (Nouwen et al., 2005; Vanier, 1989), faithfulness, loyalty, and stability (Aelred, 1977; Benner, 2002; Vanier, 1989), and honesty (Benner, 2002). Valuing others also requires that one not only give of oneself (Benner, 2002) but also take care of oneself (Vanier, 1989) in order to be able to be effective in providing care for others.

The impacts of believing one is valued by another are well-established throughout the literature. As noted by Nouwen et al. (2005), “the simple experience of being valued and important to someone else has a tremendous recreative power” (p. 80). Other common impacts of being and feeling valued include feeling confident, peaceful and trusted (Vanier, 1989),
experiencing respect (Benner, 2002; Vanier, 1989), and realizing that one is not only loved but even lovable (Vanier, 1989). Nouwen et al. (2005) suggest that when one feels valued and important, “we feel that something very deep is happening to us. Slowly, fears melt away, tensions dissolve, anxieties retreat, and we discover that we carry within us something we can trust and offer as a gift to others” (p. 80).

**Love and Compassion.** As noted above, one of the defining features of Christian spirituality is a belief that God created and sees people as inherently valuable. Accompanying this is a belief that, as God sees people through “eyes” of love and compassion, those who practice Christian spirituality are to do likewise. Numerous statements throughout the literature echo this directive, suggesting that love and compassion are to be foundational aspects of Christian spirituality. Howard (2008), for example, plainly states that “Christian spirituality – as lived relationship – necessarily involves the expression of our care for others” (p. 338, emphasis added). Echoing this belief, Nouwen et al. (2005) argue that compassion should be the most important aspect of Christian spirituality: “as long as we live on this earth, our lives as Christians must be marked by compassion” (p. 131).

Numerous reasons have been put forth as to why Christians ought to demonstrate love. One such reason, proposed by Vanier (1989), suggests demonstrating love and affection is one way of helping others and letting them know that they belong. Another, suggested by Benner (2002), states that the reason we can and even ought to love others is twofold: first, because God loves us: “When the thing about me that I most deeply know is that I am deeply loved by God, I have taken the first step … toward becoming genuinely loving of others” (p. 33); and second, a love of God necessarily “spills over into neighbor love. Jesus tells us that our love of others is to be the sign to the world that we are his followers (John 13:35)” (p. 33, emphasis original).
Whatever the reason, the literature repeatedly describes love as important if not foundational to
the practice of Christian spirituality.

Love is described in numerous ways throughout the literature. One of the more
comprehensive descriptions of love is provided by Vanier (1989):

Love is neither sentimental nor a passing emotion. It is the recognition of a covenant, of
a mutual belonging. It is listening to others, being concerned for them and feeling
empathy with them. It is to see their beauty and to reveal it to them. It means answering
their call and their deepest needs. It means feeling and suffering with them – weeping
when they weep, rejoicing when they rejoice. Loving people means being happy when
they are, sad when they are not. It is living in each other, taking refuge in each other …
And if love means moving towards each other, it also and above all means moving
together in the same direction, hoping and wishing for the same things. Love means
sharing the same vision and the same ideal. So it means wanting others to fulfil
themselves, according to God’s plan and in service to other people (p. 56).

From this, love is an other-centered practice. It involves seeing, accepting, and cherishing others
for who they are; desiring the best for them; and actively working to help bring about that best.

Alongside many of the descriptions of love found throughout Christian spirituality
literature are references to love as found in the Bible. For example, referencing chapter 13 in the
book of 1 Corinthians, Vanier (1989) writes:

Love is not heroic nor extraordinary acts; it is not speaking tongues, prophesying,
knowing all the mysteries and all about science, or even having extraordinary faith,
giving all one’s goods to the poor or being martyred. Love is being patient, rendering
service, not being jealous or proud, not bragging all the time about oneself and
exaggerating one’s own qualities. Love is doing nothing which bruises others; it is
putting the interests of others above our own. It is not being irritable, bitter, aggressive,
or searching for the evil in others; it is not rejoicing in injustice but seeking the truth in all
things (p. 134).

Vanier also draws on other Biblical passages, such as Galatians chapter 5, stating, “growth in
love is growth in joy and patience, goodness, generosity, fidelity, tenderness and self-control. It
is the opposite of all our tendencies to division” (p. 134). Elsewhere, Stennis and Gilliam (2019)
write that “Christian values, which can be found in various places through the Bible, are
summarized in Luke 10:27, when Jesus said that our law requires us to love God with all of our heart, soul, mind, and strength and to love our neighbor as ourselves.” (p. 3).

In addition to the numerous biblical references to love, many other descriptions of love are found throughout the literature. Vanier (1989), for example, provides numerous descriptions of love, including that love is: “the greatest nourishment of all” (p. 184); a long-term if not “permanent” endeavour (p. 20); something in which all people “thirst for” (p. 30); something to which “we are called” (p. 54); something “we should not be afraid of” (p. 184); and something that “can never be static” (p. 267); and what one is doing anytime one seeks to “recognize their [another person] gift and to help them use and deepen it” (p. 253), to name a few. Elsewhere love is described as “a central desire for the blessing of the other person” (Benner, 2002, p. 67); “the motive for attentive listening … the motive for the overall climate of encouragement and support” (p. 172-173); and “the fountain and source of friendship” (Aelred, 1977, p. 91).

Like love, compassion is repeatedly described throughout the literature as an important practice within Christian spirituality. Nouwen et al. (2005) go so far as to describe it as “the center of Christian life” (p. 7). Despite its central importance, compassion is difficult and even counterintuitive (Nouwen, 1981; Nouwen et al., 2005). As suggested by Nouwen (1972), the reason for this is quite simple in that in order to have and demonstrate compassion for another, one must join in their suffering:

Who can save a child from a burning house without taking the risk of being hurt by the flames? Who can listen to a story of loneliness and despair without taking the risk of experiencing similar pains in his own heart and even losing his precious peace of mind? In short: “Who can take away suffering without entering it?” (p. 72)

Compassion requires one to be close enough to feel and thereby share in the suffering of another. It requires one “to blush for one another, to rejoice for one another, to grieve for one another’s fall as one’s own, to regard another’s progress as one’s own” (Aelred, 1977, p. 119).
The very word itself – *compassion* – reveals the heart of the concept in that its Latin roots *cum* and *pati* translate to “suffering with” (Nouwen, et al., 2005, p. 3). Further descriptions of compassion found throughout the literature reveal it as both a concept and a practice. Vanier (1989) suggests that compassion involves more listening than it does speaking. Elsewhere compassion is described as involving sensitivity to and acceptance of another (Benner, 2002; Nouwen, 1972; Nouwen, et al., 2005; Vanier, 1989); accompanying, journeying with, being a companion of, and sharing experiences with another (Aelred, 1977; Benner, 2002; Nouwen et al., 2005); and demonstrating both respect (Benner, 2002) and patience (Nouwen et al., 2005; Vanier, 1989). As Nouwen et al. (2005) describe:

> Compassion asks us to go where it hurts, to enter into places of pain, to share in brokenness, fear, confusion, and anguish. Compassion challenges us to cry out with those in misery, to mourn with those who are lonely, to weep with those in tears. Compassion requires us to be weak with the weak, vulnerable with the vulnerable, and powerless with the powerless. Compassion means full immersion in the condition of being human. When we look at compassion this way, it becomes clear that something more is involved than a general kindness or tenderheartedness. (p. 3-4)

Though acts of kindness and gentleness may be part of it, to demonstrate compassion is much more involved.

As noted above, descriptions of love and compassion abound throughout the literature. Accompanying many of these are statements that are instructive in nature. Often such statements do not distinguish between love and compassion, thus suggesting both their close association and their importance within Christian spirituality. For instance, Nouwen et al. (2005) write “what really counts is that in moments of pain and suffering someone stays with us. More important than any particular action or word of advice is the simple presence of someone who cares” (p. 11). Vanier (1989) further encourages “small gestures of caring, by services and sacrifices …
letting the other go in front of you, not trying to prove that you are right in a discussion … taking small burdens from the other” (p. 48).

Numerous other descriptions of how to demonstrate love and compassion are found throughout the literature. These include conveying acceptance and appreciation for another (Benner, 2002; Nouwen et al., 2005; Vanier, 1989); focusing on, listening to, and valuing another (Benner, 2002; Nouwen et al., 2005; Vanier, 1989); demonstrating sensitivity, kindness, and charity (Aelred, 1977; Nouwen, 1981; Vanier, 1989); and both supporting and, when required, confronting with “nudges to growth” (Benner, 2002, p. 71). Benner describes such “nudges to growth” by stating that “love demands honesty” (p. 69) and that “love cannot ignore things that are self-destructive in the loved one” (p. 70). After all, Benner argues, “confrontation without support will never be experienced as love. But support without confrontation will always remain an insipid form of love” (p. 71).

The impacts that love and compassion can have on both people and relationships are found in various statements made by various authors. For example, Nouwen (1972) writes of how love can restore hope and reduce feelings of loneliness; Benner (2002) suggests that love can help facilitate growth and healing; and Vanier (1989) describes how, “when we feel loved and appreciated for who we are, when we feel trusted and loved by people, we are nourished in the depths of our hearts” (p. 184). Vanier further writes of how, “when a child is loved, seen as precious, listened to, touched with reverence, then it is at peace. It knows it belongs. It is held, protected and safe. It opens up without fear” (p. 13). From this and many other descriptions, it is purported that love can bring about feelings of safety and reduce feelings of fear (Aelred, 1977; Vanier, 1989), make one feel trusted and nourished (Vanier, 1989), and demonstrate how important one is to another (Nouwen et al., 2005). Love and compassion can help one to feel
truly understood, known, accepted and even valued by another (Nouwen, 1972; Nouwen et al., 2005; Vanier, 1989), bring about a sense of bonding or togetherness (Nouwen, 1972; Nouwen et al., 2005; Vanier, 1989), and create a greater sense of both authenticity (Benner, 2002; Vanier, 1989) and mutuality in relationship (Benner, 2002; Nouwen et al., 2005; Vanier, 1989).

**Humility.** Yet another key theme of relational engagement seen throughout Christian spirituality literature is that of humility. Considered a core practice (Woods, 2016) and a vital component of relationship from the perspective of Christian spirituality (Nouwen, 1972; Nouwen et al., 2005; Vanier, 1989), humility involves casting off the illusion of “having it together” (Nouwen et al., 2005, p. 61). Woods (2016) suggests humility “doesn’t mean that what’s going on in our minds and hearts isn’t important, but we don’t have the starring roles in our own lives” (para. 6). Humility involves acknowledging at least to one’s self, if not others also, one’s own woundedness (Nouwen, 1972), when one is wrong (Aelred, 1977), and when one feels weak and even broken (Nouwen, 1972; Vanier, 1989).

Related to modern understandings of humility is the notion of authenticity. As suggested by Vanier (1989), if one is to “help people in anguish and distress, people who are marginal, or living in darkness and confusion … we have especially to know how to enter into authentic relationships” (p. 278-279). Authenticity, which begins with a realistic awareness of one’s strengths and limitations is discussed repeatedly throughout Christian spirituality literature (e.g. Benner, 2002; Nouwen, 1972; Nouwen, et al., 2005; Vanier, 1989). It requires openness with oneself and others (Aelred, 1977), and is understood to be both something to aspire to in relationship, and a natural by-product of a healthy relationship (Vanier, 1989). In involves bringing one’s whole self, especially one’s inner depth and substance, into each relationship (Benner, 2002); responding genuinely (Vanier, 1989), especially to another who is suffering
Alongside humility, authenticity is understood as not only a basic component of relational engagement from the perspective of Christian spirituality (Vanier, 1989), but also at the very heart of what makes a true meaningful relationship (Aelred, 1977; Benner, 2002; Nouwen, 1972).

Like authenticity, the practice of mutuality in relationship relates to and stems from humility. If it is true that all persons are indeed equally wounded (Nouwen, 1972) and broken (Vanier, 1989), or that all are “pilgrims on the way, sinners in need of grace” (p. 61) and “naked, vulnerable, weak, sinful, deprived, broken – nothing” (Nouwen, 1972, p. 27), from the perspective of Christian spirituality, relationships ought to be equal and reciprocally beneficial (Aelred, 1977). Sometimes referred to using terms such as equality (Aelred, 1977; Nouwen et al., 2005), solidarity (Nouwen, 1981; Vanier, 1989), and togetherness (Nouwen, 1972; Nouwen et al., 2005), the idea of mutuality suggests that relationships should be built on a foundation of solidarity and mutual influence (Benner, 2002; Nouwen et al., 2005; Vanier, 1989). When relationships are so constructed, they can become a place of trust and safety, and a reciprocal source of celebration and consolation (Aelred, 1977). Further, when relationships – be they formal or informal (Benner, 2002; Vanier, 1989) – are built on mutuality, it becomes possible for both participants to help and influence each other, and even the relationship itself (Vanier, 1989).

As with the other key themes of Christian spirituality mentioned above, the literature contains many suggestions regarding how to go about demonstrating humility and authenticity, and in so doing create a climate of mutuality in relationship. For example, Vanier (1989) notes that in order to demonstrate humility and authenticity, “we must start very simply, by recognizing our own blocks, jealousies, ways of comparing ourselves to others, prejudices and
hatreds” (p. 38). Such a process, Vanier argues, increases humility, which in turn increases openness with others. In this sense, openness, authenticity, or genuineness means:

… that what I say, I mean and believe. It also means that what I show, I feel. It means not pretending. Being genuine does not mean communicating everything I feel or think. But it does mean that what I do communicate, I genuinely feel, believe and think (Benner, 2002, p. 51).

Such openness with others helps provide opportunity to recognize the commonness of experience, both painful and joyful, which in turn aids in creating a sense of mutuality between people (Benner, 2002; Nouwen, 1972; Nouwen et al., 2005; Vanier, 1989).

Literature suggests that the impacts of humility, authenticity, and mutuality in a relationship are both complex and significant. One such impact, as indicated above, is that such qualities tend to lead to further establishment of those same qualities. In other words, humility can lead to authenticity (Vanier, 1989), which can lead to a shared sense of humanity (Nouwen, 1972; Vanier, 1989), which can then lead to both greater humility and a sense of mutuality, and so on. Another impact, as noted by Vanier (1989) involves the overall wellbeing of others as “people are nourished by humility” (p. 185). Similarly, Benner (2002) suggests that authenticity can help facilitate healing and growth in the life of another. Finally, as observed by Vanier (1989), humility, mutuality, or “the sharing of weaknesses and difficulties and the request for help and prayer are like cement to the community; they bind people and create unity; they help us discover that we need each other” (p. 287).

**Hospitality.** The final key theme from Christian spirituality literature addressed in this chapter is hospitality. As noted by Braganza (2018), hospitality is described in numerous ways throughout the literature, including as a paradigm, a virtue, a discipline, an attitude toward others, a “way of life” (Pohl & Buck, 2004, p. 12, as cited in Braganza, p. 35), a “vital moral” (p. 35), and an “ethical injunction” (Kinnamon, 1999, p. 159, as cited in Braganza, p. 35).
Elsewhere, hospitality is described using terms such as welcoming (Benner, 2002), acceptance (Benner, 2002; Nouwen, 1972; Vanier, 1989), and accompaniment (Vanier, 1989).

In addition to Braganza’s (2018) abovementioned definition of hospitality, numerous other definitions exist. As with other definitions, these have shifted over time. For example, as noted by Pohl (1999), historically hospitality has been understood as the act of “extending to strangers a quality of kindness usually reserved for friends and family” (p. 19). Nouwen (1972) defines hospitality as “the ability to pay attention to the guest” and “the virtue which allows us to break through the narrowness of our own fears and to open our houses to the stranger …” (p. 88-89). Vanier (1989) likewise suggests that hospitality or welcoming can be understood as “an attitude; it is the constant openness of the heart; it is saying to people every morning and at every moment, ‘come in’; it is giving them space; it is listening to them attentively” (p. 267-268).

As noted by Pohl (1999), though hospitality is in many ways an attitude, it also must be accompanied by some sort of action:

The practice of hospitality forces abstract commitments to loving the neighbor, stranger, and enemy into practical and personal expressions of respect and care for actual neighbors, strangers, and enemies ... Claims of loving all humankind, of welcoming “the other,” have to be accompanied by the hard work of actually welcoming a human being into a real place. (p. 75).

This “real place,” as noted by Pohl (1999), occurs any time one welcomes another into their life. Benner (2002) likewise states “the essence of hospitality is taking another person into my space, into my life” (p. 46). Whether this involves a physical space or not, as noted by Nouwen (1975), “it is possible for men and women and obligatory for Christians to offer an open and hospitable space where strangers can cast off their strangeness and become our fellow human beings” (p. 65, emphasis added). Hospitality, then, is to be considered not only a key theme, but also a necessary practice of Christian spirituality.
Throughout the literature, one of the most commonly suggested ways for demonstrating hospitality and creating the sort of space described above is presence. Christian spirituality literature suggests presence involves patience (Nouwen, et al., 2005), sensitivity (Aelred, 1977; Nouwen et al., 2005; Vanier, 1989), listening (Benner, 2002; Nouwen et al., 2005; Vanier, 1989), and a willingness to be still (Benner, 2002). Presence helps create the sort of climate where people can “communicate some of their inner pains and joys to someone who can hold them without making judgments, but with understanding, compassion and a certain wisdom” (Vanier, 1989, p. 249). In other words, presence transforms the space we offer others into that which “many people need desperately” (p. 249). As suggested by Benner (2002):

It is a place where masks and pretensions can be set aside. It is a place where it is safe to share deepest secrets, darkest fears, most acute sources of shame, most disturbing questions or anxieties. It is a place of grace – a place where others are accepted as they are for the sake of who they may become (p. 48).

Presence aids in bringing about feelings of safety and acceptance. It can also help one feel important, listened to, and cared for (Nouwen, 1972; Vanier, 1989).

In addition to presence, the literature contains numerous other directives for how to demonstrate hospitality. Nouwen (1972) suggests that underlying these various directives are two requirements: “first of all that the host feel at home in his own house, and secondly that he create a free and fearless place for the unexpected visitor” (p. 89). Ways of creating this place include, for example, demonstrating acceptance, respect and appreciation for another’s separateness, uniqueness and differentness (Aelred, 1977; Benner, 2002; Nouwen, 1972; Vanier, 1989); maintaining confidentiality (Benner 2002); encouraging authenticity (Nouwen, 1972); striving to identify with others (Vanier, 1989); focusing on and listening to others (Benner, 2002; Nouwen, 1972; Nouwen et al., 2005; Vanier, 1989); and showing both humility (Vanier, 1989) and loyalty (Aelred, 1977; Benner, 2002).
As noted by Vanier (1989), hospitality “demands time and patience, because they [people] are afraid of revealing themselves and won’t open up to just anyone. They need to sense that they are not being judged, but really understood” (p. 275). Despite how time consuming and challenging it can be, hospitality is repeatedly encouraged throughout the literature due to its many positive impacts. For example, in addition to the creation of a place where people feel as though they belong and are at home (Benner, 2002; Vanier, 1989), hospitality can help people find healing (Nouwen, 1972) and know that they are loved and appreciated (Vanier, 1989). Hospitality can help reduce feelings of loneliness (Nouwen, 1972) and increase feelings of safety (Benner, 2002).

Integration Literature

The relationship between Christianity and social work, counselling, and psychology has been explored at length throughout the literature. As observed by Johnson (2010), “countless books have been written by Christians that describe our personalities, our boundaries, our dysfunctional development, our relationships and their problems, how our children should be raised, and so on” (p. 9). Among these, “there is considerable disagreement about how much the theories and findings of this type of psychology [secular] should influence, be absorbed into and even transform the way Christians think about human beings” (p. 9-10). On one end of the spectrum are arguments for Christians to wholeheartedly embrace secular psychological thought and theory; on the other end are arguments as to how “any appropriation of modern psychology is ‘psychoheresy,’ since it necessarily poisons the Christians who imbibe it” (p. 10). Johnson further notes that these and other “various factions have alternatively criticized, denounced and ignored one another, each firmly convinced that its approach is the only valid one” (p. 311).
Though there exist extreme positions in this debate, the majority are instead located in the “vast territory between them” (Johnson, 2010, p. 10). As the extreme positions represent beliefs of either total acceptance or absolute rejection, it is possible that those who hold such positions rarely if ever question whether or how to integrate the traditions of Christianity and psychology. For those in the “vast territory between them” however, questions of whether and how to integrate ideologies and practices from each tradition abound. Jones (1986) suggests, “for the Christian, a commitment to the pursuit of truth entails a necessary commitment to the task of integration” (p. 32). Goss-Reaves et al. (2018) likewise maintain, “It is critical that Christian social workers integrate their own values with the values of the profession” (p. 15). In part due to arguments such as these, as well as the relatively central positioning of each of the therapists interviewed in this study, neither extreme position is emphasized in this chapter, but rather an overview of literature pertaining to integration more broadly is reviewed.

Jones (1986) describes the task of integrating Christianity and psychology as “one of great excitement and challenge. Its complexity belies easy summarization” (p. 32). Jones’ description captures several key characteristics of this subject and by extension this body of literature. First, there is a great deal of excitement woven throughout the pages of integration literature. Words and phrases such as wonderful (Jones, 1986), hostility (Cnaan, 2006), controversy (Dudley & Helfgott, 1990), and enemy and ally (Benner & Palmer, 1996) suggest that those who write about this subject see it as an exciting and important task.

A second characteristic of integration, as indicated in Jones’ (1986) above description, is its challenging and complex nature. Sherwood (2008a), for example, explains that though there is much agreement between Christianity and social work, specifically in terms of guiding principles, many disagree regarding “the foundational assumptions/worldviews which support
the principles, the rules/strategies for prioritizing the values principles when they conflict, and the practice implications of the value principles” (p. 412). In other words, questions of whether and how integration ought to occur involves numerous layers and considerations that must first be addressed, including the fundamental question of whether they should be integrated at all.

Defending Integration. The most common form of integration literature, which Jones (2006) refers to as Defending Integration literature, is “dominated by a focus on tensions between Christian and secular worldviews, and concerns regarding the violation of clients’ rights to self-determination” (Milner, 2014, p. 236). Authors such as Baskin (2002), for example, suggest “social work practice cannot be whole without including the spiritual dimension” (p. 6) and “cannot be truly effective without it” (p. 9). Others such as Furman et al., (2011) have likewise argued that Christian spirituality specifically has the potential to positively impact social work practice “by providing a compatible interpretive framework that enhances core social work values such as client self-determination and anti-oppressive practice, and by opening avenues of reconciliation and forgiveness” (p. 176). In response to such claims, though, others have expressed concerns about the compatibility of social work values and Christian values (e.g. Belcher et al., 2004; Thaller, 2011). Further, concerns of the potential of inappropriate, discriminatory or oppressive (Moss, 2005) practices, such as proselytizing or morally judging clients (Keith-Lucas, 1985; Sherr et al., 2009) are also raised. From these opposing sides comes a multifaceted debate as to the place of Christian spirituality in social work and therapy.

Within the Defending Integration literature, a variety of positions can be found. Though “virtually every history of social work and social welfare mentions something about the Christian influences and connections of the 19th and early 20th centuries” (Vanderwoerd, 2011, p. 244), there exists little further agreement as to the relationship of Christian spirituality and social
work. Though some (e.g. Russel, 1998) have explored the topic in a positive light, most have instead focused on how Christianity has caused harm in the realm of social work (Hodge et al., 2006). Vanderwoerd (2011) argues it is not uncommon for this literature to characterize “religion, especially Christianity … as judgmental, moralistic, unscientific, and an obstacle to progress, professionalism, and sophisticated diagnosis, assessment and intervention” (p. 248). Praglin (2004) suggests this occurs for the simple reason that “many social workers question not only whether spirituality and social work mix well, but indeed whether they should do such a stirring” (p. 69). Moving beyond such arguments and Defending Integration literature, though, are numerous descriptions of what integration should and does look like.

**Describing Integration.** The second category of integration literature suggested by Jones (2006), entitled Describing Integration, includes “the many offerings of ‘models’ of integration and other attempts to create taxonomies or classify methods of integration that flow from our religious perspectives” (p. 252). A number of variations exist among these models including different contexts for practice such as psychology, psychotherapy, and social work; different approaches to integration; and whether the focus is on micro or macro aspects of practice. Despite these differences, there is also a shared element across approaches in that each is an “approach to psychotherapy, informed by Christian theology and spirituality as well as contemporary psychology” (McMinn & Campbell, 2007, p. 16-17). In other words, Describing Integration literature contains few arguments for and against integration, and instead assumes that, in some capacity at least, integration is possible and, as such, attempts to describe what it looks like in practice.

A subset of Describing Integration literature most relevant to this paper centers on psychotherapeutic practice. McMinn and Campbell (2007) summarize the heart of this literature
saying, “Some believe that faith is enough, that psychology is irrelevant and perhaps dangerous. Others believe that psychology is enough, that faith ought to be left outside the counseling office” (p. 22-23). Throughout these discussions can be seen a commonly asked question: “to what extent should counseling and our view of persons be influenced by both the Christian faith and contemporary psychology?” (McMinn & Campbell, 2007, p. 22). Further, many of these discussions seek to understand how the relationship between Christianity and therapeutic practice influences the ways in which Christian therapists go about engaging with others.

**Doing Integration.** In his discussion on the various types of integration literature, Jones (2006) reflects, “it has been a concern for me for many years that we spend so much time defending and defining integration and so rarely get around to doing it” (p. 258). In this, Jones is commenting on the reality that, in comparison to other bodies of integration literature, this third type – that which he calls *Doing Integration* – is limited. Most integration literature has explored questions related to whether therapy and Christianity can or should coexist, as well as questions of how this might happen, hence the larger bodies of literature devoted to *Defending* and *Describing Integration*. Noticeably missing are studies on how integration actually happens. Though some exceptions exist, such as T. Harris’ (2008) exploration of “what it is like to be a Christian in the field of social work, as well as how Christian social workers actively integrate their faith and practice” (p. 8), as compared to other integration literature, such investigations are much less common. Even more rare are explorations of the influence of therapeutic factors and Christian spirituality on helping relationships.

**Spiritually Integrated Psychotherapy Literature**

As noted by many throughout the literature (e.g. Corey, 2006; Daniels & Fitzpatrick, 2013; Plumb, 2011; Stewart-Sicking et al., 2017), in recent years spirituality has become an
Important consideration in psychotherapy. In addition to literature specific to Christian spirituality, there is another body of literature that emphasizes the integration of spirituality and psychotherapy more broadly. Known as spiritually integrated psychotherapy, this approach considers the integration of spirituality in clinical practice in a variety of ways. For example, Cotton et al., (2007) recommend that therapists screen for spirituality during initial assessments. Stewart-Sicking et al. (2017) likewise suggest considering a client’s goals and how they relate to spirituality, if and how a client talks about and even owns their faith or spirituality, whether and how a client may be embedded in a particular faith tradition, and how a client’s spirituality might contribute to their sense of meaning or purpose. Regardless of whether such subjects are explicitly discussed throughout a therapeutic encounter, however, spiritually integrated psychotherapy maintains that issues of religion and spirituality should always be considered.

Among the many reasons put forth as to why spirituality ought to be considered in therapy is a belief found recurring throughout the literature: spirituality is important. Pargament (2007), for example, describes spirituality as “a vital dimension in the lives of many clients” (p. 176). Elsewhere (Stewart-Sicking et al., 2017), it is likewise argued that spirituality and religion are “central categories for understanding what it means to be human” (p. 238). Corey (2006) suggests that, “because spiritual and religious values can play a major part in human life, spiritual values should be viewed as a potential resource in therapy rather than as something to be ignored” (p. 117). Plumb (2011) takes this a step further, arguing “spirituality can either help or hinder the healing process” (p. 2).

As noted by Pargament (2007), spirituality is not merely an important but also an inevitable dimension of therapy for many people:

When people come to psychotherapy, they do not check their spirituality at the door. Spiritually integrated psychotherapy assumes that spirituality is often interwoven with the
problems that clients bring to psychotherapy, the solutions to those problems, and the client’s larger social and cultural context (p. 176).

As such, spiritually integrated psychotherapy offers numerous orientations for understanding the role of spirituality. These include how a client experiences the sacred, how the divine reveals its presence in the life of a client, the spiritual dimensions to a client’s problems, and the many ways a client may express spirituality (Pargament, 2007).

Spiritually integrated psychotherapy has been described as “an approach to treatment that acknowledges and addresses the spirituality of the client, the spirituality of the therapist, and the process of change” (Pargament, 2007, p. 175-176). Pargament further explains that the many orientations of spiritually integrated psychotherapy can produce specific beliefs and assumptions about spirituality, the client, the therapist, and the process of change. For example, Pargament suggests that a spiritually integrated psychotherapeutic orientation towards a therapist reveals:

- Therapists do not leave their spirituality outside the therapy office.
- Therapists vary in their degree of professional spiritual integration.
- Spiritual intolerance by therapists has no place in psychotherapy.
- Spiritually integrated psychotherapy requires spiritual literacy and competence on the part of the therapist, including spiritual knowledge, openness and tolerance, self-awareness, and authenticity. (p. 177)

In light of points such as these, it is clear that spiritually integrated psychotherapy is more than a specific approach in terms of technique or clinical practice. It is a lens through which one can understand both therapeutic processes and the roles of clients and therapists alike.

Beyond acting as a lens to understand the relationship between spirituality and clients, therapists, and therapeutic change, the literature is clear that spiritually integrated psychotherapy also involves various practices. For example, Daniels and Fitzpatrick (2013) suggest spiritually integrated psychotherapy requires that therapists first, be aware of their own attitudes towards spirituality, which includes awareness of their assumptions, values, and biases; second, develop
knowledge regarding experiences, worldviews, and cultural differences of clients, specifically in terms of their relationship to spirituality; and third, incorporate numerous intervention strategies, including both assessment- and therapy-specific techniques appropriate for working with different experiences of spirituality and religion. Pargament (2007) likewise suggests “four essential qualities of the spiritually integrated therapist” (p. 190), which include spiritual knowledge, openness and tolerance, self-awareness, and authenticity.

Spiritually integrated psychotherapy is considered “multimodal” and, as such, make use of a variety of techniques including, when appropriate, spiritual resources and practices (Pargament, 2007). Despite this, spiritually integrated psychotherapy “is not simply one more set of techniques that can be piggybacked onto other therapies. It grows out of a different way of thinking about problems, solutions, and human nature more generally” (p. 199-200). This “different way of thinking about problems, solutions, and human nature” is seen not only in assessment and therapeutic techniques, but also in the language used by a spiritually integrated psychotherapist, how therapists can draw on their own experiences and traditions, how therapists can help clients identify spiritual resources, and how therapists can help clients access spiritual practices, spiritual relationships, and spiritual coping methods. In other words, it is about how therapists experience the intersection of spirituality and therapeutic dimensions.

Application of Literature to Present Study

The literature reviewed in this chapter does not represent the entirety of the many works on identity, therapeutic relationships, Christian spirituality, integration, or spiritually integrated psychotherapy. Indeed, there exist many other authors and works of literature representing numerous other traditions on these subjects. Rather than being exhaustive, the selected literature is meant to be illustrative of several of the more common understandings of relational
engagement according to therapeutic relationship- and Christian spirituality-based traditions, as well as several ways in which these traditions intersect. Therefore, it is noted that this selection is demonstrative of but one way of understanding these subjects, approaches, and traditions.

Any attempt to explore the experience of relational engagement for Christian therapists in the context of therapy requires knowledge of both therapeutic relationship- and Christian spirituality-based approaches to relationship. To date, no such side-by-side exploration of these two traditions, or how and when they intersect, exists in the literature. By exploring not just one but both approaches to relational engagement, the review provided above addresses this gap and in so doing helps explain the origins of experience of the therapists interviewed in this study.

In addition to addressing a gap in the literature related to the key themes of relational engagement for Christian therapists, this review also helps to address another gap. As stated above, there is a noticeable lack of literature geared at that which Jones (2006) calls doing integration. By reviewing both therapeutic relationships and Christian spirituality as traditions of relational engagement, this chapter draws on “religious faith in dialogue with psychology to add constructively to the body of psychological theory and practice” (Jones, 2006, p. 252). In so doing, this chapter functions as an attempt at not merely understanding and approaching integration, but also doing integration.

**Conclusion**

The literature review contained in this chapter explores several subjects relevant to this study. This includes identity, therapeutic relationships, and Christian spirituality, focusing specifically on literature that emphasizes ideals and practices associated with interpersonal relationships. This also includes literature regarding both the integration of Christianity and therapy, and spiritually integrated psychotherapy. This literature review provides a broad
understanding of subjects related to the experience of relational engagement for therapists who practice Christian spirituality. In this regard, this review is meant to both help contextualize and lay a foundation for later analysis of this experience.

In the following chapter, I present material that, along with the literature reviewed above, comprises a theoretical lens through which the experiences of participants can be better understood. By providing an overview of Relational Theory, *thirdness*, *intersubjectivity*, and *negotiation*, as well as discussing their applicability to this study, Chapter 3 also explains how this theoretical framework served to guide my study of the experience of relational engagement for Christian therapists.
Chapter Three: Theoretical Orientation

To some, relational engagement may appear straightforward. It is something in which all persons engage in at various points throughout their lives. To approach and participate in relationship with another, however, is far from a simple experience. As will be discussed, relational engagement is a process that involves multiple layers. It is impacted by innumerable factors and impacts both people and relationships in countless ways. Any attempt to understand this sort of experience, then, must take into account these sorts of complexities.

The purpose of this chapter is to present a theoretical lens that has helped to guide this study and navigate the many complexities associated with relational engagement. Each concept included has been selected due to its usefulness in exploring how Christian therapists experience relational engagement. In other words, the theoretical lens discussed in this chapter, which includes Relational Theory as a whole, as well as the concepts of thirdness, intersubjectivity, and negotiation more specifically, aids in exploring the many layers and nuances comprising the “structures of experience” of these therapists (Atwood & Stolorow, 2014; van Manen, 1984).

Relational Theory

The phrase Relational Theory, as its name implies, is a theoretical approach to understanding relationship. With roots in psychodynamic theory, it emphasizes the impact of relationship on the development and experience of people. In other words, Relational Theory is a way of thinking about both inter- and intrapersonal relationships and the impact those relationships have on the people involved.

Until the early 1960s, psychodynamic theory generally did not deviate far from Freud’s supposition that people are primarily motivated and impacted by unconscious drives (Cait, 2008; Wachtel, 2008). In the years since, however, various perspectives have emerged that challenge
this notion, suggesting that relationship is equally as, if not more, important in the experience and development of an individual. As described by Wachtel (2008), this new school of thought instead suggests that early relational experiences affect later life experiences “by setting into motion a complex, ongoing process in which the consequences emerge from the kind of interpersonal world the child builds as a result” (p. 103). Eventually this line of thinking led to the term “relational model” (Greenberg & Mitchell, 1983) and thereafter “Relational Theory” which suggests that relationships impact and even, to an extent, determine how people experience themselves, each other, and more broadly the world around them.

At times the phrase Relational Theory is described throughout the literature in such a manner that suggests it is a singular, specific theory (e.g. Aron, 1996). As noted by Wachtel (2008), however, “there is no single relational model or theory” (p. 77). Instead, Relational Theory is best understood as an umbrella term comprised of various models and theories such as Relational-Cultural Theory (Jordan, 2008) and Attachment Theory (Coady, 2001), to name just two. As noted by Cait (2008), these sorts of theories “consider how the self develops in relationship to other selves and how the self is based on patterns from this interactive process” (p. 179). Skolnick and Warshaw (1992) likewise suggest that each of the theories found under the umbrella of Relational Theory “have a common concern with the centrality of relationship in the development and structure of personality” (p. xxiv, as cited in Wachtel, 2008, p. 77-78).

Though numerous types of relationships exist, each of which having the potential to impact the development and structure of someone’s personality (Wachtel, 2008), Relational Theory tends to emphasize the connections “between the external environment and internal world” (Cait, 2008, p. 179). Mitchell (1988) likewise explains that Relational Theory explores how “psychic organization and structures are built from the patterns which shape those
interactions” (p. 4). Essentially, Relational Theory seeks to explore the connections between internal experiences, such as beliefs, values, and views of self, and external experiences, such as the sorts of dynamics that one can visibly observe in an interpersonal exchange.

As Relational Theory tends to emphasize the intersection of internal and external experience in the context of relationship, it follows that many of the concepts discussed throughout the literature likewise highlight the internal experience of more-often-than-not external relationships, and the impact each has on the other. As noted by Mitchell (1984), the types of dyadic relationships that tend to have the greatest impact on internal experience are not exclusively external, but rather include “relations with others, past and present, real and imaginary” (p. 474). In this way, Relational Theory does not exclusively consider live, person-to-person relationships, per say, but rather any sort of relationship one engages in with another. This includes relationships one may have with someone who has passed away, for example, or even relationships one may have with oneself. Further, as Relational Theory focuses on the intersectional nature and inner workings of a relationship, it includes consideration of how the relationship impacts the person(s) involved. It also includes consideration of how one engages relationally and the impact that engagement has on the person(s) involved.

In discussing the focus of Relational Theory, Cait (2008) emphasizes the connection between intrapersonal experiences and interpersonal dynamics in the context of a dyadic relationship. To this end, the literature emphasizes a number of concepts meant to help understand this intersection. These include, for example, attachment, reciprocal dyadic communication, social influence, and various processes related to the forming of relationships (Mills, 2005). Additional concepts discussed throughout the literature include, for example, language and “communicative competence” (Habermas, 1970); recognition, thirdness, and

Though the literature on Relational Theory contains many concepts related to the idea of relational engagement, for the purpose of this paper, the following are emphasized: *thirdness*, *intersubjectivity*, and *negotiation*. These concepts have been selected due to their usefulness in exploring the joining of internal world and external environment (Cait, 2008). In other words, each concept helps explain the intersection of internal beliefs, values, and ideals about relational engagement and the experience of relational engagement itself.

**Thirdness**

*Thirdness*, or “third space” as it is sometimes referred to, is a concept commonly discussed throughout Relational Theory literature (e.g. Benjamin, 2004; Aron, 2006). Broadly speaking, *thirdness* refers to how one can recognize multiple subjective beliefs, positions, or ideals, as well as how such subjectivities interact with each other. This includes subjectivities that can exist within one’s self or between people and can be comprised of subjectivities that are seen as oppositional and/or compatible. Though similar to “use of self” – another concept with psychoanalytic roots (Adamowich et al., 2014) – *thirdness* differs in terms of focus. Whereas use of self is said to include factors such as a professional’s honesty, spontaneity, genuineness, vulnerability, self-awareness, ability to be empathic, and intentional and thoughtful use of self-disclose (Arnd-Caddigan & Pozzuto, 2008), *thirdness* is more specific in that it is “the ability to be attuned and to simultaneously attend to the process in which one is engaged” (Arnd-Caddigan & Pozzuto, 2009, p. 327). In other words, *thirdness* is the figurative space that allows one to understand what is going on between beliefs, ideas, people, and positions (Berzoff, 2011).
Like Berzoff, Aron (2006) describes *thirdness* as a place from which one can begin to see and thereby understand the many ways two entities interact. Using the image of a compass to describe *thirdness* in the context of a dyadic interpersonal relationship, Aron suggests that in most instances, individuals often hold positions opposite the other, like two ends of the needle on a compass. In so doing, each person tends to focus exclusively on the other and the other’s “movements” which include their actions, responses, demonstrated beliefs, and so forth. Because of this fixed gaze, often each person fails to recognize other factors such as one’s own movements, the similarities between the two persons, and other various internal and external factors. Each believes that they alone understand what is going on, which creates what Benjamin describes as “two-way directionality” (2004, p. 7) and a “bi-directional dance” (2009, p. 441).

If the compass needle in Aron’s (2006) metaphor represents the two persons, *thirdness* is the place outside of the needle, or even outside of the compass. Were one to step off their end of the needle, so to speak, and into such a place of *thirdness*, they would be able to obtain a different perspective on the happenings of the compass. It is an “intersubjective mental space” (Benjamin, 2004, p. 8) that allows for the “recognition of mutual influence” (p. 8). Essentially, *thirdness* is a new vantage point from which one can start to better understand the interplay between the two entities (Aron, 2006; Benjamin, 2004).

The concept of *thirdness* is useful for understanding how positions occupied by two or more persons, groups, ideas, beliefs, or other concepts are often seen as fixed and oppositional, an experience which Benjamin (2009) describes as “the locked-in structure of complementarity with its see-saw polarities” (p. 442). Benjamin further suggests this sort of experience amounts to a dynamic in which “neither person feels heard, neither can see the other’s viewpoint, only one reality can prevail: mine or yours” (p. 442). This same dynamic, Benjamin argues, can occur
intrapsychically. It is *thirdness* that provides space away from these “see-saw polarities” and allows one to exist in tension between such multiple if not contradictory subjectivities.

As part of its role in shifting away from “see-saw polarities,” Aron (2006) suggests that *thirdness* is a space where the metaphorical compass needle can “swing to alternative positions, creating space with potential for multiple positions where previously there had been only a simple line between two fixed points” (p. 351). Benjamin (2009) describes this role of *thirdness* as that which can restore one’s capacity to simultaneously hear multiple perspectives:

> I can hear both your voice and mine as can you without one cancelling the other out; I can hear more than one part of yourself, you can hear more than one part of yourself – especially not only the part that is negating me, but also the complementary part that I have been carrying as you negate it. It is now possible to recognize the presence of multiple voices and parts of self (p. 442).

*Thirdness* creates room to hold if not change the interplay between two or more subjectivities. It “opens the space … to negotiate differences and to connect” (Benjamin, 2004, p. 11).

As demonstrated, the concept of *thirdness* is multifaceted. It is what allows for greater recognition of self and other. It provides new vantage points to better see the interplay between two or more entities. It reveals that positions are neither stationary nor need to be “locked-in polarities.” It is how one can hold multiple and even contradictory beliefs and values. It also makes possible negotiating tensions between and among interpersonal and intrapsychic dynamics. *Thirdness* is what allows us to hear multiple perspectives and in so doing “transform the complementary see-saw of blame” (Benjamin, 2009, p. 450). In other words, *thirdness* is essential in not only understanding but also managing relational dynamics on a number of levels.

**Intersubjectivity**

Related to *thirdness* is the concept of *intersubjectivity*, which Benjamin (1992) defines as “the field of intersection between two subjectivities, the interplay between two different
subjective worlds” (44). Other definitions include: a concept that “seeks to comprehend psychological phenomena not as products of isolated intrapsychic mechanisms, but as forming at the interface of reciprocally interacting worlds of experience” (Stolorow & Atwood, 1996, p. 181-182), and that which “postulates that the other must be recognized as another subject in order for the self to fully experience his or her subjectivity in the other’s presence” (Benjamin, 1990, p. 35). Described as both a theoretical concept (Stolorow & Atwood, 1996) and a theory in and of itself (Benjamin, 1990), at its core **intersubjectivity** is a way of thinking about “the interplay of dynamics” between two subjectivities (Cait, 2006, p. 254).

Whereas **thirdness** describes the space around and encompassing both interpersonal and intrapsychic subjectivities, **intersubjectivity** helps to explain the “interplay between subjectivities” (Cait, 2006, p. 255) and how such interplay shapes the ways in which a person develops. Rubinstein (2015) suggests this “development of the psyche and the individual is based on real events in the interpersonal world” (p. 399). In this sense, **intersubjectivity** helps explain both the interplay between two subjective persons and how that interplay – as well as the people or “interacting subjectivities” involved (Stolorow & Atwood, 1996, p. 181) – impacts interpersonal processes and intrapersonal development.

By focusing on the interactions between people, **intersubjectivity** helps explain the impacts of interpersonal relationships on the development of an individual. For example, Rubinstein (2015) notes that relational interactions impact how people perceive situations, others, and themselves. Stolorow and Atwood (1996) suggest that, in turn, this “perspectivalist stance has a profound impact on the ambiance” of the relationship (p. 188). Thus begins a cyclical process. The “ambiance” or experience of a relationship changes depending on how people perceive themselves, each other, and the relationship itself. In turn, these perceptions
impact the ways in which people interact with each other, which in turn impacts the ambiance of a relationship, which impacts each individual’s perceptions, and so the cycle continues. Using a lens of *intersubjectivity*, Rubinstein (2015) explains this process by suggesting that as people interact with each other, not only is the relationship impacted, but so too are the individuals involved; and as the people involved in a relationship are impacted by the relationship, so too is the relationship itself. Stolorow and Atwood (1992) describe this as a “system of reciprocal mutual influence” (p. 3).

The notion of a “system of mutual influence” elsewhere referred to as “mutual recognition” (Benjamin, 1990, 2004) is of central importance to *intersubjectivity*. Benjamin (2004) goes so far as to describe *intersubjectivity* itself as “a relationship of mutual recognition,” and suggests mutual recognition is “a relation in which each person experiences the other as a ‘like subject,’ another mind who can be ‘felt with,’ yet has a distinct, separate center of feeling and perception” (p. 5). Mutual recognition is the process through which one sees another as both similar to and subjectively different from oneself. This in turn leads not only to the development of “growth fostering relationships” (Jordan, 2008, p. 2), but also the establishment of one’s sense of uniqueness. In other words, individual growth is intertwined with relationships in that “we grow through and toward relationships” (p. 2).

In addition to its role in establishing connection between persons, mutual recognition is of central importance to the intrapsychic elements of *intersubjectivity* in several ways. First, when an individual participates in a “growth fostering” relationship, as suggested by Jordan (2008), they tend to develop “clarity about oneself, the other and the relationship” (p. 2). Similarly, Benjamin (1990) notes that it is through engaging in relationships that one develops empathy or “affective attunement” (p. 37). Through such interactions one begins to recognize
the similarities they share with others, which in turn leads to the development of empathy, a skill purported by some to be “a basic building block of human interaction” (Hatfield et al., 2009, p. 19). Second, “the other must be recognized as another subject in order for the self to fully experience his or her subjectivity in the other’s presence” (p. 35). Said differently, in order to recognize oneself as different from another, one must also recognize one’s own uniqueness and individuality. Third, recognizing both similarity and difference at the same time allows one to experience “the simultaneity of connection and separation” (p. 38), which is yet another essential element involved in the healthy intrapsychic development of a person.

As noted by Rubinstein (2015), “relating throughout life involves the striving for mutual recognition between two subjectivities” (p. 400). Mutual recognition in turn is what allows one to exist in a state of tension between “assertion of self and recognition of the other” (Benjamin, 1990, p. 38). Without this, “the other is the object of our feelings, needs and actions, not another separate, yet similar mind” (Rubinstein, 2015, p. 400). Mutual recognition, then, allows people to exist as “two subjectivities who are separate and yet connected” (p. 400). It is what allows people to both develop as healthy individuals and co-create and participate in relationships.

**Negotiation**

As noted by Rubinstein (2015), “relational theory generally understands the self to consist of multiple, and at times conflicting, self-states that emerge from our relational experiences” (p. 399). Whereas *thirdness* describes the vantage point required to recognize such self-states, and *intersubjectivity* helps explain interpersonal interactions and how such interactions impact and even create self-states, it is the concept of *negotiation* that helps explain how people manage these self-states.
Described as an “ongoing process” (Pizer, 1992, p. 215), negotiation is another key component of relational theory. Similar to processes of mediation or compromise, negotiation is the manner through which one manages multiple aspects related to self. As suggested by Pizer (1992), negotiation happens on multiple levels, including intrapsychic, interpersonal, and intersubjective processes and domains of self.

One of the first ways negotiation occurs on intrapsychic levels is seen in how we continually “mediate within ourselves” various needs, values, and beliefs (Pizer, 1992, p. 217). Oftentimes needs, values, and the like can be perceived as competing if not incompatible with each other and even with one’s sense of self. It is negotiation that allows one to manage such conflicting internal self-states. As noted by Pizer, negotiation is “necessary for the internal management of paradoxical experience” (p. 217). Through negotiation, it is possible to believe two things or hold two values that appear inconsistent with each other, or even act in a manner that looks or perhaps feels inconsistent with one’s sense of self.

In addition to occurring on an intrapsychic level, negotiation is also seen operating on an interpersonal level. Pizer (1992) describes negotiation as interpersonal “in the sense that we are always arranging with one another matters of desire, safety, anxiety, power, convenience, fairness, and so on” (p. 217). In this capacity, negotiation is what allows two or more people who are “separate yet similar” (Rubinstein, 2015) to not merely tolerate but actively remain engaged with each other despite the presence of significant difference. Whether they are competing agendas, contradictory beliefs, opposing values, or any other areas of difference, negotiation requires what Benjamin (1990) calls “the tolerance of difference” (p. 33).

Finally, negotiation occurs on an intersubjective level, a level comprised of both intrapsychic and interpersonal considerations (Pizer, 1992; Rubinstein, 2015). Pizer (1992)
explains how this occurs “in the sense that we constantly influence one another, consciously and unconsciously, from infancy onward in a myriad of ways, from minute adjustments to gross adaptations” (217). More simply put, in this sense, *negotiation* is the process of managing the needs of self and other (Safran & Muran, 2000). Regardless of the type of relationship, be it parent-child, peer-peer, student-teacher, therapist-client, or any other sort of relationship, this sort of *negotiation* occurs throughout life.

On an intersubjective level *negotiation* involves people managing relationships, as well as who and how they themselves are amid those relationships. In other words, *negotiation* is the process through which people shape and are shaped by others (Pizer, 1992), which in turn impacts who they are as individuals. These include the holding of beliefs, values, and what Bromberg (1993) describes as the many other subjectivities of self. As posited by Pizer (1992), “relationships are created and evolved through an ongoing negotiation that allows for self-expression, spontaneity, and self-realization in a context of safety, respect, and reciprocity” (p. 217). *Negotiation*, thus, is a recurring process that continually develops and redevelops persons in relationship, and relationships themselves.

Whether on an intrapsychic, interpersonal, and/or intersubjective level, *negotiation* is a process that is at times more explicit than implicit and vice versa (Pizer, 1992). When describing intersubjective *negotiation*, Pizer describes a series of “mutual adjustments that occur largely out of awareness in both parties” (p. 217). To manage multiple and sometimes competing needs, values, or agendas, one must enter into these sorts of “mutual adjustments” or experiences of give-and-take (Pizer, 1992). These involve “continually monitoring within [oneself] such questions as: What are you making of me? Can I accept this or that construction of me based upon my own subjective sense of myself, my integrity?” (p. 217). In other words, *negotiation*
involves reflecting on one’s sense of self and how one is perceived by others (or how one thinks they are perceived by others), and making decisions accordingly.

The process one goes through in negotiation is not dissimilar to processes involved in mediation or conflict resolution. For effective mediation or conflict resolution to occur, one must be able to consider the merits of competing positions, ideas, or agendas. Whether one’s position is held at all costs or surrendered is not the point, but rather that one is willing to consider “the potential in potential space” (Pizer, 1992, p. 225). Negotiation involves allowing oneself to consider possibilities that were not previously considered. Bromberg (1993) describes this as a process through which “narratives that contain events and experience of self-other configurations formerly excluded begin to be constructed” (p. 157).

Whether an individual intentionally or consciously enters into a process of negotiation (Pizer, 1992), each time they act, react, believe, think, or speak, for example, that person is engaging in some form of negotiation be it intrapsychic, interpersonal, or intersubjective in nature. Oftentimes such negotiations are meant to manage, if not resolve, intrapersonal and/or interpersonal tensions (Cait, 2006). Benjamin (1990) notes that this often involves considering differing values, beliefs, or other subjectivities that “sometimes stand in an oppositional relationship” (p. 35). This does not necessarily mean doing so in order to make “a choice between the two opposing perspectives” (p. 35). Instead, it means doing so to create or otherwise discover space for seemingly oppositional subjectivities to exist within one’s self (Bromberg, 1996; Pizer, 1992). As Bromberg (1996) notes, “when all goes well developmentally, a person is only dimly or momentarily aware of the existence of individual self-states and their respective realities” (p. 514). This of course implies that, whether one is
RELATIONAL ENGAGEMENT AND IDENTITY

76

aware of this or not, a multiplicity of self-states – that is, the various parts of one’s identity such as beliefs, values, perspectives, and other subjectivities and ways of being – exist nonetheless.

Bromberg (1996) describes how each of the various self-states of a person is “a piece of a functional whole, informed by a process of internal negotiation with the realities, values, affects, and perspectives of the others” (p. 514). One’s ability to “stand in the spaces” between such self-states then, is “a short-hand way of describing a person’s relative capacity to make room at any given moment for subjective reality that is not readily containable by the self he experiences as ‘me’ at that moment” (p. 516). Said differently, to “stand in the spaces” is the ability to hold multiple realities, values, beliefs, perspectives, as well as positions, possibilities, and other subjective parts of oneself that may or may not align with one’s felt sense of self.

The process of negotiation can be more or less intentional and conscious (Pizer, 1992). Bromberg (1996) argues that the capacity to “stand in the spaces” and negotiate between various parts of self is an innate feature of the human personality. Elsewhere, Bromberg (1993) writes, “health is the ability to stand in the spaces between realities without losing any of them – the capacity to feel like one self while being many” (p. 166), which in turn suggests that negotiation is not only a common element of intrapersonal, interpersonal, and intersubjective experiences, but also a key component of functioning as a healthy individual, regardless of context or role.

Application of Theoretical Orientation to Present Study

The theoretical orientation described above is comprised of concepts drawn from Relational Theory. Together, these orient this study in a number of ways. Following is a brief discussion as to how Relational Theory, thirdness, intersubjectivity, and negotiation are used in this study. More specifically, the following briefly describes several ways in which each concept
RELATIONAL ENGAGEMENT AND IDENTITY

is used to guide the exploration of experiences of Christian therapists as well as the author’s own experience of the process of studying these experiences.

Relational Theory

As noted above, Relational Theory tends to focus on the connection between intrapersonal experiences and interpersonal dynamics in the context of a dyadic relationship. It is a lens through which one can look to better understand the interplay of the internal and external within relationships. For example, through a Relational Theory lens, we see that therapists’ experiences of relational engagement involve areas of *thirdness* into which they step to reflect on their relationships with clients. We also see the *intersubjectivity* of such relational experiences in that the personal and professional beliefs, values, and other subjectivities of these therapists impact their perceptions of clients, ways of engaging with clients, and even the ambiance of these relationships. Further, we see that these in turn can, and do, impact the various subjectivities of the therapist. Finally, we see the central role *negotiation* plays in the management of intrapersonal, interpersonal, and intersubjective tensions and other experiences.

As this study seeks to explore and thereby describe the experience of relational engagement as experienced by Christian therapists, Relational Theory is an ideal theoretical lens. Not only does it reveal the inner workings of relational engagement, but it also helps make sense of such processes. The following now describes several ways that each of the identified concepts – *thirdness*, *intersubjectivity*, and *negotiation* – more specifically are used throughout this study.

Thirdness

In addition to *thirdness* revealing the space in which therapists themselves step into in order to gain a new perspective on their relationships with clients, there remain a number of other ways that *thirdness* has helped guide this study. For example, *thirdness* assumes and even
offers a space into which people can step from their end of the compass needle. This was foundational in the earliest stages of conceiving this study. Assuming Benjamin (2009) is correct, that most people tend to be “locked-in” to “see-saw polarities” of any given reality (p. 442), without thirdness it would have been difficult, if not impossible, to ask or even assume a therapist is capable of stepping off their end of the compass to reflect on their experience. In this sense, thirdness offered credence to the very concept of this study. There was a metaphoric space that existed outside of the therapists’ intrapersonal and interpersonal experiences into which I could invite them to join me in gazing into their experiences.

In addition to serving as an “outside” space, thirdness helps explain a number of the experiences of relational engagement. As suggested by Benjamin (2009), it is how people can, and do, reflect on their interpersonal experiences. The concept of thirdness also helps by providing language necessary to understand how therapists can “step back” from relationships with clients in order to reflect on their beliefs, values, actions, and other factors that impact their relationships with clients. In this sense, thirdness helps explain how therapists experience and can manage their experiences inside the compass of relational engagement.

Intersubjectivity

As with thirdness, the concept of intersubjectivity helps guide this study in a number of ways. Continuing with Aron’s (2006) picture of a compass, whereas thirdness provides a vantage point to see the positions and movements within the compass, intersubjectivity helps explain the varied impacts of decisions, values, and actions that are initiated by those at the ends of the needle. In other words, intersubjectivity helps explain how the compass needle (i.e., the relationship) shudders, twists, and turns in response to the movements (i.e., the decisions, values, actions, etc.) of the persons occupying the ends of the needle (i.e., a therapist and a client). By
looking at the interplay of dynamics involved in a relational encounter, *intersubjectivity* also helps explain the impact that the relationship has on the persons involved. It helps explain what Stolorow and Atwood (1996) describe as the “reciprocally interacting worlds of experience” (p. 182) that occur between two people. *Intersubjectivity* reveals the interactions of and impacts caused by these interacting “worlds of experience,” including how therapists alter their approach or manage competing beliefs based on their experience of these “interacting worlds.”

The second way in which *intersubjectivity* helps to guide this study involves how therapists see both themselves and clients. As explained above, one of the key considerations of *intersubjectivity* involves the experience of seeing oneself as “similar yet different” from another. This helps to reveal the impact of one’s experience of relationship on how one conducts oneself within the relationship and vice versa. In addition to perceiving oneself as similar to and/or distinct from a client, a therapist may also hold any number of perceptions of the client, which in turn have a “profound impact on the ambiance” of the relationship (Stolorow & Atwood, 1996, p. 188). As such, *intersubjectivity* helps explain the perceptions Christian therapists hold of clients, of themselves, and of the relationship, how their perceptions impact both the client and the relationship, and how these perceptions impact the actions and reactions of both persons participating in the relationship (Rubinstein, 2015).

**Negotiation**

One of the most prominent ways *negotiation* aids this study involves acting as a lens for understanding how therapists go about managing their beliefs, values, and other self-states on intrapersonal, interpersonal, and intersubjective levels. In this way, *negotiation* helps explain a significant experience of Christian therapists as they engage relationally with clients: the
experience of being influenced by multiple approaches to relational engagement, and the
management of those influences and approaches.

Be it conscious or unconscious, intentional or unintentional, and implicit or explicit, 
negotiation is a key process by which Christian therapists manage their many beliefs, values, and 
ideals. As Bromberg (1996) notes, negotiation is also how one can step into a place of thirdness 
and simultaneously hold and/or stand between numerous self-states, including those which may 
or may not be experienced as fitting either with each other and even with one’s felt sense of self.

Given the experience of relational engagement for Christian therapists with their clients is 
influenced by professional considerations (i.e., therapeutic relationship ideals) and personal 
considerations (i.e., Christian spirituality values), including those that at times may be 
experienced as competing, paradoxical, and even oppositional, negotiation is invaluable for 
understanding how Christian therapists experience relational engagement with their clients.

Conclusion

The discussion provided in this chapter contains an overview of the theoretical lens 
through which this study was approached. This has included a broad summary of Relational 
Theory, as well as discussions about thirdness, intersubjectivity, and negotiation. This has also 
include consideration of several ways in which these concepts apply to the current study. In so 
doing, this chapter has established the theoretical orientation that has guided this study of the 
experience of relational engagement for Christian therapists. Along with the material presented 
in Chapter 2, this theoretical lens is used in Chapter 6 to explore the experience of these 
therapists and the many complexities associated with that experience.

In the following chapter, I discuss the research methodology used for this study. More 
specifically, I discuss hermeneutic phenomenology and how it was used as the methodological
approach for this study. I also discuss the specific research tools used in the collection and analysis of data, as well as the various steps taken to ensure that all aspects of the study remained ethically sound.
Chapter Four: Methodology

To approach and participate in relationship with another is, by definition, an experiential process. It involves numerous interacting factors that are intrapersonal, interpersonal, and intersubjective in nature. As noted by Creswell (2007), the task of understanding “the complex interactions of factors” (p. 39) is one best suited to qualitative research. Further, as the goal of this study is to better understand how therapists who practice Christian spirituality experience relational engagement with their clients in the context of professional helping relationships, the research methodology must be one that seeks to provide “deep understanding of a phenomenon as experienced by several individuals” (p. 62).

The purpose of this chapter is to present the methodological approach used for this study. To do so requires an introduction to the qualitative lens with which I first began this journey, followed by a discussion about hermeneutic phenomenology as the specific research methodology used. Additional subjects included in this chapter include participant recruitment and selection, data collection, the process and procedures of data analysis, steps taken to ensure the credibility of this study, and finally, a brief discussion regarding several ethical considerations taken in the design and implementation of this study.

Research as Qualitative Inquiry

In his (1994) discussion about phenomenological research methods, Moustakas writes, “The most significant understandings that I have come to I have not achieved from books or from others, but initially, at least, from my own direct perceptions, observations, and intuitions” (p. 41). This description of knowledge formation resonates with me in that the experience explored in this paper is one that I myself have lived, and continue to live. As a Christian therapist, my perceptions, observations, and intuitions of relational engagement – in other words,
my experiences – have formed my understanding of what this phenomenon is like. It does not, however, account for how others likewise experience this phenomenon.

As stated earlier, the phenomenon of relational engagement for Christian therapists is not uncommon. In order to know more about this experience, then, it follows that an appropriate mode of inquiry was selected to help learn about the experience of others. As noted by Shields and Twycross (2003), whereas quantitative research is generally used to measure something, qualitative inquiry is meant to explore questions in need of description or more in-depth investigation than can be provided through quantitative methods. To this end, not only is the methodological approach used throughout this study highly qualitative in nature, but also it is an approach that seeks to “describe the essence of a phenomenon by exploring it from the perspective of those who have experienced it” (Neubauer et al., 2019, p. 91).

**Hermeneutic Phenomenology as Theory**

It is said that at its core, phenomenology is a theory about “human experience as it is lived” (Sloan & Bowe, 2014, p. 8). Though numerous types of phenomenology exist, woven throughout each is a focus on “the meaning of human experience” and, more specifically, “the what and how of human experience” (Neubauer et al., 2019, p. 91, emphasis original). This holds true for one of the more commonly used types of phenomenology: interpretive, or as it is sometimes called, hermeneutic phenomenology (e.g. Dowling, 2007; Neubauer et al., 2019).

Originating with the works of Martin Heidegger (Dowling, 2007), hermeneutic phenomenology “seeks to understand the deeper layers of human experience that lay obscured beneath surface awareness and how the individual’s lifeworld, or the world as he or she pre-reflectively experiences, influences this experience” (Neubauer et al., 2019, p. 94, emphasis original). In other words, hermeneutic phenomenology is ontological in nature (Dowling, 2007;
van Manen, 2017a, 2017b), focusing on the nature of being. As van Manen (1990), one of the leading proponents of hermeneutic phenomenology, suggests, this is done through reflecting on “the ‘texts’ of life” (p. 4), hence the term hermeneutic.

Undergirding hermeneutic phenomenology are several theoretical assumptions. Of these, four stand out as pertinent to the current study: first, phenomena do not simply happen, but rather are experienced (Sloan & Bowe, 2014); second, the meanings of phenomena are determined by those who experience them (Smith et al., 2009); third, the meanings that people ascribe to phenomena are comprised of both “what was experienced and how it was experienced” (Neubauer et al., 2019, p. 91, emphasis original); fourth, people either are or, at the very least, can become consciously aware of the experience of phenomena and the meanings they ascribe to that experience (van Manen, 2017b).

Hermeneutic phenomenology has been described as a theory that focuses on “how objects are experienced and present themselves to human consciousness” (Sloan & Bowe, 2014, p. 6), which suggests that phenomena do not merely occur, but rather are experienced. This in turn assumes the involvement of, at minimum, one person who has, is, or will, as van Manen (2017b) describes, “live through” this phenomenon. Hermeneutic phenomenology does not concern itself with phenomena unless they are experienced, or at the very least experienceable by a person(s).

A second theoretical assumption of hermeneutic phenomenology suggests that as people experience phenomena, it is possible if not inevitable that they ascribe meaning to those phenomena. This is due in large part to the subjective nature of experience. As people encounter a specific phenomenon, depending on personal histories, beliefs, values, attitudes, and a whole host of other factors, they come to perceive and interpret that phenomenon in unique ways (Neubauer et al., 2019). In other words, experience is “subjectively lived” (p. 92) and is
therefore subjectively understood. Hermeneutic phenomenology is thus concerned primarily with “the meaning phenomena have in our subject experience” (p. 92). van Manen (2017b) suggests that this can apply to “any and every possible human experience” (p. 812).

A third assumption suggests that the meanings ascribed to phenomena are not limited to the “what” of those phenomena. This is demonstrated by the idea that virtually any experience can be ascribed meaning: “the ordinary and the extraordinary, the quotidian and the exotic, the routine and the surprising, the dull and the ecstatic moments and aspects of everyday experience as we live through them in our daily human existence” (van Manen, 2017b, p. 813). The ascription of meaning to a phenomenon is not dependent on its content, so to speak, which suggests the presence of something other than the what of a phenomenon that can likewise be ascribed meaning. Dowling (2007) suggests this is how a phenomenon is experienced.

The final theoretical assumption of hermeneutic phenomenology most relevant to this study is the belief that people are, or can become, aware of their experience of phenomena. van Manen (2017b) suggests that as one becomes conscious of their experiencing a phenomenon, their experience of that phenomenon becomes the phenomenon itself. Elsewhere van Manen (1990) writes, “consciousness is the only access human beings have to the world … whatever falls outside of consciousness therefore falls outside the bounds of our possible lived experience” (p. 9). In other words, phenomenology suggests and even hinges on the innate ability of humans to become consciously aware of how they experience phenomena.

**Hermeneutic Phenomenology as Research Methodology**

As noted above, phenomenology attempts to describe the meanings people ascribe to phenomena. Unlike other research methodologies, hermeneutic phenomenology “does not produce empirical or theoretical observations or accounts. Instead, it offers accounts of
experienced space, time, body, and human relation as we live them” (van Manen, 1990, p. 184). Similarly, Sloan and Bowe (2014) suggest phenomenology is an approach that seeks to “clarify how objects are experienced and present themselves to human consciousness” (p. 6). These and other descriptions of phenomenology suggest its general goal is to reveal inner experiences.

As a research approach, hermeneutic phenomenology strives to understand “the meaning of experience” by “engaging with the data interpretively” (Sloan & Bowe, 2014, p. 9). This is accomplished through exploring both the what of an experienced phenomenon and how it is experienced. In this way, hermeneutic phenomenology seeks to “uncover and describe the structures, the internal meaning structures, of lived experience” (van Manen, 1990, p. 10).

Unlike some other research methodologies, which require the use of “a single set of rule-bound analytical techniques,” hermeneutic phenomenology is described as “an interpretive process involving the interplay of multiple analysis activities” (Neubauer et al., 2019, p. 95). Such activities include:

- Investigating an experience “as it is lived” (p. 95), which involves asking others to describe their lived and present experience of the phenomenon
- Self-reflecting on one’s own experiences
- Engaging in a cyclical process of writing down one’s reflections and reflecting on those writings
- Intentionally and repeatedly reflecting on how each individual experience of the phenomenon contributes to the “evolving understanding” of the whole, and how the whole contributes to understanding the individual parts (p. 95).

In a like manner, van Manen (1990) suggests that when hermeneutic phenomenological research is “reduced to its elemental methodical structure,” it becomes a process of “dynamic interplay among six research activities:

1) Turning to a phenomenon which seriously interests us and commits us to the world;
2) Investigating experience as we live it rather than as we conceptualize it;
3) Reflecting on the essential themes which characterize the phenomenon;
4) Describing the phenomenon through the art of writing and rewriting;
5) Maintaining a strong and oriented pedagogical relation to the phenomenon;
6) Balancing the research context by considering parts and whole.” (p. 30-31)

Though such activities are often involved in hermeneutic phenomenological research, as Sloan and Bowe (2014) note, this approach to research “prefers not to formalise an analytical method so that the phenomenon itself can dictate how the data are analysed” (p. 9). van Manen (1990) further argues that hermeneutic phenomenology “tries to ward off any tendency toward constructing a predetermined set of fixed procedures, techniques and concepts that would rule-govern the research project” (p.29). The research activities presented above, therefore, are not meant to be understood as restrictive to-do lists or as prescribed ways of conducting research. Instead, consideration of the sorts of activities involved in the process of conducting hermeneutic phenomenological research is meant to stimulate creative and insightful thinking about how best to explore a given phenomenon (van Manen, 1990).

**Bracketing**

The practice of “bracketing” has been described throughout the literature in various ways. For example, Tufford and Newman (2010) describe bracketing as “a method used by some researchers to mitigate the potential deleterious effects of unacknowledged preconceptions related to the research and thereby to increase the rigor of the project” (p. 81). In other words, it is how researchers attempt to “meet the phenomenon as free and as unprejudiced as possible” (Dowling, 2007, p. 132).

Creswell (2007) explains bracketing as a process through which “investigators set aside their experiences, as much as possible, to take a fresh perspective toward the phenomenon under examination” (p. 59-60). One of the more commonly used terms when describing bracketing is that of “suspension.” Keen (1975), for example, describes bracketing as:

... suspending as much as possible the researcher’s meanings and interpretations and entering into the world of the unique individual who was interviewed. It means using the
matrices of that person’s world-view in order to understand the meaning of what that person is saying, rather than what the researcher expects that person to say (p. 38).

LeVasseur (2003) likewise describes bracketing as, “a temporary suspension of prior beliefs so that other perspectives and questions can emerge” (p. 416). LeVasseur further notes, however, that numerous arguments exist suggesting that “we are unable to completely bracket prior conceptions and knowledge” (p. 415).

The notion that we are unable to fully suspend our prior knowledge or beliefs resonates with my experience. As a Christian therapist, I have long held numerous suppositions about the experience of relational engagement in this context. My experiences and beliefs have created perspectives, conceptions, and knowledge about what relational engagement is like for a Christian therapist. Proponents of hermeneutic phenomenology suggest that these “past experiences and existing knowledge” are always and indelibly present, and therefore are actually “embedded in and essential to the interpretive process” (Bynum & Varpio, 2018, p. 252).

According to hermeneutic phenomenology, it is not possible to remove the subjective lens through which I understand this or any subject, and, as such, I should not attempt to do so. van Manen (1990) writes,

how does one put out of play everything one knows about an experience that one has selected for study? If we simply try to forget or ignore what we already “know,” we may find that the presuppositions persistently creep back into our reflections (p. 47).

Instead, van Manen argues, “it is better to make explicit our understandings, beliefs, biases, assumptions, presuppositions, and theories” (p. 47). In this sense, hermeneutic phenomenology recognizes that my presuppositions are likely to impact my understanding of a phenomenon, and suggests the way to manage this is to “come to terms with our assumptions, not in order to forget them again, but rather to hold them deliberately” (p. 47).
Like van Manen (1990), Bynum and Varpio (2018) suggest that “rather than bracketing off their personal experiences, biases and expertise regarding the phenomenon … researchers openly reflect on, share, and attend to their subjectivity during data collection and analysis” (p. 252-253). Indeed, it is argued, such subjectivities are “an inseparable part of who we are” and should therefore be recognized and incorporated into all aspects of data collection and analysis as so doing can contribute “additional dimensions to the interpretive process” and even “enhance our ability to talk about and understand how others experience [a given phenomenon]” (p. 253). To better understand how others experience this phenomenon, then, I initiated a process, the goal of which was to hear from Christian therapists about their experience of relational engagement in the context of therapy. This began with recruitment.

**Recruitment**

In order to learn more about the phenomenon in question, I used purposive sampling (Osborne, 1994) for recruitment purposes. This approach is “guided by finding persons who can illuminate the phenomenon of interest” (p. 182-183). In other words, I intentionally sought out Christian therapists who have experienced relational engagement with clients in the context of therapeutic relationships.

I began the recruitment process with a goal of interviewing twenty therapists. This number was determined by several standards. Polkinghorne (1989), for example, recommends that the ideal number of participants in a phenomenological study range from five to twenty-five. Similarly, Crouch and McKenzie (2006) recommend that a sample size of no more than twenty interviews is ideal for qualitative, interview-based research. Mason (2010), however, notes that attempts to minimize data saturation typically produce sample sizes between twenty and thirty participants in most qualitative doctoral research studies.
Recruitment began by emailing a flyer (Appendix B) to known colleagues across Southern Ontario who met certain criteria, as discussed below. I also sent this flyer to various agencies and professional associations throughout Ontario that I believed might either employ, or have as members, therapists who would be interested in participating in the study. I asked if the recipient would be willing to share the recruitment flyer with others who they believed might fit the criteria and would be interested in participating. This approach, otherwise known as a snowball sampling method (Shaghaghi et al., 2011), assumes “a link exists between the initial known subjects and others in the same target population” which allows “a chain of acquaintance to be created originating from primary contacts” (p. 88-89). This method was selected in large part due to “its usefulness where some degree of trust is needed to initiate study subjects’ recruiting process” (p. 89). In other words, I utilized snowball sampling in hopes of establishing a sense of trust between myself and prospective participants, which seemed particularly important as it is not uncommon for Christian therapists to fear experiencing hostility due to their practicing Christian spirituality (T. Harris, 2008; Hodge, 2002; Thyer & Myers, 2009).

Having sent the recruitment flyer to colleagues and agencies and asked them to share it with anyone they believed might be appropriate and interested, I waited to be contacted by prospective participants. I then responded with a message such as the following:

Dear (name of prospective participant),

Thanks for your email and interest in the study.

I have attached an information & consent letter to this email that further explains the research as well as what is required of you as a participant. Once you've read it over let me know a: if you have any questions, and b: if you're still interested in participating. If you are, maybe let me know what your availability is over the next few weeks.

Sincerely,
Aaron Smith
As stated in the body of the email, I attached an Information and Consent Letter (Appendix C) which further explained eligibility criteria, the purpose and goals of the study, what was involved in participating, possible risks and benefits, and confidentiality. I also included the contact information of my doctoral adviser and the University Research Ethics Board at Wilfrid Laurier University, as well as a consent to participation page which required the participant’s signature. Participants were also instructed to print, sign, and return this Information and Consent Letter – either via email or by bringing it to the interview – if they chose to participate.

**Participant Selection**

To be included in the study, participants must have met two criteria. First, they were to be legally allowed to provide psychotherapy in the province of Ontario as per the *Psychotherapy Act* (S.O., 2007, c 10). This required membership in at least one of the following regulatory colleges: College of Psychologists of Ontario (CPO); Ontario College of Social Workers and Social Service Workers (OCSWSSW); College of Registered Psychotherapists of Ontario (CRPO); College of Nurses of Ontario (CNO); College of Occupational Therapists of Ontario (COTO); College of Physicians and Surgeons of Ontario (CPSO).

As explained on the recruitment poster and in the Information and Consent Letter, the second criterion for participation in this study was as follows:

> Participants must practice Christian spirituality in their personal lives. This “involves taking the beliefs and values of Christianity and weaving them into the fabric of our lives, so that they animate, provide the breath and spirit and fire for our lives” (Provost, 2009, p. 47). In other words, Christian spirituality involves practicing Christianity as a daily and integral part of life.

In other words, eligible participants would be therapists who practiced Christianity as a daily and important part of life. Notably, the first criterion was easier to determine than the second due to its more objective nature. For example, I received an email from a psychotherapist based in
another province offering to participate in the study. As this therapist was not a member of one of the previously identified regulatory colleges in Ontario, they did not meet Criterion 1.

Unlike the first criterion, Criterion 2 was more subjective. As such, I was forced to rely on participant self-declaration to ensure that those participating were therapists who practiced Christian spirituality. Beyond this criterion, however, I did not specify any denomination or other tradition of Christianity. The decision to do so stemmed in part from Nouwen’s (1975) claim that “there are just as many ways to be a Christian as there are Christians” (p. 88). While it would have been possible to restrict what “type” of Christian was eligible for participation in this study, the decision to do so would have involved two false assumptions: first, it would have assumed homogeneity within whatever group was selected; and second, it would have assumed heterogeneity between those in the selected group and those outside.

It is noted that the two criteria discussed above limited the participants to a specific type of spirituality and a specific population of helping professionals. This was intentional as this study was meant to be neither exhaustive nor comparative, but rather to be representative of some therapists. Further, limiting participants to these criteria allowed me access to two communities in which I hold membership – Christian and therapeutic communities. Not only did I know people in these communities, but I was also “one of them” which created a sense of trust.

Participants

Of the twenty participants interviewed for this study, fourteen identified as female and six as male. In terms of racial and ethnic background, one participant identified as Chinese Canadian and another as Palestinian Canadian, with the others making no mention of race or ethnicity but appearing as Caucasian. Ages of participants ranged from 29 to 67, with an average age of 48 years old. All identified as living and practicing in Southern Ontario.
All participants had a minimum of a master’s degree from a variety of post-secondary institutions. Degrees represented among the participants include: Master of Arts in Theology, Spiritual Care, and Psychotherapy; Master of Arts in Counselling Psychology; Master of Counselling; Master of Divinity; Master of Theology; Master of Social Work; Master of Education; Master of Pastoral Studies; Master of Theological Studies; and Doctor of Philosophy.

Of the twenty participants, twelve were Registered Psychotherapists, six were Registered Social Workers, one held dual designation as a Registered Psychotherapist and a Registered Social Worker, and one held dual designation as a Registered Psychotherapist and a non-practicing Registered Nurse. Numerous participants also held membership in professional associations including the Canadian Counselling and Psychotherapy Association, the American Association for Marriage and Family Therapy, and the Canadian Association for Spiritual Care.

In terms of practice settings, ten participants worked in private practice, and the other ten worked in an agency setting or combination of settings. Two participants who worked in private practice identified using religious-oriented approaches to practice – including “Christian counselling” and “pastoral counselling” – though they, along with all other participants, also identified using what are sometimes called ‘secular psychotherapies’ (e.g. Koenig, 2012; MacArthur & Mack, 2005). Settings of practice included community counselling centers, long-term care facilities, Family Health Teams, medical clinics, mental health clinics, professional office buildings, allied health care centers, hospitals, hospices, psychology practices, and virtual counselling in the form of e-therapy. Primary clientele of participants included adults and children, couples and families, and both mandated and voluntary clients. Though four participants mentioned that some of their clients are Christians, all twenty referred to working with non-religious clients. In addition to general counselling practice, participants worked with
issues related to aging and age-related illnesses, end of life, grief, mental health, trauma, mood disorders, violence against women, motor vehicle accidents, sexuality, and gender identity.

**Data Collection**

The process of data collection involved several activities. As noted by van Manen (1990), however, in the context of hermeneutic phenomenology, the notion of “data collection” is somewhat of a misnomer:

In some respect it is quite misleading to talk of “data” in this context, particularly since the concept of “data” has quantitative overtones associated with behavioral and more positivistic social science approaches. And to speak of “gathering” and “collecting” human science data, as if one is speaking of “objective information,” may admittedly be an attempt to borrow the respect that the so-called “hard” sciences have enjoyed. And yet it is not entirely wrong to say that the methods of conversational interviewing, close observation, etc., involve the collecting or gathering of data (p. 53).

Though the phrase “data collection” may not be the most apt description of this process considering the methodology used for this study, for the purpose of simplicity it will suffice.

The process of data collection used for this study involved several practices drawn from the abovementioned types of research activities often involved in hermeneutic phenomenological research (Neubauer et al., 2019; van Manen, 1990). These activities did not follow some prescribed order. Instead, my approach was more of a “dynamic interplay” (van Manen, 1990, p. 30) between several research activities. These included: audio-recorded conversational interviews; field notes; reflective journaling; verbatim transcriptions of the interviews; written summaries of each interview; and member checking.

**Conversational Interviews**

Proposed by van Manen (1990), a conversational interview method is an approach meant to aid the researcher in gathering “narrative material” (p. 66). It is an approach that is neither close-ended and rigidly structured nor open-ended and unstructured, but rather semi-structured in
nature (van Manen, 1990). Using this approach allowed me to not only gather material from participants, but also reflect and engage in conversation with participants about their experiences.

Upon arrival at the interview, I received the participant’s signed Information and Consent Letter if they had not yet emailed it to me or, if they forgot to bring it to the interview, provided a paper copy to review and sign. I then asked the participant if they had any questions about the paperwork, the study, or the interview itself, and answered accordingly. I asked a series of questions regarding basic demographics, including questions about: age; gender; education, including degrees earned and schools where those degrees were procured; professional designation; religious affiliation; primary therapeutic approach; practice type (i.e., private practice, domestic violence prevention, etc.); practice setting (i.e., home-based office, hospital, professional building); and primary clientele (i.e., age, gender, if they were faith-based, mandated, etc.). Though no questions about race or ethnicity were asked, as mentioned, throughout the interviews one participant volunteered their identity as Chinese Canadian and another as Palestinian Canadian. The remainder of the questions asked throughout the interviews were meant to create opportunity for participants to describe, in their own language, their experience of the intersection of Christian spirituality and therapeutic relationships.

**Core Research Questions.** I explained to each participant that, given the informal and dialogical nature of the interview (Groenewald, 2004; Lauterbach, 2018; Moustakas, 1994), I might rephrase questions and adjust the interview guide as necessary (Galletta, 2013). Following this, I provided the participant with an Interview Guide (*Appendix D*) and explained that we would discuss the first six “Core Questions” for certain, and in that approximate order, and that depending on time and whether they fit within the conversation, we might also discuss the “Other Questions” listed on the Interview Guide. The “Core Questions” included the following:
1. How do you define the phrase “therapeutic relationship”?
2. How do you define the phrase “Christian spirituality”?
3. How do you understand therapeutic relational engagement?
4. As a therapist who practices Christian spirituality, how do you experience relational engagement with your clients?
5. What impact, if any, does Christian spirituality have on your approach to relational engagement?
6. How, if at all, do you use aspects or values from both therapeutic relationship- and Christian spirituality-based approaches as you engage relationally with clients?

The “Other Questions” listed on the Interview Guide included the following:

7. Do your clients know that you practice Christian spirituality?
   a) If so, how?
   b) If not, why not?
   c) How does their (lack of) knowledge of your Christian spirituality impact your approach to the relationship?
8. How do you advertise your practice?
   o Do you market yourself as having a faith?

As suggested by van Manen (1990) and Neubauer et al. (2019), the purpose of these interviews was to investigate experience. To this end, the research questions were designed to assist participants in moving closer to their experience in the present. For instance, the first three questions were meant to gain a base understanding of how participants understood the phrases “therapeutic relationship,” “Christian spirituality,” and “therapeutic relational engagement.” This was important to establish as later I would be asking about their experience at the intersection of these concepts. These questions were meant to prime the pump, so to speak, in terms of bringing their experience into the present moment, making it real and felt, and in so doing investigate the experience “as they lived it” (van Manen, 1990, p. 30).

Having first established how participants understood the concepts of “therapeutic relationship,” “Christian spirituality,” and “therapeutic relational engagement,” and in so doing making the experience of their intersection more palpable, I was then able to inquire as to the experience itself. Question 4 thus was intended to get to the heart of this experience. By broadly
asking how participants experienced relational engagement with their clients, my hope was the answers provided to this question, and the resulting conversation, would begin to reveal what Neubauer et al. (2019) describe as “essential themes that characterize the participant’s experience with the phenomenon” (p. 95).

In retrospect, I could have worded Question 4 somewhat differently. On several occasions, participants appeared to struggle to understand or know how to answer this question. When this happened, I adopted a posture of curiosity and wonder, which van Manen (2017b) calls “a basic disposition” and “the beginning of phenomenological inquiry” (p. 816). As van Manen writes, “Wondering about the meaning of a certain moment of our lived life may turn into the basic phenomenological question, ‘What is this experience like?’” (p. 816). To this end, whenever a participant asked, “what do you mean?” or appeared to struggle to answer in response to Question 4, I consistently responded by asking that which van Manen (2017b) refers to as “the basic phenomenological question” – *what is it like?* (p. 811). Elsewhere van Manen (1990) describes this as the sort of question that “turns the discourse back to the level of concrete experience” (p. 68). In other words, this question helped to make the subject of discussion less abstract and instead more tangible.

The fifth and sixth questions were meant to move the participant from broad and open-ended thinking to a more focused reflection of their experience. They were intended to help a participant begin to reflect on their experience of when Christian spirituality intersects with their approach to relational engagement in the context of a therapeutic relationship. They were also an attempt to refresh the “originary sensibility or primordiality” (van Manen, 2017b, p. 812) of the experience and bring the “lived” part of that experience even closer to the present moment.
The goal of the “Core Questions” was to learn more about how Christian therapists experience relational engagement with clients in the context of therapy. The ordering of these questions was intended to elicit as much description of that experience as was possible. Such descriptions and reflections are naturally going to be retrospective in nature (van Manen, 2017b). My hope, however, was that by first discussing each aspect of this experience individually (Questions 1-3), asking a broadly worded question about a participant’s experience (Question 4), and then finally and explicitly bringing each of these pieces together in Questions 5 and 6, I would “come to a fuller grasp” of this experience (van Manen, 1984, p. 38).

Other Research Questions. As mentioned above, in addition to the six core questions discussed in each interview, I also included several other questions on the interview guide. Whereas Questions 1-6 were meant to learn more about some of the intrapersonal aspects of the relational experiences of therapists who practice Christian spirituality, Questions 7 and 8 were intended to learn more about whether and how a client’s knowledge of a therapist’s personal spirituality impacts the therapist’s relational engagement with that client. I had thought that by asking these questions, I could learn more about whether a client’s knowledge of a therapist’s spirituality impacts how that therapist approaches and participates in relationship with that client.

Though there were several instances in which Questions 7 and 8 were discussed, more often than not they were not formally addressed in the interviews. This was due to three primary reasons. First, many of the participants faced time constraints in terms of how long they could participate in an interview. Second, oftentimes through conversation that occurred both before asking and when discussing Questions 1-6, these questions were answered in some capacity. Third, though I had hoped that these questions might reveal yet another dimension to the experience of these therapists, the more interviews I conducted the more I realized that these
questions were instead revealing the sort of information that van Manen (2017a) describes as “qualitatively interesting and important” but not “phenomenological insights, knowledge, or understandings” (p. 779). Having realized this, I stopped asking these questions and in so doing reoriented myself to the original phenomenon in question (van Manen, 1984).

**Writing**

Through the course of conducting interviews, I began noticing several recurring themes. As suggested by Galletta (2013), this is common: “as thematic patterns emerge and are explored and labeled as codes, you [the researcher] will become more attentive to further evidence of these patterns in future interviews” (p. 76-77). As my recognition of these patterns grew, so too did the tendency towards directing my questions towards them. I also recognized, however, the importance of not directing my attention “to [my] search for converging and diverging thematic trends in the data” (p. 77). Instead, I strove to remain aware of these trends while focusing “on the task at hand: eliciting from the participant the meaning he or she gives to the focus of study and capturing that meaning as accurately as possible” (p. 77). One of the primary tools I used to aid in this process was writing in the forms of field notes and ongoing reflective journaling.

**Field Notes**

In addition to recording the audio of each interview, I wrote extensive field notes during each interview. The use of written field notes served two purposes. First, they ensured that I had a written summary of each interview, including key quotes provided by each participant, in the event of mechanical failure of the audio recording (Easton et al., 2000). Second, doing so provided me space to reflect on my own thoughts and observations as to what I heard and experienced in these conversations (Groenewald, 2004). To paraphrase van Manen (1990), as I stared at what I had written, my objectified thinking stared back at me (p. 125). This allowed
opportunity to further discuss with the speaker both their thoughts and my own thinking about their thoughts. This also allowed opportunity to discuss other observations, such as those related to the “subtle undertones of language,” the “way language speaks,” and “the deep tonalities of language that normally fall out of our accustomed range of hearing” (van Manen, 1990, p. 111). Essentially, through field notes, I was able to capture, reflect on, and together with each participant discuss both their expressed thoughts and other non-verbal parts of communication such as when a participant exhaled deeply or gazed off into the distance, for example.

**Ongoing Reflective Journaling**

Throughout virtually every stage of this study I engaged in the process of ongoing reflective journaling. The decision to do so stems from the importance phenomenology places on writing. As stated by van Manen (2017b), “the more profound phenomenological insights may only come in the process of wrestling with writing and reflective rewriting – weighing every word for its cognitive weight and vocative meaning” (p. 823, emphasis added). Neubauer et al. (2019) likewise suggest “a robust and nuanced analysis” of any experience requires engaging in “iterative cycles of capturing and writing reflections” (p. 92). To this end, as I engaged in various research activities, I did so while simultaneously engaging in reflective journaling.

The process of writing, as described by van Manen (1990), involves putting one’s thoughts on paper as so doing “externalizes what in some sense is internal” (p. 125). As such, I attempted to capture my reflections “in writing and then reflect and write again, creating continuous, iterative cycles” (Bynum & Varpio, 2018, p. 253). Whether in the early stages of conceptualizing the study, when reviewing various literature related to the subject, or, as mentioned above, when conducting, transcribing, and summarizing the interviews, I wrote, reviewed, and rewrote my reflections on the subjects and the experiences I encountered.
Whereas this often occurred through an intentional formal process, other times it occurred in a
less formal and even unintentional manner. Such moments usually occurred during or shortly
after what van Manen (2017b) describes as a “Kairos moment,” that is a “fleeting, propitious,
instantaneous, and serendipitous” moment (p. 821). During such moments, most of which
occurred when I was doing something unrelated to the study, I would experience a “sudden
ingrasping of an inceptual insight” (p. 822). van Manen suggests that moments such as these –
“when we truly do nothing” and we “actively surrender to a mood of passivity and ready
ourselves for a chance meeting with Kairos” – are precisely when “inceptual insights” are most
likely to happen (p. 823).

van Manen (2017b) states, “insights will not come if we do not read and reflect, write and
rewrite” (p. 823). As such, and as insights “may come to us in various surprising situations and
contexts,” van Manen suggests that “we must always be attentive and prepared to write, even
when we do not have a writing instrument at hand or when we are not sitting behind the
keyboard” (p. 823). Though some insights certainly came when writing, others came
“serendipitously, as if by coincidence, luck, playful providence – not necessarily through
straightforward systematic analysis” (p. 823). As this happened when driving my car, speaking
with a friend, and even falling asleep, in addition to my typed notes, I also made countless
handwritten notes, as well as voice memos recorded on my smartphone which I later transferred
to the more formal reflexive journals I kept on my computer.

Transcriptions

As noted by Tilley (2003), “in the academic world, hiring individuals other than the
researcher to transcribe research tapes is common practice” (p. 750-751). This is often due to
researchers considering transcription to be “a mundane, time-consuming chore” (p. 751).
Despite this, “ideally the researcher should also be the interviewer and the transcriber” (Easton et al., 2000, p. 707). To this end, though this study was on the larger side of phenomenological research (Crouch & McKenzie, 2006; Polkinghorne, 1989), I transcribed the interviews myself.

As important as it is to act as researcher, interviewer, and transcriber in qualitative research in general (Easton et al., 2000), it seems even more important when it comes to phenomenological research specifically. Ellenberger (1958) posits, “whatever the method used for a phenomenological analysis, the aim of the investigation is the reconstruction of the inner world of experience of the subject” (p. 116). In order to do this, one must be as familiar as possible with a participant’s “inner world of experience.” This in turn requires not only reading verbally expressed words, but also the many other ways people communicate their experience.

Whether tone of voice, pacing of language, or use of silence, for example, a great deal is communicated nonverbally. By conducting and transcribing the interviews myself, in addition to capturing the words spoken by participants, I was able to note the many other nuances that arose in each interview. By transcribing each interview myself, I was thus able to notice and document not only the words of each participant, but also the other “non-verbal and para-linguistic communications” (Hycner, 1985, p. 289) that occurred throughout each interview in such a way that simply reading a transcript created by someone else would not have allowed for.

Shortly following each interview, I used Express Scribe Transcription Software © – a foot pedal-controlled audio player – to transcribe each audio recorded interview verbatim. As I did so, I highlighted and otherwise emphasized key words or phrases, which Easton et al. (2000) suggests “makes it easier for the researcher to analyze the data” (p. 707). I also made notes in a separate document containing what van Manen (2017b) refers to as a researcher’s “reflective wondering, deep questioning, attentive reminiscing, and sensitively interpreting of the primal
meanings of human experiences” (p. 819). In other words, by transcribing each individual interview in this manner, I was able to begin the “interpretive process” (Neubauer et al., 2019, p. 95) of that which Hycner (1985) calls the “experience of wonder” (p. 282).

**Written Summaries**

In order to engage in the “reconstruction of the inner world of experience” (Ellenberger, 1958, p. 116), I created a summary of each individual interview using material from three main sources: the written transcription of the interview; my field notes taken during the interview; and my notes taken during the process of transcribing the interview. The purpose of doing so was twofold: first, it forced me to read and reread each transcript and accompanying notes several times, which in turn allowed me to “get a sense of the whole interview, a gestalt” (Hycner, 1985, p. 281); and second, it allowed me to engage in member checking, as discussed below.

For the purpose of clarity, I organized these summaries in the same order as the interviews. For example, from the three abovementioned sources I gathered all the various points or quotes that reflected a participant’s understanding and experience of the phrase *therapeutic relationship*, including what it is, what it does, and what it involves. I then produced the same sort of summary for each of the other questions and points discussed throughout the interview. Finally, if there were other significant pieces that arose in the interview that did not fall under one of the research questions provided on the Interview Guide, I would then add a section entitled “Other Notes” at the end of the summary in which these points were likewise summarized. The length of these summaries generally ranged from 3-5 pages in length.

**Member Checking**

As suggested by Hycner (1985), “an excellent experiential ‘validity check’ is to return to the research participant with the written summary and themes and engage in a dialogue with this
person concerning what the researcher has found so far” (p. 291). Sometimes referred to as *member checking* (Birt et al., 2016), this process involved emailing each participant a copy of the aforementioned written summary of their interview along with the following sort of message:

*Dear ________,*

*Thank you again for meeting me with me as part of my doctoral research. I enjoyed our conversation and hearing your thoughts on this subject.*

*Attached you will find a brief summary of the interview. I tried to organize and summarize the conversation the best I could. If you wouldn't mind reading it over and letting me know if I have accurately captured your experience and the essence of your interview, and if there are any changes that you would like made to the summary, I would really appreciate it.*

*Thanks.*

*Sincerely,*

*Aaron*

This process helped to ensure that my summary of the participant’s interview was accurate and complete (Hycner, 1985). If a participant responded that it was incomplete or inaccurate, I was able to make corrections. Though no participants suggested these summaries were inaccurate, several did respond by saying that since the time of their interview, they had experienced additional thoughts on the subject which they included in the body of their emails. I then responded by thanking the participant for their additional thoughts and added these to both my written notes and the “Other Notes” section of the summary of their interview.

**Data Analysis**

The process of analyzing the data permeated every aspect of this study, which, according to van Manen (2017b), is unsurprising given the phenomenological methodology used:

“Phenomenal understanding and insights” may not necessarily (or even likely) come from procedural analysis of a sample of data. As such, phenomenological analysis is not conducted through sorting, counting, or even systemic coding efforts. Rather, phenomenological inquiry proceeds through an inceptual process of reflective wondering,
deep questioning, attentive reminiscing, and sensitively interpreting of the primal meanings of human experiences. (p. 819)

The process of analyzing data thus did not begin with a formal process of data analysis. Instead, the process of analyzing and interpreting – in other words making sense of – various experiences, was not limited to a particular stage, but instead occurred throughout the entire study. Likewise, “true insights [were] not ‘technically derived’ or ‘methodically produced’ but rather phenomenological insights [were] ‘encountered,’ ‘discovered,’ ‘given,’ ‘found,’ or sometimes even ‘stumbled upon’” (p. 820).

At a glance, data analysis in phenomenological research may appear directionless. While it is true that phenomenological analysis cannot be “folded nicely into a qualitative program of determinable strategies, calculative schemes, codes and inventive analytic and synthesizing technicalities that will produce or conveniently deliver some original thoughts or creative insights” (van Manen, 2017b, p. 820), as argued by Bynum and Varpio (2018), it is also not random. Several activities and methods are used in the phenomenological analysis of data.

“Nonmethodical Methods”

Unlike other research approaches that prescribe steps meant to aid in data analysis, van Manen (2017a) suggests in hermeneutic phenomenology “there is no step-by-step model that will guarantee phenomenological insights and understandings” (p. 777). Elsewhere van Manen (2017b) likewise writes “there are no technicalities, procedures, schemes, packages, or programs that will somehow produce or capture an insightful thought or creative insight” (p. 823). If there is one “method” recommended as a way to produce such insights, it is the immersion of oneself in the data (van Manen, 2017b). Even then, however, van Manen suggests it is better to think about “methods” of data analysis as “nonmethodical methods.”
When discussing the notion of a “nonmethodical method,” van Manen (2017b) describes it as being similar to a “gateless gate.” van Manen describes how, in this metaphor, researchers oftentimes look for a key that will unlock the door “behind which we would find the answers or insights for our search” (p. 820). The key, in this sense, is some specific analytic practice, such as “data analysis, coding, synthesizing, or any other popularly announced program, technique, or qualitative method” (p. 820). van Manen writes:

A promise and fixation on “methods” may fool the researcher into thinking, “Okay, I have got this key. Now let’s find the door!” So, researchers look for the right door to which the key gives access. When they cannot find the door, they reject the method. However, the gateless gate teaches that the keyhole needs no key, because there is no door. It is a gateless gate. So, the problem is that some researchers are so consumed by the idea or promise of a “method” … that will yield important qualitative understandings and insights that they don’t allow themselves to recognize an insight when they stumble over it in a “nonmethodical moment.” (p. 820).

In this way, the primary “method” used in the analysis of data for this study was not a specific method per say, but rather a process of thinking and rethinking, reading and rereading, and writing and rewriting (van Manen, 2017b).

**Epoché and Reduction**

Described as “the famous fundamental method of phenomenological research and inquiry,” epoché and reduction is “a method of reflection on the unique meaning of the phenomenon that one is studying to gain an eidetic grasp, fundamental understanding, or inceptual insight into the phenomenological meaning of a human experience” (van Manen, 2017b, p. 819). Epoché and reduction is thus best understood as processes of reflection. Given the central role of reflection in phenomenology (Bynum & Varpio, 2018; Neubauer et al., 2019; Sloan & Bowe, 2014; van Manen, 1984, 1990, 2017a, 2017b), epoché and reduction were repeatedly engaged in throughout all stages of this study.
According to van Manen (2017b), epoché is a process that involves “opening up” and creating space for phenomenological reflection (p. 822). Engaging in epoché thus involved my periodically stepping back from the research – be it reading the literature, designing aspects of the methodology, thinking about a specific word or phrase shared by a participant, or any of the many other research activities – and reflecting on the broader meaning of the phenomenon.

Unlike epoché, which is a broad and “nonobjectifying” form of reflection (van Manen, 2017b, p. 819), the process of reduction is more focused in nature. Practiced primarily through asking questions (p. 819), I engaged in reduction with the aim of focusing on specific phenomenological experiences and meanings (p. 822). In keeping with the nonlinear manner of phenomenological data analysis, this occurred throughout all stages of this study.

By engaging in epoché and reduction throughout all stages of this study – including as I type these very words – I have encountered broad understandings and specific meanings of the experience of relational engagement for Christian therapists. van Manen (2017b) describes these as “the ordinary insights that are the basic purpose of phenomenological research and inquiry” (p. 813). This process also revealed that van Manen describes as “incepts, not concepts”:

A concept … abstracts from particulars of meaning: it generalizes. An ordinary concept leaves out all but one aspect of a being: its precise conceptual meaning or usage in ordinary and scientific language. In contrast, an incept … evokes the concrete richness and originary uniqueness of particulars. It singularizes while doing justice to the fullness of its meaning (p. 819-820).

This process thus helped to reveal the incepts of experience: reduction has repeatedly revealed singular specific meanings in fuller epoché-informed contexts of the phenomenon.

**Hermeneutic Circle**

The hermeneutic circle has been described as the last step of phenomenological data analysis (Bynum & Varpio, 2018; McBride, 2019). Much like epoché and reduction, the
hermeneutic circle is a cyclical process through which a researcher goes to understand a phenomenon. Though it shares a great deal in common with epoché and reduction, the hermeneutic circle tends to focus more on the analysis of text specifically (Sloan & Bowe, 2014). The goal of the hermeneutic circle, as noted above, is understanding. Koch (1996) argues, however, that the goal is neither further nor even better understanding, per se, but rather different understanding. As described by McBride (2019), the hermeneutic circle occurs:

by moving between the parts and the whole. We see a part of something and then it shapes our story of the whole. And, as we expand our understanding of the whole, it changes how we see the parts. We see the parts differently. And as I’m on the journey to see the whole, the parts look different. The parts look a little bit more like the whole thing. And it makes the parts more beautiful. And when I do that, it changes my understanding of the whole. (38:08)

Whenever one returns to either a specific part of a text or the document as a whole, it is not so much that one will read or understand it more accurately, but rather that both the parts and the whole will begin to look different. Schmidt (1996) suggests this process is necessary as “one can understand the whole only from an understanding of the parts” and “one can understand the parts only from an understanding of the whole” (p. 263). Through such continuous and circular movement, one is able to slowly begin to see “the unity of parts and whole” (p. 266).

My use of the hermeneutic circle first began as I read and reread each individual transcript (and accompanying field notes and summary). In so doing, I observed how the various descriptions or statements of experience contributed to my understanding of the whole of that person’s experience. As my understanding of the whole of that person’s experience evolved, so too did my understanding of the individual parts of their experience.

The second way in which I entered the hermeneutic circle involved moving between each individual participant’s texts (transcript, field notes, and summary) alongside the collection of all participants’ texts. As I read and reread each person’s set of texts (i.e., the “parts”) and then my
notes on the collection in its entirety (i.e., the “whole”), my understanding of one began to inform and shape my understanding of the other. This process began to shape my understanding of what van Manen (1990) calls “the particular” (the specific participant and their experience) and “the universal” (“the” experience of relational engagement for Christian therapists).

**Selective or Highlighting Approach**

There exist numerous approaches to uncover the “thematic aspects of a phenomenon in some text” (van Manen, 1984, p. 61). For the purpose of this study, I used “the selective or highlighting approach” which van Manen (1990) describes as a process in which “we listen to or read a text several times and ask, *What statement(s) or phrase(s) seem particularly essential or revealing about the phenomenon or experience being described?*” (p. 93, emphasis original).

Essentially, as I read a text, I underlined or highlighted any statements or phrases that stood out. My use of the selective or highlighting approach began during the interview stage of the research and continued through the transcribing, summarizing, member-checking, and analysis stages. When in conversation with participants, for example, I would write down and underline notable words and phrases in my field notes. Each time I did so, I repeated these back to participants in an effort to confirm that I had heard the meaning properly and whether the given word or phrase was important and/or key to their experience.

When transcribing and summarizing the interviews, I repeatedly paused the recording to highlight key words and phrases that had been repeated within a given interview or had been made by other participants as well. I would then also copy and paste these phrases, along with my own reflections and notes into a separate document, organizing them according to subject. This process occurred each time I transcribed an interview, constructed a summary, engaged in
the member-checking process, and then read the final collection of texts for each participant, which comprised my field notes, the transcript, and the summary for each interview.

Having completed the process described above for all interviews, I proceeded to repeat it a second time. This included rereading each transcript, summary, and set of field notes for each interview, highlighting the key phrases and transferring them – along with my own reflections and thoughts – to yet another document, which was likewise organized according to subject. This multi-staged process was meant to follow the path of the hermeneutic circle as described by Neubauer et al. (2019), “wherein the researcher reads the data, constructs a vague understanding, engages in reflective writing, then re-engages with the text with revised understandings” (p. 95).

My repeated use of the selective or highlighting approach allowed the emergence of themes and commonalities of experience (van Manen, 1984). Borrowing from Neubauer et al. (2019), by reading the data (i.e., transcripts, summaries, field notes) in this manner, I was able to organize statements and phrases that seemed “particularly essential or revealing” in a separate document (i.e., construct a vague understanding). I also wrote my thoughts (i.e., engaged in reflective writing) about what appeared to be emerging commonalities. Having done so once, I then reread the various texts (i.e., re-engaged with the texts) with a different understanding, and went through the same process again (i.e., grouping the essential or revealing statements in a separate document, writing my thoughts about the emerging commonalities, etc.). Finally, I read and reread the two separate documents that I had used to organize what had appeared to be emerging themes. In so doing, I observed commonalities that recurred not only within and across the individual participant-derived data but now also across my own separately written descriptions of the phenomenon. This process allowed me to identify the structures of experience that comprise this phenomenon.
Credibility

Credibility has been described as “paramount to qualitative research” (Schuemann, 2014, p. 27). Eisner (1991) suggests that credibility is that which allows qualitative researchers to “feel confident about our observations, interpretations, and conclusions” (Eisner, 1991, p. 110). To achieve such confidence, I took several steps to ensure that I was accurately representing the experiences of participants. These included two strategies. The first, as described by Creswell (2007) was the provision of “rich, thick description [which] allows readers to make decisions regarding transferability” of the findings (p. 209). The second, as discussed above, was member checking. Lincoln and Guba (1985) suggest that member checking is “the most critical technique for establishing credibility” (p. 314) for the simple reason that participants are asked to reflect on and confirm the accuracy of summaries of their interviews and experience. As these interviews – along with my field notes and reflective journals – represent the primary source of information for this study, together these strategies ensured credibility of the findings.

Ethical Considerations

Creswell (2007) suggests that conducting qualitative research requires ongoing sensitivity to ethical considerations. For the purpose of this study, these include informed consent (Walker, 2007); confidentiality and anonymity (Creswell, 2007); authenticity of data (Munhall, 1988); risks and benefits to participants (Polit & Hungler, 1989); and compensation (Cheff, 2018).

Informed Consent

The roots of informed consent can be found in the ethical principle of respect for an individual’s autonomy (Walker, 2007). Polit and Hungler (1999) explain that respect in this sense means ensuring “that participants have adequate information regarding the research, are capable of comprehending the information, and have the power of free choice, enabling them to
consent to or decline participation in the research voluntarily” (as cited in Walker, 2007, p. 40-41). The process of providing such information and obtaining consent occurred through several means, and at different times, throughout the study.

The process of securing written consent from a participant began with the provision of an Information and Consent Letter (Appendix C). As suggested by Creswell (2007), this letter included information about:

- The right of participants to voluntarily withdraw from the study at any time
- The central purpose of the study and the procedures to be used in data collection
- Comments about protecting the confidentiality of the respondents
- A statement about known risks associated with participants in the study
- The expected benefits to accrue to the participants in the study
- The signature of the participant as well as the researcher (p. 123)

The inclusion of this information ensured that, to the extent possible, a prospective participant had the information necessary to consent to or decline participation, and to understand what doing so meant. As noted by Walker (2007), however, “despite efforts to predict all the risks at the outset of the study … it cannot be known for certain what the interview will uncover” (p. 41). As such, a second approach was used to ensure that a participant’s ongoing consent remained informed throughout their participation in the study.

As situations change, and topics, feelings, and other information may arise unexpectedly in an interview (Walker, 2007), the process of obtaining informed consent is not a one-time occurrence. Instead, Polit and Hungler (1999) suggest it must be “an ongoing, transactional process” (as cited in Walker, 2007, p. 41). Munhall (1988) likewise suggests, “continually informing and asking permission establishes the needed trust to go on further in an ethical manner” (as cited in Walker, 2007, p. 41). To this end, throughout each interview I regularly used phrases such as: “Could you tell me more about that? If you’re comfortable doing so that
is,” and “Would you like to say more about that? If not, that’s okay.” Such statements helped to ensure that a participant’s ongoing consent to continue participating remained informed.

Confidentiality and Anonymity

Like informed consent, the concept of confidentiality has its roots in the ethical principle of respect for the dignity and autonomy of participants (Wiles et al., 2008). Considered one of the core standards of qualitative research (Howe & Eisenhardt, 1990), ensuring confidentiality involves two main practices: first, “not discussing information provided by an individual with others” and second, “presenting findings in ways that ensure individuals cannot be identified” (Wiles et al., 2008, p. 418). Though different means exist for accomplishing this, the most common way of doing so is anonymization (Wiles et al., 2008).

Seen as one of the most prominent ethical procedures in research (Van den Hoonard, 2003), the anonymization of data in qualitative research involves removing or, more commonly, masking the names and other identifying markers of participants (Creswell, 2007). It is noted that it is challenging, if not impossible, to maintain absolute anonymity (Van den Hoonard, 2003) or complete confidentiality (Wiles et al., 2008). This difficulty is due, in part, to the small sample size and the small circles in which qualitative studies often take place (Van den Hoonard, 2003). Despite this difficulty, one of the more common practices in qualitative research involves assigning pseudonyms to participants in an attempt to protect the anonymity and confidentiality of participants (Wiles et al., 2008). To this end, each participant was assigned a pseudonym using an online random name generator.

Authenticity

As noted by Creswell (2007), “any report of research is a representation by the author” (p. 207). It is, at best, a portrayal or interpretation of another’s experience. To this end, steps
must be taken to ensure that which Lincoln and Guba (1985) describe as the “authenticity” of another’s experience (p. 315). In other words, the pursuit of authenticity involves working to safeguard “the subject’s authentic inner personal life” (Kvale, 2006, p. 492).

As reminded by Kvale (2006), qualitative research often involves strangers being granted access to the inner, if not vulnerable, parts of another’s life. Because of this, striving for authenticity involves recognizing and remaining cognizant of the power imbalance inherent in the researcher-participant relationship. It also involves, as has been mentioned, member checking which can help to confirm that the written summaries and descriptions of participants’ experiences accurately reflect their authentic experiences. Doing so helped ensure that it was the participant’s voice heard in the description, rather than my own. If the voice heard in the summary was not consistent with their own, or the description was inconsistent with their experience, the participant was asked to let me know if there were any changes they would like made. Though this process did not guarantee that my descriptions of the participants’ experiences were authentic, it did provide opportunity for corrections to be made and new information to be added. This in turn increased the likelihood of ensuring authenticity.

**Risks and Benefits**

Polit and Hungler (1989) suggest, “the degree of risk to be taken by those participating in research should never exceed the potential humanitarian benefits of the knowledge to be gained” (as cited in Eddie, 1994, p. 183). Due in part to ethical principles, such as beneficence and non-maleficence (Eddie, 1994), consideration was given to the potential risks as well as the potential benefits for those participating in a study. More specifically, I disclosed in the Information and Consent Letter (**Appendix C**) that there were no known risks associated with participating in this study. Participants were also reminded in both this letter and throughout the interviews that if
they wished to not answer any question posed to them and/or they wished to withdraw from the study, they could do so at any time (TCPS, 2018).

In addition to risks, participants were made aware several potential benefits associated with participating in this study. These were communicated through both the Information and Consent Letter as well as the interviews themselves. Examples of such potential benefits included having an opportunity to reflect on and dialogue about a part of practice they may not have previously considered, as well as helping to increase understanding of the intersection of Christian spirituality and therapeutic relationships and its impact on relational engagement.

**Compensation**

The *Tri-Council Policy Statement* (2018) neither recommends nor discourages the use of incentives when recruiting participants for a research study. Instead, researchers are encouraged to consider the influence of financial or other incentives on the “voluntariness of participants’ consent” (p. 29). Despite this lack of a formal guideline, paying or otherwise compensating participants for their participation remains a common practice (Cheff, 2018).

One of the most common practices for compensating participants involves providing monetary compensation, with the average hourly rate being between $20-25 per interview hour (Cheff, 2018). For this study, however, I instead advertised, “As a thank you for participating in this study, you will have a chance to win 1 of 3 prizes (each prize is valued at $20)” (*Appendix B*). This decision was made in part to ensure there was no coercion or other undue influence that may otherwise negate the voluntariness of participants (TCPS, 2018). This decision was also made due to my limited financial resources. As I was unable to financially compensate all twenty participants, instead of choosing to provide no compensation whatsoever, once the
interviews were completed, I randomly selected the names of three participants each of whom was sent an Amazon e-gift card.

The provision of gift cards in lieu of cash is not an uncommon practice (Cheff, 2018). The decision to do so for the current study stemmed in large part due to the wide geographical area in which participants lived and worked. With participants living and/or working up to ninety minutes away from my home, it was much more viable to purchase and email e-gift cards than it otherwise would have been to attempt to hand-deliver any sort of physical compensation.

Conclusion

To better understand how Christian therapists experience relational engagement with clients, a hermeneutic phenomenological inquiry was conducted. This included using van Manen’s (1990) conversational interview method, as well as a number of other methods such as the collection of field notes, transcribing and summarizing the interviews, engaging in a process of member-checking, and maintaining reflective journals. Additionally, the process of data analysis involved epoché and reduction, the hermeneutic circle, and van Manen’s (1990) “selective or highlighting approach” for the purpose of isolating thematic statements and thereby observing the emergence of several structures of experience.

In the following chapter I present the findings of this study. More specifically, I describe the structures of experience revealed by the process described above. As each structure encompasses several components, these too are presented. Together, these structures and their smaller components comprise the experience of Christian therapists as they engage relationally with clients.
Chapter Five: Findings

The goal of hermeneutic phenomenology, as indicated in the previous chapter, is to reflect on and thereby understand how people experience a phenomenon. In this instance, hermeneutic phenomenology was used in hopes of better understanding the experience of Christian therapists as they engage relationally with clients in the context of therapy. As noted by van Manen (2017b) though, any endeavour that asks people to reflect on an experience in the hopes of better understanding how it is experienced is, at best, limited:

We cannot simply access the living meaning of lived experiences through introspective reflection. As soon as we turn to reflect on an experience that we have in this very moment, we inevitably immediately have stepped away from or out of the living sphere or sensibility of the livedness of lived experience. The instant of the moment we reflect on a lived experience, the living moment is already gone, and the best we can do is retrospectively try to recover the experience and then reflect on the originary sensibility or primordiality of what the experience was like in that elusive moment, and how it appeared or gave itself to our consciousness. (p. 812)

Asking Christian therapists to reflect on their experience of relational engagement, then, is not guaranteed to reveal what it is like to experience that phenomenon.

Despite the limitations inherent with asking one to reflect on an experience, the answers to these questions remain valuable as they represent the best chance of helping one understand what that experience is like. The challenge, as noted by van Manen (2017b), is to “recover the lived meanings of this moment without objectifying these faded meanings and without turning the lived meanings into positivistic themes, sanitized concepts, objectified descriptions, or abstract theories” (p. 812). This chapter thus represents my best attempt to do just this, to bring to awareness an experience that Christian therapists have lived through to be able to reflect on “the living meaning of this lived experience” (p. 813).

To accomplish the stated goal, this chapter begins with a reflection on the limited nature of themes in phenomenological research. Following this is an introduction to the notion of
structures of experience, specifically in terms of the structures comprising the experience of Christian therapists as they engage relationally with clients. Finally, this chapter contains an exploration of each structure and the various components it comprises.

The Limited Nature of Themes

To understand the limited nature of themes, a rudimentary understanding of themes is first required. DeSantis and Ugarriza (2000) define a theme as “an abstract entity that brings meaning and identity to a recurrent experience and its variant manifestations” (p. 362). Writing in the context of qualitative, interview-based research, Morse and Field (1995) explain that themes are best understood as “common threads that extend throughout an entire interview or set of interviews” (p. 139). Themes are considered “the main product of data analysis” (Vaismoradi et al., 2016, p. 101) and one of the key characteristics of qualitative research (DeSantis & Ugarriza, 2000). As common as the use of themes is in qualitative research, however, Morse and Field (1995) argue that “themes are usually quite abstract and therefore difficult to identify” (p. 139). This is particularly true in hermeneutic phenomenological research.

Terms or phrases such as “themes” and “theme-like statements” are not uncommon in phenomenological research (Creswell, 2007; van Manen, 1990). Despite this, as argued by van Manen (1990), “theme formulation is at best a simplification. We come up with a theme formulation but immediately feel that it somehow falls short, that it is an inadequate summary of the notion” (p. 87). Further, hermeneutic phenomenology is not necessarily concerned with the discovery of themes (van Manen, 1990); instead, they are seen as mere tools that give “control and order to our research and writing” (p. 79).

Unlike some forms of qualitative research that seek to identify “themes” in the sense of “conceptual formulations” or “categorical statements,” in hermeneutic phenomenology “it is
lived experience that we are attempting to describe and lived experience cannot be captured in conceptual abstractions” (van Manen, 1984, p. 59). Further, though themes offer some use when organizing information, phenomenology is primarily concerned with “meaning and meaningfulness rather than ‘informational’ content” (van Manen 2017b, p. 814). As such, the phrase “structures of experience” is used in pursuit of the goal of this study, which is not to merely describe informational content, but rather to better understand a particular experience and “the experiential structures that make up that experience” (van Manen, 1984, p. 59).

Structures of Experience

Though this discussion refers to the structures of experience of Christian therapists, this is simply due to the limitations inherent with language. There neither is, nor can there be one singular collection of structures of experience for all Christian therapists. Just as themes represent “variant, often disparate expressions of social behavior or verbal interaction” (DeSantis & Ugarriza, 2000, p. 363), so too are there “variant, often disparate” structures of experience.

The innumerable factors that create the uniqueness of an individual all but guarantee that as multiple persons experience the same phenomenon, they will each experience it differently. The use of the phrase “structures of experience” is not meant to minimize the subjective nature of such experiences, nor is it meant to suggest that all persons who experience this phenomenon do so in the same manner. Rather, whenever this phrase is used, it is done so with the understanding that there are in fact countless structures of experience, and those which I now present represent but one understanding and limited description of this experience.

Structures of Experience of Christian Therapists

To explore the experience of Christian therapists, I opted to create and use the metaphor of a house. I did so, in part, to lend a concrete quality to the often-abstract nature of
phenomenological discourse (van Manen, 1990). I also did so in response to van Manen’s (1984) description of the night sky, in which he notes how it is individual stars that “make up the universe” (p. 59). In the same way, van Manen suggests, experiential structures both exist unto themselves and, when together, are “experienced as meaningful wholes” (p. 59). Having realized that a house is likewise a whole comprised of various rooms and other spaces, I created a metaphoric “house of experience” as a means of organizing, reflecting on, and discussing both its structures and the experience itself.

If the metaphoric house, as suggested, represents the experience of relational engagement for Christian therapists, the foundation, basement, subfloor, living room, and bedroom represent the structures that make up this experience (Figure 2). Just as each therapist lives and moves about in their own “house” differently, so too are the various structures experienced in different ways. Some therapists, for example, display certain rooms or structures more prominently than do others. Likewise, some spend more time in certain locations of the “house” than do others. Other therapists still are more consciously aware of certain structures than are others.

**Figure 2**

*Structures of Experience*
As seen in Figure 2, this “house” of experience comprises numerous “structures.” Though the following discussion is presented in a linear fashion – moving from the foundation up – these structures are not always experienced as such. Whereas some therapists may experience these structures in the order in which they are presented, this is not necessarily the only way in which these structures or experiences are encountered. Instead, as they are not entirely separate from each other, but are overlapping and interconnected, they are often experienced as such. In this sense, the structures comprising the experience of relational engagement are less likely to be experienced sequentially as they are simultaneously and even randomly. As suggested by Sherwood (2008b), “it is impossible to meaningfully separate our thinking, feeling, and behavior from each other and from the systems we experience outside our selves” (p. 11). Despite this, for the sake of clarity they are presented as separate and ordered.

Just as there are numerous structures that comprise the broader experience of relational engagement for Christian therapists, findings suggest that there are also numerous components and subcomponents within each structure. These components (Table 3, next page) or, as van Manen (1984) might describe, the “thematic aspects of [this] phenomenon” (p. 61) were identified through the “selective or highlighting approach” described in Chapter 4. More specifically, each component was derived from various statements and phrases spoken throughout the interviews that seemed “particularly essential or revealing” about this experience (1990, p. 93).

It is suggested that these components, like the structures they comprise, are overlapping and interconnected. (For a complete table of the structures, components, and subcomponents of experience, refer to Appendix E.) Returning to the metaphor of the house, these components and subcomponents are akin to materials such as electrical wires and receptacles, copper pipes.
and faucets, drywall and screws, and wooden framing and door jambs. They are found throughout the “house” of experience, with some being visible and others hidden from sight. Likewise, they are at times featured more prominently in some rooms than in others. In other words, though these components and subcomponents are presented as separate from each other and even as unrelated to certain structures, they are in fact woven throughout numerous structures of experience.

<table>
<thead>
<tr>
<th>Structures</th>
<th>Components</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Foundation:</strong></td>
<td>Focusing on the love of God</td>
</tr>
<tr>
<td><strong>Personal Identity</strong></td>
<td>Believing that all persons are created and valued by God</td>
</tr>
<tr>
<td><strong>Identity</strong></td>
<td>Seeing Christian spirituality as the core of my identity</td>
</tr>
<tr>
<td><strong>Basement:</strong></td>
<td>Believing that practice must be ethical</td>
</tr>
<tr>
<td><strong>Professional Identity</strong></td>
<td>Gravitating toward certain values and ideals</td>
</tr>
<tr>
<td><strong>Identity</strong></td>
<td>Prioritizing the therapeutic relationship</td>
</tr>
<tr>
<td><strong>Subfloor:</strong></td>
<td>Believing that God made me for/called me to this work</td>
</tr>
<tr>
<td><strong>Integration</strong></td>
<td>Reflecting on professional matters from a Christian perspective</td>
</tr>
<tr>
<td><strong>Living Room:</strong></td>
<td>Being aware of my approach to integration</td>
</tr>
<tr>
<td><strong>Relational Actions</strong></td>
<td>Engaging in prayer</td>
</tr>
<tr>
<td><strong>Bedroom:</strong></td>
<td>Perceiving people as broken yet valuable</td>
</tr>
<tr>
<td><strong>Relational Perceptions</strong></td>
<td>Trusting that God is present and at work</td>
</tr>
<tr>
<td><strong>Identity</strong></td>
<td>Believing Christian spirituality enhances my relational engagement</td>
</tr>
</tbody>
</table>

In this metaphor, the foundation of the house is comprised of elements related to one’s personal identity, specifically those related to Christian spirituality. Above this is the basement, which contains elements of one’s professional identity, specifically those related to professional
therapeutic practice. Further up the house, between the basement and the main floor, exists the subfloor. This structure is comprised of understandings of, beliefs about, and/or practices meant to integrate aspects of one’s personal and professional identities.

The main floor of the house contains the structures of experience that are most visible to both therapist and client. These include the living room, which comprises the many ways a therapist acts or behaves in the context of the relationship with a client, and the bedroom, which contains the various beliefs and perceptions a therapist holds in the context of relational engagement. The main floor thus represents how one approaches and participates in relationship with another, with the structures underneath supporting and otherwise influencing one’s actions and perceptions. As one might expect, though the metaphor living room may at times be invisible to clients, it is generally the most visible or observable structure of this “house” as it contains many behaviours directly experienced by a client. Unlike the living room, the bedroom tends to be less visible. This is the metaphor space in which a therapist’s inner beliefs and perceptions about, and in the context of, relational engagement can be found.

**Foundation: Personal Identity**

The first structure of experience is that of a therapist’s personal identity. Like the foundation of a house, this structure of experience is, for the most part, out of sight of those living and moving about within the house. Also like the foundation of a house, however, the impact of this structure is significant as it influences the entire house in numerous ways.

The “foundation” of the “house of experience” of Christian therapists as they engage relationally with clients includes several elements of their personal identity. Though, to be certain, numerous aspects of personal identity influence one’s experience of relational engagement, the most prominent to emerge in the interviews are those that focus on and emerge
from Christian spirituality. These include focusing on the love of God, believing that all people are created and valued by God, and seeing Christian spirituality as the core of one’s identity.

**Focusing on the Love of God.** Throughout virtually every interview, multiple references were made to love. Moreover, nearly every participant made some sort of statement indicating a belief in the love of God. These include believing that God loves everyone, that God’s love is unconditional, and that God’s love is modelled by Jesus.

**God’s Love is for Everyone.** References to a belief in a loving God abound throughout the interviews. Such statements suggest a belief that God’s love is not exclusive to a specific people group, but rather for all persons, in all places, at all times. For example, Kacey stated, “I think each one of us is a child of God. And as children of God, we are incredibly loved by God.” That Kacey was not the only participant to state such a belief, it appears that Christian therapists believe that God loves everyone and that God’s love is both broad and universal, and individual and personalized. In other words, not only does God love humanity broadly, but God also loves you and me specifically.

In addition to statements that indicate Christian therapists hold this belief in general, others suggest that some think of this belief specifically in terms of their role as a therapist. For example, Robyn alluded to this when she said, “Sometimes the thought ‘God loves you’ crosses my mind, but it sounds pretty trite when they’re in the midst of their pain.” Likewise, Jeffrey stated, “I come to my meeting with this client from a Christian perspective that is they are a child of God who is loved by God.” Statements such as these, which appeared throughout most interviews, suggest that believing in a God who loves everyone is a common and significant experience for Christian therapists.
**God's Love is Unconditional.** Building off the belief that God loves everyone, a second seemingly core and important belief about God’s love emerged from the interviews. This belief essentially holds that the love God has for people is offered unconditionally, and that it neither changes nor depends on anything that the prospective recipient does or does not do. Instead, as seen in the following quote by Adam, this love is consistently made available to all persons regardless of one’s actions or attitudes: “... God has shaped us to be specific people in this world and offers or holds unconditional love for us as His children.”

Though some participants used the word “unconditional” when speaking of God’s love, others expressed the same belief in other ways. For example, Glen said, “it doesn’t matter who you are” and explained that God’s love is for everyone. Similarly, Bryan described believing that God’s love is unwavering. These and other comments suggest that a commonly held belief that God’s love is unconditional and, as stated by Renee, “at the core of Christian spirituality.”

**God’s Love is Modelled by Jesus.** A third belief that Christian therapists appear to have about the love of God emerged via statements about Jesus. These statements indicate that Christian therapists tend to think of Jesus as a model or exemplar of God’s love. For example, when discussing what love looks like in practice, Glen said:

> When you look at Jesus, He entered into everybody’s brokenness ... He always saw the worth of people, even people that, in the culture of the day, no one saw worth ... Jesus always treated them with incredible self-worth.

In addition to referencing biblical examples, some Christian therapists appear to think about Jesus more broadly when considering what God’s love looks like in practice. Beth, for example, stated, “when I smile at somebody, I smile at them not because I want a smile back or because I want to brighten their day, but I smile at them because I know that if Jesus was walking by He
would smile at them too.” As such, looking to Jesus as a model of God’s love appears a common part of the experience of relational engagement for Christian therapists.

**Believing that all Persons are Created and Valued by God.** Much like beliefs about the love of God, beliefs that all persons are created and valued by God were expressed throughout virtually every interview. These include three separate, yet related beliefs: that all persons are created in the image of God, that all persons are children of God, and that all persons have inherent value because they are made in God’s image and are children of God.

**People are Created in the Image of God.** Numerous comments were made throughout the interviews referencing a belief that people are made “in the image of God.” Though no participant explained precisely what this means, the wording suggests that, as God made people, each person resembles or reflects something of the nature or character of God. For example, Eva said, “I feel like my practice is very much informed by this belief that all humans are created in God’s image and are here for a purpose.” Additional comments suggest that not only do Christian therapists believe that all people are made in the image of God, but that they intentionally reflect on this belief when they are faced with challenging or difficult clients. For example, Beth stated, “There have been some really awful clients and while they sit here and talk, I’m literally telling myself ‘this person was made in the image of God, this person was made in the image of God, this person was made in the image of God,’ like over and over.’” Such statements indicate that not only do Christian therapists believe all persons are made in the image of God, but also that it is helpful, if not important, to consciously think about this belief.

**People Have Identity as Children of God.** Related to the belief that people are made in the image of God is the idea that all persons are children of God. This notion presupposes God as not only a parent or parent-like figure, but rather as the metaphoric parent of all persons. For
example, Paul stated, “I start from the perspective that we’re all God’s children.” Likewise, Adam said, “... they [clients] are human just as I am human, and they are a child of God just as I am a child of God.” It thus appears that Christian therapists believe all persons are children of God regardless of whether they follow or even believe in God.

**People have Inherent Value.** Building on beliefs that all persons are made by God and that they are God’s children is a belief that they have inherent value. Though the source of their value is not always specifically stated, certain statements suggest it is due to their being made by God, being God’s children, and/or because God sees people as valuable. One example of this belief is seen in Kacey’s statement, “I think each one of us is a child of God. And as children of God, we are incredibly loved by God. And we’re all precious and valuable.” Kacey’s statement indicates that, like other beliefs, Christian therapists often and intentionally reflect on their belief that people have inherent value.

**Seeing Christian Spirituality as the Core of My Identity.** The third component of the “foundation” structure of Christian therapists’ experiences involves not a particular belief coming out of Christian spirituality, but rather a belief about Christian spirituality. More specifically, this belief is about the central role that Christian spirituality plays in one’s own life and identity. This can be seen in participants’ statements about how they perceive Christian spirituality to be at the core of their identity. For example, Maya stated, “It [Christian spirituality] is certainly the foundation or the source for me. Of my wanting to engage with anybody and everybody.” Likewise, when speaking of Christian spirituality, Kacey likewise plainly expressed, “faith is such a core part of me.”

In addition to language describing Christian spirituality as the foundation or core of one’s identity, numerous other descriptive phrases likewise suggest that Christian therapists view their
spirituality as an extremely important part of their personal identity. For example, Nicole described her Christian spirituality as “... the lighthouse, the beacon, that going home place, the starting point, the returning home point.” Similarly, Paul described Christian spirituality as being “probably foremost. It is the number one thing that is there.” Other comments further suggest that the importance of Christian spirituality to one’s identity is such that it is an inseparable part of who they are. One example of this is seen when Sofia said, “I cannot change who I am ... it [Christian spirituality] is something I carry with me.” Similarly, Adam said, “I think they [Christian morals and values] become part of (me).”

Given how Christian therapists see their spirituality relative to their identity, it follows that they likewise believe it to be a highly influential part of their relational engagement. In addition to comments presented above alluding to this sort of belief, others likewise commented on how Christian spirituality influences their experience of and approach to relationship. Miranda, for example, said, “I feel like I’m tapping into my spirituality to guide the whole nature of my practice.” Glen likewise commented on how he believes Christian spirituality influences how he sees and experiences other people: “I believe the core of what I do with everybody that I work with is [believe] that fundamentally you are worthwhile, you have worth.”

As relational engagement involves not only interpersonal but also intrapersonal dynamics, it is not unexpected that numerous components related to personal identity emerged from the interviews. That several such components related to Christian spirituality were disclosed numerous times suggests they comprise a significant structure of experience for Christian therapists as they engage relationally with clients.

**Basement: Professional Identity**

Returning to the metaphor of a house, the second structure of experience to be discussed
is the basement. Whereas the foundation is generally out of sight, the basement, though less visible than structures on the main floor, does on occasion become visible to those living and moving about in the house. In other words, whereas personal identity is all but invisible to those involved in the experience of relational engagement, certain aspects of one’s professional identity can be observed and experienced in a more palpable way by all parties.

Like personal identity, numerous components of professional identity exist beyond those identified in this paper. Given their recurring nature, however, as well as the importance that participants appeared to assign to the following components, it is suggested that as Christian therapists engage relationally with others, they tend to believe their practice must be ethical, they gravitate toward certain values and ideals, and they prioritize the therapeutic relationship.

**Believing that Practice Must be Ethical.** The first aspect of professional identity to emerge from the interviews involves a belief about their professional practice. More specifically, it appears that Christian therapists believe their therapeutic practice must be seen and experienced as ethical. This is seen in their being acutely aware of power, emphasizing awareness and boundaries, and striving to ensure that their spirituality does not unduly influence clients or therapeutic processes and relationships.

**Being Acutely Aware of Power.** As discussed in Chapter 2, the literature contains numerous references to the idea and experience of power in therapy. Given this, it makes sense that many references were made to power in therapy. More specifically, many therapists alluded to being acutely aware of the power differential inherent in therapeutic relationships. For example, Cathy stated, “... the therapeutic relationship is also another picture of someone being in a position of power.” Likewise, Paul said, “that power differential piece is always in front of me ... power differentials are huge for me ... I cannot cross or I can’t use my place of power.”
Additional comments made by participants focused less on a power differential, and instead focused on the therapist’s actions in response to this differential. These included comments in which therapists spoke of how they try to minimize the power imbalance and/or ensure ethical practice despite the imbalance. For example, Ellen said, “I do not want to be in any way oppressive ... I don’t want to set up a hierarchy. I don’t want to have second-class citizens, particularly with my clients who have been treated as second-class citizens.” Thus, Christian therapists are not only aware of power in the context of therapy, but they work to ensure their practice is experienced as ethical.

**Emphasizing Awareness.** Though numerous comments made throughout interviews suggest Christian therapists are highly aware of power in therapy, others suggest that Christian therapists tend to emphasize awareness broadly as a means of practicing in an ethical manner. For example, Kacey stated, “I think it’s always good to check in with people. To make sure that you’re hearing them correctly.” Likewise, Kaitlin commented, “I know how judgmental I can be ... You pay attention to it and be aware of it ... aware of your own personal triggers ... and in tune with what’s happening with the client.” In this case, to practice ethically means being aware of not only power, but also of other factors such as one’s self as well as the other person.

**Striving to Prevent Christian Spirituality from Unduly Influencing Clients, Processes, and Relationships.** Related to both the notion of power and the practice of awareness is a third component of therapists’ beliefs that their practice must be ethical. Numerous comments suggest that Christian therapists strive to ensure that their spirituality is not forced upon clients. For example, Nicole plainly stated, “I don’t impose my stuff on anyone. If you don’t believe, you don’t believe. That’s your business.” Similarly, Sofia indicated a tendency to try to prevent it
from unduly influencing therapeutic processes: “if they [a client] say no, I don’t really want a prayer time or a meditative time, then I move on from that and respect their wishes.”

During Cathy’s interview, a conversation ensued that further illustrates this tendency. When discussing the impact of Christian spirituality on her approach to relational engagement, Cathy stated, “... I can’t impose my beliefs or my worldview on them [clients].” In response, I asked, “why not?” The answer Cathy gave, in many ways, summarizes this tendency:

> It would cease to be therapeutic at that point ... It’s going to come out, it’s going to infiltrate. Everybody’s beliefs do, whether they are Christian or not. But we have to have some awareness of their impact on the client and that we’re not crossing a boundary of imposing our worldview on them.

From this, it appears that Christian therapists are intentional in their efforts to prevent their spirituality from having a harmful impact on clients, therapeutic processes, and/or therapeutic relationships specifically for the purpose of ensuring their practice remains ethical.

**Gravitating Toward Certain Values and Ideals.** A second aspect of professional identity of Christian therapists involves a tendency to gravitate toward certain therapeutic values and ideals. Such standards did not necessarily arise in every interview, nor were they always discussed using the same language, however their presence throughout the interviews was obvious, nonetheless. This suggests that these therapists tend to see certain values and ideals as being among the most important in the context of relational engagement. The therapeutic values and ideals of relational engagement that Christian therapists tend to gravitate toward include safety, acceptance and nonjudgment, respect, and presence.

**Safety.** One of the most discussed therapeutic values throughout the interviews is that of safety with more than half of the therapists interviewed speaking extensively about the importance of creating a metaphoric and even physical space in which clients feel a sense of safety. For example, when asked what makes relational engagement therapeutic, Maya,
answered, “Security is the word that comes to mind. The sense of being secure, held in life ... An intimacy where they [clients] feel free to be vulnerable. Feel safe to be vulnerable.” Likewise, Sofia said, “I think that’s really important to me ... creating security, a safe space.”

A second way in which safety was revealed as one of the most important values for Christian therapists is seen in various statements that plainly place it at the very center of the therapeutic relationship. Amee, for example, described how the therapeutic relationship is “founded on principles of safety, respect, and caring.” Similarly, Cory stated, “I think the therapeutic relationship, to me, has a lot to do with safety.” That numerous such comments were made suggests that it is common for Christian therapists to see safety as an important value in therapeutic relationships. Further, they also suggest that, for Christian therapists, safety is often considered alongside other actionable values.

**Acceptance and Nonjudgment.** As with safety, acceptance and nonjudgment were among the most discussed values or ideals, having been discussed by approximately three quarters of the participants. For example, Paul wondered aloud, “How do we help other people ... stop the hiding and come out to be seen and accepted as who they are?” Jeffrey likewise described the importance of having “an attitude towards the client that says, ‘I truly love you. I accept who you are and where you are.’” That many such statements were made as participants reflected on the therapeutic relationship suggests that Christian therapists tend to see acceptance and nonjudgment not only as ideals that they are to aspire to, but also values they are to enact.

**Respect.** A third therapeutic value Christian therapists appear to gravitate towards is that of respect. At times throughout the interviews, the language used to describe this value varied, and included words or phrases such as kindness, caring, and unconditional positive regard. Other times, participants specifically referred to respect. For example, Robyn stated, “I don’t
like all my clients ... I respect all my clients.” Similarly, Renee shared how she begins her therapeutic process by, “honouring them [clients] and respecting them and respecting their process.” Additional comments appear to suggest that not only is respect a value that some Christian therapists gravitate toward in terms of their general approach to practice, but also that it is one of the defining characteristics of the therapeutic relationship. For instance, Robyn described the essence of the therapeutic relationship as “being respectful wherever clients are at [and] being respectful that they’re moving at their own pace.”

**Presence.** A fourth therapeutic value that Christian therapists seemingly gravitate towards, as suggested by recurrent comments made in the interviews, is presence. For example, Glen described being present as one of four necessary components of a successful therapeutic relationship, along with being on the side of a client, a client feeling cared for, and a client feeling important. Similarly, Kacey described presence as being “so important” in her work and explained this as meaning:

You’re getting down into the valley with them [a client]. It doesn’t mean that I’m taking on that exact experience of what they’re feeling, living, but I’m down there with them. And I’m letting them know I’m here with you. It’s okay that you’re here right now. I know that you probably don’t want to be in this valley, and I know that you probably want to be up there. Or maybe you’re not ready to even think about that, and that’s okay. I’m here to just be with you.

These and numerous other statements suggest that Christian therapists not only see presence as an important value but also as something to be enacted in practice. In other words, they not only believe presence is important, they also strive to be present.

**Prioritizing the Therapeutic Relationship.** A third aspect of professional identity of Christian therapists revealed through the interviews involves a propensity to care a great deal about the therapeutic relationship and see it as one of the most important aspects of therapy. For example, Kacey described relationships as “sacred” and Glen stated, “the therapeutic
relationship is really important ... I actually think that’s the most important therapeutic thing that I can give people.” That such statements were made at every stage during the interviews suggests that Christian therapists tend to care a great deal about the therapeutic relationship.

In addition to comments alluding to a tendency of Christian therapists to prioritize the therapeutic relationship in general, others focus on the impact of the therapeutic relationship. For example, Cory said, “the therapeutic relationship is the key to our work.” Likewise, Bryan stated “I think the therapeutic relationship is the conduit that brings the magic. It is the vehicle that begins to work on the level that they would be heard.” Other statements still go so far as to describe the therapeutic relationship as an absolute necessity if therapy is to make any sort of substantive difference in the lives of clients. For example, Kacey stated

The therapeutic relationship is so important ... I feel that above all else it’s mostly important ... I feel like if that’s not there, it doesn’t really matter what you do. You’re not going to get anywhere. The person probably won’t make any significant progress. It allows the individual to feel safe, to know they’re valued, that someone believes in them.

Kacey’s statement suggests that Christian therapists do not prioritize the therapeutic relationship in a theoretical manner, but instead actively work to do so in practice. As will be discussed, this indicates a link between the personal and professional aspects of one’s identity and their actions and perceptions in the context of relational engagement.

Subfloor: Integration

Returning to the metaphor of a house, the third structure of experience revealed through the interviews is that of the subfloor. Much like a subfloor in a house, this metaphoric subfloor provides support to the main floor. In other words, this structure of experience is what supports the ground on which many Christian therapists walk and move around. It is thus suggested that without this structure – the space in which Christian therapists integrate their personal identity with their professional identity – the other structures above it could not exist.
Like the subfloor in any physical house, the subfloor in this metaphor exists out of sight. Usually only those who have built or renovated the structure know it is there and what it looks like. Even then, the experience of moving about in the broader house rarely involves instances in which one consciously considers this space. It is in this often out-of-sight and out-of-mind space that therapists reconcile or bring together their personal and professional selves.

Though it is all but certain that personal beliefs, values, characteristics, and so forth, including those unrelated to Christian spirituality, intersect with professional dimensions, numerous statements made throughout the interviews suggest that one of the most common ways Christian therapists experience relational engagement with clients involves not only the intersection but also the integration of Christian spirituality and professional practice. The metaphoric structure in which this takes place, as with all structures of experience, comprises several components. These include therapists believing that God made them for and/or called them to their work as a therapist; therapists reflecting on all things professional from a Christian perspective; and therapists having a sense of their individual approach to integration.

Believing that God Made Me for and/or Called Me to this Work. Throughout the interviews, numerous statements were made suggesting that an integral aspect of integration involves a therapist believing that God has made them for and/or called them to their work as a therapist. Though it remains unclear as to where this belief comes from, or whether it arises prior to or following an individual’s decision to become a therapist, numerous statements suggest that this is a common belief of many Christian therapists. For example, when asked why they do this work, Kacey answered, “I guess I would say I feel called to it,” Glen answered, “I feel the job that I’m doing is a calling,” and Nicole answered, “I feel like I was created to do this stuff. I feel like this is what God has called me to do ... like this is what I was born to do.” That
statements such as these were made throughout numerous interviews suggests that Christian therapists commonly believe it is not a coincidence that they became therapists. Instead, they believe that God made them for and/or specifically called them to their work.

**As Related to Decisions Regarding Positions and Profession.** Another way in which this belief was expressed throughout the interviews involves numerous reflective statements suggesting that were it not for this sense of calling, some therapists may not have pursued certain positions or even the profession of therapist itself. For example, Beth, who describes herself as an introvert, stated, “Maybe people really find [other] people interesting or it fills something for them, but for me? No … if I wasn’t a Christian, I think I’d work at a desk somewhere, I don’t know … data entry or something. I wouldn’t have to see anybody else.” Likewise, when discussing her current position, Kacey said, “I’m not in my dream job right now … the way I look at it as a person of faith is that maybe this is what I’m meant to be here for right now.” These sorts of statements indicate that Christian therapists believe God made them for their work as therapists, both in general and in terms of specific positions.

**As Confirmed by Physical and Emotional Feelings.** Yet another way that Christian therapists appear to experience the belief that they are made for and/or called to this work involves experiencing emotional if not physical feelings when doing the work. For example, Amee stated, “It puts me at peace when I’m doing that work.” Likewise, Ellen described how “following the calling that Christ has put on [her] life” is, for her, very “fulfilling.” Similarly, Eva described feeling “a sense of inner peace. Even though it’s stressful and sometimes takes a toll on me, there’s no question in mind that I should be anywhere else.” It thus appears that Christian therapists experience various physical and emotional feelings that confirm their belief
that God directed them to their work. That such feelings are experienced in different ways appears to suggest this is a significant aspect of their experience of integration.

**Reflecting on Professional Matters from a Christian Perspective.** A second component of integration, as part of the experience of relational engagement for Christian therapists, involves a tendency to reflect on professional matters from what could be called a “Christian perspective.” Though there is a plethora of traditions within Christianity, and therefore each person’s “Christian perspective” holds unique characteristics, this tendency appears common to many Christian therapists. Further, it appears that Christian therapists often reflect on specific theories and therapies, goals of therapy, and therapeutic work.

**Reflecting on Theories and Therapies.** One of the most common ways Christian therapists reflect on professional matters from a Christian perspective involves doing so in regards to specific counselling theories or therapeutic modalities. For example, Glen spoke of CBT, saying “the values [of CBT] are based on are Christian principles, which I don’t think are in conflict with most psychological values.” Eva reflected on Attachment Theory, saying “I think humans are wired for connection. I think from a Christian perspective, we are wired to be in a relationship with God.” Similarly, Kaitlin discussed Janina Fisher’s Sensorimotor Psychotherapy, saying:

*I quite like her [Fisher] because she deals with the child inside. And I think Jesus offers incredible care and comfort and understanding of the painful child that some people have inside of them, which is just overwhelming and very painful. So, she’s going to those really deep places; she’s not using God to take her there. She has a really good way of getting there. But to me, she’s going where Jesus is.*

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8 It is noted that as it is virtually impossible to definitively identify one main “type” of Christianity due to the countless traditions, experiences, denominations, and interpretations influencing one’s understanding of Christianity, as discussed in Chapter 4, no attempt was made to define what was meant by a “Christian perspective.”
As therapeutic relational engagement, by definition, occurs in the context of therapy, comments such as these are not unexpected. As the experience of integration involves reflecting on professional matters from a Christian perspective, it follows that Christian therapists would reflect on the types of counselling theories and therapies they use in their practice. The above comments suggest this is not only possible, but also likely.

**Reflecting on Goals of Therapy.** A second common way in which Christian therapists appear to reflect on professional matters from a Christian perspective, involves doing so regarding the goals of therapy. Statements such as when Cory said, “As a therapist who practices Christian spirituality, it actually helps inform the goals of therapy in a bit of a nuanced way” seem to suggest that Christian therapists reflect on therapeutic goals in general. Other comments, however, such as when Eva stated, “one of my goals is to – even though I can’t take them home with me and care for them in my home kind of love – within an hour setting, I would like them to experience that [kind of Christ-like unconditional love],” suggest that Christian therapists often reflect on their own goals for therapy from a Christian perspective.

**Reflecting on Therapeutic Work.** A third way that Christian therapists appear to reflect on professional matters from a Christian perspective involves consideration of therapeutic work. For example, when reflecting on how she approaches therapy, Eva said, “Maybe it’s just trying to figure out how to model Christ-like love without crossing boundaries within the confines of the therapeutic relationship.” Unlike Eva’s reflection, which focused more on therapeutic work in general, Miranda reflected on her own specific practice:

*I see my work as a sacred trust ... to be able to work with people, especially when they’re experiencing struggles, and to be able to support them, to me is a dream job. It is. It doesn’t compare to any task-related job that I could imagine. So, it’s a really good fit for me. And to feel that in my work I’m able to really practice my spirituality every day, all day, as part of my work, that’s just amazing.*
Though these statements do not specifically refer to a tendency of Christian therapists to engage in reflection, that they are but several examples of such reflection suggests it is a tendency nonetheless. Further, these statements indicate that Christian therapists reflect on various aspects of therapy specifically from a Christian perspective, which, as mentioned above, appears to be a common practice in the broader experience of integration.

**Being Aware of My Approach to Integration.** In its traditional sense, engaging in the process of integration involves considering and thus determining for oneself “how much the theories and findings of [secular] psychology should influence, be absorbed into and even transform the way Christians think about human beings” (Johnson, 2010, p. 9-10). As such, integration occurs at the intersection of professional and personal identities intersect. For Christian therapists, this often involves reflecting on how professional tendencies, practices, and values can and even should be influenced by Christian spirituality. Evidence of this tendency is seen in comments such as Beth’s reflection, “I guess there’s this overlap, so I guess it sounds kind of silly to say something like that. A lot of the skills we use as therapists have come right from Scripture.” Likewise, Bryan stated, “there are values and aspects that are coming from both [secular psychology and Christian spirituality]. I don’t know that I’ve intentionally chosen them, but they have fit well for me. They’ve met me where I have needed to be met.”

It is noted that neither of the above comments mention the word integration nor do they refer to some of the more common approaches to the integration as seen throughout the literature – such as Levels-of-Explanation, Christian psychology, Transformative-Spirituality, or Biblical Counselling. Despite this, the presence of these and similar statements suggests that a key component of the experience of relational engagement for many Christian therapists involves
having a sense of how they themselves integrate their personal and professional identities, and more specifically their Christian spirituality and their therapeutic work.

**Living Room: Relational Actions**

The fourth structure of experience of Christian therapists involves the sorts of actions that one engages in while in the context of a relationship or relational encounter. Returning to the metaphor of a house, these relational actions might be best understood as comprising the living room in that, unlike other structures within a house, it is one of the spaces most often seen by visitors and is therefore generally among the more visible parts of a house. Though some actions may occur in a manner that remains out of sight of visitors, others are highly visible.

The living room, at least in the metaphoric house used for this paper, rests on top of structures such as the subfloor, basement, and foundation. In many ways, then, the experiences and tendencies of Christian therapists as they move about in the living room and, as will be discussed, the bedroom, are the result of the elements of the foundation and basement having been merged or filtered through the subfloor. Another way of looking at this could be to say that the relational actions and perceptions of Christian therapists are directly influenced by, if not the byproduct or expression of their personal and professional identities, and whether and how they come together.

At one point during her interview, Nicole described how the day before her interview, she returned a phone call to a struggling client, though it was after her work hours, because “it was the phone call that he needed” and explained “[that’s] the kind of thing that I’m willing to do for clients if I have the time to do that.” She further explained that before speaking with this client, she prayed, an action she does before meeting with any client. Though Nicole’s action of engaging in prayer was not visible to this client, her after-hours phone call was. Other comments
made throughout the interviews likewise suggest that though some relational actions cannot be observed by an outside party, many other actions are much more visible. These same comments suggest that, in addition to prayer, two of the other more common and significant relational actions of Christian therapists are expressions of welcome and expressions of love.

**Engaging in Prayer.** The first and, perhaps, mostly commonly discussed relational action to emerge in interviews is that of prayer. A simple definition of prayer, as indicated by comments provided throughout the interviews, could be talking with and listening to God. Many of these comments suggest that Christian therapists who engage in prayer tend to do so for different reasons and at different times, including before, during, and/or after sessions.

**Praying for Different Reasons.** One of the most common subjects that therapists seemingly tend to pray about is their clients. Numerous statements indicating this sort of prayer were made throughout the interviews, including Nicole’s comment:

> I will read through my first client’s last session notes and will usually pray about all the people I’m going to see that day: “God help me be whatever I need to be so that whatever they need to hear, see or know, that that can be facilitated in that time.” Or I’ll be thinking about clients I’m not even seeing that day and I’m praying for them.

From this and other similar comments, it seems as though in addition to praying about or for the person of the client, there are several common reasons why Christian therapists engage in prayer as part of their experience of relational engagement. Robyn, for example, stated that she will pray for or even with clients when they ask her to. Others suggested that they tend to pray when engaging with a challenging client. For example, Eva stated, “Sometimes when I’m really struggling with a client, I pray about it.” Likewise, Glen shared how he will “do it [pray] with the really tough clients or if I’m struggling with them. Even struggling to love them or care about them because they’re presenting as assholes.”
Yet another reason for engaging in prayer commonly cited by participants is that they sometimes do not know where to go in a particular session. Glen, for example, described how he engages in prayer “if I feel really out of my element or out of my depth ... [or] the issues are so difficult and challenging and I’m struggling unpeeling the layers.” Likewise, Amee stated that she prays whenever she feels uncertain about what she should do in a session:

> Often, when I’m going into a rough [situation], whether it’s staff, management [or sessions], sometimes I’ll say a silent prayer like “God put the words in my mouth.” I don’t know. Sometimes you just can’t know, no matter how much you learn, or how many degrees you get, you’re always going to be faced with some stuff and you stutter and you don’t know what to do. For me, that’s when I go, “okay God, I need you.”

That these are but a few examples of such statements suggests that Christian therapists tend to pray for any number of reasons.

**Praying at Different Times.** In addition to there being numerous reasons why Christian therapists pray, comments suggest that there are likewise numerous times during which therapists engage in prayer. Cory, for example, indicated that he prays at any if not all times: “I’m always praying for my clients.” Kaitlin stated that she prays before sessions: “Before the client even comes, I invite the Holy Spirit to be with us. I invite the Holy Spirit to guide us. To give us wisdom. So that’s the beginning. That’s how I start, before the client comes.” Others, such as Eva, explained that they pray at the start of their day: “when I meet someone for the first time, my prayer on the way into work, sometimes, is that I will see them – the people I’m working with – as God sees them or as Christ sees them.”

In addition to praying before sessions, numerous comments suggest it is not uncommon for Christian therapists to pray during a session. Whereas some therapists such as Beth, Robyn, Cathy, and Nicole, for example, described having openly prayed with clients during sessions, others, such as Glen, described having prayed during a session in a less visible way:
If I feel really out of my element or out of my depth, I will in my mind visualize Jesus sitting right here beside me whispering in my ear. And I’ll actually stop and, in my mind, be like, “help me out here because I have no idea what I’m doing.

Glen also shared that he often engages in prayer following a session, saying “… at the end it’s like, ‘I’m going to release them back to you where they belong. Thank you for walking with me in this hour. And now I release them back to you.’” As these sorts of statements were made throughout virtually every interview, it is suggested that engaging in prayer is a common and significant relational action for Christian therapists.

Expressing Welcome. A second sort of action that appears to be a significant component of Christian therapists’ experience of relational engagement involves expressions of welcome made by therapists towards clients. As discussed in Chapter 2, to welcome someone involves creating a “space for encounters to occur such that those encountered feel safe, free, loved, and ‘at home’” (Braganza, 2018, p. 35). Expressions of welcome, then, include various actions meant to help a client feel safe, free, loved, and “at home.” Comments made throughout the interviews suggest that such actions include striving to be present, creating a sense of safety, and acting in such a manner that is invitational rather than pushy or directive.

Being Present. As discussed previously, presence is both a common element of therapeutic relationships, and one of the values that Christian therapists tend to gravitate towards. It is also one of the ways in which Christian therapists tend to let clients know that they are welcome. For example, Amee said:

I think especially if you want to build relationships, someone has to feel welcomed by you. Welcomed into your life. Welcomed into your space. And how do you welcome someone like that? By being nice, by acknowledging them … You let them know that you notice them … Being present I guess.

To demonstrate presence thus involves behaviours such as greeting, noticing, acknowledging, getting on the same level, maintaining eye contact, intently listening, being gentle, attuning,
being attentive, creating connection, walking with, getting to know, and not turning away from people. These appear to be not only common but also important actions of Christian therapists as they engage relationally with clients. Further, it seems that such actions are not only meant to welcome clients in general, but also to help make clients feel safe.

Creating a Climate of Safety. A second way in which Christian therapists tend to express welcome involves efforts to create a climate in which a client feels safe. As with presence, safety is a concept found recurring throughout the literature as well as a therapeutic value/ideal that Christian therapists tend to gravitate towards. It is also a centrally important component of therapeutic relational engagement.

As suggested by Sofia, “Psychotherapy in and of itself is actually about creating that [safe] space.” Other similar comments suggest that safety is not only prioritized ideologically, but also emphasized in practice. For example, Cory said of his approach to relational engagement, “we are trying to co-construct safety. We are trying to build you [a client] a space where you can process things in the way that you need to.” Similarly, Eva stated, “my job is to be able to sit with them and try and be a place where it’s safe.” Creating a climate of safety thus appears to be one of the primary goals of Christian therapists, and therefore they actively work to help clients feel both safe and welcomed.

Acting in an Invitational Manner. A third action taken by Christian therapists meant to welcome clients involves being invitational. Essentially what this means is that instead of being pushy or otherwise requiring clients engage in whatever it is the therapist is attempting to do, they instead are given a choice. At times, this may be more explicitly indicated, such as how Kacey will say “here’s an option” when presenting an idea. Robyn likewise provided an example of how she tries to be explicitly invitational. When clients describe family or friends
who have had negative experiences with other therapists, Robyn explained that she will say, “that’s their choice. You don’t have to like everybody and it’s good for them that they could find another fit and hopefully this is going to be it [for you].”

In addition to comments suggesting that Christian therapists act in explicitly invitational ways, other statements suggest that some therapists are more implicit when acting in an invitational manner. For example, Sofia stated:

> In my advertising, I will sometimes put things like I can practice therapy from a Christian worldview ... I give it as an option to check off on their intake form and then I ask them about it ... If they say no I don’t really want a prayer time or a meditative time, then I move on from that and respect their wishes.

Whether explicitly or implicitly, the recurring nature of such comments suggests that acting in an invitational manner is an important component of relational engagement for Christian therapists.

**Expressing Love.** A third sort of relational action that appears as a common and important component in the experience of Christian therapists involves expressions of love. As explained in Chapter 2, love is considered an important component of both Christian spirituality and therapeutic relationships. Also as noted, however, love is considered by many to be “the forbidden word” in the psychotherapeutic profession (Kottler & Carlson, 2014, p. 193). Each of these perspectives were echoed by participants throughout the interviews. For example, Nicole described love as being “taboo” and “not appropriate” in therapy. Eva similarly described love as something that “crosses boundaries” in the context of therapy.

Despite such comments, nearly all participants – including Nicole and Eva – discussed the central importance of love. For example, Glen stated:

> I actually think that that’s the most important therapeutic thing that I can give people. I can deeply care about you as a person in spite of what you’re doing or what unhealthy patterns you experienced in your life ... I think that’s one of the most important things we can give people ... If they don’t feel like you care about them and that they’re important,
they’re not going to go anywhere with you.

In the words of Kacey, Christian therapists “want people to know they’re loved and precious and of great value.”

Given the recurring nature of statements about love, I began to respond by asking participants if they loved their clients. Answers to this question include the following:

- “I think I try to love them. Most of them. In that type of way ... a caring, therapeutic client relationship.” (Robyn)

- “As a Christian I would say that I am called and I would hope to be someone who really does look to love the people I’m in relationship with ... So, the short answer is yes that I do. I think that’s important. It sounds odd with no context to say it out loud.” (Adam)

- “Do I love them? Yeah I think I grow to love them a lot.” (Jeffrey)

Perhaps one of the more notable answers to this question came from Eva. Though she described love in therapy as “crossing boundaries,” she also described the central importance of love in the practice of Christian spirituality. When asked if she loved her clients, Eva said:

No. But that’s an interesting question. Because I said that I try to emulate that [Christ-like love]. I don’t love my clients. I do think it’s important for them to feel accepted, so when maybe I’m talking about work I use the word ‘accepted’ or ‘understood’. Those are probably the words that I use when I’m talking about work/clients.

In this answer, Eva revealed something about how Christian therapists express love to their clients. Though she, like several others, did not say that she loves her clients, nearly all participants – including Eva – referred to three relational actions that appear to act as expressions of love: acceptance, respect, and compassion.

**Demonstrating Acceptance.** One of the more common expressions of love referred to throughout the interviews involves accepting a client. For example, when asked how love is enacted in the context of a therapeutic relationship, Adam answered, “things like acceptance, nonjudgment, being patient with people, (and) compassion.” Additional comments provided by
participants suggest that acceptance, as an expression of love, involves unconditionally receiving and caring for an individual as they are. For example, Jeffrey described the importance of, “an attitude towards the client that says, ‘I truly love you. I accept who you are and where you are.’” Glen likewise described acceptance as an expression of love: “I can love you as a person and still tell you that what you’re doing is not healthy for you or for the people around you … there’s always that core of ‘I will love you.’” Though not all participants explicitly used the word acceptance, effectively all spoke of this practice as an expression of love.

**Conveying Respect.** A second common practice by which therapists express love involves conveying a sense of respect for the client. Of the comments suggesting this, some are more explicit in describing respect as an expression of love. For example, when asked how he tries to demonstrate the love he has for people, Glen answered, “Respect. A deep care for people.” Similarly, Amee said, “I accept them for who they are whether they believe the same beliefs as I do or not. Because they’re humans … that’s about respect … accepting where they’re at.” From these sorts of statements, it appears that Christian therapists attempt to express love by conveying respect for the person of the client, for their knowledge, for their experience, and for where they are in terms of the therapeutic process.

**Providing Compassionate Care.** A third way that Christian therapists appear to communicate love to clients involves a variety of actions meant to demonstrate compassion and care, or what might be called compassionate care. As discussed in Chapter 2, this involves numerous practices such as, for example, listening, presence, patience, acceptance, appreciation, and joining one in their suffering. Likewise, it involves “intentional, loving, self-giving for the enrichment of another” (Howard, 2008, p. 339). For Christian therapists, then, providing
compassionate care as an expression of love involves a variety of actions meant to acknowledge and help alleviate the suffering of and, in so doing, contribute to the betterment of a client.

Numerous statements provided during the interviews suggest that compassionate care is both a common and important expression of love for Christian therapists. Adam, for example, spoke of how he works to create an “accepting, compassionate place where a person feels safe to be vulnerable.” Miranda stated that “caring and compassion and attention to what is happening inside ... that informs the basis of any intervention.” Kaitlin likewise commented, “I can’t imagine doing therapy without compassion ... we all need to be accepted and loved by others.” Christian therapists thus not only see the provision of compassionate care as though it were but one relational action available to them, but rather as one of the most important relational actions they ought to engage in when working with clients.

Bedroom: Relational perceptions

The fifth and final structure comprising the metaphoric house of experience of Christian therapists is that of the bedroom. This structure represents the many perceptions a therapist holds in the context of relationships and specific relational encounters. Much like relational actions, such relational perceptions are a product of the foundation and the basement having been filtered through the subfloor. In this way, they reflect and even contain elements of one’s personal and professional identities.

Though relational perceptions share numerous similarities with relational actions, there is at least one notable difference. Whereas actions that comprise the “living room” can be visible to clients, in the same way that one’s bedroom is often closed to or out of sight of visitors, so too are the perceptions and beliefs one holds about relationship often “hidden” behind closed doors, especially in the presence of visitors. As described by Kacey, “... you’re not going to see those
things [beliefs and perceptions I hold about people, relationships, etc.]. I’m not going to articulate those things with anyone. Those are things I’m thinking.”

As a structure of experience, “relational perceptions” include what one believes, perceives, and even simply thinks about relationship. These may include a variety of beliefs or perceptions such as the following: beliefs about relationship – both in general and about specific relationships; assessments of relational encounters; perceptions of people in general and/or the other person(s) within said relationship; meanings one ascribes to relational experiences; ideas about how one should behave in social interactions; how relationships function; the nature of people; and interpretations of another’s actions and tendencies within a relationship.

Though innumerable relational perceptions are held by each person, including those interviewed for this study, several significant perceptions emerged throughout the interviews. At one point during her interview, Kacey said, “Whether consciously or not, Christian spirituality is always influencing how I view others at work and outside of work.” Echoing this are numerous other statements that likewise suggest Christian therapists’ relational perceptions are often influenced by Christian spirituality. From statements made throughout the interviews, it appears that three such relational perceptions appear to be among the more common and significant relational perceptions of Christian therapists. These include perceiving people as broken yet valuable, trusting that God is present and at work, and seeing my relational engagement as enhanced by Christian spirituality.

**Perceiving People as Broken yet Valuable.** The first relational perception held by Christian therapists to emerge from the interviews involves a belief about the nature of people. More specifically, this perception involves therapists seeing people as broken yet valuable. This
also includes a belief that because God sees people as valuable, so too should those who practice Christian spirituality.

**Seeing Brokenness as Inherent and Problematic.** The perception that people are broken yet valuable appears to stem from several personal beliefs, including that people are inherently broken, and that brokenness is problematic and therefore in need of fixing or healing. Though some participants such as Cathy plainly stated this sort of belief – “I think that one of the things that Christianity hopefully does is to help us recognize our own humanity, our own brokenness, and that we are in need of a saviour” – the majority of participants alluded to it more implicitly. For example, Amee described the goal of a therapeutic relationship as “to help the client, whether it is heal, achieve change, get better.” Beth likewise spoke of trying to see a client as “somebody who God has created and who God loves and who God can provide healing for.”

Given the context surrounding these and other similar statements, it appears that the idea of “brokenness” is connected to the Christian belief in sin as meaning imperfect and less-than-holy. To see people as “broken,” then, suggests that some Christian therapists see them as being less than perfect or sinful. When Paul was speaking about the goodness of people, he referenced the Biblical story of Adam and Eve as found in Chapters 2-3 of the book of Genesis, and said, “I see that shame and that hiding as sin and that the sin, shame, hiding is behind all darkness.” In this, Paul connected the ideas of sin and brokenness and in so doing explained that at least some Christian therapists see brokenness as essentially meaning a state of less-than-ideal.

**Believing that as God sees People as Valuable, So Must I.** Various statements made throughout the interviews suggest a second component to the perception that people are broken yet valuable. This belief suggests that despite our brokenness, God sees people as valuable and,
as such, we too are to see people this way. From comments provided throughout the interviews, this involves seeing people through a lens of Christian spirituality. For example, Cory stated:

*I think Christian spirituality actually informs me of personhood...looking at a client in front of me as a person and trying not to thingify them ... do we look at people as things or do we look at people as persons? That, for me, ties directly into my Christian spirituality.*

Others such as Maya, however, spoke of seeing people “through the eyes of God:” “It [Christian spirituality] impacts my perspective because I do see people through God’s eyes ... I’m seeing the world, seeing people, seeing myself through God’s eyes.”

Whereas some comments suggest that seeing “through the eyes of God” happens naturally as a result of practicing Christian spirituality, others suggest that it involves an intentionally attempt to see through the eyes of God. For example, Maya stated:

*I try to see them [clients] in the same way that I feel like I have been and am seen by God ... [through eyes] of love. Of the love that has created them and that has accompanied them through all the things they’ve been through in life.*

Whether this occurs intentionally or not, comments such as these suggest that perceiving someone through a lens of Christian spirituality or “through God’s eyes” results in not only seeing people as broken, but also as valuable.

**Trusting that God is Present and at Work.** A second relational perception held by Christian therapists is that God is present and at work in the lives of all persons and, therefore, in all relational encounters. From this seems to come a related belief that suggests if God is present in all relational encounters, including those with clients, Christian therapists are never truly alone nor are they solely responsible for helping clients. Because of this, they do not need to worry.

**Believing that God is in the Relationship.** The first way in which this relational perception is seen involves Christian therapists believing that God is present in both their life and in the life of the person with whom they are working. For example, Sofia plainly said,
I’m never alone in a therapy session. I know that the Holy Spirit is with me. So it’s not even just that I know that God is at work in the life of the client; I know that God is at work in me too. And I know that I’m not here holding this alone.

Likewise, Kaitlin stated, “I see God there with us ... He’s there. He’s with them [a client] ... God’s been working with them ... God’s already there.” This suggests that a significant component of the experience of Christian therapists is a perception that they are not alone, but rather that God is present in relationships or relational encounters.

**Supposing I Don’t Have to Worry.** The second component of this relational perception stems directly from its first component, that God is present in relationships. Numerous statements suggest a thought process along the lines of the following: as God loves everyone and God is present with all persons and is in all relationships, I am not only not alone in this relationship, but God is actively involved in the process of helping this other person and therefore I do not have to worry. At one point during her interview, Renee mused aloud, “Many things happen that I can’t take responsibility for; healing things happen.” Similarly, Maya said:

I’m not really doing any directing, it’s God who’s responsible for what’s happening in this relationship. And I’m trying to be open and attentive to what’s happening ... I try to get out of the way and feel like it’s actually God who’s going to do any good here ... I’m maybe mediating it, but it’s a sense that any love or compassion that’s being communicated has its source in God and it’s just coming through me.

Additional comments suggest that not only do Christian therapists believe that God is present and at work, but that, perhaps because of this, they can ask for and even expect help as they engage relationally with clients. For example, Beth stated:

*The Holy Spirit is here and so I talk to the Holy Spirit while in session. I rely on the Holy Spirit while in session. There have been many times when I have sat here going ‘holy crap, I don’t know what to say. Hey God give me something’ and He does.*

The apparent result of this belief is that Christian therapists tend to feel a sense of peace when engaging with another. Glen explained, “I have this sense of peace that I don’t have to worry
about anything.” Likewise, Cory said, “it [Christian spirituality] gives me a layer of reassurance that it’s actually not up to me how transformation happens for this person.”

Perhaps one of the more poignant descriptions of this is seen in Kacey’s comment,

The way I look at that is that it takes some of the pressure off me, feeling that it’s up to me to help this person do whatever it is that the person needs to do. I think God can do things that I will never even know. And I kind of like it that way.

In this, Kacey summarizes a commonly held belief that, because God is present and at work in the relationship, Christian therapists do not have to worry. Further, she reveals one way that her spirituality impacts not only her approach to, but also her experience of relational engagement.

**Believing Christian Spirituality Enhances My Relational Engagement.** As indicated in the Interview Guide (Appendix D), participants were asked what impact, if any, Christian spirituality has on their approach to relational engagement. The answers to this question, along with numerous other statements, reveal one of the most significant relational perceptions of Christian therapists: a belief that Christian spirituality not only impacts but enhances how they approach and participate in relationship with another. As expressed by Cathy, for example, “it provides an enrichment in terms of my engagement with clients.” Miranda likewise stated, “I’m trusting in that [Christian spirituality] to enhance my skills and my approach.” Such statements indicate a belief that Christian spirituality enhances one’s skills and approach in relationship with another. Other statements likewise suggest that Christian therapists see their spirituality as also enhancing their perceptions and their motivation for engaging relationally with another.

**Christian Spirituality Enhances My Skills.** Statements made by participants suggest that Christian therapists believe their spirituality enhances the sorts of skills they see as important and/or tend to use when engaging relationally with another. As noted by Cathy, “Christian spirituality impacts [my] behavioural choices.” Other statements indicate the sorts of behavioural choices and relational skills Christian therapists believe are enhanced by their
spirituality. For example, Amee said “it definitely helps me be more patient, more calm, when others aren’t.” Others likewise commented on how Christian spirituality helps them be more patient (Renee), more compassionate (Glen), more humble (Cathy), less anxious (Sofia), and less likely to give advice (Cory).

**Christian Spirituality Enhances My Approach.** In addition to the belief that Christian spirituality enhances specific relational skills, statements provided throughout interviews suggest a belief that it likewise enhances one’s general approach to relational engagement. Bryan, for example, said Christian spirituality “saturates” his approach. Similarly, Beth suggested that Christian spirituality alone is sufficient to guide her approach to relational engagement:

> I feel more like, okay I’ve got these skills, I’ve got these tools, I’ve learned these things, but I feel it’s my Christian spirituality that impacts my work most. If I were to get rid of the skills ... there have been sessions where I’ve struggled so much to say, connect, or motivate, or whatever it is I’m trying to do, and I’ll literally go “okay Beth, just throw out all the clinical stuff you know and just be a Christian here” and it works ... it makes all the difference.

Additional statements suggest that like Bryan and Beth, other Christian therapists also see their spirituality as having a significant impact on how they generally approach relational engagement. Miranda, for example, described how it is because of Christian spirituality that she attempts to approach each relationship in a manner individualized to the person; an approach she believes was modelled by Jesus: “It wasn’t a formula. It was always an individual response to each person and their need.” From these, it appears Christian therapists believe their spirituality has numerous positive impacts on their approach to relational engagement.

**Christian Spirituality Enhances My Perceptions.** A third way that Christian therapists see their spirituality as enhancing their relational engagement involves their perceptions. In other words, Christian therapists believe that they see things more clearly than they would be able to without Christian spirituality. Cathy summarized this belief when she said, “It [Christian
spirituality] adds another dimension to how I view things and how I approach things.” Sofia likewise described how Christian spirituality gives, “another level of introspection ... a level of depth maybe that psychotherapy alone wouldn’t have.” Christian therapists believe their spirituality enhances the way they see people, the way they understand problems and suffering, and their ability to see beyond people’s protective walls to the goodness and worth behind.

**Christian Spirituality Enhances My Motivation.** Yet another way that Christian therapists appear to see their spirituality as enhancing their relational engagement involves their sense of motivation as to why they engage with others in the contexts and manners in which they do. As discussed above, some therapists such as Eva, for example, believe that Christian spirituality is the primary motivation for choosing to work in a helping profession: “This is where I feel like I’m called to be. I can’t do anything different...the reason for me being here is that I feel like this is part of God’s plan for me.” Kacey likewise described how though she is not in her “dream job,” Christian spirituality influences her motivation for engaging with others in the manner in which she does: “I think how might I do God’s work while I’m here.”

Additional statements made throughout the interviews demonstrate a belief that Christian spirituality enhances one’s motivation for engaging with people in a particular manner. One example is seen in Kaitlin’s comment that any time she meets someone, it is because God sent that person to her – “it’s not an accident.” Another example is Cory’s answer when asked about the impact Christian spirituality has on the way he engages relationally with people. He explained how, “[Christian spirituality reminds me] there’s an eternal reward that we, not can earn, but be partakers of,” which in turn encourages, or motivates him to engage relationally in a manner worthy of that reward.
The above statements indicate that relational perceptions, specifically those related to Christian spirituality, constitute a significant structure of experience for Christian therapists as they engage relationally with clients. These include beliefs about the nature of people, trusting that God is both present and at work in relational encounters, and a perception of their relational engagement as being enhanced by Christian spirituality.

Conclusion

The experience of relational engagement for Christian therapists is one of complexity. It involves, impacts, and is impacted by countless factors. Any attempt to explore and understand this experience is likewise complex in nature. To borrow from Neubauer et al. (2019), any attempt to “understand the deeper layers of human experience that lay obscured beneath surface awareness” (p. 94) requires diving into murky and abstract waters. For the sake of adding some semblance of clarity and solidity to an exploration of the experience of Christian therapists – an experience that lay in such murky waters – the metaphor of a house has been used.

Findings of this study confirm that the experience of relational engagement for Christian therapists involves numerous structures. These include the foundation, which contains elements of one’s personal identity; the basement, which includes components related to one’s professional identity; the subfloor, which involves integration; the living room, which comprises relational actions; and the bedroom, which holds relational perceptions. Though they have been presented as separate from each other, in reality they are overlapping and interconnected.

As with the structures that make up a physical house, the structures of experience of Christian therapists are likewise comprised of numerous components and subcomponents, such as beliefs, values, and ideals. Much like electrical wiring or drywall, these components and subcomponents run throughout the house of experience. That people are inherently valuable as
they are made by God is, for example, a personal belief held by many Christian therapists that integrates with aspects of their professional identity, inspires relational actions, and influences relational perceptions. Likewise, tendencies stemming from one’s professional identity, such as gravitating toward displays of presence and respect, are influenced by their personal identity and impact the sorts of relational actions they tend to engage in. Each structure, component, and subcomponent of experience discussed in this chapter, as well as many others that exist beyond the scope of this study, both impacts and is impacted by each other. Any attempt to understand the experience of relational engagement for Christian therapists, therefore, must be nuanced.

It is impossible to say that the structures of experience identified in this chapter are experienced by all Christian therapists. It does appear, though, that they are not uncommon. In the following chapter, I explore these structures of experience and, through a lens of Relational Theory, discuss their interwoven nature and the omnidirectional manner in which they contribute to, impact, and are impacted by not only each other but also the experience of relational engagement more broadly. Finally, drawing from the materials reviewed in Chapters 2 and 3, I will discuss what each of these pieces mean in terms of the experience of relational engagement for Christian therapists.
Chapter Six: Discussion

When discussing the relationship between Christianity and social work, Sherwood (2008b) suggests, “the lines of influence run in all directions” (p. 11). In the same way, the lines of influence between the various structures that make up the experience of relational engagement run in all directions. To understand this metaphorical “house of experience” for Christian therapists, then, requires a recognition of the omnidirectional relationship between these metaphorical structures. Each of the foundation, basement, subfloor, living room, and bedroom not only contain various components and subcomponents, but many of these are interconnected, and both impact and are impacted by each other. The purpose of this chapter, then, is to better understand these structures and components, and how each contributes to and is otherwise involved in the broader experience of Christian therapists.

Foundation: Personal Identity

The inner core or personal identity of an individual is comprised of various values, beliefs, and other characteristics that they see as being most important to their sense of self (Jones & McEwen, 2000). In this manner, personal identity is highly subjective and self-descriptive in nature (Deaux, 1993). Given that Christian therapists tend to see their spirituality as being one of the most important parts of their identity, if not the core itself, though other aspects of personal identity certainly exist among these therapists, particular consideration is given to aspects related to Christian spirituality. Specifically, this discussion explores several personal beliefs of Christian therapists, namely those about both the love of God and all persons as being created and valued by God. Further, this discussion explores the sources of these sorts of personal beliefs, how they manage those beliefs, and how those beliefs impact clients, themselves, and their experience of relational engagement.
Sources of Personal Beliefs

As suggested by Lewis (2018), “a lot of our belief framework is learned at an early age from parents and other adult authority figures” (para. 17). This applies to beliefs about a variety of subjects including interpersonal relationships. For example, a parent may tell a child to be kind to their sibling or a teacher may instruct a child to work with others. Regardless of whether that child follows such instructions at that moment, it is possible that repeated exposure to such ideologies may instill in that child beliefs about the importance of kindness or collaboration.

In addition to beliefs stemming from direct instruction, both children and adults may also develop personal beliefs through other means of exposure to values or ideologies. For example, one storybook version of the Bible reads:

One day Jesus was teaching many people on a hillside … what did Jesus teach them? Jesus said to love everyone! Jesus said to love all people no matter what they say or do. Even the ones who never share? Yes! Even the ones who pull our hair? Yes! Even the ones who scowl and frown? Yes! And even the ones who push us down? Yes! Yes! YES! Jesus said to love other people as we love ourselves (Lingo, 2017, p. 120, emphasis original).

If a child were exposed to this sort of ideology, they may eventually develop a belief that they are to love others. Likewise, if one were to read the Bible, they would encounter values such as love, justice, mercy, and humility (Stennis & Gilliam, 2019), which may influence them to believe that such values are important. Further, if an individual were to hear teachings that “all people are worthy of dignity and humane love” (Goss-Reaves et al., 2018, p. 16) or read works by Vanier (1989), for example, that describe people as having “value and importance in the universe” (p. 97), they may likewise begin to believe people are inherently valuable.

Supplementing or, at times, challenging teachings and exposure to certain ideologies, relational experience can act as another source of personal beliefs. Rubinstein (2015) suggests that “real events in the interpersonal world” have a significant impact on the development of a
person and their beliefs. For example, if one were to believe people to be safe and then experience abuse at the hands of someone they trusted, they may develop a belief that people are, in fact, not safe. Conversely, if one were to experience safety and love in relationships, they may come to believe relationships are good, if not important. That such experiences can reinforce or challenge beliefs suggests that they too are a source of personal beliefs.

**Management of Personal Beliefs**

Throughout life, people are exposed to numerous and varied experiences, ideologies, values, and so forth that can impact their beliefs. For example, it is possible that a child who read Lingo’s (2017) aforementioned description of loving “other people as we love ourselves” may, years later, read Goss-Reaves et al.’s (2018) statement: “Christ’s love for us compels us to love our neighbor. We must engage in kindness, compassion, and invitation to the stranger, widow, orphan, and those in need or subjected to inequalities and injustices” (p. 16). In so doing, this child-turned-adult encounters an ideology that they likely see as consistent with a belief formed at an earlier age. This earlier belief, that they are to love those who pull their hair, scowl and frown, and “even the ones who push them down” is thus reinforced and more firmly established as part of their core personal identity.

It is also possible if not likely that throughout life, people will encounter beliefs, values, and experiences that they see as incompatible with previously held beliefs. For example, the child who once read a book describing how Jesus wants them to love those who pull their hair and those who push them down, may one day hear messages encouraging them to fight back or stand up for themselves (Lyness, 2013). How this person responds to these messages, one could argue, constitutes how they manage their beliefs. This process, be it as a child or adult, involves the process of intrapsychic negotiation (Pizer, 1992).
As Pizer (1992) suggests, negotiation, in all of its forms, is necessary for the internal management of paradoxical experiences. By encountering, reflecting on, and considering multiple beliefs, values, teachings, or other subjectivities, one can experience a “growing capacity to encompass wider experiential possibilities within his or her range of negotiable options in living” (p. 219). In other words, the process of negotiation – a process Pizer describes as happening “slowly, over time” and with a great deal of “give-and-take of subjectivity, desire, stricture, and demand” (p. 219) – allows one to hold multiple beliefs or values, including but not limited to those that may be perceived as being incompatible with others.

The management and negotiation of beliefs or other aspects of personal identity for Christian therapists involves encountering, reflecting on, and considering a multitude of factors. For example, if one believes Christian spirituality is a core aspect of their identity and further believes that God is “calling” them to social work practice, yet encounters arguments challenging the compatibility of social work and Christianity (e.g., Belcher et al., 2004; Thaller, 2011), it is likely that, to some degree, they will engage in a process of intrapsychic negotiation. This may mean wrestling with questions as to the subjective merits of each belief, reflecting on desires, and considering the various limitations and implications of their options. As noted by Pizer (1992), this can occur consciously or unconsciously.

Findings of this study suggest that for many Christian therapists, when it comes to the management of personal beliefs, there is an element of consciousness. As seen throughout statements provided in Chapter 5, a number of participants described steps they take to ensure their beliefs do not have a harmful impact on either the client or the therapeutic relationship. These include setting boundaries, critical self-reflection, and reflecting on their conscious and unconscious beliefs, attitudes, and actions, each of which is a practice argued for in works such
as those by Newman (1998), Mandell (2008), and DeVaris (1994), respectively. This suggests that not only are the personal beliefs of Christian therapists an important aspect of their experience of relational engagement, but so too is the management of those beliefs.

**Impacts of Personal Beliefs**

Much like the foundation of a physical building, one’s personal identity can significantly impact all other structures of their experience of relational engagement. As has been established, the core of personal identity for Christian therapists encompasses many beliefs related to Christian spirituality. Given the virtual certitude of such beliefs entering the process of therapy (Pargament, 2007) and affecting numerous aspects of therapy (DeVaris, 1994), understanding the impacts of personal beliefs is therefore crucial to understanding the experience of relational engagement for Christian therapists.

As noted by Britton (1998), “belief rests on probability, not certainty, and yet it produces the emotional state that goes with certainty” (p. 8). Feeling certain about a belief increases the likelihood of seeing it as objective reality, and therefore the likelihood of it permeating and influencing all aspects of one’s experience. In this instance, because Christian therapists seem to hold several beliefs with a high degree of certainty, it is likely that these beliefs impact numerous structures of their experience of relational engagement including their relational actions and perceptions, and their overall experience of relational engagement.

**Impacts of Personal Identity on Relational Actions.** As will be discussed, the actions one engages in within the context of relational engagement are influenced by many factors. Statements provided by Nicole and Beth demonstrate how an individual’s personal identity can be one such factor. At one point during her interview, Nicole said, “that relational piece that happens between me and a client is super important.” In contrast, Beth stated:
I don’t really like people that much. When I’m with people, I can behave as an extrovert and it can be pretty real, like I’m feeling it while I’m doing it. But I can’t spend a lot of time with people.

For Nicole, who could be described as an extrovert, it is possible that she might eagerly greet and welcome another, and actively try to get to know another person. For Beth, however, a self-described introvert, while she may engage in the same sorts of relational actions, it is possible that she would do so more reluctantly or even awkwardly. In this way, both Nicole’s and Beth’s personal identities may have a significant influence on their relational actions.

Another way of seeing the impact of personal identity on relational actions involves tracing the ways personal beliefs are operationalized in relationship. One example of this is seen in the Christian belief regarding the “brokenness of all humanity.” Nouwen (1981) describes how being “deeply aware of our solidarity in brokenness with all of humanity” ought to impact one’s readiness to “reach out to anyone in need” (p. 40). This sort of belief also leads Christian therapists to engage in various actions as evidenced by the following literature and supporting comments provided by participants:

- Striving for mutuality and equality (Benner, 2002; Vanier, 1989) and “walking together … as companions on the same path” (Nouwen et al., 2005, p. 49)
  - “It’s about connection and interaction that’s mutual.” (Maya)
  - “It’s like an equal kind of partnership.” (Nicole)

- Acknowledging and working to minimize power imbalances or create a relationship of shared power (Nouwen et al., 2005; Rogers, 1942, 1980; Yalom, 2002)
  - “There is that parallel between our relationship with God and the therapeutic relationship … a picture of someone being in a position of power, putting their needs aside, giving to the person who is vulnerable.” (Cathy)
  - “I try my best to follow them [clients] rather than placing what I think is best for them upon them.” (Renee)
  - “I don’t want to set up a hierarchy.” (Ellen)

- Approaching relationships from a position of humility (Nouwen et al., 2005; Yalom, 2002)
  - “I think the humility piece is really important, because we can, in our therapeutic world and language, think of ourselves as the experts, and the
client, the patient, needs to learn or derive something from us to improve their lives. And I’m not saying that they don’t need what we’re offering. And skills to make their lives better and easier, and that we can help them with. But I think it’s really important, at least in the kind of work that I do, to humbly learn from the person’s life.” (Miranda)

- Non-judgmentally accepting persons as they are (Aelred, 1977; Benner, 2002; Nouwen, 1981; Rogers, 1980; Vanier, 1989; Yalom, 2002)
  - “… working to come from a non-judgmental, accepting compassionate place where a person feels safe to be vulnerable, I think is important.” (Adam)
  - “I need to accept you for who it is you are. Let you know that you are okay as you are.” (Krista)

At least one other example of the impact of personal beliefs on relational actions is seen throughout the literature. As Benner (2002) writes, if I believe, “the thing about me that I most deeply know is that I am deeply loved by God, I have taken … the first step toward becoming genuinely loving of others” (p. 33). It is also possible that I will feel safer and thereby act with more confidence (Aelred, 1977; Vanier, 1989) than I otherwise may have been when engaging relationally. Evidence of this can also be seen when Kacey stated that she believes, “each one of us is a child of God. And as children of God, we are incredibly loved by God” and explained that she will often try “different ways to get them [a client] starting to internalize their value.”

**Impacts of Personal Identity on Relational Perceptions.** In addition to its impact on relational actions, numerous statements provided throughout the interviews suggest that personal identity also impacts the sorts of perceptions one holds in the context of relational engagement. Though it is possible that this includes numerous relational perceptions, the following focuses on the impact personal identity has on perceptions of self and perceptions of others.

**Impacts of Personal Identity on Perceptions of Self.** The impact of personal identity on perceptions of oneself is perhaps best seen by exploring the influence of personal beliefs. For example, if Christian therapists believe that God loves everyone, by necessity that means God loves them. Likewise believing that all persons are created in the image of God or have inherent
value means that these therapists are made in God’s image and as such are valuable. As such, if one believes that others are “vulnerable, weak, sinful, deprived, broken – nothing” (Nouwen, 1981, p. 27) yet are loved by God, made in God’s image, and have inherent value, they may begin to believe that despite their own faults or failures, they too are of worth. This sort of thought process may help explain how Christian therapists appear to be relatively unbothered by their own imperfections.

At a glance, some of the comments in Chapter 5 may make it seem that Christian therapists see themselves as consistently enacting ideals such as unconditional positive regard, compassion, and acceptance. A deeper look at these and other comments suggest, however, that at least some Christian therapists are aware of their own imperfections. For example, Glen stated, “I’m not going to pretend that I always [love my clients] ... I can sometimes be a little judgmental.” On one hand, Christian therapists see themselves as capable of seeing all persons as having inherent worth and demonstrating unconditional love, acceptance, and compassion. On the other hand, they recognize that, despite their best efforts to do so, they are imperfect in that they do not always act, or even want to act, in these ways.

The concept of thirdness, as discussed in Chapter 3, can explain how multiple and even conflictual selves can coexist. By stepping back from the aforementioned metaphoric compass needle (Aron, 2006) on which therapists see themselves as good or imperfect, therapists “swing to alternative positions, creating space with potential for multiple positions where previously there had been only a simple line between two fixed points” (p. 351). In other words, thirdness allows Christian therapists to see themselves as good and imperfect therapists. As described by Bryan, for example, “These [values and goals] are ideals, and I don’t always hit them. But then, having that grace-filled experience allows me to get back up and do it again.” By entering a
place of thirdness and metaphorically stepping off the compass needle that says he is either good or imperfect, Bryan’s personal beliefs allow him to see himself as both.

**Impacts of Personal Identity on Perceptions of Others.** In addition to the influence personal identity has on Christian therapists’ perceptions of self, it also impacts how they perceive others. One of the more obvious examples of this involves the aforementioned belief that all persons are sinful, imperfect, and broken. This seems to stem at least in part from teachings by those such as Nouwen et al. (2005) who write of “our common human brokenness” (p. 62) and how “the existential recognition of our inner brokenness … brings us to a deeper solidarity with the brokenness of our fellow human beings” (p. 62). This belief appears to impact Christian therapists’ perceptions of others. Examples of this are seen in Robyn’s comment, “Just because I’m sitting in this chair, I don’t think I’m better than someone else” as well as Cathy’s statement, “It [Christian spirituality] adds a level of humility to the experience because I’m no better than them [clients] because I happen to be the counsellor in this session … but by the grace of God, that could easily be me.”

As indicated previously, in addition to Christian spirituality, personal experiences likewise have a significant impact on perceptions of others. Returning to the example of someone who was abused by a trusted figure, it is possible if not likely that this person will come to believe people are unsafe. This belief would, in turn, impact how they perceive others, likely as untrustworthy. Conversely, if someone were to experience something similar to what Eva described as “imperfect people who mess up, but … [have] unconditional care and concern and love for me,” it is possible that they would come to perceive others as being capable of care, concern, and love. Whether positive or negative, personal experiences have a significant impact on one’s relational perceptions.
**Personal Identity and the Experience of Relational Engagement**

As has been suggested, many of the structures that comprise the experience of relational engagement for Christian therapists impact each other. This is particularly true of personal identity. As the foundation of a building rests under and thereby impacts the structures that sit atop it, so too does personal identity exist beneath and influences all other structures comprising the experience of relational engagement.

As suggested by Crastnopol (2001), “unarticulated, unconscious assumptions and beliefs act sotto voce to modulate our clinical choices in ways we may grasp only imperfectly, or not at all” (p. 390). In the same manner, the influence of one’s personal identity on their experience of relational engagement is subtle. Like the foundation of a house, this inner core is often hidden or “protected from view” (Jones & McEwen, 2000, p. 408). Despite this, its impact is significant. Though it may be underground, the foundation of a house influences many other aspects of that house, such as its shape, location of load-bearing walls, etc. In the same way, an individual’s personal identity influences many aspects of their experience of relational engagement despite it being hidden from view.

The inner core or personal part of one’s identity tends to be experienced as the most consistent and stable part of self (Atwood and Stolorow, 2014; Bromberg, 1993; Weinberg, 2007). This perceived “constancy of identity” (Atwood & Stolorow, 2014, p. 17) essentially means that, whatever metaphoric room or other structure of experience one finds one’s self in, their personal identity is, in a way, always present. As such, it is all but guaranteed to influence other structures of experience. As demonstrated above, this is seen in the numerous ways the personal identity of Christian therapists impacts their relational actions and the many perceptions Christian therapists hold about both themselves and others. Given that these are the structures
that essentially determine the ambiance of a relationship (Stolorow & Atwood, 1996), it is argued that personal identity not only influences other structures of experience, but also the broader experience of relational engagement itself.

**Basement: Professional Identity**

Throughout literature exploring the therapeutic relationship are several recurring themes as to how therapists are to act and what they are to do. These include presence, love and acceptance, empathy, and power. Though other practices, values, and themes exist, those aforementioned appear to be among the most common and significant seen throughout the literature. Similarly, though Christian therapists engage in countless professionally oriented behaviours and have untold numbers of professionally oriented leanings, findings of this study suggest there are several aspects related to professional identity that are both common and important to Christian therapists. The following explores the professional identity of Christian therapists, including discussion as to why it tends to be what it is, how it is enacted in the context of relational engagement, how it relates to other structures of experience, and how it impacts the broader experience of relational engagement.

**Professional Identity: Why and How**

Identity is neither singular nor static, but is comprised of multiple aspects that fluctuate, intersect, and are experienced as more or less salient depending on contextual factors. This is particularly true more so of “outside identities” such as professional identity than it is of one’s core, personal identity (Jones & McEwen, 2000). As Christian therapists are, by definition, therapists, it is suggested that in this context, their most salient “outside” layer of identity in the context of therapy is their professional identity. Though these therapists might also be parents, friends, or volunteers, for example, and although they certainly have other layers of identity such
as those related to race, culture, and gender, to name a few, these other layers are less likely to be felt as strongly in the context of therapy as is their identity as a therapist. As such, it is likely that one of the most salient identities of Christian therapists in the context of relational engagement with a client is their professional, therapeutic identity.

Findings from this study suggest that Christian therapists tend to act in certain ways and gravitate towards certain ideals due in large part to the ideological similarity between aspects of their personal and professional identities. For example, during her interview, Amee said, “Sometimes if you look at the different therapeutic frameworks, I mean Carl Rogers, come on you’re talking about presence, empathy and unconditional positive regard? That’s Jesus. That’s what you’re asking us to be.” This supports claims made throughout the literature that suggest Christian values are not only ideologically similar to but also overlapping with professional, therapeutic values and practices (e.g., Furman et al., 2011; Sherwood, 2008b). This also substantiates an idea put forth by Osteen (2013) that, “commitment to social identity cannot exist without the support of overlapping values and beliefs at the level of personal identity” (p. 5). In other words, if one does not see aspects of a “social identity” – which is akin to the idea of an external “layer of identity” discussed elsewhere in this paper – as being compatible, if not overlapping, with one’s inner core, it is unlikely that they will commit to such an identity.

Given the perceived constancy of personal identity (Atwood & Stolorow, 2014), both the professional and personal identities of Christian therapists are among the more salient and influential aspects of their experience of therapeutic relational engagement. As such, it is unsurprising that the professional identity of Christian therapists tends to include acting in ways that are encouraged throughout both Christian spirituality literature and therapeutic literature. One example of this is seen in a statement Kacey made:
I want to make sure that I’m hearing from them [a client] and what’s important to them ... I would just want to hear who this person is, and what they are telling me about themselves, and ensuring that I work in such a way that is helpful for them.

From this, Kacey seems to prioritize relationships, something that is encouraged in both Christian spirituality literature (e.g., Vanier, 1989) and therapeutic literature (e.g., Yalom, 1980). Other examples of actions and values prioritized by Christian therapists that are encouraged in both Christian spirituality and professional therapeutic traditions include respect (e.g., Benner, 2002; Rogers, 1961), presence (e.g., Bugental, 1987; Nouwen et al., 2005), listening attentively (Aelred, 1977; Rogers, 1961), emphasizing presence over technique (Nouwen et al., 2005; Yalom, 2002), giving others space to be their authentic selves (Rogers, 1961; Vanier, 1989), and striving to be open and receptive to their experience (Geller, 2013; Vanier, 1989).

Professional Identity and Other Structures of Experience

As with all structures of experience, the professional identity of Christian therapists is intertwined with other structures comprising their experience of relational engagement. In this way, professional identity intersects with personal identity, integration, relational actions, and relational perceptions. The following explores several such relationships between professional identity and other structures of experience.

Professional Identity, Personal Identity, and Integration. As discussed above, the integration of various identities involves negotiation. This includes processes such as mediating and managing both the core and outer layers of one’s identity. This is, of course, predicated on two notions: first, that numerous self-states are likely to exist within the same individual (Pizer, 1992); and second, that such self-states are not unrelated. As such, it is possible if not likely that each will influence each other. As indicated by Pargament (2007), there are many “personal background(s) as well as … personal beliefs and values that undoubtedly shape (our) work” (p.
23). The actions of Christian therapists as an extension of their professional identity are thus influenced by their personal identity and how they negotiate and integrate these parts of self.

Perhaps one of the clearest examples of the relationship between professional identity, personal identity, and integration is seen in tendency of Christian therapists to act in such a manner that others will experience their practice as ethically sound and not unduly influenced by their Christian spirituality. As noted in Chapter 2, numerous arguments found throughout the literature suggest Christian spirituality is incompatible with professional therapy (e.g., Milner, 2014; Stewart, 2009). Despite this, Christian therapists tend to believe they are called to the profession of therapy. If these therapists have encountered such arguments, it is possible that they will find themselves existing in a state of inner conflict.

As Benjamin (1990) describes, a state of inner conflict involves “assertion of self and recognition of the other” (p. 38). In this case, Christian therapists experience it as a result of maintaining they are called to do this work as people who practice Christian spirituality while also recognizing the concerns of others who see religion through a lens of “suspicion and hostility” (Pargament, 2007, p. 8) and further recognizing that their actions “may be interpreted by other professional colleagues as an act of religious proselytization” (Neagoe, 2013, p. 316). The integration of their identities, then, produces actions meant to prevent their spirituality from causing or even being perceived as possibly causing harm. Examples of this are seen in Amee’s description of how she strives to be seen “as someone who doesn’t push [a client] to be someone they’re not ready to be.” Ellen likewise stated, “I do not want to be in any way oppressive.” Similarly, Cathy said, “whether they [clients] are Christian or not, we have to have some awareness ... that we’re not crossing a boundary of imposing our worldview on them.” For
Amee, Ellen, and Cathy, the integration of personal and professional identities thus produces actions and values such as respect, intentionality, and boundaries.

**Professional Identity, Relational Actions, and Relational Perceptions.** In the same way that personal identity and integration are intertwined with professional identity, so too are relational actions and relational perceptions intimately connected with professional identity. One of the more obvious examples of this seen in the literature is found in Rogers’ (1961) statement:

> I find that the more acceptance and liking I feel toward this individual, the more I will be creating a relationship which he can use. By acceptance I mean a warm regard for him as a person of unconditional self-worth – of value no matter what his condition, his behavior, or his feelings. It means a respect and liking for him as a separate person (p. 34).

For Rogers, the core values of acceptance and respect are closely related to actions. The stronger those values, the more likely they will influence his actions.

An example of the relationship between professional identity and relational actions as seen in the interviews comes from a conversation with Paul. Throughout his interview, Paul made several references to the importance of safety in the therapeutic relationship and stated that “power differentials are huge for me.” Paul also explained his approach to therapeutic relational engagement saying, “the first thing I’m trying to do is to disarm the client.” These and other comments suggest that the notion of safety is a core part of Paul’s professional identity. When he explained that he often uses humour with clients, as he has found it to be effective helping them feel at ease, it further revealed how his professional identity directly influences his actions.

In the same way that Paul’s use of humour stems, at least in part, from his professional identity, numerous other connections between professional identities and relational actions of Christian therapists can be seen throughout the findings of this study. For example, Christian therapists often strive to act in ways meant to be experienced as invitational. As noted by Shaw
et al. (2013), “in the application of invitational behavior it is acknowledged that individuals have choices to be respected regarding invitations” (p. 31). In this way, acting invitational involves respecting a client’s right to say no, which is directly linked to professional values of client autonomy and right to self-determination (CASW, 2005; CRPO, 2011). In other words, valuing ethical practice as part of one’s professional identity tends to produce actions of invitation.

Aspects of one’s professional identity not only influence relational actions, but also relational perceptions. One example of this is seen in the following comment made by Beth:

*Whether it’s the unconditional positive regard, respect, those kinds of qualities ... I use that constantly, mostly in terms of seeing my clients as valuable, as important ... If the client is not truly feeling loved ... let’s see this client with love. Let’s treat this client with love ... That is very important.*

Beth’s statement reveals a connection between professional identity and relational perceptions in that her professional values of unconditional positive regard and respect influence her to see people as valuable.

The means by which one’s professional identity can influence relational actions and relational perceptions can be explained, at least in part, by intersubjectivity. As stated by Cait (2006), intersubjectivity is the “interplay between subjectivities” (p. 255). In other words, intersubjectivity explains what happens between two or more persons during an interaction.

As noted by Bromberg (1993), whenever one approaches and participates in relationship with another, it is all but certain that both persons are “always reading each other but are not always immediately aware of what they read” (p. 160). This in turn can result in both persons making numerous adjustments (Pizer, 1992) to their actions and even to their sense of identity. For example, Paul explained, “When I sit with a client ... when I think that they’re a jerk, my mind is predisposed to defend myself and be against them. When I can see people are struggling, I am more inclined to have compassion.”
In the above example, not only do Paul’s actions shift as a result of his perceptions, but so too does his professional identity in that he experiences a shift in therapeutic priorities. Compassion becomes more salient and accessible when he sees someone as struggling than when he sees them as “a jerk.” When he sees someone as struggling, he prioritizes “knowing how to respect the wounds and the sufferings of others” (Vanier, 1989, p. 253). Engaging in such processes of “affective attunement” (Benjamin, 1990, p. 37) seems to, whether consciously or not, cause a shift in his professional identity and how that identity is enacted.

**Professional Identity and the Experience of Relational Engagement**

As a layer of identity, professional identity is influenced by the ever-changing contexts in which one finds oneself. It is also influenced by factors such as personal identity and relational perceptions. In other words, like psychotherapy, which is “never completely determined by the explicit dimensions of the psychotherapy theories” (Jones, 2010, p. 119), professional identity is never determined solely by factors found exclusively within a professional context.

In the same way that layers of one’s identity will be experienced as more salient in some situations as compared to others (Jones & McEwen, 2000), aspects of the professional identity of Christian therapists will be more noticeable at certain times than others. For example, if a therapist is working with a client who has experienced abuse, it is possible that they will prioritize gentleness or compassion. If that same therapist is later working with a client on issues related to abusing others, they may prioritize what Jeffrey called “loving candour” – an approach equivalent to Benner’s (2002) “nudges to growth” which involves showing support through honesty and confronting another’s harmful behaviours. While both gentleness and “loving candour” may be part of one’s professional identity, and therefore never fully go away, their relative salience may more pronounced in some situations than others.
As with all other structures of experience, professional identity and its many interconnected aspects are related to innumerable perceptions, actions, beliefs, and so forth. The causality and directionality of such relationships are not always clear. What is more likely than one structure directly causing another or being completely unrelated to the others, is a complex and nuanced relationship in which multiple structures of experience influence and are influenced by each other. In this way, the structures of experience of relational engagement for Christian therapists are intertwined. It is in the next structure to be explored, the metaphoric subfloor of integration, that the intertwining of two such structures occurs.

Subfloor: Integration

Though distinct from each other, it has been established that a great deal of overlap exists between the inner core and the numerous outer layers that make up one’s identity (Jones & McEwen, 2000). How and where this overlap occurs is not always clear (Rodgers & Scott, 2008; Wiles, 2017). What is clear, however, is that it is not uncommon for Christian therapists to experience their personal and professional identities as intersecting.

As discussed previously, many Christian therapists see their spirituality as equating the core of their identity. Between this, the centrality of the professional layer of identity for Christian therapists in the context of therapy, and the intersecting nature of identities, it is not surprising that many would experience what Scales et al. (2008) describe as “the journey toward integration of faith and social work practice” (p. 43). On this journey, it is common for the sojourner to encounter a number of questions, including:

How does my journey as a Christian intersect with, compliment, replicate, or diverge from travel along my journey toward professional social work? Will I be confronted with the choice between two roads, one representing my faith journey and the other representing my professional journey? Or is there truth in the statement that social work and Christianity really are quite compatible with one another? Is it possible that we have been called by the Navigator to forge a new road that brings our path across the most
vulnerable, the most wounded, those lost needing a guide to get back to the road? (p. 45)

Questions such as these suggest that merely considering the convergence of such personal and professional identities is a significant experience for Christian therapists. As such, and as many see this experience as necessary (Jones, 1986), it follows that the metaphoric subfloor of integration – the space where personal and professional identities converge – is a significant structure in the experience of relational engagement for Christian therapists.

As noted by Sherwood (2008a), “every single one of us comes to our work profoundly influenced by assumptions, beliefs, values, and commitments” (p. 409). As such, Sherwood argues, “integrating faith and practice is not just a Christian thing. It is a human thing” (p. 410). Further, Sherwood suggests, “it is not simply a matter of what I believe (important as that is), but how I believe it, how I handle my beliefs, which in itself comes back around to the nature of my value commitments” (p. 410, emphasis original). The practice of integration, then, involves how one manages various aspects of their multiple identities, such as beliefs, values, and assumptions. This section explores integration as a structure of experience of Christian therapists, and how it fits into their broader experience of relational engagement.

**Overview of Integration**

There exist numerous perspectives regarding the intersection of Christian spirituality and secular psychotherapy. The history of such perspectives is long and complex (Johnson, 2010). At the risk of oversimplifying the many perspectives represented throughout the literature, for the purpose of this paper it will suffice to say that several key positions representing the range of this spectrum include the following: the practice of what is sometimes known as “Biblical counseling” (Adams, 1970; MacArthur & Mack, 2005), which suggests secular psychology is fundamentally incompatible with, if not oppositional to, Christian spirituality; the practice of
“Christian counselling” which represents varying degrees of integrating “Christian worldview beliefs with the science and practice of psychology” (Johnson, 2010, p. 35); and the approach sometimes known as “Levels of Explanation” (Myers, 1978) that suggests it is possible to be both a Christian and a therapist and to practice secular psychology and Christianity, as they are neither compatible nor incompatible, but simply different and equally as important in so far as each speaks to different levels of reality. Though others exist, these three perspectives largely represent the spectrum of thoughts on and approaches to integration for Christian therapists.

The perspectives on the integration of Christianity and psychotherapy provided above – that they are incompatible, that they are at least to some degree compatible and can be integrated, and that they are neither incompatible nor compatible but rather simply different – represent not only the spectrum of perspectives on integration in general, but also those held by participants in this study. If one were to plot these perspectives on a line with “Levels of Explanation” on the left, “Biblical counselling” on the right, and “Christian counselling” in the middle, nearly all participants would likely position themselves somewhere left of center – between “Levels of Explanation” and “Christian counselling.” When asked to describe their primary therapeutic approach, of the twenty therapists who participated in interviews, only one identified as providing “Christian counselling” with another saying they sometimes provide “pastoral counselling.” Even then, these two participants, along with the other eighteen participants, identified using a variety of what have been called “secular” psychotherapeutic approaches (Koenig, 2012; MacArthur & Mack, 2005). These approaches include: Anti-Oppressive Practice, Hypnotherapy, Person Centered Therapy, Family Systems Therapy, Dialectical Behavioural Therapy, Emotionally Focused Therapy, Cognitive Behavioural Therapy, Sensorimotor Psychotherapy, and a host of other therapeutic modalities.
Given the wide range of “secular” psychotherapies employed by all participants, as well as the fact that these same participants identified Christian spirituality as an important if not foundational part of their identity, it is suggested that virtually all participants have engaged in some process of integration, and in so doing have perceived some degree of compatibility between Christian spirituality and therapy. This supports Stennis and Gilliam’s (2019) claim that Christian teachings and values, “coincide with those of our social work professional values: service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence” (p. 3). In other words, it is not uncommon for Christian therapists to experience the intersection of their personal and professional identities as a place of compatibility, specifically when it comes to their spirituality and their therapeutic work. This becomes part of their experience of integration, which in turn becomes part of their broader experience of relational engagement.

Process of Integrating Personal and Professional Identities

As suggested by Pargament (2007), the goal of integration is not a seamlessly woven tapestry, but rather different parts that “work together in synchrony with each other” (p. 136). Pargament writes,

Few of us achieve the perfectly integrated life. In the pursuit of those things that matter most to us, we have to deal simultaneously with the obstacles life puts in our way; our own ever-changing needs and preferences; pressures from family, friends, and community; and massive amounts of information from the external world. Small wonder, then, that we live with some conflicts and inconsistencies. (p. 156)

To engage in a process of integration, then, does not necessarily involve discarding beliefs or practices, for example, that seem to be in conflict with each other.

Borgman (2009) has described integration as “something that cannot be completely fulfilled and finished; rather, it is an ongoing process given the concurrence of continuous
change and personal growth” (p. 519). As the concept of negotiation can help explain such developmental processes, it is now used to help explain how Christian therapists engage in integration and how it impacts their experience of relational engagement. More specifically, intersubjective and intrapsychic forms of negotiation are used to help understand the process and experience of integration.

**Intersubjective Negotiation and the Process of Integration.** As noted by Pizer (1992), “much of what is essentially mutative in the analytic relationship is rendered through mutual adjustments that occur largely out of awareness in both parties” (p. 217). Though Pizer is speaking specifically of a psychoanalytic, psychotherapeutic relationship in this instance, the principle remains that in the context of relational engagement between any two persons, a great deal of change occurs both between and within those persons. Further, though such change often occurs beyond the walls of conscious awareness, there are also instances in which one if not both persons consciously alter their actions and perceptions based on intersubjective factors.

An example of conscious intersubjective negotiation and its role in integration can be seen in statements provided by several participants. For example, Sofia stated, “*I’m sometimes a Christian who counsels and sometimes I’m a Christian counsellor, depending on what the client wants. I can make those distinctions.*” Likewise, Kacey said, “*If someone is totally opposed to anything spiritual, I might not go there as much in my head.*” For Sofia and Kacey, then, their approach to integration involves awareness of not only their “perceptions, feelings, and nuances of behavior” (Kondrat, 1999, p. 452) but also the experience and needs of the client (Pizer, 1992). They recognize the interplay within and between themselves and the client (Cait, 2006), and in so doing engage in negotiation to adjust their approach accordingly (Pizer, 1992).
Intrapsychic Negotiation and the Process of Integration. Pizer (1992) explains intrapsychic negotiation is not about “conflict, renunciation, and compromise formation in the classical sense” but rather “the acceptance of paradox, and the negotiation of paradox” (p. 223). Therefore, like integration, negotiation is not about selecting aspects of self that one sees as “fitting” seamlessly with others and discarding those that do not fit. Instead, it involves utilizing a place of thirdness (Aron, 2006; Benjamin, 2009) to see beyond the see-saw polarity of “yes it fits” or “no it doesn’t.” Such a vantage point also increases one’s capacity to tolerate perspectives they may have previously thought to be incompatible with other perspectives (Hatfield et al., 2009).

By increasing one’s “tolerance of difference” (Benjamin, 1990), one can become better able to consider practices, values, and the like that they may otherwise not have considered. This explains how Christian therapists such as Eva, for example, identify using mindfulness in their practice. As stated by Eva, “I know of quite a few Christians who don’t agree with mindfulness ... but I teach a course [on mindfulness] here and I am an eclectic practitioner that sees mindfulness is not a one-size-fits-all.” Whereas many Christians see mindfulness as a “spiritually risky practice” (Broyles, 2020, para. 6) that has “entirely different objectives” from Christianity (para. 16), and therefore as something that “can’t be reconciled with biblical faith” (Farmer, 2015, para. 12), from her statement, it seems as though Eva has engaged in an internal process through which she has developed tolerance for two seemingly conflictual perspectives.

Despite the benefit of increased tolerance that negotiation can bring, the fact remains that most people dislike and will try to avoid experiences of discomfort or distress (CCI, 2012). In a study exploring social workers’ experiences of “disjunctive distress” regarding their beliefs about and behaviours related to Codes of Ethics in the context of therapy, DiFranks (2008) found...
that “behavior more than belief seems to indicate distress and disjuncture. The distress relates more to what social workers have to do on the job than to their essential values and beliefs” (p. 170). Though this finding is specific to beliefs about ethical conduct, it stands to reason that rarely do persons experience distress regarding their beliefs alone. Instead, as noted by DiFranks, disjunctive distress most often occurs when beliefs and behaviours are experienced as discordant: “lower disjuncture occurred when behavior was congruent with the code, and disjuncture increased with incongruent behavior” (p. 167). In other words, when one engages in behaviours they see as consistent with their beliefs, they experience less distress than they do when engaging in behaviours they see as contrary to those beliefs.

For Christian therapists, integration appears to involve a process whereby they consider aspects of their professional identity including various values and tendencies, as well as therapeutic goals, theories, and approaches, from what might be called a “Christian perspective.” In the above-mentioned case of Eva, for example, it is possible that she reflected on mindfulness from a “Christian perspective” and either saw it as compatible with her personal/spiritual beliefs or, having had the capacity to tolerate the perceived differences between mindfulness and those beliefs, believed they could coexist if not work “in synchrony with each other” (Pargament, 2007, p. 136).

In addition to the example of Eva’s use of mindfulness, one other notable example of intrapsychic negotiation as a key process in the integration of personal and professional identities is seen in that virtually all participants emphasized love as a practice or value which they believe they are to enact. What is notable about this, is that in addition to love, there are numerous other practices and values related to relational engagement that are likewise encouraged throughout Christian spirituality literature. For example, forgiveness (Vanier, 1989), faithfulness (Aelred,
1977), and grace (Benner, 2002) are but three other interpersonal practices and values emphasized in Christian spirituality literature. Unlike love, however, these concepts were hardly spoken of during the interviews and are rarely, if ever, discussed in therapeutic relationship literature. The concept of negotiation helps explain that one reason Christian therapists may emphasize love over other practices or values is that they see it as being compatible with both Christian spirituality- and therapeutic relationship-based approaches to relational engagement.

That love and other values are seen as being compatible with multiple traditions is not a coincidence. As suggested by Sherwood (2008a):

The profession of social work provides us all with unique opportunities to demonstrate the gospel of Christ – to give to our clients the grace-filled gift of knowing what it feels like to be treated with love and justice, what it feels like to experience caring, grace, forgiveness, trustworthiness, honesty, and fairness, what it feels like to be treated with respect and dignity as a person with God-given value. (p. 411)

In this, Sherwood is saying that there is a great deal of overlap between Christian spirituality and therapeutic practice. Beth likewise suggests there is overlap between these approaches:

Say unconditional love, or just love, which I think is a Christian spirituality value, but it’s also something that therapy talks about. Whether it’s the unconditional positive regard, respect, those kinds of qualities as well. It’s kind of the same thing.

Such statements support the idea that some perceive overlap between Christian spirituality and therapeutic relationship traditions. It is not unreasonable to think that Christian therapists tend to gravitate towards practices they see as being consistent with both traditions, and thereby consistent with multiple parts of their identity. Integration, then, seems to involve selecting practices and enacting values seen as compatible with one’s personal and professional identities.

**Impacts of Integration on Relational Actions and Perceptions**

As mentioned previously, the structure of integration in many ways functions as the metaphoric ground on which Christian therapists walk and move about on. As such, it influences
the relational actions and relational perceptions of Christian therapists. Further, as such actions and perceptions comprise how one goes about engaging relationally with another, it could be said that the space in which one integrates or dis-integrates their personal and professional identities has one of the largest impacts on the experience of relational engagement.

**Integration and Relational Actions.** As discussed earlier, negotiation plays a significant role in the process of integration. This appears true when speaking of the integration of personal and professional identities more broadly, as well as integration in the context of relational engagement. Christian therapists appear to engage in intersubjective and intrapsychic forms of negotiation in order to weave together aspects of their personal identity with aspects of their professional identity. Negotiation, as a part of integration, also seems to play a role in determining how this tapestry influences one’s relational actions.

A great deal of negotiation and integration occurs on an unconscious level. Several comments provided by participants suggest, however, that therapists can also, to some degree, control how much of their spirituality is overtly expressed in the context of relational engagement. In other words, there is, or at least can be, an element of conscious control when it comes to the integration of various aspects of one’s identity and how this integration impacts one’s relational actions. For example, Robyn stated, “*my faith is who I am [but] in this job, I’m not necessarily preaching to clients.*” Similarly, Beth spoke of an effort to “*not preach or convert.*” From comments such as these, it appears that Christian therapists can, at times, regulate the explicit expression of their spirituality to avoid practices or other actions they see as unhelpful, unethical or harmful – such as preaching or proselytizing – and instead choose to engage in actions they see as therapeutic, ethical, and healing. In turn, this suggests that though much of the process of integration occurs on an unconscious level, it can also be something
which Christian therapists do consciously. Regardless of whether it occurs consciously or not, however, what is clear is that integration has a significant impact on how one acts in the context of relationship.

**Individual Nature of Integration and its Impact on Relational Actions.** As integration involves bringing together various aspects of one’s unique identity, it follows that this process will impact each person’s actions differently. In other words, the individual nature of integration tends to produce a variety of relational actions. This is perhaps seen best by comparing Jeffrey and Eva’s responses to the question “do you love your clients?” Whereas Jeffrey answered this question by saying, “*Do I love them? Yeah I think I grow to love them a lot.*” Eva’s response was vastly different.

Throughout her interview Eva made numerous references to the importance of modelling “Christ-like love.” Eva also said, however, “*I try not to use the word ‘love’ when I’m talking about therapy because that crosses boundaries.*” What followed next in our conversation reveals the individual experience of integration and its impact on relational actions:

- **Aaron** – *In a film that Carl Rogers did in 1965, he works with a young woman named Gloria. He explains his approach before and then after the session with Gloria. At one point when he’s describing the idea of acceptance, he describes it as a “non-possessive love” and what I’m hearing you describe sounds like that same kind of idea.*

- **Eva** – *Mmhmm (nodding in agreement).*

- **Aaron** – *Yet there is such a hesitance to use the word ‘love.’*

- **Eva** – *Yes. I don’t want to use it.*

- **Aaron** – *But you’re using it freely in the Christian context.*

- **Eva** – *Right.*

- **Aaron** – *But not in the therapeutic.*
- Eva – No (laughing).

- Aaron – Tell me about the discomfort. Its visibly there. I can see it in you.

- Eva – Yeah. I don’t want to talk about loving my clients because it just ... (Eva’s voice trails off, followed by a moment of silence). But you’re right – when I talk about my spirituality and my beliefs, that is an inextricable part of it.

Later in her interview, conversation about love resumed:

- Eva – Maybe it’s just my resistance to use that word [love] because it’s “inappropriate” (using air quotes). And maybe it’s because in my life I have experienced Christ-like love. I have experienced that modelled to me by imperfect people who mess up, but I know that they’re there. I know that there’s unconditional care and concern and love for me. And so, one of my goals is to – even though I can’t take them home with me and care for them in my home kind of love – within an hour setting, I would like them to experience that.

- Aaron – You’d like them to experience what?

- Eva – That feeling of being accepted and cared for. All of the Rogerian things.

It appears that for Eva, love is a centrally important concept in her personal identity. Further, she appears to recognize love as being ideologically similar to certain values and practices stemming from her professional identity. When discussing her work as a therapist, Eva said, “I still hold this belief that somewhere underneath all of that [reprehensible client behaviour], there is someone who is created in God’s image and is deserving of love – I don’t want to use that word – acceptance.” Though she holds a desire to express “Christ-like love” for others, her professional values and therapeutic training have taught her that ‘love’ is “the forbidden word” (Kottler & Carlson, 2014, p. 193). To negotiate this paradoxical experience, presumably to limit feelings of disjunctive distress, Eva appears to focus on the areas of overlap. Instead of focusing on the “see-saw polarities” (Benjamin, 2009, p. 442) that say she is to love people (personal belief) and that she is not to love clients (professional belief), she appears to focus on the reality that both parts of her identity direct her to act in a loving manner. To this end, she emphasizes behaviours such as acceptance, unconditional positive regard, and respect.
Though both Jeffrey and Eva are Christian therapists, and though both identify love as an important part of their personal identity, given that they perceive love differently in terms of their professional identities, they appear to approach integration differently, which in turn impacts their relational actions in different ways. Jeffrey appears to see love as an appropriate if not important aspect of both his personal and professional identities, and therefore acts in ways meant to explicitly express love. Eva, however, appears to see love as appropriate only in the realm of her personal identity, and therefore approaches integration differently than does Jeffrey. She recognizes, focuses on, and enacts the ideological similarities and areas of overlap, that which she describes as “all of the Rogerian things.” As a result, though there are likely to be similarities between her actions and those of Jeffrey, there are also likely going to be differences.

**Integration and Relational Perceptions.** As demonstrated above, relational actions are influenced not only by the personal and professional parts of one’s identity, but also the process of integrating these parts. This process also appears to influence the sorts of relational perceptions held by a Christian therapist, albeit in a somewhat different way. Though most of the relational actions identified in Chapter 5 have their roots in both Christian spirituality- and therapeutic relationship-based traditions, all of the relational perceptions of Christian therapists to emerge from the interviews appear to have roots in Christian spirituality exclusively.

As stated by Sherwood (2008b), “the starting place for integration of my beliefs and social work practice is always at the level of basic faith, worldview assumptions” (p. 10). At a basic level, these include “functional assumptions that help us to sort through and make some sort of sense out of our experience” (p. 9). Though to be sure, there are numerous sources for such assumptions, as Olthuis (1989) notes, they are often “nourished and justified by all the
realities which belong to the social and personal matrix of its confessors” (p. 33). In other words, the way one sees the world tends to be influenced primarily by their personal identity.

Numerous statements made throughout the interviews suggest that Christian therapists see their Christian spirituality as being an inseparable part of who they are and what they do. For example, Glen said, “It’s totally intertwined. Like there’s no separation. What I do therapeutically, I cannot separate from what I do spiritually.” Likewise, Kacey expressed difficulty separating her personal spirituality from her professional work:

> To be honest, even if I tried to take those [Christian spirituality] lenses off, I couldn’t. Faith is such a core part of me that it would be like setting my whole self aside. So, whether consciously or not, Christian spirituality is always influencing how I view others in work and outside of work.

Statements such as these suggest that therapists like Glen and Kacey have engaged in processes meant to achieve what Bouma-Prediger (1990) calls “faith-praxis integration” (p. 27).

Described as “the attempt to live out one’s faith commitment as authentically as possible in everyday life, including one’s vocation or professional life” (Bouma-Prediger, 1990, p. 27), the pursuit of “faith-praxis integration” involves weaving together one’s basic, worldview assumptions with all aspects of life. Sherwood (2008b) suggests these assumptions influence how one thinks about others and provide answers to questions such as “What is a person? What constitutes being a person? What value, if any, is there in being a person? Are persons owed any particular rights, respect, or care? If so, why?” (p. 20). When one integrates their personal worldview into their professional practice, then, it creates a lens through which they see and understand people and relationships.

One of the more obvious examples of the impact integration has on relational perceptions is seen in the belief that people are broken. Despite there being virtually no mention of this idea throughout therapeutic relationship literature, this idea is commonly found throughout Christian
spirituality literature (e.g., Nouwen, 1972; Nouwen et al., 2005; Vanier, 1989). As beliefs in the brokenness of people were discussed often throughout the interviews, it suggests that the integration of personal and professional identities for Christian therapists tends to produce relational perceptions influenced primarily by Christian spirituality.

**Integration and the Experience of Relational Engagement**

Though numerous formal approaches to the integration of Christianity and therapy exist (i.e., “Biblical Counselling,” “Christian Counselling,” “Levels-of-Explanation,” etc.), the sort of integration discussed here is different in nature. It is not about whether or how Christian spirituality fits with psychology. Instead, it is more in line with Pargament’s (2007) notion that spirituality can be “fully embedded in the fabric of life” (p. 21) and “fully interwoven into human experience” (p. 344). In this way, for Christian therapists, integration is about how, when their personal and professional identities intersect, they become “fully embedded” and “fully interwoven” into all areas of life.

When discussing the spirituality of clients, Pargament (2007) argues, “it is not to be dismissed as a static or compartmentalized set of beliefs, practices, or emotions used occasionally to improve mood or health” (p. 176). The same could be said for Christian therapists in that their spirituality appears to be neither static nor compartmentalized. Instead, Christian therapists seem to recognize that it intersects with their professional identity, and thereby go about integrating the two. Though how this occurs is not yet clear, it is obvious that integration impacts their experience of relational engagement in a number of ways.

**Living Room: Relational Actions**

As its name suggests, the phrase *Relational Actions* describes the many actions one engages in within the context of a relationship or relational encounter. These can include a
variety of actions or behaviours, each of which is influenced by multiple factors including one’s personal and professional identities and whether or how such identities are integrated with one another. To understand relational actions of Christian therapists then, particularly as a structure of experience of relational engagement, it is important to understand the various sources of relational actions and the impacts and significance of such actions.

**Overview of Relational Actions**

The many actions one engages in within the context of relational engagement are influenced by many factors. Returning to the metaphor of a house, analogous to the living room, relational actions rest on and are thus influenced by other structures within the house. These include aspects of personal identity, aspects of professional identity, and whether and how these come together. As will be discussed, relational actions are also influenced by the perceptions one holds in the context of relational engagement.

Continuing with the metaphor of a house of experience, much like a physical living room, the relational actions of Christian therapists are among the most visible structures. In the same way that the owner of a house might subtly rearrange pillows to hide a stain on a living room chair when a guest is not looking, however, so too might a therapist engage in certain relational actions without a client knowing. Evidence of this is seen in a conversation that occurred during Kacey’s interview. At one point, the topic of whether and how Christian spirituality impacts relational engagement arose. The following is an excerpt from this conversation:

- **Aaron** – *If I’m watching you in relationship with somebody or interact with one of your clients, how do I know that something about your spirituality is doing something? What does it do to you? To the relationship? To your approach?*

- **Kacey** – *You’re not going to see anything different [as compared to therapists who do not practice Christian spirituality] … I’m not necessarily using God-language, so they’re not going to hear that … I would say that anything that is going on, it’s probably invisible*
and cannot be seen.

- Aaron – Like what then? What are the invisible pieces that I can’t see but you know are going on?

- Kacey – Prayer. So, if someone saw me sitting with a client, they wouldn’t know if I am praying or not. No one would ... What they might see is me making eye contact, being present. They might be able to see that I’m listening, that I’m responding appropriately.

This exchange demonstrates not only that multiple relational actions can occur simultaneously, but also that such actions may be at times more or less visible.

Though comments such as those made by Kacey reveal the sometimes-invisible nature of relational actions, others suggest that relational actions are also at times highly visible. Just as a houseguest might see the colour of flooring or pictures on the living room walls, feel the material of a cushion, or hear music coming through a speaker, so too are some relational actions plainly observable by both host and guest alike. Numerous statements from the interviews show examples of these sorts of actions. For example, when I asked Robyn, “what would I see if I were watching you interact with a client?”, the following conversation ensued:

- Robyn – I probably go [lean] forward ... I don’t do too much touching with my clients. Sometimes I might say “Can I take your hand?” if that’s appropriate.

- Aaron – So you lean forward ...

- Robyn – Reaching out for a hand or asking, “would you like me to hold your hand?”

- Aaron – Why do you do those things? Why do you lean forward in those moments?

- Robyn – Part of it is to show that I’m trying to connect more with them. That I’m trying to understand their feelings, their pain. That I’m interested. Or sometimes, I will say “I feel honoured that you chose to share this with me” the first time. So, it’s being respectful that they’re moving at their own pace, and somehow, they feel that they can now share this trauma.

Robyn’s statements suggest that some relational actions are highly visible. They also suggest that there are various sources of or reasons for the relational actions of Christian therapists.
Sources of Relational Actions

In the same way that aspects of one’s personal identity are formed by encountering different ideas and experiences, so too are there multiple sources of relational actions. For example, Bryan stated, “I can mirror what it is that I’ve experienced,” and explained that he has experienced a great deal of compassion and grace throughout his life, and that, as such, he tries to demonstrate this to others. Similarly, Eva described how she has experienced unconditional care and concern “modelled to (her) by imperfect people” and how she desires others to likewise experience that. Statements such as these suggest, then, that personal experience is yet another source of relational actions for Christian therapists.

In addition to personal experiences, statements made throughout the interviews indicate that aspects pertaining to professional identity likewise influence relational actions. For example, Nicole discussed how when she worked in community-based agencies prior to opening a private practice, certain policies prevented her from acting in ways she felt were authentic to her sense of self, which in turn left her feeling “stifled.” Another example of the influence of professional identity is seen in Amee’s tendency to demonstrate presence “here [at work] more than in my own [personal] life.”

One of the most influential sources of relational actions for Christian therapists appears to be the various teachings they are exposed to. Evidence of this is seen by examining the sorts of relational actions and related professional tendencies identified by participants. The tendency to focus on ethical practice and appropriate use of power, for example, seemingly stems from teachings about anti-oppressive practice (Morgaine & Capous-Desyllas, 2015) and critical reflexivity (Kondrat, 1999). Likewise, actions meant to prioritize relationship, communicate presence, and demonstrate respect, for example, appear to have roots in research about
therapeutic relationships (e.g., Horvath & Bedi, 2002), literature about existential psychotherapy (e.g., Bugental, 1987), and teachings about person-centered approaches to therapy (e.g., Rogers, 1957), respectively. That such actions are common among therapists is unsurprising. The widespread influence that such teachings have had on social work (Wilson & Beresford, 2000) and psychotherapy (Goldfried, 2007; Hanna, 2015) makes it likely that Christian therapists, like other therapists, will have been taught about such ideas.

In the same way that therapists’ relational actions have been influenced by therapeutic relationship teachings, so too have Christian spirituality teachings seemingly acted as a source of influence. Actions of Christian therapists such as prayer, expressing welcome, and those meant to provide compassionate care, for example, can be seen as having roots in various Christian spirituality teachings. Prayer, for example, is described as “the very beat of a compassionate heart” (Nouwen et al., 2005, p. 107) and that which “stands in the center of the Christian life” (p. 108). Vanier (1989) likewise suggests that expressions of welcome are at the heart of Christian spirituality, and that “through love and tenderness, through welcome and listening, we can give life to people” (p. 271-272). Elsewhere, arguments are made suggesting that practicing Christian spirituality requires expressions of compassion (Nouwen et al., 2005) and care (Howard, 2008).

**Fluidity of Relational Actions**

The experience of engaging in relational actions is one of fluidity. This is perhaps best seen by returning to Benjamin’s (2009) description of the relationship between therapist and client as “a bi-directional dance” (p. 441). Through this picture, it becomes clear that though there is often an intentionality to the selection of one’s actions, there are other factors at work. For example, in ballroom dancing, as partner A steps forward, partner B steps back. When partner A raises their hand to signal a spin, partner B responds accordingly. In the same way that
dance involves such movements, so too do relational actions involve an element of fluidity. At times the plan may be to signal a turn; other times, one must unexpectedly have to step back.

As noted by Daniels and Fitzpatrick (2013), the fluid nature of therapeutic work and, it is argued, relational engagement, requires that therapists “be flexible in their mode of intervention” (p. 328). Such flexibility is related to the notion of intersubjective attunement in that the more awareness one has of “every stimulus, every situation, every context, every interpersonal event” and how these are “filtered throughout subjectivity, given meaning through the perceptual and interpretive structures that have evolved in the course of our lives” (Wachtel, 2006, p. 106), the more likely they are to be “acutely responsive to what is going on” (p. 106). In other words, the more attuned one is to the countless intersubjective aspects involved in relational engagement, the more likely they are to see the importance of a fluid, dynamic approach to their actions.

The fluid nature of relational actions is perhaps best seen in a conversation had with Miranda. At one point during her interview, Miranda described relational engagement as place of sacredness, intimacy, and “holy ground.” When asked what she meant by this, Miranda explained that “it’s a place where someone’s dignity and meaning is at stake” and that because of this, her approach to relational engagement is “not mechanical in any way.” Miranda then said:

*I don’t go into a visit with an agenda, because the person may not be anywhere near the same space that they were during my last visit, and may want to share something completely different, so it’s a very fluid kind of intervention.*

Though Miranda may tend towards certain relational actions, there is flexibility in her approach. She steps forward when the client steps back, and spins around when the client raises their hand.

**Impact and Significance of Relational Actions**

The purpose of this study was to explore the experience of relational engagement for
Christian therapists. As such, and as no clients were interviewed, it is impossible to say with any degree of certainty how the relational actions of Christian therapists impact clients. Despite this, numerous comments made throughout the interviews suggest that Christian therapists believe their actions impact clients in several ways. They also suggest that they see their actions as a significant part of the experience of relational engagement.

The first example of a relational action that Christian therapists see as both impacting clients and as a significant part of their experience of relational engagement is prayer. This may help explain Weld and Eriksen’s (2007) finding that “prayer is the spiritual intervention most frequently used by Christian counselors” (p. 125). As explained in Chapter 5, numerous reasons exist as to why Christian therapists engage in prayer.

One of the main reasons Christian therapists pray appears related to a desire to act in a way most beneficial to a client. This confirms Canda’s (1990) statement of how a therapist will sometimes “employ his or her own private petitional or contemplative prayer to enhance preparedness to help the client” (p. 7, emphasis added). From this, it appears that one of the main impacts of prayer is a feeling of peace or assurance that one will receive “divine assistance” (p. 7). Sofia, for example, discussed how prayer makes her less reactive and helps her “hear through the client’s confusion and chaos a little bit better and get a better, clearer picture.” As such, Christian therapists seemingly not only believe prayer is an important relational action, but actually experience numerous impacts of engaging in prayer.

In addition to prayer, expressions of welcome likewise appear to be considered both significant and impactful relational actions by Christian therapists. Perhaps one of the best examples of this is seen in the following conversation that arose during Maya’s interview:

- Maya – *When I see someone, I say “Mary [a hypothetical client], it’s good to see you.” That’s kind of my stock greeting. And that’s important to me. It’s intentional and it is my*
approach because I think so often people in long-term care, and it’s different than other psychotherapy because the people aren’t coming to me, I’m going to them. And they’re in their home and aren’t necessarily asking for a visit. But I’m coming to them. They’re often not seen, or they’re seen as a body that needs to be cared for. And it struck me how often they’ve seemed surprised by that greeting that it’s good to see you. Because nobody says that to them. And just to be seen and acknowledged as a person, and to be invited to spend time together seems really important to people.

- Aaron – Why’s that important for you to do that?

- Maya – It has to do with their dignity as human beings and as their wholeness as a child of God. You, in your current state, even if you think you’re diminished from who you used to be, I am here saying it is good to see you right here, right now, in the state that you’re in.

For Maya, expressions of welcome are an important part of her relational engagement for the simple reason that she believes such actions have a significant impact on the person of the client.

A third type of relational action of Christian therapists that appears to be seen as both significant and impactful includes expressions of love. Maya, for example, described that she strives to act in such a way that clients feel “that they are accepted and held by that source from which they’ve come from. That they’re understood and known and free to be fully who they are as that acceptance will be there.” Maya thus appears to believe that actions meant to express love impact clients in that they will feel accepted, understood, known, and free. This belief is likewise found throughout the literature. For example, Nouwen et al. (2005) suggest:

When someone listens to us with real concentration and expresses sincere care for our struggles and our pains, we feel that something very deep is happening to us. Slowly, fears melt away, tensions dissolve, anxieties retreat, and we discover that we carry within us something we can trust and offer as a gift to others. (p. 80)

Such statements help explain why Christian therapists see actions meant to express love as having a significant impact on clients, and therefore as an important relational action.

**Relational Actions and the Experience of Relational Engagement**

The experience of relational engagement is one of complexity. It encompasses numerous
components, many of which occur on an unconscious level, out of sight for both therapist and client. Wachtel (2008) writes of the “deeply unconscious sources of our behavior and experience” and argues that therapists must recognize there are many unconscious pieces that influence their actions and experiences.

At one point during his interview, Bryan said that he was struggling to describe his experience of relational engagement. The following conversation thus ensued:

- Aaron – How do you experience contemplating or approaching a client? And then participating in relationship? Or just doing relationship?

- Bryan – I quite love walking with somebody into this space and just starting to get to know them. And then starting to understand them. Asking them questions and ... (silence) ... I don’t know ... (silence) ... This is a really hard question. It’s surprisingly hard for me to ... (silence) ... huh.

- Aaron – Surprisingly hard to answer?

- Bryan – Yeah. I experience it, but never talk about it. I never think about it. It’s like a fish to water. It’s kind of like that moment for me right now.

This conversation revealed that it can be difficult to articulate how specifically one goes about engaging relationally with another. Though there is a degree of awareness as to some of their actions, they also struggle at times to say exactly how or why they act in the ways that they do. This suggests that, despite its central role in the experience of relational engagement, Christian therapists are not always aware of their relational actions. Though there appears to be a degree of consciousness behind some relational actions, there are times when responding to a metaphorical dance partner’s movement happens unconsciously.

The unconscious nature of relational actions, as indicated in the following quote by Yalom (2002), is not necessarily surprising:

My elegant and brilliant interpretations? She [a client] never even heard them. Instead, she valued the small personal acts I barely noticed: my complimenting her clothing or appearance or writing, my awkward apologies for arriving a couple of minutes late, my
chuckling at her satire, my teasing her when we role-played. (p. 20-21, emphasis original)

Even when relational actions are unconscious, they remain among the most visible structures of experience of relational engagement for Christian therapists. Further, such actions often provide a glimpse into both the personal and professional identities of the therapist. In the case of Yalom, his actions seem to have revealed a playful personality, a respect for the person of the client, and a belief in the importance of people. In other words, his actions revealed aspects of his integrated personal and professional identities, as well as his relational perceptions.

**Bedroom: Relational Perceptions**

The experience of relational engagement involves an untold number of beliefs, perceptions, and thoughts about both relationships and the people involved in each relational encounter. The phrase *Relational Perceptions* is meant to represent such beliefs or perceptions, and is used to describe the final structure of experience involved in the overall experience of relational engagement for Christian therapists. Like relational actions, the perceptions one holds in the context of relational engagement are largely influenced by aspects of their identity. Unlike relational actions, however, which are often visible to a client in the same way that a living room is generally visible to a visitor, relational perceptions are more similar to a bedroom in that they are often hidden from sight.

Though there can be an element of intentionality to one’s relational perceptions, this is not always the case. As Carruthers (2015) notes, “sometimes one’s thoughts change direction for no apparent reason … sometimes ideas seem to leap to mind unbidden” (p. 166). Despite this, relational perceptions are shown to significantly impact the experience of relational engagement. As such, the following explores several sources of relational perceptions for Christian therapists, including experience, identity, and Christian spirituality; connections between relational
perceptions and relational actions; and the impact and significance of relational perceptions in
the context of relational engagement.

**Experience and Relational Perceptions**

There are numerous factors that influence how people perceive relationships, others, and
themselves. Rubinstein (2015) suggests that one such factor is the experience of relationship
itself. That is to say, simply engaging relationally impacts one’s relational perceptions. Stolorow and Atwood (1996) suggest this occurs because of the constantly changing “interplay
between worlds of experience” (p. 188) inherent in any relational encounter.

An example of this is seen several statements by Jeffrey. First, Jeffrey said, “the
experience of being seen and heard, that itself can be hugely healing.” From this it seems as
though if one were to see relationships as places of loneliness before meeting Jeffrey, yet were to
then feel seen and heard in their relationship with him, they may begin to perceive their
relationship as one marked less by loneliness and more by closeness. In a similar manner,
Jeffrey discussed how and why he tends to see people as he does, saying, “I think it comes from
my own experience, that growing up introverted, I’m unsure of myself … I know how much I
wished for someone who could have seen and heard me and eased my hurt earlier.” Jeffrey’s
experience of not feeling seen in the context of relationship influences him to intentionally look
for others. In both instances, an experience of relationship has a direct and significant influence
on relational perceptions.

**Identity and Relational Perceptions**

In addition to factors such as those related to experience, it appears that one of the
greatest sources of influence on relational perceptions of Christian therapists is their identity.
Whereas the core of one’s identity is experienced as the most consistent part of self, the outer
layers or dimensions of one’s identity are felt more strongly at certain times and in certain contexts than others (Jones & McEwen, 2000). For therapists, then, their professional identity is among the more salient parts of their identity when in professional or therapeutic settings.

When discussing the idea of presence as a theme of her approach to therapeutic relational engagement, Amee provided an example of the influence of professional identity on relational perceptions when she said, “presence is being aware of what’s happening in that moment with them [clients]. Noticing things, not just letting it pass you by. And I do that here more than I do it in my own life.” In this, Amee revealed how her professional identity, and all it encompasses, is more salient in therapeutic settings than in other contexts and thereby tends to influence, if not produce, certain perceptions within that context. In the context of therapy, Amee tends to look for “what’s happening in that moment” more so than she does in other settings.

The example of Amee demonstrates how professional identity can influence relational perceptions. It also demonstrates the inconsistent influence of such outer layers of identity given their tendency to fluctuate in relative salience as compared to her personal identity. Unlike her professional identity which is influential primarily in the context of therapy, Amee’s inner core or personal identity – including aspects pertaining to Christian spirituality – transcends context. As such, it is this inner core of her identity that most consistently influences her relational perceptions. As indicated in another comment made by Amee, this holds true regardless of not only context, but also whether she is engaged in professional or personal relationships: “if you talked to my family and my cousins and friends, they have the same view of me [as do clients].”

Shortly after making the above comments, Amee made yet another statement that indicates an important piece in understanding how personal identity relates to relational perceptions. She explained that whether she is with clients, family, or friends, she is always
“learning from Him [Jesus].” In this, Amee appeared to suggest that her spirituality is one of the most consistent sources of influence on how she perceives others. Between this and, as discussed earlier, the tendency of Christian therapists to see their spirituality as being not only at the core of their personal identity, but the core itself, it follows that for Amee and others like her, Christian spirituality is one of the more significant sources of influence of relational perceptions.

**Christian Spirituality and Relational Perceptions**

Scorgie (2011) suggests that Christian spirituality involves “a unique way of seeing” (p. 28). Similarly, Nouwen (1981) notes how, through prayer and “purity of heart,” we are given “eyes to see the reality of our existence” (p. 90). Though the literature contains several such explicit and instructive statements regarding the impact that Christian spirituality has on one’s relational perceptions, more often than not these statements are implicit and suggestive in nature. For example, in his work on spiritual friendship, Aelred (1977) suggests that “friendship is natural, like virtue, wisdom, and the like, which should be sought after and preserved for their own sake as natural goods” (p. 64). In this, Aelred implies that practicing Christian spirituality should involve a perception of relationships as important. This may help explain why Christian therapists such as Beth, for example, see relationships as “probably the most important thing.”

One of the more commonly held perceptions of Christian therapists is a belief that God is present and at work in relational encounters. References to this sort of perception abound throughout Christian spirituality literature. For example, Aelred (1977) writes of the ever-present nature of God, stating, “here we are, you and I, and I hope a third, Christ, is in our midst” (p. 51). Given such statements, it is unsurprising that virtually every participant made comments along the lines of Kaitlin’s claim, “I see God there with us.” This perception in turn seems to
lead Christian therapists to another belief, namely that they need not be concerned with or feel solely responsible for bringing about any sort of positive change in the life of the other.

Evidence of the series of relational perceptions regarding the role of Christian therapists, as impacted by the presence and work of God, is seen both in Christian spirituality literature and statements provided throughout the interviews. For example, Cory said, “... it [Christian spirituality] gives me a layer of reassurance that it’s actually not up to me how transformation happens for this person.” Likewise, Glen stated, “it’s not my job to fix people.” Comments such as these echo Vanier’s (1989) claim, “I don’t have to solve all problems single-handed … God has promised to help” (p. 211). Such statements also indicate that Christian therapists attempt to practice teachings from Christian spirituality, like Provost’s (2009) suggestion to “Do your best. Deal with life’s problems. But don’t worry. Instead, have faith in Jesus that all things will work out in the way they need to work out” (p. 340).

In addition to those mentioned above, other comments of participants suggest that Christian spirituality influences relational perceptions in a number of other ways. One such way involves Christian spirituality acting as the lens itself through which Christian therapists can look to understand people and relationships. Adam, for example, described how it acts as, “my interpretation or the lens through which I perceive and understand my world or my current concerns.” This idea is likewise echoed throughout the literature. Vanier (1989), for example, describes how Jesus not only “calls his followers to love … he proposes something new; to love others with the very love of God; to see them with the eyes of the Lord” (p. 31).

The notion that, for those who practice it, Christian spirituality can and even should become the lens used to perceive people and relationships is found recurring throughout both the literature and participant interviews. Likewise, the idea of seeing people “with the eyes of the
Lord” appears to be a common relational perception for those who practice Christian spirituality. Benner (2002), for example, writes, that when one focuses on the love God has for people, they will begin “to see others through God’s eyes of love” (p. 34). Similarly, Maya said, “I think the lens through which I see everything, I see it as God’s eyes ... I’m seeing the world, seeing people, seeing myself through God’s eyes.” Christian spirituality thus influences or creates perceptions not only of the relationships but also of the people they comprise.

Several other common relational perceptions among Christian therapists include seeing people as being made in God’s image, as being loved by God, and as being valuable. For example, Eva stated, “As a Christian, I believe that we are created in God’s image. That means every person is created in God’s image, not just the ones that I like and choose to spend time with.” Benner (2002) likewise writes of this perception, saying “persons made in God’s image deserve nothing less than respect” (p. 55). Statements such as these not only suggest that Christian spirituality influences relational perceptions, but also that there is a connection between relational perceptions and relational actions.

**Relational Perceptions and Relational Actions**

As noted by Nouwen (1981), “much of our ministry is pervaded with judgments ... these judgments influence deeply the thoughts, words, and actions of our ministry” (p. 35). Others (e.g., Cait, 2006; Crastnopol, 2001) have likewise noted the often-unconscious yet significant ways in which judgments and other relational perceptions influence behavioural choices. One example of this is seen when Glen was discussing how he believes “that you’re important because God loves you. And if God loves you, then I need to love you.” Glen explained that though, he doesn’t always “do it consciously,” because he sees clients as people who are loved by God, he tries to act in ways meant to express this love.
Relational Theory suggests it is not uncommon for people to attempt “shaping his or her relationships along the lines he or she consciously or unconsciously feels are most familiar” (Rubinstein, 2015, p. 399). As Rubinstein further notes, that which feels “most familiar” is often associated with an individual’s sense of self. This aligns with Osteen’s (2013) argument that people tend to commit to actions only when they see them as being at least somewhat compatible with their sense of personal identity. For Christian therapists, such as Glen, who see Christian spirituality as the core of their innermost identity, it is plausible that they will act in ways compatible with or otherwise “along the lines” of their spirituality.

Christian spirituality literature tends to emphasize and suggest that certain values or practices are essential to the practice of Christian spirituality. One example of this, as seen above, is that of love. Another example of this is seen in a conversation that occurred during Maya’s interview. At one point, Maya stated, “I see people through eyes of compassion.” Maya then explained that one of the reasons she does so is that has she been taught this idea in places like church and believes that God sees her through such “eyes.” As such, she has come to see compassion as an important value, which in turn has influenced how she perceives people in the context of relationship. Later in her interview, when discussing how Christian spirituality impacts her approach to relational engagement, Maya said that she tends to:

... ask about what’s bringing her [a client] joy today, or to notice some things together and see if they might be sparks of joy. Often a flower or something that can become more than we think it is at first glance. It can be a lot of joy and hope and a growing thing. It’s experiencing the moment together. For a lot of people with dementia, that’s all we have – the moment. Or trying to connect with the things that are going on in their memories that may not be connected with current reality. And to hear those feelings being expressed and receive them with love, or with whatever aspect of compassion is needed at the moment. And inquire deeper into what or why she really wants to go visit her mom today when her mom has been gone for thirty years. What is it in that and how can I hold that need in a way that maybe God can help meet it through me, through others, through memories, through touch, through feelings.
From this, it appears Maya’s actions are a direct result of her valuing compassion and, by seeing people through “eyes of compassion,” recognizing their sadness and their loneliness. She then acts in ways meant to meet these needs by demonstrating patience and gentleness, listening deeply, and working to be present. In other words, her relational perceptions have a direct and significant influence on her relational actions.

**Impact and Significance of Relational Perceptions**

As with all structures of experience, the impact of relational perceptions on the experience of relational engagement is profound. Pargament (2007) suggests,

> Seen from the perspective of the sacred the therapy office is more than a room; it becomes sacred space. The role of the therapist is more than a job; it becomes a vocation. The relationship between client and therapist is more than a professional working alliance; it becomes imbued with sacred power (p. 345)

When Christian therapists have a “perspective of the sacred,” it impacts virtually all aspects of their relational engagement. For example, Miranda stated, “I experience *every* encounter with the patients that I support as sacred. To be invited, to be part of someone’s experience of dying is an incredible honour. It’s a privilege. I consider it holy ground.” Having such a perspective enables Miranda to focus on “listening, affirmation, and also the care that’s needed to attend in that circumstance.”

One of the most significant and impactful relational perceptions for Christian therapists involves a belief that they see people, struggles, and situations differently than they would if they did not practice Christian spirituality. For example, Glen said:

> ... when I have conversations with my peers about clients, I notice a difference in how we see people. The way that we see people, just as people. A lot of my peers will get really frustrated or will use words like “crazy” or just feeling like they’re a “lost cause” or we’re working with them but it’s so “frustrating.” I’ve always been perplexed by that. And I don’t mean to sound like I’m better than them. But [because of Christian spirituality] I really, really do have an underlying belief that we are all made in the image of God ... that is the bedrock for my therapeutic relationships I have with people.
As beliefs tend to feel and function more like certainties than probabilities (Britton, 1998), by believing that Christian spirituality helps him see people as valuable, it is likely that Glen will both perceive people as valuable and act accordingly.

Relational Perceptions and the Experience of Relational Engagement

Relational perceptions share an omnidirectional sort of relationship with other structures of experience including personal identity, professional identity, and relational actions. As noted by Bromberg (1993), “the world of human relatedness includes the dynamic interplay between two subjectivities that are always reading each other” (p. 160). The experience of constantly “reading each other,” it could be argued, produces numerous relational perceptions that not only impact other structures of experience but also the broader experience of relational engagement itself. For example, Jeffrey identified how when he sees a client “in tears, talking about some heartache” and her partner adopts a “cocky position in the chair opposite her,” he wants to “smack him upside the head.” When he becomes aware that this is how he is reading the client and experiencing the relationship, though, he shifts his perception to “trust that there’s a heartache underneath that veneer” and instead wants to “reach it.”

Despite the reality that people are “always reading each other,” as noted by Bromberg (1993), people “are not always immediately aware of what they read” (p. 160). In large part, this is due to both the “constantly changing world of interpersonal transactions” (Wachtel, 2008, p. 44) and “the myriad shadings of tone, affect, message, and demand that characterize every moment of our lives with other people” (p. 44) that all but ensure relational perceptions are constantly changing. As such, and as they influence relational actions in such substantial ways,
it is clear that the impact relational perceptions have on the broader relational engagement is significant. In other words, though perceptions exist behind closed doors like a bedroom when guests are present, they appear to influence the entire house of experience.

**Conclusion**

The findings of this study demonstrate that the experience of relational engagement is anything but simple. Rather, it is complex and even dizzying in the many interactions of its elements. As noted by Pizer (1992), humans “are always arranging with one another matters of desire, safety, anxiety, power, convenience, fairness, and so on … we constantly influence one another, conscious and unconsciously, from infancy onward in a myriad of ways, from minute adjustments to gross adaptations” (p. 217). Relational engagement, then, is an experience that is constantly evolving, never static, and in many ways impossible to ever fully describe.

In a paper exploring the role of negotiation in psychoanalytic psychotherapy, Pizer (1992) uses the phrase “fine choreography” to describe a relational encounter (p. 217). This description is both a beautiful and apt way of depicting the experience of relational engagement. As those who have witnessed a finely choreographed dance know, if one were to try describing a specific pose or moment in a dance, they would find it difficult to do so. As soon as one sees what is happening in one moment, the dancers’ movements change to a different pose, followed by another movement or another pose, and so on. It is therefore all but impossible to capture what is happening in any particular moment; the moment that you do, that moment is gone and has been replaced by another.

In the same way that it is difficult to fully describe a fine choreography, so too is it difficult to fully describe relational engagement given its ever-changing nature. Each moment is temporary and fleeting. To pause long enough to describe one moment means that the next
moment is likely to be missed in the process. In the same way, the difficulty of describing the experience of relational engagement stems in part from its ever-changing nature. It also stems from the nature of the question.

If one were to ask a dancer to describe their experience of a dance, they must either stop dancing to answer the question or attempt answering while dancing. If the former, the dancer is no longer dancing and is, at best, reflecting on an experience they are no longer experiencing. If the latter, their movements will most likely change as they attempt to answer, which therefore means they are reflecting on a different dance. In the same way, asking a Christian therapist to describe their experience of relational engagement involves asking them to step outside of that experience, which then changes the experience they are attempting to describe. In this sense, any descriptions of what their experience *is* like are better understood as descriptions of what their experience *was* like.

The following chapter explores the difficulty encountered when trying to describe the experience of relational engagement. It also reflexively considers “the relationship of the knower to what is known” (Kondrat, 1999, p. 451-452). In this case, there are two separate “knowers” including both the therapists interviewed for this study and myself. To consider relationships between these “knowers” and “what is known” involves, to paraphrase Kondrat, considering the stories that we tell ourselves about ourselves (p. 459). The following chapter thus includes reflections on both the experiences of participants when discussing their experiences as well as my own experiences with this subject and the study itself.
Chapter Seven: Reflexivity

On February 22, 2020, CBC news published an article that began with the following statement: “An internal report reveals that L’Arche founder, Jean Vanier, a respected Canadian religious figure whose charity work helped improve conditions for the developmentally disabled in multiple countries over half a century, sexually abused at least six women” (para. 1). As shocked and appalled as I was with this revelation, part of me could not help but read this statement in the following way: “An internal report reveals that L’Arche founder, Jean Vanier – an author I have built much of my dissertation on, and someone I have both professionally and personally upheld as an exemplar of Christian spirituality – sexually abused at least six women.”

At the time this article was published, I was well into the writing of this dissertation. I had spent roughly five years reading, writing, thinking, living, breathing, and even dreaming about the material discussed in this paper. Given that Vanier’s work had been woven throughout virtually all areas of my thinking, I could not help but wonder what I should do. Would it be appropriate to keep Vanier’s work as it was in the dissertation? Should I consider removing it? What would happen if I were to do so? Questions such as these flooded my being and left me feeling confused and dejected.

Approximately one-week after this report was made public, an op-ed article appeared in the Globe and Mail entitled The Jean Vanier I knew, and the one I didn’t. Given the many questions I was wrestling with, I felt myself drawn to this piece based on the title alone. In this article, Brown (2020) writes of the first time he met Jean Vanier:

Back then [2008], he was a hero, almost (some said) a saint. The new revelations revealed him as an all-too-common offender, a man who forced women into having sex against their will, under cover of helping them spiritually, and who then denied that anything untoward had taken place. Like so many of his admirers, I suddenly felt like a dupe. (para. 2).
Though I never met Jean Vanier, I understood the sentiment of Brown’s words. I felt as though I knew him. I had spent countless hours reading, thinking about, and in my own way conversing “with” Vanier and his work. To learn of his abuse, I felt like a dupe.

As I continued reading Brown’s (2020) piece, though much of his story did not apply to my dilemma, there came a moment when I felt as though I were reading my own thoughts:

We live in a time when people are vaporized for their misdeeds. It isn’t enough for someone to be shamed; now they are cancelled. The sexual marauding of John F. Kennedy and Martin Luther King Jr. were grossly underplayed in their day; now, at the other end of the pendulum swing, it seems impossible for us to grasp that people capable of terrible moral failings may also have redemptive qualities as well. We struggle to find a middle ground.

Now that Mr. Vanier has been found to have hurt women, will L’Arche be another casualty? What endures in a legacy? What should endure? The polished, perfect stuff everyone can agree with, or the nasty, brown, human bits as well? And how do you negotiate the truce between the two? (para. 20-21)

In this, Brown articulated my confusion regarding what to do considering Vanier’s terrible moral failings. He also gave voice to an experience that I encountered several times throughout the process of completing this dissertation.

When researching and even simply thinking about the topic addressed in this paper, as well as when engaging with and observing participants during the interviews, I often felt pulled or pushed in certain directions. At times this occurred because of something that happened during the process of researching, such as my learning that Vanier sexually abused multiple women. Other times it happened in response to something a participant said during their interview. It also happened when determining which words to type and which to leave out of a paragraph or discussion. The remainder of this chapter explores several of these experiences and also includes discussions regarding my wrestling with thoughts of “it sounds too good to be true,” my difficulty and discomfort putting pen to paper, and my observations of participants.
struggling to articulate their experience. Through these discussions, this chapter seeks to reflexively give voice to my experiences and their impact on this dissertation.

**Reflexivity**

The practice of *reflexivity*, particularly in social science, has been described as considering “the ways in which the products of research are affected by the personal and the process of doing research” (Davies, 1999, p. 4). As important as this practice is for qualitative inquiry in general, it is even more important in the context of phenomenological research (Moustakas, 1994). To reflexively consider both personal experiences and experiences that arose while conducting this study and writing this dissertation thus involves considering the ways in which they may have affected “the products of research” presented in Chapters 5 and 6.

Throughout virtually all stages of this dissertation, my subjective lens influenced how I viewed, approached, and understood the subject matter being discussed. Moreover, this is not something that happened solely in the past but is still happening. As witnessed by Sloan and Bowe (2014), this is not abnormal: “the observer (of a phenomenon) could not remove him or herself from the process of essence-identification, that he or she existed with the phenomena and the essences” (p. 6). Kondrat (1999) likewise argues that one’s perspective will always be influenced by their subjectivities, and that therefore “stepping away from the self to find a perspective that transcends the self is essentially unattainable” (p. 456). Not only is my understanding of Christian therapists' experience of relational engagement influenced by my own experiences, but so too is my ability to reflect on the impact such experiences have on that understanding. In other words, the same subjective lens that influences how I see this experience is permanently affixed to my being. It colours not only my understanding of this experience, but also my ability to reflect on how this occurs.
Bracketing

It has been noted that the pursuit of knowledge involves “learning from (one’s) own direct experience and from awareness and reflections that would bring meanings to light” (Moustakas, 1994, p. 41). Whether we are aware of it or not, our intuitions, perceptions, experiences, awareness, and reflections influence our understanding of any given subject or phenomenon. As such, it has been suggested that a researcher “purposefully sets aside any preconceived knowledge of everyday beliefs he or she regards might be used to help explain the phenomena being investigated” in order to “listen and record the participants’ description of an experience in an open and naïve manner” (Eddles-Hirsch, 2015, p. 252). As argued by van Manen (1990), however, this is rarely, if ever, possible.

Before one has a chance to set aside their “pre-understandings” (van Manen, 1990, p. 46) about a given phenomenon, those same assumptions or biases have already influenced how they understand it. To attempt to bracket off such pre-understandings, then, is a fool’s errand. The ability to see all the ways in which one’s experiences or suppositions impact their understanding of a subject is likewise impacted by those same experiences and suppositions. As noted by Kondrat (1999), “we cannot observe and make judgments about the self in the way we can about another. This is because of knowledge of the self is inherently reflexive – that is, self-referential” (p. 456). The perception required to see how our experiences might influence our understanding of a phenomenon is influenced by those same experiences. As such, the way to manage such pre-understandings, suppositions, and so forth is not and cannot be to attempt to push them aside, as it is inevitable that some will be missed.

Though proponents of other types of phenomenology see bracketing as “forgetting” or, worse yet, “ignoring” all pre-understandings or suppositions one may hold about a subject (van
Manen, 1990), there is another way to see this practice. As suggested by van Manen (1990), we bracket our understandings, our biases, and our presuppositions “not in order to forget them again, but rather to hold them deliberately at bay and even to turn this knowledge against itself, as it were, thereby exposing its shallow or concealing character” (p. 47). As mentioned previously, it is this form of bracketing which has been used throughout the many stages and processes of this dissertation.

As someone who is a practicing Christian therapist, long before I began this study I held numerous assumptions and other “pre-understandings” about the experience of relational engagement. The first step in bracketing my beliefs and presuppositions involved identifying them as such. By acknowledging the presence of such assumptions to myself and even discussing them with several trusted colleagues prior to beginning the interviews, I went into those interviews more aware than I might have otherwise been of the sensation of being pulled or pushed in certain directions. For example, on several occasions I noticed myself nodding along and even smiling when a participant would say something that confirmed one of my assumptions or reminded me of my own experience.

One of the first and more obvious examples of the role bracketing took during the interviews occurred during my conversation with Beth. Toward the end of her interview, Beth and I discussed how I was completing this dissertation in a secular faculty at a secular university. We discussed how, because of this, my approach to both this study and any written reports to come from it were likely to be different than they would be if I were completing this dissertation in a religious studies faculty or at a Christian institution as I would have to articulate the subject in a way that anyone – not merely a Christian – can understand. At this point in the conversation, Beth said, “That’s like my answers [in the interview]. If I were to give my answers
In church, people would be like, ‘oh yeah, yeah, yeah.’ I wouldn’t even have to finish my sentence. But when you [Aaron] are pushing it, it’s like, ‘wait a second ... what is this thing?’”

In saying this, Beth provided evidence in support of van Manen’s (1990) point that the pre-understandings one holds on a subject influence, if not dictate, how they hear another’s experience of it. This is why, as Beth said, it is not uncommon to feel as though someone need not finish their sentence or otherwise explain something.

As Beth’s interview was the second that I had completed, when she spoke of how people in her church would “know” exactly what she was talking about, it made me think about my first interview, with Nicole. Following Beth’s interview, I reviewed the transcript from Nicole’s interview and realized that there were several occasions during which I simply assumed something about her descriptions, given my familiarity with her experience and language. For example, Nicole spoke of her “relationship with God” numerous times throughout her interview, yet not once did I ask her to explain what she meant by this. I realized that when I heard phrases such as this, it was as though I unconsciously thought “yeah, yeah, yeah … I know what you mean. You don’t need to finish that sentence.”

My experience with Beth reminded me that, like people in her church, I “know” all too well the language and experience of the participants. As such, in every interview that followed, I attempted to ask for clarification any time I caught myself assuming I understood what a participant meant by a particular phrase or statement. I also made every effort to ask participants to explain their experience using language that non-Christian persons would understand. In doing so, I was acknowledging to myself the reality that I already “knew” much of what the participants were sharing. Further, I was making a conscious effort to prevent my “pre-
understandings” from creeping into the interviews and unduly influencing not only what I heard, but also how I understood the stories and accounts shared by participants.

My experience of bracketing did not end with the completion of the interviews. Rather, as suggested by Neubauer et al. (2019), bracketing was also a “part of the analysis process” (p. 95). For example, while reviewing field notes from the interviews, I observed several instances during which I found myself wishing that a participant had – or had not – said something. Other times, I found myself reading transcripts as though I was looking for statements that confirmed either my pre-understandings or what I believed were developing themes. One example of this is seen in a document I entitled “Early themes 1.” In this document, I noted what I had thought was an emerging theme and titled it “Compatibility of Christian spirituality- and therapeutic relationship-based approaches.” What is notable about this is the wording of the heading. Though none of the participant-provided statements I listed under this heading contained the word “compatible” nor any similar terms, I had titled it as such. I eventually realized my bias, in particular my belief that the intersection of Christian spirituality and therapeutic relationships is not one of conflict, was influencing how I read and interpreted these statements. By bracketing my beliefs and, as van Manen (1990) described, attempting to “hold them deliberately at bay” (p. 47), I began to see that I was looking for something that was not there.

An additional example of how the practice of bracketing assisted in the process of this dissertation is seen in yet another document I created when transcribing the interviews, entitled “Data analysis – Round 1.” When transcribing the interview with Glen, I made the following entry in this document: “Virtually no difference between a therapeutic relationship-based and a Christian spirituality-based approach to relational engagement AND that is not a bad thing” (caps and bold original). Under this heading, I copied a segment of the interview with Glen, and
wrote the following: “Could be a hugely significant finding.” Though no other participants ended up speaking of this notion either before or following Glen’s interview, I had determined that it “could be a hugely significant finding.” It was not until later that I recognized this was because of my beliefs that the intersection of Christian spirituality and therapeutic relationships need not be one of conflict, and further, that Christian therapists’ relational engagement with clients is influenced not only by their professional training, but also by their personal spirituality.

I had believed that these two approaches could coexist and that they were influential in the experience of relational engagement. Therefore, when I heard Glen say, “I don’t think there’s any inconsistency. I have never found a true inconsistency,” I heard evidence of my beliefs.

The process of bracketing occurred at numerous stages throughout this study. In this way, bracketing was one of the main reflexive tools used throughout the dissertation process. As noted by Sloan and Bowe (2014), “reflexivity describes the process in which researchers are conscious of and reflective about the ways in which their questions, methods and subject position might impact on the data or the psychological knowledge produced in a study” (p. 11). It does not begin during interviews nor does it end with analysis or even writing. It can, and even should, occur long after the final sentence is written or page is turned.

Too Good to be True

As indicated above, there were numerous occasions throughout the process of completing this dissertation in which I engaged in bracketing and other forms of reflexivity. One such example is seen in a series of events that happened over a period of several years. The first time I found myself in this particular place of reflexivity occurred when conducting the literature review. As mentioned previously, Christian spirituality is an important practice in my own life. I grew up in Christian circles, attended Christian schools, and have even taught at Christian post-
secondary institutions. My observations of Christians through these and many other experiences, unfortunately, was often less than positive. More specifically, I have witnessed many examples of Christians treating people in judgmental, demeaning, and otherwise hurtful ways in both my private life and the public sphere. As such, when reviewing Christian spirituality literature and encountering what I eventually came to see as ideals of a Christian spirituality-based approach to relational engagement, I could not help thinking that what was written sounded all well and good, but far from the reality I had experienced.

The thought ‘it sounds too good to be true’ that I first encountered when reviewing Christian spirituality literature continued and even became more pronounced through the interviewing and transcribing stages of this dissertation. For example, when I heard participants describe acceptance, non-judgement, presence, and love as core traits of their approach to relational engagement or even as characteristics that they saw themselves as having, I once again had the thought that it sounds too good to be true. When I transcribed their interviews, I had a hard time believing that Christian therapists are this “good” at relational engagement. As such, I found myself feeling almost relieved when I read how Bryan, for example, describes himself as “imperfect” or how Glen sometimes sees clients as acting like “assholes.”

I first became aware of these thoughts and struggles early in the process of this dissertation. That awareness only grew when it came to writing, as I understood my struggles had the potential to bias the findings in significant ways. As I considered what to do about such thoughts, I remembered that “hermeneutic phenomenology does not look for ‘truth’ but for the participants’ perceptions of ‘their truth’ – their own experiences as they perceive them” (Sloan & Bowe, 2014, p. 16). In other words, I remembered that my job was not to determine the truth, but rather to report the experiences of participants, whatever they may be. As such, I neither
ignored nor emphasized such descriptions. Further, I neither ignored nor emphasized comments such as those identified in Chapter 6 that suggest at least some Christian therapists recognize their own imperfections. Despite my own thoughts, struggles, and even feelings of discomfort, I did my best to report the experiences of Christian therapists as they described them.

**Discomfort**

As mentioned, throughout virtually all stages of this dissertation, I struggled to accept what sounded like idealized descriptions of relational engagement. In addition to my discomfort accepting such descriptions as being true, I also felt an increasing sense of discomfort at the thought of putting pen to paper regarding this and other findings. For example, I believed it was unlikely that readers of this dissertation would believe that Christian therapists are as compassionate, respectful, and loving as they claim to be. Likewise, I felt uncomfortable with the thought of writing about relational actions such as prayer and relational perceptions such as believing in the presence of what Christians call the Holy Spirit or, sometimes, the Holy Ghost.

Prior to deciding to explore the experience described in this paper, I had no interest in writing on anything to do with Christianity or Christian spirituality. One of the reasons for this lack of interest was the less-than-positive experiences I had previously had with other Christians, as mentioned above. One of the other reasons was that though I had long been involved in Christian higher education, I had also been involved in secular academic circles. My observations within such circles had been that those who write about Christianity or Christian spirituality are often seen as being less professional than those who do not write about such subjects. Between this and my discomfort at the thought of writing about supernatural topics such as prayer and spirits, I felt uncomfortable writing about this subject as I feared doing so may make me sound like “some weird religious person” rather than a credible academic.
Another reason for my discomfort at the thought of putting pen to paper stemmed from my experience publishing articles. As is the case for any published document, there is a relative permanence ascribed to one’s words. For example, in one of my first published articles, I wrote of how, “My own research, highly qualitative in nature, considers how participants of therapy groups for individuals who have committed intimate partner violence (IPV) experience a therapeutic relationship with their group facilitators” (Smith, 2016, p. 678). In the years since writing these words, the focus of my research has obviously changed. As such, when I looked back and saw my words permanently etched on the pages of this journal, I felt, and still feel, a twinge of discomfort at the thought of once again putting pen to paper knowing that thoughts and ideas tend to change over time.

A third reason for my feelings of discomfort stemmed from the fact that when I write of Christian therapists, I am not writing of a population different from myself. Rather, I am writing of my own people so to speak. I am they. Countless times throughout this dissertation, I wrote variations on the phrase “Christian therapists tend to…..” In addition to the fear of becoming or being seen as an academic pariah due to some of the content of this dissertation, as well as my worries that one day my ideas will differ from those I have written, part of my discomfort putting pen to paper had stemmed from a fear that some will read this phrase as “Christian therapists like Aaron tend to…..” This concern impacted my process in that there were numerous occasions when I felt hesitant to reveal certain findings. For example, I hesitated to write that many Christian therapists perceive their approach to relational engagement as being enhanced by, if not better because of their Christian spirituality as compared to what it would be without. I was concerned that writing this would result in readers seeing Christian therapists as arrogant and by extension seeing me as arrogant. My awareness of such concerns, however, aided me in
remembering that despite my discomfort, my job was to articulate that which I heard. More specifically, my job was to articulate participants’ descriptions of their experiences.

**Experience Describing Experience**

Prior to beginning this exploration, I had assumed that Christian therapists were consciously aware of their experience of relational engagement. Further, I had thought that Christian therapists were able to articulate this experience. Such beliefs, no doubt, came from my own experience as a Christian therapist who had thought about and even taught this sort of material for some time. Shortly after beginning the interviews, however, I quickly saw that most participants struggled to articulate their experience of relational engagement.

At first, I assumed that participants struggled to articulate this experience as they were simply not aware of it. Returning to the metaphor of a house, it was as though despite their knowing that certain structures were present and were influencing their experience, they could not describe what they were like. I began to wonder if Bryan was right in saying, “it’s like a fish to water.” They had spent so much time in this house that they no longer thought about its paint colours or room layout. The more I reflected on this phenomenon, though, the more I began to see that the difficulty articulating their experience was not solely due to a lack of awareness.

Though my awareness of participants’ experiences describing their experience, and more specifically their difficulty articulating their experience, began as early as the second interview, it did not end there. Rather, nearly every participant made comments indicating that they were struggling to articulate their experience. For example, Beth pondered aloud, saying:

*There is this essence, this thing. I don’t … I want to agree … it’s Jesus. But how do you describe that? What does that mean? I don’t know. I just know that it feels different … It’s abstract, it’s untouchable, but it also feels so real. And I think that’s the difficulty. If I know this is here, how come I can’t explain it?*
Statements such as these were uttered throughout almost every interview. While it is certainly possible that some of this difficulty was due to the wording of particular interview questions, they also seem to indicate something of the experience of Christian therapists.

Though this was not explored as part of the current study, it is possible that many Christian therapists see their experience of relational engagement as something that simply is. It is not something they intentionally do or try to create, but rather it is an unconscious by-product of aspects of their personal identity converging with aspects of their professional identity in the context of therapy. In this way, it is as though Christian therapists exist on Aron’s (2006) aforementioned compass needle. They focus on the client on the other end of the needle, and in so doing think less about the factors that influence and move their own end. Perhaps this is what Maya was referring to in her answer to a question I asked about the impact Christian spirituality has on her approach to relational engagement: “I’ve never thought about it in such an intentional way before.” While Christian therapists, such as Maya, may think about interpersonal, intersubjective, or contextual factors, as discussed in Chapter 6, it is possible that they think less about how aspects related to their identity influence their relational engagement. As such, when I asked them to step off the compass needle to gaze at and describe its movements, it was as though that were the first time they realized they were on a compass.

Erosion and Examples of Experience

A second explanation as to the difficulty participants had when describing their experience is seen through the lens of phenomenology. van Manen (2017b) posits that, “when studying a certain phenomenon or event (lived experience) we have to try to question what has faded and how phenomena give themselves” (p. 812, emphasis original). This “erosion of experience” (p. 812), van Manen suggests, is an innate challenge in phenomenology.
Though phenomenology seeks to capture and thereby better understand the lived experience of phenomena, as noted by van Manen (2017b), “as soon as we turn to reflect on an experience that we have in this very moment, we inevitably immediately have stepped away from or out of the living sphere or sensibility of the livedness of lived experience” (p. 812). More simply put, “when we try to capture the ‘now’ of our experience, we always seem to be too late” (p. 813). Elsewhere, van Manen (1990) suggests that “reflection on lived experience is always recollective; it is reflection on experience that is already passed or lived through” (p. 10).

To explore a Christian therapist’s experience of relational engagement with a client as it was happening was, as one might expect, not possible within the limits of this study. As such, and as was described in Chapter 4, I asked certain questions of participants with the hope of (re)creating or making this experience as real as was possible. As noted by van Manen (2017b), however, “as soon as we name and reflect on certain experiential moments of living, we may already have lost touch with the living sensibility of these lived moments” (p. 813). In other words, despite my efforts to bring the experience into the interview room, making it real and felt by participants, at best I was asking them to reflect on something that was, not something that is.

Thankfully, through both experience and the literature, I learned of an antidote to the elusive nature of experience. As van Manen (2017b) suggests, “one central feature of the practice of phenomenology by leading scholars is the manner that lived experience is engaged by way of the phenomenology of ‘examples’” (p. 814). Further, referencing the work of Casey (1976), van Manen (2017b) argues that “it is on the basis of examples, and of examples alone, that the phenomenologist is able to attain eidetic insights” (p. 814). As such, throughout every interview, I asked participants to share examples and stories. Though I did this regularly throughout interviews, I also intentionally did so when a participant appeared to struggle
answering a question. As noted by van Manen, “the example is the example of something knowable or understandable that may not be directly sayable” (p. 814). By asking for examples, then, I gathered information from which I then was able to reflect on “what is phenomenal … about a phenomenon” (p. 814) or experiential about an experience.

Continual Circling

From the earliest days conceiving the idea for this study, I held numerous assumptions about Christian therapists’ experiences of relational engagement. This is important to note as I was and still am unable to remove myself from “the process of essence-identification” (Sloan & Bowe, 2014, p. 6). In other words, my experiences with this phenomenon accompanied me throughout every stage of this dissertation. Likewise, as I encountered others who also have experience with this phenomenon, those encounters and experiences accompanied me throughout each subsequent stage.

My assumptions and experiences, which existed prior to conducting the first interview, shaped my approach to that interview. What I learned and experienced from that first interview then accompanied me into the second interview, and likewise from the second to the third, and so forth. As this occurred, I reflected on these individual experiences, which influenced how I understood the broader experience of relational engagement. As my understanding of the broader experience shifted, so too did my understanding of each subsequent interview. This process of engaging in the hermeneutic circle (Dowling, 2007; Schmidt, 1996) continued to influence my understanding of both individual experiences and the broader experience of relational engagement of Christian therapists.

My engaging in the hermeneutic circle did not end with the interviews. Rather, it continued throughout every stage of this dissertation. To be sure, it continues still. Even now as
I reflect on all I have learned about the experience of relational engagement for Christian therapists, I find myself learning more about the structures that comprise that experience. Similarly, as I write about the difficulty participants had articulating their experience, I find myself realizing that there is more to it than I have been able to articulate in this dissertation. Likewise, each time I think about Christian therapists’ experiences of relational engagement, I find myself thinking about not only what this study has revealed but also the parts that remain unknown. As my understanding of this experience shifts, so too does my understanding of its individual parts. This then influences my broader understanding, and the circle continues. In many ways, I believe it will and even should always continue.

Conclusion

My experience of reflexivity took many forms and occurred in many if not all stages throughout this dissertation. van Manen (2017a) suggests, “the outcomes of phenomenological research are full-fledged reflective texts that induce the reader into a wondering engagement with certain questions that may be explored through the identification, critical examination, and eloquent elaboration of themes” (p. 777). My experience tells me that while this may happen for the reader, it can also happen for the writer.

This chapter began by discussing my reaction to the news that Jean Vanier had sexually abused numerous women. As is evident by now, instead of keeping Vanier’s work as part of this dissertation with no mention of his abusive actions, and instead of removing his work and name altogether, I decided to enter a third space (Aron, 2006; Benjamin, 2009) where I could both keep his words and acknowledge his abuse. This decision represents, in Brown’s (2008) words, my attempt to maintain the redemptive qualities of his work while also holding him accountable
for his terrible moral failings. This decision also, however, fails to satisfy the thought that perhaps I should have removed Vanier from these pages after all.

When I think about this dissertation and the countless hours I have spent reading, writing, and even simply thinking about the experience described within its pages, much like my decision to retain Vanier’s work, I am left feeling unsatisfied. On one hand, I feel that which van Manen (2017a) describes when he writes:

> Phenomenology, if practiced well, enthralls us with insights into the enigma of life as we experience it – the world as it gives and reveals itself to the wondering gaze – thus asking us to be forever attentive to the fascinating varieties and subtleties of primal lived experience (p. 779).

On the other hand, however, I feel another sensation described by van Manen (2017b) when he advises how the phenomenological researcher “should be prepared to live with the uncertainty, frustration, and risk that the (re)search for genuine insights may require” (p. 823).

Whether you find yourself questioning the decision to use Vanier’s works, find the insights identified in this paper enthralling, or find yourself feeling frustrated and uncertain about the depictions of the experience of relational engagement described in these pages, you are not alone. I too find myself feeling these amid a range of emotions. I am fascinated and even captivated not only by what I now know about this experience, but also by what I do not know. I find myself continuing in the hermeneutic circle, wondering what else there is to learn about both the individual and broader experiences I encountered. I find myself wishing to sit with those who participated in this study all over again to hear their stories and discuss with them that which I learned about this experience.

In addition to feeling enthralled with this study, however, I find myself doubting several of my decisions. I find myself feeling annoyed that I was not able to understand more or even better articulate that which I did learn. I find myself feeling frustrated when I read the transcripts
of interviews and realize that I missed something that in retrospect seems important. I find myself questioning whether I could or should have bracketed my experiences differently. I find myself wishing that I had phrased questions differently, asked altogether different questions, and heard more stories. I also find myself feeling unsure as to whether what I have written accurately reflects the experience of participants. Though I believe much of what I have written does in fact reflect this experience, I also feel as though it reflects a partial glimpse at best.

As stated by Dahl and Boss (2005), knowledge is “inherently tentative and incomplete” (p. 65). I feel comforted that it is not uncommon for descriptions of experience to be incomplete, and I feel comforted knowing that though this dissertation is now complete, my reflecting and (re)searching about this experience need not end. This dissertation has increased some knowledge as to Christian therapists’ experiences of relational engagement, yet much remains unknown. As such, though it is frustrating that this knowledge is incomplete, I also find comfort in this incompleteness. There is space between the enthrallment and the frustration, and there is space between the known and unknown. I invite you, dear reader, to join me in this space.

The final chapter of this dissertation explores ways that not only I, but you as well, may occupy the space between what this exploration has shown and that which is not yet known. More specifically, in addition to discussing subjects such as the limitations of this study, the following chapter discusses the implications of its findings, several recommendations coming from these findings, including those for therapists, supervisors, and educators, and plans for disseminating that which has been learned through this exploration.
Chapter Eight: Conclusion

It has been said that phenomenological inquiry is “not unlike an artistic endeavor, a creative attempt to somehow capture a certain phenomenon of life in a linguistic description that is both holistic and analytical, evocative and precise, unique and universal, powerful and sensitive” (van Manen, 1990, p. 39). Much like artistic expression is subject to innumerable interpretations and evaluations, linguistic description of experience is likely to be understood and valued differently according to various factors. One such factor, as mentioned previously, is that of pre-understanding. In the same way that one’s taste in art, and thereby their reaction to a particular piece is influenced by previous experiences, beliefs, and biases, so too are reactions to a linguistic description influenced by assumptions and other suppositions.

The “linguistic description” provided throughout this dissertation represents one attempt at describing the experience of relational engagement for Christian therapists. This chapter seeks to summarize my journey during this attempt, summarize its findings, and discuss its implications while also putting forth a number of recommendations based on these implications. This chapter also contains discussion on the limitations of this study, recommendations for future research, and plans for disseminating that which has been learned as a result of this study.

My Journey

My dissertation journey began with a question about maps. During a conversation with someone about how I work as a therapist while also practicing Christian spirituality, I was asked, “How do you do it?” This question contained no reference to maps, let alone the sort of metaphoric “road map” Pargament (2007) uses to guide his approach to practice, as described in Chapter 1. Nonetheless, in essence, this is what I was being asked about.
Over the months and years that followed, the destination of my journey became clear. As someone who has long been fascinated with and passionate about relationships, and further as someone who cares a great deal about the way that Christians engage relationally with others, I determined that this was a topic worth pursuing. As I began reading literature that I believed would be relevant to Christian therapists, I began to see various maps of what I would come to understand as approaches to relational engagement. I also began to see that it was likely, if not inevitable, that Christian therapists would be exposed to and thereby influenced by such maps, often at the same time. With this realization, I reflected on the question initially posed to me: How do I do it? A question thus began to form in my mind that would eventually become the focus of my journey: How do Christian therapists experience relational engagement at the intersection of Christian spirituality and therapeutic relationships?

When I first embarked on this journey, I recognized that in order to understand the experience of relational engagement for Christian therapists, I would need to review numerous bodies of literature. This included literature that focused on Christian spirituality, therapeutic relationships, spiritually integrated psychotherapy, and integration. It was not until after I had completed the interviews and was well into processes such as epoché and reduction (van Manen, 2017a) and the hermeneutic circle (Bynum & Varpio, 2018) that I realized another body of literature was needed to help me arrive at my destination: identity literature.

The realization that I would have to take an unanticipated and time-consuming detour to review an additional body of literature prompted feelings of frustration. Though it proved to be the right decision given the central role that identity ended up playing in this dissertation, I felt as though I could, if not should, have realized its importance prior to embarking. This was not, however, the only moment of frustration I encountered. Other examples included delays in
obtaining a sufficient number of participants; technical problems with my audio recorder and laptop; regret over the phrasing of certain questions during the interviews; and, as will be discussed, the realization that my decision to utilize a snowball sampling method produced a group of participants that was largely devoid of racial and ethnic diversity.

Between moments of frustration, I also experienced moments of joy and gratitude. I witnessed love for people and passion for therapy. I heard stories that both confirmed my thinking and challenged and even changed my understanding. I met therapists who were similar to myself and those who were quite different from me. I learned more about how Christian therapists experience relational engagement at the intersection of Christian spirituality and therapeutic relationships. I also learned more about relational engagement at the intersection of personal and professional identities more broadly.

**Summary of Findings**

This study was conducted for the purpose of exploring Christian therapists’ experiences of relational engagement at the intersection of Christian spirituality and therapeutic relationships. While exploring this experience it became clear that there exist significant connections between Christian spirituality- and therapeutic relationship-based approaches to relational engagement and the identity of Christian therapists. Specifically, connections between Christian spirituality and the personal identity of Christian therapists, and between the notion of therapeutic relationships and the professional identity of Christian therapists began to emerge early in the process of this study. As such, it became clear that in order to understand the intersection of Christian spirituality and therapeutic relationships, and further how this intersection influences the ways in which Christian therapists experience relational engagement, an understanding of the intersection of personal and professional identities was likewise necessary.
As has been mentioned, the findings of this study reveal that the experience of relational engagement for Christian therapists is one of complexity. It comprises numerous dimensions, each of which has been described throughout this paper. Further, the metaphor of a house has been used to describe the broader experience that these structures of experience comprise.

The first structure of experience to emerge from this study is that of personal identity. Similar to the foundation of a house, more often than not this structure exists almost entirely out of sight of those involved in a relationship or relational encounter. The foundation of personal identity includes the values and beliefs that one sees as being most important to and/or most representative of their inner sense of self. In the case of Christian therapists, these include beliefs about God’s love, namely that it is unconditional, that God loves everyone, and that God’s love is modelled by the historical Jesus. This structure also contains beliefs about people, including beliefs that all people are created in the image of God, that all people are God’s children, and that all people are inherently valuable. Finally, this structure of experience includes a belief that suggests Christian spirituality is not only found at the core of, but essentially is the core of one’s identity.

The second structure involved in the experience of relational engagement for Christian therapists at the intersection of Christian spirituality and therapeutic relationships is that of professional identity. In the metaphoric house of experience, this structure is akin to the basement. Much like the basement in a physical house which rests on top of the foundation, this structure of experience stands on the personal identity of Christian therapists. Unlike personal identity which is the often-invisible inner core of one’s identity (Deaux, 1993), professional identity is a more visible “outside identity” or layer of identity (Jones & McEwen, 2000). For Christian therapists, it is among the more salient layers of identity in the experience of relational
engagement given the professional context of such engagement (Jones & McEwen, 2000). As such, it is highly influential in the experience of therapeutic relational engagement. As a structure of experience of relational engagement, it involves professional beliefs that one’s practice must be ethical, creates a tendency for Christian therapists to gravitate toward certain values and ideals, and influences their decisions to prioritize the therapeutic relationship.

As this study sought to explore an experience at the intersection of Christian spirituality and therapeutic relationships, it was unsurprising to discover a structure of experience located at this intersection. Similar to the subfloor in a physical house, the structure of integration is all but invisible and exists beyond the realm of conscious awareness for those who walk about on it. As a structure of experience that contributes to the overall experience of relational engagement for Christian therapists, this metaphoric subfloor contains beliefs, practices, and understandings about how these parts of identity come together. These include beliefs that God made one for and/or called one to their work as a Christian therapist, reflections on one’s professional identity from a Christian perspective, and having a sense of how one approaches integration.

The main floor in the metaphoric house of experience is built on the subfloor and contains the final two main structures of experience: the living room and the bedroom. As compared to the other structures, these “rooms” are generally the most visible to both therapists and clients, in particular the living room. As discussed previously, these structures are in many ways the product or expression of the personal and professional identities of Christian therapists, as well as whether and how they are integrated. As such, the components found within each structure reflect ideologies from at least one if not both parts of their identity. The relational actions of Christian therapists – the living room in the metaphorical house of experience – consists of the sorts of actions that one engages in within the context of a relationship or
relational encounter. For Christian therapists, three of the more common and significant relational actions are prayer, expressions of welcome, and expressions of love.

The bedroom represents the final structure of experience in the house of experience. Like the bedroom in a house which tends to be less visible to guests as compared to other rooms, the relational perceptions of a Christian therapist are more often than not less visible as compared to relational actions. Though they are influenced by various structures, they tend to be influenced most by personal identity. As such, relational perceptions of Christian therapists tend to be influenced by, and thereby reflect, their Christian spirituality more so than any other structure. Three of the more common and significant relational perceptions of Christian therapists include seeing people as broken yet valuable, perceiving God as present and at work in relational encounters, and believing that their spirituality enhances their relational engagement.

The goal of this study was to explore and learn more about how Christian therapists experience the intersection of Christian spirituality and therapeutic relationships in the context of therapeutic relational engagement. The findings of this exploration suggest that this experience is one of complexity and fluidity, and that the various structures it comprises are interconnected, and both impact and are impacted by each other. Given this, and as the relationship between therapist and client is considered one of the most significant and influential aspects of therapy (Fraser & Solovey, 2007), the findings suggest that the intersection of personal and professional identities – and the various aspects stemming from each, such as Christian spirituality and therapeutic relationships – is one of the most important intersections for Christian therapists.

**A Surprise Finding**

My goal throughout this journey has been to learn more about how Christian therapists experience relational engagement at the intersection of Christian spirituality and therapeutic
relationships. While in pursuit of this goal, I experienced that which van Manen (2017b) suggests often happens in phenomenological research: I “stumbled upon” something that I had not intended to look for (p. 820). While I learned more about how Christian therapists experience relational engagement, I also learned a great deal about relational engagement itself. For example, I learned that relational engagement is primarily comprised of actions and perceptions. I also learned that such relational actions and perceptions are strongly influenced by one’s inner core identity, by outer layers of their identity, and by whether and how such aspects of self intersect and are integrated. In other words, I stumbled across what I believe is the beginning of a theory that can be applied to all relationships and relational encounters, not merely those experienced by Christian therapists in the context of professional therapy.

Though further research must be conducted to not only confirm this theory but also flesh out its many complexities, it is my belief that what I have come to call a Theory of Relational Engagement may help increase understanding of various relational experiences. For example, it is possible that this theory may help increase understanding of various social or relational encounters such as those related to dating behaviours or crisis negotiation, to name just two. It may also prove to be useful for helping those in other professions, not merely therapy, better understand how they engage relationally with patients, customers, or students. Finally, it may be possible to use this theory to help organizations or governments better understand how they engage with each other. Such applications, however, are at best theoretical until further research is conducted to determine the potential roles and benefits of this theory.

Implications and Recommendations

As discussed in Chapter 1, I began this study with several objectives in mind. One of these objectives was to better understand how Christian spirituality and its many values influence
the ways in which a Christian therapist approaches therapeutic relationships. The findings suggest that not only does Christian spirituality, but also the personal identity of Christian therapists more broadly, impact how they approach therapeutic relationships, and further that such impacts are significant. As such, and as personal identity is often overlooked in discussions of professional therapeutic practice (Trimberger, 2012), these findings have a number of implications for those in the realm of therapy including educators, therapists, and supervisors.

**Implications and Recommendations for Educators**

As mentioned previously, in addition to my clinical practice, I am also a social work and counsellor educator. In one particular graduate-level course that I have taught numerous times, students are required to write on the subject of professional identity. Most of the time, these papers focus on material drawn from the literature. Other times, students reflect on their own professional identity, usually focusing on matters such as their attire and language. The rarest of all are those papers in which students reflect on something to do with their personal self. These papers are also the ones that seem to contain the richest discussions. I have come to believe, largely as a result of this study, that this is because one cannot fully understand their professional self without also considering their personal identity. Further, I have come to agree with authors such as Trimberger (2012) who suggest, “the unique personhood of individual social workers enters into all social and professional interactions affecting, on a conscious or an unconscious level, the social worker and the client” (p. 70). Whether one is aware of it or not, one’s personal identity impacts not only their professional identity, but also how they engage in professional therapeutic practice. More simply put, “personal traits affect professional behaviors” (p. 71).

That personal identity can and does affect so many areas of therapeutic practice yet remains rarely discussed suggests that counsellor educators, such as myself, have failed in
something very important. Mandell (2008) posits this as an abject failure of not only individual educators, but also entire social work and counsellor education systems, particularly those that focus exclusively on the promotion of critical theory and anti-oppressive practice:

While a micro-level approach to practice that fails to fully integrate analyses of power relations and identity is highly problematic, it seems to me that the critical school has thrown out the baby with the bathwater. In its understandable attempts to direct and maintain our focus on preventing the reproduction of unjust relations of domination as we engage in our work with clients, the critical school deliberately ignores the more idiosyncratic dimensions of who we are. (p. 237)

In other words, in our attempt to teach about ethical professional practice in the midst of power imbalances, we have unwittingly forgotten about the power of personhood. By asking students to focus on issues such as power and professional identity, we have failed to ask them to consider their personal identity and the impact it has on not only their experiences of relational engagement with clients, but all areas of professional practice.

The failure of counsellor education to consider, let alone focus on, personal identity leads to the first recommendation to emerge from this study, that all social work and counsellor educators intentionally and explicitly focus on personal identity. Whether through lectures, reflective papers, small group dialogues, or any other pedagogical means, educators are encouraged to not merely emphasize subjects such as professional identity, but also those related to personal identity. For example, educators are encouraged to reflect on – and more importantly, encourage students to likewise reflect on – questions such as: What are my values? What do I believe? How do I view other people? What experiences have made me into the person I am today? What biases – helpful and unhelpful – do I hold? What assumptions do I make about people, problems, or other situations? And who is my inner self?

In relation to the impact of personal identity on therapeutic practice comes a second recommendation for educators, that we intentionally and explicitly help students understand and
process the integration of their personal and professional identities. Findings of this study suggest that whether and how this integration happens has a direct and significant impact on relational engagement. By encouraging students to reflect not only on their personal and professional identities, but also whether and how they can and should be integrated, it is possible that educators will help students avoid the sort of disjunctive distress discussed in Chapter 6. It is also possible that doing so will help students learn more about how and why they tend to gravitate toward certain tendencies and act in certain manners. To accomplish this, educators may encourage students to reflect on questions such as: How do my personal values align with professional ethical standards? What sorts of tendencies do I have in my personal life that may travel with me into professional realms? How might my personal beliefs influence the ways that I will behave with clients? And what needs do I have or biases do I hold and how might they influence how I perceive clients?

**Implications and Recommendations for Therapists**

In the same way that one of the more significant findings of this study – that the personal identity of Christian therapists, and their spirituality in particular, has such a significant impact on their experience of relational engagement – is important for educators, it is equally as important for therapists. As noted by Mandell (2008), the personal dimensions of our identity “enter into all our work, and indeed into our every social interaction, and affect us and our clients at both conscious and unconscious levels” (p. 237). Despite this, findings of this study suggest that it is common for therapists to experience difficulty articulating the impact their personal identity has on their relational engagement, if they are aware of it at all.

At one point during Bryan’s interview, I asked how he uses different techniques and incorporates various aspects or values from both therapeutic relationship- and Christian
spirituality-based approaches to relational engagement. The first answer he gave was, “I think this is one that I’ve never really been intentional about.” He then shared a story about Jesus and spoke of how that story tends to influence him, before his voice trailed off. He then said, “I’m making this up as I go by the way. I haven’t thought about this at all.” That statements such as these were made throughout multiple interviews suggests that therapists – including both those who practice Christian spirituality and, I propose, those who do not – rarely consider the impact that their personal identity has on their relational engagement with clients.

Mandell (2008) suggests that there is a need for the “recognition of the social worker’s individual personhood: emotional history, values, commitment to social justice, biases, attitudes, anxieties, self-concept, protective instincts, cultural background social identity” (p. 244). Mandell further argues that “workers have an obligation to engage in critical reflection on all these aspects of self and other” (p. 245). One recommendation to come from the findings of this study, then, is for therapists to intentionally and critically reflect on their personal identity and all that it entails, and how it influences their relational engagement with clients. Kondrat (1999) likewise recommends that social workers and other therapists work to “understand how the selves they are and the background they bring to each encounter intersects with the stories of other social actors to produce particular meanings, understandings, or distortions” (p. 467). In other words, returning to the metaphoric house of experience, therapists are encouraged to reflect on the composition and design of their personal “foundation,” and to consider the many ways that it influences not only the building itself but all those who enter as well.

Similar to the aforementioned recommendations for counsellor educators, therapists are likewise encouraged to regularly engage in intentional and critical reflection on their personal identity and its impact on their relational engagement. Mandell (2007) suggests that such a
reflective process “can be carried out through dialogue with another, internal dialogue, or dialogue with oneself through writing or audio-recording” (p. 9). Regardless of the form such reflection takes, it is recommended that therapists frequently take stock of their personal experiences, acknowledge their biases, identify their values, question their beliefs, note their reactions, and otherwise consider the many aspects of their personal identity. Further, it is recommended that therapists reflect on how such aspects of self may impact their approach to and experience of relational engagement.

Implications and Recommendations for Supervisors

This paper has not discussed the role of supervision until this point, yet it remains a significant topic in light of the findings. Among the many descriptions of supervision found throughout the literature, one practice routinely described as important involves focusing on the development of a supervisee’s professional identity (Kaufman & Schwartz, 2003). For example, Falender and Shafranske (2004) suggest, “supervision provides a relationship in which professional values, commitments, and identity are formed and career goals are formulated” (p. 6). Likewise, CRPO (2020) describes one purpose of supervision being to “promote the professional growth of the supervisee” (para. 1).

Though it is not unheard of for supervisors to discuss with supervisees their “personal contributions” to therapy (Falender & Shafranske, 2004, p. 4), it is not necessarily common. Rather, as mentioned above, more often than not, literature on clinical supervision tends to focus on issues related to a supervisee’s professional identity. Some literature goes so far as to discourage supervisors from discussing subjects related to one’s professional self. For example, Gregurek (2007) notes there are parallels between the role of a supervisor and that of a therapist, and even goes so far as to describe the differences between the two as a “fine line” (p. 174), yet
plainly states, “it is important that the boundary between supervision and personal psychotherapist is clear” (p. 174). Macran and Shapiro (1998) suggest this tendency to avoid focusing on issues related to personal identity is due to the fact that “most theorists generally agree that at all times the focus in supervision should concentrate on the supervisee’s professional development rather than on personal change” (p. 21).

Regardless of the reason why supervisors tend to avoid discussing issues related to the personal identity of supervisees, the findings of this study suggest this must change. That the personal identity of a therapist can have such a significant impact on their relational engagement with clients suggests that supervisors must be willing to speak with supervisees about their personal identity. Instead of avoiding conversations that touch on a supervisee’s personal life, it is recommended that supervisors welcome if not invite them. Supervisors are encouraged to actively support supervisees in reflecting on how their personal identity impacts their professional work.

As social work and counsellor education seldomly addresses the intersection of personal and professional identities and its impact on relational engagement, it follows that therapists rarely if ever intentionally think about this matter. Instead of continuing this trend, to borrow from Kondrat (1999), it is recommended that supervisors encourage “practitioners to tell their own narratives about who they are and how their own unique stories predispose them to particular ways of perceiving and knowing” (p. 467).

The literature emphasizes that “unlike personal therapy, which concentrates on the affective concerns and personal development of the therapist, the goal of the supervisory relationship (regardless of theoretical orientation) is to teach” (Macran & Shapiro, 1998, p. 21). This sort of thinking perpetuates the notion that personal is personal and professional is
professional and ne’er the twain shall meet. The findings of this study have shown, however, that the personal meets and impacts the professional in profound ways. Whether through “instruction, supervisor modelling, or feedback from either direct observations or from audio/videotape recordings” (Macran & Shapiro, 1998, p. 21), supervisors have an opportunity and are thus encouraged to join with therapists as they struggle to examine and negotiate the intersections of their personal and professional identities.

Limitations

While the findings of this study offer some insight into the experience of relational engagement for Christian therapists in the context of therapy, it is, at best, incomplete. This is in part due to the nature of phenomenology. As noted by Adams and van Manen (2017), “phenomenological questions often point toward a constellation of experiences rather than name a singular, unitary experience. For example, not everyone experiences a cardiac diagnosis in the same manner” (p. 782). As such, though the results of this study suggest what “the” experience of relational engagement is like for Christian therapists, it is a virtual certitude that there exist many other experiences of relational engagement for Christian therapists.

In addition to the limitations inherent in phenomenological research, several other limitations of this study are noted. First, from the start of their involvement, participants were asked to speak about their experiences as Christian therapists specifically. It is thus possible that there are other significant aspects of their experience of relational engagement that were not discussed, as they did not see them as relating to either spirituality or professional identity. As noted by Chamiec-Case (2008):

Not all of the core beliefs and values held by Christians in social work will be derived solely or even primarily from their Christian faith … Identifying with and belonging to different groups typically involves embracing different sets of core beliefs and values. (p. 99)
Given this, it is all but certain that the relational engagement of the Christian therapists who participated in this study, let alone the countless others who did not participate, is influenced by factors and traditions other than Christian spirituality and therapeutic relationships.

The second limitation of this study is seen in the fact that because it was not a comparative study, it is unknown whether the structures of experience for Christian therapists are unique to Christian therapists. In this sense, the findings of this study are not generalizable to all therapists, nor even to all Christian therapists. It is possible that many Christian therapists do not share these structures of experience. Conversely, it is possible that therapists who do not practice Christian spirituality do, in fact, share many of these same structures.

The third and final limitation of this study is seen in the makeup of participants. Of the twenty participants, eighteen made no mention of cultural, racial or ethnic background but appeared as Caucasian. One reason for this lack of diversity, as mentioned, appears to be related to the decision to utilize a snowball sampling method in a catchment area not known for racial, ethnic, or cultural diversity.

When I first sent out recruitment posters and notifications regarding this study, I did so initially to people with whom I had pre-existing relationships. Though I did not consider it at the time, many of these people were based in Southern Ontario and, moreover, in suburban and rural settings similar to those in which I live and work. Further, many of these people were Caucasian. In other words, I had unintentionally and unknowingly begun rolling the snowball down a path that was predominantly filled with Caucasian Christian therapists.

Shortly before I began conducting interviews for this study, I heard of an event that was to be held in Toronto, Ontario. This event was billed as a networking event for “Christian mental health practitioners.” Given the participant population I was targeting was that of
Christian therapists, this event seemed like it would be worthwhile attending. I emailed the event organizers who, after hearing about this study, offered to advertise it in the printed material that all event attendees would receive. They also offered me a brief opportunity to speak about this upcoming study at the event, which I gladly accepted.

A large part of the reason I attended this event was that I had hoped I would connect with other Christian therapists who might be interested in participating in this study. More specifically, I hoped to connect with Christian therapists who were from areas other than my own. At the time, because the interviews had not yet begun, I did not know that the participant pool would end up being so racially and ethnically uniform. As such, I cannot say that my intent in connecting with potential participants from areas other than my own was specifically about creating racial or ethnic diversity. Instead, I hoped to hear from therapists who were from different areas and had different experiences more broadly. Unfortunately, none of the connections I made with other practitioners materialized in terms of recruiting participants.

In retrospect it is clear that I did not reach far enough or otherwise try hard enough to ensure a diverse population of participants. As a result, the lack of diversity limits the generalizability of the findings. The transferability of the findings is therefore impossible beyond other similar groups of Caucasian Christian therapists from suburban or rural Southern Ontario. It is possible that the experience of relational engagement for Christian therapists from other regions, racial, ethnic, or cultural backgrounds, or other traditions of Christianity may be different due to the impact of such factors.

**Recommendations for Future Research**

In response to the identified limitations of this study, it is recommended that the following research be conducted:


3. An ethnographic study of the experiences of relational engagement for Christian therapists in other cultural contexts and/or traditions of Christianity.

A fourth recommendation for future research stems not from an identified limitation, but rather from yet another surprise finding. Though I did not set out with a goal of learning more about integration specifically, it became a central concept in understanding the experience of relational engagement. Despite this, it was not discussed at length as it is but one part of this experience and does not directly speak to the primary research question of what this experience is like. Given its importance, however, as well as the fact that findings seem to indicate something of its inner workings, it is recommended that further research explore the process of integration in more depth.

**Dissemination of Information**

The findings of this study, I suggest, are relevant not only for Christian therapists, but also non-Christian therapists, educators, and clinical supervisors. As such, I plan to disseminate the information garnered from this dissertation with persons, organizations, and publications associated with each of these populations.

For Christian therapists, I intend on presenting a summary of the findings at various conferences devoted to exploring the intersection of Christianity and therapy. I also plan on submitting findings to academic journals that likewise explore this intersection. Examples of such publications include *Social Work and Christianity*, the *Journal of Psychology and*

For non-Christian therapists, I plan on writing numerous papers that focus on the intersection of personal and professional identities specifically, and how this intersection impacts therapeutic relational engagement. I likewise plan on submitting such papers to a variety of academic journals and conferences that focus on subjects such as counsellor education, psychotherapy, psychology, and social work practice. Examples of these include the Journal of Social Work Education, Counselor Education and Supervision, Counselling and Psychotherapy Research, the Journal of Counselor Preparation and Supervision, the Canadian Journal of Counselling and Psychotherapy, and Clinical Social Work.

Regarding the dissemination of findings to social work and counsellor educators and clinical supervisors, I plan on submitting numerous documents and other presentations to academic journals and conferences such as those mentioned above. I also intend to develop a variety of tools and other resources to be used in counsellor education, as well as those that may be of use for supervisors. These resources will address some of the aforementioned recommendations in the hope that they will be used to help therapists, educators, and supervisors better understand the impact that the intersection of personal and professional identities, and aspects stemming from those identities such as Christian spirituality and therapeutic relationships, can have on one’s experience of, if not approach to, relational engagement.

Conclusion

As I am now at the end of this dissertation, a process that has taken years to complete, I find myself wondering what to write. Further, I find myself wondering how to conclude something that in many ways feels inconcludable. While I believe this attempt to better
understand the experience of relational engagement for Christian therapists at the intersection of Christian spirituality and therapeutic relationships, and at the intersection of their personal and professional identities more broadly, has been successful, I am also cognizant of its limitations. For every story that I heard, there are many more that remain unheard. For all that I have learned – every structure of experience and every component and subcomponent that they comprise – there is much yet to learn. For every layer I have uncovered, there are more layers yet to uncover. And therefore, I am left with the question of how to finish something that feels not yet finished.

Given the central role phenomenology has taken throughout this dissertation, it is fitting that my closing words emanate from the pen of van Manen (1990):

When you listen to a presentation of a phenomenological nature, you will listen in vain for the punch-line, the latest information, or the big news. As in poetry, it is inappropriate to ask for a conclusion or a summary of a phenomenological study. To summarize a poem in order to present the result would destroy the result because the poem itself is the result. The poem is the thing. (p. 13)

Perhaps the reason I struggle to write a neat-and-tidy conclusion is because, as in poetry, no such conclusion is possible. There is no succinct ending for a phenomenological dissertation. This is the poem. This is the thing.
Epilogue: Defence

On August 25, 2021, I successfully defended my doctoral dissertation in front of a varied group of people including the chair of the defence, my doctoral committee, an external reviewer, and several colleagues, family, and friends. Despite the defence occurring virtually due to the COVID-19 pandemic, I found this to be a warm and encouraging affair. It was also a time during which the words in this paper, and more broadly the ideas they represent, were, rightfully, questioned and challenged. Continuing with the practice of reflexivity described in Chapter 7, this section provides a brief discussion on my experience of the defence and how it has impacted my understanding of the ideas presented throughout this paper. Given the central role such reflexivity has played from the earliest days of my journey, it seems only fitting to conclude this paper with such commentary not only for your sake, dear reader, but also my own.

As I assume is often the case, many questions were raised throughout the defence. While some of these questions were not unexpected, others surprised me and, as has happened often throughout this journey, challenged my understanding about the experience described throughout these pages. Several such questions focused on how and why participants focused on certain qualities of Jesus over others; what role Fowler’s (1981) stages of faith or the notion of intrinsic versus extrinsic religiosity (Allport & Ross, 1967) may play in helping to understand the experiences and processes of integration; and whether and how I have experienced and managed tensions between my personal identity as one who practices Christian spirituality and my professional identity as therapist. As I reflected on these and many other questions, I found myself pondering whether and how to integrate these sorts of considerations in future research. I also found myself reflecting on my ongoing relationship with this subject and how it might continue to impact me both personally and professionally in the years ahead.
In the weeks following the defence, I have found myself engaging in processes of both epoché and reduction and the hermeneutic circle. For example, being asked about how and why participants tended to focus on certain qualities of Jesus has resulted in my rethinking subjects such as the impact of other non-spiritual aspects of one’s personal identity, the role negotiation plays in processes of integration, and how such factors influence a therapist’s relational engagement. Likewise, being asked whether one’s stage of faith or the intrinsicality of their religiosity might impact their experience of integration has resulted in my considering a follow-up study in which these sorts of variables are compared against the relational actions and perceptions of Christian therapists.

Just as questions regarding the content of this paper have resulted in the challenging of my understanding and even my plans for future research, so too has being asked about my experience of tension between my personal and professional identities impacted me in several ways. For example, I was reminded that this subject is not merely academic for me; rather, it is deeply personal. Like many participants, I too have experienced tensions between my spirituality and my role in professional contexts and have had to learn how to integrate or otherwise manage such aspects of my identity. This question also reminded me that such tensions need not always be resolved. Instead, acknowledging and even embracing such tension, I believe, will not merely help me grow professionally but also personally.

The experience of the defence, and the many moments of reflection I have since experienced, has impacted the way I think about the experience of relational engagement not only for Christian therapists but also myself. It has emboldened me to continue exploring this experience for both those who practice Christian spirituality and others as well. It has also made me believe more firmly than ever that the experience of relational engagement is, to borrow from
van Manen (2017a), one of “remarkable complexities, fathomless depths, rich details, startling disturbances, and luring charms” (p. 779).

Throughout this journey, a number of surprise happenings occurred. For example, the defence that for so many years I had feared, proved to be not only enjoyable but also instrumental in helping refine my thoughts and provide direction for future research. Likewise, whereas I had entered the PhD program with the identity of a practitioner with a mere tolerance for research, at some point a passion for research was born and the identity of a researcher took hold. Similarly, though I had entered the PhD program with no desire to study Christianity and social work or therapy, I now feel compelled and even excited to continue doing so. Finally, perhaps the greatest surprise of this journey is that I somehow stumbled upon a subject so remarkably complex and, I believe, so incredibly important, that I intend on studying it for the rest of my life.
Appendices

Appendix A – Lexicon of Select Terminology

The following is a lexicon of select terminology used throughout this paper and includes definitions from scholarly literature, as well as explanations as to how terms are used throughout this paper.

Christian spirituality
- Christian spirituality is defined as “a lived experience, one that involves a unique way of seeing, a special gestalt of emotions, values, and aspirations, and a distinct consciousness and sensibility” (Scorgie, 2011, p. 28).

- Additional definitions of Christian spirituality that explain the concept as it pertains to this paper include:
  - “Christian spirituality concerns the quest for a fulfilled and authentic Christian existence, involving the bringing together of the fundamental ideas of Christianity and the whole experience of living on the basis of and within the scope of the Christian faith” (McGrath, 1999, p. 13).
  - Christian spirituality “is a useful term to describe how, individually and collectively, we personally appropriate the traditional Christian beliefs about God, humanity and the world, and express them in terms of our basic attitudes, lifestyle and activity” (Sheldrake, 1988, p. 2, as cited in McGrath, 1999, p. 4).
  - “Christian spirituality is the lived experience of Christian belief in both its general and more specialized forms … It is possible to distinguish spirituality from doctrine in that it concentrates not on faith itself, but on the reaction that faith arouses in religious consciousness and practice” (McGinn, 1986, p. xv-xvi).
  - "The goal of Christian spirituality is to recognize and respond to the continual interior movements of the Spirit, for the Spirit will always lead us toward greater union with Christ and greater love and service of God and others" (Hauser, 2011, p. 24).

Christian therapist
- The phrase Christian therapist is throughout this paper as a short-handed way of describing a therapist who, in their personal life, practices Christian spirituality.

Client
- McLaughlin (2009) identifies that a number of terms have been used to describe not only “those who commission or provide services” but also “those who are in receipt of those commissioned or provided services” (p. 1101), including patients, clients, customers, consumers, experts by experience, and service users.
The term **client** is used throughout this paper to describe the person seeking out or receiving professional support for two reasons.

- First, though other terms such as **service user** have become more common in social work practice, **client** is still one of the more commonly used terms (McLaughlin, 2009).
- Second, the term **client** is used throughout much of the social work literature, specifically literature looking at the therapeutic relationship. McLaughlin (2009) notes this is particularly true in terms of what might be call seminal literature as, “in the late 1970s, the social work relationship was epitomized by the term ‘client’” (p. 1102).

**“Practice” or “Practicing” Christian spirituality**
- As identified in the paper, Christian spirituality “involves taking the beliefs and values of Christianity and weaving them into the fabric of our lives, so that they animate, provide the breath and spirit and fire for our lives” (Provost, 2009, p. 46). The phrases **practice Christian spirituality** and **practicing Christian spirituality** are used on occasion to emphasize the way that Christian spirituality is lived out relationally, as opposed to the way an individual can be affected merely on an intrapersonal level in terms of beliefs about Christianity.

**Relational engagement**
- This phrase is used to describe the ways in which one approaches and participates in relationships with another.

- The phrase **therapeutic relational engagement** is sometimes used interchangeably with **relational engagement** when discussing it within the context of therapeutic relationships or when discussing therapeutic relationship-based approaches to relational engagement.

**Religion**
- **Religion** is defined as “an explanation of the **ultimate** meaning of life, based on a notion and experience of the transcendent, and how to live accordingly” (Swidler, 2014, p. 374).

- Unlike spirituality that is an internal experience, **religion** is often seen as external. Koenig (2008) defines religion as a “system of beliefs and practices observed by a community, supported by rituals that acknowledge, worship, communicate with, or approach the Sacred, the Divine, God … or Ultimate Truth, Reality, or nirvana” (p. 11).

**Social worker**
- Though social workers engage in many different roles, the role emphasized in this paper is that of therapist or counsellor. Garthwait (2012) suggests this is a “social worker who engages in clinical practice with a client to help the client deal with psycho-social issues through the use of psychotherapeutic techniques suited to the client’s individual situation” (p. 54).
As there are therapists who likewise engage in the same sort of clinical practice, including psychotherapists, marriage and family therapists, and psychologists, for example, terms such as social worker, social work clinician, psychotherapist, and other therapist are used throughout this paper. This is neither meant to invoke confusion nor to minimize the role or title of social worker, but rather to indicate that there are other professionals who likewise engage in “clinical practice” and therefore would experience many of the subjects raised throughout this paper.

**Spirituality**

- Broadly speaking, spirituality is defined as “personal quest for understanding answers to ultimate questions about life, about meaning, and about relationship to the sacred or transcendent, which may (or may not) lead to or arise from the development of religious rituals and formation of community” (Koenig, McCullough, & Larson, 2001, p. 18).

- It is a term that refers to “the interior meaning of our humanity” (Swidler, 2014, p. 375).

- As indicated in the paper, many different forms of spirituality exist. I use the term spirituality to refer the notion in a more general sense, and the phrase Christian spirituality to refer to an expression of spirituality that is more specifically related to Christianity.

**Therapist**

- A social worker or other helping professional who engages in clinical practice providing psychotherapy or counselling, such as psychotherapist, marriage and family therapist, psychologist, etc.

**Therapeutic relationship**

- For the purpose of the paper, I have used Gelso & Carter’s (1985) definition of a therapeutic relationship, which is “the feelings and attitudes that the counseling participants have toward one another, and the manner in which these are expressed” (p. 159).

- In addition to therapeutic relationship referring to a specific relationship between “counselling participants,” which include both social worker/therapist and client, this phrase is used to refer to a tradition within social work and other therapeutic literature. This tradition suggests that regardless of therapeutic technique, the relationship between members of a counselling or therapeutic dyad is highly important. The phrase therapeutic relationship, then, refers not only to the specific relationship between two or more people, but rather to the school of thought that emphasizes interpersonal dimensions of therapy.
Appendix B – Recruitment Flyer

Are you a therapist who provides psychotherapy?

Do you practice Christian spirituality in your personal life?

If you answered yes to both of these questions, you are invited to participate in a study that will look at the intersection of Christian spirituality and therapeutic relationships

-------------------------

Purpose

How one engages relationally with another is influenced by beliefs and values from varying sources. For therapists who practice Christian spirituality, it is likely that both therapeutic relationship- and Christian spirituality-based approaches to relationship impact therapeutic relational engagement.

The purpose of this research is to gain a better understanding of how Christian therapists experience the intersection of Christian spirituality and therapeutic relationships, and in so doing better understand how Christian spirituality influences a therapist’s approach to relational engagement.

Invited participant profiles

To be considered for inclusion in the study, participants must meet two criteria:

1. Participants must be therapists who provide psychotherapy, as defined by the Psychotherapy Act (S.O., 2007, c 10), and must be members of at least one of the following regulatory colleges: CPO, OCSWSSW, CNO, COTO, CPSO, and CRPO.

2. Participants must practice Christian spirituality in their personal lives. This “involves taking the beliefs and values of Christianity and weaving them into the fabric of our lives, so that they animate, provide the breath and spirit and fire for our lives” (Provost, 2009, p. 47). In other words, Christian spirituality involves practicing Christianity as a daily and integral part of life.

Time frame

Participation involves a semi-structured interview that should take approximately 1 hour. Some time after the interview has been conducted, the participant will receive an email containing a summary of the interview (including a number of what I believe to be key quotes). In this email, participants will be asked to review this summary and quotes and, having done so, confirm whether I accurately captured the essence of the interview and let me know if there are any changes that they believe I should make.

If you are interested in participating, please contact Aaron at smit1930@mylaurier.ca or 519-761-2766 to arrange an interview.

Remuneration

As a thank you for participating in this study, you will have a chance to win 1 of 3 prizes (each prize is valued at $20).

Aaron Smith (MTS, MA, RP) is a PhD Candidate in the Faculty of Social Work at Wilfrid Laurier University. This dissertation is supervised by Dr. Magnus Mfoafo-M’Carthy, Associate Professor, Wilfrid Laurier University. This study has been approved by the Research Ethics Board at Wilfrid Laurier University (#5728).
Appendix C – Information & Consent Letter

WILFRID LAURIER UNIVERSITY

INFORMED CONSENT STATEMENT

Relational engagement for Christian therapists: Exploring the intersection of Christian spirituality and therapeutic relationships

Aaron Smith, MTS, MA, PhD (cand.) (FSW-WLU)

This letter is to inform you of a study I am currently conducting, which you are being invited to participate in. The purpose of this research is to gain a better understanding of how Christian therapists experience the intersection of Christian spirituality and therapeutic relationships.

You have been selected for this study for two reasons. First, you are a therapist, or more accurately, you are someone who provides psychotherapy, as defined by the Psychotherapy Act (S.O., 2007, c 10). What this means is that you are a member of one of several regulatory colleges, including the College of Psychologists of Ontario, Ontario College of Social Workers and Social Service Workers, College of Nurses of Ontario, College of Occupational Therapists of Ontario, College of Physicians and Surgeons of Ontario, and College of Registered Psychotherapists of Ontario.

Secondly, you are someone who practices Christian spirituality. This phrase has been used to describe how, “individually and collectively, we personally appropriate the traditional Christian beliefs about God, humanity and the world, and express them in terms of our basic attitudes, life-style and activity” (Sheldrake, 1988, p. 2). Provost (2009) (Participant’s initials)
suggests it “involves taking the beliefs and values of Christianity and weaving them into the fabric of our lives, so that they animate, provide the breath and spirit and fire for our lives” (p. 47). In other words, practicing Christian spirituality means practicing Christianity as a daily and integral part of life.

This study will use a methodology called phenomenology. As a research approach, phenomenology simply means that I want to know more about your experience of the intersection of Christian spirituality and therapeutic relationships. My goals of this research include:

1. To understand how (values associated with) Christian spirituality influence(s) the ways in which a Christian therapist approaches therapeutic relationships.

2. To identify the most salient factors stemming from Christian spirituality that impact a Christian therapist’s approach to therapeutic relational engagement.

3. To discuss the implications of the findings from this research for therapeutic education, supervision, and practice.

**Information**

There are two main components to this study: the first is a meeting in which I will tell you more about my research and, through a semi-structured interview, ask you six main questions and several follow-up questions regarding your experience of Christian spirituality and therapeutic relationships. In particular, I will ask you to tell me about how you define or understand the phrases therapeutic relationship, Christian spirituality, and therapeutic relational engagement. I will also ask you how you experience relational

(Participant’s initials)
engagement with your clients; what impact, if any Christian spirituality has on your approach to relational engagement; and how, if at all, you use aspects or values from both therapeutic relationship- and Christian spirituality-based approaches as you engaged relationally with clients. This meeting will take approximately one hour of your time.

Following this, I will email you a written summary of what I believe to be the key points of this interview, including a number of key quotes from the interview. I will ask you to review this summary and email me in response to let me know whether I have accurately captured the essence of your interview and if there are any changes that you would like made to the summary. This process should take approximately one hour of your time.

Risks

There are no risks associated with participating in this study. I want to emphasize, though, that you are free to withdraw from this study at any point in time; further, you have the right to refuse to answer any question or participate in any requested activity.

Benefits

It should be noted that there are several potential benefits associated with participating in this study. Your participation provides you an opportunity to tell your experience of therapeutic relational engagement. I am genuinely interested in hearing about your experience. My hope with this is that your experience will begin to help

_Participant’s initials_
researchers like me better understand the intersection of Christian spirituality and therapeutic relationships. Though a great deal of research has explored Christianity and therapy in general, there is little research exploring how these impact a therapist’s approach to engaging relationally with a client. By participating in this study, you will be helping researchers understand more about this type of relationship.

**Confidentiality**

To ensure your confidentiality and privacy, though your name will be initially recorded with the data (i.e., the transcript from the interviews), it will not appear in any report or presentation of the material. If you would prefer that your real name be used in any reports coming out of this study, please inform me of this by checking the box below. Unless otherwise directed, pseudonyms will be used throughout any report; any other potentially identifying markers (such as, but not limited to, marital status, geographical location, association with particular organizations, etc.) will be removed and/or modified, thus ensuring your privacy and confidentiality. Please note that due to the nature of the study, quotations may be used in final reports, though any identifying markers will be changed and/or removed.

I request your permission for the interview to be audio-recorded for the purpose of capturing all discussion shared throughout the interview. The recording will be used strictly for the purpose of reviewing and transcribing the interview. I will keep all information on the recordings and in the transcripts confidential. The audio files will not

(Participant’s initials)
be used for any additional purposes without your permission. Any record of your name and all audio-recordings of your interviews will be kept in locked filing cabinets in locked offices if on paper, and in password protected files on password-protected computers if electronic.

Once results of the study are complete, the findings will be used as part of my doctoral dissertation, and as such will be defended (defence is open to the public) at Wilfrid Laurier University on a date yet to be determined. Additionally, the findings will be presented at various conferences and submitted for publication to several academic journals to be decided on later. If you would like a written summary of the results of this study, please check the appropriate box below.

Contact

If you have any questions about this study, its procedures, or your rights as a participant, please contact me using the following information:

Aaron Smith, MTS, MA, PhD (cand.)
smit1930@mylaurier.ca

Magnus Mfoafo-M’Carthy, PhD, Faculty Advisor
Faculty of Social Work
Wilfrid Laurier University
519-884-0710 ext. 5238
mmfoafomcarthy@wlu.ca

This project has been reviewed and approved by the University Research Ethics Board at Wilfrid Laurier University (REB Tracking Number 5728). If you feel you have not been treated according to the descriptions in this informed consent statement/information letter, or your rights as a participant in research have been violated during the course of this project, you may contact Dr. Robert Basso, Chair, University Research Ethics Board, Wilfrid Laurier University, (519) 884-1970, extension 4994, or rbasso@wlu.ca.

_________
(Participant’s initials)
Consent

I have read and understand the above information. I have received a copy of this form. I agree to participate in this study. I also understand that the results of my participation in this study – including quotations – will be used in the final written report. Additionally, as indicated by my checked selection below, I also give my consent to be audio recorded. Furthermore, I acknowledge that I have been provided a copy of this information letter.

☐ - I would like my real name to be used in written and oral presentations of this study.

☐ - I would like to receive a written summary of the results of this study.

☐ - I agree to be audio recorded during the interview portion of the study.

_________________________________    __________________________
(Participant)       (Date)

_________________________________    __________________________
(Researcher)       (Date)

(Participant’s initials)
Appendix D – Interview Guide

Core questions

1. How do you define the phrase “therapeutic relationship”?

2. How do you define the phrase “Christian spirituality”?

3. How do you understand therapeutic relational engagement?

4. As a therapist who practices Christian spirituality, how do you experience relational engagement with your clients?

5. What impact, if any, does Christian spirituality have on your approach to relational engagement?

6. How, if at all, do you use aspects or values from both therapeutic relationship- and Christian spirituality-based approaches as you engage relationally with clients?

Other questions

7. Do your clients know that you practice Christian spirituality?
   a) If so, how?
   b) If not, why not?
   c) How does their (lack of) knowledge of your Christian spirituality impact your approach to the relationship?

8. How do you advertise your practice?
   o Do you market yourself as having a faith?
## Appendix E – Table of Structures, Components, and Subcomponents of Experience

<table>
<thead>
<tr>
<th>Structure</th>
<th>Components</th>
<th>Subcomponents</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Foundation:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Personal Identity</strong></td>
<td>Focusing on the love of God</td>
<td>- God’s love is for everyone</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- God’s love is unconditional</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- God’s love is modelled by Jesus</td>
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<tr>
<td></td>
<td>Believing all persons are created and valued by God</td>
<td>- People are created in the image of God</td>
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<tr>
<td></td>
<td></td>
<td>- People have identity as children of God</td>
</tr>
<tr>
<td></td>
<td>Seeing Christian spirituality as the core of my identity</td>
<td>- People have inherent value</td>
</tr>
<tr>
<td><strong>Basement:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Professional Identity</strong></td>
<td>Believing that practice must be ethical</td>
<td>- Being acutely aware of power</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Emphasizing awareness</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Striving to prevent Christian spirituality from unduly influencing clients, processes, and relationships</td>
</tr>
<tr>
<td></td>
<td>Gravitating toward certain values and ideals</td>
<td>- Safety</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Acceptance and nonjudgment</td>
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<td></td>
<td></td>
<td>- Respect</td>
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<tr>
<td></td>
<td>Prioritizing the therapeutic relationship</td>
<td>- Presence</td>
</tr>
<tr>
<td><strong>Subfloor:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Integration</strong></td>
<td>Believing that God made me for/called me to this work</td>
<td>- As related to decisions regarding positions and profession</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- As confirmed by physical and emotional feelings</td>
</tr>
<tr>
<td></td>
<td>Reflecting on professional matters from a Christian perspective</td>
<td>- Reflecting on theories &amp; therapies</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Reflecting on goals of therapy</td>
</tr>
<tr>
<td></td>
<td>Being aware of my approach to integration</td>
<td>- Reflecting on therapeutic work</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- n/a</td>
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<table>
<thead>
<tr>
<th>Structure</th>
<th>Components</th>
<th>Subcomponents</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Living Room:</strong>&lt;br&gt;Relational Actions</td>
<td>- Engaging in prayer</td>
<td>- Praying for different reasons</td>
</tr>
<tr>
<td></td>
<td>- Prayering for different reasons</td>
<td>- Praying at different times</td>
</tr>
<tr>
<td></td>
<td>- Expressing welcome</td>
<td>- Being present</td>
</tr>
<tr>
<td></td>
<td>- Expressing welcome</td>
<td>- Creating a climate of safety</td>
</tr>
<tr>
<td></td>
<td>- Expressing love</td>
<td>- Acting in an invitational manner</td>
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<tr>
<td></td>
<td>- Expressing love</td>
<td>- Demonstrating acceptance</td>
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<td></td>
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<td>- Conveying respect</td>
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<td></td>
<td></td>
<td>- Providing compassionate care</td>
</tr>
<tr>
<td><strong>Bedroom:</strong></td>
<td>- Perceiving people as broken yet</td>
<td>- Seeing brokenness as inherent and problematic</td>
</tr>
<tr>
<td>Relational</td>
<td>valuable</td>
<td>- Believing that as God sees people as valuable, so</td>
</tr>
<tr>
<td>Perceptions</td>
<td></td>
<td>must I</td>
</tr>
<tr>
<td></td>
<td>- Trusting that God is present and</td>
<td>- Believing God is in the relationship</td>
</tr>
<tr>
<td></td>
<td>at work</td>
<td>- Supposing I don’t have to worry</td>
</tr>
<tr>
<td></td>
<td>- Believing Christian spirituality</td>
<td>- Christian spirituality enhances my skills</td>
</tr>
<tr>
<td></td>
<td>enhances my relational engagement</td>
<td>- Christian spirituality enhances my approach</td>
</tr>
<tr>
<td></td>
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<td>- Christian spirituality enhances my perceptions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Christian spirituality enhances my motivation</td>
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</table>
References


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