

**THE UNIVERSITY OF HULL**

**Work, work values and religious values:**

**How Christian clinical psychologists experience the connections**

being a Thesis submitted for the Degree of

Doctor of Psychology

in the University of Hull

by

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March 1999

## **Acknowledgements**

I extend very grateful appreciation towards Dr Michael Wang, whose care and thoughtful supervision have helped to shape this thesis. I am also grateful to Dr Nimisha Patel, for her contributions in the peer supervision process that we set up. To the clinical psychologists who acted as participants I owe a great debt of gratitude. Even greater thankfulness is due to my wife, Jackie, for her unfailing and patient support during the period of the research. Most of all, I give thanks to God for the continuing sense of His help throughout.

## **Abstract**

The job of the clinical psychologist has been described as that of the 'scientist-practitioner', giving the impression that, in broad terms, it involves the practical application of psychological knowledge in a clinical setting. This study commences by critically examining the values of the 'science' and of the 'practice' involved, and reviewing the available literature on the religious values of clinical psychologists, prior to reporting an empirical investigation of the connections drawn by a group of Christian clinical psychologists working within the UK National Health Service, between their work, their professional values, and their religious commitment.

The data on these values connections were gathered in an oblique rather than a direct fashion: the fourteen psychologists who participated, completed a repertory grid which measured their construing of situations at work in which they were highly conscious of their religious commitment. In a semi-structured interview, they spoke freely and personally about their understanding of the particular groupings of 'constructs' and 'elements' identified statistically by factoring the grid ratings.

Five main themes emerged from a grounded theory qualitative analysis of the interview transcripts. These described workplace issues of: enhanced performance and spiritual support; religious disclosure to colleagues, and to clients; value clash; value congruence; and the sense of broader involvement as psychologists who were also members of the Christian community. My overall understanding of what participants said about their grid results, was that these issues might most appropriately be interpreted as dimensions, on which they found themselves occupying variable rather than 'set' positions. Based upon this, I propose a tentative model of the connections between their religious and their work values, as the experience within the workplace, of perpetually shifting positions on the various dimensions identified by the analysis.

Consideration is given to the shortcomings and to the implications of the study, and to reflections upon my own involvement as researcher. It is concluded that the status of the results reported, may best be as stimulus for the many lines of further investigation to which they could give rise.

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## On values

### **1: Psychological accounts of 'Values'**

The psychological study of values dates back about 100 years: Pittel and Mandelsohn's (1966) review documenting this, demonstrates a tendency that has continued in subsequent psychological literature\*. This is, that it is dominated by theoretical discussions of 'what values *are*', and by examinations of attempts to *measure* values.

What seems by and large to be lacking, are people's accounts of what the values are to which they adhere. In the place of the basic research to ascertain these data, are studies reporting people's responses to lists of values *pre-supplied by the researcher*.

The concept of value seems to cover an array of phenomena, ranging from *whatever interests an individual*, through to *that which people regard as Good or Bad*. From a diversity of definitions, values are by common consent (and unsurprisingly) regarded as more general than other sorts of beliefs, and as shaping individuals' evaluative experience. Schwartz and Bilsky (1987:551) summarise the description given in the literature in a five-fold manner:

Values are (a) concepts or beliefs (b) about desirable end states or behaviors (c) that transcend specific situations, (d) guide selection or evaluation of behavior and events, and (e) are ordered by relative importance.

A more simple formulation is made by Kilby (1993), contrasting various 'strengths' of

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\* *Psychlit* literature search of "Human Values" from 1974 to 1997

value from *what should and must be* [the ‘desirable’] down to *what I think is worthwhile* [the ‘desired’]:

Moral imperatives	‘Right’ with ‘Should’ <i>evaluative-values</i>	‘Right’ or ‘Best’	‘Right’ and ‘Worthy’	‘High worth’ <i>worth-values</i>	Lower worth (minor imperatives)
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It is the work of Milton Rokeach (eg, Rokeach, 1973; Rokeach & Ball-Rokeach, 1989; Mayton, Ball-Rokeach & Loges, 1994) that has been primarily influential in social psychological approaches to values. Typical of his thinking is the following:

All continuing human groupings develop normative orientations ... The most important types ... are *Norms* (specific obligatory demands) and *Values* (the criteria of desirability) ... The term, *values*, has been used variously to refer to interests, pleasures, likes, preferences, duties, moral obligations, desires, wants, goals, needs, aversions and attractions, and many other kinds of selective orientations. To avoid such excessive looseness, we have insisted that the core phenomenon is the presence of *criteria or standards of preference* (Williams, 1979:15).

Parsons (1968) had suggested that values are simultaneously components of three *levels* of human functioning: (1) individual psychological processes, (2) social interaction, and (3) cultural patterning. Rokeach (1973) builds upon this by emphasising not so much the presence or absence of values, but the way in which people *hierarchically order* them.

Drawing upon the work of social scientists like Kluckhohn, Bales and Couch, Morris, Opler, and Williams, he identified a total of 36 values, divided into two lists of 18 separate items, for which he claims universal applicability (“in every full-fledged society, every one ... will appear”). (The grouping into two is drawn from Aristotle’s explication of an ends-means distinction - in Rokeach’s vocabulary, ‘terminal’ and ‘instrumental’.

Terminal values are desired for their own sake. Instrumental values are desired not for their own sake, but because they have further consequences.) He described a technique



whereby these values are ranked by participants in their order of personal importance. He viewed the most fruitful approach to understanding social and cultural aspects of values as focussing not so much upon the specific values held by human groups, but upon this pattern of importance given to them. In this emphasis, Rokeach again echoes Parsons:

The values which have come to be constitutive of a social system are, then, the conceptions of the desirable type of society held by the members of the society of reference and applied to the particular society of which they are members. The same applies to other types of social systems. A value *pattern* then defines a *direction of choice*, and consequent commitment to action (Parsons, 1968:136).

Rokeach's operationalisation of this choice, by getting participants to rank order the items in his Values Survey questionnaire, was criticised by Kitwood and Smithers (1975) as giving rise to inauthentic choosing: items like 'Self-Respect' and 'A World at Peace' are mismatched, forcing the participant into task difficulty similar to answering, "Which do you prefer, Bach or strawberries?" Their solution is to recommend

the development of an idiographic approach to value study, which makes minimal assumptions about the value elements and the ways in which they are organised and used by the person (p.178).

Nevertheless, Rokeach has elaborated his two-value comparisons with great success, as, for example, in his compelling 1973 political model of 'Freedom' versus 'Equality' as two separate dimensions rather than the poles of simply one:

		<u>Freedom</u>	
		High Value	Low Value
<u>Equality</u>	High Value	<i>Socialism</i> (US Democrats)	<i>Communism</i> (Kruschev's USSR)
	Low Value	<i>Conservatism</i> (US Republicans)	<i>Fascism</i> (Hitler's Germany)



One way Rokeach (1973) has discussed the interaction of values is to distinguish values which are *personally oriented* (such as comfort, pleasure, excitement, social recognition, accomplishment) from those which are *socially or corporately oriented* (such as peace, equality, national security). He acknowledges cultural background and a person's selection of particular values to be strongly related. In order to remain viable, societies based, for example, upon an ideal of 'collectivism' will need members to endorse different values from those societies rooted in 'individualism' (Ravlin & Meglino, 1987). People in the latter will be characterised by support for values like *freedom* and *pleasure*, as opposed to those in the former, who tend to place emphasis on values like *harmony* (Moghaddam, Taylor & Wright, 1993). The ethical conventions of a culture evolve over time and have adaptive significance for the members of that particular culture. As Farr (1995) states,

Values, if they are to be effective, require the consent of the community whose values they are.

Timmer and Kahle (1983) note that other variables such as age, sex, race and social class are also highly correlated with the importance placed upon particular values - McConatha and Schnell (1997) used Rokeach's ranking technique successfully to demonstrate this with respect to age and sex. A degree of circularity almost certainly exists in the direction of causality in these co-relationships (see Farr, 1995; also Rothbard-Margolis (1993) who suggests that for some, important personal features like career and professional lives are actively chosen to reflect and reinforce pre-existing individual values).

Various other formulations have been put forward, of the way in which a person's values may interact. Kilby (1993) lists three: *clash/conflict* - the most striking form of



interaction; cumulatively increasing strength - ie, *compatibility*; and *hierarchical displacement* - upon which the Rokeach priorities technique is based. Kilby also sets his types of value interaction in a societal context. For example, value conflict, he maintains, is less likely within a society of low diversity and high patterning of behaviour (via custom and rule), but is more common in a complex, modern society with high self-direction and permitted value diversity. Issues like abortion (*freedom to choose* versus *right to life*) and the environment (*ecology* versus *jobs*) come to mind.

Values, therefore, are seen by authors such as these to be operating as constituent parts of dynamic systems, due to their interconnectedness, their directive effects, and thus their capacity to serve as '*carriers*' of '*psychological energy*'. Williams (1979:21) clarifies the distinction drawn earlier between norms and values:

When we can identify interconnected sets of values and beliefs which describe a preferred or 'obligatory' state of a social system, we speak of an *ideology*. Actual concrete specifications of preferred conduct are *norms*, which in turn are referred back to *values* for legitimation, boundary-setting, re-definition, and linkage with other norms.

The 'questioning society' emerging in many parts of the world during the latter years of the 20th century has been unwilling simply to accept without scrutiny and justification many norms and their legitimating values that in previous times were taken as 'given'. As part of society at large, the scientific community is no exception to this trend, and has fully taken part in the 'questioning'. Scientific enterprise has been subjected to rigorous critical scrutiny - and particularly in the discipline of psychology ...

## **2: Values in the pursuit of scientific research**

The methodology of the natural sciences - the idea that there is an objective reality that can be understood and set down through the use of scientific methods based upon reason - had been extended to psychology in the desire to obtain knowledge that could be trusted to be 'true' and 'factual' - albeit recognising Popper's clarification that the acceptance of a scientific theory is strictly not because it is a demonstrably correct codification of a class of phenomena, but because it has not yet been shown to be false. The results of psychological studies whose methodology had strictly followed the *norms* of scientific investigation were thought of as dependable results. However, the believability of the results obtained from such psychological experimentation depended upon the *value* society set upon 'science'. In Williams' terms (above), this is what *legitimated* them. In fact, procedures like the operational definition of complex human behaviour into laboratory analogue situations led to experimental testing of hypotheses in which vast simplification was involved. The ensuing models of behaviour, appearing so deterministic and experimentally discovered, ignored the existence of myriad overlooked variables, or at best christened them 'nonspecific variables' (Strupp & Hadley, 1979) needing to be controlled as sources of 'error'. Such models

have little predictive value ... (and) almost always give us an over-simplified view of the world (Chapanis, 1967:352).

Over-simplified or not, people found them acceptable, imbued as they seemed, with 'science'. For example,

the 1970's saw the full emergence of behaviour therapy, with new techniques being developed and experimentally validated. By the end of the decade there was *general acceptance* of these treatment approaches (Hawton, Salkovskis, Kirk & Clark, 1989; emphasis added).

Probably, a notion of, and/or desire for 'the essential simplicity of science' is involved, when the multiplicity of ingredients of human complexity are construed just as factors likely to 'confound' and give rise to Type I errors. Certainly, positivist scientific enquiry finds it difficult to incorporate within, for example, its explanations of human psychological distress, the social contexts in which such distress is expressed (Garfield, 1986) - using as it does the individual person as its unit of analysis (Rothblum, Solomon & Albee, 1986). Traditionally, this person is viewed as 'subject' to the researcher, who maintains distance in order to preserve 'objectivity', results being reported in the third person to emphasise this.

The empiricist phrases present scientists' research actions as impersonal, as following from procedural rules, and as allowing the facts to speak for themselves (Gilbert & Mulkay, 1984:177).

This particular kind of language form aims

... to give an objective, impersonal trans-historical *appearance*" (Harris, 1986:22; emphasis added).

Some view such scientific activity conspiratorially, with scientific practitioners as desirous of control of various sorts - eg, Kitzinger (1987) writes of 'textual persuasion' - the use of language to create a scientific aura with the ulterior motive of (i) cashing in on the value placed upon 'science' by a supposedly unwitting public, and (ii) disempowering certain of its sub-groups.

Whatever attribution is given it, positivism as applied to the study of human behaviour has become recognised as having an agenda, as functional, and as a way of conducting a highly-valued societal activity. However, like the mountaineer who said he climbed Everest simply 'because it was there', it gives the appearance of having no agenda, no

axe to grind, no societal purpose apart from the provision of understanding of that which was previously not understood. The view that there *is* an agenda, positions such research as providing only one understanding among several possible understandings:

Positivism *as the sole foundation for knowledge*, has become an outmoded philosophy of science (Hoshmand & Polkinghorne, 1992; emphasis added).

## 2.1: An expanded account\*

We have a conversational familiarity with ideas of ‘fact’ and ‘truth’, associated with what we are willing to believe. Media interviewers, for example, frequently rely upon this to gain credibility for their reports, and their interviewees are expected to comply by giving straight answers to questions of the sort, “In a nutshell, what is *x*?”, where *x* may be a descriptive *label* like ‘road rage’ or ‘clinical depression’, but where the reply will be used in a way that encourages the idea that *x* is an *entity* having explanatory power.

Positivism, as part of the philosophy of science, also gives support to truth-value as the criterion for believability. However, absolute-sounding words like ‘truth’ have given way to probabilistic vocabulary and procedures, where the activity of ‘belief’ is replaced by that of the ‘selection’ of an explanation from among alternatives - in the simplest case, support may be chosen for an experimental hypothesis or for the null hypothesis. The basis of such selection is an array of *epistemic values*. The choice between competing theories will be guided by questions expressing these values: Which theory has the best predictive accuracy? Is there internal coherence? Does a good degree

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\*For several of the aspects of this section I am indebted to a seminal paper by Howard (1985).



of external consistency exist with other established and related theories? Does the selected finding offer fruitful further research possibilities? and so on. Theory-appraisal, therefore, is “a sophisticated form of value-judgment” (McMullin, 1983), and scientific truth is best construed as a ‘horizon-concept’ - a never-achieved ideal. The choice of what are the most secure findings to support in the natural sciences is primarily guided by the application of epistemic values, although it will to a certain extent be directed by *nonepistemic values* of a political, social, religious *et cetera* nature. The account McMullin gives

represents a reasonably non-controversial, middle-of-the-road position in contemporary philosophy of science (Howard, 1985:259).

It becomes much less tenable, however, when we turn from natural science, to social science - and especially, psychology. Although psychologists share with other scientists a basic commitment to propositions like “nature is lawful”, and “knowledge is worthwhile”, the value-laden nature of ‘facts’ takes on added complexity. This is because of the difference in subject-matter in psychology: human beings. Talking simply about natural science, the physicist Capra (1982) commented upon the importance of the consciousness of the scientist in the behaviour of the subject matter:

In atomic physics, the observed phenomena can be understood only as correlations between various processes of observation and measurement, and the end of this chain of processes lies always in the consciousness of the human observer.

Capra continued,

The crucial feature of quantum theory is that the observer is not only necessary to observe the properties of the atomic phenomena, but is necessary even to bring about these properties. My conscious decision about how to observe, say, an electron will determine the electron’s properties to some extent (1982:86-87).

In psychological science, the same relationship undoubtedly vividly exists between the consciousness of the observer and the characteristics manifested by the subject matter.

But in psychology, the consciousness of the 'subject' also represents an important determinant of what the subject "is" (whereas in physics this is not the case because - as far as we can tell - subject matter like light has no opinion as to whether it "is" a wave, or a particle).

The characteristic of psychology's subject matter is that human beings have unique causal powers (Harré, 1974 *et seq*) - they are 'active agents'. Their use of language enables them to monitor the control of their own actions: the things humans say to themselves are important causal elements in the genesis of further behaviour\*. This concurs with those who emphasise the importance of people's anticipation of events (eg, Kelly, 1955), and with the teleological view of psychologists like Carl Rogers that it is the future, rather than the present or the past, which determines behaviour. Bannister's (1966:22) whimsical account illustrates what happens when one such entity with powers of reflection and anticipation - the scientist - meets another with similar powers - the subject matter:

I am reminded of a recurrent theme in certain types of science fiction story. The master-chemist has finally produced a bubbling green slime in his test tubes, the potential of which is great but the properties of which are mysterious. He sits alone in his laboratory, brooding about what to do with the bubbling green slime. Then it slowly dawns on him that the bubbling green slime is sitting alone in the test tube brooding about what to do with him. This special nightmare of the chemist is the permanent work-a-day world of the psychologist.

In addition, it is apparent that in the latter half of the twentieth century, ordinary people

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\*I think unwittingly, Slovic (1995:364) makes this point about the study of human values in his third option: "The meaning of preference and the status of value may be illuminated by this well-known exchange between three baseball umpires. 'I call them as I see them' said the first. 'I call them as they are' claimed the second. The third disagreed. 'They ain't nothing till I call them.' Analogously, we can describe three different views regarding the nature of values. First, values exist - like body temperature - and people perceive and report them as best they can, possibly with bias. Second, people know their values and preferences directly - as they know their multiplication table. Third, values or preferences are commonly constructed in the process of elicitation."

*care* about psychology's findings, which are made available more widely than psychology's restricted-circulation academic journals by media interest and report. Behaviour may be altered, dependent upon the results of psychological research. For example, some individuals may actively resist agreeing with others' opinions when making uncertain judgments because of their knowledge of the results of the Asch conformity experiments. Someone who is 'depressed' may monitor and adjust self-derogatory statements upon learning from a self-help book that depressed people tend to be more self-critical. The changes thus precipitated, bring our discussion of human agency and reflexivity around to the role of the *values* people hold, in steering their reflexive behaviour.

These steering values are often embedded in culture, influencing the actions not only of the recipient of psychological science and its application, but also the practitioner.

Current beliefs and assumptions appear to be important determinants of what issues psychologists choose to study, what results are expected to be obtained, what results actually are obtained, and how their meaning is interpreted, both by the psychological community and by the general public. One might validly, therefore,

view the findings of research investigations as demonstrating not what necessarily occurs in the world, but what is *possible* if human beings were considered from a particular perspective (Howard, 1985:261).

The results of psychological research serve, then, to demonstrate how people *might* think, feel and act if considered from a particular perspective.

For many years Sigmund Koch (1971, 1981) has argued that psychologists have a moral responsibility to utilise models that most adequately capture the essence of humans - which is of course a value judgment in itself, dependent in the last analysis, as he puts it,

upon 'fidelity of perception'. The reason for this responsibility is that, not only might human beings be persuaded to *believe* the results of psychological research: the findings might also be conveyed to them (either directly via the positivist manner in which the media frequently communicate 'science', or obliquely perhaps in the manner and morality scripted by the writers of TV soap operas) in such a way that they believe they really *are* - ie, *ought to be* - the way the research suggests. In viewing themselves like this, they might actually become more like the psychological model, because they have reason to expect that they will act in accordance with the 'scientific evidence' - a sort of self-fulfilling prophecy. As Howard (1985:262) puts it, viewed from this perspective, psychologists are seen as very active agents indeed - "agents in the formation of human beings".

This sounds very grandiose. Fortunately, it is probably only academics who can enjoy the luxury of mistakenly viewing humans as 'high grade automata' obeying something akin to natural laws discovered by psychological science - the position set out (above) by McMullin (1983) for the natural sciences\*. However, those psychologists who have to deal in practical ways with people, will see them, in the words of Harré (1984:4) as more like

agents struggling to maintain some sort of reasoned order in their lives against a background flux of emotions, inadequate information and the ever-present tides of social pressures.

Harré emphasises that the ways of thinking these applied psychologists - alongside historians, lay folk, lawyers, and others - will then find themselves utilising to interpret

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\* Schwartz (1990:7) suggests similarly in the introduction to his blueprint for a 'science of values': "Science tends to tell people that what *is* the case *must be* the case because it is the result of natural law. Applied to human values, such a message has significant normative consequences, affecting people's conceptions of what is possible and thus their aspirations and plans."



and explain human thought and action will be even more greatly influenced by unexamined political and moral assumptions than their academic counterparts. Howard concludes (1985:264):

Our challenge, then, is to construct a science of humans built upon an image of humanity that reflects and reveres human nature in all its diversity, complexity and subtlety.

Clearly, an understanding of human values is crucial to this enterprise.

### **3: Clinical Psychology and Values**

The long-time adoption by clinical psychology of the ‘scientist-practitioner’ model set pre-eminent value upon many of the epistemological aspects of positivism outlined above. The model assumes close links between theory and practice in applying psychology, and gives the impression that the work of the practitioner flows from the findings of the scientist - hence the public identity of ‘scientific truth-teller and selfless server of the community’ (Wainwright, 1996). In various ways, this has been questioned. Which came first, the practice or the scientific principles? And how close or necessary is the link between the two? Pilgrim and Treacher (1992) are among several authors documenting serious doubts about the linkage. More recently, focussing upon cognitive therapy as an example, Pilgrim (1997a:3) talks about,

*a post hoc* integration of theoretical notions, once a norm of clinical practice about cognitive therapy had been established;

and he asserts (1997b) cognitive therapy to be only tenuously and partially connected to cognitive science.

The articulation of alternative models (eg, Partridge, Bennett, Webster & Ekdawi, 1995) has enabled the scientist-practitioner model to be seen as only one of several viable possibilities. Pilgrim (1997a:3) further observes that,

as social constructionism filters more and more into clinical practice ... this problematises the rhetoric of 'the applied scientist' and adds to previous challenges from psychoanalysis and phenomenology ... [such that] ... it will become more and more difficult for clinical psychologists to sustain a credible unified *persona* of the 'applied scientist'.

Indeed, it is more common to see applied psychologists making scaled-down claims for the closeness of the theory-practice linkage, stating that their work is just 'informed by' some theoretical orientation. Clegg (1993) describes for example psychologists in a learning disabilities setting adopting an approach that is *value-led and psychologically informed*.

### 3.1: Agreed value uniformity?

Increasingly, therefore, there co-exist differing *personae* for clinical psychologists, related to a *diversity of values* they espouse, some more articulated, others more submerged. Practising psychologists will presumeably present to their colleagues and their clients a variety of value emphases in their work. Since the current *zeitgeist* is one which is appreciative of diversity, this might not be expected to create a great deal more turmoil to the client than having a local MP who may be of any one of several political persuasions (though the constituent will have had a say in the matter as far as the MP is concerned).

Within this diversity, is it possible to set down any over-arching statements or lowest common denominators of agreed value uniformity for the clinical practice of psychology?

Strupp (1980) had suggested three levels of therapist values - idiosyncratic, optional and epistemic values - the latter being shared by all. However, more recently, Grimm (1994:155) (admittedly referring generically to 'psychotherapy') states:

The impact of values on the practice of psychotherapy has been examined, but no consensus has been achieved on which values are basic to treatment, or on how these values should be manifested in practice.

Brace (1992) suggested that two 'non-relativist' values exist, claiming them to be "universally applicable" regardless of the personal views of the professional regarding what is good or right: (i) Respect for clients' welfare, and (ii) Respect for clients' self-determination. These sound noncontroversial enough - although she does not clarify how that which is beneficial or harmful for the client is to be determined in a way that insulates it from variability (for example, the client-centred approach generally sets a high value upon unconditional positive regard from the therapist, about which psychodynamic models are considerably more cautious). Neither does she mention that self-determination may be a value which varies with the cultural setting in which the psychologist is working - for example, does it have an individualist or a more collectivist orientation?

Part of the British Psychological Society/Division of Clinical Psychology document, *Core purpose and philosophy of the profession* (1994), sounds similar in tone to Brace's article, in that some statements could be applied fully only in a limited cultural setting - ie, one similar to that which prevails most commonly across the UK:

The work of a clinical psychologist is based upon the fundamental acknowledgement that all people have the same human value and the right to be treated as unique individuals.



It sounds incontrovertible, but its use as a basis for clinical psychological work with clients in a setting of diverse cultural groups, could on occasion be found to be inappropriate - suppose, for example, one were dealing with problems arising from intransigence in family processes around a contested arranged marriage for a second-generation Asian daughter\*.

It seems that the achievement of consensus statements like these is bought at the cost of shifting the focus away from the values of the clinical psychologist and his or her formal professional activity, towards those experienced by the front-line recipient of clinical psychology services. It is people who are at the heart of the concern expressed in a question like, 'Which is more important, to help people or to practise science on them?' (taken from Pilgrim & Treacher, 1992).

In several of his writings, David Smail (eg, 1993) has challenged any excess of enthusiasm about clinical psychology's ability to deliver targetted theory-driven human behaviour change. His answer to the above question is very definitely on the 'help' rather than the 'practise science' side. His argument concludes that the help possible for clinical psychologists to offer to clients is embarrassingly poorly informed by current psychological theory; and is more akin to homespun support in life's ordinary unhappinesses. His rejection of the scientist-practitioner model is partly that it has now served its purpose (as establishing clinical psychology with the appearance of an objective science, to compete with psychiatry and present a rhetoric which is acceptable to the 'apparatus of power'). While the literature of clinical psychology continues to hold the profession forth in this manner - "dry, static and contextless" - in clinical practice

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\* Admittedly, the 'values' statement in paragraph 3.1 of the BPS/DCP *Professional Practice Guidelines* (1995) is differently worded and avoids these difficulties.

Smail contends psychologists act as *subversives* - quietly playing a liberating role, having an understanding of their clients' distress within the context of their social environments, and quite definitely directed by values, finding themselves very much in the position predicted by Harré (above). In similar vein, Mollon (1989) suggests a divide between the more public and the more private face of the clinical psychologist's work.

### 3.2: Personally meaningful values

Alongside the reassuring air of good-natured helpfulness surrounding statements like that quoted from BPS/DCP (1994, above), Newnes (1996:29) points out that these sorts of formal statement of values seem to carry more of an air of a directive than what might ordinarily be understood in a common or garden fashion by the word *value*:

A value here is stated as if it is a driving force rather than a simple reflection of what we, as individuals, think is good.

Indeed, a BPS/DCP (1990) discussion document on professional practice was entitled, 'The 10 Commendments.' In the terms used by Parsons and Williams (above), the word *norm* may be a better descriptor than *value*; or, in Regan and Rokeach's (1979) words, *corporate* versus *personal* may be a useful distinction\*. Whichever, there are implications. Do these sorts of statements describe the already-present values of BPS/DCP members, or might the 'directive' atmosphere they exude give rise to a generation of psychologists dutifully subscribing to the high-falutin standards thus set out? Are values adopted as protocol, thereby robbed of personal meaning? Pope and Bajt (1988) cogently highlight some of the dilemmas that might be involved for practitioner psychologists.

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\*Lindsay (1995:494) echoed the corporate distinction when in his presidential address he asked, "What values should we *adopt* as psychologists, and in particular what values should *drive* the British Psychological Society?" (emphasis added). Lindsay seems here very much the consummate politician, compared to Newnes' stance as a 'conviction' psychologist.

‘On the ground’, personally meaningful values often tend to be strangely invisible, Newnes contends, despite the overt expression of diversity one might anticipate from the writings of Smail, Pilgrim, Harré and others:

In an NHS dominated by managerialism and business ethos, a scientist-practitioner faith and CBT practice describe a homogeneous clinical psychologist professional whose true personal values have to be guessed from ‘age, gender, nationality and ethnic origin’, or some such list.

The combination of these three ingredients - the constraints imposed by today’s NHS, the legacy of having bought-in for years to the scientist-practitioner model, and more recently the very widespread usage of cognitive-behavioural methods - may have been a recipe for a faceless practitioner.

In a twofold sense, it may be that the psychologist’s personal values are less evident, more covert than might be expected. Firstly, from the viewpoint of epistemic values,

have our scientific leanings disabled us from speaking and writing about our ordinary experiences, and made us reluctant to tell clients about our *own* values?\* (Newnes, 1996:33; emphasis added).

Secondly, from the viewpoint of nonepistemic values, has the duty to adhere to professional guidelines (‘norms’) had the effect of focussing so much on the values of the client that psychologists appear to be clones of one another? Certainly, Richardson’s (1996) report on a conference seminar discussing the psychologist’s personal values, hints at the latter. She seems to have no problem with the BPS’ public statements (?directives) of professional value standards, and writes in a way that

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\* From a psychotherapeutic viewpoint - without entering into debate as to how ‘scientific’ they are to be viewed - various approaches also advocate such reluctance. For example, Duncan & Moynihan (1994) speaking about Rogerian ‘empathy’: “Empathy is therapist attitudes and behaviors that place client perceptions and experiences above theoretical content *and personal values*” (emphasis added).



supports reluctance by psychologists to disclose their personal values. Hers is a problematised account of such values, omitting any reference to their possible enhancement of practice:

Values are implicit in all our interventions, and perhaps *the best that can be achieved* is that the competent practitioner should be as conscious as possible of the issues, aware of whose needs come first and skilled in the matter of implementing effective interventions (emphasis added).

The idea that best practice standards might be jeopardised, positions personal values as regrettably unavoidable, and possibly dangerous - therefore requiring careful scrutiny.

Values - sometimes extremist values - the psychologist may hold, but “does it matter ... as long as he or she gets results?” (Richardson, 1996:18). Answer: No, provided the means used to achieve these ‘results’ accord with generally accepted good practice.

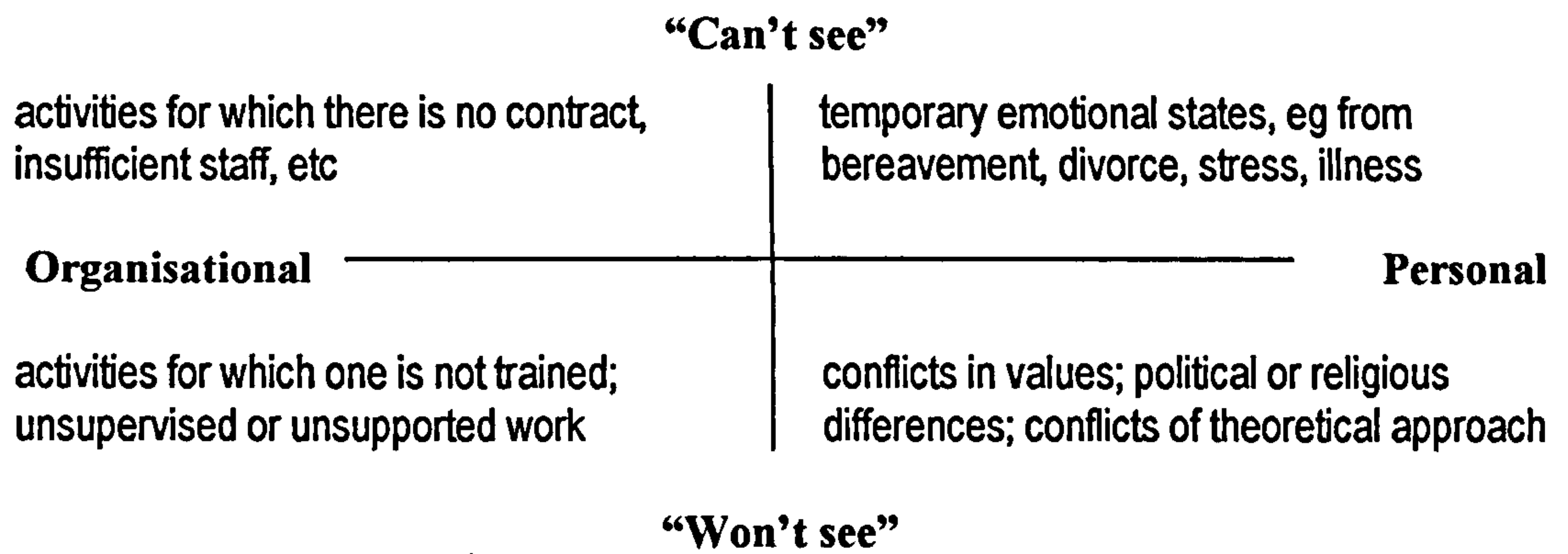
Personal values must not be allowed to get in the way of upholding professional values.

Another aspect of the difficulties thrown up by having one’s own values, is triggered by problematic individual clients or problematic employing organisations.

... Examples which commonly provoke mixed feelings (in the psychologist) include the client with strongly racist or sexist beliefs, the very religious client, the organisation which appears to put profit before client care (Richardson, 1996:14).

She sets issues involving the psychologist’s personal values into a wider context, by linking them to two dimensions which may restrict best standards in clinical practice. (1)

There may be restrictions of which one is unaware (“can’t see”); others may be deliberate but unacknowledged (“won’t see”). (2) Some restrictions arise from employing organisations, others originate more personally. Problems arising from the psychologist’s own values fall into the Won’t See/Personal quadrant:-



It is undoubtedly useful to set personal values into the wider context of the organisation, and indeed into the wider context of professions other than clinical psychology. An example is the examination of the personal values of spirituality within the nursing profession by Oldnall (1995) and Dyson, Cobb and Forman (1997), showing them in a very positive light with respect to contributing to healthcare (although the tendency of both these sources is to focus upon the personal spirituality of *the client* rather than *the practitioner*). In contrast, the negatives used in naming the vertical axis (above) *Can't See-Won't See* seem deliberately to have been given to bias the reader away from appreciating any ways in which such values may facilitate clinical practice. It may also be that the experience of personal values which are facilitative at work impinges upon one's awareness considerably less vividly than the more negative experience of a values clash, and thereby such facilitating values go unnoticed. If so, the emphasis of the seminar contributors reported in Richardson's paper may be unsurprising. It noticeably lacks the tone of wholehearted endorsement of Newnes (1996), who ends by observing that current *Clinical Psychology Forum* journal articles demonstrate that "ordinary human values are alive and well in clinical psychology".

The two papers may exemplify opposing ends of a *suspiciously alert* versus *uncritically acceptant* continuum, along which psychologists' attitudes towards personal values in professional practice might be ranged.



## **Religious values within the clinical practice of psychology\***

In his elegant consideration of the harmony between religion and science generally, Watts (1996:18) hints that an even deeper relationship may exist between major aspects of religious knowing and the clinical practice of psychology:

If we are looking around for an epistemological analogue to religious knowing, I doubt whether science is the best one ... better ones would be self-understanding, or the empathic understanding of other people.

Myers (1996), writing about the integration of professional psychology and specifically, the Christian faith, in a special issue of the *Journal of Psychology and Christianity* devoted to the topic, probably reflects a more popular way of relating the two than Watts' more deeply thought-provocative synthesis. Myers' semi-biographical account has recourse both to science and research, and to empathic understanding, and to acknowledged values, as influences upon the ways he lists, whereby he has attempted gradually to accomplish this integration:

1: Believing that 'in everything we deal with God' (Calvin) and feeling called to worship God with our minds, we search God's world, seeking to discern its truths

2: In the ever-reforming spirit of humility, we put testable claims to the test (as "faithful sceptics")

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\*Several limitations exist to considering the literature on this topic: (i) It does not span the breadth of clinical psychological practice - ie, it reports on nothing outside of the specialty of individual psychotherapy with adults; and within this, the vast majority of studies combine data collected from clinical psychologists with data collected from other professionals, such as counsellors and psychotherapists. (ii) There is scarcely any published information about religious values in clinical practice outside of those of the judeo-christian tradition. (iii) The vast majority of available research originates from the USA, whose dominant cultural setting is a fierce acceptance of individualism, and in which psychological intervention is provided within a private healthcare system, different from that of the UK National Health Service despite recently imposed changes in the ethos of the NHS. (iv) Although studies in this area make repeated use of the word 'values', the values are rarely specified - rather, they are presumed from demographic details like religious affiliation; and when values are specified, the list is supplied by the researcher, deriving from theory and system, rather than being elicited from individuals talking about their religious/spiritual values.

- 3: We inject Christian assumptions and values into our teaching, writing, research and practice
- 4: We apply psychological insights to the life of the church
- 5: We relate psychological and judeo-christian descriptions of human nature
- 6: We study the determinants of religious experience
- 7: We study the effects of religious experience (p.145-6).

This willingness to identify a diversity of nonprioritised influences, is paralleled by the wide range of thorough reviews on the topic brought together by Shafranske (1996). Of greatest relevance here, is the contribution from Allen Bergin (Bergin, Payne & Richards, 1996), a long-time, and respected proponent of open consideration of the religious values, both of the recipients and of the providers of clinical applications of psychology. The following keynote opens the chapter:

A value-free or value-neutral approach to psychotherapy has become untenable, and is being supplanted by a more open and more complete value-informed perspective (p.297).

This being so, they suggest that a purely secular psychotherapy is providing an alien values framework for the majority of its clients. Recent demographic information (Gallup, 1994) showed that for two-thirds of the US population, religion is “a very important factor” in their lives (one third endorsing that it is “the most important factor”); whereas Bergin and Jensen’s (1990) survey of mental health practitioners in the USA found endorsement for religious values lower than the US national average, with clinical psychologists reporting the lowest levels (see also Shafranske & Malony, 1990). Mental health practitioners are thus positioned as ‘out of step’, so to speak - a minority group who risk being substantially out of touch with their clientèle on a major formative influence. Bergin, Payne and Richards (1996:305) comment,

The majority of the [US] population probably prefers an orientation to therapy that is sympathetic or at least sensitive to their spiritual perspective.

Mitchell and Baker (in press) found in an in-depth study of a small group of highly committed UK Christians, that in the absence of a professional of the same religious commitment, the response to the offer of psychological help for emotional problems was a blank refusal, in view of their anticipation either of clinical ineffectiveness or more especially of attack on, or dismissal of, their faith values (King (1978) reported similar anticipatory fears in US Christians). Although it is the expressed *preference* of religious clients to have a therapist who matches their own faith commitment, Worthington (1991) points out that with respect to *clinical effectiveness*, what empirical evidence there is does not support the need for such matching. Effectiveness seems to be less a part of the therapist's religiosity, more to do with taking the client's religiosity seriously and sensitively (Propst, Ostrom, Watkins, Dean & Mashburn, 1992).

With respect to the second anticipation - of *attack on/dismissal of faith values* -

Worthington had previously showed that this factor is most important with the highly committed religious person (Worthington, Dupont, Berry & Duncan, 1988). The crucial variable is the *degree* of religious commitment of the client. The simple comparison 'religious' versus 'nonreligious' is unproductive (especially in the USA where the Gallup poll estimates 91% of the population endorse a 'denominational religious' preference anyway). He has brought together his own theory on the 'highly committed' religious client with the work of Beutler (1979) on the 'non-highly' religious client (Worthington, 1991). Research findings appear to support the following pair of two-dimensional sets of outcomes, set in the context of the *therapist's* religiosity or otherwise, and whether religious issues were seriously considered in the *content* of psychotherapeutic sessions:-



**1: with highly religious clients**

		<u>Therapist</u>	
		Religious	Nonreligious
<u>Content</u>	Religious	<i>clients satisfied religion supported</i>	<i>clients may terminate early</i>
	Nonreligious	<i>effects upon client are uncertain</i>	<i>client's religion decreases or unchanged</i>

**2: with non-highly religious clients**

		<u>Therapist</u>	
		Religious	Nonreligious
<u>Content</u>	Religious	<i>clients become more religious</i>	<i>clients become less religious</i>
	Nonreligious	<i>client's religion not affected</i>	<i>client's religion not affected</i>

From the above, Worthington suggests several future research directions, most of which cohere with his stated observation that previous research has over-focussed upon measuring values that are of importance *to the researcher* and not necessarily *to the person being measured* - much more variance, he contends, could be accounted for if the respondents in research studies *selected personally, traits that were important to them*. One of his suggestions therefore, is the need to identify *instances of specific discussions of religious values* (presumably via therapy transcripts) and to examine *what happens in and what results from* those conversations.

However, as above, the focus needs to be turned back onto the values of the psychological therapist, rather than simply those of the client. Bergin's work has been in



the forefront of psychological debate in this respect. About 20 years ago, he publicly challenged psychologists and therapists to be more open about their own spiritual values, and less subtly coercive with clients - to move from an implicit to an explicit position (Bergin, 1980). He articulated the need to confront professionals' deeply held stereotypes and prejudice towards theistic and spiritual beliefs and people. (For instance, the cumulative evidence concerning one such stereotype - that religious people are more emotionally disturbed and/or less rational or intelligent than nonreligious - is impressive in its consistent demonstration that although some religious beliefs and practices can be used in a harmful way, generally theistic beliefs are very firmly associated with mental health *benefits*, rather than otherwise - see Schumaker (1992), Gartner (1996), Koenig (1998) for reviews.)

Bergin (1985) reports that over 1,000 professionals subsequently wrote to him in support of his challenge (including Ellen Berscheid, Karl Menninger, Hans Strupp, Robert Sears, Albert Bandura and Carl Rogers). Cumulatively, the build-up of support was influentially associated with a change in the 1992 American Psychological Association's update to its Ethical Principles statement, in which the word *religion* was included amongst the list of age, gender, disability, sexual orientation and so on, awareness of which is a criterion of good practice.

Religion was now a legitimate part of human diversity and must be afforded the same consideration in therapy as all other forms of diversity (Bergin, Payne & Richards, 1996:307).

This implicitly advocates an ethically relativistic therapist stance. Although therapists are tolerant of difference, and respect clients' right to hold values that differ from their own, nevertheless to agree with all client values, or accept all clients' values as equally good

or valid, *is a value assumption in itself*. However, when specific goals of therapy are advocated/pursued, it means that therapists cease to be relativists.

The APA Ethical Principles contribute to the confusion. While on the one hand they advocate respect and tolerance for cultural and individual differences, on the other hand they endorse certain value positions (for example, regarding abortion, or sexual behaviour) that demonstrate insensitivity to the beliefs and values of many people - both clients and psychologists.

Bergin, Payne and Richards (1996:300) suggest that

therapists should acknowledge that they are value agents, and endorse values and lifestyles they believe enhance mental health

- their belief being based upon evidence and professional debate. They also point out that therapists need to be more comfortable with their own spirituality. Bergin (1991) advocates similarly, for an explicit and nonrelativist stance about values, along with a tolerance for differences, instead of one which is implicit and relativistic.

Beutler and Bergan (1991) concluded that while many clinicians and researchers concede that 'counselling' is a value-laden enterprise, the need is now to specify the nature of the values that most influence process and outcome in therapies. Jensen and Bergin (1988) had made an impressive start, to document agreement about values amongst therapists in their National Interdisciplinary Values Survey. In this, many values expressed in written mental health theory and application were brought together, refined and listed into 10 groupings as follows:-



- #1 Competent perception and expression of feelings
- #2 Freedom/Autonomy/Responsibility
- #3 Integration/Coping ability
- #4 Self-maintenance/Physical fitness
- #5 Self-awareness/Growth
- #6 Human relatedness/Interpersonal commitment
- #7 Mature frame of orientation
- #8 Forgiveness
- #9 Regulated sexual fulfilment
- #10 Spirituality/Religiosity\*

Over 400 mental health professionals were surveyed. Overall agreement was expressed regarding the importance of the first seven categories, with poorer agreement over the importance of the 8th, and considerable diversity for the final two. *Participants' personal lifestyle* was strongly associated with what they considered to be important values in therapy. For example, those who were still in their first marriage rated #9 highly; those scoring high on religiosity rated #10 highly; older participants felt #4 was very important; those of a psychodynamic persuasion rated #5 higher (than did behaviour therapists). The influence of these personal demographic characteristics was therefore very noticeable - although it is debatable the extent to which they reflect the personal values which Bergin (1991) was suggesting should influence therapists, and they fall short of any connection with process and outcome, as advocated by Beutler and Bergan (1991).

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\*It is worth noting that the data from which Jensen and Bergin drew their eventual values list were written accounts of psychotherapeutic systems, rather than personal interview accounts of psychotherapists themselves. Had the latter been used as a data source, it may be that more information on the connection between personal lifestyle and values endorsed as important would have emerged. Bergin, Payne and Richards (1996:310) confirm that attempts to ascertain values (Browning, 1987; Jones & Butman, 1991; Roberts, 1991) have centred upon understanding the implicit metaphors etc of various psychotherapy *systems* rather than of *practising psychotherapists*.

Shafranske and Malony's (1990) study of questionnaire responses from a 40% return rate of a random selection of 1,000 clinical psychologists, showed a general positive appreciation of personal religiosity, suggestive of

a change from an earlier study which concluded that most psychologists were irreligious (p.77).

Nevertheless, the responses showed their primary sources of spirituality to be drawn from outside organised institutional religious involvement, so that - apart from the caution due to the low return rate - it is probably prudent to distinguish between 'religiousness' (adherence to the beliefs and practices of an organised church or religious institution) and 'spirituality' (personal practices and beliefs of a religious nature, which may or may not emanate from a particular religious institution). The higher response levels than previously found tended to be evident on the latter rather than the former.

Unsurprisingly, some difference of opinion exists regarding the degree of connection between religious value and professional psychotherapy. While the position of Jones and Wilcox (1993) is similar to Bergin's, it supports slightly more differentiation between psychological theory/practice, and the psychologist's religious values. They agree that psychotherapeutic theories *embody* values, in that each includes (explicitly or implicitly) judgments about the nature of human life regarding what is 'good' - healthy/whole/ realistic/rational - and what is 'bad' - abnormal/pathological/immature/ stunted/selfdeceived. This, they say, leads one to give respect to psychotherapies as *systems of hypotheses* about various facets of human experience, and to a spirit of humility that while the faith framework a psychologist has is *non-negotiable*, the

hypotheses generated from it are not infallible: they need to be tested empirically and conceptually\*.

In comparison to Jones and Wilcox (1993), Beutler, Machado and Neufeldt (1994) question whether there can be any separation at all, in practice, between one's professional and personal values. Bergin, Payne and Richards (1996:315) comment that, while psychologists' focus upon values is long overdue,

it is not uncommon for neglect to be turned into obsessive concern, as if to compensate, or balance the scales.

So great is this focus, that the values emphasis (with its religious and spiritual influences) is dubbed by them as psychotherapy's 'fifth force' (cognitive therapy being designated the fourth).

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\* It has to be said that, this calm and somewhat pious attitude of remaining agnostic about practical faith-generated courses of action, until empirical and conceptual testing has 'decided the matter', was not much in evidence in the sort of study reported by Neumann, Thompson and Woolley (1991). They gathered preference data from 166 US Veterans Administration psychologists on their evaluation of vignettes depicting professional decision situations based *either* upon the values of 'the Humanist Manifesto II', *or* upon the values of 'evangelical/biblical Christianity'. Without requesting or awaiting the results of empirical or conceptual tests, respondents firmly and more highly approved the decisions in the former rather than in the latter vignettes.



## Review and prospect

While the interest is great, much of the substance regarding religious values and psychology is at a rudimentary stage. Jones (1994) reiterates that psychology's previously "non-interactive stance" towards religion was premised upon an outmoded understanding of science (see 1.2 above) and an overly narrow professionalism (see 1.3 above). He therefore calls for an explicit and constructive working relationship between the two, noting differences as well as commonalities. Although sounding slightly prosaic, Jones sets out an 'agenda' which coheres exactly with the purpose of the present study. Psychotherapeutic practice, he says, is influenced by

religious, moral, metaphysical and philosophical beliefs, and if the connections between psychologists' work and their deepest human commitments are to be understood, *these aspects must be examined and appreciated* (emphasis added).

Several important indicators have been noted or implied in chapters (1) and (2) above, of ways in which this appreciative examination should be conducted. (a) It is important to listen - to listen to what people (in this case, psychologists) identify as the connections between religious values and their work, which are important to *them*, rather than to focus simply upon the status quo position of what 'the literature' identifies as germane. (b) In-depth investigations are always time-expensive, and attempting appropriately to measure the data thus collected may entail qualitative analysis - or at least a methodology cognisant of the possibility that the very act of getting people to articulate what are their values, may be formative in altering the values themselves (see quote from Slovic, footnoted above). (c) The results will best be viewed as context-dependent possibilities

rather than unalterable 'facts'. (d) It would be useful to investigate with participants the ways in which their stance on values may affect the delivery of their professional work, and what clash and what harmony they sense between professional and personal value systems.

The present study is intended to be a contribution to the addressing of Jones' agenda statement.

## **Methodology**

### **1: Towards a suitable methodology**

#### **1.1: Eliciting versus supplying 'values' in human values research**

At various points (above), a tendency observed in the literature has been noted, to adopt a methodology in which lists of human values are supplied to research participants, prior to collecting data on their agreement with and/or organisation of the nominated values.

Although adjustments to this basic process have been proposed (eg, Kamakura & Mazzon, 1991; Musek, 1993), the origin of the contents of the various lists either remains unacknowledged, or is referenced back to previous research. While this latter has the advantage of maintaining some form of content and construct validity, it also serves to perpetuate the status quo. In addition, it sidesteps the more basic task of finding out, for the specific aspect of behaviour being researched, how research participants themselves might express their own values. Kilby (1993:226, 229) says of his own use of the 'list' methodology,

Always, following my giving values questionnaires to a group, there has been the gnawing worry that I have not elicited real values ... I could not trust the responses ... Questionnaires are the most vulnerable to missing the person's real values.



## 1.2: Setting down psychologists' values: BPS Special Interest Group on Race and Culture as a possible model

Knowing that values associated with ethnicity and cultural background have received a good deal of attention from psychologists, I talked informally with two people connected since its inception with the BPS Race and Culture Group about their experience of finding out what are the values psychologists hold. My understanding is as follows:

It seems that the evolution of what are now the respected and agreed values of the Group had a 'natural history' stretching back beyond the time of its formal establishment. Informal supportive conversations took place between concerned people - who would later be some of the Group's founding members. Part of the fruit of these conversations was a common understanding of the relevant values issues. Inevitably, these values issues were set within a wider perspective than simply psychology; this said, they must also to some extent have been informed by the accumulated personal experiences of working in professional psychology of those people involved, and by the fidelity of their perception.

This sort of evolutionary background probably had an enabling function for the eventual setting down of such things as statements of position, and for the conducting of events like workshops of an 'awareness-raising' nature to highlight for workshop members their values connected with race and culture. The leader's facilitation of such a workshop may have something of an imparting, revelatory aspect to it, with the expected output construed in terms of personal discovery within participants. Being dispassionate about such personal issues would be recognised as inappropriate, and probably not possible.

### 1.3: Special Interest Group for Creed and Religion?

With respect to psychologists' values of creed and religion, the sort of development outlined above is not very far advanced in the UK\*. However, there are indications of something similar. For example, Christian psychologists - identified by their membership of the UK Network of Christians in Psychology (NeCIP) (Appendix 1) - have been meeting regularly and informally for support and discussion over several years in various areas, particularly in London, in Oxford and in Hull. It is scarcely surprising that the experience of belonging to a Christian minority within the majority non-Christian psychologist community, has on several occasions been the subject of discussion (eg, NeCIP London Group, 1996a, 1996b).

Examination of the minutes from such meetings, shows that the level of articulation in exploring various values issues is relatively low, being expressed experientially in the main. The setting down and endorsing of a formal 'statement of position' has remained elusive, and has been felt to be premature. This may be due to several factors, such as (i) the endemic individualism which so frequently seems to characterise UK psychologists, Christian or not; (ii) differences among Christians in their degree of religious intensity and tradition; (iii) the complexity of the ways in which Christian

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\*This is in marked contrast to the situation in the USA, where there is a comparatively vast interest in and organisation of psychology and religion - eg, the revision of APA Ethical Practice Guidelines (1992) to include religious values as part of the diversities for which awareness and due consideration are required for good professional practice, and the existence of the thriving 3000-member Christian Association for Psychological Studies. This may be partly a reflection of a generally greater societal commitment to religious tradition - particularly judeo-christian - in the USA; but it is also partly a consequence of the hard work of and infrastructure developed by religiously-committed US psychologists. This is evidenced in a continuous stream of published articles and books, and the longstanding existence of more than a dozen successful specifically-devoted academic journals. However, for at least two reasons, statements of values deriving from this background were not used here: they are drawn from private practice settings where the UK's NHS ethos and management constraints may not apply; and they seem to be almost exclusively informed by one-to-one psychotherapy and counselling modes of practice, not reflecting the diversity of provision of Clinical Psychology services within the UK. It was felt the present study would be better served by adopting a basic research stance, and by keeping comparisons with data from the USA for the Discussion (below).

values interact with psychological practice - for example, less explicit ways, the more obvious value-clashes, and so on; (iv) an impoverished vocabulary currently available to express these vicissitudes - commented upon by Cohen (1994a) and Myers and Baker (1998).

One strategy to elucidate what credal values Christian psychologists hold, might be simply to mark time, awaiting a development similar to that of the BPS Race and Culture Group - ie, the formal setting up of a Special Interest Group\*, within which the psychologists referred to above might codify their position on values of Christian creed and religion. Workshops could be organised to invite other psychologists to make apparent/become more aware of their own creed and religion issues, and the manner in which these interact with professional practice\*\*.

#### 1.4: Collecting data for the eliciting of values

The present study exemplifies an alternative, data-gathering strategy. The experience from the conversations of members of the NeCIP London Group - and probably those of other similar groups - seems to be that information surrounding values emerges more fully in an oblique manner (eg, in conversation about work) than in response to an abrupt question like, "What are your Christian values, with respect to being a psychologist?"

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\*This is the route being followed by Christian psychologists in Australia. The Christianity and Psychology Interest Group of the Australian Psychology Society published its first quarterly Newsletter, At The Crossroads 1(1), in March 1997, in which a main focus on 'values' is set out. The second issue majored on a consideration of 'homosexuality'; and the issues aroused by 'euthanasia' have been announced as the focus for a subsequent number.

\*\*Hall (1996) presents an innovative 'workbook' approach - the printed equivalent of a workshop, so to speak. Published literature (from a sociological background) is presented over several chapters, at the end of each of which is given a case study plus several suggested clinical 'tasks' for the reader to adopt in professional practice. The justification for the tasks seems to lie somewhere between the literature cited and what one senses Hall's own religious values are.



Whatever method of elicitation is used, it is probably subject to Slovic's (1995:364) acknowledgement of the inevitable operation of some psychological variant of the Heisenberg Uncertainty Principle in this sort of data collection. It must be recognised, Slovic maintains, that

values or preferences are commonly *constructed in the process of elicitation* (emphasis added).

Clearly, several methodologies might be appropriate to document values. Kitwood and Smithers (1975:178) recommended the development of an idiographic approach "which makes minimal assumptions" about values elements and organisation. Kilby (1993:222, 227) suggested a combination of qualitative and quantitative methods in order best to assess values, adding various forms of depth interviewing to the usual questionnaire approach.

Following Howard's (1985) emphasis that people's anticipatory processes are involved in the active agency they display as valuing individuals, and his emphasis upon the 'steering function' of values, and the many arguments put forward by Kerruish (1995:128) for person-valuing basic values research (she includes Personal Construct Theory in her commendations), the Repertory Grid technique (Kelly, 1955; Fransella & Bannister, 1977) was chosen as a methodological tool for the present study. The Technique emerged from Kelly's (1955) Personal Construct Theory (PCT). PCT goes a long way towards fulfilling the constraints, and avoiding some of the pitfalls, already mentioned for this research. It is highly idiographically oriented, and views individuals as active in building their ways of being-in-the-world, constructs being axiomatically defined as mechanisms of anticipation. Fransella (1995:59) comments pithily that it is a

theory which is relatively free of both explicit and embedded values: “there are few good or bad ways of construing.”

Published accounts claim different emphases for analysing Repertory Grid Technique data (Winter (1992), for instance, lays greater emphasis upon statistical analysis, while Smith (1995b) and Tindall (1994a) play it down). Nevertheless, all agree that the assessment of construing via the Grid involves some degree of mixture of quantitative and qualitative methods for its administration and analysis.

The Repertory Grid technique essentially requires two tasks of the participant. Firstly, from a very small number of items (usually three; called ‘elements’ within PCT), a personal way of construing them is identified (typically, a way in which two elements are perceived to be similar, and different from the third). This is repeated several times with different items, to build up a selection from the person’s repertoire of ways of construing (called ‘constructs’). Secondly, the person assesses all the elements on each personal construct (forming a ‘Grid’). The most frequently used response key for this assessment is a seven-point rating scale, enabling statistical analysis based upon the correlation matrix of the grid of ratings (Tindall (1994a) talks about Cluster Analysis; more usually Factor Analysis or Principal Components Analysis are referred to\*). This may be accomplished by specialised software such as the Flexigrid (Tschudi, 1984) or Ingrid (Slater, 1977) programmes. Blowers and O’Connor (1996:18) outline the debate between those supportive of the statistical sophistication enabled by such

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\*There are theoretical arguments against the statistical sophistication involved here (eg, Coshall, 1991). (1) Kelly’s original instructions clearly indicate that Elements are to be rated on each *// continued over*

programmes, and those who maintain that over-sophistication in Grid analysis divorces the Technique from the original theoretical simplicity of PCT. The compromise decided upon here was a slightly more piecemeal style of analysis than that of Ingrid or Flexigrid, using the general Factor Analysis programmes (Blowers & O'Connor, 1996:17; Winter, 1992:39; Easterby-Smith, 1981:22) available on SPSSpc, with a Varimax Rotation. I found myself more easily able comprehensibly to re-present the print-out to research participants using these programmes. Despite their lower level of statistical sophistication compared to Flexigrid, etc, the total statistical analysis that the programmes generate is still overwhelming, and I decided to focus upon only part of the results - the rotated factors, and the particular constructs and elements identified as main loadings onto them. Part-usage of the total volume of statistics produced in Grid analysis is not uncommon. In the interactive research reported in Smith (1995b:168, 177) for example - in which he also opted for a less sophisticated analysis device, the GAB programme (Higginbotham & Bannister, 1983) - only the correlation matrix data were selected as a basis for discussion with participants.

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Construct by assigning an 'on-off' category - either the Element is described by This pole of the construct, or by That. Although this seems crude, it accords with Kelly's notion that people construe in a bi-polar fashion, drawing upon constructs like hypotheses, but using the contrast to the descriptor pole not like the Null Hypothesis, but more as a sense-making device, a little like the 'ground' to the 'figure' in Gestalt psychology. When both elements and constructs are tailored to the individual (ie, have been *elicited* from him/her rather than supplied ready-made), such dichotomous categorisation is generally easily accomplished. However, when elements and constructs have reduced personal relevance (ie, have been *supplied* rather than elicited), there are more frequent demands for a sliding scale of ratings, since participants are less willing to make categorical judgments; and, if the ratings from such a grid were compiled into a frequency histogram, the overusage of the middle-of-the-range ratings would give it a look more like the bell-shaped 'normal curve' (unimodal), instead of a shape exemplifying the bimodal distribution Kelly hypothesised.

(2) The original Grid was statistically analysed by employing the Binomial Test to assign probability values to the similarity between any two rows or columns of the Grid. Grids employing a rating scale lend themselves to multivariate statistical procedures - though the ordinal data have to be used as interval data, in order to gain the benefit of, for example, the very impressive graphic representations available with some computer software printout, mapping both element and construct relationships onto one pair of axes. However, the graphs etc are not simple to understand, even for the psychologist!



Returning the data to the person who produced it, is a feature of the clinical use of the *Technique for psychotherapeutic purposes*: the psychologist's understanding of the analysis will need to be 'fed back' to the client. In completing the Grid the client has already set down his or her construal of its constructs. Following computational analysis, the clinician then has to make an interpretation of this statistical analysis of construct and element relationships - in effect, as Blowers and O'Connor (1996:46) state, the clinician is carrying out a further construal of the client's constructs, and the

accuracy of the [clinician's] estimations can be verified only by going back to the client with the grid results and offering an analytic interpretation of them.

Winter (1992:37) similarly refers to the clinician encouraging clients to reflect upon their construing within psychotherapeutic 'learning conversations'.

While acting in a supervisory capacity for postgraduate doctoral studies, I had experimented with extending the use of this 'feedback' process to apply to situations when the Grid is used *for research purposes*. Examples are reported in Hillier (1994) and Stredwick (1995). Smith (1995b:162) recommended that

the analysis of the repertory grid data is discussed with the participants, whose reaction to the analysis in turn forms part of the project's data.

This simple checking out of the researcher's interpretations with participants is a commendable form of ensuring 'respondent validity'. However, the process was modified such that the researcher holds back from analysis and interpretation, and asks the participant for *their* analysis. (This may involve prior explanation, if necessary, in lay terms to each participant about what statistically identified 'factors' are.) Any attempt at theory-building/model-making takes place on the basis of considering all the participants' grid data and interpretations. The researcher draws together in an aggregate or

composite fashion, all the participants' interpretive results in a thematic analysis such as outlined in Burman (1994:50). In comparison with reliance (i) upon the researcher's interpretations on their own, or (ii) upon the researcher's attempt to establish inter-rater reliability in conjunction with other professional/ experts, this process leans towards reliance (iii) upon each participant being their own interpreter. It is not an exclusive emphasis and does not preclude aspects of (i) or (ii).

## **2: Methods**

### **2.1: The First Sample - Generating Elements**

A First Sample of ten psychologists was posted an anonymous questionnaire (see Appendix 2). The inclusion criteria were, employment as an NHS Clinical Psychologist and active adherence to historic Christian beliefs/doctrines. Since the UK NeCIP clearly lists six such 'points of faith', the membership list of that organisation's London Group was used to identify potential participants. Because of the relatively recent ongoing conversations within that Group (above), these psychologists might arguably be described as possessing higher awareness of, and greater experience of talking about, the values issues to be studied\*.

Responses were requested to the following: "What times do you become most aware that you are a Christian when you are at work? (*or* What times are you most conscious of Christian values in your professional work?)". The wording was intended to be informal and free of constraints, encouraging answers in the same vein, focussing only

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\*Cohen (1994b) quotes William James as suggesting that "articulate and fully self-conscious" informants are of particular merit in their capacity to shed light on areas of introspection - James (1902:22).

indirectly on values, with no demand that they be put into words. The emphasis upon “times” was an attempt to direct attention towards behavioural instances and away from theoretical generalisations. Nine of the ten replied, producing in total thirty situations (Appendix 3). From these I wanted to derive a set of Repertory Grid elements which would be standard\* for all participants in the second sample.

The number of situations needed to be reduced. Kelly’s prototypic Grid had twenty elements and twelve constructs, which in experience usually keeps within the limits required in order to avoid participant fatigue. These grid dimensions were planned to be used. The number of Elements was therefore reduced to twenty. This was achieved (i) by keeping only one example of any almost identical items; (ii) by removing highly idiosyncratic items; (iii) by prioritising items which gave good coverage of diverse aspects of psychological work settings; and (iv) by prioritising good coverage of situations which described value-clashes and value-harmony at work (a criterion taken from Kilby’s (1993) values conceptualisation of *conflict* and *compatibility*). (See Appendix 4 for included and omitted items.)

Since none of the situations comprising the set of twenty elements formally stated a value, and since participants in the second sample would be free to express their construal of the elements in their own personal way, there is no absolute cast-iron guarantee that their sets of twelve constructs would be “about” values. The most that might be said for the constructs is that they would represent a repertoire of each

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\*As with constructs, the arguments regarding supplying versus eliciting *elements* have been well rehearsed (eg, Phillips, 1989) - broadly, supplying standard items adds to replicability, saves time and enables aggregation of responses across participants, whereas eliciting individualised items remains faithful to Personal Construct Theory’s fierce adherence to idiographic assessment, and adds immeasurably to the personal meaningfulness of the task. My compromise to supply the elements, but elicit the constructs, was partly driven by the need to keep the time requested of each participant, manageable.



participant's construction of situations when they might feel acutely aware of their Christianity. The obliqueness of the approach was intended to produce richer data than might otherwise be available were participants to have felt backed into the corner of having formally to set forth their 'Christian values'.

## 2.2: Piloting the method

The eventual selection was subjected to the scrutiny and comments of an initial pilot research participant - a Christian psychologist working as a counsellor in a GP practice setting. He was asked (i) to produce twelve personal constructs using the 'Triad Method' with randomly drawn sets of three elements; and (ii) to complete the Repertory Grid thus formed. I administered both parts of the process in person. It became apparent that it was not only possible, but very engaging. Equally, it was both too time-consuming and too fatiguing. It was discontinued after two hours, with the construct elicitation completed, but with the Grid left incomplete.

Most Repertory Grid studies use less complex elements, such as people known to the respondent, or inanimate objects; though Phillips (1989:194) also lists abstract ideas, parts of a job, and educational objectives. The pilot administration had shown that the 'situations' used here, were clearly manageable as elements, and in themselves were not reported as fatiguing. Rather, it seemed to me upon reflection that the novelty and possible threat of the request to create personal constructs from them, demanded greater thinking time than I had anticipated. (This was borne out by spontaneous comments from a second pilot participant, referred to below.)

### 2.3: Developing a revised administration

The administration was pragmatically adjusted to be more 'user-friendly' as follows (see also Appendix 5). (i) A notional one hour was set as the maximum amount of time to be requested from each participant for the Grid work. (ii) The original 30 situations were re-examined and a reduced number of elements was selected, following two principles: one situation was to be drawn from each Sample One respondent, giving an even spread of originators; and within these nine, equal numbers were included of (a) value-clash (three), (b) value-neutral (three) and (c) value-harmony (three) situations. (iii) The triads of elements from which constructs were elicited were no longer random, but specified - each of the three examples of (a), (b) and (c) were used sequentially in the ten distinct ways of combining three different entities: *aaa, aab, aac, abb, acc, abc, bbb, bbc, bcc, ccc*; thus the number of constructs asked for was cut from twelve to ten. (iv) Instructions were re-written and a pre-printed Grid form included, to fill in and return. This made the procedure a DIY exercise, able to be undertaken whenever the respondent wishes, and completed in privacy (the second contact with each person - when they gave their interpretation of the grid results - meant that it could not be anonymous, however).

The new 'slimline' procedure (see Appendix 6) was successfully piloted on two participants - the original person, plus one other (a final year Christian clinical psychology trainee). The request to both of them for this help took place via an initial telephone call, then postal contact.

The elements and constructs identified by statistical analysis as the major loadings on a varimax orthogonal rotation of factors, were listed in a more user-friendly manner (see Appendix 7) than emerged from the SPSSpc Factor Analysis printout, and posted back.

This was in preparation for a telephone conversation, which was recorded, with consent, for transcription purposes. I planned to explain if necessary what the numerical factors/components are in lay, metaphorical terms (eg, envisaging the loadings of various constructs as 'the spokes of an umbrella', and the Factor as the 'handle of the umbrella', asking oneself what the 'umbrella' would be called? - an illustration adapted from Child, 1976:23). It was at this point I introduced the connection between these clusters of meaning, and the delivery of psychological services, asking for each 'christened' factor/component, about its implications for clinical psychological work.

The ensuing conversation flowed freely enough, and showed that talking about personally meaningful ways in which items loaded onto the statistically identified factors was not only possible, but engaging. It was however too complicated to 'christen' using a simple word or a phrase with which to characterise the factor. This request was dropped. Also demonstrated, was the fact that talking about implications for one's professional practice seemed a relatively natural extension of the conversation. A C90 audiocassette was used, but the procedure seemed to take about one hour. (The interview data were not transcribed and analysed, as this part of the pilot study was intended only to assess the viability of the revised procedure.)

#### 2.4: The Second Sample

Formal advertisement in the two 1997 issues (May and December) of *The Christian Psychologist* (national newsletter of NeCIP) produced a disappointing number of volunteer participants (namely, one person only). Similar advertisement, and announcement, at the 1998 NeCIP Conference (February 1998) produced no response



(see Appendix 8 for copy). Therefore, a direct, targeted and individual approach using, with permission, the Network's Membership Database, was employed. Inclusion criteria, as indicated above, were employment as a qualified NHS Clinical Psychologist, and membership of NeCIP - but with no participation in a previous stage of the research.

Thirty people were thus identified.

## 2.5: Procedure

### 2.5.1: Contacting participants

(i) Each person was posted a preparatory letter, which was followed up by (ii) a further contact by telephone or e-mail about ten days later. If consent was given to send the research materials for a no-obligation perusal, this was done, on the stated understanding that the person would either undertake the Grid process and mail it back, or return the materials unused, in an SAE provided. (iii) After one month, any person who had agreed at stage (ii) but had sent nothing back, was posted a reminder letter, followed up by a telephone or e-mail contact about two weeks later\*. (iv) If after this nothing was received, no further attempt was made to re-contact. See Appendix 9 for copies of all materials and other written communications, and section 2.8.1 below for attrition rate data.

### 2.5.2: Part One

Participants completed the construct elicitation exercise and rated the Repertory Grid at their convenience, and returned the Grid form, plus a Demographic Details form, and a

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\*I had actually requested each person to telephone me at work to clarify whether their participation was still active, since I urgently needed to maintain the research momentum. It was most unfortunate that unforeseen localised industrial action put the University telephone exchange out of action for ten days. It is possible that some goodwill may have been thereby lost as potentially active participants tried in vain to get in touch. In the end, I telephoned them.

signed Consent form. Upon receipt, the rotated factor matrices from the factor analysis of the Grid's constructs and elements were computed and set out in straightforward form. (The SPSSpc programme default typically extracts between two and four factors into the matrix, following the *Kaiser criterion* convention of eigenvalues  $>1.0$  - see Child, 1970:43.) The constructs and elements loading onto each factor were printed on a separate numbered page, to facilitate clarity of communication over the telephone. A mutually convenient time was arranged to talk (for between 45 and 60 minutes), and a cover letter, the factor pages, a statistical summary and a copy of the completed Grid was mailed back (see Appendix 10 for examples of this paperwork).

### 2.5.3: Part Two

Construing the telephone conversation as a 'semi-structured interview', the constructs and elements which principally loaded on to the identified factors effectively became the equivalent of its 'interview guide'. The contents of this guide were clearly derived partly from the supplied Elements, and partly from the individual's own elicited Constructs. The 'semi-structured interview' framework took the form of two questions, used by me about each factor discussed: (i) "How do the items identified 'make sense', 'hang together', for you?"; and after talking about this, (ii) "What implications does this 'sense' have for your professional psychological practice?"

During the replies to both questions, I interacted freely with respondents, deliberately probing in an invitational manner, presented sometimes as a 'leading question', in order to elicit detail and clarification. King (1996:182-3) draws comparisons between a 'counselling' interview and a 'research' interview used in the context of qualitative

methodology. The hermeneutic stance I adopted followed several of the points she outlines. She spells out the need sometimes to offer the research participant an interpretation in order to attempt to ensure the validity of the researcher's understanding of what is being said:

“So that I'm not just going along thinking that I understand, I have to check it out” ... The use of basic counselling skills will be valuable in maximising the interviewer's understanding of the interviewee's experiences and feelings from the latter's perspective, even if the researcher fails to get 'close to the bone'.

On the several occasions when I misconstrued a participant's meaning, it was essential that they could correct the misinterpretation I had voiced - and they did not hold back from doing so! I felt that these efforts at understanding enabled a useful sharpening or further framing by the participant of what they had said. Every so often, I requested them openly to tell me if they felt the efforts were overly 'pushy'.

## 2.6: Interview material analysis

Each interview recording was transcribed.

Transcripts were examined, using a qualitative research approach. Strauss and Corbin (1990:17) define qualitative research as

any kind of research that produces findings *not arrived at by means of statistical procedures or other means of quantification* (emphasis added)

and so in this sense the present study is clearly not just *qualitative*, but *qualitative-and-quantitative*, since the interview material was completely driven by the statistical results from the repertory grid. This may be the answer to Boyle's (1998:34) quip in her reflections on the interchange between clinical psychology and qualitative research, that she is



still waiting for someone to suggest that quantitative researchers should take their ANOVAs or multiple regressions back to their participants.

Grounded theory, with its potential for model-building, was chosen as the analytic method. The guidance for conducting a grounded theory analysis has been variously set out by Strauss and Corbin (1990), Charmaz (1995), and Pidgeon and Henwood (1996), among others. Rennie (1998) has helpfully clarified various conceptual divisions hinted at by Pidgeon (1996:82), demonstrating that Strauss and Corbin's (1990) development of the theory draws it away from purely an inductive and hermeneutic process, back into the hypothetico-deductive model. I have been guided more by Charmaz's and Pidgeon and Henwood's instruction, using related practical procedures outlined by Smith (1995a) and Burman (1994).

## 2.6.1: Procedural stages

### 2.6.1.1: *Open coding*

In reading and re-reading the transcript material, line-by-line examination is made of actions and events represented in it, asking questions like 'What is going on?', 'What is this person doing/saying?' The answers to such questions become conceptual labels, assigned to notes in the margin of the text, or transferred to cue cards.

### 2.6.1.2: *Focussed Codes, and Categories*

Focussed codes are the conceptual labels which continually re-appear in the initial coding (I began the analysis with the transcripts of Participants 1 to 4, following Smith, 1995a).

They are used "to sift through large amounts of data" (Charmaz, 1995:40). The researcher selects these 'focussed codes' as having over-riding explanatory significance, using a process of 'constant comparison' to examine data for commonalities, while still

able to continue the open coding for the emergence of possible further focussed codes. I identified seven initial focussed codes (listed in Appendix 11), with which I worked through the remaining transcripts in two groups of five (Participants 5 to 9, and Participants 10 to 14). Over the course of this process of constant comparison, and continued examination via open coding for further focussed codes, refining and elaboration of the original codes took place. One or two original codes were dropped entirely as having no general groundedness in the data as a whole; seven new codes were added. Twelve were eventually settled on as seeming to be discrete and definable (listed in Appendix 12), illustrated by excerpt material identified by open coding from the transcripts.

These were extracted into twelve separate documents. Going back over them, I found myself somewhat caught in a recursive process of 'constant comparison', less at the level of transcripts, more at the level of the twelve sets of excerpts defining the focussed codes. From this process, which overlapped the memo-writing (below), there were three occasions when a couple of codes were seen as more parsimoniously explained by being one code, with two sub-headings, making a new total of nine. Five of the nine appeared to me to me 'major' codes\*, worthy of Charmaz's notion of a Category. At a further juncture in the identification of the properties and characteristics of the five Categories and the four remaining codes, these remaining codes were also subsumed as sub-headings under the five Categories (listed in Appendix 13), and formed the basis for the Analysis (below).

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\*This is a good example of what has sometimes been criticised as overly subjective in qualitative methodology, in that this judgment was my own, albeit based upon extensive examination and 'constant comparison'. Yet even when classification is based upon observable properties of objects it is not entirely objective, as Darwin (1859) testified in the *Origin of Species*: "When a young naturalist commences the study of a group of organisms ... he is at first much perplexed in determining what differences to consider as specific, and what as varietal ... [however] ... he will soon make up his mind ... but he will succeed in this at the expense of admitting much variation - and the truth of this admission will often be disputed by other naturalists." I think I recognise the young naturalist's problem!

### 2.6.1.3: *Memo-writing*

Memo-writing is described by Charmaz (1995:42) as “the intermediate step between coding and the first draft of the completed analysis.” Writing out descriptions of the focussed codes (see Appendix 14 for an example) was a constantly changing process, since the process of review and reflection involved sometimes re-shaped some of the connectedness I had identified at earlier points. It took several drafts of organising and re-organising ideas and excerpt material before the hermeneutic stance I was attempting to adopt seemed settled upon a hierarchical array of more abstract Categories, each of which contained one or more subheading, all liberally illustrated with the statements extracted from the sometimes extraordinarily rich data the participants had provided.

### 2.6.1.4: *Conducting a cull of the illustrative data*

This procedural step is not included in any of the authors I read (it may be their data were not as rich in potential illustration material as the present data, or that I did not transform the data into my own statements of it because so much of it spoke so eloquently for itself). Many painful hours were spent ‘questioning’ each interview excerpt in an effort to exclude anything that was not strictly necessary to back up the Categories and sub-headings. This was done in order to lighten the load on the eventual reader of the analysis. It was also a process of extracting myself from the data!

### 2.6.2: *Interweaving effects between quantitative and qualitative data*

There was a raising of the level of abstraction in the repertory grid completion *from* Elements *to* the more abstract Constructs, then ‘upwards’ again to the more abstract Factors. Rising levels of generality were recapitulated from the interview level -



transcription, line-by-line coding, etc - upwards, with a certain amount of interchange maintained between quantitative grid analysis and qualitative interview analysis because every so often the transcript material would deliberately refer for example to particular factor loadings, or particular pairs of construct poles. However, the illustrative excerpt material, eventually included only a small amount of Element and Construct quotes, because the interpretive comments made by participants *about* the constructs, elements, and their inter-relationships, seemed more germane to the analysis.

### 2.7: Assessing the robustness of the grounded theory Categories

From my own categorisation of the data into the final five Categories, I selected twenty-six pertinent exemplars\*. These were presented to four colleagues, two counselling psychologists in training, two NHS clinical psychologists several years post-qualification. Two colleagues were practising Christians, two were not (one of these had an Orthodox Christian upbringing, the other was committed into a nonChristian religion). They were given brief descriptions of the Categories. (The first two were separated into two sub-headings, so that seven Category headings were used in the statistical analysis that followed.) The task they agreed to complete was to allocate the illustrative excerpts from the interview data, to the categories to which they thought the twenty-six excerpts belonged (Appendix 15).

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\*With the planned research timeframe behind schedule, the procedure described in section 2.7 took place when the number of categories being used was nine; and three of these were subdivided in two - making a total of twelve. Approximately two exemplars came from each of the twelve - the number 26 was a slightly whimsical choice, so that each could be designated by one letter from the complete English alphabet.

The Kappa statistic (Siegel & Castellan, 1988:284) was computed from the eventual sets of allocations (mine and the four colleagues'), giving a co-efficient of agreement of +0.614. The probability of obtaining such a value is less than  $p=0.000$ . Altman (1991:472) categorises a Kappa statistic of this level as demonstrating *good strength of agreement* between the raters concerned\*.

The Categories were therefore assumed to be reasonably 'recognisable' from the data, to psychologists other than myself.

## 2.8: Return rate, and demographic details of the fourteen eventual participants

### 2.8.1: Return rate

Of the 30 psychologists identified as fulfilling the inclusion criteria,

- 5 (16.6%) were contactable only by postal address, and did not reply to either letter
- 5 (16.6%) were willing to peruse the materials, but stated they were unable to participate further
- 6 (20%) were willing to peruse the materials, and stated their willingness to take part, but then did not return them
- 14 (46.6%) were willing to peruse materials, returned them completed, and were subsequently interviewed

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\* The testing via the Kappa statistic took place at a time when I was working with twelve focussed codes (section 2.6.1.2 above) - hence the format in Appendix 15. I found myself later going back recursively over the 'refining' process (Pidgeon & Henwood, 1996:88) of the emerging Grounded Theory. As a result, five of the original twelve focussed codes were re-grouped as component themes of seven eventual categories (Categories One and Two of the five reported in the Analysis section were subjected to the 'robustness' test in the form of their two sub-divisions - hence seven). The rating task data were originally analysed for the twelve category condition. Under this condition, the eventual statistic was +0.557 - at the top of the *moderate strength of agreement* range of scores. Re-analysed for the seven categories, the slightly higher Kappa of +0.614 was obtained (in the *good strength of agreement* range). The statistical procedural steps involved, control for chance; so that the seven categories under which the re-analysis took place, while ostensibly giving greater likelihood of chance agreement, were both a more parsimonious arrangement of the data, and - as shown by the higher value of Kappa - recognised to be so by the raters.

## 2.8.2: Aggregate demographics of the fourteen eventual participants

### 2.8.2.1: *UK Location*

Northern England	6 (42.8%)
Midlands	3 (21.4%)
Southern England	5 (35.7%)

### 2.8.2.2: *Age*

20-29 years	2 (14.2%)
30-39 years	5 (35.7%)
40-49 years	5 (35.7%)
50+ years	2 (14.2%)

### 2.8.2.3: *Sex*

Female	11 (78.6%)
Male	3 (21.4%)

### 2.8.2.4: *Years since qualification*

0-4	3 (21.4%)
5-9	2 (14.2%)
10-19	5 (35.7%)
20+	4 (28.5%)

### 2.8.2.5: *Years since committed Christian\**

0-4	1 (7.1%)
5-9	1 (7.1%)
10-19	9 (64.2%)
20+	3 (21.4%)

### 2.8.2.6: *Order of Qualification and Christian commitment*

Professional qualification first	4 (28.5%)
Christian commitment first	10 (71.4%)

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\*No data were collected on participants' religious tradition. All NeCIP members assent at least nominally to the 'Points of Faith' upheld by the organisation (see Appendix 1). From the doctrinal position indicated by these points of faith, it might be assumed that the Christian denominational preference of all the participants tended towards a 'low' rather than a 'high' church stance (i.e., evangelical rather than liberal). I sensed this to be so for a little over half of them, the interview conversations with the rest suggesting that this preference was not uniform. In addition, I had the impression that the great majority had a Protestant rather than Roman Catholic or Orthodox background.



#### 2.8.2.7: *Clinical specialty* (NB: four had split posts)

Adult	6
Child and Family	4
Learning Disabilities	2
Older Adults	3
Rehabilitation	1
Neuropsychology	1
Forensic	1

#### 2.8.2.8: *WTE*

Full-time	7 (50%)
Part-time	7 (50%)

#### 2.8.2.9: *Approximate proportion of work involved in - mean % values* (NB: of the % listings given by participants, not all added to 100)

Individual	58%
Couple/Family	9%
Groupwork	2%
Indirect with carers	14%
Indirect with staff or organisation	20%

#### 2.8.2.10: *Overall profile*

Although participants were not targetted for coverage of UK clinical psychologists in the NHS, the group's demographics satisfied my aim for a representative sample. Their data demonstrate a reasonable professional diversity in every respect except geographical location (I had involved ten London psychologists in Sample 1, but there were no participants among the final fourteen from Wales, Northern Ireland or Scotland). With respect to Christian commitment, there were very few 'recent' Christians, and most had qualified as clinical psychologists after their Christian commitment.

## Analysis of interviews to interpret repertory grid results

### 1: Introduction

#### 1.1: Conventions for illustrative extracts within the analysis

Extract material is labelled by Participant number, and transcript page number - for example, **P8:7** would indicate an extract from the seventh page of Participant 8's composite transcript (the 'composite' transcript contained both the repertory grid results and the interpretive interview).

Interview extracts contain	...	to show omitted material,
	[ ]	to add clarifying details or words
	/	to indicate a sudden break in speech

Words particularly emphasising the purpose for which the extract is quoted, are *italicised*.

#### 1.2 Outline of categories

The first category is *Added Value*, by which is intended participants' talk that their Christian commitment gave a helpful supplement to various aspects of their clinical psychological work, which would otherwise have been missing. The second, *Speaking Out*, brings together the many issues spoken of, concerning workplace disclosure of their Christian commitment. Thirdly, *Challenge* is the category which stories participants' accounts of clash between professional and religious values. Fourth, *Harmony*, may best be viewed as the opposite to the third category. Finally, *The Big Picture* is a category to express the many references by participants to their experience that one involvement

(generally, religious) was sometimes sensed to subsume the other (generally, clinical psychological).

## **2: Category One - ADDED VALUE**

Participants alluded every so often to performance-enhancing aspects to their work as psychologists, which were attributed to Christian commitment. One strand concerned improvements of their professional practice standards; the second strand focussed upon personal support and development gained from being a Christian. (The 'added value' aspects were taken to be 'added' in comparison to the performance of hypothetical nonChristian colleagues, or the participant were she or he not to be a Christian.)

### **2.1: The value to the NHS Psychology Service, of participants being Christian clinical psychologists**

#### **2.1.1: Predictable characteristics**

Some of the improvements to performance mentioned were predictable, given participants' Christian commitment, from biblical sentiments such as those expressed in the Sermon on the Mount, which details desirable aspects which ought to typify the personality characteristics of the committed Christian.

**P1:2** I think I've always been quite caring and then, uhm, being a Christian has really planted that feeling in me, compassion

**P8:8** The Christian, having those values of love and compassion - one can influence [others] by means of those values, without expecting them to become born again, or whatever

**P12:9** I would still have the thoughts that whatever somebody was doing, Jesus loves them, do you know what I mean? ... I think it helps me to want to try and work with anybody who comes to me, I think it frees me up to try and be there for somebody - I think it has quite a positive impact on what I do



The extra compassion and motivation referred to, might have seemed a little too good to be true - but when similar comments came from a service manager with well over twenty years' NHS experience, they struck me as having added credibility:

**P13:8** Actually the drive [for her to work as a psychologist with older adults] comes from not being able to just turn your back on suffering ... *It's a very heavily value-laden way of life*

The way she talked about her motivation for work gave the impression of her being a 'conviction psychologist':

**P13:8** If I have motiv-, what I do, I believe, *comes from my Christianity not my psychology*. I believe the reason I'm working with older people, for example, is because they are subject to ageism, [put] on the baggage heap, and quite often, restrained, abused with drugs, or put into care to die. So therefore, *what I believe I'm doing, is the Christianity message that's gone out there - [to] people that have no voice, and no access to voice*

And the extra motivation extended into her research:

**P13:8** Some of the challenging behaviour work [a current research project] that I'm doing is based fairly heavily in psychology - but *the passion that then goes beyond that, the Christian bit that goes beyond that, drives me to say, 'Why doesn't this work? Let me go find [out]'*

### 2.1.2: Affinity for the spiritual

Another unsurprising element of 'added value' was participants' reference to their affinity for, capacity to understand and deal with, clients' spiritual concerns:

**P2:8** What the client's saying [about religious and spiritual attributions], I feel that I could add more as a Christian, I feel [I] might be able to be helpful

**P1:3** [With Older Adults who have disclosed they are Christians] Giving them encouragement, spiritually, helping them to see, if they're stuck with wondering, why has this happened to them ... I can help more in that way, which the nonChristian perhaps wouldn't be able to do

Participant 1 gave clear expression to her recognition of spiritual aspects of clients' problems, and to her estimation that other colleagues might ignore these - sometimes deliberately:

**P1:2** Every fortnight we meet together, present a case, a piece of research, and I find that really interesting to see how my values sort of differ from, or maybe even *recognising that there are spiritual implications underlying some of these problems which aren't being addressed from the psychologist's point of view, but which are obviously important*

**P1:6** [After she had opened up conversation about spiritual issues with an inpatient] The psychiatrist had written something [about the matter] in the notes, and I rang him back, wanted to have a talk with him about it ... he sort of backed out of it and said he couldn't remember anything, and *if she* [the client] *had said anything anyway he wouldn't take any notice*

### 2.1.3: Organisational aspects

Others expressed additions to their work performance in areas which were less immediately oriented towards the individual client - for example, service values:

**P14:3 MB** So Christian values and the core values of your practice, are, are pretty much in harmony?

**P14** Yep, yes, that's right - I don't sense a tension there in that kind of sense. So in that way, ehm, the practice is very much enhanced, because I'm often able to communicate and understand these principles better than my colleagues, because I know why they're there, I know why they make sense, and they're not therefore just a jargon or whatever. So in that sense, it's a very positive impact upon clinical practice

**P4:11** It's concordance, holistic experience - you have more belief in [your work], and you may be more able to progress it ... There's more likelihood of you being enthusiastic about it ... some changes that you try to make, you're sort of 70% behind them, but not 100% behind them - whereas this [particular change] may have more of a chance if you're feeling wholly behind it, of being effective

Participant 7, a Learning Disabilities psychologist in a multi-disciplinary team (MDT) setting, stated his experience more colloquially: acting from Christian values 'turns out to be good psychology'.

**P7:9** I'll sometimes kind of step out of line a bit as far as other people are concerned ... Probably surprise and puzzle people occasionally - in the sense that I'll treat them as a person - which actually turns out to be quite good psychology, it gets a very good response, it's a very simple thing. And, surprise colleagues because sometimes I will come up with that, and say, 'Well, just treat them [clients] as people' - which can be quite challenging sometimes

Participant 9 told how she had noted the quiet effectiveness over time, of the 'peacemaker' role of the Christian (as in The Beatitudes of the New Testament):

**P9:3** A long time back when I got involved in [a major UK professional psychology organisation], centrally, I prayed about my involvement there, I prayed to be able to bring a Christian influence; I wanted to bring God (laugh) into that kind of setting. I'd never do that in a very overt way, a very forceful way, but in some ways I think my involvement, including my continuing involvement, has been achieving, *in terms of being able to bring harmony to different people*

## 2.2: The personal value to individual participants, of their being Christian clinical psychologists

### 2.2.1: Experiences of personal support

These expressions of 'added value' were not so altruistic, but more self serving, compared to those above. Participant 2, for example, indicated the effects of post-session prayer upon herself. When I asked if this verged upon a spiritual version of personal support - not unpredictable from the many biblical statements about the sort of relationship to be expected between God and the committed believer - she responded warmly and positively:

**P2:9** I would actually pray for them [clients] after the session; ... Certainly *that would have an effect on me*. Praying for them would certainly be like, er, off-loading, so that I wouldn't feel that I have to keep carrying what they've been saying

MB Jesus as sort of supervisor?

P2 Yes, yes, yes

MB A colleague to talk to?

P2 Yes, yes

Participant 6 alluded to prayer as giving her an important and helpful experience of support:

**P6:4** A zone or boundary where maybe I'm starting to get into uncharted territory ... [these are] times when you're slightly more having to think on your feet, when you're feeling out of your depth and therefore much more likely to pray

**P6:5** There's a nice Ignatian term, 'consolations and desolations'... If I can take the time to reflect on a day, or issues, or whatever, there is much more likelihood that I can, in a sense, move into the consolations, I can start to *pray into the difficult areas, feel that things do have hope*

### 2.2.2: Divine communion

The personal value of their easily mobilised spiritual awareness as a resource was also experienced as a support in difficult clinical situations, described in slightly mystical



terms, or as a 'peak experience'. It was not, however, a resource under the control of the psychologist; in that sense, it was unpredictable:

**P3:9** It's like the light's coming on, isn't it? Somewhere you're battling away in the world, and suddenly the light comes on somewhere, like a beam from above, almost (laugh) - that's what appeals, the first thing that grabs me: you're battling away with this really heavy case, and then suddenly you get, almost, like a blast of the Holy Spirit, phew, Jesus loves you, so it's all right. It's like a sense of relief, within me

**P9:7** [In work, there are] moments of healing, synthesis, and other things like that, as opposed to the kind of perturbations which you know occur; sort of it's like feeling moments of mysticism, or a moment of communion with God, or a moment of communion with other people which feels reminiscent of that closeness to God

### 2.2.3: Flow of energy

Others described less momentary experience, using more future-oriented words indicating motivation, purpose:

**P4:11** It's ... a more integrated experience ... *it's like a vision thing isn't it - the vision for your service* ... If you think about the ideas of burnout or stress at work, often those are quite relevant, or if you think of intrinsic motivation at work - a lot of these factors are quite important in keeping one going

**P13:12** I'm upset in [intractable clinical situations] ... I then think 'Well, what am I really trying to achieve here?', and, 'How is it that God can help me?' The motive, my motivating factor is Christianity - for me, not for others - the thing that keeps me going

These references to nonspecifics like energy, envisioning, supernatural power and supernatural encounter gave me a sense of the mystical within the workaday, that was very evidently appreciated - sometimes practised as a spiritual habit, but at other times breaking in surprisingly, though infrequently:

**P3:4 MB** A touch of the supernatural?

**P3** Fab! (laugh) - it rarely happens, but when it does, it's good

## **2.3: Summary of Category One - ADDED VALUE**

### **2.3.1: The value to the NHS client was talked about as:**

- **'predictable' Christian characteristics of participants -  
compassion, whatever the client's condition  
love  
understanding  
enhanced motivation for caregiving**
- **affinity in participants for  
recognising spiritual issues  
understanding spiritual issues**

### **2.3.2: The value to professional psychology was talked about as:**

- **enhanced conviction and enthusiasm for service values where congruent with  
religious values**
- **encouraging and facilitating other colleagues  
in worthy role-model characteristics  
in 'peacemaker' role among colleagues**

### **2.3.3: The personally-experienced value to individual participants was talked about as:**

- **experience of support of a spiritual nature  
including enhanced sense of personal energy**
- **occasional sense of divine communion, 'peak experiences'**

### **3: Category Two - SPEAKING OUT**

#### **3.1: To Disclose, Or Not To Disclose? Christian issues, spoken of as something to be expressed or not expressed**

##### **3.1.1: Professional nondisclosure versus Christian disclosure**

Participants spoke often of issues concerning disclosure of their religious commitment and values - it was this Category for which the greatest number of extracts were coded. Disclosure was most frequently mentioned in terms of a tension between a general stance among professional clinical psychologists of relative *non-disclosure*, especially to clients, and the historic Christian tradition of *open disclosure*.

From the classical practice of Freud, to the tenets of client-centred therapy, it has been common among the psychologically-oriented helping professions for good practice to be linked with a *de-focussing upon the professional's personal issues*, in order to concentrate upon and give best service to the client. In contrast, from Bishop Polycarp's martyrdom speech, to Bishop Tutu's 'Divine Imperative' address to the 1982 South African government commission (Tutu, 1994:53), Christians have expressed their *religious duty openly to declare and uphold their personal involvement in the values enshrined in historic Christian teaching*.

Additionally, the medium of Christian testimony is most often the spoken word. Service provision in clinical psychology also has a general *modus vivendi* in speech, which makes it one of many employments where in theory the opportunity for on-the-job disclosure of any sort might be thought to be greater than something like, for example, long distance lorry driving or playing the saxophone. Further, the Bible enjoins Christians generally to share not only an attitude of caring, but also the informational side of the Christian



Gospel ('gospel' meaning, 'good news'). This is a duty; but for those Christians whose work involves them talking to distressed people, there may be added to their sense of *duty*, a heightened *desire* to disclose their religious values and orientation, as part of their care for others. Christians who work as clinical psychologists would not be immune from this.

The sort of tension participants spoke about, was put into words by one of Participant 5's constructs about her work:

<b>P5:1</b>	I am conscious of having to hold back what I really believe & think	vs	I am free to think, say & do what is in line with my beliefs - have integrity
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Another participant alluded to 'coming out', as though his Christian commitment were a hidden identity, and his occasions of openness similar to the coming out process referred to by the homosexual community (eg, Kahn, 1991):

**P7:4** The thing that comes into my mind [to describe a group of Constructs] is, staying in and coming out ... I think it's feeling as if I'm withdrawing; versus, feeling as if I'm able to kind of, be more able to express myself

The palpable relief at being able to express Christian beliefs and values is indicated by words like 'free' (above), in comparison to the constraint otherwise experienced:

**P12:11** The dimension that is missing in my psychology is just *not being able* to discuss things in the context of, ehm, faith in a shared way

This person told me the 'missing dimension' had affected her so greatly that she had recently dropped from 1.0 to .5 WTE in her NHS post, for the purpose of taking up a .5 counselling appointment with her local church in which she could speak about Christian aspects of her professional caring in an unrestrained manner.

### 3.1.2: Do not judge

Alongside accounts of the aversive experience of such felt impositions of restriction, some participants also spoke of deliberate decisions they made themselves, not to disclose - sometimes quite vehemently worded. The motivation was a value seemingly superordinate to their openness about being a Christian - that of *not judging others*; in particular, *not imposing their own judgments and views on clients, or colleagues*. For example,

**P3:11** I'd have less problem with a colleague or a client revealing they were doing something against Christian values. At the end of the day it's not my position to judge ... [It's] about people getting on with their own lives, and I feel *one of my bees I always get in my bonnet is about judgment - it's not my place to judge*

**P11:5** I'm in a work situation as a psychologist, and it's not that matters of faith wouldn't emerge, but I'm aware that other people have the freedom to have their own position, even if that is one that I don't hold with

### 3.1.3: Colleagues versus Clients

There was a clear difference between participants' accounts of disclosing their Christian values and standards to colleagues, and doing so to clients. With fellow psychologists, and with other MDT staff, far less *professional* caution was evident.

**P5:11** If a *client* asked me about my religious convictions ... I'm not that specific, because I just don't know what's behind her question - so I feel a caution and I'm aware that what I say could affect what she's here to work on, if she discovers something about me ... [With *colleagues*] I think it's different - ehm, that's quite OK if they want to express their views, then I can chip in as well

However, more recent qualifiers experienced their fair share of *personal* caution at sharing their beliefs with colleagues:

**P10:5** A thing that comes up quite a lot in neuro[psychology] at the moment, is people who aren't able to make a sexual relationship anywhere: 'Let's get some prostitutes in, let's follow this kind of line' - just sex, sex for [its own] sake; ... the whole thing about, staff should be helping pro-actively clients engaged in same-sex relationships, unmarried relationships. That's quite a big thing for me. *I sit there thinking 'This is completely wrong, but I can't say that.'* I always find that very difficult

This same participant also typified the much greater *professional* caution in disclosing to clients - though on one occasion she had done so openly, but only after the official appointment time was over:

**P10:1** I'm very cautious about - I would say that, apart from one occasion, I can't ever remember talking about Christian things with a client

**P10:2** Only once, somebody asked me explicitly what I think about spiritual things - but I put it outside of the session (laugh). I suppose I didn't feel that's appropriate, at this point. But then at the end of the session, when it was clear it was finished, and that wasn't therapeutic time in a way - I think that was how I justified it to myself - I said, 'This is what I believe', and I actually sort of said it in black and white, in a couple of minutes. But I was aware the whole time that I didn't know if my colleagues would approve of that

Participant 3 considered the difference between disclosure to colleagues, and to clients, partly in terms of issues of power, and partly in terms of the quality of relationships elicited in clinical settings. An empathic relationship was in her view more conducive to disclosure.

**P3:5** I hadn't noticed this, but the glaring thing is, that I don't like challenging colleagues, or being aware of Christianity, or [the] lack of it, within colleagues. I find that much more difficult to handle, obviously (laugh), than with clients ... I don't know if that's the power differential ... I'm a junior member of the Department, whereas when I'm with a client I'm in a very powerful position, perhaps I'm able to handle that much better ... It may also be about the empathy, the being in tune with clients, uhm, it's easier to do than it is with colleagues

The power differential between herself and a client, paralleled that between her colleagues and herself, as a recently-qualified member of staff. The personal difficulty this posed, led her to *reverse* the professional consideration whereby participants were generally more cautious about disclosure to clients than to colleagues:

**P3:5** I am much less likely to disclose my faith to colleagues, than I am with clients - much less. Partly because my manager's an atheist. I find that quite difficult - because then you do get awkward questions, and some people who say, 'Well I don't believe the same thing', and you get into an argument



### 3.2: To Disclose, Or Not To Disclose? - with colleagues

#### 3.2.1: Time since qualification

Older participants were more likely to have been qualified for longer time, and to be more senior members of their Departments. They spoke of openly disclosing Christian beliefs and values to colleagues as easier to do, than, say, Participant 3 above.

Participants 7 and 13 had both been qualified for over twenty years:

**P7:3** All of us ... have personal frameworks, and I suppose this is my personal framework, which is a Christian one ... Where it is relevant and appropriate, where it sort of emerges, I would make my values base explicit, whereas I think a lot of other people don't

**P13:6** Now, because of spirituality-in-old-age being a buzz word, we have much more discussion about 'Why Christianity, rather than anything else?' ... People are talking more about it - we can, ehm, yes, then we would have to have a discussion about 'Why Christianity rather than anything else?'

#### 3.2.2: Hypothetical situations

The way in which participants would take up opportunities publicly to talk about Christian issues was not infrequently spoken of as *that which hypothetically they would do*, sometimes with a touch of embarrassment indicated, that they were not *in reality* more overtly expressive:

**P8:15** It does make one wonder *if there could be* more definite effort within health service practice to share at the beginning of any health service policy, to have discussions about, one's value system ... I think people have to dodge round it a lot because they maybe see it as too fraught with complications ... *It might be useful to make that more on-the-table - where I'm coming, where you're coming from, what do we have in common?*

**P10:1** My witness at work - in terms of colleagues - would make me feel like I should be saying something, even though lots of the time I don't, I'm very aware that I don't do that as much as I should - I mean if people ask me explicitly, I'm quite good at it; [but] I'm aware that the challenge *would sometimes be in my head, rather than [getting] any further than that*

**P3:7** If they're expressing views I didn't share, I wouldn't make a song and dance about it ... It doesn't make any difference for my practice - but *I'm aware that it should have. I think the ideal and the reality are very much separated on this ... The problem is I'm a coward as well* (laugh) ... When I want to say anything, I usually think, 'Oh it's not worth it, we'll get into a fight about it.' I suppose I'm a very 'gently, gently' Christian, don't like getting people's backs up - and thereagain I don't like confrontation

**P1:7** I think for me personally sometimes *I'm not expressive enough about my beliefs*, with colleagues

Participant 1 clarified a superordinate concern that was only hinted at by several others: what was at stake for her in not being sufficiently expressive, concerned the honour she was thereby giving - or not giving - to God.

**P1:7** This is one thing I struggle with I think - who am I honouring? You know, sometimes, if I don't say anything, feeling I should have actually said something, and that was an opportunity, and really I've not stood up for my beliefs, or stood up for God, so to speak

### 3.2.3: Anticipated peer criticism

One motivation for more recently qualified participants not being more expressive, was the foreboding that they would be judged negatively by colleagues if they were to do so:

**P1:5** ... an anxiety about, if I do say something, *how it's going to be received?* - either that, or anxiety about whether I should or not say anything

**P10:3** There's kind of 'normal life' stuff ... I think in some offices [ie, workplaces outside of clinical psychology] it would be really easy, to say 'I don't think homosexuality's right' and that people would accept that without having even a Christian conviction behind it. *But I think that psychology, kind of stands up as being very politically correct, everybody is equal and right, and I would find it very difficult to say, 'I don't agree with that'*

Participant 7 indicated he had found the anticipations of negative reactions to have been unfounded (this was among MDT colleagues, whereas Participants 1 and 10 were speaking of an all-psychologist situation):

**P7:4** I don't think I've ever alienated myself because of my Christianity

MB So where there's a public expression, you/

P7 /It's been in a situation where I've been able to maintain relationship; usually the response that I get is a positive one

### 3.2.4: Costing the 'worthwhileness' of disclosure possibilities

The exercise of discrimination over whether to give expression to Christian values in any particular situation, was noted. Some (including Participant 7 above) assessed the

viability of a situation for what they considered to be worthwhile disclosure, and sometimes deliberately opted not to engage with on-going colleague conversation:

**P7:11** That [group of Elements] really is about feeling 'I don't really want to be part of that'. Partly from the point of view of having a conflicting value system, but also sometimes feeling that's not the issue ... There will be times when I would either become more engaged and express my own views, or challenge what's being said. Or, I might just dissociate myself - even physically, but in a polite way

**P13:2** [Very busy at work, and a discussion emerges on something rather general like 'the meaning of life':] I quite often distance myself, so I don't get involved in the discussion. I self-talk - if I think I'm going to get involved, I just say 'No, what will I gain from that?'

### 3.3: To Disclose, Or Not To Disclose? - with clients

#### 3.3.1: Variable degrees of cautiousness

There were varying degrees of acceptance expressed by participants regarding disclosure to a client, from overt pleasure at the opportunity to do so, to great caution at mentioning anything at all:

**P13:14** [Talking about the Grid Element, *A client asks me about my religious convictions:*] Oh yes, yes, love to - and, actively work with it, all of that. Because my belief is it's the best - what my religious convictions [are], my model of God and my Bible is the best I have to offer anybody. If anybody's interested, then I'll tell them about it, every bit of it, whatever they want (laugh). But it is about making sure people want to hear and I'm not imposing

**P6:9** It's almost like the badge you wear, and in the positive [factor] loadings, it's about having more of an open door, or permission, to actually talk about the badge you wear. Whereas the negative loading is something about, much more difficult, and maybe not always overt permission, and something you have to be a lot more, er, creative (laugh) ... [It's] a gut feeling thing - sometimes, 'Oh great! here I go'; in the other [Grid Element situation] it's a sort of stomach-churning, 'Oh my goodness, how are we going to deal with this?' It's quite a sort of gut response - to do with, is it going to be OK and permissible here, or is it not?

**P5:4** I'm very careful what I say and what I don't say. I never pray with a patient ... I think it changes the relationship



### 3.3.2 Legitimacy

The overriding concern was with legitimacy of disclosure, given the power differential between psychologist and client. Generally, if the client requested disclosure, this was responded to - but even then, with caution:

**P11:9** I wouldn't, with clients, kind of openly kind of state my [Christian] position unless they provided that opening

**P2:3** It would be legitimate and OK to discuss [Christian] things with a client - appropriate perhaps because the client has raised the issue, or a discussion of their goals would be appropriate, professionally appropriate ... [then, I've] been given an opportunity to talk

**P1:10** Occasionally people do ask me about my religious convictions, or sometimes they tell me things about their beliefs; and I don't often, [even] then - unless they ask a question about my beliefs - say

**P10:3** People know that I am a Christian, but I do feel very strongly that the Department wouldn't pay for saying anything explicitly [about Christianity] ... If anyone put me on the spot, actually asked straight out what I believe ... I think I'd always find a way of giving an answer to that

### 3.3.3: Compromised integrity

For Participant 12 (who had reduced her NHS hours by fifty per cent), her professional reluctance simultaneously gave rise to the experience of personal distress at having compromised her integrity:

**P12:4** MB If people were to ask you, you'd probably be quite open [about your faith] ?  
**P12** I wouldn't do that in a clinical setting. I would be more likely to respond with, 'Different people believe different things' and I wouldn't actually share what I believe - and that's become much more of a tension for me over the last few years ... because I feel I'm not being true to myself, or my faith

The tension between the 'divine imperative' and the need to maintain her standards of professional practice, led Participant 10 to compromise by distinguishing between *NHS* time and *her own* time:

**P10:2** Somebody said to me, "What do you believe?" - and she's somebody that's going to die, quite quickly. And I justified it by thinking that I can't stand before God and say that I didn't say something to her, I justified by doing, like, this is the end of your space [ie, NHS appointment time] (laugh), this is me [ie, my time in which to disclose]

### 3.3.4: Clients who are themselves Christians

A further aspect of legitimacy in disclosure emerged when participants talked about seeing clients who themselves had disclosed that they were Christians:

**P8:2** If there's an issue which the client for instance is referring to directly from a Christian point of view, one might agree or disagree, or at least make explicit the fact that you know where they're coming from, which you might not be able to do, with someone of a different value system

**P8:3** In therapy, [a client] might say, 'By the way, I'm a Christian, and I believe so and so, and it's relevant to what I'm talking about at the moment'

MB And would you then disclose, yourself?

P8 I would disclose, because I always think that, any therapist's approach is going to be their own individual value system anyway, whether it's explicit or not, so to me it seems to be a kind of honest response to their saying what their value system is

Participant 8's custom to give the 'honest response' contrasted strongly (i) with

Participant 5's feeling of much greater caution when working with a Christian, and (ii)

with Participant 4's approach to decide on a case-by-case basis.

**P5:2** *I find it harder with patients who are Christians ... I have to be even more cautious, I mean they don't generally know what I am or who I am ... One spotted a fish sticker on my car, which blew the whole thing, and now they've got to work through that*

**P4:2** There are some situations where you're very aware that if you declared any Christian faith, well it almost might be counter-productive ... I remember working with somebody who was very in love with her vicar - that was a time when I thought, 'No, that [ie, Christian faith] is something I definitely can't talk about, or even mention'

### 3.3.5: Research protocol

Another complicating factor for Participant 2 was that some of her clinical work was within an on-going research project with a fairly strict procedure laid down:

**P2:4** The [task represented by several construct poles] would be to decide whether it was appropriate to sort of challenge the client or to give them an opportunity to talk about religious beliefs, *and that would influence the content of the session*; I'd be weighing up whether that was appropriate [within the research protocol]

### 3.3.6: Steering the conversation

Participant 10 spoke about the one-off occasion when she broke her strict rule of *not* talking to a client about spiritual issues (above). Her response to this clear request from the client adopted a ‘steering’ approach, driven discriminatively by her own value system as much as by her heartfelt concern for the client. Her account of the incident had made it very clear that this occasion was an exception, and having waited until the end of the appointment time, she did construe it as conversation outside of ‘therapeutic time’. Nevertheless, the brief details she mentioned brought to mind the issue of dual identity slipping into that of dual relationships:

**P10:4** I did talk about what she thought about [Christianity], and what was stopping her exploring it ... and I did steer the conversation into how she might explore that, and what sort of churches were around this area. And yeah, I think to some extent I was steering it, I certainly wouldn't have followed up any leads if she'd have said, 'Oh, there's a really good Jehovah's Witness place at the end of the road' - I'd have probably ignored that, and said 'What other options are there?' If she'd have said, 'Oh, there's a really good Baptist Church', I'd have said, 'Do you know anyone that goes there?' - something like that

### 3.3.7: Prompts for clients to express their own spiritual concerns

A variation on ‘steering the conversation’, was mentioned by participants who handled their expressiveness of Christian faith, by the facilitative approach of giving a nondirective prompt to permit *clients to express their own thinking about spiritual issues*, if they wished. Such prompts were spoken of as releasing expression of spiritual issues without over-influencing clients. Given the possibility that the stereotype of ‘a clinical psychologist’ might be that of a professional who is dismissive of the spiritual, this was also seen as a way of signalling the normalcy of these issues, and of ‘permission’ for clients to talk about them, if they took up the invitation. Participant 5 put it most clearly:

**P5:7** By asking the question, ‘Do you have a spiritual belief?’, maybe in that, I am suggesting [that] to have a spiritual belief is not abnormal - to think about that, and therefore giving them permission to look for spiritual things



### 3.3.8: In-session sub-vocal prayer

Participants frequently spoke of their sense of God being present with them during on-going client work - such as the 'peak experiences', and personal support experienced through prayer, mentioned above. Another aspect of this spiritual sense, was the exercise of in-session sub-vocal prayer to God simultaneously as they dealt with clients. This seemed to constitute *a silent expression of faith values* which would neither intrude upon client talk, nor contravene any imagined or real Code of Conduct. The praying was not felt in any way to detract from the quality of attention paid to the client (possibly because it may have been an overlearned behaviour) - perhaps the opposite:

**P1:5** Sometimes it's better to keep quiet ... better not to have said anything, and just in faith prayed about the person ... It's something I've been aware of recently, the value of listening and also praying

**P13:2** Where somebody's actually suffering and I'm at a total loss, and I have to pray then ... it doesn't mean I actually go and do anything, but I actively pray

### 3.3.9: Under-stated Christian disclosure

I was struck by the muted, low key nature of the varieties of expression participants said they exercised - falling a long way short of what one might imagine they would say or do, given (i) the warm way in which they felt their Christianity added to their performance as psychologists, and (ii) several references to the 'divine imperative' to communicate the Christian message. For example, no statement in any interview referred to active proselytising - usually the opposite:

**14:8** I'm not there in any proselytising capacity, either to faith or to a set of values that spring just from the faith. Where the values and the faith are consistent, ie, where the professional values and the kind of social policy values are there, then that's not a problem. You know, I can say without doubt that every person with a disability should be treated as a unique individual, uhm, that's fine. I can't say that every person with a disability would benefit from a heterosexual relationship, or would benefit from reading the Bible every day, or from not being proud (laugh)

A few statements indicated passive, or covert influence in the direction of participants' own religious values. Most statements concerned either a fear of, or a very strong desire and careful attention towards not, *influencing* clients, almost as though the value of *not-judging* and *not-imposing* had superseded that of immediately discharging their obligation to the 'divine imperative'.

Participant 1 said that as a Christian she could positively contribute in client situations - but this translated into commenting upon spiritual issues mentioned by clients, where 'I can just sort of support them and say, "I think you're right there".' Participant 5 told me that the closest she got to actually speaking out her faith, was to ask 'Do you have a spiritual belief?' Participant 7 stated that because people are quite ignorant of Christianity, this needed to be corrected by educating people about Christian values - but he then said, 'To some extent I don't feel this needs to be said - though maybe I'm kidding myself, finding an excuse for *not saying anything*.' Participant 8 said he was 'less inclined to confront with the Absolute'. Talking about her 'witness at work', Participant 10 admitted she sometimes said 'things like, "Some people find their local church helpful" but that's as far as I go.' Participant 11 maintained it was probably not necessary overtly to express a faith - this would emerge in her 'expressing standards, more general things' - and so on. Unless they were hiding something more vivid from view, there was practically nothing in the interviews that could be held up as contravention of professional behaviour standards, or as different from the unavoidable influence of deeply held values that any clinical psychologist, religious or not, would experience in client work.

### 3.3.10: The effects of clinical training

The 'under-stated' expression of participants' religious belief and values was linked by some with their original training, which by and large had treated personal disclosure as something unnecessary, and to be avoided. Participant 10 was especially clear in making this link:

**P10:2** I have this phantasy that people would think it was most inappropriate [to disclose], and I think that goes back to sort of all the stuff in training about being kind of nonjudgmental, objective and trying to keep my self out of it

**P10:8** In training, we did quite a lot on, when someone says to you, 'Are you married?', 'Do you have children?' - [talking about one's Christian beliefs] sort of fits into all that really - you're supposed to ask them why they wanted to know that, and why was it important, and patronising things like that

**MB** Would that be because your course taught you a particular psychotherapeutic approach?

**P10** Well, it was cognitive-behavioural. I think it was just very much about kind of making sure you didn't get drawn in, in therapy, and having a distance between you as a person, and you as a therapist

The injunctions she felt her training had instilled, had transferred onto an imaginary Job

Description in terms of which she currently worked:

**P10:9** I feel it says, kind of implicitly in my job description (laugh), 'One shouldn't preach in sessions' ... I've dealt with it in terms of a 'job description', so it doesn't come up on an on-going [basis] ... It probably does come up in my head quite a lot, but it's not like, 'Oh my goodness, dilemma, do I say something, do I not?' Cos I feel quite clearly that I shouldn't - I think ... so it's kind of 'dealt with'

Participant 12 also made the same link with her training, but said it extended into a bias not only against psychologist disclosure, but also against allowing *clients* to speak of spiritual issues. Later, she associated the bias with the theoretical orientation of her training course.

**P12:4** Because I do a lot of bereavement work, [the spiritual] actually crops up more, and I think that probably I hedge away from it because I have my own beliefs and don't want to impose those on others ... I suppose the way I was trained was the idea of trying to be neutral and not impose

**P12:14** My clinical training didn't really involve [religious convictions] - it wasn't an area that was talked about particularly, in terms of the teaching that I had ... Exploring somebody's spirituality wasn't/

**MB** /Good practice?

**P12** Yeah, and I think that's because it was a very cognitive-behavioural course that I did. My guess is that had I done more on the psychotherapeutic side ... because my own experience of therapy has been that it's been OK to, you know, to bring that [the spiritual] in, and explore it



### 3.4: Summary of Category Two - SPEAKING OUT

#### 3.4.1: Generally:

- Two seemingly incompatible trends were counterposed -  
Professional psychology dictum of nondisclosure of personal issues  
The 'divine imperative' to bear Christian testimony by disclosing values
- However, there were seemingly competing Christian values -  
To disclose spoken Christian testimony  
To adhere to Christ's words 'Do not judge' - may involve nondisclosure
- Very different issues were pertinent to disclosure to -  
Colleagues  
Clients

#### 3.4.2: With colleagues:

- not every opportunity to disclose was taken  
characterised by challenge  
instances often hypothetical rather than actual  
time since qualification as an important variable  
anticipated peer criticism
- reluctance to disclose was sometimes by deliberate discriminative decision

#### 3.4.3: With clients:

- overt disclosure issues ('primary' disclosure)  
varying degrees of caution  
legitimacy of disclosing an over-riding concern  
damaged Christian integrity from nondisclosure  
particular issues with clients who are themselves Christians  
constraints in a research setting
- issues of 'secondary' disclosure  
'steering' the conversation  
giving prompts to permit *the client* to talk about spiritual matters  
in-session subvocal praying for client
- the under-stated nature of actual disclosure
- relationship between open disclosure and initial professional training

#### 4: Category Three - CHALLENGE

##### 4.1: Professional practice *challenges* Christian identity and issues (which are spoken of in terms of inner reflection rather than as something for public disclosure)

###### 4.1.1: Adversarial language

The vocabulary used to ‘story’ the challenge offered to the Christian identity and values of participants by their professional practice, was often an adversarial language. It varied from mild to strong in tone.

Participant 2 spoke of her clinical research protocol offering *barriers* to Christian testimony. Participant 1 talked of a *struggle* and a *conflict* within her regarding the difficulty of practising her religious duty of declaration at work. Participant 3 used the phrase, *to stick to her guns* with regard to Christian values, indicating that the polite word, ‘challenge’, may sometimes have a more literal meaning. She had also styled herself as a ‘gently, gently Christian’, a ‘coward’ who ‘doesn’t like confrontation’ - and yet was quite clear that she would say *I cannot do this* to a request from her psychology manager (a self-confessed atheist) for a piece of work involving a vivid clash of values. This seemed to be the sort of ‘passion’ (Participant 13’s word) that might be difficult to manage within the usual civility of what Participant 6 called the unwritten ‘code of conduct’ for communication between professionals.

Another strongly-worded instance came from what Participant 14 mentioned about his work as a service manager: he had written a policy document on sexual relationships and people with learning disabilities, in which each piece of identified work requested from staff had a ‘get-out clause’ *to give them the opportunity to have a conscience*. But the starkest example was probably from Participant 10, who imagined herself having to *stand*

*before God, to give an account* of why she had allowed her NHS paymasters to gag the ‘divine imperative’ within her, to declare the details of Christian belief to a dying woman. The depth of her conflict between making these sort of Christian declarations *honestly* to clients, and her idea of good professional practice, emerged later when she stated that being ‘honest’ in this manner, would simultaneously incur in her, accusatory feelings of having been *bad and unprofessional*. (Nearer the end of Participant 10’s interview, she made the unguarded comment that many of the clinical psychologists she knew seemed to her to be a little *screwed up*; here, however, she was indicating that working as a clinical psychologist had involved her in a process whereby her own values base had become equally ‘screwed up’.)

#### 4.1.2: Strong feelings, internalised

There was much in the words participants used, therefore, that indicated that they harboured a feeling of indictment - sometimes severe - against various aspects of professional clinical psychology. This was spoken of mainly in terms of the impingement of psychology upon participants’ Christianity; but also partly in terms of the measures they took to respond to this. Hearing the stronger language in some interviews took me by surprise, given the relatively mild-mannered tone of the rest of our conversations.

Although I was privileged in the research interviews to listen to expressions of depths of feeling that I would rate ‘strong’, these feelings were, it seemed, not normally given an opportunity to be heard:

**P1:3** ... a sort of quiet discomfort

MB How do you mean, ‘quiet’?

P1 Feeling discomfort inside, *but also feeling that I shouldn’t make it known, although I’ve got to hold on to the feelings* ... [I experience] *an inner discomfort*



#### 4.1.3: Split feelings, of varying strength

It should be noted that the foregoing illustrations are not to be taken as a complete statement of participants' feelings. The first part of the present study's methodology, consistently framed issues in *bipolarities*. Thus a typical way of expressing these sentiments involved balancing them with a comparison - such as:

<b>P6:7</b>	My need to preserve a professional relationship	vs	My role as a Christian to encourage faith in others
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The two-fold expression permitted participants to indicate a degree of ambiguity in their feelings. Participant 3 counterposed her real desire to maintain prayer to God, with the real gains she obtained from talking to her peers instead:

**P3:3** Work impinges on my Christianity. There are things like, I've got this report to do, I haven't got time to pray; not to be prayerful about it - terribly guilty of doing - I mean I try really hard. Or, after I see clients, and say a quick one - but I find that chatting about the case to somebody else ... is far more enjoyable, and possibly helpful

She spoke about the experience of personal dilemma regarding 'major' incursions into her spiritual life (the extract above presumeably being about something in the 'minor' category):

**P3:4** ... things like a major challenge to beliefs, being asked to do things that really are at odds with being a Christian, and the dilemma about [i] giving in to that, or [ii] sticking to your guns and saying 'No, this is really not right'

Later, she added a category of 'absolutely non-negotiable' aspects which would hold no ambiguity for her - and other participants echoed this feeling.

**P3:11** Having to work with clients whose goals for treatment are at odds with the Bible, I'm helping them to - I suppose I'm actually quite clear about that - in helping them to achieve their goals, I'd be helping them to sin, and that is very definitely something I couldn't allow myself to do

MB So you would, ask them to see someone else, or somehow deal with it in quite a severe, definite manner?

P3 Yes, I would - I'd do it in a sensitive manner, but I'd very definitely have to say, 'I cannot do this'

**P13:7** If somebody said to me, 'I want you to do this', and I felt it was compromising ethically my Christian relationships ... I just would not be able to do that. I would have to say 'Sorry, I either don't do this, and you honour me, or we're going to have to re-think' - so it would be that - it's like the passion that Christianity comes fairly highly on; it wouldn't be something light-hearted

**P9:9** It's a clash of values, isn't it, and what you do about that - the only thing I can say about those is that the top two [Grid elements], are the things that make me anxious, because I think, 'Oh God, I'm going to have to do something about this' (laugh)

#### 4.1.4: Mechanisms of defence - cognitive

It was apparent that talking in the manner indicated above, was probably hypothetical for participants - many indicated that they had conscious mechanisms of defence in place, to organise their activities in such a way that eventualities like head-on confrontations, were avoided. The defences were partly habits of cognition, and partly patterns of behaviour. For example, discussion of one of the Grid Elements enabled Participant 2 to speak in terms of linguistic devices which I felt were probably a habitual cognition, regarding her deliberate separation of roles:

**P2:7** When I'm in a treatment setting, sometimes *it has to be* a psychologist, well often, a psychologist first ... but here it seems, [it's] talking about goals I *should* have, so the goals that I *should* have, is Christian first and psychologist second. So there isn't a conflict there in my own goals

**P2:7** When I'm with a client, I am there as a psychologist, that's what I'm paid for doing, that's what's going on in the room ... Outside, outside the client work, then I'm a Christian first

She also indicated that the mode of psychological treatment and its prescribed boundaries could be harnessed to provide 'groundrules' for which role to adopt, when dealing with spiritual concerns:

**P2:8** The groundrules [as to how expressively to respond to clients' spiritual issues], a lot of that comes into the boundaries of the treatment model that I'm working within

Participant 7 also spoke of the mental habit of separating the roles of Christian and psychologist. He used the illustration of a cognitive 'switch' mechanism, to 'activate' them:

**P7:8** That's about role conflict ... my role as a psychologist versus my role as a Christian

**P7:2** There are times when I feel comfortable that I can function fully as a Christian in my work, and times when I don't - I have to kind of switch into another mode, and remind myself that I've got to kind of think about being a Christian, and [about] being a psychologist, as is most appropriate

For Participant 12, the cognitive use of two roles had become 'hard work', because her recent .5 church work appointment seemed to have unravelled some of what had perhaps previously been more of a practised habit of thought:

**P12:7** That's about having two roles - I'm conscious that I'm having to work much harder ... I suppose because - I'm working [part time] for the church now: because I do quite a lot of the visits after funerals, and to people who are terminally ill, it comes very naturally to offer to pray, if people want that - and generally they say yes. [Back] in my psychology [NHS] role, I'm aware that (laugh) some aspects of what we [she and NHS clients] are talking about are similar, and I have to work much harder [to combat role confusion]

Participant 13 made a telling biblical allusion to accompany her description of the separation process she utilised to avoid the sense of clash between the material demands and the spiritual demands in her worklife, in terms of time management.

**P13:6** [Because she had spent time talking about a spiritual topic which happened to be of current professional interest at the time] Therefore I'm not *wasting Health Service time, talking [simply] about my belief system*, which may or may not have any relevance to the practice of somebody else

MB Let me ask you about wasting Health Service time, versus [the idea of] wasting God's time on Health Service matters - does that make any sense?

P13 Yes, in fact very much so - I believe in *giving to Caesar what is Caesar's and to God what is God's* - I feel passionately about my day off, and the time at work, and the time off

In doing this, Participant 13 avoided some of the problem expressed by Participant 3 (that psychology 'impinges' upon her Christianity). Although 'passionately' involved, the use of a separation of time into that which is justifiably called for by job pressures, and that which is justifiably called for by spiritual authority, seemed relatively calm, evenhanded, and dispassionate.



#### 4.1.5: Mechanisms of defence - behavioural

The most external arrangement that participants used to avoid the development of conflict between professional practice and Christian values, was a device dependent upon the power to control the demands placed upon them for particular pieces of work. The device was *the deliberate avoidance of work connected with value-clashes*. As a manager, Participant 14 was probably in a better position than most to refuse involvement in such work -

**P14:13** There are things that I avoid doing, and I say that I'm not comfortable doing them

- but he was at pains to extend this possibility to other staff:

**P14:13** I've just written a policy about sexual relationships, and it was agreed that there would be a [tick] box on every single page: where a member of staff feels uncomfortable with the piece of work that's asked of them in this area, they have an automatic right to absent themselves from it. Because of those kind of core values, I work very hard to attempt to give people working in these services the opportunity to have a conscience about what they're doing

Participant 10 - a more junior member of staff - wanted a similar arrangement. She too tried to maintain greater harmony for herself by restricting the clinical problems she got involved with. She found also that restricting her topics of conversation with colleagues achieved the same end.

**P10:3** If a referral came in, that I felt that someone was wanting to talk about something that completely went against my views, like kind of sexuality [ie, issues involving commitment to lesbian or gay sexual orientation] ... if I could, I'd avoid it, I'd try to get a colleague to take it on

**P10:6** I'm getting on OK with colleagues, I can understand what they're saying, I can have a conversation with them, *about things that don't challenge me in any way*, or, you know, *just general therapy work*; spiritual issues don't come up, or things that are controversial don't come up

#### 4.1.6: Breakdown of defence, confusion of values

Participant 10 had found that the device of separating the role of psychologist from that of Christian, had in some instances become impossible to operate. As noted above, there were occasions when she experienced considerable distress, in that she felt positive Christian declaration compromised good professional practice, and professional practice that won peer approval compromised her Christian values:

**P10:5** [If] I could work with people more honestly, from my point of view - you know, 'Homosexuality is not right, and these are the reasons I don't believe it's right, and I don't believe it will be helpful for you to do that' ... if I did [actually] do that, I would feel guilty about it, like I'd done something bad and unprofessional

Thus, the meaning for Participant 10 of the phrase 'ethically correct', was thrown into intense confusion. She later brought into consideration a *third* role, that of *ordinary people* who are *neither psychologists nor Christians*: such people might have given her views more respect than she fancied would be afforded her by the exclusive political correctness of clinical psychologists:

**P10:7** Outside psychology, there's people that would say things like, 'There's nothing wrong with living with your partner', [but] there are also quite a lot of people that would say, 'It is wrong' - not from a Christian point of view; things like homosexuality, prostitution ... I do think psychologists are particularly 'open-minded' - 'Nobody's got the right to impose white or black', 'There is no such thing as truth', I think psychologists believe

**P10:13** I don't know whether [it's] *as a Christian, or as a person, or as a psychologist, or what* - but I would like to feel that I can accept people, I can see the best in people, you know, no matter what colour they are, no matter what sexual orientation they are, or whatever, really. But I do find homosexuality a really big stumbling block - *because it is so pushed in psychology as being OK, and all that - and in the [evangelical] church as being Not OK*

#### 4.1.7: Am I in the right job?

Such difficulties, taken at face value, would be imagined to give impetus to Participant 10 seeking alternative employment. In fact, although she was alone in being so outspoken, she was by no means the only one who, in various ways, questioned whether

they were in the right job. The questions invariably followed talk about the disparity they felt between their role as psychologists and their role as committed Christians:

**P10:5** I think [a particular set of constructs] is about sometimes feeling very different to colleagues - it makes me sometimes aware that maybe I'm in the wrong job

MB What would be the right job?

P10 Maybe some kind of Christian psychology bit (laugh) ... where I could, you know, work with people honestly, I suppose, or more honestly, from my point of view

**P7:7** There are days when I, *I wonder* [whether] *I should bother coming to work* - and there are days when I, days when I'm certainly very keen (laugh) ... [Maybe I should be] doing Christian work in health, *being employed as a chaplain*

**P7:13** These are [value-clash] situations where I would pray - my focus would be very much on that. I think, as well, I think to myself, *should I really be a psychologist?* (laugh) You know, is this really the best way?

**P14:4** The bad days are the days when I just see all of those [ungodly, over-controlling] things happening, and feel powerless to do anything about it ... It either *makes me want to work for a Christian organisation again, and kind of, establish the value base*, uhm, or it makes me want to throw a tantrum

#### 4.1.8: Sometimes, Christianity encroaches upon psychology

Finally, in addition to the encroachment of the professional practice of clinical psychology upon Christian duty and declaration, three participants spoke in a manner which indicated that there were also times when their Christianity might encroach upon professional practice. In place of psychological activity coming into conflict with codified religious belief, Participant 7 implied that Christian activity may come up against, and give way to, codified psychological practice:

**P7:7** In my casework, I've come across this issue with a number of individual people, you know, I feel that this is *something I would like to deal with as a Christian - but I can't do it as a psychologist*, it's that kind of feeling

Participant 4 was married to a minister of religion, and found this made her constantly aware of the need carefully to manage the 'carrying of her background into work':

**P4:10** I've got a fairly high 'loading' on Christian faith. I'm surrounded by [it], I'm in a Christian environment at home, at weekends, with the parish, and Christian people. Where it has an impact on my work is, *it's when the warning bells come up*. I think, 'I've got to be careful here' ... try to remain in the middle, to be careful that I don't take particular sides or



viewpoints. And I don't share my [own] viewpoints too much ... if I hadn't got this at home as well, I don't think I would be so careful. That's where *I carry my background into work*

Participant 6 used the language of unwritten 'rules of engagement' for managing an appropriate level of spiritual and personal input in working relationships. Like Participant 4, she was very aware of what she called the temptation to 'act out of role' (ie, in place of acting as an NHS psychologist, to work from a basis of Christian morality).

**P6:8** [This] relates to colleagues as well - obviously the rules are different, and it's easier to disclose self, in a sense, but *even with colleagues, there are kind of codes of professional relationship, and, work ethics and things, yeah* and at times, there can be a bit of a tension there - but not an uncomfortable, not an unpleasant one

**P6:8** I can think of occasions when I have really been much more *tempted to act out of role* - I mainly work with young people and adolescents, and families. If I've got an adolescent who is, really delving into something that I think's going to be very sort of controlling, both physically, emotionally, and probably spiritually damaging, then of course *there's an enormous temptation to be quite parental*

#### 4.2: Summary of Category Three - CHALLENGE

- Clashes of psychological practice against Christian values were often phrased in adversarial language
- The tensions experienced by participants were often unexpressed in the workplace
- There were a variety of strengths of challenge, with higher levels associated with confrontation:
  - minor challenges
  - major challenges
  - absolute non-negotiables
- Defences were in place to avoid confrontation:
  - more cognitive mechanisms
  - behavioural devices
  - when defence breaks down
- Questions arose about the validity of remaining in post
- There were instances of Christian issues that might encroach upon psychological practice

## **5: Category Four - HARMONY**

### **5.1: My professional practice and my Christianity are *in harmony*, feel *integrated***

#### **5.1.1: Less identifiable reference to 'harmony' in participants' talk**

Fewer excerpts from participants' transcripts and constructs were coded under this Category than were coded under Category Three ('Challenge') - it may be that it was easier for participants to notice and talk about differences, than similarities. Occasional lapses into poor coherence were seen in some of the extracts. There was also a sense that the greater the degree of psychology-Christianity integration that participants were seeking to express, the more they reached for metaphor to clothe their experience with words. For example, 'an *elastic band holding the two together* in a pleasant sense of tension'; 'it looks like nothing much is happening, but *it's all going underground*'; 'the *centre of the earth*, the central thing in my life.'

The harmony was talked about (i) with respect to the activity of working as a Christian clinical psychologist, but also (ii) as referring to the sense of having an integrated self rather than a dual identity. The participants who figured prominently in Category Four include most (eight out of twelve) of those who contributed telling extract material in the previous Category, rather than constituting a completely separate sub-group.

## 5.2: Working as a Christian clinical psychologist

### 5.2.1: 'Concordance' - an area of overlap of values

Certain issues that are brought up by clients in therapy, seemed to various participants to parallel issues addressed by Christianity. These issues were not outlined very specifically.

Participant 4 noted a 'sense of concordance' between what she would as a Christian, *and* as a psychologist, seek to achieve with such clients - particularly when the clients are Christians themselves:

**P4:2** [There may be] *a sense of concordance of Christian change with the therapeutic process ... I've worked with quite a few people in therapy where, they have had a Christian faith or have been dealing with some aspects of existentialism. I'd be more able, if I felt it's appropriate, to incorporate or to discuss and share Christian ideas, or Christian concepts, in that kind of work*

The overlap of client issues with Christian values was mentioned by Participant 11, in terms of 'getting alongside' clients - even if their initial attributions seem not to concur with a Christian viewpoint. Participant 9 also experienced coming across similar situations.

**P11:8** Clients might be at least talking about spiritual things and so on; it could as easily be *an opportunity to get alongside*, as them perhaps coming up with some sort of explanation which seems to be kind of an unhelpful one, or whatever ... It may be that there are initial tensions for all kind of reasons, that could in the end be quite productive

**P9:8** My Christianity, and the work I'm doing is consistently sort of, *working nicely together*, and then [I am] you know, feeling very confident about that

The overlap was accounted for by Participant 9 as a willingness on her part to struggle with, to 'hold', client situations even where psychological intervention probably had no power to effect useful change:

**P9:7** There is an overlap here, as a clinician and a Christian, really, in sort of feeling very hopeless, you know, really struggling to cope with that one, about the limitations about what you can do

MB Tolerating, holding that hopelessness ... ?

P9 Yeah



### 5.2.2: Judge not

Participants 9 and 11 had a firm grasp of the value of not imposing their beliefs on others. The Sermon on the Mount's rebuke regarding judging others, and similar values expressed in the Gospel of St John, although not referred to particularly, seemed to be for these participants an area of overlap with clinical psychological practice which had an enabling effect for them, even when they were interacting with colleagues or with clients whose goals might be regarded as inconsistent with traditional Christian standards.

**P9:1** I don't feel comfortable with the idea of actually imposing my views on other people. I happen to be a Christian, that happens to be my belief system ... If I'm working in therapy with someone, it shouldn't be on the basis of trying to impose my belief system on someone - and hence I have no difficulty really with going along with whatever their treatment goals

**P11:5** I'm in a work situation as a psychologist, and it's not that matters of faith wouldn't emerge, but I'm aware that in terms of where other people stand, in therapy or with other colleagues, they have the freedom to have their own position, even if that is one that I don't hold with ... maybe if at the end of the day, they kind of choose a position, whether it's a spiritual thing or some other thing that may be seen to be unhelpful, then it's still if you like, *their choice*

### 5.2.3: Respect for others

Another common psychology/Christianity interface mentioned was that of 'respect for others', bringing together the clear example of Christ with marginalised people, and values enshrined in, for example, the philosophy of Normalisation (Wolfensberger, 1972).

**P7:3** Those are the issues which revolve around things like human dignity and human worth ... I have to give priority to some issues that other people don't give priority to, and secondly I have to address those issues, or you know make it clear to other people that those issues need to be addressed

**P11:1** That left side [of a set of bipolar constructs] ... has to do with kind of valuing and respecting other people - even if my views differ, respecting the position of the other person

**P4:3** I think Christian faith also encompasses a lot of aspects of uhm the ethical area in Health Service provision, the standard-setting, the way that we behave

**P14:3** The [work] implications are, in lots of ways, very positive because the ideas and theories of empowerment and, er, relationality or whatever they call it, and all that sort of

stuff (laugh) are wonderfully consistent with scripture and with my understanding of God. So I mean that, the core messages of my practice are entirely and completely consistent, and I don't suffer any dilemmas around them

Participant 14 was especially clear about this, as a Service Manager who persistently held his work demands up for scrutiny with respect to such values. Successful scrutiny maintained the harmony he referred to. The dilemmas that existed, were there to be resolved into nonexistence.

**P14:6** I always have to stop and say, 'OK, why are we doing this?' And if it's to make some political advantage, or if it's to further the business of the Trust at the expense of the client, those [are the] kind of things that need to be challenged

**P14:7** These are the ethical dilemmas ... [The dilemmas] are healthy checks and balances ... Where the values and the faith are consistent, where the professional values and the kind of social policy values are there, then that's not a problem ... I've got to be careful about what's consistent and what isn't - not seek to put [the dilemmas] to one side, or resolve them inappropriately

### 5.3: Developing an integrated sense of self

#### 5.3.1: A transient sense

Integration between Christianity and clinical psychological work was often spoken of by participants as being sensed in transient manner - it could come and go, alternating with an 'ordinal' relationship between the two, with the psychological prioritised over the Christian, or vice versa. One of Participant 11's constructs put it thus:

<b>P11:3</b>	I am aware of my priorities as a Christian when interacting with colleagues	vs	I feel that my goals as a Christian and as a psychologist are in harmony
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The talk describing the experience of integration was less of shared (or otherwise) *values*, but would be better described as talk exemplifying 'shared *identity*'. Participant 13 moved from echoing one of the Grid elements (which was phrased in an 'ordinal'

fashion), to telling of occasions when the two identities seemed to be in a state of fusion, 'mixed together' - and the talk also became very mixed up:

**P13:5** For the first set [of construct poles] it would be "I'm a Christian first" ... If anything I would be more a person, and therefore Christian, rather than psychologist. Whereas [in the second set], *there would be a mixture of the two*, and I would be using my head as a Christian, and if there were psychological issues and there were qualms about talking about those, then more, head-*and*-heart, more discussion-based rather than nonverbal, and missing the emotions - it would more analytical, if necessary

Participant 7 used the idea of two selves, and a swing between his experience of them.

Then he indicated times of *both roles together*, again expressed with reduced clarity:

**P7:2** Sometimes I kind of switch between two selves, in the sense of me-as-a-Christian, and me-as-a-psychologist - I don't ever think that I'm not a Christian, and I don't ever think I'm not a psychologist (laugh), so it's on a sort of different dimension, in a way. But I think that there are times in terms of the experience of the here and now, sometimes I myself feeling that I'm moving backwards and forwards, not quite sure, between these two modes ... I suppose what I'm saying is that there are times when I'm comfortable *in both roles*, in my daily work - *I'm a Christian, I'm a psychologist, and it's no problem*

Participant 12 became a Christian and started studying psychology at coincident points in time, and she has continued in both. Her experience and biography have therefore been that Christianity informed her psychology, and psychology her Christianity.

**P12:3** My interest in psychology, and my growth in my faith, happened around the same time, the time that I started my undergraduate course in psychology, and I think that - I hadn't thought about that before - right from when I began studying psychology seriously, I have tried to look at that through the eyes of faith, in some way. And I have valued the contributions that psychology makes to a lot of what we do in the church, and looking in the bible for kind of, there's a lot in the bible as far as I'm concerned that's very psychologically sound, if I apply my secular psychology to it (laugh)

Another example of a 'developmental' aspect to the experience of psychology/

Christianity integration, was Participant 5's account. Somewhat paradoxically she used the term 'tension' to describe the relationship. She hinted that she sensed this tension physically, as a sensation in her body:

**P5:1** There is more and more a tension in working, as my faith gets deeper and less black and white as time goes on ... but then that's not a bad tension ... I suppose it's tension in the actual physical sense of the word, that it kind of keeps things together, you know, like an elastic band between the two, ... holds things together



**P5:6** You move from, God says 'I'm not to be found in a particular church, or thing', effectively, 'but I'm to be found in Me, and I want you to look for Me, not Me-in-a-church' - in that way your faith's going deeper, it looks like nothing much is happening, but it's all going underground, or whatever  
MB So it's foundational?  
P5 Yes - quite an interesting time really, *and paralleling interesting things in my work as well*

(The 'interesting things in my work' were described as "a development of going past the *psychologist-can-solve-it-all* bit".)

Participant 6 found integration so personally important that she described it as her criterion of 'success':

**P6:6** There's almost a success versus failure thing here, uhm, but I mean success sounds a bit, you know, Thatcherite framework, doesn't it?

MB What sort of success?

P6 I think it's more... I suppose it's more where I feel I integrate more wholly how I want to be both as a person and in my work, etc - so that there's something about, 'It works' (laugh)

### 5.3.2: A sense of 'fusion'

The most eloquent statement of this deep personal unity sensed by participants was given by Participant 9:

**P9:5** *Christianity is an absolutely central thing, uhm, regardless of how it's applied ... It's identity, and it's the centre of the earth, you know, the central thing in my life, and being with clients and colleagues is also part of, you know, it's fairly central to me as a dynamic psychotherapist*

A measure of the importance she attached to this central part of her self, was the hard message she had for herself, threatening that integrity to her inner core was everything - 'or else' ...

**P9:6** One of my aims in life is - and I think I've been successful in some regard - one of the things is *to maintain integrity to those internal experiences*, [at those times] when you're recognising that you have to operate within a different level of experience [a more superficial, political level] ... *You've got to be true to that other [internal] experience, or else ...*



The illustrative extracts in this section struck me as the participants speaking as 'conviction psychologists'. Their commitment to a joint psychologist/Christian self at times seemed total - very distant from the sort of psychologist who will be guided by expediency, the 'new reality', the literature, or any other sort of external locus of control.

When Participant 13 sensed her provision of psychological care and her commitment to God entering a state of fusion (which she called 'emotional care') she spoke in terms of extreme but almost incoherent certitude, which were very different from the measured reflection that characterised many other parts of what she said:

**P13:3** What happens in the [*emotional* aspect of providing psychological care], it's God looking after me, but because I'm relying on God, I've got complete surety that it's the right thing - so it's the power of God ... I know, I have no doubt, each time, if you look back, as it were, that it's *always* been the power of God

### 5.3.3: The achievement of a working life?

All the participants cited in the foregoing 'integration' section had been practising for over twenty years. Perhaps the sense of unified self was part of the achievement of their working life. Several gave reflective 'then-and-now' comments, of which Participant 6 was a good example - quoted below more fully than elsewhere:

**P6:11** My Christianity should be all-embracing, and should be impacting at every level - whether it's sort of talking with secretaries in the office, or colleagues in the staff room, or clients in the clinic - something that I think has become more possible as I have got older ... [Previously] I think it would have been much more formulaic, because it was more prescriptive in terms of rules ... whereas now I think I feel much more comfortable in sort of tolerating the failures, and therefore I feel more able to start to integrate the whole thing really. So in that sense it's more comfortable - though the challenges don't diminish. If anything, you just realise that there are more of them (laugh)

The integration process had involved negotiating shades of grey, and acceptable compromise that did not damage integrity:

**P6:2** I suppose, had I done this exercise fifteen years ago, I think I was a lot more black and white, I mean inevitably I think as you grow up, you get a lot more shades of grey, anyway - so in a sense I'm resisting a bit sort of being dichotomised too much, ehm, because nothing's quite as straightforward as ever you want it to be. And I suppose also, just experience helps you to sort of not be quite so, I don't know, condemnatory in some ways

**P6:2** I have become more aware of my own sort of difficulties, and inadequacies and things, [which] has given me a lot more empathy for both clients and colleagues, I think; but at the same time, I mean this is where the compromise thing comes in, *of not wanting to lose sight of what I feel is still the best, better way*

Her sense of engagement with her work as a psychologist was markedly increased, and the 'divine imperative' to share her beliefs was thereby actualised:

**P6:3** I just sort of shudder when I look back at when I first started practising, when I was probably quite self-righteous. At the time it was very hard to find a Christian psychologist ... there was much more a sense of an isolation about being a Christian in psychology, and that made me a little bit, well, I should think at times very, defensive. Whereas now, not only is it much easier, but also I think the world has changed as well, and obviously I've changed, and I find I can discuss things with colleagues, and I'll get the usual sort of teasing and whatever. But at least there's an area that can be talked about - spiritual values can be talked about, they can be recognised in clients

The sense of integration was therefore spoken of as 'on the job' development, over wide swathes of time. (It is of course quite possible that not all those Christians who qualified in clinical psychology many years ago, experience the 'Harmony' of integrated Christian values and psychological practice - it may be that the extent of 'Challenge' leads some of them to adopt strategies like moving into alternative jobs (they may perhaps now be found employed in areas like Church work and hospital chaplaincy), compartmentalising their faith from their work, or dropping their faith and becoming erstwhile Christians - see below, Discussion section 2.3.1.)

## 5.4: Summary of Category Four - HARMONY

### 5.4.1: Generally:

- less talk was identifiable as *Harmony* than was identified as *Challenge*  
greater use of metaphor

### 5.4.2: Harmony between psychological and Christian issues in workplace practice:

- a concordance of values
- high importance was placed upon -  
not-judging  
respect for others  
- continuous review of concordance of work and of Christian values

### 5.4.3: Harmony spoken of as a sense of self:

- it comes and goes
- within a sense of integration/fusion, participants spoke as 'conviction' psychologists experienced a greater sense of certainty at these times?
- the experience of 'harmony' may be viewed as a developmental process through the career



## **6: Category Five - THE BIG PICTURE**

### **6.1: My psychological practice as part of a greater spiritual 'scheme of things'**

#### **6.1.1: Attributions to the mystical and superordinate**

It is not too uncommon to hear individuals construe their experience and behaviour as connected with a superordinate but ill-defined pattern or purpose. Such a construction could be interpreted as projection, a primitive way of dealing with the unknown; or as an ennobling association of the mundane with the great and glorious; or even as a coping mechanism when things have gone awry (eg, "all part of life's rich pattern").

Undoubtedly aware of these interpretations, and more, all participants in the present study nevertheless spoke at some point in such terms. For example,

**P4:4** I suppose my belief is that sometimes we make changes and we don't necessarily understand the reason why ... you believe in things like the unconscious - I understand a certain amount of it; [but] I suppose in a way it's sort of veering on the magical quality, the belief that we can't completely understand everything

**P11:11** It may for example have to do with things not working out right ... a new model, or things being re-organised ... I suppose it's more to do with kind of keeping things in perspective. There may be something to fight for, and there may be something to stand up for, but things still don't necessarily work out, and ehm, remembering that *in the greater scheme of things*, it's not the most important thing in the world, sort of thing

There was a definite use made of attribution to an external locus of control, sometimes spoken of generally, as above. At other times, participants specifically mentioned God:

**P1:10** I think sometimes, it is a feeling, how can I put it? - that definitely God has brought that person; God has enabled us to meet, and there to be a positive outcome

### 6.1.2: God 'at work'

Although the post-Grid interview I held with each participant was focussed particularly upon themselves at work, the talk here was that their circumstances led them to conclude that God was 'at work'. This addition to their practice was almost always seen as beneficial to their own work.

**P2:10** There's something in the sense of being 'part of something bigger than the sum of their parts' [from a Grid element] - something there that might make me more aware of God *and the way God can work*

**P5:2** I only work part-time, and about a third of my patients are Christians ...

**MB** How has that come about?

**P5** I haven't got a clue - I mean, the person who allocates them, and my supervisor, both of them aren't Christians, are as intrigued as me. But thereagain, I suppose, *I'm seeing it as, 'This is very interesting - this is, I think, God at work'*

**P14:10** The implications for practice are, that God has something valuable to offer our thinking and is at work in our clients and colleagues - some days

(The hesitation expressed by Participant 14 in his phrase in parenthesis, reminded me of some of the more mystical 'added value' statements (Category One above), indicating that consciousness of the 'wider scheme' certainly took place - but not all the time.)

### 6.1.3: A broad theatre of operations

Some of the relevant extracts used language indicative of 'the spiritual' enveloping 'the material' in a universal, generalised manner:

**P6:11** [Commenting upon three Grid elements:] It's something about 'kingdom of God' in this for me ... about the kingdom of God being established - both at a cognitive level, at an emotional level, at a healing level, at an every which way level

**MB** Yes; one is personal, one is service provision, another is client - different levels ... When you were saying that, it sounded a bit like the Lord's Prayer

**P6** (Laugh) Yes, yes - well, that would be a very good model of the kingdom of God!

**P14:2** I do see some amazing examples of empowerment - when I see a colleague trying to enable someone with a learning disability to do something independent, ehm, and spending a lot more time and patience than I ever could on it. And then, I think, well, God's everywhere in this, and Christian values - if I look into, even Government policy relating to marginalised people, I think, 'Actually, yeah', you know?

**P14:1** I can certainly see a sense of, there is a kind of mystical thing, where you either see God in everything, and you're just amazed - you wonder, you walk around the world, saying 'Oh yes, God's here' and 'God's there' and everywhere, and all of it is God; [or] on another level, there's a sense of, er, I look out here and, you know, 'God is not in any of this'

Participant 14 was clear that the responsibility for 'the way things are' was not a matter of fatalism. Human beings shared it with God - but they have not always played a positive part:

**P14:2** [We have] *ruined the whole thing* ... Work is the place where it's much harder to see the thing that God is everywhere and in everything, because I just see so many awful things, day in day out, especially because I now head the Children's specialty as well as the Learning Disability, and there's a lot of very nasty things going on. And, there's twenty years of working in Learning Disabilities, and sometimes thinking, 'Well, we haven't moved on at all' (laugh)

Psychology played its part in this. Psychologists and their professional practice had to share some of the responsibility, being influential for better or for worse:

**P4:5** There's almost a sense *that you can actually turn organisational cultures around and create a more Christian culture* ... [as Service Head] I've had that more recently in my work within the psychology department where I have a Group Analyst; they're quite attacking groups, and talking about becoming annoyed ... [but] there's some sort of sense also of it being a working environment, and other factors also being important in terms of the person surviving in the [NHS] culture. So I suppose, *I wouldn't say that that was producing a Christian culture, but it's certainly sort of valuing the person - the person and the interface with their working environment*

**P14:2** Services, and psychology sometimes, and certainly some elements of therapy, upset me, are actually contributing to this kind of sense of control. The problems that I come across are usually about over-use and inappropriate use of control ... [Control] is the core of the problem, in Learning Disability practice, and it's the core of abuse, in many ways. It's everything that God doesn't do. Uhm, God doesn't control people in that way ... It's a life-sapping control, it's a kind of formalising control, it's a very negative process ... There is a sense of God having a, kind of, giant hand on the universe and holding all things by His power, in the way of providing a structure which you could call control - but that's not this

#### 6.1.4: 'Dual identity'

The part that participants felt themselves to play in the 'greater scheme' was variously given. One of Participant 10's constructs, for instance, spoke of her awareness she should have a dual role, being a representative both of the NHS, and of God:

<b>P10:1</b>	I am aware that I should be an ambassador for God in my department	vs	Not necessarily challenged about my witness at work
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Participant 14 regarded himself as jointly involved in a sort of partnership to 'win the war' of making sure his professional psychology played a positive and not a negative part in the 'greater scheme':

**P14:10** I don't see a kind of passive God-in-His-heaven saying, 'Off you go into battle, and I'll sit at the back here'; ehm, I see myself as a kind of co-worker - and Him

Participant 3 spoke in more passive terms that described her and her work as a medium, or a channel:

**P3:1** [I am,] I suppose, *aware of Jesus using psychology to witness*, if you like

**P3:4** There are times when I feel I've been able to witness or I've been able to contribute ... and I know it hasn't been from me - the Lord *has used me to communicate something*

**P3:4** He uses me as a psychologist, uses my place within it, and I think He has put me there for a reason

She talked somewhat ambivalently about the relationship between her faith, as superordinate, and her psychology, as 'incidental'. Occasionally the superordinate and the incidental changed places ...

**P3:3** Being a psychologist is confirmation of where I need to be in terms of my Christianity - Jesus uses me as a psychologist, and gives me insight into how He sees me as a psychologist, you know, being a child of His first, and a psychologist, and using that

**P3:3** Sometimes being a psychologist is not helping my relationship with God, it doesn't always feel right. Sometimes there are times when I feel, not that I'm in the wrong place, but I'm allowing the secular side of my work to take over ... [then I'm] being reminded that I am a Christian first, and psychology is incidental to that

Her own '*locus operandi*' was clearly provided by these two major influences upon her working life. However, her 'place' in life, although currently confirmed as within professional psychology, was more securely guaranteed by her Christianity. This would anchor her, whatever her employment:

**P3:4** It's almost like a mantra, if you like, I keep reminding myself that Jesus does care about me as a Christian first, and if I was picking raspberries during the summer He would love me no less. Being a psychologist in a way is incidental - if I lost my job tomorrow, He would still love me



A similar note was struck by Participant 7, although he demonstrated an understanding of his role in the 'greater scheme' that tolerated ambiguity. Was his employment an opportunity for him provided by God (him in *partnership*), or did his work provide God with an opportunity (him as *medium*, or *channel*)? He spoke in terms that indicated *partnership* to be the underlying model, and *medium* the model used to describe specific instances.

**P7:6** God has put me here, God, through His grace, has kind of given me the opportunity just in terms of education and training, and work - you know, I must remind myself that I can serve God in this

**P7:2** There are times, looking at the first [Grid] construct, when I kind of feel, "This is a real opportunity for God"

Participant 9 used language indicative of acting as a *channel* for God's activity, but the channelling was spoken of in an active rather than a passive tone:

**P9:3** A long time back when I got involved in [a major UK professional psychology organisation], centrally, I prayed about my involvement there, I prayed to be able to bring a Christian influence; I wanted *to bring God* (laugh) *into that kind of setting*

At a later time in the interview, Participant 9 seemed to position her own experience of involvement in the 'greater scheme', as *internal* to her. She had already spoken about very deeply felt internal awareness of God as central to her; she now linked that *centrality* to divine purposes, ownership and mission:

**P9:10** ... the truth is kind of central, so if you're with clients who have experienced abuse and rejection, you have to be true to that - you can't sort of reassure in those circumstances. You have to understand and accept that experience as much as you can, and sometimes systems of belief, as in sets of rules and things like that, don't really come close to that ...

MB They would be more superficial, more on the outside?

P9 Exactly - but the central sort of belief, and the sort of *Why we're here*, and *Who made us*, and *Whose world it is* (laugh), and *Our place in it*, in a sense, is consistent with actually being with people in their true experiences

However, most participants spoke of the origin of their 'greater scheme' experiences, as something *external* to them. Participant 3 is a good example - she had already spoken of

someone 'turning the light on *above* her', and she then talked of divine communication using her as a mouthpiece, but emanating from elsewhere:

**P3:4** There are times when I feel I've been able to witness or I've been able to contribute ... *and I know it hasn't been from me* - the Lord has used me to communicate something

I took this a little further, and she indicated how pleased she was to be thus involved:

**P3:4 MB** ... as if you've communicated something, 'and it hasn't been from me' - almost sounded delightfully magical, or outside of the ordinary/

**P3** /Yes/

**MB** /a touch of the supernatural?

**P3** Fab! (laugh) - it rarely happens, but when it does, it's good

#### 6.1.5: Part of a larger sphere of work

Participants' ideas of the purpose of their role in the 'greater scheme' in the workplace, was undoubtedly that their involvement was for the benefit of clients and colleagues.

However, added to this, was a warmly expressed appreciation of the personal benefit they gained, as though their work were ennobled in such involvement. It gave an air of excitement in their description of professional life. The sense of having a 'dual role' was in no way perceived as contravening any code of practice or ethical principle.

## 6.2: Summary of Category Five - THE BIG PICTURE

- The hard-to-understand was attributed generally to a 'greater scheme of things'
- Specifically, this was storied as God 'at work' -
  - the kingdom of God - a *broad* theatre of operations
  - not fatalism - the place of human responsibility
  - clinical psychological practice as serving God's wider purposes
- The 'dual relationships' participants were involved in, were described in various terms:
  - ambassador for God
  - partner with God
  - medium of God
- Christianity was spoken of as enclosing psychology, and occasionally vice versa
- Participation in the 'greater scheme of things' was experienced:
  - internally
  - externally

## **Discussion**

### **1: Consideration of the analysis, and its implications for a tentative model**

The pleasing degree of robustness demonstrated by the Kappa statistic for the five Categories is encouraging - they were 'recognisable' by psychologists other than myself. In and of themselves, the Categories could scarcely be said to reveal 'new knowledge', in the sense that these five aspects of the fourteen participants' experience would be unlikely to surprise the reader, who might think them somewhat predictable. Had the analysis proceeded strictly to follow Strauss and Corbin's 1990 'rules' for a grounded theory, an over-arching Core Category would have been identified. This would have been even more general, and even more unsurprising - something like, 'Accounting for the connections between values and practice'. I have preferred to discuss the five Categories, and then present some aspects of a tentative model to characterise how the participants spoke of the 'connections'.

#### **1.1: Commentary on the five Categories**

##### **1.1.1: Added Value**

'It's a very heavily value-laden way of life', said Participant 13 - but there was plenty of talk indicating that any sense of possible burden was off-set by advantages. None of the hour-long interviews was characterised by cynicism or negative talk. Accompanied with many instances of an embarrassed laugh or two, participants spoke in quite positive terms. I listened to people who in no way seemed to suffer from the dour tones of Jones (1998). They often sounded pleased to be giving their services, and some deliberately linked this with their sense of Christian compassion. At the risk of making them sound a



little smug (which by and large they did not), my impression was that they believed in their work.

Their warm endorsement of the personal spiritual resources they drew upon was striking as a variation of good professional self-care (BPS/DCP, 1995:38). I found it hard not to recognise in much of the language describing their private experience of Christian spirituality in the workplace, elements of the sort of supervisory personal support that would 'fit the bill' talked about by Walsh (1994). She describes some clinical psychologists as having over time slipped into unfulfilled neediness for and refusal of supervision. Their refusal of it is put down to a fear of being 'unacceptably revealed' in their professional practice; they phantasise an all-caring all-understanding but non-existent supervisor - 'the myth of the perfect supervisor'. While the present participants did not claim to have 'found' such a person, their experience was described in terms approaching it. To label this as a figment of their imagination would have been beyond my capacity as a committed Christian myself - though clearly what they said was a construction of their experience.

### 1.1.2: Speaking Out

This Category concerned overt behaviour which, when it occurred, by its very nature broke the bounds of intrapersonal privacy. As such, it stood out from the other Categories, since they concerned inner experience which did not necessarily have interpersonal implications. This was the Category therefore which carried sentiments that might arouse in participants a greater sense of risk than the others, of clashing with codified standards of the profession. As with the present data, so the obligations of the DCP Professional Practice Guidelines on interactions *with clients* (BPS/DCP,

1995:13,18) are very differently put from those to be observed *with colleagues* (BPS/DCP, 1995:16).

Several references were made in the data to continuing effects attributed to participants' original professional training (similarly to Myers, 1997; Myers & Baker, 1998) in which trainers were remembered as either having ignored as irrelevant or having criticised as harmful, religious beliefs; an ethic of nondisclosure was implicitly encouraged. This was reported to be of surprisingly long-term effectiveness\*, which participants became much more aware of on occasions when they were on the verge of open disclosure, either to colleagues or to clients. The long-term 'effectiveness' of initial professional training experiences was also found in the data of Sorenson (1994) and of Martinez (1999), with respect to the pattern of therapists' handling of religious issues in therapy, and the way in which these issues had been dealt with in their own personal therapy.

The degree of discomfort may also have varied with the emphasis on proselytising associated with each participant's Christian tradition - especially if evangelical: information was unfortunately not systematically gathered on participants' denominational preference background.

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\* (1) Religious grounds for discriminating applicants for clinical training are stated to be inadmissible by the British Psychological Society (BPS/MQB, 1995). However, Gartner (1986) had reported (in the US) a bias in selection against accepting Christian applicants for clinical psychology - especially against those who expressed a wish to integrate their Christian values and their professional practice. For those Christian applicants who *did* get selected, presumably *nondisclosure to colleagues became a longstanding habit!*

(2) Those (US) psychologists who received specific integration training on Christian clinical psychology training courses, are reported as rating such training 'surprisingly modestly' (Jones, Watson & Wolfram, 1992) at *neutral*. So it seems that training in integration skills is desired by those who do not receive it, but is unappreciated by those who actually do!

### 1.1.2.1: *Disclosure to colleagues*

Few of the expressions of disclosure to colleagues were positive - very few were set in terms of 'a welcomed opportunity'. Mostly, the open expression of religious values to colleagues was storied in oppositional terms as an unwelcome problem. Although participants by and large spoke of their religious values as distinguishing them from their secular colleagues, this did not - except in one notable instance - lead to them denigrating their colleagues (BPS/DCP, 1995:16). However, it was noticeable that any talk about *praying while at work* was entirely personally- or client-focused; no talk of praying specifically for one's colleagues emerged in any interview.

The discomfort experienced - especially by participants who had recently qualified - was silently endured alongside an accompanying sense of compromised integrity. This was based upon an assumption, that were they openly to talk of Christian values, they would find a hostile environment of disrespect from colleagues (again noted in Myers, 1997; Myers & Baker, 1998). The high value placed upon peer approval was apparent 'in the negative' from several participants - they felt their avoidance of colleague disapproval was being secured at the cost of nondisclosure. (Only one person reported reality-testing the anticipated reaction from colleagues - in a MDT setting, rather than with other clinical psychologists. He found himself pleasantly surprised.)

### 1.1.2.2: *Disclosure to clients*

While disclosure to clients was by a strong majority spoken of as welcomed, the talk of every participant who mentioned the topic, was overwhelmingly dominated by the issue of legitimacy with respect to unwritten or written codes of conduct (BPS/DCP, 1995:18). What was said paralleled, but was more cautious than, the considerations

reported on the topic in the US literature (eg, Nelson & Wilson, 1984), sometimes putting it in terms of informed consent of the client for such disclosure (Hawkins & Bullock, 1995). An important UK-US difference which may be relevant here is the distinction between public and private provision of psychological services, as may be the difference in popular Judeo-Christian religiosity generally. But equally importantly, sources such as BPS/DCP (1995:14,16), Hall (1997) and Taylor, Solts, Roberts and Maddicks (1998) emphasise in a variety of settings the ethical difficulties in dealing with 'dual relationships', and it may be this that led the present participants to be 'more cautious'.

Smith (1998) calls for transparency in conditions where there may be 'competing interests', under which he includes the category *religion*. These considerations could lead to a strategy of bold openness, in the service of transparency - 'more honest', as Participants 7 and 10 put it. However, firstly, open declaration of personal values is not listed in the DCP Guidelines as information that should be provided to clients prior to undertaking psychological intervention (BPS/DCP, 1995:22). Secondly, the considerations could just as easily support a strategy of not-so-bold nondisclosure by the psychologist, given that realistically even if clients were offered the boldness of open disclosure, and then chose to be seen by an alternative psychologist, scarcity of human resources might make the option meaningless. Even if sufficient staff were available for participants to make such choices, present participants pointed out (as do Taylor et al, 1998) that client-psychologist matching has its fair share of pitfalls anyway. Suffice to say that the comments on this topic in the present study, generally endorsed differing degrees of the gentler, more implicit aspects of Tan's (1996) implicit-explicit disclosure dichotomy for Christian psychologists.



It was initially quaint to hear participants talk about in-session silent petitionary prayer for clients, in the same breath as their considerations about disclosure of Christian values. Upon reflection, it was apparent that the association may lie only partly in the spoken nature of much prayer activity, even subvocal. It may also lie in the acceptable discharge of some of their discomfort at having to hold back from open disclosure. There were no indications that participants felt that by praying they were exercising a kind of mystical disclosure with clients, or control over them\*. But there were plenty of indications that for Christian psychologists to have to hold back from open disclosure, was on many occasions a real frustration for them.

### 1.1.3: Challenge

Christian teaching generally enjoins obedience to the legitimate state and church authorities (hence Christian commitment is known to be predictably associated with higher than average scores on measures of authoritarianism). The related predicament as far as value-clash is concerned, seemed to arise from (a) the understandable desire of Christian psychologists to obey biblical injunctions to uphold Christian values; and (b) their commendable desire not to step outside the strict bounds of ethical regulatory guidelines for professional practice and Chartered status. The unavoidable dual identity of Christian psychologists led to these two sources of authority arousing a confusion - the dilemma experienced as greater, the greater the felt need overtly to discharge

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\*Martinez (1999) reports a grounded theory analysis of interviews with eight psychodynamically oriented religiously-committed (within the Christian tradition) counsellors. Several of these counsellors maintained a firm belief that clients who are committed Christians mystically 'know' by some intuitive means, if their therapist is also a Christian - and this included 'knowing' if their therapist is silently praying for them during the counselling session. However, no mention of such a belief emerged from the present study's participants, and none of them reported that silent in-session praying raised any 'informed consent' issues for clients.

Christian duty\*. The management of such challenges was noticeably low-key in terms of interpersonal relationships within NHS clinical teams/departments. The negatively keyed-up nature of participants' intrapersonal experience contrasted sharply with this, but was kept private. The talk of confrontations that I heard, I began to realise was derived from consideration of the supplied grid Elements and their Factors, and was more often than not spoken of in hypothetical terms. Actually, participants hinted, confrontation is almost always avoided, by the pragmatic devices reported in the analysis (some of these devices could be helpfully construed within the framework of Pargament's work (e.g., 1997) on religion and coping strategies).

The emergence of the third Category ('Challenge') and the next ('Harmony') seems to be an echo of one of the decisions involved in setting up the repertory grid Elements.

This decision was, to include from the thirty Elements initially supplied by the nine Sample 1 psychologists, only one from each psychologist, *chosen to give three value-clash, three value-neutral and three value-congruence situations* (a typology adapted from Kilby, 1993). Was the identification of these two Categories attributable to this methodology decision? I incline towards the view that they would have been apparent whatever the choice of grid Elements, so deeply did they seem to be embedded in the experience of these Christian psychologists.

#### 1.1.4: Harmony

In many ways, this Category contained some of the most intriguing material from participants. It was clearly referred to by all of them. With respect to personal values and

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\*The 'pulling power' in participants' lives, of these two vastly important personal affiliations - religious commitment and professional commitment - could be viewed as having all the hallmarks of the setting conditions of uncontrolled change within the cusp catastrophe of Catastrophe Theory (eg, Zeeman, 1976), which seeks to describe sudden discontinuities of behaviour (see also below). I hasten to add, there was no evidence of such occasions from what participants reported. Rather, pressure like this was apparent as *part of* the bearing of a value-clash 'load' that some of them talked about.

workplace ethos, many general service values, such as respect for people who have often been marginalised by society, were experienced as very harmoniously linked with traditional Christian attitudes and beliefs. With respect to participants' personal identity, the more well-worked accounts came from those who qualified twenty or so years ago. In the sense that they had had longer to think about the matter, this is a further unsurprising finding. However, a career-long 'natural history' of their dual identity as Christians and psychologists - from antagonism, into peaceful co-existence, through two-part harmony, to a sense of fusion (cf: the 'centre of the earth' allusion to magma by Participant 9) - would be a splendid but idealistic story to tell. (*The Journal of Psychology and Christianity* devoted its 1996 issue #2 to a series of fascinating personal accounts.) It would omit from consideration (i) that two or three of the more senior participants became Christians years after professionally qualifying, and (ii) that alongside some of the statements about their current sense of integration, were equally current reports of battling with the sense of contradiction between the two identities. Further consideration is given to this below.

From the accounts I heard, the most intense 'harmony' may reflect experiential rather than codified aspects of the dual identity. It seemed to concern less a joining of the clinical psychologist's *Job Description/Code of Ethical Conduct* with the Christian's *Statement of Faith/synopsis of biblical morality standards*, and more a joining of 'clinical experience' with an appreciation of a 'spiritual' dimension to human existence. In corroborative vein, of the four colleagues who helped me to assess the robustness of the Categories via the Kappa statistic, the one who displayed the closest congruence with my own categorisation was an experienced clinical psychologist who is also a religiously-committed Hindu. Had participants with a commitment to 'spirituality' generally, or to

nonChristian religions, been included in the research, more interview material might have been available on this.

### 1.1.5: The Big Picture

The openness of participants to experiences of Christian spirituality, and their affinity for religious issues, seemed connected with expressions of an appreciation of their work being contained ‘in the greater scheme of things’ as Participant 11 put it. Almost all the references they made to this, were to their psychologist role being contained within the wider purposes of God as indicated generally in the Bible, and in which as Christians they construed themselves having a role. This echoed the fact that the most heavily endorsed item in Shafranske and Maloney’s (1990) set of ‘ideological statements’ to their 400 clinical psychologist respondents was, “There is a personal God of transcendent existence and power, *whose purposes will ultimately be worked out in human history*” (emphasis added)\*.

The present data contained no mention of any attribution of participants’ personal distress or clinical practice difficulties, to a superordinate negative side of the supernatural. Their sense of participation was talked about both in universal and particular terms. Less frequent were references to a reversal of roles: that their own sense of being a Christian could be contained within the ‘big picture’ provided by psychology and its theories and formulations. Had ex-Christian clinical psychologists also

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\* For Jung (1961) an impersonalised version of the same idea was so central to his views, that he accorded it the status of facticity: “*We must face the fact that our world, with its time, space and causality, relates to another order of things, lying behind or beneath it, in which neither ‘here nor there’ nor ‘earlier and later’ are of importance*” (p.305, emphasis added).



been included as participants, more interview material might have been available on this latter point.

Most of the extracts coded in this Category gave an indication that the psychologists speaking thus, thereby felt an ennobling of their work and its purposes. There were also one or two participants who spoke of their involvement in terms more reminiscent of Smail (1990), giving them an insight of large purposes outside control, in comparison to their somewhat smaller human endeavours\*.

### 1.2: To what extent did the collection and the analysis of the data meet the guidelines set out at the end of Chapter Two?

The four guidelines were set out on pages 31-32 (above):

- (1) listen to what people (in this case, psychologists) identify as the connections between religious values and their work, which are important to *them*, rather than to focus simply upon the status quo position of what 'the literature' identifies as germane;
- (2) use a methodology cognisant of the possibility that the very act of getting people to articulate what are their values, may be formative in altering the values themselves;
- (3) view results as context-dependent possibilities rather than unalterable 'facts'; and
- (4) thus investigate with participants the ways in which their stance on values may affect the delivery of their professional work, and what clash and what harmony they sense between professional and personal value systems.

#### 1.2.1: Listening to people

I tried to channel my own ideas into letting the research participants shape the data. (i)

The methodology utilised a repertory grid procedure in which an initial group of nine psychologists (Sample 1) provided the grid Elements. (ii) The grid was completed after

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\* Tolstoy writes this telling parable into one of the philosophical parts of *War and Peace*: "There was once a ram, whom the shepherd was fattening for slaughter. Because the ram duly grew fatter, and perhaps was used as a bell-wether for the rest of the flock, he easily imagined that he was the leader of the flock and that the other sheep went where they went solely in obedience to his will - he thought this, and maybe the flock thought it too. Nevertheless, the purpose of his selection was ... conceived by beings whose aims neither he nor the other sheep could fathom."

eliciting Constructs from the fourteen Participants (Sample 2). (iii) The groups of Constructs and Elements loading onto the Rotated Factors derived from factor analysing the grid ratings, then formed each participant's own 'guide' for a semi-structured interview, the transcripts of which were the data for the Analysis.

### 1.2.2: A constructivist approach

The use of Personal Construct Psychology was my attempt to recognise that the investigative process is in itself a formative influence upon the data. Several participants mentioned that the process of completing the repertory grid, and the process of further constructing the meanings of the various Factors in the interview, provided insights unnoticed previously. (All of the participants expressed their thanks at having taken part in the research. It may be that this was politeness on their part! But the sense of personal discovery that I felt develop in some of the interviews took me a little by surprise; sensing the privilege of hearing what they had to say, I ended several of the telephone conversations with eyes welling up in tears, and an ear-to-ear smile of gratitude.)

### 1.2.3: Context-dependent possibilities

It was not difficult to regard the status of the results of the analysis as 'dependent upon their context' (rather than as 'unalterable facts'). All of the participants frequently spoke in hesitant terms: the transcripts of these articulate and highly qualified psychologists were littered with uhm's and er's, hesitations and ungrammatical twists and turns\*. This

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\* For purposes of clarity, much of this was omitted from the illustrative material quoted in the Analysis. The following unexpurgated quote from Participant 6 is, however, a typical example of the speech style recorded in the interview transcripts: "Obviously, it can be an uncomfortable tension, at times, I don't know about unpleasant - because any tension, I think, can be un-, is going to, you know, at some level, knocks the status quo, doesn't it, as such, there's a reaction - but I think most of the time, I actually, I think I'm more comfortable in seeing it as a creative thing, now, ehm - but that's not - obviously, I can still be caught short. But, uhm, yeah, I think that's what that's all about ..."

made it quite clear they were in no mood to have what they said, regarded as definite or 'true'. Also, several used turns of phrase to indicate that what they said about their values and their workplace performance was to be taken as a fluid, changeable state of affairs. Some of the most deliberate expressions of these temporary states came from participants who were well versed in commanding the attention of peers and NHS administrators, and had a work performance record in the profession of clinical psychology that demonstrated long term consistency. Examples from their speech included, 'moments of communion' contrasted with hours of perturbation; 'the good days', and 'the bad days'; and a statement that doubts about remaining in the job could come and go several times in one day. Others wanted me clearly to know that their feelings about disclosure of Christian values were severely context-dependent - especially with respect to being with-clients as opposed to with-colleagues.

Rarely did I hear any participants make statements that they "were" this or that, as a permanent state. Had they filled out their responses to set questionnaire items on Likert or Visual Analogue scales, the data would have appeared to indicate a fixed state. Much of the work reported on religious values of mental health professionals (above) (eg, Jensen & Bergin, 1988; Shafranske & Malony, 1990), presents results of this form. Albeit gathered in a very different context, their data and those of the present study give a markedly different 'picture'.

#### 1.2.4: The effect of value-clash and value-harmony upon service delivery

The interviews stuck fairly rigidly to the format of requesting participants talk about (i) the sense each Factor made to them, and (ii) the implications of this sense for their practice. However, while operating the *constant comparison* procedure, the *codes* I observed ran roughshod over my careful interview format. I did not find participants



speaking in clearly different terms; rather, the codes emerging in the analysis blurred over the boundary between parts (i) and (ii) of the discussion of each Factor. The eventual *categories* therefore did not reflect any distinction. I have not attempted to force such a distinction, drawing the conclusion that perhaps participants were indicating to me that they did not wish to account for their grid results in the manner that I had pre-supposed. Given clear opportunities to elucidate values-workpractice 'connections', participants had plenty to say, and said it willingly, in response to the two sections of each Factor discussion; but the codes identified appeared as regularly in one section as in the other.

### 1.3: To what extent did the analysis of the data meet the 'agenda' of Jones (1994)?

Page 31 (above) states that Jones' agenda

coheres exactly with the purpose of the present study. Psychotherapeutic practice, he says, is influenced by:

religious, moral, metaphysical and philosophical beliefs, and if the connections between psychologists' work and their deepest human commitments are to be understood, these aspects must be examined and appreciated.

The understanding of 'the connections', and the examining and appreciating of the influence upon practice of the participants' Christian commitment, is set out by the present study in the five *Categories* of the analysis.

All participants spoke about connections. None made reference to wholesale use of the 'compartmentalization of codes' referred to by Cohen (1994a) by which his participants insulated their differing experiences of religious commitment and professional psychology. (One of the inclusion criteria of the present study was membership of the UK Network of Christians in Psychology, which may partly account for this, since the organisation is committed to a vision of bringing the two together).



Rather, participants made use of a collection of devices to manage their experience of 'connecting' values and work practice. The value-clash and value-congruence Categories most obviously storied this. The transcripts clearly showed that 'Challenge' and 'Harmony' did not characterise two separate groups of participants. No participants could justifiably have been characterised solely as 'Integrators', or solely as 'Antagonisers', or whatever. The illustrative material quoted above for these Categories was picked partly to demonstrate this - many aspects of both were spoken about by the same participants. As mentioned in the analysis, more detailed accounts were provided of 'clash' experiences, than were of 'harmony' experiences. The former contained talk of specific memories, clearly described, sometimes at some length; of the latter, participants spoke in more nonspecific terms, utilised fewer and more diffuse words, and the vehicle of talk was more often a metaphor. The former contained details of specific strategies used to by-pass anticipated clashes and confrontations; the latter were spoken of as having no need to be avoided, and therefore no talk emerged of such strategies - this said, neither was there any talk indicating that participants tried to engineer a greater intensity or frequency of them.

#### 1.4: A multidimensional model, as a set of sliding scales in perpetual motion

It has often been noted that *religiosity*, and related aspects of religious behaviour like *praying*, are 'multidimensional' (Gorsuch, 1984; Poloma & Pendleton, 1991). The connections shown in the present data between Christian values and workplace performance could be similarly described. Certainly, Kilby (1993) uses a dimensional model with respect to understanding values (p.2 above). The use of the word 'multidimensional' in the literature seems to indicate that religiosity, etc, may be thought of as a set of identified scores on several dimensions - in the case of Poloma and

Pendleton (1991), for example, a set of semantic differential scales. The repertory grid results from this study seem also to account for the participants' construal of 'connections' in this way. (This could be an artefact of the popular method of recording construing as numeric scalar ratings - as opposed to recording them in the 'on'-'off' categories originally used by Kelly (1955).)

It was the interview data which persistently drew my attention to a more complex rendering of what participants were saying, than the more static 'multidimensional' view. The complexity lay in participants' indications that what they were talking about was a series of *shifting positions on various dimensions*, as though the dynamic of change they experienced with respect to the interface of Christian values and workplace practice, meant their position was almost always on the move. This may seem somewhat pedantic to emphasise as a major item of discussion, but the sheer obviousness of such an understanding - and its accord with my own experience at work - made me wonder why I had not construed the experience of Christians in clinical psychology, myself included, in these terms before. In terms of reporting this research, my hopes about 'analysis', and 'results', had been that at least a temporary resting place, a stand-still for understanding, might be achieved, rather than the quagmire idea conjured up by 'evershifting positions'.

The interviews took place as conversations lasting between 45 and 75 minutes; during these times, I heard nothing that would arouse a judgment of whatever 'emotionally labile' may imply. The notion of *shifting positions* as some sort of personal slippage from stability, would not be accurate description. A more stable, regular, and once or twice staid, set of colleagues, one could scarcely ask for! For example, when Participant 7 described himself as 'sometimes stepping out of line' and I queried whether this concerned deviating from any Code of Ethics, his response was: "No, no, never that."

Reports of Christians' generally higher scores on social desirability and social acquiescence (Schumaker, 1992) aside, this was unusually strong terminology.

A more valid implication of 'shifting positions' may be that participants' identity as Christian psychologists is difficult for them to put across in words - although as observed above, its definition by recounting 'value clashes' was delineated more clearly than by the accounts of 'value congruence'. (There is some parallel in the descriptive style of two recent accounts of UK NHS clinical psychologists' identity, Jones (1998) and Marzillier (1998). The negative account is stark and harsh; the more positive one, softer-edged and more becalmed.)

The problem of finding adequate words has been noted before, when those involved in the clinical practice of psychology talk about their experience of the Divine (Cohen, 1994a; Myers, 1997; Myers & Baker, 1998). Myers herself (1997:87) described a model positioning 'the spiritual' as *a resource* for the religiously committed psychologist. She found her five participants talking about scholarly psychological literature and expertise as a resource - sometimes comparatively impoverished - which she positioned *alongside* this more mystical and energising source. Unlike what one might imagine of a more 'Jungian' account, she found participants described the two as separated resources, both of which were drawn upon for the purposes of clinical formulation and intervention. The spiritual resources were reported in terms like 'transcendent', 'everlasting', needing 'no justification', and having 'no measure' by which they might be calibrated. The development from Myers' model to that of the present account, is that the present data indicated the *evershifting balance* between (a) participants' appreciation of the impact upon the workplace situation, both of the spiritual, which was by no means always construed in terms of being 'resources', and also of the more codified values articulated

from their religious commitment; and (b) their appreciation of the impact on their work, of their psychology.

This understanding from the current research of how Christian psychologists describe 'the connections' linking their value base and their work identity, bears some similarity to the account offered by existential analysis (Binswanger, 1956; Boss, 1957) of an individual's *dasein* (literally, 'there-being'). *Dasein* is thought of as being 'held' by the space described by the intersection of the several orbits of meaning of that person's important world designs (Rychlak (1973) gives an illuminating diagram to complement the jargon). The metaphor of orbits is helpful because of its reference to constant movement; but the allusion that orbits arouse, of feedback loops, seems not so faithful to what participants said. Their description seemed more characterised by reference to linear change, rather than anything more 'systemic' (although what is being proposed could not possibly be properly viewed as anything *but* a system). In addition, the account of *dasein* is a little too neat, insufficiently raw to reflect the present data.

A better illustration of the proposed model might be something like the visual display unit of a music system graphic equaliser, with its profile of moving 'columns' constantly rising and falling, some faster, some slower, some hardly at all. The possible attraction of such a system might be illustrated by the engaging perpetual motion screen savers available on some personal computers, in which no one configuration seems ever to be repeated\*.

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\* The notion of constant change and of a system of attractors is scarcely new. About a millenium and a half ago, Heraclitus is recorded as stating: You cannot step twice into the same river, for other waters are continually flowing on ... Everything flows and nothing abides; everything gives way and nothing stays fixed ... Cool things become warm, the warm grows cool; the moist dries, the parched becomes moist ... It is in changing that things find repose.



1.4.1: An account from organisational psychology, paralleling the model of the values experience of the Christian psychologist

Although written in a somewhat popular style, the classic account of Morgan (1997) cites an array of theoretical backgrounds for the understanding of organisations. His view is that systems are

like Chinese boxes, in that they always contain wholes within wholes (p.42)

and from this viewpoint, what he writes about the fluidity of organisations is applicable to the 'smaller' system of the individual person. Having set out several more *static* conceptualisations, Morgan suggests four sources supporting the idea of organisational evolution being better understood as *patterns* - rather than separate units - *that evolve*, and as *constantly changing*. One of the four - the influence of cybernetics and circular relations - was not so clearly articulated in the present data, as the other three - influences from the logic of dialectical change, from the principle of *autopoiesis*, and from chaos/complexity theory.

The first, dialectical change (Taoist or Marxist), describes potential 'new futures' as necessarily creating oppositions with the *status quo*. Any system development contains elements of counter-development, each new position tends to generate its opposite - all of which coheres with the present model of the values experience of the Christian psychologist.

A central idea of the second influence, *autopoiesis*, is that the aim of systems is to renew and reproduce themselves. Living systems are seen as *organisationally closed*, making reference only to themselves - fitting the present data's slightly narcissistic tone. The more usual view of living systems as *open to an environment*, is seen as

the product of an attempt to make sense of such systems *from the standpoint of an external observer* (Morgan, 1997:253) (emphasis added).

This standpoint is one I wished to avoid. My success in doing so was perhaps evidenced by the sense within the analysis, of the intrapersonal closedness of participants' accounts, except for the Category about 'disclosure'. The living system is viewed as having a domain of essential interaction which *includes* the environment; to that extent the environment is therefore *part of*, and thus *indistinguishable from*, the system. Participant 7 said he repeatedly questioned, "Am I in the right job?" Is the significance of this, that it is an on-going and useful discussion within him, the sort of thing that at an organisational level, we might make part of an 'away-day' review (eg, "Is the team going in the right direction?")? Or was Participant 7 seriously signalling that he was continually on the brink of a career change? Rather than think in terms of independent patterns of causation, *autopoiesis* directs our attention to chains of relations between subsystems as part of the system's self-determining pattern.

Third, is the idea of order emerging from apparent chaos. Not merely an echo of the Bible's opening lines, chaos/complexity theory makes mention of 'attractors' - influential in defining

the contexts in which detailed system behaviors unfold (Morgan, 1997:264)

and giving the appearance that random fluctuations self-organise into coherent forms.

Focus has already been given to the interplay between 'professional' and 'religious' values as attractors in participants' experience. Chaos theory also directs attention to the 'bifurcation points' at which uncertainty mounts as to how or whether an established balance between attractors will be able to contain accumulations of energy, or whether a new set of influences will 'gain the upper hand' and give rise to a new configuration. (A simple example might be the point just before the situation of two snarling animals, stationary in a mutually aggressive face-off, becomes a situation of fight and/or flight.) In

edge-of-chaos situations, small but critical changes can trigger transforming effects\*. The balance between attractors can also hold a system in equilibrium or near equilibrium, by drawing attention to information that enables destabilising influences to be counteracted - such as, for example, when riding a bicycle, the continual supply of interoceptive stimuli enables the rider to maintain adjustments to bodily posture that give rise to stable or near-stable balance.

All the foregoing aspects of understanding organisational behaviour, are pertinent to the present model of the values experience of the Christian psychologist.

### 1.5: Dimensions that might 'populate' the present model

#### 1.5.1: 'Intrapersonal' dimensions

Three dimensions in particular seem to describe how participants were enabled to arrange and to communicate to me their experience of 'the connections' between work and their values base. Some of these dimensions were unique to one Category or another; others were visible in several Categories. And it may well be that, were this investigation to be continued to the point of *saturation* (Strauss & Corbin, 1990) of the grounded theory, further significant dimensions of speech would be identified in addition to the three here (and indeed, one more is added, below). None of these three are envisaged to be discrete; rather, all are envisaged to co-vary, as different-order accounts of the same phenomena, with the fluctuations of a person's positions varying with differing rapidity:

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\*I have attempted elsewhere, to describe certain client problems and interventions in such terms (Baker, 1980), but have been more struck at their potential to describe events with the wisdom of hindsight, than their prospective power to dictate the sort of small changes needed to generate desired change. Although not produced in an edge-of-chaos situation, the modest 'future directions' plans of the 1998 Consultation of the Christianity and Psychology Project - a not unrelated area of interest - are probably a good example of small changes designed to provoke larger ones. As Morgan puts it (1997:265), "Quantum change, incrementally"!

Dimension (1) At the level of daily work demands, *the amount of value-clash experienced*, tagged by (say), 'none at all', 'minor challenge', 'major challenge' and 'absolutely non-negotiable'

Dimension (2) At the level of the discipline, *the degree of overlap experienced between psychology and Christianity*, tagged by (say), 'co-terminous', 'overlapping', 'side-by-side' and 'poles apart'

Dimension (3) At the level of experienced selfhood, *the quality of participants' dual identity as psychologist and Christian* (Vande Kemp 1996), tagged by (say), 'antagonistic', 'co-existing peacefully', 'intimately related', and 'merged'

(The designation of verbal tags is purely illustrative, related to but not all taken directly from, the present data.)

#### 1.5.1.1: *Personal fluctuation*

Volatility of personal fluctuation in participants' experience would probably be most associated with the third dimension, because of its connection at the 'merged' end with the experience of divine immanence. Both traditionally and in the present data, this is spoken of as a breaking in of the Divine upon human consciousness, often unexpected and unannounced, and usually with the Divine positioned externally to the human being. Experiences of divine immanence may be difficult to cope with, but those reported by participants seemed reasonably manageable within the parameters of ordinary work constraints, and were in no way spoken of as disabling participants from concentrating upon their work. But most importantly in connection with the above, they were stated to be *temporary* only, giving way to different positions on the dimension.

#### 1.5.1.2: *Personal control*

The dimension most open to the possibility of personal control is likely to be the first one. Higher levels of time since qualification, seniority and age all seemed to contribute towards relative stability, because of their association with greater power available to the individual to manipulate their work demands. In this sense the least powerful participants



- recently qualified, junior and younger - reported the more vivid variations along the dimension; but the more powerful were not immune. More than one senior participant spoke of experiencing clashes of such proportions as might lead them to alter their employment. Only one participant however told me she had actually changed her job (by dropping her NHS hours to .5). From this and other hints, I drew the conclusion that the experience of this degree of clash was generally not regular, but might often be vividly and painfully anticipated, and then avoided in real terms. But most importantly it was part of the temporary fluctuations which characterise the proposed model of 'sliding scales'.

#### 1.5.1.3: *Personal ownership*

The second dimension would attract most designation of personal ownership. 'My psychology' and 'my Christianity' were typical of phrases used in the data. The movement along this continuum most frequently mentioned was in terms of development over the years of one's practice/career. The 'then and now' comparisons of some older participants were reminiscent of accounts of developmental stages of spiritual growth (Genia (1995) is one of several who have presented such outlines - generally not empirically generated, and generally slanted towards describing growth in the client rather than the practitioner). Although older in age, and although the word was not used at any time, these participants seemed to be the most compelling examples of 'disciples', both professionally and religiously. Their dimensional movement was sometimes spoken of as one-way - towards the co-terminous end. Other participants, including some senior practitioners, clarified that the course of progress was considerably less direct, and took place as a seeming rigmarole of to-ing and fro-ing. These were indications that the appearance of a 'one-way' direction towards integration, seen at the fine-grained day-to-

day level, was much more like 'going round in circles'. This again is coherent with a model of perpetual motion.

### 1.5.2: Freedom of speech

It would be an inadequacy not to discuss a fourth dimension - kept separate because of its conceptual distinctness:

Dimension (4) The *degree of disclosure of Christian values of the psychologist*, tagged by (say), 'nondisclosure', 'covert disclosure', 'I prompt others to disclose', 'I disclose only when asked', 'decided on a case by case basis' and 'welcomed opportunity'

In many ways, their experience of shifting positions on this sliding scale was kept by participants as relatively *private* in the work setting, like their experiences on the previous three. However, as noted above, the focus of the fourth dimension was entirely connected to the *public* display of Christian values, in a way that the others were not.

#### 1.5.2.1: *Disclosure to colleagues*

The range of movement back and forth on this dimension, with respect to disclosure to colleagues, was clearly skewed towards the nondisclosing end. Disclosure was mostly absent or at best covert; even 'if asked' a degree of reluctance was expressed. A few participants decided 'on a case by case basis' whether to enter into freer discussion with colleagues.

#### 1.5.2.2: *Disclosure to clients*

Talking about disclosure to clients also occupied a limited range of movement along the dimension, but at the opposite end of the scale. Only one participant spoke of total nondisclosure; most spoke in affiliative terms of a not unwelcome problem that needed careful professional consideration. During the interviews, several participants made an announcement of their 'statement of position' regarding disclosure to clients of Christian

values, as though a set protocol defined procedure on this dimension. However, each person who spoke in this way, later contradicted what they had previously said - some several times over - by giving instances where they had acted differently from the stated position.

Once again the appropriateness was emphasised of the proposed notion of a sliding scale for their involvement in disclosure to clients. There was less evidence of its appropriateness for the way in which participants told of their disclosure - or lack of it - to colleagues.

### *1.5.2.3: Two further issues*

Two issues connected with disclosure of Christian values were discussed above. Both contributed further to their difficulty in being able to occupy a set position on the matter (if this were possible or desirable). (i) The possible long-term effect of participants' original professional training was towards non-disclosure. This effect was felt at varying strengths, spoken of as maximal for participants when the desire to share faith with a client put them on the verge of disclosure - ie, the effect was not of constant salience, but varied on the 'sliding scale'. (ii) Participants' sense of confusion over the authority vested in religious commitment and that vested in professional allegiance also shifted from one time to another - for one person, sometimes reaching wracking proportions. Although such pressure has the potential for uncontrolled 'breakout', the experiences reported by participants were managed calmly. This pressure is therefore envisaged as acting more as a subterranean current contributing to fluctuations in participants' 'position' on the Disclosure dimension at any one time.

## **2: Wider considerations of the study**

### **2.1: Depth of individualised study at the expense of sharpness of focus?**

Worthington (1991:220) was cited above, as one of several calling for a methodology in values research in which the individuals whose values are being investigated, have a say in the personal salience of the values questioned, in which they “personally select traits that are important to them.” The specific import of this, lies in Worthington’s advocacy of studying religious values in the clinical practice of psychology, from *what people say*, rather than from what may be inferred from *the therapeutic system* informing clinical practice (which as Bergin et al (1996:310) confirm, has been the usual approach). There may be a price to be paid in following this emphasis. Did the extent to which the present study sought fully to accommodate it, give rise to overly individualistic data? Certainly, the attempt at aggregating the results (ie, the five grounded theory Categories) seems very much less ‘sharp’ and easy to communicate than, say, the results of Shafranske and Malony’s (1990) questionnaire survey. The same is true of the work of Cohen (1994a) and Myers (1997), both of whom followed the *what people say* approach.

One of the observations made by Jensen and Bergin (1988) about the results of their survey, was that participants’ personal lifestyle was associated with what they considered important in the listing of therapy values they rated. Older participants rated *self-maintenance and personal fitness* higher, and participants still in their first marriage rated *regulated sexual fulfilment* similarly, etc. It is noteworthy that, whereas Bergin et al (1996:302) refer to ‘counseling’ as a value-laden *enterprise*, Participant 13 of the present study spontaneously referred to her own experience of being a Christian psychologist by saying, “It’s a very heavily value-laden *way of life*.” What is of note, is that perhaps by moving from a nomothetic to an idiographic research approach, the



object of attention slipped from being the more manageable 'enterprise' into being the more diffuse 'way of life.'

Summing up, Shafranske and Malony (1990) commented that the higher than expected rate of positive appreciation of personal religiosity amongst their clinical psychologist sample, related more to individual 'spirituality' than to formal 'religiousness'. In the present data, only three references were made to 'codified' Christianity - one participant made oblique mention of a codified denominational 'position', and two more related what they said back to biblical quotations. Now, it may be that, knowing I as the researcher was also part of the Network of which membership was an inclusion criterion for the study, participants felt reference to codified religion to be unnecessary.

Nevertheless, it is true that overwhelmingly, the interview transcripts are accurately described as relating to *personal* religiosity. This is reminiscent of Cohen's (1994a) phrase, that his participants' accounts of their 'God representations' were often "*highly personal*".

Generally, therefore, there are no simple parallel comparisons to be made with the majority of studies reported in Chapter Two.

## 2.2: Disclosure to clients

This negative conclusion has an exception, to which reference has already been made - *disclosure to clientele of the psychologist's personal religious values*, especially where the client is a NHS patient. Generally, participants told me in bold terms about the internally-experienced sense of 'added value' in being a Christian psychologist. But for most of them it translated into something more mild when externally practicalised. The strong impression I gained was that very few of them would, in their professional

practice, wholeheartedly put into reality the recommendation of Bergin, Payne and Richards (1996:300):

Therapists should acknowledge that they are value agents, and endorse values and lifestyles they believe enhance mental health

despite the authors' post-script that this should be based upon evidence and open professional debate.

Referring back to the imaginary continuum (page 21 above) of psychologists' attitudes towards personal values, although participants' *inner feelings* might vacillate between Newnes' (1996) espousal of the 'acceptant' end and Richardson's (1996) adoption of the 'suspicious' end of the continuum, their *external behaviour* was reported to me as almost always religiously adhering to Richardson's position of 'watchful carefulness' towards their own personal religious values. In this, they faithfully followed the appropriate advice contained in documents like BPS/DCP (1995) and BPS/DCP (1998). No participant formally indicated a desire to insist upon a

different Code of Ethics than propounded by their secular colleagues (Oordt, 1990:225)

that would, for example,

centre their ethics on love (Malony, 1986 - citing Jesus' Sermon on the Mount as a call to this standard).

In line with these quotes, the US Christian Association for Psychological Studies (CAPS) has in fact proposed its own ethical code (King, 1986). Were Christian psychologists in the UK to be as numerous as their US counterparts (the website information in 1998 cites CAPS membership to be about 3000), it is of course possible that the 'separatist' tendency might have greater support. But present data indicate that by and large participants felt they have a secure base within the ethos and ethics articulated by the BPS/DCP, concerning their overt clinical practice standards. Their indications were that

personal unease and distress were processed internally and privately. The 'sliding scale' model hypothesises that this sort of internal processing, can occur simultaneously with, or may be replaced later by, other experiences of relaxed harmony. It is suggested there may be a certain degree of comfortable and positive personal engagement can be achieved, attached to such to-ing and fro-ing.

(While participants did not call for the setting up of a replacement 'Christian-ised' ethics code, some adjustment to the present BPS code of good practice would be consistent with what they said. For example, the Guidelines for Professional Practice state *race*, *gender*, and *culture* as the three designated contextual influences which are 'essential' for psychologists to attend to (BPS/DCP, 1995:18). It is entirely coherent to extrapolate from the present data, that the word *religion* - spanning as it does all of the other three issues - ought to be added to the list.)

### 2.3: Developments that might extend the fulfilment of the research aims

Two research aims were present in this study. (i) Within the original research proposal, the hope was expressed that the data might potentially provide guidelines towards good professional practice for religiously committed NHS clinical psychologists in the UK, from the accounts given by participants. (ii) At the end of Chapter Two, the aim of contributing to understanding the connections between religiously-committed psychologists' values and their professional practice, was articulated.

Some degree of 'contribution to understanding' may have been achieved by the present study; but 'guidelines towards good professional practice by religiously committed psychologists' has not. In what ways could further 'understanding' be progressed into

pointers towards good professional practice, without losing the individually-sensitive methodology? Two lines of approach suggest themselves.

### 2.3.1: Extending the participant base

Grounded theory methodology requires the process of *saturation* (Strauss & Corbin, 1990) of the theory's Categories for its validation. This would entail gathering more data with a methodology similar to that of the extant data, and coding them for the current Categories, and any further ones indicated by the further analysis. The usefulness of examining the current Categories by varying the inclusion criteria for participants has been mentioned above. Saturation would require the collection of data from groups such as clinical psychologists (i) who are known to represent a wide range of historic Christian traditions; (ii) who admit to being 'erstwhile' Christians, now no longer committed; (iii) who are committed adherents of religions other than Christianity; (iv) who admit to being privately 'spiritual' but with no codified doctrines of faith; and (v) who have never had any religious convictions; and finally (vi) from Christians who admit to being 'erstwhile' clinical psychologists, having left the profession at a point of bifurcation surrounded by clashing values. Some modifications to methodology would be needed to accommodate participants from such groups - for example, the supplied grid Elements would have to be adjusted. It may even be that some less time-intensive constructivist technique than the repertory grid could be used for participants to 'set' personally the agenda for a grounded theory interview.

### 2.3.2: Examining the different 'dimensions' of the sliding scale 'model'

Taking the model seriously, some of the research implications would include the subjecting of each proposed 'dimension' to separate literature searches. It would also



require an examination (from the literature of psychology, and that of other disciplines) of the notion of the extent of the properties as ‘attractors’ of differing mixtures/levels of ‘perpetual motion’, and the feedback conditions under which they become ‘unattractors’, either as aversive or simply as no longer salient.

Following examination of extant literature, the focus and strategies of data collection thus suggested might be extended to cover not simply the further dimensions identified by the saturation process (above), but also the much broader question, of the domain of a perpetual motion model. If it acts as a motivating set of conditions, examination of the generality of its applicability would need investigation.

### 2.3.3: Self-fulfilling prophetic methodologies (or, ‘Do you just get what you ask for?’)

Having reached the level of a *horizon concept*, the research implication of the previous paragraph, and its predecessors, have suffered sufficiently from my own grandiosity. A less futuristic challenge, a more grounded and fundamental research implication, is to hand. That is, to attempt to answer the question of the extent to which the present methodology may be responsible for the model and its supporting Categories and dimensions.

Previous research (reviewed in Chapters One and Two) has employed questionnaire methodology, with researcher-determined items and numeric response keys. The evidence forthcoming about religious values and clinical practice has taken the form of numerical representations of participants’ agreement or otherwise with items, which are then transformed into statistical aggregates, and precise statements made about overall score levels.

Cohen (1994a) and Myers (1997) adopted a semi-structured interview guide constructed by themselves, under the guidance of previous published literature, to encourage richer data from fewer participants. The results were carefully qualitatively analysed, and assembled into themes describing seemingly static psychological states and mechanisms.

The present study utilised a mix of qualitative and quantitative methods, at the root of which was a pre-determined notion about the appropriate form of collecting and representing psychological experience - that it should be gathered idiographically, and represented as bipolar dimensions. The model deriving from the analysis has been represented in terms of a set of bipolar dimensions, along which unique patterns of varying individual levels may continually be created and adjusted.

The required challenge to the possible connection between the study's parent methodology and its forthcoming results, would, I think, be to dismantle the original methodology completely, and, retaining an individually-oriented data collection method, attempt to gather relevant information about Christian values and professional clinical psychological practice from a new 'angle'. This would have the benefit of retaining Strauss and Corbin's (1990) *saturation* strategy, and if results complemented the present analysis and model, it would act as a successful attempt at *triangulation of method* (Tindall, 1994b).

### **3: Final Reflections**

#### **3.1: Finer details of aspects of the methodology**

##### **3.1.1: Grid analysis via a Factor Analysis procedure**

Nonspecialised Factor or Principal Components analysis programmes are specifically mentioned by Winter (1992), Easterby-Smith (1981) and Blowers and O'Connor (1996) as permissible alternatives to the specialised Grid analysis packages available. One of the results of opting for the SPSS Factor Analysis programme, was that results could be presented to participants separately for Constructs and for Elements. The results presentation of specialised analysis packages (Ingrid, Flexigrid) indentifies both Constructs and Elements within the same two-dimensional plot, often arousing a question like 'How do they do that?' in the mind of researchers and participants with limited multivariate statistical sophistication. However, the welcomed simplicity of the present grid analysis was bought at the cost of having to subject the grid ratings to two analyses - firstly by columns to factor for Constructs, secondly by rows to factor for Elements. This 'two bites at the cherry' approach is valid within the exploratory, individualised usage made of Factor Analysis here; but it gave rise to Element Factors and Construct Factors which sometimes seemed to participants to be 'saying the same thing'. For some of these participants, this seemed to be repetitive; most took it more as a validation of what had already been said. Since the Constructs had been personally elicited from them, and the Elements supplied, the data deriving from our conversations about Construct factors tended towards an expression of what participants actually did, and the data drawn from talking about Element factors tended to reflect what they anticipated they would do. Data influenced by both tendencies were taken to be germane to the focus of the present study.

The order of discussion was always, Construct factors first, Element factors second. With hindsight, it would perhaps have been a better strategy to counterbalance the presentation, to control for any biasing effect this may have produced.

### 3.1.2: Could the repertory grid procedure have been omitted?

My impression was that the DIY repertory grid procedure succeeded in generating in participants a high level of interest, and gave them an opportunity to put into words a topic which they rarely aired in public discourse. The results of their grid analysis were sent by post and could be examined by them prior to speaking with me over the telephone.

It seemed therefore to engender a useful mixture both of personal ownership of the course of the telephone interview, and also of professional support in discussing such issues openly - verbal 'asides' from more than one participant made humorous indications that talking thus, had a certain 'therapeutic' property. It was noticeable that for each person, there was a preparedness to talk that needed very little introduction, and - to borrow some motor racing jargon - the interview got off the grid in pole position.

### 3.1.3: The process of the grounded theory analysis

Following general practice in grounded theory analysis (Smith, 1995a:21; Pidgeon, 1996:79), analysis of the first few transcripts began while further data were still being collected. However within the first batch analysed, serendipitously, four out of the five interviews were with relatively newly-qualified psychologists. It was only later that I recognised some of the different codes specifically connected with the variable *time since qualification*. Had the first few transcripts analysed been from different participants, the



original codes identified might have been different. Examination of further transcripts added immeasurably to the breadth and depth of what had already emerged; but the possible 'primacy' effect of the original coding cannot be ignored.

### 3.2: Personal aspects

Several references have already been made to my own involvement in the research process. The following comments also seem worth making.

#### 3.2.1: My dual relationship with participants as fellow psychologist and fellow NeCIP member

These factors were known to participants from the start. The extent of the researcher's personal involvement is acknowledged in qualitative research almost as a hallmark. In this study, my involvement seemed to act as a further facilitation of talk, with a mutual understanding of both religious and psychological terms. The latter included not only NHS jargon and clinical psychological issues, but we also shared a reasonable familiarity with factor analysis procedures (for example, I did not require a vivid simile such as Child's (1976) 'umbrella' metaphor, in introducing the factor analysis results).

These were all enormously helpful in conducting the telephone interview, mitigating the loss of face-to-face contact. I am uncertain that such a 'distant' interview procedure would have generated such rich data with participants with whom I had less shared identity.

Of the fourteen people, I was acquainted with two, and knew three personally. I am unsure the extent to which such dual relationships, in addition to the dual shared identity issues above, rendered me insufficiently critical, or over-interpretive in conducting the interview conversations. While every interview stuck firmly to its brief of examining

meaning and practice implications of each grid Factor, there were one or two occasions when I noticed in transcribing, that shared understandings which had been acknowledged with joint laughter, should have been clarified to check there and then, that I had not misinterpreted the participant's exact meaning. (Burman (1994:52) refers to the need for 'interpretive vigilance' in qualitative interviewing.)

### 3.2.2: My own dual identity as researcher and committed Christian

#### 3.2.2.1: *Language used to describe 'the spiritual'*

Although Cohen (1994a) and others make regular usage of terms like 'God representations', I have found myself writing words like 'the Divine', or less personally, 'the spiritual'. Upon reflection, I am aware that during interviews my recognition that participants were indeed talking about *their experience of God* (even though they sometimes used more vivid and direct reporting, such as, *Jesus is with me*), decreased proportionally with the degree of familiarity I sensed with what they were saying. During the subsequent transcribing and coding, this recognition returned. Nevertheless, I felt no desire in writing the analysis to demonstrate my distance from what they said, by use of the sort of language illustrated by the phrase 'God representation'; rather, a loyalty to what they said kept my language to more direct phrases like 'the Divine'. I suppose if there were to be a continuum for such references to spiritual experience stretching from *God-constructions* through *God-representations* to *God-revelations*, my own Christian tradition is towards the last term. This will undoubtedly have affected the way in which I have referred to spiritual experience throughout this study. (It is something of an irony that the *constructivist* methodology employed in this study - which is a stance reminiscent of the first term of the supposed continuum - represents the psychological

tradition within which I have remained, since my first employment after undergraduate study, as a psychology research assistant.)

### *3.2.2.2: The personal sense of spiritual support*

I received enormously valued support from formal supervision, and from peer supervision from a colleague committed into a nonChristian religion. Both these enabled me (or rather, challenged me) to view the work from alternative perspectives. However, the sense of spiritual support talked about by the fourteen participants was also sensed by me during the various phases of this research (cf: Richards & Bergin, 1997:316). The most vivid period of being aware of such spiritual support, was in the time following three formal open requests for participants to help, which generated precisely two volunteers, one of whom had to be refused since he did not meet the inclusion criteria (being a trainee). By this time, I was two thirds the way through the two-year part-time study period scheduled, and was having to manage a growing unease that I would be unable to contact sufficient numbers of suitable and willing participants. I still feel the sense of gratitude regarding the surprising turn-round in my 'fortunes' during May and June 1998 - although in attributing this to the support of Christian spirituality, I am aware of many of my own (nonChristian) research supervisees whose participant-generating efforts also take sudden turns, one way or the other.

## Conclusion

When Dennis Hinkle reported his research proposing several, now well-known, Personal Construct Psychology techniques (Laddering, Implications Grid, etc), he wrote that

the general approach of this investigation has raised a host of theoretical, methodological and empirical questions. Hopefully, the reader will find these to be the most significant 'results' of this dissertation (Hinkle, 1965:4).

In the same way, I have found this study to be 'incomplete'. When the second chapter was written, it set down *the content* of the literature on religious values and the clinical practice of psychology. When the analysis was written, I realised eventually that it set down *the process* of religiously committed clinical psychologists' experience of values at work.

The methodology within which the data were collected, was employed in response to a call seen in the literature cited in the first and second chapters, to 'listen to people'. Now that I need to state a conclusion, heeding the call seems to have let me down! The best that can be said of the eventual results is that they represent a firm invitation for further study. Their status is patently unfinished.

I conclude that when clinical psychologists are asked to talk about their values in a structured but participant-led manner, they talk *content* in terms of *process*. And the process seems to be much more fluid and less ordered than represented by, for example, the way in which people completing the classic Rokeach Values Survey have to prioritise between competing value labels.



If the present results were re-scrutinised as material from which to produce items for a religiously-committed-psychologists-values-questionnaire, they would be a goldmine.

However the strategy of using qualitative data to provide a rich resource for subsequent quantitative research (seemingly the view of Burt & Oaksford, 1999), flies in the face of the way in which participants spoke, which gave a very clear message: *Do not take what I am saying as definite, or 'factual.'*

If this is part of the legacy that participants made me of their data, made over to me via their research consent forms, then it should command respect. If I faithfully pass the data over to the reader in the compressed form of the analysis, then they ought to describe *the way in which* values and the workplace interact in the experience of the religiously committed clinical psychologist. The way the two are in relationship (or, their 'connections', as Jones (1994) has it) seemed to be more important for participants to talk about, than the values "themselves".

At least for the time being, therefore, I think I have to accept - as the rabbi once said - 'maybe that is the way of things.'

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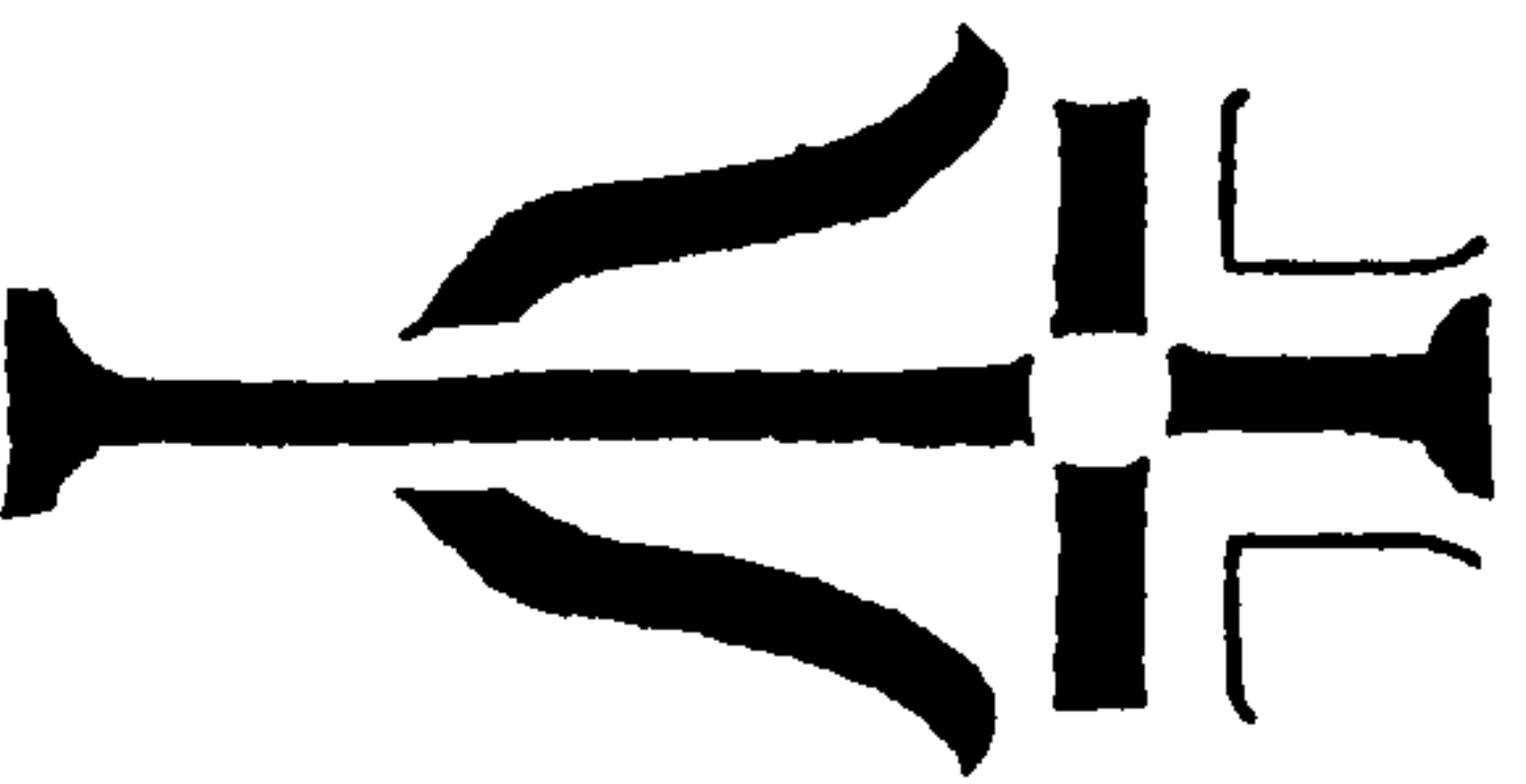
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## **Appendices**



# NETWORK OF CHRISTIANS IN PSYCHOLOGY



## NECIP

Network of Christians  
in Psychology

Appendix 1:

### NECIP MEMBERS ...

*... are Christians and psychologists. We include people working as clinical, educational, occupational and counselling psychologists. Many of our members are students of psychology*

*We uphold the following points of faith:*

- # *The sovereignty of God*
- # *The authority of the Bible*
- # *The deity and humanity of Jesus Christ*
- # *The uniqueness of Jesus Christ in bringing us into a right relationship with God*
- # *Our need for the indwelling of the Holy Spirit*

*NeCIP was founded so that we can support and encourage each other. We also affirm our responsibility as Christians to integrate our learning as psychologists with our faith*

### OUR AIMS\* INCLUDE ...

*... Integration of faith with psychological training and experience*

*Fellowship with other Christians in psychology*

*Learning through the experience of others*

*Preparing to apply psychology to the local church*

*Encouraging each other to share our faith*

### TO MEET OUR AIMS, WE ...

*... Maintain a register of names*

*Distribute a bi-annual newsletter*

*Arrange an annual national conference, to address issues identified by members and to meet for fellowship and worship*

*Have a range of regional sub-groups which meet on a regular basis*

### WE ARE ORGANISED ...

*... as minimally as possible. There is a steering group of volunteers who represent a range of psychological, regional and church backgrounds*

*If NeCIP is for you, please fill in and send the attached form. Membership - which is renewable annually - entitles you to:*

- a regularly updated list of members*
- the twice-yearly Newsletter*
- reduced Conference fees*

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\* NB: NeCIP does not act as a referral agency for psychological services

## Appendix 2: Questionnaire to develop grid Elements

### *'Christian values' and Christian clinical psychologists*

As part of the pilot phase of a project, I am trying to develop a 'personal construct' methodology to collect data about the way in which Christian clinical psychologists experience the interface between their christianity and their psychology. I have taken the liberty of asking several relevant people from the London Group of NeCIP - since this is a topic which has drawn the Group's attention on several occasions - if they would mind completing, anonymously and in the way that seems most natural to them, the section which follows and returning this form to me in the SAE enclosed. Clearly, if you'd rather not do so, please don't! There's quite enough timepressure on us to ensure this isn't exactly top of the list of things to be done! But if you do, my thanks in advance for your assistance. The ideas you express will help to begin the construction of a list of 'elements' for a repertory grid procedure.

Martyn Baker  
9th February 1997

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*What times do you become most aware that you are a Christian, when you are at work? [An alternative way of questioning on this issue, might be: What times are you most conscious of Christian values in your professional work?]*

*Thanks a lot for your help!*



### **Appendix 3: Initial set of possible elements for Repertory Grid**

[Key: P=Participant from Sample One psychologists from whom element derived]

- 1 (P1) Colleagues express views (ie, about how a client should/should not behave) which are valued by society but which I do not share
- 2 (P1) Conscious that in one-to-one client work, I will be more 'effective', more 'wise', more secure in myself if I am spirit filled
- 3 (P1) Alone and thinking about clients and remember that God can intervene in their lives and that I should pray for that
- 4 (P1) A client brings up a spiritual issue
- 5 (P1) I've made mistakes and been aware of my need for God
- 6 (P2) Colleagues are 'gossiping'/criticising/making derogatory comments. Dilemma is, often I would like to join in!! But feel this would not be what God wants
- 7 (P2) A client is particularly desperate - and either I don't know what to do next or I wish I could tell them about God and his love for them
- 8 (P2) I am feeling angry/upset or when I am concerned about performance/status at work - I then become aware of what goals I should have as a christian first and psychologist second
- 9 (P3) Having to work with clients who may have goals for treatment at odds with what the Bible advocates eg, sex therapy for people outside marriage, help with gay relationships, marriage breakup (potential) when there has been no adultery or violence, working with clients actively involved in occult practices/belief systems
- 10 (P3) Working with clients who have spiritual beliefs and place great importance on their effect on their psychological health (this can be Christian, Muslim, etc.)
- 11 (P3) Working with colleagues who are dismissive or derogatory towards specifically Christian belief systems (eg during clinical case discussions), or dismissive of spirituality in general
- 12 (P4) Conscious of Christian values when clients mention topics like abortion, promiscuity, breaking the law, hurting others etc
- 13 (P4) With clients who have experienced abuse and rejection, have poor self esteem and feel that no one cares/loves them - I then have thoughts that Jesus loves them
- 14 (P4) Recently, I had the experience of a criminal telling me his life story and how he couldn't change his offending. I then thought that if he turned to God and was saved that he could be given the Holy Spirit and the strength and power to change and be forgiven
- 15 (P5) I become aware that someone at work, either a colleague or client, is doing something which goes against my Christian values (eg engaging in a same-sex relationship)
- 16 (P6) I meet with clients without a Christian faith who have problems related to meaninglessness in their lives, low self-esteem, and hopelessness about the future
- 17 (P6) Encountering colleagues of a psycho-dynamic persuasion who regard all forms of optimism as a 'cop out' or neurotic defence
- 18 (P6) I try to engage with post-modernist, intellectual colleagues whose discourse is so abstract as to be incomprehensible (Jesus taught in simple language and very concrete parables)

- 19 (P6) In group therapy where a change takes place amongst the members and they cease to be despairing individuals as they develop a sense of being part of something bigger than the sum of their parts
- 20 (P7) Clients express views on religion:  
- perhaps referring to their own faith or lack of it - perhaps attacking the Church or God - often in bereavement cases families who were not previously 'religious' will use God and heaven in their explanations as to where their "loved one" has gone
- 21 (P7) I feel challenged to be scrupulous in my affairs eg, paying for parking when others don't, insisting on buying questionnaires and not photocopying when there is copyright, etc
- 22 (P7) Controversial issues are raised - eg, lesbian families
- 23 (P8) A client mentions their religious beliefs or experience
- 24 (P8) A client asks me about my religious convictions
- 25 (P8) Clients or colleagues mention decisions or values that I would not share as a Christian (eg co-habiting or getting as much money as possible)
- 26 (P9) Clients talk about 'spiritual' ideas during therapy sessions, and I respond to these according to my knowledge of scripture
- 27 (P9) My line manager gives me advice which is contrary to the word of God
- 28 (P9) My colleagues within a multi-disciplinary team advocates oppressive approaches to working with clients, which I know are against God's word
- 29 (P9) I have proposed a 'new' model of service provision to my colleagues which has its roots in models which are consistent with God's word
- 30 (P9) I accept, by faith, that I am the embodiment of 'Christian values' whether I am conscious of it or not (Paul describes us as a 'living epistles')



**Appendix 4: pilot grid elements, and omitted initial elements**

- 1 In group therapy where a change takes place amongst the members and they cease to be despairing individuals as they develop a sense of being part of something bigger than the sum of their parts**
- 2 When clients make use of a 'religious' attribution (eg, in bereavement, families who were not previously religious will often use God and heaven in their explanations as to where their loved one has gone)**
- 3 When a client mentions their own religious beliefs or experience**
- 4 When a client asks me about my religious convictions**
- 5 When I meet with clients without a Christian faith who have problems related to meaninglessness in their lives, low self-esteem, and hopelessness about the future**
- 6 I am conscious of Christian values when clients mention topics like abortion, promiscuity, breaking the law, hurting others etc**
- 7 When colleagues are 'gossiping'/ criticising/ making derogatory comments. (Dilemma is, often I would like to join in!! But feel this would not be what God wants)**
- 8 When I try to engage with post-modernist, intellectual colleagues whose discourse is so abstract as to be incomprehensible (Jesus taught in simple language and very concrete parables)**
- 9 I've made mistakes and been aware of my need for God**
- 10 When I feel challenged to be scrupulous in my affairs eg, paying for parking when others don't, insisting on buying questionnaires and not photocopying when there is copyright, etc**
- 11 When controversial issues are raised, eg, lesbian families**
- 12 When my line manager gives me advice which is contrary to the word of God**
- 13 When working with colleagues who are dismissive or derogatory towards specifically Christian belief systems (eg during clinical case discussions), or dismissive of spirituality in general**
- 14 When colleagues express views (ie, about how a client should/ should not behave) which are valued by society but which I do not share**
- 15 When my colleagues within a multi-disciplinary team advocate oppressive approaches to working with clients, which I know are against God's word**
- 16 In 1-to-1 work, I am conscious that I will be more 'effective', more 'wise', more secure in myself if I am filled by the Holy Spirit**
- 17 When I have proposed a 'new' model of service provision to my colleagues which has its roots in models which are consistent with God's word**
- 18 When alone and thinking about clients I remember that God can**

**intervene in their lives and that I should pray for that**

**19 I accept, by faith, that I am the embodiment of 'Christian values' whether I am conscious of it or not (Paul describes us as 'living epistles')**

**20 When having to work with clients who may have goals for treatment at odds with what the Bible advocates eg, sex therapy for people outside marriage, help with gay relationships, marriage breakup when there has been no adultery or violence, working with clients actively involved in occult practices**

### **Omitted initial elements**

**4 (P1) A client brings up a spiritual issue**

**7 (P2) A client is particularly desperate - and either I don't know what to do next or I wish I could tell them about God and his love for them**

**8 (P2) I am feeling angry/upset or when I am concerned about performance/status at work - I then become aware of what goals I should have as a christian first and psychologist second**

**13 (P4) With clients who have experienced abuse and rejection, have poor self esteem and feel that no one cares/loves them - I then have thoughts that Jesus loves them**

**14 (P4) Recently, I had the experience of a criminal telling me his life story and how he couldn't change his offending. I then thought that if he turned to God and was saved that he could be given the Holy Spirit and the strength and power to change and be forgiven**

**15 (P5) I become aware that someone at work, either a colleague or client, is doing something which goes against my Christian values (eg engaging in a same-sex relationship)**

### **Omitted due to**

*similarity to #23 (of initial list)*

*similarity to #16*

*similarity to #6 & #21*

*similarity to #16*

*idiosyncrasy/specificity*

*similarity with issues in #9*

17 (P6) Encountering colleagues of a psychodynamic persuasion who regard all forms of optimism as a 'cop out' or neurotic defence

*similarity to #11*

25 (P8) Clients or colleagues mention decisions or values that I would not share as a Christian (eg co-habiting or getting as much money as possible)

*similarity to #1*

26 (P9) Clients talk about 'spiritual' ideas during therapy sessions, and I respond to these according to my knowledge of scripture

*covered by #23, #24*



## Appendix 5a: Aspects of decision making leading to final selection of Elements

(from pilot administration) - twenty elements clearly stretched the procedure too long

He mentioned several elements which were either repetitive or which were outside of a clearly defined values focus or which aroused doctrinal controversy

Kilby - where two sets of values are side by side: clashes/congruences/prioritisations

?Need balance between values CLASH items, values CONGRUENCE items, and prioritisation ones

From 'common sense', also need balance between colleague/client/self-generated items, and a spread of worksettings (one-to-one, group, planning, etc)

Finally, best not to have an over-influence of any one of the nine original contributors to value-situations - therefore took one from each of the nine

	<u>Clash/Congruent/Priorit</u>	<u>Coll/Client/Self</u>	<u>Work setting</u>
1	Clash	Colleagues	?planning
2	?Neutral	Self	N/A
3	Clash	Clients	?1to1
4	Congruent	Clients	?1to1
5	Clash	Client/Colleague	N/A
6	Congruent	Clients	Group
7	Neutral	Clients	?Family work
8	Neutral	Client	1to1
9	Congruent	Colleagues	Planning

### 'Triad' method of Construct Elicitation:

Random selection takes up time; better to pre-select, balancing the various sorts of element. Fortuitously, three examples each of A:Clashes/ B: Neutrals/ C:Congruences.

With three categories, there are ten distinct variations: AAA AAB AAC ABB  
ABC ACC BBB BBC BCC CCC

Using each numbered Element consecutively, this would give the following 10 sets of 3 - admittedly with the 1st example of each category used 1 more time than the other 2

A1A2A3	#1, #3 and #5
A1A2B1	#1, #3 and #2
A3A1C1	#5, #1 and #4
A2B2B3	#3, #7 and #8
A3B1C2	#5, #2 and #6
A1C3C1	#1, #9 and #4
B2B3B1	#7, #8 and #2
B2B3C2	#7, #8 and #6
B1C3C1	#2, #9 and #4
C2C3C1	#6, #9 and #4



## **Appendix 5b: Final elements for Repertory Grid procedure**

- 1 colleagues express views (ie, about how a client should/should not behave) which are valued by society but which I do not share**
- 2 I am feeling angry/upset or when I am concerned about performance/status at work - I then become aware of what goals I should have as a christian first and psychologist second**
- 3 having to work with clients who may have goals for treatment at odds with what the Bible advocates eg, sex therapy for people outside marriage, help with gay relationships, marriage breakup (potential) when there has been no adultery or violence, working with clients actively involved in occult practices/belief systems**
- 4 with clients who have experienced abuse and rejection, have poor self esteem and feel that no one cares/loves them - I then have thoughts that Jesus loves them**
- 5 I become aware that someone at work, either a colleague or client, is doing something which goes against my Christian values (eg engaging in a same-sex relationship)**
- 6 in group therapy where a change takes place amongst the members and they cease to be despairing individuals as they develop a sense of being part of something bigger than the sum of their parts**
- 7 clients express views on religion:  
- perhaps referring to their own faith or lack of it - perhaps attacking the Church or God - often in bereavement cases families who were not previously 'religious' will use God and heaven in their explanations as to where their "loved one" has gone**
- 8 a client asks me about my religious convictions**
- 9 I have proposed a 'new' model of service provision to my colleagues which has its roots in models which are consistent with God's word**

## Appendix 6: Eventual procedure

### Research procedure re: personal construction of the interface between being a Christian and being a Clinical Psychologist

**The situations printed on the Element cards are a selection from several more that were set down by a group of Christian clinical psychologists in answer to the question, When are you most conscious of being a Christian when you are at work?**

#### Task No 1: Eliciting personal constructs

Although the nine 'situations' are fairly diverse, they form the supplied elements of a Repertory Grid. The constructs for the Grid are elicited by taking out the three cards of each pre-selected triad from the pack of nine, and for each triad, setting into a bipolar form, the answer to this question: "What similar personal reaction do two of these three situations arouse in me, as opposed to my personal reaction to the third?"

For example, if the triad were #1, #7 and #9:

1 colleagues express views (ie, about how a client should/should not behave) which are valued by society but which I do not share

7 clients express views on religion:  
- perhaps referring to their own faith or lack of it - perhaps attacking the Church or God - often in bereavement cases families who were not previously 'religious' will use God and heaven in their explanations as to where their "loved one" has gone

9 I have proposed a 'new' model of service provision to my colleagues which has its roots in models which are consistent with God's word

*Suppose I construe the first and third as colleague settings which stimulate consciousness of being a Christian; whereas the second is regarded as an awareness which arises in a client setting. The personal construct might be set down:*

*Aware of being a Christian through interacting with colleagues*

vs

*Thoughts of being a Christian aroused from interacting with clients*

/ over



*However, I might alternatively think of the first two as challenges to my religious values to which I react only internally, and the third as using my religious values proactively:*

*I keep silent about my own beliefs/values*

vs

*I am able to use my beliefs and values more openly*

There is clearly no particular way in which elements have to be construed - as a rule of thumb, please set down the first construction that comes to mind (unless this were simply to replicate a previous one, in which case please think again). I would like you to generate one such bipolar construct for each set of elements indicated, via the use of this 'Triad Method'.

Once you settle on a way of construing each triad, it should be written in on the Repertory Grid Form - eventually forming a list of ten Personal Constructs. The completed grid comprises the numeric ratings of each element on each bipolar construct - the second task in the procedure.

### Task No 2: Completing the repertory grid

Working one row at a time, please write a number in each square to represent your rating of the element concerned, on the dimension indicated by the personal construct concerned. This will involve 90 ratings, and again, general guidance would be not to spend overmuch time on any one rating.

The results of factor analysing the Grid ratings will be shared with you at a future, mutually convenient, time

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Sets of Elements to be used in generating Personal Constructs

Please place in front of you, one at a time, the following sets of element cards, about which the question to be answered is, What similar personal reaction do any two of these three situations arouse in me, as opposed to my personal reaction to the other one? [The particular sets of cards have been chosen in an attempt to balance combinations of value-clash situations with value-congruence situations.] Please write the resulting bipolar construct in on the appropriate part of the Repertory Grid Form, before going on to the next triad.

Triad No 1: #1, #3, #5

Triad No 2: #3, #7, #8

Triad No 3: #2, #5, #6

Triad No 4: #1, #2, #3

Triad No 5: #4, #6, #9

Triad No 6: #1, #4, #5

Triad No 7: #6, #7, #8

Triad No 8: #2, #4, #9

Triad No 9: #2, #7, #8

Triad No 10: #1, #4, #9



**Repertory Grid Form**

1: colleagues express views valued by society but not shared by me

2: goals - as a christian first and psychologist second

3: have to work with clients whose treatment goals at odds with Bible

4: clients' experience of abuse, etc - I have thoughts that Jesus loves them

5: colleague/client doing something wh goes against my Christian values

6: group therapy: members cease to despairing/feel part of something big

7: clients express views on religion (one of several ways)

8: a client asks me about my religious convictions

9: proposed service provision with re consistent with God's word

< Elements

Constructs

1 2 3 4 5 6 7

i vs

ii vs

iii vs

iv vs

v vs

vi vs

vii vs

viii vs

ix vs

x vs

Example of Grid Constructs  
factor analysis print-out

----- FACTOR AN

Analysis Number 1 Listwise deletion of  
Correlation Matrix:

	APPLICTN	IMPELLED	COMPETTN	EMBATTLD	HOPEFUL	CLASH	CHALLNGE
APPLICTN	1.00000						
IMPELLED	-.19781	1.00000					
COMPETTN	-.48400	.26425	1.00000				
EMBATTLD	.27060	.30779	-.10543	1.00000			
HOPEFUL	-.08242	.60000	.77807	.25649	1.00000		
CLASH	-.58424	-.46981	.22264	-.14376	-.33793	1.00000	
CHALLNGE	-.41207	.55141	.86886	.33001	.90064	.03030	1.00000
STRUGGLE	.29943	.41563	.20791	.64754	.53878	-.45930	.46120
CENTRAL	.76767	.07080	-.25406	.35512	.27533	-.83770	-.05494
CONFIDNT	.06463	-.03459	.35890	-.26029	.09225	.27754	.07206

	STRUGGLE	CENTRAL	CONFIDNT
STRUGGLE	1.00000		

MORE

----- FACTOR ANALYSIS -----

	STRUGGLE	CENTRAL	CONFIDNT
CENTRAL	.52555	1.00000	
CONFIDNT	.00355	-.39551	1.00000

Correlation 1-tailed Significance Matrix:  
' . ' is printed for diagonal elements.

	APPLICTN	IMPELLED	COMPETTN	EMBATTLD	HOPEFUL
APPLICTN	.				
IMPELLED	.30496	.			
COMPETTN	.09339	.24601	.		
EMBATTLD	.24064	.21019	.39360	.	
HOPEFUL	.41652	.04381	.00677	.25264	.
CLASH	.04927	.10097	.28238	.35607	.18688
CHALLNGE	.13522	.06191	.00118	.19288	.00046
STRUGGLE	.21688	.13295	.29571	.02968	.06723
CENTRAL	.00786	.42819	.25473	.17417	.23667

Appendix 7a(ii):

Example of Grid Elements  
factor analysis print-out

MORE

N A L Y S I S - - - -

cases with missing values

Correlation Matrix:

	COLLEXPR	GOALS	ATODDS	JLOVES	AGAINST	GPHER	CLRELIG
COLLEXPR	1.00000						
GOALS	.57605	1.00000					
ATODDS	-.10788	-.50655	1.00000				
JLOVES	.19084	-.44806	.25737	1.00000			
AGAINST	.40520	-.08728	.65625	.00734	1.00000		
GPHER	-.40901	.16462	-.32969	-.34610	-.48691	1.00000	
CLRELIG	-.34456	-.41134	.09886	-.41511	.18104	-.21418	1.00000
MYRELIG	.07595	-.07133	.18367	-.49988	.63292	-.23875	.75566
SERVPRVN	.25926	.86539	-.59674	-.60442	-.39670	.24548	-.16193

	MYRELIG	SERVPRVN
MYRELIG	1.00000	
SERVPRVN	-.14891	1.00000

MORE

- - - - F A C T O R A N A L Y S I S - - - -

Extraction 1 for Analysis 1, Principal-Components Analysis (PC)

Initial Statistics:

Variable	Communality	*	Factor	Eigenvalue	Pct of Var	Cum Pct
COLLEXPR	1.00000	*	1	3.24685	36.1	36.1
GOALS	1.00000	*	2	2.27181	25.2	61.3
ATODDS	1.00000	*	3	2.02261	22.5	83.8
JLOVES	1.00000	*	4	.81438	9.0	92.8
AGAINST	1.00000	*	5	.45284	5.0	97.9
GPHER	1.00000	*	6	.13580	1.5	99.4
CLRELIG	1.00000	*	7	.03577	.4	99.8
MYRELIG	1.00000	*	8	.01991	.2	100.0
SERVPRVN	1.00000	*	9	.00002	.0	100.0



## **Appendix 7b: 'User-friendly' version of factor analysis results**

### **1: Factors identified from construct factor analysis**

#### **1.1 CONSTRUCT FACTOR ONE:**

---

.9704	Feeling my personal views challenged	vs	No particular involvement of my own views
.9350	Feeling hopeful	vs	Feeling despairing
.8186	Becoming involved in competition (of faith, job, status)	vs	Taking pleasure in good things
.6836	Feeling impelled to share my views and values	vs	Recognising I should hold on to them

**1.2 CONSTRUCT FACTOR TWO:**

---

<b>.9114</b>	<b>Feeling Christianity is central to me personally</b>	<b>vs</b>	<b>Feeling it is a point of argument or debate</b>
<b>.9029</b>	<b>Having to think through and explore the application of Christianity</b>	<b>vs</b>	<b>Feeling clear about their application</b>
<b>.8295</b>	<b>Sense of “being with” clients/colleagues</b>	<b>vs</b>	<b>Feeling a clash of values with colleagues/clients</b>
<b>.5868</b>	<b>Feeling a struggle in my faith due to bitterness of life experiences</b>	<b>vs</b>	<b>Feeling a positive direction inspired by faith</b>

**1.3 CONSTRUCT FACTOR THREE:**

.....

**.9036** Feeling confident of my views, based on my belief      **vs**      **Wondering about how/why people suffer**

**.5223** Finding reconciliation      **vs**      **Feeling embattled**



**2: Factors identified from element factor analysis**

**2.1 ELEMENT FACTOR ONE:**

.....

.9691 I am feeling angry/upset or when  
I am concerned about performance  
/status at work - I then become aware  
of what goals I should have as a  
christian first and psychologist  
second

.9237 I have proposed a new model  
of service provision to my colleagues  
which has its roots in models which  
are consistent with God's word

Having to work with clients who may have  
goals for treatment at odds with what the  
Bible advocates eg, sex therapy for people  
outside marriage, help with gay  
relationships, potential marriage breakup  
when there has been no adultery or violence,  
working with clients actively involved in  
occult practices/belief systems

-.6487

**2.2 ELEMENT FACTOR TWO:**

.....

.8482 I become aware that someone at work, either a colleague or client, is doing something which goes against my Christian values (eg engaging in a same-sex relationship)

.7526 Colleagues express views (ie, about how a client should/should not behave) which are valued by society but which I do not share

In group therapy where a change takes place amongst the members and they cease to be despairing individuals as they develop a sense of being part of something bigger than the sum of their parts -.7409

**2.3 ELEMENT FACTOR THREE:**

.....

**.8791**

**A client asks me about my religious convictions**

**.8744**

**Clients express views on religion, perhaps referring to their own faith or lack of it, perhaps attacking the Church or God; often in bereavement cases families who weren't previously 'religious' will use God and heaven in their explanations as to where their "loved one" has gone**

**With clients who have experienced abuse and rejection, have poor self esteem and feel that no one cares /loves them - I then have thoughts that Jesus loves them**

**-7429**

Appendix 8: Advertisement in *The Christian Psychologist*

*How do your 'Christian values' affect the delivery of your professional psychology services?*

*Are you a NeCIP member and working in the UK as a Clinical Psychologist? Interested in the question above? If it's Yes both times, I wonder if you'd be willing to participate in a research project? It would involve a couple of sessions, held at a mutually convenient location, sometime between Autumn 1997 and Spring 1998. The research uses a modified Repertory Grid methodology to explore*

*individually the way the values and the professional practice interface.*

*Do get in touch. I'll send you details and you can see what you think;*

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## **Appendix 9a: Initial introductory letter to targetted prospective participants**

Name  
Address

Date

Dear 1st name

I am writing to you as a fellow member of the Network of Christians in Psychology (NeCIP). Your name appears in the 1998 NeCIP Membership List, and your membership details include 'Clinical Psychologist'. I would like to request a couple of hours of your help - the first in completing a repertory grid about work situations Christian clinical psychologists have encountered, the second in a telephone conversation discussing a 'user-friendly' account of the Grid results. (Previous experience with a repertory grid is entirely unnecessary.)

This is in connection with a research study investigating the interaction of personal Christian values, and clinical psychological practice. The inclusion criteria for participants are (i) NeCIP membership, (ii) qualified Clinical Psychologist, and (iii) working/worked in the NHS.

I wonder if I may get in touch with you by telephone in about ten or so days' time to ask if you would be willing to receive written details and consent form, without obligation but with a view to taking part?

With good wishes;

Yours sincerely,

Martyn Baker  
Senior Lecturer in Clinical Psychology

## **Appendix 9b: 2nd letter and enclosures sent to participants**

Name  
Address

Date

Dear 1st name

Thank you for your interest in the 'Christian values' research project. In the enclosed paperwork are the details about the research. Should you decide not to take part, I wonder if you would put them in the post back to me?

I have tried to make the procedure self-explanatory, but please contact me should there be any aspect left unclear. The idea is, if you agree (and fill in the consent form), that at some time convenient to yourself, you (i) write in the General Details; (ii) undertake the Construct Elicitation exercise, using the Elements supplied; and then (iii) complete the Repertory Grid. The methodology does not legislate on the time elapsing between task (ii) and task (iii), which will vary according to participants' personal schedules. Some people will do both at one sitting; but if there is a gap, it should, I think, not be much more than a day or so, in order that the process remain reasonably fresh in one's mind.

The consent form, General Details, and Repertory Grid sheet should then be returned by post or fax (0181 849 3627) to me, and after analysing it, I will send back to you a user-friendly copy of the results. I will then get in touch to arrange a mutually convenient time to speak over the telephone, for about an hour maximum. This conversation will centre upon the meaning you attribute to the various factors statistically identified from the Repertory Grid data, and the possible implications this understanding has for the way you provide psychological services. It will be tape-recorded for the purposes of transcription. Identifying information in the transcript will be omitted or changed to ensure anonymity, and a copy of it sent to you, if desired. The tape-recorded cassette will be magnetically erased. A report of the research will be produced at the end of this year, which will eventually be publically available; and at some time during 1999 a brief version will be sent to all participants for their interest.

With good wishes, and thanks in anticipation;

Martyn Baker  
Senior Lecturer in Clinical Psychology

## **“CHRISTIAN VALUES” RESEARCH PROJECT - GENERAL DETAILS**

**1: Male/Female**

**2: Age**

**3: Years since qualification as Clinical Psychologist**

**4: Years since committed Christian**

**5: Clinical work specialism(s) (eg, Adult, Neuro, LDs etc)**

**6: Approximate proportion of clinical work which is**

**direct work with individual:**

**direct work with couple or family:**

**direct work with group:**

**indirect work with immediate carers of client:**

**indirect work with staff or organisation:**

**Thank you for participating in this  
research project**

**CONSENT FORM - "CHRISTIAN VALUES" RESEARCH PROJECT**

I agree to take part in the above research project, having looked at the research materials, and having read about the study's methodological procedures (including those involving the tape-recorded telephone conversation). I understand that I can withdraw my participation in the project at any time, should I so decide.

**Name** .....

**Signed** .....

**Date** .....



## **Appendix 10: Letter and enclosures prior to telephone interview**

Name  
Address

Date

Dear 1st name

Many thanks (as you know already) for your continued help. This final step in the research procedure is a discussion of the factors identified statistically from the Grid you kindly completed and returned to me. I have enclosed a copy, simply to refresh your memory of what it looked like, etc.

The ratings of the Grid were factor analysed separately by row (constructs) and by column (elements). (A couple of pages from the computer printout are enclosed, showing the factors with eigenvalues  $>1$ , the % variance of the data explained, and the factor matrix. Please ignore unless curious.)

The task when we speak on [agreed time/date], will be to consider the [number] pages setting out the various constructs and elements identified by the computer as main loadings onto each factor. The discussion will centre on (i) what meanings you may attach to the factors, given their definition by the particular constructs or elements; and (ii) the implications these meanings may have for you, for professional service delivery. The methodology does not require you to prepare in advance for our conversation - please feel free either to look at the [number] pages, or not to do so until we talk. As you know, what we say will be audiotaped; the recorded tape will be securely stored, later transcribed in anonymous form (copy available if you wish) for analysis of themes, and finally erased.

Looking forward to speaking with you - and thanks once again in anticipation;

Yours sincerely,

Martyn Baker  
Senior Lecturer in Clinical Psychology

## Appendix 11: Initial 7 Codes

### CODE 1: - sensitivity (hypersensitivity, undersensitivity)

<i>Awareness</i>	<i>Vs</i>	<i>Unawareness</i>
Insight		Selective (in)attention
Simply paying attention		Reduction to 'explanation' by a psychological
Awareness that I'm a Christian		theory

### CODE 2a: Added value to clinical practice, of being a Christian psychologist

### CODE 2b: Added value to the psychologist, of being a Christian

### CODE 3: The expression of Christian ideas/values, and of oppositional values

suffering value clashes but not judging ?Defining moment		of colleagues, disrespectful of self, with clients, occasionally
--	--	---

*Free expression - the setting conditions for open religious input*

### CODE 4a: Professional psychological practice VERSUS traditional Christian acts of piety (eg, prayer, charity, testimony, declaration of biblical principles, etc) acting as a challenge to each other

### CODE 4b: My professional practice and my Christianity are in harmony

### CODE 4c: Identity as Professional VERSUS Identity as Christian

Fairly strict censorship	Sense of freedom
Psychology on its own - irrelevant, vague	Superordinate 'role' as Christian

### CODE 4d: Integration of Psychologist identity AND Christian identity

[no entries yet] [only Participants 01-04 considered so far ... ]

### CODE 5a: My psychology as part of the wider, the 'greater scheme of things'

Integration - spectacular and 'felt', or stated as a tenet of belief  
?Dual role relationships

### CODE 5b: Psychology as able to influence the 'greater scheme of things'

### CODE 6: Wordpower

### CODE 7: Absence of adequate vocabulary

## **Appendix 12 - Focussed Codes (12-version)**

*FOCUSSED CODES after line by line examination of transcripts of all participants*

### **CODE 1: Added Value**

- #1a - The added value to the NHS Psychology Service, of their being a Christian clinical psychologist, one aspect of which is enhanced awareness of spiritual issues***
- #1b - The personal added value to the individual psychologist, of their being a Christian***

### **CODE 2: To Disclose, Or Not? - Christian issues, spoken of as something to be expressed or not expressed**

- #2a - with colleagues***
- #2b - with clients***

### **CODE 3: Professional practice**

- #3a - Professional practice challenges Christian identity and issues (which are spoken of in terms of inner reflection rather than as something for public disclosure)***
- #3b - My professional practice and my Christianity are in harmony, feel integrated***

### **CODE 4: My psychology as part of a greater spiritual 'scheme of things'**

### **CODE 5: Then and Now reflections and comparisons**

### **CODE 6: Questioning whether I'm in the right job**

### **CODE 7: Giving witness to Christianity in a rather under-stated fashion**

### **CODE 8: Effects of professional training course**

### **CODE 9: Issues for Psychology Service Managers who are Christians**



## **Appendix 13 - Final rationalisation of Categories, with several Codes as sub-headings**

### **Category 1: ADDED VALUE**

***#1a - The value to the NHS Psychology Service, of participants being Christian clinical psychologists***

***#1b - The personal value to individual participants, of their being Christian clinical psychologists***

### **Category 2: SPEAKING OUT**

***- To Disclose, Or Not? Christian issues, spoken of as something to be expressed or not expressed***

***#2a - with colleagues***

***#2b - with clients***

***[Code 7: Giving witness to Christianity in a rather under-stated fashion AND Code 8: Effects of professional training course IN WITH Category subheading 2b]***

### **Category 3: CHALLENGE**

***- Professional practice challenges Christian identity and issues (which are spoken of in terms of inner reflection rather than as something for public disclosure)***

***[Code 6: Questioning whether I'm in the right job and Code 9: Issues for Psychology Service Managers who are Christians IN WITH Category 3]***

### **Category 4: HARMONY**

***- My professional practice and my Christianity are in harmony, feel integrated***

***[Code 5: Then and Now reflections and comparison IN WITH Category 4]***

### **Category 5: THE BIG PICTURE**

***- My psychological practice as part of a greater spiritual 'scheme of things'***



## Appendix 14: example of a Memo

### MEMO #1 - Issues of awareness

[NB: The elements (from which the constructs were derived) emerged from answers to the question 'When are you most *aware* you are a Christian when you're at work?']

All PPs talked about being aware of spiritual issues, almost by definition.

1 Sometimes it concerns standards of behaviour, and seems something to do with their sense of identity: they are aware of being different from others (probably colleagues). This awareness is kept quiet - ?through fear of rejection, ?of being thought politically incorrect, ?of upsetting their colleagues. The colleagues' behaviour/values (so different from traditional Christian values) upset them, and the keeping quiet (feeling powerless, not being able to express themselves, minority status) upsets them. Some are thinking of leaving the profession because of this (one who had dropped to .5 in order to work in a Christian setting the other .5, only felt the comparison more sharply).

2 Other times, it has to do with fidelity of perception regarding the content and contextual issues of clinical material. They have the ability to spot (described in terms of 'heightened awareness' - ?like suffering from a dose of 'consciousness-raising', ?the spiritual equivalent to 'sexual awakening'??), and to discuss, spiritual issues; they feel their secular colleagues do not have this. [Nobody told me about colleagues who were religiously/spiritually committed *outside* Christianity, and whether they too possessed similar 'spotting' ability.] Sometimes, realising the spiritual dimensions of a client problem seemed to exacerbate the magnitude of the clinical task; other times, such realisations suggested clear pathways of action.

3 Finally, inadequate standards of professional practice/service provision were ascribed to those secular colleagues who ignored the spiritual dimension/implication of client material - either inadvertently or deliberately.

## **Appendix 15a - Testing the robustness of Focussed Codes**

Dear .....

**12 “codes” under which extracts from participants are organised:** please assign the first extract (labelled A) to the code number which you feel it best exemplifies, and on the grid, tick Row A under the Number Column you assigned; then move on to Extract B and repeat, so on through to Z.

***THANK YOU FOR YOUR HELP!***

Martyn Baker

---

### **CODE 1: Added Value**

- #1a - The added value to the NHS Psychology Service, of their being a Christian clinical psychologist, one aspect of which is enhanced awareness of spiritual issues***
- #1b - The personal added value to the individual psychologist, of their being a Christian***

### **CODE 2: To Disclose, Or Not? - Christian issues, spoken of as something to be expressed or not expressed**

- #2a - with colleagues***
- #2b - with clients***

### **CODE 3: Professional practice**

- #3a - Professional practice challenges Christian identity and issues (which are spoken of in terms of inner reflection rather than as something for public disclosure)***
- #3b - My professional practice and my Christianity are in harmony, feel integrated***

### **CODE 4: My psychology as part of a greater spiritual ‘scheme of things’**

### **CODE 5: Then and Now reflections and comparisons**

### **CODE 6: Questioning whether I’m in the right job**

### **CODE 7: Giving witness to Christianity in a rather under-stated fashion**

### **CODE 8: Effects of professional training course**

### **CODE 9: Issues for Psychology Service Managers who are Christians**





## **Appendix 15b: 26 extracts illustrating the Analysis categories**

[Key: in Appendix 15b, for the interest of the reader, each extract's identifying 'letter' is followed by the code 'number' from Appendix 15a; the code 'number' was omitted in the original]

**A6** These are [value-clash] situations where I would pray - my focus would be very much on that. I think, as well, I think to myself, 'Should I really be a psychologist?' (laugh); you know, 'Is this really the best way?'

**B4** I can certainly see a sense of, there is a kind of mystical thing, where you either see God in everything, and you're just amazed - you wonder, you walk around the world, saying 'Oh yes, God's here' and 'God's there' and everywhere, and all of it is God. And then on a, another level, there's a sense of, er, I look out here and, you know, God is not in any of this, [we have] ruined the whole thing - that's certainly something that I kind of sway between, in kind of my spiritual life, and also in, in [clinical] practice, you know

**C1b** It's like the light's coming on, isn't it? You're battling away in the world, and suddenly the light comes on somewhere, like a beam from above, almost (laughs) - that's what appeals, the first thing that grabs me: you're battling away with this really heavy case, and then suddenly you get, almost, like a blast of the Holy Spirit, phew, Jesus loves you, so it's all right. It's almost like it's a sense of relief

**D2a** I think for me personally sometimes I'm not expressive enough uhm about my beliefs, with colleagues, anyway - although I think people do know that I'm a Christian, and I know some people do value that - and perhaps feel safer, one or two staff, in that sort of sense, feel safer with me - whereas I sometimes sense people feel threatened by me

**E9** It's the standards thing or whatever - not exploiting my role as Head of Service so to impose my views - that's it in a nutshell I think ... That position, whilst it might provide opportunities to help ensure good standards, there might at times be less opportunity, not necessarily to *express* personal views, but to *push* personal [Christian] views ...

**F2b** [Talking about an Element from the Repertory Grid, *A client asks me about my religious convictions*] Oh yes, yes, love to - and, actively work with it, all of that; and, feel - because my belief is it's the best - what my religious convictions [are], my model of God and my Bible is the best I have to offer anybody. If anybody's interested, then I'll tell them about it, every bit of it, whatever they want (laughter). But it is about making sure people want to hear and I'm not imposing

**G2b** If I was asked in a clinical setting, I would be more likely to respond with, 'Different people believe different things' and I wouldn't actually share what I believe

**H3a** Work [sometimes] impinges on my Christianity - there are things like, I've got this report to do, I haven't got time to pray, not to be prayerful about it - terribly guilty of doing - or not sitting down, I mean I try really hard, or after I see clients, and say a quick one, but I find that chatting about the case to somebody else ... is far more enjoyable, and possibly [more] helpful

**I1a** Definitely, I'll recognise, sometimes having supervision, sometimes talking to others, every fortnight in the Department we meet together, and one of us might present a case, or do a piece of research, and I find that really interesting to see how my uhm values sort of differ from, or maybe even recognising that there are spiritual implications underlying some of these problems which aren't being addressed from the psychologist's point of view, but which are obviously important, that it's more than an emotional problem, I'm very aware of both those



**J3a** It's a clash of values, isn't it, and what you do about that - the only thing I can say about those is that the top two [Repertory Grid Elements] are the things that make me anxious, because I think, oh God, I'm going to have to do something about this (laughs)

**K3a** If a referral came in, that I felt that someone was wanting to talk about something that completely went against my views, like, kind of, sexuality ... if I could, I'd avoid it, I'd try to get a colleague to take it on; but if I was already working with somebody, through other issues and those sort of things came up, I would feel able to just work with them in terms of what they were bringing

**L9** There are things that I, I avoid doing, uhm, and I say that I'm not comfortable doing them; and I'm also working to ensure that what I'm involved in, like policy-making, and stuff like that, that I ensure that other people have that option to avoid them as well. So, I've just written a policy about sexual relationships, and it was agreed that there would be a box on every single page: where a member of staff feels uncomfortable with the piece of work that's asked of them in this area, they have an automatic right to absent themselves from it. And so, you know, because of those kind of core values, I work very hard to attempt to give people working in these services the opportunity to have a conscience about what they're doing

**M3b** My Christianity, and the work I'm doing is consistently sort of, working nicely together, and then you know, feeling very confident about that, and, those sort of [Repertory Grid] Elements are about that

**N2a** All of us ... have personal frameworks, and I suppose this is my personal framework, which is a Christian one, and ehm ... where it is relevant and appropriate, where it sort of emerges, I would make my values base explicit, whereas I think a lot of other people don't

**O3b** Christianity is an absolutely central thing, uhm, regardless of how it's applied. But it is, it's identity, and it's the centre of the earth, you know, the central thing in my life, and being with clients and colleagues is also part of, you know, it's fairly central to me as a dynamic psychotherapist

**P4** There's something going on of which I'm part, which I feel is His [ie, God's] activity, His work, He's working, in a situation

**Q5** My Christianity should be all-embracing, and should be impacting at every level - so whether it's sort of talking with secretaries in the office, or colleagues in the staff room, or clients in the clinic - something that I think has become more possible as I have got older

**R6** I think [a particular set of Constructs] is about sometimes feeling very different to colleagues, and society - it makes me sometimes aware that maybe I'm in the wrong job. [MB: What would be the right job?] Maybe some kind of Christian psychology (slight laugh) ... where I could, you know, work with people honestly, I suppose, or more honestly, from my point of view

**S7** I'm aware that I say things like, 'Some people find their local church helpful' (laugh) and ehm but that's probably as far as I would go

**T2a** I think I'm more aggressive with colleagues than I am with clients. Uhm, and I am much less likely to witness or to disclose my faith, to colleagues, much less. Partly because my manager's an atheist. I find that quite difficult - because then you do get awkward questions, and some people who say, 'Well I don't believe the same thing', and you get into an argument and there's no need to have one

**U7** That situation is much more client-related, somebody's actually suffering and I'm at a total loss, and I have to pray then ... it doesn't mean I actually go and do anything, but I actively pray

**V1a** [Talking about Christian values and the core values of his practice being linked] Yep, yes, that's right - I don't sense a tension there in that kind of sense. So in that way, ehm, the practice is very much enhanced, because I'm often able to communicate and understand these principles better than my colleagues, because I know why they're there, I know why they make sense, and they're not therefore just a jargon or whatever. So in that sense, it's a very positive impact upon clinical practice

**W8** [Talking about sharing her faith with clients] Because I do a lot of bereavement work, it's actually something that crops up more, and I think that probably I hedge away from it because I have my own beliefs and don't want to impose those on others. [MB Is that partly because you have a particular therapeutic orientation?] Uhm, no, I don't think so, I think it's ... I suppose the way I was trained was the idea of trying to be neutral and not impose

**X1b** [In work, there are] moments of healing, synthesis, and other things like that, as opposed to the kind of perturbations which you know occur, sort of it's like being ehm er feeling er, moments of mysticism, or a moment of communion with God, or a moment of communion with other people which feels reminiscent of that closeness to God

**Y5** Speaking about spiritual sides of the personality, the person's life, as much as I would about their physical health, how that is affecting them, their family life ... I feel much more at ease now compared to, I suppose when I first started to train, that that was taboo; but now feeling, no, I feel quite happy whoever [eg, trainee] is sitting in with me, to do that, regardless of their views

**Z3b** My interest in psychology, and my faith, my growth in my faith, happened around the same time, and ehm ... around the time that I started my undergraduate course in psychology, and I think that - I hadn't thought about that before - right from when I began studying psychology seriously, I have tried to look at that through the eyes of faith, in some way, really; and have valued the contributions that psychology makes to a lot of what we do in the church