HOW CHRISTIAN RELIGIOUS/SPIRITUAL FAITH HELPS AND HINDERS
COUNSELLORS’ EMPATHY TOWARDS CLIENTS

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Abstract

The relationship between Christian religion and spirituality and the empathy of counsellors was investigated. The study examined this relationship by using the Critical Incident Technique (CIT) to investigate how religion and spirituality helps and hinders empathy towards clients. Twelve counsellors identified 241 helping and 25 hindering incidents that formed 14 helping and 3 hindering categories. The following helping categories had the highest participation: relationship to faith leading directly/naturally to an empathic relationship with the client, connecting to the spiritual in the counselling relationship or the client, and drawing on religious values of compassion, mercy, and acceptance. The most highly endorsed hindering category was client's actions are contrary to the counsellor's belief system. Nine checks supported the credibility and trustworthiness of the interviews, incidents, and category system. Important meta-themes observed in the category structure as informing empathy were: following biblical instructions/examples, the experience of one's spirituality, and common culture/life experiences.
# TABLE OF CONTENTS

ABSTRACT ........................................................................................................................................... II

LIST OF TABLES ..................................................................................................................................... VI

ACKNOWLEDGEMENTS ....................................................................................................................... VII

CHAPTER I - INTRODUCTION ............................................................................................................. 1
  Rationale ........................................................................................................................................ 1
  Definitions ..................................................................................................................................... 5
    Empathy ..................................................................................................................................... 5
    Culture, Cultural Empathy, and Cultural Filters ....................................................................... 6
    Religion and Spirituality ............................................................................................................. 7
  Purpose .......................................................................................................................................... 8
  Overview of the Thesis .................................................................................................................... 9

CHAPTER II - LITERATURE REVIEW .................................................................................................. 10
  Historical Research on Empathy .................................................................................................. 10
  Religion and Spirituality .............................................................................................................. 14
  Bridging Culture Gaps .................................................................................................................. 17
  Research on Religious Experience ............................................................................................... 20
  Summary and Research Question .................................................................................................. 27

CHAPTER III - METHODS .................................................................................................................. 28
  The Critical Incident Technique .................................................................................................. 28
  Participants ................................................................................................................................... 30
  Data Collection ............................................................................................................................ 32
    Interview Process ....................................................................................................................... 32
  Data Analysis .................................................................................................................................. 34
    Extraction of the Incidents ........................................................................................................... 35
    Categorization of the Incidents .................................................................................................... 39
  Trustworthiness and Credibility .................................................................................................... 40
    1. Interview Fidelity .................................................................................................................... 41
    2. Independent Extraction of the Critical Incidents .................................................................. 43
    3. Exhaustiveness or Redundancy ............................................................................................... 46
    4. Descriptive Validity ............................................................................................................... 47
    5. Participation Rate ................................................................................................................... 48
    6. Independent Categorization of Incidents .............................................................................. 48
    7. Interpretive Validity: Participant Cross-checking ................................................................. 50
    8. Expert Review ......................................................................................................................... 51
    9. Theoretical Validity ................................................................................................................. 52
  Researcher Reflexivity ..................................................................................................................... 53

CHAPTER IV - RESULTS .................................................................................................................... 56
  Participants’ Views of Faith, Religion, and Empathy ................................................................. 56
    Religion and Spirituality ............................................................................................................. 56
Implications for Practice ................................................................. 121
Implications for Research .............................................................. 121

REFERENCES ...................................................................................... 123

APPENDIX A – RECRUITMENT LETTER .............................................. 134
APPENDIX B – CONSENT FORM ......................................................... 138
APPENDIX C – INTERVIEW QUESTIONS .............................................. 142
LIST OF TABLES

Table 1: Participant Demographics ................................................................. 31
Table 2: Incident and Participant Rates of Categories ..................................... 59
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CHAPTER I - INTRODUCTION

This work comes at the height of emphasis on randomized clinical trials and specific therapy models, where manual-driven treatments, and arguments between the merits of efficacy (maximizing the power of treatments) and effectiveness (focusing on the value of usual treatments with generalization of findings and consideration of the level of care), dominate much psychotherapy research. The consideration of discrete counsellor characteristics, once considered to be an important area of study concerning psychotherapy outcomes, has fallen by the wayside (Beutler et al., 2004). Despite this current trend, variability among counsellors and among client responses to standardized treatments is more common than not, as the quality of the connection between counsellor and client has been repeatedly demonstrated the most important predictor of successful psychotherapy (Coale, 1998). The positive qualities of this connection have been identified to be counsellor empathy, warmth, acceptance, and positive regard. Since empathic connection appears to be more important in counselling outcome than techniques used, it is very important to reach a greater understanding of what factors help or hinder counsellor empathy in counselling.

Rationale

According to Coale (1998), many clients see their counsellor’s struggle to understand them as evidence of an empathic connection. Therefore it is appropriate that counsellors strive not only in practice but also in research towards a better understanding of clients through investigating what helps and hinders empathy. As a counsellor in training myself, I intend to do this by looking at how personal variables of counsellors impact their ability to
understand their clients; namely, how the variable of Christian religious and spiritual belief influences empathy.

There is a wealth of literature on counselling and Christianity, and several journals devoted to this topic (Journal of Psychology and Christianity, Journal of Psychology and Theology, and Journal for the Scientific Study of Religion). Most of the articles found in these journals look at integrating faith or spirituality into counselling, or how to work with client spirituality or religious beliefs. There are very few empirical articles that actually study the influence of counsellors’ faith on their counselling. There are even fewer articles that examine the relationship between faith and empathy. Religion and psychology have historically had a mildly antagonistic relationship in the literature (Bergin, 1980, 1983 vs. Ellis, 1980, 1981). This problematic relationship dates from the beginning of modern psychology with Freud, whose psychoanalytic view of religion was that it was a universal obsessional neurosis (Banks, 2003). An absence of a discussion of spirituality in the early psychology literature is also associated with the rise of behaviourism and cognitive psychology. However, some growth has occurred over the past 30 years, which is associated with Maslow’s work, the institution of the Association for Spiritual, Ethical, and Religious Values in Counseling, and a growing interest in multiculturalism (Powers, 2005). Indeed, Shafranske and Sperry (2005) write, “We are entering a renaissance in psychological healing as spirituality is being discovered anew” (p. 11).

Recent literature has made it apparent that psychotherapy is not and cannot be value-free (Beutler et al., 2004). In light of this current trend, the leading article in the first issue of American Psychologist for 2003 was entitled, “Spirituality, religion, and health: An emerging research field.” (Miller & Thoresen, 2003). In this article the authors combat the traditional
assumptions that spirituality and religiousness cannot and should not be studied scientifically. That entire issue of American Psychologist is devoted to the study of religion and spirituality and its relation to and effect on mental and physical health. Criticism of the lack of study of religion’s effect and influence on mental health has also been picked up by the psychiatry and mental health field (Grabovac & Ganesan, 2003; Storch, 2003). This is reflected by recent comments such as “there is an important nexus between religion and mental health that most clinicians do not adequately address” (Young, Griffith, & Williams, 2003, p. 1042).

Reasons to study the relationship between religion and empathy at this point in time are twofold: one, empathy is a key component of the therapeutic alliance, which outweighs techniques in influencing outcome (Sloane & Staples, 1984), and, therefore, variables that influence, inform, and impact empathy should be understood. Two, if counselling is value laden, and if one of these values is religiosity, it is important to study this value’s effect on counselling.

In this research it was my intention to examine how religious and spiritual beliefs of the Christian paradigm help and hinder counsellors’ empathy. The literature clearly indicates that empathy is important in bridging cross-cultural gaps. I viewed religion and spirituality as a form of culture that confronts counsellors with multicultural issues in the counselling process. This consideration is an important task to which Bishop (1992) exhorts counsellors to attend. As such, the counsellor-client interaction is often a multicultural experience. In light of these viewpoints, the role of empathy in helping counsellors to reach across religious boundaries is important, and the ways religion and spirituality might influence empathic ability become important also.
My own personal biases in this area arise out of the fact that I am both a Christian and a counsellor in training, and therefore have well-developed opinions about what works well in both areas. I see many similarities between the way my religion instructs me to regard others and the ways counsellors have found to be most beneficial for regarding clients to bring about therapeutic change in the counselling setting. I consider empathy to be crucial in counselling and that my own religious beliefs can have a helping influence on that. Therefore I am more likely to find that religion helps empathy than hinders it. I situate myself at a specific point on the conservative-liberal spectrum of religious values, so I may identify with or agree with some participants more than others. I will discuss the challenges that my own biases raised in the credibility and trustworthiness section of the methods.
Definitions

To facilitate understanding of the concepts which form the literature review, literature-based definitions of empathy, culture, cultural empathy, cultural filters, religion, and spirituality follow. These concepts and their interrelatedness will be explored further in the literature review.

Empathy

Welch and Gonzalez (1999) describe empathy as occurring on two levels: on one level, by demonstrating understanding of the narrative content in clients’ life stories, and on another, deeper level, by understanding the meanings attached to clients’ narratives. Similarly and operationally, those who describe empathy for training purposes (Gladding, 1996; Egan, 1998) recognize empathy to be demonstrable on two different levels, either basic/primary or advanced. Basic empathy is the demonstration of comprehension of surface feelings and expressed content, and advanced empathy is demonstration of comprehension of deeper, unexpressed feelings and perhaps hidden content. Advanced empathy is what moves clients forward. Carkhuff and Berenson (1967) have developed a five-level continuum, the Carkhuff scale, for measuring empathic response. The Carkhuff scale measures empathy on five levels ranging from inattentive at one extreme to adding significantly to the feelings and meanings of the other beyond the degree which the other has been able to express at the other extreme. These are action-oriented definitions of empathy, focused on outward demonstration of an empathic orientation.

While the usefulness of empathy is lost to the client if it is not conveyed by the counsellor, it is important to define it on a theoretical level as well, in order to understand
how empathy comes about. Egan (1998) defines empathy as “an intellectual process that involves understanding correctly another person’s emotional state and point of view” (p. 73).

For the purposes of this study, empathy is defined according to Carl Roger’s definition. He explains that it constitutes a quality that requires the laying aside one’s views and values in order to enter the other’s world without prejudice or judgment (Rogers, 1975). This is done so that one can “sense the client’s private world as if it were your own, but without ever losing the ‘as if’ quality—this is empathy, and this seems essential to therapy” (Rogers, 1957, p.99). The recipient feels that “someone values him, cares, accepts the person that he is” (Rogers, 1975, p. 7).

Culture, Cultural Empathy, and Cultural Filters

One major factor that influences empathy, according to Egan (1998), is our cultural and societal biases through which we listen to other people. These biases lead to filtered listening. “The stronger the cultural filters, the greater the likelihood of bias” (p.76). As bias increases, empathy is inhibited. Does strength of or difference in cultural viewpoint always hinder the ability to relate and empathize with the “other”? Are all cultural filters equally likely to create bias of other viewpoints? These questions may be answered by the findings of the current study. More generally, Ivey, D’Andrea, Ivey, and Simek-Morgan (2002) stress the importance of including a cultural awareness and knowing the cultural values of one’s clients; Carter (1991) states that in order to see the world through a client’s eyes (as empathy is defined by Carter), one must understand cultural worldviews. This is defined by Ridley, Mendoza, and Kanitz (1994) as cultural empathy.
Culture is composed of many variables including religion (Ibrahim, 1991; Bishop, 1992). Havenaar (1990, p. 8) defines culture as “a system of beliefs, values, and behavioral patterns”. Through this study, religious and spiritual relationships to empathy will be investigated to see how they improve or worsen cultural filters and cultural empathy.

Cultural flexibility is also a pertinent term to this study. It is described as the ability to adapt to a new culture (Black, 1990), and is facilitated by a lack of prejudice concerning opinions and beliefs of others (Torbiörn, 1982, as cited in Navara, 2001). By this definition, cultural flexibility is parallel to empathy as Rogers (1975) defines it: to try to enter another’s world without prejudice. Religion is considered to be a cultural phenomenon, and communicating across cultures is viewed similarly to empathy.

Religion and Spirituality

Definitions of religion and spirituality range from the rigid to the vague, as Batson and Ventis (1982) demonstrate: “We shall define religion as whatever we as individuals do to come to grips personally with the questions that confront us because we are aware that we and others like us are alive and that we will die” (p. 7).

In an interview, Clemmont E. Vontress describes the difference between religion and spirituality according to existentialism as follows:

“...spirituality is broader than the concept of religion, which seems to be focused on prescribed beliefs and rituals. Spirituality is our need to search for meaning and connection with others and the transcendent force of the universe. I believe that many clients are helped in discovering their spirituality through the guidance of religion, but many others have allowed unpleasant experiences with
religion to cause them to neglect their spiritual development. The search for meaning and connection I believe is a psychological need as important as the satisfaction of our thirst, hunger, and sexual yearnings" (Epp, 1998, p.5).

By these definitions religion or spirituality is existentially viewed as an attempt to find meaning in life, and it may be that how one approaches this activity of meaning-making influences a person’s character and attributes more than the beliefs themselves to which one may adhere. Neither literature definitions nor empirical studies have been able to reach clear or distinct definitions of religion and spirituality (see Shafranske & Sperry, 2005). While it is acknowledged that religion typically, as Vontress observed, refers to a more structured form of spirituality, for the purposes of this study both the terms religion and spirituality will be assumed to describe the same general construct of a search for some quality larger than oneself. By using this vague definition for both words, more specific descriptions and definitions of religion and spirituality can be left to the “religious orientations” that follow, and to the participants’ own experiences of these words.

Purpose

When religion is viewed as a culture, and helping those outside of one’s religion as a cross-cultural activity, the role of empathy in crossing religious boundaries becomes an important one, as does the role of religion and spirituality in influencing empathy. The purpose of this research is to investigate the influence of religious belief and faith on the empathy of counsellors. Specifically, the goal is to understand how counsellors who identify themselves as Christians find that their religion or spirituality helps and hinders their empathy with clients.
Overview of the Thesis

Chapter I contained a rationale for this research that was explained in the context of current trends in research and practice in counselling psychology. The major constructs, empathy, culture, religion, and spirituality, were defined, and the purpose of this study was explained. Chapter II continues with an in-depth review of the literature concerning empathy, spirituality as culture, and religious experience. The research question which arises out of this exploration will be stated. Chapter III is a description of the methods including an explanation of the Critical Incident Technique (CIT), which was the method used to address the research question. Selection criteria and recruitment of participants will be described, as well as participant demographics, the interview process, and the steps that were taken to ensure credibility and trustworthiness. In Chapter IV, categories constructed from critical incidents extracted from the interviews will be presented, described, and illustrated with quotes from participants. Chapter V, the discussion section, includes a discussion of these categories in more detail in light of relevant literature. Chapter V also includes implications for research and practice.
CHAPTER II - LITERATURE REVIEW

The following literature review covers research on empathy, culture, and religion/spirituality. A comparative analysis of these constructs and the research around them will demonstrate the role the current study plays in furthering research in these areas.

Historical Research on Empathy

The foundational studies on empathy are those by Fiedler (1950a, 1950b, 1951). He found that experienced therapists from different theoretical orientations agreed more closely with one another concerning what composed the ideal therapeutic relationship than did more and less experienced therapists within the same discipline. The statement that was most characteristic of an ideal therapeutic relationship was, “the therapist is able to participate completely in the patient’s communication” (Fiedler, 1950b, p.243). He also found that the most important aspect which differentiated expert therapists from non-experts is related to the therapist’s ability to comprehend, convey, and maintain rapport with the client (Fiedler, 1950a). These findings led to Fiedler’s conclusion that the therapeutic relationship is the core of therapy; that “the goodness of therapy is a function of the goodness of the therapeutic relationship” (Fiedler, 1950a, p.443). Fiedler does maintain, however, that this relationship alone does not lead to a cure (1950a). In a later study, the difference between experts and non-experts was empirically clarified as, “the greater ability of the expert to understand the feelings of the patient, his greater security in the therapeutic situation, and his capacity to show interest and warmth without becoming overly involved with the patient” (Fiedler, 1951, p.57-58).
More research in the 1960's and 1970's supported Fiedler's conclusions (see Mitchell, Bozarth, & Krauft, 1977 for a review). For example, Beery (1970) confirmed Roger's (1957) hypothesis that unconditional positive regard of the therapist is dependent in part on the therapist's level of experience. She found that experienced therapists responded with more positive regard towards hostile clients than less experienced therapists. Mullen and Abeles (1971) also found by rating segments of tape-recorded therapy sessions for non-possessive warmth and accurate empathy, that experienced therapists were found to be more empathic (these studies are reviewed in Auerbach & Johnson, 1977). Later on, Sloane, Staples, Christol, Yorkston, and Whipple (1975) found that behavioural therapists showed equal or higher levels of empathy than did other psychotherapists. Interestingly, this latter result was reviewed in a book called “Psychotherapy Research: Where are we and where should we go?” (Sloane & Staples, 1984), suggesting that despite advances in counselling theory, it is counsellor empathy that is the future of good therapy. It was also found in this study that, “patients in both groups who themselves reported higher levels of warmth, empathy, and genuineness in their therapists tended to show greater improvement”, and “Successful patients in both therapies rated the personal interaction with the therapist as the single most important part of their treatment” (Sloane & Staples, 1984, p.207). The authors of this study reflected that the importance of this quality outweighed the difference in techniques and theory between the two approaches.

Strupp (1978) came to a similar conclusion based on more subjective experiential findings:

... In short, the techniques seemed to matter less than the therapist's personal qualities. I felt that Albert Schweitzer's idea of “reverence for life”
captured the distinction I was struggling with. Some therapists, regardless of
their theoretical orientation, length of experience, professional affiliation, etc.,
appeared to have this quality, and I came to surmise (although I could not
prove it) that they were better therapists. Others appeared to be notably
deficient in this regard. They seemed to be technicians who plied a trade; they
might have shrewd insights into the patient's dynamics; they might be clever
in confronting the patient with his conflicts and neurotic patterns, but they
lacked a human quality I came to regard as the supreme qualification of the
good psychotherapist... Perhaps the principal ingredient is compassion. It is
the deeply felt understanding of another human being's suffering, coupled
with gentleness and tenderness. It is empathic in the sense of understanding
another person's inner world—notably his loneliness, anguish, suffering, and
basic helplessness. (p. 315).

More recently, research has evolved around the question of relative effects of
different orientations on therapeutic outcome. Goldfried, Greenberg, and Marmar (1990)
concluded in a review of counselling approaches that no one approach seems to be better
than any other, and that different psychological problems do not appear to benefit from
varying the style of relationship in therapy. Lambert and Bergin (1994) concluded in their
exhaustive review of factors contributing to successful psychotherapy that, "Interpersonal,
social, and affective factors common across therapies still loom large as stimulators of patient
improvement. It should come as no surprise that helping people deal with depression,
inadequacy, anxiety, and inner conflicts, as well as helping them form viable relationships
and meaningful directions in their lives, can be greatly facilitated in a therapeutic relationship that is characterized by trust, warmth, acceptance, and human wisdom” (p.181).

Even Vontress found through visits to tribal Africa and primitive cultures that they heal “…just as our counsellors do using the dynamic of the therapeutic relationship. Whether I go to tribal Africa or a modern American counseling center, those who heal the psychological suffering of others utilize their positive energy and charisma in the relationship with the client” (Epp, 1998, p.8).

Roger’s 1957 landmark paper, “The Necessary and Sufficient Conditions of Therapeutic Personality Change” describes empathic understanding and communication to the client, along with the related construct of unconditional positive regard, to be all that is needed to produce change in a client. This occurs when combined with psychological contact of two persons, one being the client in a state of incongruence, being vulnerable or anxious, and the other being the therapist in a state of congruence. Roger’s article was highly influential in the counselling field, and student counsellors are routinely taught the behavioural aspects of the empathic response while being encouraged to develop genuineness, caring and warmth. These empathic conditions are not only foundations of the existential-humanistic orientation but also of most helping theories (Ivey, Ivey, & Simek-Morgan, 1997). Finally, in a review of reviews on empathy Patterson (1984) concluded as follows:

Considering the obstacles to research on the relationship between therapist variables and therapy outcomes, the magnitude of the evidence is nothing short of amazing. There are few things in the field of psychology for which the evidence is so strong. The evidence for the necessity, if not the sufficiency, of
the therapist conditions of accurate empathy, respect, or warmth and therapeutic genuineness is incontrovertible (p. 437).

It is important to note that while empathy is viewed by most to be a necessary condition for therapeutic change, few theorists consider it to be sufficient (Ivey et al., 1997). However, the research findings as summarized above clearly indicate how critical the presence of empathy is in the therapeutic relationship, and how the relationship itself is key to facilitating positive change in clients receiving therapy.

Religion and Spirituality

Counsellor empathy is influenced by personal variables and values. One area of personal values that comes up frequently in the literature is religion and/or spirituality. This area is receiving increasing attention, which appears to be catching up to the importance of this area in practice. It is broadly claimed that increasing numbers of people are seeking relationship to the transcendent through spirituality and religion (Ivey et al., 2002; Johnson & Hayes, 2003; Miller & Thoresen, 2003). Some also claim the primal importance of spirituality, such as Van Pelt (1995, personal communication as cited in Ivey et al., 1997), who suggests that spirituality arises from the core of human experience, with a vital part of the narrative of human experience lying beyond the individual. If we do not access this core we are missing the most essential part of our humanity. Lodor (1980, as discussed in Fitzgibbons’ 1987 explanation of the psychology of stages of religious development) defines the religious experience as the transformation of awareness of the failure of the ego’s attempts to reach all-consuming importance into a renewed sense of connection with the whole of being.
Increasing acceptance of the consideration of spirituality as vital in counselling can be seen through the following quote: “Spirituality is innate to all persons and is the animating force in life” (American Counseling Association, 1995, p.30, as cited in Ivey et al., 1997). These words are quoted as part of an inclusive approach to defining spirituality by The Invitational Summit on Spirituality in Counseling. Competencies proposed during this summit included:

1. Self-exploration of one’s own spiritual universe;
2. The understanding of and empathy for other religious and spiritual orientations beyond one’s own;
3. Having available referral sources for spiritual orientations beyond one’s own;
4. The ability to use spiritual, transpersonal, and religious beliefs as part of counselling and therapy.

Vontress also argues that to leave out the spiritual dimension when working with others is to segment people into parts. From an existential standpoint, he argues that to be aware of one’s mortality and the inevitability of death causes a counsellor to see themselves on the same level as the client. In an interview with Lawrence Epp he is quoted as saying, “When the counsellor sees his or her own mortality in the client, I contend this is empathy, not the forbidden act of countertransference” (1998, p.4).

An awareness of aspects of life that transcend everyday life increases awareness of what we share in common with others and hence increases our ability to care for others. Van Kalmthout (1995) examined the religious dimension of Carl Rogers’ work, which became especially apparent in the last decade of Rogers’ life. Specifically Van Kalmthout demonstrated that Rogers saw his conditions for therapeutic change as being the universal
route to discover the self, thereby adopting a spiritual aspect. These examples demonstrate the importance of spiritual awareness in the counselling relationship.

There are some studies that demonstrate the influential role of spirituality in counselling. An example is Gubi’s (2001) study in which he found that counsellors’ prayer (covert and overt) positively influenced their ability to counsel, when done within ethical guidelines. The author concluded that there are important themes around the topic of prayer: definition of prayer, covert prayer, overt prayer, and ethical implications. Prayer was viewed as a connection with “other”, and was used covertly to ground oneself. Overt prayer was seen as ethically contentious but also therapeutic or even cathartic in the appropriate context. Bias appears in the conclusion, “prayer is rarely acknowledged in the counselling literature” (p.432). This implies that researchers are consciously avoiding this area, while it appears that in actuality, prayer is acknowledged in much of the coping literature. Examples include demonstrated effectiveness of prayer in coaching and team cohesion (Turman, 2003), and prayer as a coping mechanism for women diagnosed with breast cancer (Gall & Cornblat, 2002). Prayer and staying busy were found in one research study to be the most effective coping mechanisms for women experiencing infertility treatment (Meyer, 2002). These are but a few examples of the many studies that have been done in recent years that demonstrate a beneficial impact of prayer and religion on coping. In the study by Gubi (2001) described above, prayer was observed to be a way to relate to the client, a therapeutic agent, and a self-care method for the counsellor. These results suggest that spirituality—which may include prayer—has an impact on therapists’ effectiveness in possessing and conveying empathy. In fact, results of many studies (reviewed in McCullough & Larson, 1999) indicate a correlation between empathy and frequency of prayer.
Bridging Culture Gaps

In order to begin to understand how religious and spiritual beliefs may help or hinder empathy, it is helpful to look at religion as a cultural variable and to review how cultural differences are bridged as reported by the literature. There is a clear link between spirituality and culture, for although on the surface we may not acknowledge spiritual or religious influences in our decision-making, when we compare these acts cross-culturally we see that spiritual foundations are often involved (Ivey et al., 2002).

This principle is exemplified in the following study: Navara and James (2002) used data taken from 167 sojourners in Nepal to look at differences in adjustment between missionaries and non-missionaries. Specifically, they examined the interplay between self-esteem, perceived social support, and post-satisfaction. These researchers found that missionaries experienced less post-satisfaction than non-missionaries. The post-satisfaction that they did experience was mediated by their self-esteem, which was in turn influenced by their sense of social support. The factors that led to differences in acculturation were addressed by looking at the different adjustment strategies that were used by both groups. For non-missionaries, the higher the sense of social support they reported, the greater their self-esteem was and hence the higher their level of post-satisfaction. For missionaries, the greater their level of self-esteem was, the more likely they were to seek support and thus have higher post-satisfaction. Why one strategy (the non-missionary strategy) was more effective than the other was not investigated; however, these findings demonstrated a connection between adjustment to a different culture and qualities required to achieve religious maturity. The authors indicated that an area for future research was to investigate whether religious beliefs
affect how one copes and acculturates. Navara (2001) consequently researched this and found distinct patterns, as will be discussed later.

There are parallels in the literature between necessary conditions for demonstrating empathy and approaches most effective for reaching across cultures. In both, personal biases must be put aside and the counsellor must see life from the client’s point of view. Simply put, if religion is viewed as a culture, then helping those outside of one’s religion is a cross-cultural activity. The role of empathy in crossing religious boundaries becomes an important one, and the question of how religion might influence empathic ability acquires new significance. Religious contributions to the concept of empathy may aid our general understanding of empathy. For example, if some approaches towards religious beliefs are better than others at crossing cultural boundaries, then understanding what these are and how they work will help multicultural counselling.

Clark (1980) views empathy as occurring on a continuum, beginning with empathy for self, then empathy for close others, then empathy for those who are culturally and racially similar to oneself, then to the highest form, empathy for all human beings. Clark claims that this is the level of empathy that religion seeks to reinforce, whether it succeeds or not. This does indicate, however, that religion may be helpful in bridging culture gaps by helping universal empathy.

Research has demonstrated that when counsellors and clients share similar cultural views, the therapy outcome is better (Havenaar, 1990). Torrey (1972) describes this to be important in light of the “principle of Rumpelstiltskin”—that one of the most important things a therapist can do is to name the problem that the client is experiencing. When this
unknown element—the problem—becomes known, a great sense of relief, hope, and purpose follows.

In order to know the right name the therapist must share some of the patient’s worldview, especially that part of the worldview concerning the disease itself. A psychiatrist who tells an illiterate African that his phobia is related to a fear of failure or a witchdoctor who tells an American tourist that his phobia is related to possession by an ancestral spirit will be met by equally blank stares. And as therapists they will be equally irrelevant and ineffective. (p. 16).

Consequently it is crucially important for one to be aware of one’s own worldviews and compatibility with the worldviews of others.

Mitchell (1993) discusses methods for navigating value conflicts between clients and counsellors, beginning with developing an understanding of the value conflict and counsellor bias. He suggests working through conflicts using respect for the client and self-scrutiny. Finally, he recommends practicing informed consent ensuring that the client is aware of the counsellor’s values from the outset. While preventative measures may avoid potential values conflicts where the values differences are large, there are many values and viewpoints along a continuum of which counsellors may not even be aware. Therefore the best practice is self-awareness.

The Professional Standards Committee of the Association for Multicultural Counseling and Development outlines the following competencies to be goals for counsellors:

- Counsellor awareness of own cultural values and beliefs
- Counsellor awareness of client worldview
Culturally appropriate intervention strategies (Sue, Arredondo, & McDavis, 1992)

When applied to religion and spirituality as cultural values, these guidelines require that counsellors be aware of their own orientations to their religious beliefs (if any) and how that may or may not be different from the views of their client.

Research on Religious Experience

With a cultural framework in mind, we move back to religion to explore this in the literature in more detail. An observation that supports the hypothesis that religion is connected to empathy is found in Muse (1992) who observed that “this existential search for personal meaning that has both cognitive and emotional dimensions is a theme that occurs again and again in both definitions of religious faith as well as of empathy” (p. 122). This suggests that it is possible that religious understanding may help empathic understanding and vice-versa. The body of literature on religious experience and religious orientation actually studies the correlation between religious orientation and empathy quantitatively. Reviewing this body of literature provides the foundation for this qualitative study.

Gordon Allport is the acknowledged pioneer in the field of empirical research on religious experience (Muse, 1992). Early investigations into prejudice and religiosity (Allport & Kramer, 1946) led to a search to better comprehend how religion functions in the mature human personality (Allport, 1950). His primary construct of interest was maturity of faith, and he developed one of the first psychometric tests (Allport & Ross, 1967) in the field of religious experience in order to attempt to measure this construct. Along with Ross he found that members of the Christian church who were more ethnically prejudiced were motivated by external factors of their religion, whereas those who were less prejudiced were more
likely to have “internalized” their faith and were motivated by the faith as an end unto itself. This difference was summarized as “the extrinsically motivated person uses his religion, whereas the intrinsically motivated lives his religion” (Allport & Ross, 1967, p. 434). He defined these two constructs as follows:

**Extrinsic Orientation.** Persons with this orientation are disposed to use religion for their own ends. The term is borrowed from axiology, to designate an interest that is held because it serves other, more ultimate interests. Extrinsic values are always instrumental and utilitarian. Persons with this orientation may find religion useful in a variety of ways—to provide security and solace, sociability and distraction, status and self-justification. The embraced creed is lightly held or else selectively shaped to fit more primary needs. In theological terms the extrinsic type turns to God, but without turning away from self.

**Intrinsic Orientation.** Persons with this orientation find their master motive in religion. Other needs, strong as they may be, are regarded as of less ultimate significance, and they are, so far as possible, brought into harmony with the religious beliefs and prescriptions. Having embraced a creed the individual endeavors to internalize it and follow it fully. It is in this sense that he lives his religion (Allport & Ross, 1967, p. 434).

This one-dimensional polarized measure of religious maturity was later expanded to a multidimensional model by Batson and Ventis (1982), with three independent criteria: “Religion as Means, Religion as End, and Religion as Quest” (p. 157). This third orientation, quest, involves existential questioning in response to life experiences (Batson & Ventis, 1982; Batson, Schoenrade, & Ventis, 1993). This is defined in more detail as follows:
These characteristics of complexity, doubt, and tentativeness suggest a way of being religious that is very different from either the extrinsic or the intrinsic; they suggest an approach that involves honestly facing existential questions in all their complexity, while at the same time resisting clear-cut, pat answers. An individual who approaches religion in this way recognizes that he or she does not know, and probably never will know, the final truth about such matters. Still, the questions are deemed important, and however tentative and subject to change, answers are sought (Batson & Ventis, 1982, p. 166).

A fourth orientation, immanence, was later added, and is defined by transcending boundaries, accepting vs. control, and focusing on the present (Burris & Tarpley, 1998). While other orientations towards religion have received mention in the literature (Means and End, by Batson and Ventis, 1982; the Orthodoxy scale by Glock and Stark, 1966), these first four are most researched and have face validity as well as sound theoretical grounding in philosophy.

Navara (2001) studied four of these orientations in missionaries—intrinsic, extrinsic, quest, and immanence—and correlated these with acculturation and coping. Navara found that the quest and immanence orientations were negatively correlated with perceived stress and positively correlated with posting satisfaction, and the intrinsic orientation was negatively correlated with anxiety and depression. The significance of these results for this study is clear when one recalls that cultural flexibility was defined earlier as parallel to empathy. These four religious orientations appear to be correlated with ability to acculturate, which is an outcome of one’s cultural flexibility. Since cultural flexibility and empathy (requiring also a form of flexibility, laying aside one’s values and withholding judgment) are
similar, and because in Navara’a study religious orientation is positively correlated with a construct similar to cultural flexibility, religious orientation may inform the ability to empathize.

The following results support the above-proposed connection: Fuertes and Brobst (2002) studied 85 counselling graduate students who were also therapy clients. These participants rated the multicultural competency and the empathy of their counsellors to a moderately correlated degree ($r = .55$). Multicultural competency was defined in this study as cultural awareness and beliefs, cultural knowledge, and flexibility in counselling skills. Fuertes and Brobst also found a great deal of overlap between counsellor skills in general and multicultural competency. Since empathy was found to be positively correlated with the ability to relate across cultures, it may also be positively correlated with ability to relate across religious beliefs.

Batson, Floyd, Meyer, and Winner (1999) studied the correlation between compassion and intrinsic, extrinsic, and quest orientation in 90 undergraduate university students: those who scored high on intrinsic scales were slightly (but statistically) less likely to help others achieve goals contradictory to their values; those who scored high on extrinsic scales were statistically less likely to help others in general; and those who scored high on quest scales were statistically more likely to help others regardless of values. Compassion was defined here as universal (versus circumscribed) moral obligation to love one’s neighbour and one’s enemy. The participants’ compassion was evaluated based on acceptance of homosexuality. According to these results, people with high quest orientation appear to be more universally compassionate.
Goldfried and Miner (2002) placed 90 undergraduates in a position where they were able to help peers who either were religious fundamentalists or were not. Religious fundamentalists were defined as having opposing belief styles to “questers”: they are closed-minded instead of open-minded, they view religious doubt as extremely negative instead of positive, and they are dogmatic in their position toward right and wrong instead of accepting the complexity of religion and lack of clear answers. Those who scored high on quest orientation were less likely to help the fundamentalists than others. Therefore, in this case people with high quest orientation appear to demonstrate circumscribed versus universal compassion when faced with helping someone who upheld beliefs directly opposite to quest orientation. As the authors reported, this finding directly contradicts—or clarifies—that of the earlier study, because the earlier study demonstrated more universal compassion correlated with the quest orientation; however, in the former study, the issue was not directly contradictory to the quest orientation.

Luyten, Corveleyn, and Fontaine (1998) examined extrinsic, intrinsic, and quest orientations in four studies totalling 426 adults with a mean age of 45, and 404 undergraduates, all Catholics. They found that religiosity was correlated with higher empathy in these participants. The form of religiosity with which empathy was correlated was symbolic belief, where symbolic belief is defined as valuing the symbolic value of faith and the bible as opposed to literal or fundamentalist interpretation. This result also indicates that religion is connected to empathy.

James Muse (1992) examined the relationship between religious integration and empathic capacity among Christian master’s students. He conceived of religious integration, after reviewing the work of major religious experience theorists, as a multi-dimensional
developmental construct that includes the integration of cognitive and emotional aspects of
religious experience with one’s personal and professional identity. Muse found he was able
to define empathy in a parallel way using theory from developmental researchers on the
subject as “a multi-dimensional developmental construct involving the integration of
cognitive and emotional components of helping motivations with one’s personal and
professional identity and way of being with others” (p. 207). Therefore the two definitions,
one for religious integration, and one for empathy, are almost identical. While pre-existing
assumptions of a relationship between empathy and religious integration already exist
(Fowler, 1981), there was little empirical research to test this relationship up to this point.
“Quest Religious Orientation” and “Extrinsic Religious Orientation” (negatively correlated)
were found to account for over 51% of the variance among subjects in “Clinical Empathy”
(Muse, 1992). The results of this study confirmed a positive relationship between empathy
and religious integration, where religious integration was defined as low extrinsic religious
orientation and high quest religious orientation.

Another study connecting empathy with spirituality is that by Maciak (2002), who
found empathy and spiritual well-being be correlated in Christian students in a graduate
counselling program. Students who self-reported higher levels of spiritual well-being at the
end of a three-term academic year also demonstrated higher empathic ability.

Finally, Lyons and Zingle (1990) administered Batson’s (1976) Three-Dimensional
Religious Orientation Scale to 67 male Christian clerics and the empathy subscale of the
Truax-Carkhuff Relationship Questionnaire to 124 of their clients. The clerics were then
categorized into 3 groups based on the results of the Religious Scale: means, end, and quest.
Within these groups, clients’ ratings of their counsellors’ empathy was averaged so that each
group had a corresponding average empathy rating out of a maximum score of 47. The means group had an average empathy rating of 35.5, the end group rated 38.5, and the quest group rated 39.2. There was no statistical significant difference between the end and the quest groups, but there was a statistical significant difference between these groups and the means group of clerics. While these three groups all appear to have similar scores, the conclusion was that end and quest-oriented pastoral counsellors demonstrate significantly higher levels of client-perceived empathy than do means-oriented pastoral counsellors.

Lyons and Zingle (1990) found that means-oriented religiosity renders clerics less able to demonstrate the same levels of accurate empathy as others. They hypothesize that this may possibly be because clergy who manifested the means-oriented religiosity are “too preoccupied with their own needs to be authentically sensitive to the needs of others” (p. 378). These authors also hypothesize that the type of empathy manifest by end and quest oriented counsellors may differ. The authors are only able to guess at the reasons for the correlations they found. Because this study will be asking counsellors what the helping and hindering factors of their religious beliefs are in their capacity to be empathic, possible reasons for correlations between religious orientation and empathy may be revealed.
Summary and Research Question

The rationale for this study has been presented, and the key terms, empathy, culture, religion, and spirituality, have been defined. A review of the literature demonstrates the key importance of empathy to successful therapy. The importance of empathy in bridging culture gaps has also been demonstrated, as well as the consideration of religion as a form of culture. Finally, different orientations to religion demonstrate that people approach their religious beliefs differently and that there is a connection between religion and empathy, but no real explanation of how one helps or hinders the other. As an illustration of this hole in the literature, I present the following statement by Kelly (1995): "a counselor's authentic spirituality acts as a personal belief/attitudinal system that is highly congruent with the positive relationality that undergirds an effective counselling relationship" (p. 96). This is support of the hypothesis that the counsellor’s spiritual or religious beliefs appear to be closely connected to what the counsellor brings to the therapeutic relationship but there is no research that examines this connection. The current study looks at how and why that connection exists through the following research question: How does spiritual or religious Christian faith help and hinder counsellors’ empathy for clients?
CHAPTER III - METHODS

The Critical Incident Technique

This research study took the form of an interpretive qualitative study, in which meaning is mediated through the researcher as an instrument, and inductive analysis is used to discover recurring patterns or common themes that cut across data (Merriam, 2002). This study focused on counsellors who possess Christian religious beliefs and to whom the professional practice of empathy is important. The intention here was to obtain a rich description from counsellors of how they approach their religious beliefs and how this influences their ability to empathize in counselling. Another reason for exploring this research question qualitatively instead of quantitatively was to gain an understanding of how and why religion or spirituality influences empathy by giving voice to counsellors’ stories and experiences concerning this influence. An effective way of getting at this was to look at how counsellors have bridged world views and cultural gaps in their counselling. Since the literature indicates that it is more difficult to empathize across different world views than similar world views, this study looked at both easy and difficult instances of empathizing in order to shed light on what helps empathy. Given this purpose, the Critical Incident Technique (CIT) was judged to be the appropriate method to use. Counsellors were asked to identify situations, events, and factors that helped and hindered ability to empathize. Through this method these counsellors were given the opportunity to voice their experiences of empathy as influenced by religious belief.

This method allowed for extensive coverage of this domain area. The results therefore add to the literature by bringing to light elements of religious belief not covered by the four
religious orientations discussed, and by demonstrating new connections between religion and empathy not already found in previous studies.

The Critical Incident Technique was first described by Flanagan in 1954. This method first appeared as an outgrowth of studies in the Aviation Psychology Program of the United States Army Air Forces in World War II, for the identification of effective pilot performance. Flanagan (ibid) also developed this technique for use in many psychology research contexts, including developing ethical standards for psychologists, measuring task proficiency, identifying motivation and leadership attitudes, and identifying factors in effective counselling. This last context will be studied here within the narrower confines of what aspects of one’s religious orientation helps and hinders one’s ability to empathize with clients. While the CIT was rarely used during the quantitative heyday of the late 50’s through to the early 70’s, it has been used since 1976 to study group process, work motivation, and evaluation of clinical practica (as summarized in Woolsey, 1986) and group employment counselling (Amundson & Borgen, 1988). In addition it has recently been used for a number of psychological studies, including as a means to explore close same-sex friendships (Woolsey, 1986), and as a method to explore what helped and hindered the unemployment experience of fishery workers in Newfoundland (Borgen, Amundson, & McVicar, 2002).

As is characteristic of all forms of qualitative research (Merriam, 2002), the researcher, acts as the primary instrument for data collection and analysis. To limit harmful effects of bias or subjectivities, my biases were identified and were monitored in terms of their effects on the collection and interpretation of the data. According to Peshkin (1988), the researcher’s subjectivities “can be seen as virtuous, for it is the basis of researchers making a
distinctive contribution, one that results from the unique configuration of their personal qualities joined to the data they have collected" (p. 18).

Participants

The participants recruited for this study were counsellors in south-western British Columbia who identified themselves as holding Christian beliefs and who use empathy in counselling and believe it is important therapeutically. It was required that participants believed that their religion in some way influences their counselling. An attempt to limit participation to those who practice “mainstream counselling” as opposed to only Christian counselling or pastoral counselling proved to be too limiting, and was not held to. This requirement was put in place so that empathy involved in reaching across religious beliefs or differing values could be investigated. Three participants did not practice mainstream counselling (see Table 1). As mentioned in the literature review, counselling skill is directly related to perceived multicultural competence, and is also related to ability to empathize across religious beliefs and values (Muse, 1992). Since multicultural competence and empathy both are correlated with “expertness”, it was important that participants be trained at the Master’s level or above, and had practiced counselling for at least 5 years. Twelve counsellors who fit the above criteria were interviewed. They ranged in age from 28 to 70 years ($M = 48$, $Mdn = 51$, $SD = 12.8$). They had between 5 and 24 years of experience ($M = 12.5$, $Mdn = 13$, $SD = 7.1$). Their demographic data are found in Table 1.
Table 1:
Participant Demographics

<table>
<thead>
<tr>
<th>Demographic</th>
<th>Characteristic</th>
<th>Number of Participants</th>
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</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
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</tr>
<tr>
<td></td>
<td>Male</td>
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</tr>
<tr>
<td><strong>Counselling education</strong></td>
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<tr>
<td></td>
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<tr>
<td></td>
<td>MSW</td>
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</tr>
<tr>
<td></td>
<td>MPS, MDiv, and/or MTh</td>
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<tr>
<td></td>
<td>PsyD</td>
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</tr>
<tr>
<td><strong>Certification</strong></td>
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</tr>
<tr>
<td></td>
<td>RSW</td>
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</tr>
<tr>
<td></td>
<td>RCC</td>
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</tr>
<tr>
<td></td>
<td>RMFT</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Multiple certificates</td>
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</tr>
<tr>
<td><strong>Religious identification of work environment(s)</strong></td>
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</tr>
<tr>
<td></td>
<td>Christian</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Both</td>
<td>3</td>
</tr>
<tr>
<td><strong>Clientele</strong></td>
<td>Addictions</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Marriage &amp; Family</td>
<td>3</td>
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<tr>
<td></td>
<td>Marriage &amp; Family and High School</td>
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<tr>
<td></td>
<td>Mental Health</td>
<td>2</td>
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<td></td>
<td>Mental Health and Trauma</td>
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<tr>
<td></td>
<td>Employment</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Generalist</td>
<td>3</td>
</tr>
</tbody>
</table>
Data Collection

Counsellors were contacted through recruitment letters (Appendix A) sent to counselling agencies, one professional counselling association, and individual counsellors that were recommended by others. Snowball sampling (Palys, 1997) was also used. I recruited and interviewed participants until redundancy became apparent in the findings. I conducted all the interviews between November, 2004, and May, 2005. I interviewed 12 individuals in total.

Interview Process

Participants were given information about the purpose of the study and the interview questions several days in advance of the interview so that they had time to reflect on them, as recommended by Woolsey (1986). The interview began with a review of the goal of my research and what type of information I was looking for from the interview. I reviewed with participants a letter of consent (Appendix B) that covered aspects of confidentiality, their right to withdraw at any time, and assurance that their participation would not impact any interactions with UBC. Participants were interviewed using a semi-structured interview format with open-ended questions and prompts for one interview, lasting one and a half hours, followed by a one hour follow-up interview to check categorization of critical incidents. These interviews were audio-taped with notes taken during the interview to stress incidents, prevent omissions, and to serve as backup in case of equipment failure.

Interview questions began with introductory, warm-up demographic questions about counselling education and certification levels, and amount and areas of experience counselling. Participants were then asked background questions about faith, religion, and
empathy in order to gain a context in which to place the incidents they later reported. The next series of questions were the Critical incident questions:

Please describe an incident, experience, or counselling relationship where your religious beliefs or your approach to your religion helped your ability to experience empathy for your client. Please describe the context and the factors that made it easy. How did you feel and what did you think when you perceived that you had been successful in finding empathy for the client? Did religion figure in these personal reactions? What aspects of your religious beliefs contributed to this experience of empathy? Please describe how they contributed to empathy in this case.

Please describe an incident, experience, or counselling relationship where your religious beliefs or your approach to your religion hindered your empathy for your client. Please describe the context and the factors that made it difficult. How did you feel and what did you think when you perceived that you had been unsuccessful in finding empathy for the client? Did religion figure in these personal reactions? What aspects of your religious beliefs hindered this experience of empathy? Please describe how they hindered experiencing empathy in this case.

The first three interviews were conducted under a “period of piloting” (Glesne & Peshkin, 1992). Through these pilot interviews any deficiencies observed in the interview questions were corrected for the remaining interviews. These changes involved including a question asking participants to define empathy, so that the incidents could be extracted according to that definition. I also realized that participants who were not familiar with the CIT were not expecting to come up with many incidents, so I changed the wording of the beginning of the CI questions to ask for that, as follows:
Please describe as many incidents, experiences, or counselling relationships as you can think of where your religious beliefs or your approach to your religion helped/hindered your ability to experience empathy for your client.

As these changes were not extensive, these pilot interviews were included in the results, following the example of Butterfield's (2001) critical incident study with the justification that the pilot studies yielded a rich source of data. Refer to Appendix C for a complete list of interview questions.

I also learned the participants' preferred terminology through their responses to the initial questions about faith and religion. I then adopted their language (faith, religion, or spirituality) for the remainder of the interview.

Participants were identified by a number between 1 and 12 to maintain their privacy.

Data Analysis

Transcripts were examined for helpful and hindering incidents. Woolsey (1986) found that tape recordings were actually more helpful than transcripts because voice inflection and tone served as cues and indicators of the significance and effect of a given incident. I found that listening to tape recordings was very important for this reason, so I fully transcribed the first five interviews and extracted incidents from them. Then, having had that practice, I transcribed fully only the material from the next 7 interviews which appeared to be critical incidents. The result was that the majority of the interviews were still transcribed. I found that I still needed transcripts to work from as well as the tapes. For interviews 6, 8, and 12, I extracted the incidents from the tape recording first and then went back and transcribed the incidents in full.
Extraction of the Incidents

According to the CIT, an incident is critical if it occurs in a situation where the intentions of the act appear clear to the observer, and where the act’s consequences have clear effects (Flanagan, 1954). Therefore, in this study, the critical incidents are situations where the counsellor observed and reported that it was easy to empathize with the client, and situations where it was difficult to empathize with the client. The variables influencing both are many, but the focus in this study is on religious factors and beliefs. The effects of these incidents explored in this study were the counsellor’s subjective evaluation of the counsellor-client interaction as influenced by the counsellor’s level of empathy felt and conveyed, together with the resulting outcome. While there are two fundamental outcomes, enhanced or hindered empathy, this question allowed for a description of how that outcome happened, which in turn facilitated evaluation of the validity of the incident as impacting empathy.

Therefore in order for an incident to be extracted it had to meet the following criteria:

a) a comprehensive description of the event, relationship, or client problem,

b) clear identification of how religion/spirituality/faith helped or hindered empathy

c) outcome

As incidents were extracted they were given descriptive titles one or two sentences long stating the connection between religion and empathy, and three sub-headings: a) incident (for a description of the incident or phenomenon), b) religion’s impact on empathy (some participants did not appreciate the word “religion” or “impact” so this was changed to “how spirituality helped/hindered empathy”), and c) outcome.
Incident Labelling: Specific, General, or Tenet

After the pilot interviews were conducted, it was observed that, in addition to identifying specific incidents, the participants talked more generally about ways their belief system helped and hindered their empathy that were ongoing. I observed that the less concrete side of talking about spirituality is documented elsewhere, and is exemplified by the following quote by West (2000), writing about psychotherapy and spirituality: “Many people when talking of spirituality will say that it is beyond words: indeed it is as if people run out of words, or find themselves in a territory where words fail them, or even do not exist” (p. 7).

One participant found the empathic connection similarly difficult to specify:

Sometimes words aren’t big enough to try to describe the mystery, especially when you are relating to another person. Because constantly you’re working with the mystery, I mean you stand in awe of this mystery, if I can ever define- if I ever can figure you out, we’re really in a (laugh) in a sad shape here. … I think we have to be really careful there because the mystery is always before us, and even how this mystery impacts the mystery.

Sometimes, talking about how faith helps or hinders on a theoretical level would bring to mind an example, which was then an incident, but the participant was more clear about the theoretical than the concrete. While I adapted the questioning to be more specific and direct, repeatedly asking for specific times where faith helped or hindered empathy, I also kept in mind Woolsey’s (1984) findings from her self-actualization studies that it may not be actual incidents but rather the overall relationship formed by specific experiences that is identified as a critical incident. I therefore decided to make distinctions between the types of incidents that were being reported. This was to ensure a comprehensive and accurate coverage of what
was being reported. In other terms, I wanted to ensure that the method fit the data, and not the other way around. I used three titles to distinguish between three different types of incidents: *specific incidents*, *general incidents*, and *tenets*.

Specific incidents were those where one event, one phenomenon, or one client, formed the incident. An example of a specific incident follows:

If I had of gone in ‘I’m a Christian and I can’t counsel this family, because I’m against homosexuality’, I would have missed the opportunity to see a tremendous amount of healing that was even deeper than the boy’s sexual orientation.

The participant described a counselling relationship where she withheld judgement, using “compassion and empathy through Christ” and found she was able to empathize with and help heal a broken relationship in the family. This was therefore a specific incident where the participant recalled the circumstances, details, how religion or spirituality helped her empathy, and what the outcome was.

General incidents were those where certain types of clients or client problems formed the ‘incident’ (the term incident is used more loosely here, because it is not one but multiple similar incidents that are remembered together). An example of a general incident follows:

It [my spirituality] gives me sort of more of an understanding for people that do come from other religious backgrounds and how that affects their mental health and then being empathetic to that, having a greater understanding and be able to acknowledge and support them through something that they don’t see as mental health, but they see as a spiritual struggle.
Here the participant is referring to how her spirituality helps her empathize with clients who come from other religious backgrounds and who see their mental health problems as spiritually based. Therefore it is not a specific incident but a general phenomenon.

Tenets were used to identify global statements of how the participant’s faith helped empathy. These statements encompassed all counselling experiences and situations. These most frequently came up near the beginning of interviews with statements beginning with, “My faith always helps my empathy...”. On the recommendation of my thesis supervisor I decided to label these global statements Tenets. Tenets were essentially a description of sub-heading b) how religion or spirituality helps/hinders empathy, without an incident attached.

But there’s also a, I think it generates, stick with the empathy, don’t just wash your hands like Pilate. Not that you blame him, but God never gave up on us... and I’m a very poor reflection of that, but none the less, it is a role model there in terms of seeing that that’s the way to be.

This participant explains that not giving up on empathizing with clients comes from his religious beliefs and is fundamental to his counselling practice, not connected to a specific incident or types of clients, situations, etc. (what would be called general incidents).

Therefore this was labelled a tenet.

For the purposes of ease of reporting results, specific incidents, general incidents, and tenets are all referred to as incidents unless otherwise specified. I included all three types in the category system.
Categorization of the Incidents

Incidents were categorized according to the way in which religion or spirituality helped or hindered empathy. Alternatives approaches to categorization would have been focusing on the mechanism through which it occurred (i.e. prayer), outcome, the where/when/who/how of the incident itself, or the quality that participants stressed was important (authenticity, hope – these were too specific, varied, and differently defined by participants to serve as guides for categorization). Because incidents were categorized by how religion helped or hindered empathy, titles of the categories referred to this mechanism directly. When participants referred to several mechanisms at once, the transcript and sometimes the tape recordings were examined to judge what was the most meaningful way they derived empathy from their faith. If mechanisms were explained in full, occasionally the same incident was labelled twice and put in more than one category to represent the different ways in which faith had helped or hindered empathy for that incident. There were several incidents in which counsellors illustrated what factors made them a good therapist that were not connected to empathy, or how the counsellor found empathy for the client in ways that had no connection to their faith. These incidents were not included. Participants received these incidents and an explanation of why they were not included as part of the participant feedback phase, and they were given the opportunity to demonstrate the pertinent connection, if one existed.

Categorization of the incidents occurred after interviews 5, 6, and 12 through an inductive and cyclical process. After all interviews had been categorized, there were 18 helping categories and 5 hindering categories. Through the categorization process 5 incidents/tenets were removed that did not hold up as having met previously set requirements.
for constituting an incident/tenet. The contents of the categories were then re-examined and category titles were altered and the category structure changed so that they were reduced overall to 14 helping categories and 3 hindering categories.

Trustworthiness and Credibility

While results of qualitative research are not expected to be generalizable, it is important to record the process of investigation and analysis so that others can apply that information to their own interpretation of the results (McQueen & Knussen, 1999). The term triangulation is used to describe the assessment of reliability and validity (Flick, 1995; McQueen & Knussen, ibid). Triangulation is built into this study in many ways by having interviewed more than one participant, and by having other researchers (as well as participants themselves) evaluate steps of the process. There are multiple validity/reliability, or as preferentially termed in qualitative research, trustworthiness, steps built into the method of the CIT. This reflects the fact that in qualitative research, validation concerns all stages of an investigation, as Kvale (1996) puts it, “quality control throughout the stages of knowledge production.” (p. 236). Stiles (1993) compares trustworthiness of the data to reliability, and trustworthiness of analysis and conclusions to validity. Flick (1995) compares credibility to validity as its qualitative corollary. Validity receives more attention than reliability in the area of qualitative research (Flick, 1995). Bedi, Davis, and Williams (2005) points out what should be the focus of assessing trustworthiness and credibility by citing Giorgi (1975):

The chief point to be remembered with this type of research is not so much whether another position with respect to the data could be adopted (this point is granted beforehand), but whether a reader, adopting the same viewpoint as articulated by the
researcher, can also see what the researcher saw, whether or not he [sic] agrees with it (p.96).

Butterfield, Borgen, Amundson, and Maglio (2005) list emerging credibility/trustworthiness checks based on practice developed through theses and dissertations being done at the University of British Columbia using the CIT, and through other research. The nine credibility/trustworthiness checks detailed in the article by Butterfield et al. are used in the current study. As Kvale (1996) writes, “To validate is to check.” In honour of the strong trend of using CIT at UBC, there are multiple references to the theses and dissertations of my colleagues where they have built on this method.

A description of these checks, how they were carried out, and the outcome, is detailed below. They are presented in the order in which they were done.

1. Interview Fidelity

This is a credibility check at the interview level for consistency, to see whether the rigor of the research design is upheld, and to check if leading questions were used by the interviewer (Borgen, 2003, as cited in Butterfield et al., 2005). For this study, a Counselling Psychology Master’s student who had done CIT interviews was asked to do this credibility check halfway through the interviewing process, so that resulting feedback could be incorporated if necessary. He was presented with seven cassette tapes from the first seven interviews (one tape from each interview) and, without being able to see the labels inside the containers, he randomly selected one tape. Since he selected the seventh interview, he also was given the category structure that had been formed up to that point so that he could evaluate whether any leading questions were asked by the interviewer with knowledge of the
existing categories in mind. The tape he selected turned out to be one in which, after we both thought the interview was over, I had turned off the tape and the interviewee subsequently thought of more incidents so we turned the tape back on. In the meantime, I had talked about what I had hoped to learn from the study. I was concerned that by doing so I might have influenced the participant’s extra comments. However, I noticed that the incidents she subsequently discussed (trying to think of incidents where her faith hindered empathy) were not topically related to what I had said, so I retained them. I told the person who would do this validation step about this, and asked him to listen for that as well as in general evaluating whether I was leading the participant in her responses. His evaluation was that it did not seem that I was leading the participant to go in any direction, or that I had any particular agenda outside of the stated research objectives. Concerning the discussion before the end of the interview, he noted that in the latter part of the interview the participant appeared to be reflecting on her own terms and did not appear overly influenced with me. He also observed good interviewing skills including good use of minimal encouragers, allowing silences to exist permitting participants to make their own discoveries. While I made two personal observations, they did not display a viewpoint related to the topic at hand, and I used neutral and effective probes, although not asking specifically for “helpful” and hindering” incidents, more for “any more examples”. Finally, he observed that I gave the participant a lot of scope to answer and did not lead her along.

I incorporated this feedback into later interviews by using ‘helping’ and ‘hindering’ terminology in questions more often and continuing to be careful not to say anything about my position or findings that may bias participants in what they chose to say.
2. Independent Extraction of the Critical Incidents

Butterfield et. al. (2005) recommends on the basis of work by Alfonso (1997), Novotny (1993), and Andersson and Nilsson (1964) that 25% of the critical incidents be independently extracted from the taped interviews or transcriptions. This is to ensure the incidents were consistently extracted by the researcher according to the criteria set out beforehand. I selected three transcripts to give to a Counselling Psychology Master’s graduate who had used the CIT for her Master’s thesis. She was asked to label helping and hindering tenets or incidents, and we discussed discrepancies between our respective extractions. I had extracted 10 incidents from one transcript, 16 incidents from the second, and 26 incidents from the third. I selected two interviews near the beginning of my interviewing and analysis practice where I thought it most important to have my work checked. They also represented very difficult and easy interviews (in terms of isolating incidents) respectively and thus provided two ends of a spectrum and allowed for checking of my work in both contexts where I may be prone to different errors. I found it very challenging to extract incidents from one of these interviews because faith and empathy appeared to be deeply embedded ways of being for this participant. Fortunately I had followed up on suggestions at my thesis proposal defence by reading works of modern contemplatives and mystics Thomas Merton, William Johnston, Jim Marion, and Bernadette Roberts, where beliefs and practice become so deeply embedded that the individual can no longer be described in concrete or separate terms, or observe specifically how they play out in day to day events. A later interview was randomly selected from interviews 8 through 12 since I wanted representation from my later work. This interview was fairly straightforward,
with many concrete examples and explanations given of critical incidents where faith helped or hindered empathy.

Independent extraction yielded initial agreement rates of 60%, 68%, and 65%. After discussion, agreement was 100% for all three transcripts. I adopted over half of the incidents the independent extractor had identified. While this step is less commonly done in CIT studies, and while there are not clear guidelines for acceptable agreement rates, the agreement attained here was considered to be low. Reasons for discrepancy and changes incorporated from feedback are as follows:

a. Every time the participant used key words such as “for instance”, “an example of that is”, “one client I had”, indicating a switch between client groups or from a client group to one specific client, the independent extractor labelled this as a separate incident. I decided to adopt this approach in instances where this was clear.

b. The independent extractor did not require a lengthy description of tenets if they were completely explained in few words. This approach yielded more tenets. I also adopted this approach, realizing that at times I had previously focused more on length (wanting a long description to constitute a separate incident or tenet) than content (a short and a long description could hold equal content). This made sense also in the context of my observance that when I used my own method for extracting incidents, multiple tenets would be clumped together in one incident so that it was more difficult to categorize, and categorical representation of meaning was reduced. By adopting the approach of the independent extractor, I did not lose the extraction of clear tenets.
c. I realized that towards the end of one transcript I had been missing some incidents simply because they had been previously stated in different ways (they were repetitive). I therefore checked all transcripts for these.

Based on this feedback and implementation decisions I reviewed all transcripts again for critical incidents and 45 more incidents were added in total.

All of the incidents, both old and new, were then re-categorized. There was one new incident which did not fit into an existing category. Because this step had resulted in major changes to extraction methods, the extraction of incidents step was then carried out a second time on a smaller scale. A Ph.D. student in the Counselling Psychology program at UBC who had done her Masters and was doing her Dissertation using the CIT was asked to extract incidents from four pages of a transcript from a second interview. Our agreement was 75%, or 6 out of 8 incidents that we had both extracted. Upon discussion we were able to reach consensus on the remaining incidents and our agreement rose to 100%. Most importantly, this step demonstrated that I was now extracting a reasonable amount of incidents, which had in quantity been replicated by another person.

I also received feedback at this stage that the extraction had been very difficult because of the open structure of the interview. I had, previous to this observation, noted that as the interviewing went on, I became more experienced and adept at keeping participants narrowed onto the topic. Therefore the extraction of incidents became easier also for later interviews.
3. Exhaustiveness or Redundancy

The last 10% of the incidents were held back to check whether or not they fit in the existing categories, based on Andersson and Nilsson's (1964) protocol. This measure was taken to ensure that the category structure gave comprehensive coverage of the phenomenon under investigation. At this point there were 250 incidents (the number of incidents were altered after participant feedback). Therefore, 13 incidents from the eleventh interview and 12 incidents from the twelfth interview were held back. When these incidents were sorted into the categories, all incidents fit. It should be noted, however, that an entirely new category would often arise (until after the 7th interview) with each new interviewee. Each participant had a unique overall tenet of how their faith helps their empathy which impacted many of their incidents. This pattern is observable in the final category structure by the fact that there are a few categories which have a very large representation from one participant. For example, interview 5 is represented in 12 out of the 17 categories, which is high, but 10 of the 28 incidents are in category 11. Incidents from interviews 3, 4, 5, 7, and 9 have similar clusters in one or two categories. However, according to the final category structure, redundancy of categories occurred after interview 7, meaning that even though each participant had a different core tenet, after interview 7 those tenets represented had already been referred to substantively by an earlier participant. Examples of core tenets are: the counsellor experiences awe of the mystery of the counselling relationship; both the counselling process and the faith journey are about meaning making, so the counsellor empathizes with clients moving through that process the counsellor's own experience of different religious backgrounds helps her understand her clients better; the counsellor empathizes with clients who have made mistakes because he recognizes his own inherent
sinfulness; clients are imbued with the image of God, so spirituality always helps empathy towards the client.

4. Descriptive Validity

Sometimes called referential adequacy (Bedi et al., 2005; Eisner, 1991), this is a measure of the objectivity of the researcher’s analysis. In an attempt to reduce the imposition of my own subjectivity on the data, I used several procedures. I aspired to understand the meaning of the participants’ words as thoroughly as possible by transcribing all the interviews myself. This allowed me to become quite familiar with the content, the way the participants expressed it, and revived memories of doing the interviews. I wrote notes while transcribing of where incidents appeared to be, trends I observed, questions, and personal reactions. I also referred to the extensive notes I had taken during each interview. I aspired to obtain an accurate representation of participant’s words by using direct quotations wherever possible, and by using the participant’s actual words in the titles of the incidents, or combinations of participant’s words in the titles and descriptions of the categories (Kvale, 1996). Finally, having other colleagues perform other validity measures allowed me to compare how I viewed the data with how they viewed it, and assess whether my different views were due to personal subjectivity versus a more accurate representation of the participants’ meaning.

A summary of my reflections and observations of the influence of my own bias is at the end of this chapter under Researcher Reflexivity.
5. Participation Rate

Categories with higher participation rates have more common critical incidents and are therefore more comprehensive and reflect a broader experience. The higher the participation rate, the more robust the category is. However, categories with low participant rates are not necessarily less important but rather are more idiosyncratic or unusual (Andersson & Nilsson, 1964). In this study, categories were retained if there was a minimum of 25% participation in each; that is, if 25% of the participants stated an incident that falls under the given category. This is according to Borgen and Amundson’s (1984) suggestion.

A minimum participation rate of 25% in each category meant that in order for a category to be retained, at least 3 participants identified an incident that fit in that category, since there were 12 interviewees overall. This rate was met – no categories needed to be excluded.

6. Independent Categorization of Incidents

A validity check occurred where a second independent researcher, also a Masters of Arts counselling psychology graduate who has used the CIT for his thesis, was given a random selection of 25% of the incidents and asked to put them into the categories provided. Andersson and Nilsson (1964) obtained an agreement rate of 75 to 85 % in their study, which they considered to be an adequate indicator of reliability. Incidents that initially were categorized differently were discussed in an attempt to reach a consensus on how to categorize them. The percent agreement between this researcher and the principal researcher is recorded in the results section.
The percent agreement of categorization between the second researcher and the principal researcher was initially 65%. Upon discussion, agreement increased to 100%. Reasons for the initial discrepancy are as follows:

a) There were two categories that overlapped in their underlying construct: *Openness to spirituality opens another facet to understanding the problem*, and *The counsellor's faith gives meaning to the situations and problems of client*. Upon discussion these categories were combined into one, *Spirituality informs ways of understanding the problem*.

b) Some category titles were not fully distinct from each other; minor changes to some of the titles resulted in the person doing the independent categorizing re-categorizing some incidents which then agreed with my categorization. An example is the category, *Connecting to the spiritual in the counselling relationship or the client*, which originally included "or the problem". This confused it with the categories above which focused on the spiritual element of the problem. Another example is the category entitled, *The counsellor has higher expectations of the client because they share the same religion*, which was changed to *Different expectations, shared religion* to be more inclusive.

c) A third reason why the initial percent agreement was low is that many incidents had more than one element in them, so that they could be placed in more than one category. We reconciled these by a discussion of what the most significant helping or hindering aspect appeared to be, and when in doubt I returned to the transcript and sometimes the tape recording to ascertain the most important aspect of the incident.

d) In some incidents of categorization discrepancy, the incident descriptions were summaries which were sometimes interpreted differently; when the independent categorizer
was given the full context from the transcript of the incident, he agreed with my categorization.

7. *Interpretive Validity: Participant Cross-checking*

Categories and their contents were verified with the counsellors (the participants) in a second interview to ensure that their input had been as accurately reflected as possible (which also helped to establish good *descriptive validity*), that the interpretation of the data reflects the intended meanings of the participants (also referred to as *testimonial validity* (Bedi et al., 2005; Stiles, 1993)), and that the categories accurately represented their respective contents. The second interview aspect was added to the Critical Incident technique by Victoria Alfonso (1997) through her thesis on newly diagnosed HIV+ patients, and was again used by Lee Butterfield (2001) to confirm categories used for critical incidents named by former outplacement counselling clients. This step was also performed by Borgen, Amundson, and McVicar (2002), to account specifically for cultural differences between the researchers and the participants. Feedback from this check was used to alter incidents and category titles, and also to inform the value and organization of the final categories reported.

Participants were sent a list of their incidents under the categories (and descriptions of categories) into which they had been sorted. Three participants responded by phone, eight by e-mail, and one not at all. Four participants made minor modifications to quotes, six participants made no changes, and two participant requested word changes in category titles in order to be more reflective of their experiences but the meaning remained the same. For two participants, discussion resulted in one incident being moved into a different category. Through the participant feedback process, one participant requested changes from the word
God to faith, and we entered into a dialogue about whether she still fit the criteria of holding Christian beliefs. She has a Christian background and has faith, but is not a practicing Christian. She had added valuable information to the study by her incidents forming a new category which subsequent participant incidents fit into, and her incidents were represented in several categories. She decided she was okay with being included with participants who are explicitly Christian provided it was explained that one participant was not a Christian but held some Christian beliefs. Since I wanted to include a broad range of Christian beliefs in this study, we (the participant and researcher) decided to retain her incidents and include them with the rest of the data.

8. Expert Review

Two colleagues commented on the comprehensiveness of the categories. One is a practicing counsellor who did his Master’s thesis using the CIT. The other individual is a psychologist who holds a Ph.D. in counselling psychology and whose dissertation was in the area of Christianity and psychology using the CIT.

They both reported that the category system was comprehensive of their experience and knowledge of the field, and no changes were suggested, although the second expert reviewer added a significant concept based on her experience. This was a sense that there is something deeper than relationship with God, modelling, connection to God, etc. It is that because one is made in God’s image, since empathy is part of God’s nature it is part of one’s own nature as well. This person felt that God created her to be empathic and possibly gifted her in this area. Therefore she cannot be herself and not be empathic, it is who she is. This reflection, while related to concepts in the category Relationship to faith leading
naturally/directly to an empathic relationship with the client, is somewhat distinct, and is therefore included in the implications for further research.

She also remarked that the hindering categories are of special importance and contain vital information to absorb.

9. Theoretical Validity

There are two aspects to theoretical validity according to Butterfield et. al. (2005). The first aspect constitutes an examination of the underlying assumptions of the proposed research in light of existing literature to see if they are valid. I did this by a literature review, where I found that research exists to suggest that religion does help and hinder empathy. Secondly, categories that were formed are compared to existing categories in the literature to see if there is collaboration between them. An examination of this nature is found in the discussion section. There were 9 categories that were empirically supported by the literature, 5 categories that were theoretically but not empirically supported by the literature, and 2 categories for which no discussion in the literature could be found. These categories were the counselling process is similar to the faith journey, and relationship with one's faith leading directly/naturally to an empathic relationship with the client.
Researcher Reflexivity

I realized after interviewing a participant who expressed very clear views on what was right and wrong that personal bias was indeed an issue for me. I realized reflecting on that interview, that up until that point, I had experienced such an enjoyable and enlightening encounter with each previous interviewee not only because they were wise and experienced (as this individual was as well), but also because our religious and spiritual beliefs were very similar. Upon this reflection, I was able to acknowledge my bias and change my impression to one of satisfaction that I had expanded the study results to include a broader range of religious orientations – not just those that I personally agreed with.

However, I realized later in the process that bias in the opposite direction was still getting in the way of objectively analysing the data. After I had formed the categories, I received feedback from another participant expressing concern at the frequent use of the word “God”. I realized I had not only gone with the language used by the first few participants, but had gone with the word with which I was most comfortable. I learned a lot from my participants about my own biases, including a tendency for directional language, such as the word impact, which I later learned from Dr. Haverkamp’s conference workshop (2005, citing Creswell, 2003) is best avoided in qualitative research. The following exchange reveals a participant’s response after I asked him how his faith impacts his empathy (P is participant, R is researcher):

P: Let me throw your question back and say, it isn’t impact, it’s a fundamental part of it, isn’t just – when you say impact, it means something runs into something else. This is integrated into, this is the fundamental part of my faith, the way that I function with my client.
R: So faith is a fundamental part of your empathy?

P: Yes, it can't be separated from it.

R: What does it do to that empathy?

P: It forms it, creates it. It's a foundation to it. It's like asking, what is the foundation to a house? How does it impact a house? It doesn't impact the house, it holds it up. It's a foundation. If I didn't have that sense of hope and forgiveness and words like that, the possibility for joy, then I wouldn't do what I do. Through faith I base my empathy on what direction I'm gonna take people in. I just can't separate those out. . . . So yeah, you ask about impact, it's just - the question doesn't do justice to the answer. I understand you're trying to start from some particular place you have to start from, but from my perspective treating people as things just doesn't do justice to spirituality. . .

After the participant corrected my use of the word "impact" I still used directional language "What does it DO to that empathy?".

I wanted to interview participants who spanned a whole range of Christian religious beliefs, but when I encountered those extremes I felt some resistance to including them fully in the findings. What helped greatly was my selection criteria for extracting incidents. This helped me to extract the most practical information from the interviews (e.g., a participant knew how to connect a Christian client up with a Christian group because she was a Christian, and this common practical link helped empathy for the client) to the most obscure information (valuing the mystery of the counselling connection). Another helpful method was using long incident titles for those incidents where I did not fully understand how faith helped empathy (these were often "mystical", highly integrated experiences).
When it came time to include the quotes, however, there was no methodical rigour to support me. I was, of course, limited to quotes that did not reveal any identifying characteristics of the participants or their clients. I also wanted to focus on quotes that were illuminating explanations of how spirituality helped or hindered empathy, and did not contain complicating circumstantial detail that would be difficult for readers to grasp. That still, however, left a lot of room for personal judgement and bias to creep in, which became clear when I got to the hindering categories. At this stage I realized I only wanted to include those quotes that were not offensive to me personally. These were quotes about how the counsellor could not empathize with the client under circumstances where it is likely no one else would be able to empathize with the client either because it would involve empathizing with a behaviour that is morally wrong by any standard. But I realized upon experiencing that hesitation that my bias was entering in again, and that this thesis is not intended to be a reflection of myself but of the participants who co-created it.

I processed my reactions to interviews and the experience of developing this thesis by writing and talking with classmates, colleagues, and supervisors. Through this process, I endeavoured to keep my own biases under control. I also learned more about who I am spiritually, and how I can integrate my faith into counselling by using it to help empathy towards clients.
CHAPTER IV - RESULTS

Participants' Views of Faith, Religion, and Empathy

At the beginning of each interview, participants were asked questions about what faith means to them, how they approach and practice their religious beliefs, what role religion plays in their lives, and what their own definition of empathy is. A synthesis of their responses, with some examples, is below.

Religion and Spirituality

Participants' accounts of how they view their faith and religion/spirituality confirm that there is a dichotomy between research and practice; the language is fundamentally different. Most participants responded that they thought of religion as the structure or rituals of one's beliefs and of spirituality as the belief itself. Most participants preferred the word spirituality to religion, although to represent the preferences of a few participants who preferred religion to spirituality as a descriptor, I tried to use both words as much as possible through this process. Here is what some of the participants say about the words religion and spirituality:

I don't like the word religious because it conjures up religion as some people might take it as a philosophy, a science or whatever, I think faith with definition, or I like relational words like dependence and trust and you know, because I think God of the bible is a relational God.
It’s the religion that helps me in that sense because it’s understanding how the dynamics of being in a Christian community, that’s what sort of has I’ve answered in terms of these things, so I keep you know, at first I said, “oh I hate that word religion”, but that’s actually maybe what has facilitated some of these experiences for me is understanding what the community is like, and not necessarily my faith or belief in God.

What faith does, and I would, I guess I would distinguish between faith and religion, cause I think religion probably works against empathy, but faith I think supports empathy, you know that relational kind of spirituality supports empathy, religion as a structure is a structure, and it’s like, if you're not in this structure you’re out of luck you know, religion tends to be bound, or binding, and I think it would reduce empathy.

I think my faith helps me to be less stigmatizing for people. And I think, unfortunately, a lot of people have experienced stigma from Christians, especially if they struggle with drugs or prostitution or whatever, addiction, that kind of thing. A lot of them have experience the negative sides of religion, and I’ll call it religion in that case.

Description of the Categories

Participants identified 242 incidents or tenets where their faith, religion, or spirituality helped their empathy towards clients, and 25 incidents or tenets where their faith, religion, or
spirituality hindered their empathy towards clients. The helping incidents were then sorted
into 14 helping categories and 3 hindering categories. The categories are listed on the
following table with corresponding frequencies (how many specific, general, tenets, and total
incidents are in each category) and participation rates (the percentage of the 12 participants
who reported an incident that fit into that category).
Table 2  

*Incident and Participation Rates of Categories*

<table>
<thead>
<tr>
<th>Category</th>
<th>Specific</th>
<th>General</th>
<th>Tenet</th>
<th>Total incidents</th>
<th>Participation rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helping</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationship to faith leading directly/naturally to an empathic relationship with the client</td>
<td>6</td>
<td>0</td>
<td>16</td>
<td>22</td>
<td>83%</td>
</tr>
<tr>
<td>Connecting to the spiritual in the counselling relationship or the client</td>
<td>7</td>
<td>3</td>
<td>9</td>
<td>19</td>
<td>75%</td>
</tr>
<tr>
<td>Drawing on religious values of compassion, mercy, and acceptance</td>
<td>4</td>
<td>7</td>
<td>6</td>
<td>17</td>
<td>75%</td>
</tr>
<tr>
<td>Following Jesus’ example of empathy</td>
<td>3</td>
<td>3</td>
<td>8</td>
<td>14</td>
<td>67%</td>
</tr>
<tr>
<td>Spirituality informs ways of understanding the problem</td>
<td>18</td>
<td>7</td>
<td>3</td>
<td>28</td>
<td>58%</td>
</tr>
<tr>
<td>Similar life experiences</td>
<td>8</td>
<td>5</td>
<td>1</td>
<td>14</td>
<td>58%</td>
</tr>
<tr>
<td>Sharing the Christian culture</td>
<td>21</td>
<td>7</td>
<td>0</td>
<td>28</td>
<td>58%</td>
</tr>
<tr>
<td>Increased understanding of other cultures/religions/denominations</td>
<td>6</td>
<td>4</td>
<td>3</td>
<td>13</td>
<td>58%</td>
</tr>
<tr>
<td>Understanding one’s own limits and boundaries</td>
<td>12</td>
<td>6</td>
<td>5</td>
<td>23</td>
<td>50%</td>
</tr>
<tr>
<td>Category</td>
<td>Specific</td>
<td>General</td>
<td>Tenet</td>
<td>Total incidents</td>
<td>Participation rate</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>----------</td>
<td>---------</td>
<td>-------</td>
<td>-----------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Awareness or experience of God's influence</td>
<td>13</td>
<td>6</td>
<td>3</td>
<td>22</td>
<td>42%</td>
</tr>
<tr>
<td>Shared humanity</td>
<td>6</td>
<td>1</td>
<td>5</td>
<td>12</td>
<td>42%</td>
</tr>
<tr>
<td>Empathy for the client because God cares for the client</td>
<td>6</td>
<td>2</td>
<td>3</td>
<td>11</td>
<td>42%</td>
</tr>
<tr>
<td>Empathy for the client because God cares for the counsellor</td>
<td>3</td>
<td>0</td>
<td>5</td>
<td>8</td>
<td>33%</td>
</tr>
<tr>
<td>The counselling process is similar to the faith journey</td>
<td>0</td>
<td>5</td>
<td>6</td>
<td>11</td>
<td>33%</td>
</tr>
<tr>
<td><strong>Hindering</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Client’s actions are contrary to the counsellor’s belief system</td>
<td>10</td>
<td>5</td>
<td>0</td>
<td>15</td>
<td>50%</td>
</tr>
<tr>
<td>Limited empathy with specific populations</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>5</td>
<td>33%</td>
</tr>
<tr>
<td>Different expectations, shared religion</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>5</td>
<td>25%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>129</td>
<td>64</td>
<td>73</td>
<td>266</td>
<td></td>
</tr>
</tbody>
</table>

A description of each helping category, and then each hindering category, follows. Examples and direct quotes from participants are used to illustrate these categories. A representative proportion of examples and quotes are used to reflect the number of incidents and participants in the category.
Helping Categories

The majority of incidents fell into the helping area, which was divided into 14 categories: Relationship to faith leading directly/naturally to an empathic relationship with the client, Awareness or experience of God’s influence, Connecting to the spiritual in the counselling relationship or the client, Empathy for the client because God cares for the client, Empathy for the client because God cares for the counsellor, Shared humanity, Following Jesus’ example of empathy, Drawing on religious values of compassion, mercy, and acceptance, Similar life experiences, Sharing the Christian culture, Increased understanding of other cultures/religions/denominations, Spirituality informs ways of understanding the problem, Understanding one’s own limits and boundaries, and The counselling process is similar to the faith journey.

Relationship to Faith Leading Directly/Naturally to an Empathic Relationship with the Client

Participation rate: 83%
Incidents: 22

The natural or direct connection between the counsellor’s relationship with God and the empathic relationship with the client arises in the following ways: counsellor’s upbringing where the relationship with God and empathy for people in need were presented as inseparable; being in constant conversation with God; the relationship with God serving as a model for the relationship with client; and being accountable to God before the client, thus allowing empathy for the client to happen more easily. This category contains mostly tenets (16), and only a few specific incidents (6). For counsellors who talked about this phenomenon, it appeared to be a core belief that influences all of the counsellor’s practice.
and way of being. It was often mentioned at the beginning of the interview. Three participants spoke of one relationship naturally leading to the other in terms of there being two connections, one to the client and one to the spiritual dimension. This was referred to as a “three-way conversation”, or “a horizontal spirituality and a vertical spirituality”. The spiritual connection helped the counsellor understand the client, or connect to the client, in an empathic way. Others spoke about how a relationship with God leads naturally to an empathic relationship with the client because of how their spirituality developed their empathic growth or who they are as a person and what they do.

For me, I think to believe that my relationship is a – the natural outflow of my relationship with the God that I serve and my other relationship of – would involve conversation, would involve meditation, thinking what He would want me to do, thinking what He, what His creation is all about, but to me it’s not so much a work, it’s just a natural outflow because of a relationship.

I’ve always had a place inside of me for people who were struggling, or people who were trying to get to the next place, or needing someone to believe in them so, I don’t I don’t know if I could tell you how much of that came out of the faith experience. It was just integral to the environment that I grew up in. So I suspect that it was woven together in a way that it simply became part of who I am…you know it’s tied together. So not having been around, not having grown up in an environment where there was no religion or not any faith, I wouldn’t know what my empathy would be
like apart from it.... who I am, my personality; empathy is inseparable from faith because of upbringing.

I need to feel faith in something that is bigger, something that feels right, something that feels affirming to me, so that I can give that kind of connection to someone else.

So that's where the theology has to shape the empathy and shape the therapy so that I can engage with my client in such a way that I treat and respect her as a human being. [Empathy] has to come from somewheres, that just doesn't come out of the air. And it just doesn't come out of a manual that says, well good therapeutic strategy is empathy. There must be an integration with one's whole sense of being as well.

If you think God's all about rules, then yeah, that's probably gonna hinder your ability to empathize. But to me He's so much more about relationship. And that's I think ultimately what drives everyone in here is relationships. To put it in a nutshell, depression, marriage, anxiety, I think those have to do with relationships with other people or to yourself. And so if you have a relationship with the one who created you, who has purpose for your life, I think that automatically gives you the ability to connect with people with empathy and to have that kind of relationship that facilitates connection with other people in their lives.

I wouldn't be doing this if I didn't have faith, if I didn't have some kind of sense of being called to do this....It isn't just a thing, it's part of me, it's my attitude, my
attitude of gratitude, it's my approach, it's who I am as a person, it can't be divided into some nice neat little compartment as psychology loves to do.

Connecting to the Spiritual in the Counselling Relationship or the Client

Participation rate: 75%
Incidents: 19

This category contains incidents that are examples of or describe how empathy is a result of a sense of connection to God by the counsellor, because the counsellor sees God in: the counselling relationship (awe of the mystery of the counselling relationship; belief that God brings the client and counsellor together), or the client (clients come from the source of life; are filled with the divine; are the children of God; the unique face of God; the image of God; God is present in them; desire for change and gratitude for awareness; seeing the sacrifices clients make for their children, and clients' creative expression, as coming from God.). It appears that for some participants, empathizing with the client becomes a practice of their spirituality or worship, because they are connecting to or encountering God. As one client put it, they view the client as a "Thou", in terms of Buber's "I-Thou" relationship.

I believe that everybody is good and beautiful from the moment they step on the planet, you know, from the moment of conception. I don't believe that people come into life or come into the world or however you say that with some kind of sin or some kind of less than whole, cause they come from the source of life, which is this mystery of unconditional love. So believing that people at the core are good and beautiful and filled with the Divine at our core that we are intermingling with the
source of life. That we are one. So that’s what I believe about people and so that has
to do with my sense of acceptance of people and treasuring the mystery of who they
are.

When somebody has offered and opened up their heart it’s such an honour to be
alongside them and it is such a sacred place a meeting of hearts, and it’s in that
moment, like I said, it’s truly a sacred moment when somebody has tapped into their
deepest core of their pain and they’re sharing that and opening and trusting you. To
me I see that as the essence of empathy and the compassion of Christ.

There’s two kinds of empathies happening, one is to the person, and one is a spiritual
sort of thing that is going on as well, that kind of informs a conversation that I’ll have
with somebody... Every situation I think is enhanced – and even if people don’t
overtly come for that, and some people don’t... I think God still speaks into all of his
creation, so there will be things that I will speak into somebody’s life that I believe is
my responsibility to this other relationship that I have. ...The empathy comes in I
guess in letting people align themselves with something spiritual in their own being,
and then giving them...the opportunity to say, I want to know about that, or I don’t
want to know about that...So there is that ability to empathize with something that’s
completely unspoken in a lot of people, which is the spiritual, and address something,
and that draws things out of people that they didn’t know was there.
If they're trying, I can empathize, I can connect because they are moving towards meaning, moving towards healing, moving towards something bigger than themselves.”

My faith says there is God. My faith says that we all have souls, and we have spirits that connect. So there’s the intellectual part for you. So I already have all of that. My faith says this is an individual who is unique, and who has a unique way to be the face of God (unintelligible) and that with that, with all of those beliefs, those intellectual beliefs, and finally longing to respect the dignity and the individuality of that person, greatly assisted me in being able to empathize with this person, in order to do the work with him.

So that’s what we work at as therapists, is to help people be truly human. And I think that’s the coalescing or the coming together of spirituality and therapy and I think that’s why a lot of therapists, regardless of what their religious persuasion would be, are very open to the spirituality, because you can’t divorce the two. If we’re created in God’s image, then we will work to help people reflect God’s image. [does that impact your empathy?] Oh my it shapes the empathy. I mean, it – if somebody comes in here and sits down and they’re a scoundrel and we, you get a cross-section of society, my theology forces me not to view that person so he is a scoundrel, or scumbag but as a human being who is reflective of the image of God. Now what can I do to help that person to become more human?
Drawing on Religious Values of Compassion, Mercy, and Acceptance

Participation rate: 75%
Incidents: 17

This category contains incidents where the religious values of compassion, mercy, and being non-judgemental or accepting helped empathy in the counselling relationship. These values were acquired through asking God for compassion to overlook undesirable client variables; focusing on the individual and relationships instead of what characteristics are in accordance with one’s religious beliefs; having received the spiritual gift of mercy; holding the belief that we’re not called to change people but to love them; using a biblical story to understand and not judge a client; and having an understanding of God as compassionate. One trend observed here is that when working with Christian clients, counsellors used biblical examples of compassion, mercy, and acceptance to challenge clients’ beliefs in a judgemental God.

I do believe that depth calls for depth. And when clients know that you are there for them, they reciprocate in their desire to heal from their wounds. It is as if the fact that somebody is available to share in their known story, the result is that they so much open up. They just want to share their lives. So I experience the result of empathy not because I do it consciously, but when I see the story unfolds, the life story unfold, then people bring every single thing to the surface as far as they can do it, because they trust you. And I do believe that the end result is increased trust. And they know there’s no judgement, they know that there is no condemnation, there is no prescribing. They know there is total acceptance. When there is that kind of world
within they can function and be there in that moment, when there is total acceptance on the basis of who they are, not that because of what they’ve done, what they haven’t done, their performance, people respond, and bring their story, and they express their desire for whatever they want to do.

Anyone that I find unlikeable or difficult or resistant is it’s the compassion of God that I call upon to help me to in particular withhold any judgement and to see that this is a person who is in pain and whatever meaning there is to his or her behaviour in this particular case in his behaviour, it came from a hurt place.

That’s another, in the Psalms that carry people a lot, a lot of potential for empathy in the Psalms, you know, mad sad happy glad bad, or whatever it is, you can find something in there that for somebody’s sort of day you know… the Psalms are hugely empathic, and are a good way of introducing God's heart to people whether or not they have faith. This is a God who can hear everything. There are times that I I do that a fair bit with people. Just stories of the life of Christ and how He brought hope to people, and just, we tend to focus on the passion, his birth, but there were 30 years of a life, or 3 years at least of a calling that He connected very well with people …. This contradicts clients who say that God wouldn't want me, look what I have done and you say, well no that’s who He hung out with, actually, He didn’t hang out with religious people, He hung out with … and then that opens them up to a spirituality I think that lets them then find their way in ways that will make their life work.
And openness of mind. I think some people may think if you're a strong Christian then you have really specific ways of looking at things and that may be true but I think, nowhere in the Bible did God condemn, necessarily. If anyone He condemned it was the Pharisees, it was the people who should know better, you know? You know, so He was always compassionate and full of grace, and yeah, towards people who were struggling and confused and He was part of their journey, He met them where they were. So that's how I understand good Christians to be. And to not be close-minded, but to be open to the fact that, you know we only see part of the picture, and even then it can be sometimes foggy. Again, to trust that relationship, to trust that God will give you what you need and God will shape your perspective. And I mean I'm always changing cause the people I come in contact with challenge the way I think about things and not that I'm flip-flopping all over the place but you know, there's a certain – to have a certain set of beliefs but to be open to the fact that those will probably change as we change. Cause our moral being's constantly developing.

I was surprised by what came out as my top gift according to this survey. It was, it was mercy. Mercy is one of the spiritual gifts. ... I realized that that's what counselling is. That's why I was so successful as a parole officer. It's because it's all about mercy, it's about working with people who are emotionally distraught, who have perhaps behaved rather badly and made poor choices and are now maybe regretful maybe blaming others but the path to healing initially I think comes through
being genuine in a relationship where they can sense that mercy is available to them, despite their shortcomings, despite their poor choices.

Someone may come up with a very judgemental comment, like ‘Well, God doesn’t like what I’m doing’ or whatever, and I say ‘ok, great. Now, do you think God just wants to judge you, or do you think there’s more to it than this?’ And well, they may be having difficulties, because of course they’ve put, they’ve got their image and so they’re hounding themselves, and believing that that’s what God is doing. And so I help them to differentiate those two things and realize that God is not just a judgemental God, God of justice really, but also a God of compassion. So you look at the two sides to that equation. My clients are pretty good at the judgemental part, of judging themselves and others, especially those of a fundamentalist or right-wing conservative, so-called, perspective. If they understood the compassion of God, they probably wouldn’t come in to see me.

Following Jesus’ Example of Empathy

Participation rate: 67%

Incidents: 14

Items that fit into this category are descriptions of how counsellors find empathy for their clients by following Jesus’ example of being empathic. They describe the example of Jesus to include caring for the needy and the marginalized; not judging others; communicating dignity and hope and perceiving peoples’ needs; being authentic and
genuine; becoming human and thus experiencing every human emotion first hand, 'literal' empathy, the Incarnation; and being open-minded and meeting the people where they're at.

To those who stated this as a resource for empathy, the example of Jesus appeared to be a concrete, logical help and a guide as to how they should be as counsellors. One individual described this as a directive that shapes her life and how she chose her profession. Others used this example as an explanation for where their empathy comes from. A key factor that several participants illuminated was that they use the Incarnation as an explanation of the universality of human emotion, so that they could understand for themselves the validity of clients' feelings and therefore empathize with them and normalize them.

The tenets identify those who described this as a way of being; the incidents described how they call upon this resource when working with certain clients, particularly those who would not be easy to empathize with. Several participants stated that focusing on the compassion of Christ or Jesus' example helps them work around what would otherwise be conflicting values.

...for me religion is the Christian religion which says you got one thing, the only one thing you have to do, you have to take care of the orphans and the fatherless, the new testament way, and that means you have to care for them where they are at. It's very simplistic, but that is basically what it is....I practice it as effectively as I could by caring for the needy and for my neighbour as if it was myself that I was to care for. That's what I do.
If you think of Jesus as a therapist, and remember that He is the God that created us all and that He is a God man, so He has that human body, so He can understand, He could experience what’s in the human psyche. But at the same time He is God who He knew. So He understands perfectly the pre-fall and the post-fall predicament...so I look at the physical record of how He deals with people and we deal with people. ... All these people have sin, have fallen, have done things that are unacceptable, but He knew human nature, He knew the sin element, but He also gave them hope that that there is an upturn, you know. And He knew the words to say to them. So He saw through their needs, like the emotional needs, what they needed and that’s where it comes in. So I found that they [the physical records] are more than helpful, that’s where the basis is.

I think maybe the one thing that guides me in life ... is that you want to really live by example, right, you want to live in Christ’s image and I think that that’s sort of at the core of being true and being genuine, I mean that’s a huge part of empathy, right, is your authenticity. Who’s more authentic than Christ, I just – trying to be in His image for me means being empathic to others, being kind, showing mercy, and showing love and care and concern. That’s, I mean that’s what Christ’s whole life was about and to me that’s what yeah, we should be doing for others, right?

I think it’s [empathy] coming alongside somebody and being able to understand what they’re going through, where they’re at, being able to enter into their experience. The incarnation was a huge empathic statement. Or experience, not statement but
experience. ...The Christian story is one that God, God entered into our experience, and kind of walked where we walked, experienced what we experienced, in a way that we could really know that we were being understood. That understanding may have been there before, but I can’t say I understand until I can really enter into their experience.

So she would be the marginalized in our society, the working poor. And believe me, we are marginalizing more and more people in society. We see it through here all the time. We call it the working poor. They may have a job, they’ll be part-time, they’ll be minimum wage, and they’ll – when it comes – if they get a pension it’ll be old-age security. Their future does not look bright at all. And who would it be equivalent to in Jesus’ day, would be the poor, the lepers, they are the social lepers, like AIDS people are the lepers as well of our society today. How I find [empathy] is to look within a world view that’s born out of how I think the Bible looks at humanity. ...the final revelation of God is in Jesus. And God says who am I? This is who I am. I can’t do anything more than what you see there. Whereas the other point in that direction Jesus is the final expression of that. So as I look to that, that understanding, and at how He works in the world and I try to engage in that world view as well. So that’s theologically where I come from.

I think another piece too ... is the whole idea of understanding how much suffering Jesus went through, dying for us, how much He loved us and He ultimately knows what it’s like, to suffer, and to feel every human experience that anyone could ever
experience. He knows what it's like to feel totally rejected, to be betrayed. ... To feel anxious, to feel worried, to feel incredible sadness and pain, physically and mentally and emotionally, I think that He kind of embodied all of that. So that’s another common piece that knowing he’s been there and done that also helps me feel not alone. That experience of being able to share in that helps me I think to be able to give other people that same message that they’re not alone. Whether or not they believe in God.

They know there’s something special is sometimes the way they word it. Or something spiritual they may say, or something that is deeper, they use these different kind of terms to describe me. ... and so I know that that’s the way that I connect with people, is because of my, my spirituality, because of my depth that I have gained by being a friend. The way Jesus did.

*Spirituality Informs Ways of Understanding the Problem*

Participation rate: 58%

Incidents: 28

This category includes incidents wherein openness to spirituality opened another facet to understanding the problem, thus helping empathy with the client. Examples include being open to other, spiritual reasons for the existence of a problem, using faith as a resource to work with resistant clients; and being open to and/or addressing the spiritual side with clients, thus increasing understanding of the client’s situation.
Items which fit into this category also include all those where the counsellor's faith contributed meaning and understanding to the situations and problems of clients, thereby helping empathy towards the client. Examples include empathizing with trauma survivors because they survived, and this survival is spiritually meaningful; empathizing with a client whose wife was trying to kill him because the situation was survivable, and therefore comprehensible through the counsellor's faith; identification on a spiritual level with the client's question, "Who am I?"; and understanding in a spiritual context clients' attempts to find meaning and fulfil the need for relationship in different ways.

Where they are has made a difference in my life. You can't walk with people through their pain, I don't think, and not be touched by it or not be affected by it, or not find oneself reflecting on, you know, this eternal question of why, with them, and standing before that question, not having any answer, really, no tangible answer, always a bigger answer, that's there. We only know that it makes a difference in us, you know when you have some distance from the experience, you can see some difference in yourself, you know that like if you reflect on your own life, when we reflect on our life and our own pain, we can, we know the pain either deepens up a passion or we end up dealing with some bitterness that needs to be attended to. We can move either direction.

We have a spiritual side to us, and faith allows me to address that with people. It just opens up more doors, it's like there's a room that a lot of counsellors can't talk about, or don't want to talk about and they're afraid to talk about it. And I say no, that's a
part of a person's life, you have to talk about it. And even if they say it's not there, it's okay, you know, I will, if people come in and they have no faith or no whatever, I will say, where are things spiritually for you?...that's another whole area for just understanding where a person's coming from and what their problem is and if you don't go there, you might miss the most important piece of the issue, or the problem you know or whatever it is. So I just don't ever see it as not enhancing. If they say no, that's okay, and it may surface later, it may not, but you know I've always got one ear tuned to that maybe coming up.

It's such an interesting thing because here I worked with this woman who was sexually beaten since she was a child and she told me all about it, and no, I can't say that it didn't affect me of course it affected me, but it didn't traumatize me, cause I think I'm dealing with a woman, she survived. She's here, she's working on it, she's healing, she's part of the big picture.

So in our first session we discovered that he was a Christian cause I often will ask what is, where do you draw your strength from? ... And in the course of that I discovered that he was very angry that he had this mood disorder ... in terms of understanding him in the context as a person of faith, when life isn't fair, which it often isn't, how are we to respond to that unfairness, and I drew attention to Jesus said that we are to love our enemies. And I said, who's your enemy? And it was the mood disorder. And I said we don't choose our enemies, our enemies choose us. So I think at that level, and I think that was a, I think it's a significant turning point for
him is to begin to see that alright I either have to – if I blame it, I push it away, and I don’t deal with it. But if I treat it as something to learn to love and respect, not all okay, but to love and respect, then I can manage it.

When I see people who’ve experienced those things [drugs or prostitution or addiction], I think I’m able to empathize on a deeper level, because I interpret those things as on a couple of different levels. One is, they’ve got a hole that they’re trying to fill, that those things are not the actual problem, they’re the solution, they’re a temporary solution to the problem. And I think there’s also a spiritual component where people who have wounds or who don’t have a relationship with God, they are searching for that connection, and they often use other ways of trying to fill that need. So it helps me view that as it’s a need and a desire for relationship and connection versus just a stupid choice or you know like, or a sinful thing – a sin you know like, so often it’s just labelled as that and then the person gets thrown out with the bathwater kind of idea. But recognizing that that’s their cry for a connection for feeling loved, for feeling that they’re valuable, and that everyone has that need, and that ultimately there is one place where they can get that met.

**Similar Life Experiences**

Participation rate: 58%

Incidents: 14

This category includes incidents where participants recounted life experiences that helped them understand and, thus, empathize with similar life experiences of their clients,
where their own life experiences were connected to their faith. Examples include the counsellor understanding how God can work in clients’ lives because of her experience of Him in her life\(^1\); God giving the counsellor past experiences to allow her to empathize with clients, including hardship and relationship difficulties; the counsellor’s experience of the church giving her empathy for those struggling with the church; and the counsellors’ search for meaning and experience of guilt allowing empathy for the same in clients. The life event is not necessarily about the counsellor’s faith or religion, but the counsellor has linked the experience or the cause of the experience to their religion.

But most of us can look at our lives as being how pain has helped transform who we are. And that’s what’s happened for me, as other people are going through that in their lives, it’s like, for me, remembering means to make present, but it also helps me stay in touch with whatever the small kind of pains are that I deal with every day. You know, I say we live and we die many times every single day, so when we ultimately, what we call death, is when we’re, Dr. Kubler Ross said that often, is just another natural step in the whole process of living and dying, is that cycle. So the quality with which we deal with the deaths every day is the same way we will deal with our death in the end.

I definitely do believe that my own life path has been rocky and difficult and I believe that you know God obviously has chose it that way, in a sense, to be able, so I can do what I do now. So I have comfort in that, and that, instead of being sort of angry or upset or traumatised by sort of what I’ve been through, my faith has allowed me to

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\(^1\) The words used in the examples are those of the participants
structure it, story it in a way that I need to tell others that I can use it to have the empathy that I do now, right? In a way that I wouldn’t be able to relate to kids, you know going through some of the toughest stuff.

I guess because of the conclusions that I’ve come to about life, and the meaning of life, and the road that I’ve been on in order to get there, has been rocky, ugly, nasty, dark, all that kind of stuff, I can empathize with people who don’t have that answer yet. I think I have assumptions about human nature, I have assumptions about what the nature of someone who’s hurting, what’s going on there, what that’s all about. And most of the time, well, all the time, it’s a matter of being disconnected from themselves and and I relate to that. And I know for me, when I am that connected, no matter what that’s doing, it’s all- it’s different for everybody but when people are connected they’re happier, they’re functioning, they’re whole-er., but I can relate and I can empathize with all the stages.

And with my own process of confession, repentance, and atonement, it’s part of the liturgy I get at church each week, and part of my own life, trying to live my life along the lines of the 12 step program. I identify with clients who are experiencing that, perhaps because of my prior experience of being raised as a Christian where you have the 4 spiritual laws that somehow influence how you live your life and how you see things.
There's also been other - I guess this is somewhat removed but still relates to my belief in God but him allowing certain things in my own life that I've gone through. Things I would never choose but have been thrown my way, so I'm like, wow this is what it feels like to experience more this hard side of life. And working through that I think has also given me a new appreciation for where clients are at in that whole other level of empathy that I never knew existed for them. So it's not this, it was I think, it was the experience but it wasn't just the experience it was my interpretation of what I made of that experience, which was directly related to my faith that affected my ability to empathize with clients who had been through similar experiences.

Sharing the Christian Culture

Participation rate: 58%

Incidents: 28

This category includes general and specific incidents where common Christian culture facilitated empathy between client and counsellor. There are no tenets because of the nature of the category; participants statements only applied to working with Christian clients. The 7 general statements were those where participants explained how working with Christian clients has been easier without describing a specific incident. Examples where common Christian culture helped empathy include: having had experiences or exposure to the church and Christian issues and debates, thus reducing transference and increasing understanding of the client’s problem when it involves the same; being open to Christian expressions the client makes; viewing Christians as a minority culture at risk of misjudgement through personal experiences as a Christian; understanding faith-based
problems; and being able to use Biblical stories in counselling to normalize, relate to, and empathize with clients. One participant gave a very high number of specific incidents for this category which increased the frequency rate compared to the participant rate.

So being able to hold that and hear her hurt about it, without it totally affecting me or making me angry at God, at the church myself. I was able- you know, because once your own feelings I think start to really interfere that interferes with your ability to provide your client with empathy, you know, starting to question or doubt. But for me, I think I’ve already worked through some of those issues because this is the faith that I’ve held onto for so long in my life, I’ve already had to work through that stuff.

One circumstance that has come up a few times with clients is that they work their 12 step programs, and when they get to the steps where they’re reflecting on God and what is God, and a higher power, and I’m amazed how many become Christians. It’s phenomenal, really, that there is just so much in the way of – you know, when you start to obey the teachings of Christ, it’s amazing how the path leads you right to him. It opens up the door to be able to talk about my own experiences of faith, and some of my own challenges. That’s one nice thing about my job, is I can be quite real with my clients....of course you wouldn’t proselytize or try to influence people’s beliefs, but there’s maybe a bit more safety to talk about spirituality when you work in addictions, because it’s such a big part of the 12 step program ... counselling does involve self-disclosure, so once a client tells me that they’re a Christian, I feel quite comfortable telling them that I am too. And I may share details about my experiences.
I might mention something that I believe for the sake of just them being clear on where I'm coming from.

An older lady that I had the privilege of meeting, she happened also to be a Christian which was neat, because then we could integrate that into the sessions and talk really openly about her disappointment with God, her experience of God, I was able to encourage her and challenge her and I think understand her on a deeper level because we shared that spiritual connection ....we formed a really strong relationship that I think was a big piece of her healing and processing.

I guess the empathy wanting, feeling for this Christian family struggling with a you know, how do you talk about this even with your pastor, how do you talk about this with your friends, “yes, our daughter wants to be a man” you know, you know, I can just imagine the reaction in a straight-laced evangelical church. “Oh, we’ll pray for you”. What else do you say, I wouldn’t know what to say. So they need someone who understands about the issue who shares their faith perspective who can walk them through you know, help them sort through this issue in a way that it helps them maintain relationship and also remain faithful to their belief system, and I helped them do that. And that’s, I think that’s about empathy as well. Is walking with your clients through a difficult situation, being able to appreciate and understand the depth of their confusion and and being an agent for help, an agent for, you know a workable solution.
... so that's part of the power of Christian counselling is that there are always, you can always find examples in scripture that are, that are parallel, and I think that's part of showing empathy at least in Christian counselling is is drawing upon the rich traditions of our faith history, to say “others have walked where you walked” and you and I are walking this way together, and we have this guide in front of us of how Godly men before you dealt with this situation.

*Increased Understanding of Other Cultures/Religions/Denominations*

Participation rate: 58%

Incidents: 13

In this category are incidents where the counsellor’s religion contributes greater understanding of other cultures, religions, or denominations. These fell into two main sub categories:

- empathizing with those of other cultures, religions, or denominations because of what is held in common with the Christian culture (knowledge of one’s own culture with special protected beliefs and ideas that differ from the norm enhancing understanding of other cultures with those characteristics; and having experienced struggles that Christians face against mainstream culture which are in common with other religions);

- empathizing with those of other cultures, religions, or denominations because of the Christian beliefs leading to increased respect of difference (God’s model of free will, God making people different, exposure to other cultures through missionary work).
Christ says the truth will set you free and you will be free indeed so regardless if a person has a religious background or not, truth is truth, and God operates in that place of truth because He is truth, so something divine happens whether a person acknowledges for themself Christ or not. It’s wonderful to work with Christian clients because we can speak to that, but it’s definitely evident even in you know even with somebody who is a non-believer.

I think it helps just coming from a culture that is different, that has some special customs, perhaps has some special protected beliefs, and some ideas that would be different from the norm. I think that is helpful in understanding any other culture, I really do.

I realized how incredibly useful my own religious foundation was in terms of being able to facilitate this confessional process of the 12 steps. Suddenly I started to see the value in religious ideas I had perhaps put on the back burner. And I also saw what it is about my old religious background that was the active ingredient in it, in terms of when peoples’ lives did change at our church. Chances are they were doing something to the effect of these 12 steps even if they didn’t know about the steps. Sometimes it’s not about feelings, sometimes it’s about actions, it’s about sin, so to speak. People can make horrible decisions and wind up with dire consequences for themselves or others. And maybe to deny that those consequences are there. And sometimes I think it can be empathic, this is where it helps, I think, is that sometimes people want to talk about how they feel about things that they’ve done. And when I
was drawing on my religious background, I could be quite useful and helpful with that.

Referring to a client who used Christian fundamentalist language, which differed from the language of the counsellor:

So do you think there's a connection there? Was I empathetic? The answer is yes. Again, I don't really belong to her way of framing faith, but that's irrelevant. The bottom line is God. Cause God uses all kinds of different ways to express, to worship, and to connect with people, with others. So I can be empathetic and understand that that's her language and that's the way she frames it, even though I don't share that with her. I don't have to convert myself or change who I am or how I function or the kind of individual I am in order to be empathetic to work with her. Cause I'm different and that's good. Not to judge that or to question that, just to recognize that God's a lot bigger than I am.

*Understanding One's Own Limits and Boundaries*

Participation rate: 50%

Incidents: 23

This category contains 12 specific incidents, 6 general incidents, and 5 tenets where the counsellor's faith frees the counsellor from feeling responsible for the client and enforces healthy boundaries in the counselling relationship. Mechanisms of this phenomenon are: prayer asking God for help, or to watch over the client; the acknowledgement that the counsellor is powerless over life events; the example that Jesus said to share the message
once and if people don’t hear, move on to the next village; the experience of belief in God as grounding; trusting that God empowers clients to know what they need; and knowing where one ends through knowledge of God. Also included are incidents around hope, because participants reported that hope that God could make changes in clients’ lives helped the counsellor to invest in empathy for clients in situations that they otherwise would feel hopeless about and unable to invest in.

I think that given the nature of the work I do, there’s always the potential for burnout, and I’ve never been there, and I count my blessing for that. And I think the reason for that is because I have a place where I can lift my burdens to. I don’t have to keep them all piled on my back and that allows me to be present and be appropriate with our clients, and I think that’s what empathy is. ...I think that that’s where things like prayer, things like having a spiritual grounding, is what helps me to maintain all that.

What did He say, go into the village, tell them your story, if they don’t listen, leave. Once you’ve shot your wad, once you’ve done your bit, you can’t do anything more, and that’s therapeutically, that helps me to recognize that no matter how well I do in this, I have limitations as a counsellor. You as a therapist might be able to make a connection with that person much more effectively than I can. Or be the next step on the journey because remember, all we are like subway station stops along the person’s journey. So I may have introduced the idea of change, you meet with that person a year down the road, and you will be able to work at change with them. So there is a
not only a lateral but a longitudinal journey of change for people, and we're just—we're just a link in that chain.

...my belief in God and my belief that He cares so deeply for people it helps me. In some ways it also frees me to be okay with being an observer of their journey. I'm part of their journey somewhat, but it's very easy as a counsellor to get sucked into the think—I want to make the changes happen here so the stuff that needs to change or things would be so wonderful for them but to allow them to have that journey on their own in some ways, to think I'm not it for them, I'm not the one person who has to save everything, I'm just one piece of their life, one part of their journey, that will hopefully encourage them, help them through. So it relieves me of that pressure that sometimes I can get, of feeling like, this needs to happen, I want to make to make it happen. The belief that God's in control, I guess, yeah, that's more more specifically means that ultimately, He's the one who has the biggest influence on people. In some way, one way that I could think of it is my, in terms of my relationship with God I'm just in some way a conduit or a tool, that He can use to work through.

And then the thing that I think benefits my my process as a counsellor and hopefully my clients is I also pray a lot for them. That's one of the reasons sometimes like even after a session on my way home, I'll just kind of say, hey God, this is this is my client's situation. I pray that you be with them or provide a miracle or whatever the case may be but it helps me let go of some of that responsibility that can get in the
way of my empathy, so that process helps and I can think of a lot of clients that I’ve been doing that for.

_Awareness or Experience of God’s Influence_

Participation rate: 42%

Incidents: 22

There are two major sub groupings of items in this category: incidents where the participant reports experiencing God’s intervention directly in the counselling session (micro-level); and incidents or tenets where the participant reports a general or constant awareness of God’s influence (macro-level). These are incidents where the counsellor sensed God working in the session by speaking a thought; conducting an intervention or self-disclosure that came from God; listening to God in the session; use of prayer with or without clients, where the outcome of prayer was to move through stuck moments, facilitate sharing of the problem, or speak therapeutically; and ability to be vulnerable with the client knowing that God is in the room. Also included here are tenets where the counsellor’s empathy comes directly from God. Finally, instances are included where God gives the counsellor hope for the client, thereby helping the counsellor to empathize.

Participants who spoke of incidents which fit into this category gave multiple examples, leading to a high frequency in relation to the participation rate.

It’s all the time for me where I will call on the work of the Holy Spirit in me to give me insight, to help me see something that doesn’t fit, and God has gifted me in with the gift of discernment and often I can go right to the core of you know what’s going
on, let’s peel back and let’s go right to the core of the bottom line and that I have to say is clearly because of my walk with Christ. That’s not something I’ve learned in coursework.

...things I could have never guessed or imagined, but listening to that other voice that knew this person, and that God in his compassion really understood his pain in trying to live, and somehow I knew that then. It was knowledge that I had, that I could offer.

I feel there’s sometimes where I’m very cognizant in session where I’ll pray for God’s presence you know, to be part of the session, sitting in that chair (pointing) kind of idea.

*Shared Humanity*

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In this category are incidents where the counsellor’s empathy for the client is helped because the counsellor holds the religious belief that they are both the same in some way. Examples of incidents in this category include: knowing the client through knowing God because of the belief that we are all created in the same image and thus are similar; believing we have the same creator allows knowledge of the client’s predicament; believing that we all make mistakes due to our sinful natures; all people experience brokenness; and all people are inherently fallen. This knowledge contributes to empathy by feeling able to understand the other’s perspective because it is more similar to one’s own.
I know who I am. And in knowing myself, I’m just as human as the person next door, or just as human as the murderer or the rapist or the abuser. It’s the only thing that makes the difference between them and me; the only thing that differs between me and the other person is the fact that I know I’m forgiven. That’s the only difference. I am no better, I have nothing that I can pride myself in - there’s nothing.

I find, the more you understand self, you could more empathize with other peoples’ weaknesses, or strengths, although they may be different from yours’. But the feeling of being weak or that the emotional impact of one’s experience, I mean it’s that, there’s similarity, cause I think human nature is across the book the same because it’s creator is the same….So your attitude is less judgemental. You have to work at judgemental thing, you know, judgement, because it, you know, we’re so quick to judge other people. And I think that stops empathy.

We’re all broken people. And understanding that, I think being, like that bumper sticker, we’re not perfect, we’re forgiven, that kind of concept. And that reminder that we need to be humble, that this isn’t about saying, “I’ve got the answer, here you go”. It’s about, I was broken, I found a way to fill that hole, you’re broken, let me help you in that journey….But we still share a sense of brokenness cause we’re all broken in some respects….And so I think my faith helps me to relate and to have empathy because of that underlying belief and understanding that we share, we share the same experience on a certain level.
Well, I think in a way a Christian knows more about empathy than anyone else. Because we recognize our inherent fallenness, and we are a redeemed people, and we know where we have come from. And it’s that knowledge that we aren’t, you know, holier than thou or better than other people, I certainly don’t think I am, I still have temptations, I still sin. To be intimately conscious of one’s own inadequacy, I think, allows one to be empathic towards those who have also failed and made poor choices in their lives. And I think that’s why I got along so well with the murderers and rapists and bank robbers because I, I didn’t treat them as second-class citizens compared to me… I treated them as people who are trying to make a go of being a better citizen than they were in the past and my job is to help them and to walk, walk with them on that path toward normalcy I guess.

*Empathy for the Client Because God Cares for the Client*

Participation rate: 42%

Incidents: 11

This category includes incidents that describe any form of knowledge that God cares for the counsellor’s clients, either specific clients or generally. Examples include God’s grace extending to rapists and “unlikable clients”; knowledge that God cares for creation and His universe leading to a logical empathy; hoping for client change because God created them for a purpose; and empathizing for clients because God feels and wants to heal their pain. This instils in the counsellor a respect and awe that encourages them to invest in the client and empathize with their struggle. In several instances this rationale served as an explanation of
how counsellors were able to empathize for clients with whom they would have otherwise had great difficulty, clients who, apart from God, would not be cared for by anybody. This belief that God cares for the client helps the counsellor see intrinsic value in the client, and to keep the counsellor’s personal reactions in check.

The logical impact of spiritual beliefs is a powerful motivator for experiencing empathy in counselling. One interviewee discussed the reason she was able to work with very difficult individuals:

One client that I worked with was a child molester. The impact of his actions absolutely abhorred me. His actions caused me to want to vomit. I counselled the girl whom he molested prior to seeing him. It was only my relationship with God the Father and Christ that made it possible for me to see him and work with him. If I didn’t have that kind of relationship, I think it was impossible for me to work with him. But I understood that Christ died for this man as well, and because of the grace that was extended to him, through Christ, it became possible for me to work with the molester. So, all in all the experience became a positive experience.... I would think that to me those – rapists, working with rapists, that always makes it easier for me to work with them. Because I can understand from my perspective, well, they were worthy of a death.

If a person comes and falls into the category of people that you kind of dislike them, the way that they talk or the language they use or that kind of thing, that might be a little difficult, and I have to I think remember all the time you know, it’s God created
him or her as well, and then if God can have hope and using love with those people I have to just - and that's where God comes in for me too, you know. Yeah, I think that would be difficult.

There hasn't been anyone in all this work – and I don't know if it's because I predominately work with youth, and I see so much potential in youth, but, for the most part, no there is something likable and amazing and redeeming about every single kid I see. And maybe that's maybe that is partly because of my faith, because I know that each and every one of those chosen created by God, each and every one of them are completely special, unique, and wonderful in God's eyes . . . I guess I've been fortunate in who I have been able to see, and maybe it is my faith that helps me to think that you know, each and every person is here for a reason. Every single person has a meaning and purpose to be here.

I believe that as much as I can care about the person because they have value just for who they are, whatever they're going through, I also come into a conversation knowing God cares more about them. So there's that sense of listening as carefully to that other voice . . . and that other voice that knows them better than I know them.
Empathy for the Client Because God Cares for the Counsellor

Participation rate: 33%

Incidents: 8

This category contains 5 tenets and 3 specific incidents where the counsellor found empathy for a client because God extended empathy to him or her. Examples include: Jesus dying for them, God available in a moment of need, knowing they are forgiven, God not giving up on them, God listening to their prayers and helping them on their faith journey, and unconditional love. The counsellors were motivated to pass on this empathy to the client, or were simply able to because they felt they had experienced what the ideal of empathy in terms of unconditional love/acceptance should look like.

The only reason why I can be there for them in their moment, is because I know that in my moment of need, my God was available for me.

So how that affects my I think sense of empathy...I think knowing that someone empathizes with me, has made such a sacrifice, I mean isn’t that – I don’t know – is that empathy? Yeah, yeah...a huge sacrifice. That’s probably completely empathy based, right? I think it gives me sort of the strength and the courage and the affirmation to empathize with others. Definitely.

What did I do for him? I listened to him. There’s nothing magical, or profound, that I’d put out a video on therapy, but I gave him an ear...And the empathetic thing is, come sit down, take a load off your mind. ... I guess it always comes out of story,
doesn’t it, because somewheres along my own faith journey, I was rescued. And the whole aspect of prayer, you mumble words, blah blah blah blah... and God is the great listener, He answered prayers, the listening God. ... But it’s good to know that somebody eternal is listening to us. And that does something to us at a spiritual level and oftentimes at a very emotional level as well. It encourages me as a counsellor that that’s at least what I could do, if somebody—as grand a concept as God is—or another human being is able to give me their ears...we pass it on. And hopefully, he will be able to pass it on as well.

It’s like my relationship to God helps me facilitate connection and relationship with other clients, with couples particularly. Because I’ve had a taste of what that’s supposed to be like, that kind of unconditional love, that kind of, no matter how I feel or what I’m doing, I’m convinced that I’m loved, and to be able to give that to clients that no matter what they do, I’m still on the side of the marriage, don’t take sides, but you know like that I still respect them and give them the gift of active listening and that sort of thing and help them express that. Help them get to what’s really important.

*The Counselling Process is Similar to the Faith Journey*

Participation rate: 33%

Incidents: 11

This category includes those incidents where the participant reports that empathy arises out of the fact that the counselling process is similar to the faith journey. General
phenomena and tenets are included here, but no specific incidents, because of the nature of the category: items here are comments on the counselling process, not any specific incident of the process. Examples of incidents that were included in this category are: using moments of silence to convey empathy as when waiting on God; viewing the counselling process as a search for meaning which also occurs as the central focus of one’s faith; seeing a correlation between the counsellor’s faith and the purpose of counselling; and viewing the recovery from addictions as a long hard journey similar to that of the counsellor’s own spiritual road.

I think the helping professions are very much what God is about. I mean I think the whole story of the Incarnation is God helping us out because we couldn’t help ourselves, and people come to counsellors because they need someone to help them out because they couldn’t help themselves. So I think counselling is one of those professions that I think parallels faith. You need the client to have faith in the counsellor in order for them to unload their stuff or to look for help or to be vulnerable themselves. I think faith is like that.

I guess when I think to myself what is the meaning of life. After all the searching and all the counselling and all the everything, the only answer I come up with is life is to be lived the best way we can, because we don’t really know what the meaning of life is. All we can do is live it in a way that feels authentic and real and alive. And if I was to say, the way God created us, like the purpose for our creation in general, for me is just to live. And so when I think okay well how do I want to live, what to me is
authentic and real and alive, it's working with people to become that way. It's sort of making my life all about being alive.

People in recovery from addictions are walking on a long slow painful road, and I guess for me that's what my spiritual walk is, has also been like a long slow painful road with lots of unexpected detours. I can really empathize with their – the marathon aspect of recovery.

Hindering Categories

Four participants stated that there was no way in which their religious or spiritual beliefs hindered empathy because they viewed their faith as synonymous with empathy, intrinsic to it. The other eight participants perceived some aspects of their religion or spirituality that under certain circumstances led to hindered empathy. No participant gave a tenet, or a way in which religion or spirituality always hindered empathy. Specific and general hindering incidents were grouped into the following three categories: client's actions are contrary to the counsellor's belief system; limited empathy with specific populations; and different expectations, shared religion.

*Client's Actions are Contrary to the Counsellor's Belief System*

Participation rate: 50%

Incidents: 15

This category includes specific and general incidents but no tenets where empathy was hindered because the client's actions contradicted the counsellor's belief system. These
actions were either manifest in the clients' lives or were actions, beliefs, or values that adversely impacted the counselling relationship. Examples include: not being able to empathize with a client who had no faith; not being able to empathize with a client who was going to make a decision that is against the counsellor's spiritual beliefs; and empathy hindered by the client's actions of harming others which went against a spiritual belief.

In some of the incidents that are in this category, a lack of empathy is helpful for the counselling process because the use of empathy would not be appropriate for the therapy process. Instead, the counsellor felt the need to challenge the client's behaviour or thinking in order to help them move forward. Examples are where the counsellor feels the need to challenge a client's judgement towards self and others, challenge a client's harmful behaviour or a client's wish to engage in harmful behaviour, or challenge a client who is blaming others to take responsibility for their situation. One participant illustrated this as follows:

Maybe it's the nature of addictions counselling too that it's kind of... not that we aren't empathic, but that we're maybe more than other counsellors reading between the lines, because clients can be so slippery. So there's a lot of challenging in addictions counselling.

In a few instances, the values conflict meant that the counsellor was not able to work with the client. Examples include the client being manipulative, or wanting acceptance of polygamous situations.

Two participants identified a hindrance to empathy as occurring when clients wanted them to take on a role they were not willing to adopt, because it went against their spiritual beliefs. The clients wanted to elevate the counsellor to a position of telling them what to do.
The counsellors could not do this not only because that did not agree with their model of counselling, but because of the belief that only God/Jesus is the ultimate answer, or that the “eternal truth” holds the answers.

I cannot work with people who don’t want to take accountability for their own story. Because I am not an advisor. I cannot give answers, I can only participate in the collaborative therapeutic conversation. ... when a person wants the outcomes of the story to be determined by the counsellor, it is then that I refuse to participate. I don’t have or can not create the right answers. I cannot say to the client what the outcomes would be because I don’t know.”... I am not to lead the way. I am there to help them to unlock on their own, the truth. Which is, ultimately I believe, to be found in the One who created them.

People who maybe have a different concept of counselling, or their desires for counselling are different. I like to work towards some progress or measure some progress and probably I have difficulty, you know, perhaps more with people who maybe don’t want, that have different needs in the counselling process. I try to respect that they’re in their journey....It’s if you’re coming to counselling because you want me to give you the answers. That’s the kind of stuff. Or you want me to fix your child. That’s the different concept of counselling. Again we get back into that power position where you’re elevating me in a place I will not go.... I don’t have that authority. I don’t have that right. So it comes from a place of common respect, but also the best thing that I can do is lead them to who I believe is the answer of all
answers is Christ. So even to help them, even if they’re a non-believer, to tap into something greater than themselves, a greater source of wisdom and power. Certainly not me.

When someone is judging themselves or someone else, I find myself moving into a different, almost a challenging stance instead of an empathetic stance. . . . I’m not aware of the empathy, I’m more aware of invitation to challenges; to see if the person can begin to hear what’s happening for them. Cause it’s easy to get stuck in a place like that. And lose touch with oneself . . . . I think I learned as a little tiny person, it didn’t do any good to focus the blame or anything on any of my siblings, that was one place I learned that. Now, another place is simply my understanding of the word as I read it and pray. I mean that was the message of Jesus. Really clear, this not being judgemental. One of the most devastating things you can do to yourself or anybody else is stand in judgement. It’s probably very hard for us to learn not to do that with ourselves.

I had a male client one time who was cheating on his girlfriend with another woman, and stringing them both along. . . . I guess I have rules in my spiritual beliefs, and one of the rules is, thou shalt not hurt people, that one was pretty drilled into me growing up, the golden rule and all that kind of stuff. That is not okay for people. And when I hear that someone is being hurtful and they know they’re being hurtful, and they’re not really doing a heck of a lot to stop, I begin to withdraw my empathy, because I don’t want to empathize with that.
Woe to those who call ... evil good and good evil. You know he was basically justifying his conduct as a reasonable response to his perception of a provocative sexual behaviour on his daughter’s part. Doesn’t matter even if she did, he was her father; he had a duty to being true to his role. Plus I don’t believe it in the first place - I mean that a common rationalization of sex offenders is to wilfully misinterpret other people’s behaviour to justify. ... I think we’re called to rebuke. There’s not much room in rebuking for empathy. And the scripture is written for instruction or rebuking. That’s what it says.

_Limited Empathy with Specific Populations_

Participation rate: 33%

Incidents: 5

This category includes 5 concrete hindrances to working with client populations or problems because of faith or religious beliefs. They are mostly general incidents, because they apply to a population group; the exception is where the incident applies to a population group but the participant was able to give a specific example. They include limitations to scope of practice as being informed by God’s plan (not working with people in crisis mode); experiencing prejudice against other religious groups that are legalistic because of the counsellor’s own negative experience of legalism in her religious background, and not being able to empathize with client problems that the counsellor has not come to an understanding of in the context of her faith.
Probably just my own selfish nature to be honest, hmm, can I have compassion for that population [people in crisis mode]? Absolutely. Can I be effective? Absolutely. But again, it doesn’t, It’s typically not the population that comes through my doors and again I just as soon, I have concluded that it’s not, it’s not part of God using me and His plan….I don’t beat myself up for it, I don’t try to overcome it, I don’t, you know, it just is perhaps a limitation, but it’s one I’m quite happy to live with….I’m not the most effective I believe to help. And probably even to empathize cause I find, I find it pushes my buttons and then I’m constantly working on pushing them, looking after myself in the process, and measuring my effectiveness.

I’ve had people phone and say, I’m having sexual problems, can I come talk to you about it, and I said no. , and it’s not that that’s outside my realm, you know, but there’s something about it that I think, it also enters into something that feels unknown and something that feels outside my comfort zone. I’m afraid that if I hear about it so much, it will affect how I feel about my own sexuality. Probably because I haven’t linked faith terribly much to my own sexuality. If I was to say, you know, have some belief system, no matter what happens, no matter what I do, it’s all, you know God’s plan or whatever, maybe I could, but I haven’t done that linking either. So I think it’s probably just pockets where I really haven’t delved into what I believe about this particular thing. Do I have a faith system about this particular thing? And if I hit that pocket with a client, I ‘m not comfortable about it. Because to me, it’s the unknown, and I become vulnerable, and I become open to feeling traumatized and horrified and not being prepared for it.
I think I blamed – it was hard for me not to think that her vagueness was somehow related to the teachings of Jehovah’s Witnesses. I may have blamed what I perceive to be that legalistic sect unduly. There may have been other things that contributed to her vagueness. I think I had a stereotypical reaction to her religion when in fact they may have been completely supportive. My countertransference is twofold: thinking that my Christian path is better than theirs, that we’re not so legalistic, we have more grace, and that I may prejudge Jehovah’s Witness experiences, and stereotype them. It was a reaction to legalistic system. I was very ready to see those kinds of problems because of my own legalistic experiences coming from a legalistic background.

_Different Expectations, Shared Religion_

Participation rate: 25%

Incidents: 5

This category contains incidents where empathy was hindered with clients who share the same faith as the counsellor. In most instances, common faith led to higher expectations on the part of the counsellor which resulted in hindered empathy when the client did not meet those faith-based expectations. Examples include a counsellor expecting a client mother to be repentant, expecting a client father to be kinder, the assumption that a client will have a similar view on a religious issue as the counsellor; and frustration with Christian clients who avoid responsibility by ‘spiritualizing’ everything.
... she didn’t believe in divorce because she attended a very legalistic evangelical church ... where divorce was absolutely forbidden. And rather than exploring her feelings of guilt and shame, where that came from, in that moment, I think I reacted in outrage over the legalism of this church she had been to, and I really encouraged her to check out some conservative churches here and assured her that she’d probably find that many of them were quite okay with divorce. ... I realized I probably, that probably wasn’t the tack to take with her in that moment. She probably needed to explore instead the feelings of guilt around her failed marriage, because I think she was taking on a lot of responsibility for a situation that was unworkable. I may have crossed a boundary. Spirituality is such a sensitive area, because if you suggest perhaps that a certain spiritual idea is not necessarily so, then it’s almost like you’re going against the very grain of their idea of what is right and wrong, and God, and all those things. And who are you little college girl to question God? And I think I might have lost her trust that way. I think I may have reacted from a place of counter transference there And it may have been a bit too immediate in that reaction, rather than taking the time to really explore some of the guilt and fear that she had about being alone.

The other one [client I have a hard time empathizing with] is the Christian who comes in as a client and spiritualizes everything away. Oh this must be God’s will, you know like that, that kind of a thing. And in a way, God becomes, or the Devil becomes convenient allies ... We are responsible in terms of, if anybody’s going to make a
change it's going to have to be me because I'm not going to change the rest of the world.
CHAPTER V - DISCUSSION

Overview

I will discuss the categories presented in the results section in light of the relevant literature. I will also summarize the findings and relate them to aspects of the literature review. Those categories which are not supported by the literature will demonstrate implications for further research. Implications of the findings of this study for practice will also be outlined, as well as limitations of the study.

Theoretical Validation of the Categories

There is a dearth of literature connecting religious values or concepts directly to empathy, but literature describing the impact of religious values or concepts on the counselling relationship or outcome does exist and will be included here with the assumption that, since empathy and therapeutic alliance are key to successful counselling, these studies are applicable to empathy to varying degrees. Categories are grouped according to support by the literature; the first group contains 10 categories which are empirically validated by the literature; the second group is composed of 5 categories which are supported by commentaries or books in the literature but not empirically; and the third group contains 2 categories for which no support could be found in the literature.

Categories Validated by Empirical Literature

*Shared Humanity*

A key aspect of this category was awareness of one's own faults and shortcomings in order to understand and empathize in spite of the faults of clients. Self-awareness as an
important counsellor attribute is discussed in the literature by Case and McMinn (2001) and Jennings and Skovholt (1999), among others.

Vontress stresses that to be aware of one's own mortality and the inevitability of death and to see that in a client is in itself empathy (Epp, 1998). It has been noted that other religions also view knowledge of a shared mortality with another as contributing to compassion, which is closely related to empathy. The following quote comes from the Tibetan Buddhist tradition: “Ask yourself these two questions: Do I remember at every moment that I am dying, and everyone and everything else is, and so treat all beings at all times with compassion?” (Sogyal, 2002, 27). Therefore, connecting to the client on the basis that we all have a common end due to our shared humanity facilitates empathy. Through his experience working across cultures, Vontress (1979) made the argument years ago that "helping professionals should discontinue their preoccupation with analyzing cultural differences and concentrate instead on the commonality of people. Individuals, regardless of their race, ethnic background, or culture, are more alike than they are dissimilar" (p. 117).

This is representative of the field of cross-cultural psychology, which argues that basic psychological processes are identical among cultures, in contrast to cultural psychology, which investigates cultural differences in psychological processes. There is merit in both approaches; what is clear is that the counsellors in this study found it beneficial to focus on what they shared in common with their clients for experiencing and conveying empathy to the client.

Authenticity and honesty were discussed by participants as ways they could acknowledge their own shortcomings and be real in the counselling relationship, and connect with clients. Jennings and Skovholt's (1999) research on master therapists showed that they
self-describe as congruent, authentic, and honest, and appear to strike a healthy balance between confidence and humility.

**Understanding One's Own Limits and Boundaries**

Many participants who talked about increased understanding and empathy for others expressed as their rationale that: they themselves do not hold the truth or have the answers, trusting that the client knows what they need, that God will impact the client's life, work through the counsellor, or that the counsellor can only do so much. These views are consistent with the quest orientation which is characterized by the realization that one does not know, and will never know, the final truth. An empirical study by Batson et al. (1999) found that participants who had a quest orientation were more likely to help others regardless of values, and more likely to help those with different values than those who scored higher on an intrinsic scale.

Barness (2002), speaking out of the Christian tradition, explains that,

As we enter into the unknowable regions of the patient’s internal world, surrender to the terror of not-knowing, we often unexpectedly find ourselves at the abyss with little left but faith. In order to know we must not know, in order to find ourselves we must lose ourselves, in order to experience we must forfeit explanation. It is in this space that the potential for something other than ourselves – the transcendent revelation of God – can be experienced.

This experience of letting go is one reflected in the comments of participants’ incidents which fit into this category.
Serenity is a term which the psychological literature describes as inner peace in the face of external or difficult circumstances, and is also characterized by feelings of gratitude, contentment, and affection for others (Connors, Toscova, & Tonigan, 1999). As a therapist quality, serenity impacts empathy, acceptance, and tolerance, and detachment from needing to control outcomes, events, or others (ibid). This detachment, again, is represented in the incidents in this category.

A study done on the spiritual coping and well-functioning among psychologists (Case & McMinn, 2001) found that religious psychologists tend to use spiritually-oriented means of coping and specifically spiritual practices as the most important coping methods (e.g., prayer or meditation). This result supports the finding in this study that counsellors used prayer to cope with concern or feelings of responsibility in order to be freed up to empathize with their client, without getting too close to the client’s problem.

**Awareness or Experience of God’s Influence**

The belief that God can enlighten and guide people is a widespread religious belief. Richards and Bergin (1997) termed the influence of this belief on empathy in the therapeutic relationship *meta-empathy*. They define this term as “an openness to inspirational impressions that convey spiritual insights or convictions about the individual that differ from ordinary diagnostic categories or treatment ‘hunches’” (p. 136). Part of achieving meta-empathy involves prayer and reflection, as was described in some of the incidents which fit into this category.

Events similar to participant reports in this category were also reported by Richards and Bergin (1997) as coming from their own experience and, as cited by Richards and Bergin
in support of the phenomenon of meta-empathy, from an example taken from a qualitative study of experienced Mormon therapists by Chamberlain, Richards, and Scharman (1996).

Houston, Bufford, and Johnson (1999) found in a study of 164 Christian psychologists that the highest rated significant factor in Christian counselling is the belief that God is the primary healer and the counsellor is his agent. Another highly rated item was the presence and activity of the Holy Spirit. These findings provide support for the significance of being aware of or experiencing God’s influence in counselling.

Hope in the client’s ability to change strengthens the working alliance and is a quality possessed by master therapists (Jennings & Skovholt, 1999). Yahne and William (1999) also discuss the importance of hope from a spiritual source in helping the therapeutic process. Several of the incidents in this category included descriptions of counsellors experiencing hope from God for the client which, in turn, helped empathy.

**Similar Life Experiences**

Research on what highly experienced, well-regarded therapists share in common as successful contributions to therapy yielded the category of accumulated experience as a major resource (Jennings & Skovholt, 1999). These therapists also reported that having suffered emotional wounds seemed to increase therapists’ sensitivity and compassion to others. This empirical connection between experience and empathy lends support to the rigour of this category.
Increased Understanding of Other Cultures/Religions/Denominations

Fuertes and Brobst (2002) found an empirical connection between cultural awareness/beliefs/knowledge and empathy as rated by therapy clients who were also counselling graduate students. Understanding other cultures clearly helps empathy with clients from other cultures.

Empathy for the Client Because God Cares for the Client/Connecting to the Spiritual in the Counselling Relationship or the Client

Although distinct according to the way these categories were represented by incidents, they are grouped together here because in the literature the underlying constructs of these two categories are very closely related.

In his review of studies on effective therapy, Patterson (1984) observed that respect for the client is seen as an important covariant with empathy in positively impacting therapy outcomes. Strupp (1978) states that a reverence for life, leading to the principal ingredient of compassion and the experience of empathy, are qualities that distinguish the good therapist.

Participants who endorsed this category talked about a reverence for the client, where the client actually displayed the "face of God", which helped their empathy for the client. The tradition of contemplative spirituality when combined with psychology also leads to the belief that clients become more "Christ-like" during therapy whether Christian or not. (Sartor, 2003). That is, the clients are more likely to exude characteristics which are associated with Christ. This observation in the literature supports what several participants noted in interviews, that clients are "children of God", the "imago Dei", and that the therapist
is invested in counselling and in empathizing with the client in order to help them better reflect God’s image.

**Hindering**

*Client’s Actions are Contrary to the Counsellor’s Belief System/ Limited Empathy with Certain Populations*

Batson et al. (1999) found that those who had an intrinsic approach to their religion (meaning that their primary motive is in religion, and they live their religion as an end in itself) were less likely to help others achieve goals contradictory to their values. While the religious orientation of participants in this thesis study was not measured, nearly all participants who reported the incidents that fell into these categories reported that their spiritual beliefs were of primary importance and served as their guide to living, which suggests some degree of intrinsic orientation.

**Different Expectations, Shared Religion**

Therapists have rated greater client improvement when their client was less theologically conservative at pre-testing or had religious values or a religious orientation that converged toward the therapist’s religious values or religious orientation, respectively. Religious values convergence between counsellor and client has been shown elsewhere to relate to successful outcome more so than non-religious values convergence (Koehler, 1983). This indicates that a similarity of religious values within the Christian faith is useful for successful therapy and therefore likely for successful empathy as well. Clients have also rated therapy outcome more positively when the therapists’ religious orientation was
theologically more conservative than the clients' (Martinez, 1991). Incidents from this study that fall under this category were those where the client was theologically more conservative than the counsellor.

Categories Validated by Non-Empirical Literature

Sharing the Christian Culture

According to Havenaar (1990), therapy outcome is better when counsellors and clients share similar cultural views. Torrey (1972) also discusses the crucial importance of shared worldview for understanding and conveying understanding to the client.

Spirituality Informs Ways of Understanding the Problem

Some participants talked about seeing value and spiritual meaning in suffering. The Christian tradition of contemplative spirituality, sometimes referred to as mysticism, includes a belief in the value of suffering (Sartor, 2003), where God’s presence is “mysteriously manifest”.

Compassion, Mercy, and Acceptance

Acceptance of the client on the part of the counsellor is a crucial factor in client improvement (Lambert & Bergin, 1994). Acceptance and empathy are closely related, and each leads to the other (Connors et al., 1999). Acceptance is also an outcome of the spiritual concept of serenity (ibid). Serenity is the acceptance of what one cannot change. Connors et al. (1999) observe what appears to be a reciprocal relationship between extending acceptance to others and experiencing serenity oneself.
Following Jesus’ Example of Empathy

The psychology and religion literature discusses the relationship between the incarnation and the therapist. Benner (1983) examined the incarnation of Christ as a metaphor for the role of the therapist, and concluded that the “incarnational element” of psychotherapy may be one of the basic factors for successful therapy. He also states that just as God did not stop being God when He became human, the therapist does not get lost in the world of the client. He explains that the assumption and transformation of the patient’s inner world constitutes the incarnational element of psychotherapy.

Empathy for the Client Because God Cares for the Counsellor

Benner (1983) discussed the fact that therapists are depleted by their work and require a renewal of their strength to keep going. He states that in the Christian paradigm this occurs through receiving comfort from God so that one can comfort others with the comfort one has received.

Categories Unsupported by the Literature

There were two helping categories that were unsupported by the literature. They are: the counselling process is similar to the faith journey, and relationship with one’s faith leading directly/naturally to an empathic relationship with the client.
Summary of Theoretical Validation

Fifteen of the seventeen categories are supported by research and theory described in the literature. These findings increase the credibility of these categories. The two categories which are not supported by the literature bear implications for future research, which will be discussed later in this chapter.

Discussion of the Results

In bringing the results back to the core constructs of the literature review, there are three meta-themes that emerge. The first of these is the indication that viewing religion as culture is indeed important. Sharing common experiences or culture came up frequently in the category titles, and the help this is to empathy may be seen as sharing similar qualities as extrinsic orientation to religion, where the individual’s empathy is helped or hindered by their religion at a very practical, concrete level. Here, external factors such as sharing common experiences help empathy. Some categories covered phenomena where empathy was facilitated by similarities between counsellor and client due to religious beliefs; the other categories covered phenomena where empathy was facilitated in spite of differences between counsellor and client; and the mechanism of facilitation was linked to religious beliefs.

The other two meta-themes that were evident were: following the teachings/precepts of one’s religion, and the mystical experience of religion. Immanence, where God is everywhere, shares qualities in common with the immanence orientation. One participant illustrated this in the following quote:

To use Martin Buber’s language, they are a Thou. Not a, not God, although God is present with them and to some varying degree is in them. I call them spiritual entities
who, whether they realise it or not, are dependent on God for their existence. I could take that a step further by saying that all of matter is energy; and energy is another word for spirit, so God is in everything to some degree. But human beings, yeah, we have some very special capabilities, we are imbued with the image of God, whatever that means, so there's something that's special, that's very good. So my work with these creatures of God, children of God, and yeah, of course my faith, my perspective, that's the foundation of my work.

The participant is referring to the Jewish philosopher Buber's seminal work *I and Thou* (1958). In this work he writes the following, which can inform the way a counsellor regards a client:

> In every sphere in its own way, through each process of becoming that is present to us we look out toward the fringe of the eternal Thou; in each we are aware of a breath from the eternal Thou; in each Thou we address the eternal Thou. (Buber, 1958, p.6)

Even if the man to whom I say Thou is not aware of it in the midst of his experience, yet relation may exist. For Thou is more that It realises. No deception penetrates here; here is the cradle of the Real Life (p.9).

This sense of the spiritual or divine in the client helps the counsellor experience respect and empathy for the client.

Over two thirds of participants endorsed the category *Relationship with one's faith leading directly/naturally to an empathic relationship with the client*. It is interesting to note that this is also one of the two categories that was not validated by the literature. These two categories also are in the realm of the 'mystical' experience, and thus may be difficult to validate, also suggestions for future research are given.
Two-thirds of the participants endorsed the categories *Compassion, Mercy, and Acceptance* and *Connecting to the Spiritual in the Counselling Relationship or the Client*. Approximately half or slightly more than half of the participants endorsed 9 of the remaining 11 categories, and one-third of participants endorsed the final 2 helping categories. In the hindering categories, between one-quarter and one-half of participants endorsed each category.

In the main, all participants viewed religion and spirituality as helpful in having empathy for the client. This is demonstrated by the large number of incidents that were helping (242) versus hindering (25), and also the higher number of categories that were helping (14) versus hindering (3). Only eight of the twelve participants identified ways in which spirituality or religion hindered empathy. A very clear trend observed with the hindering categories is that there are no tenets within those categories. This means that no participants described any global ways in which their religious beliefs hinder their empathy as a general rule. In fact many participants said that while they could imagine the rigidity of religion getting in the way, faith hindering empathy is impossible. More incidents in the hindering categories fall under the descriptor of ‘specific’ than ‘general’, which is a reversal of the trend for the helping categories. A possible reason for this trend is that the specific circumstances where counselling or an aspect of counselling failed are more likely to stand out in a counsellor’s mind, than a successful counselling experience.
Limitations of the Study

This research was intended to generate information about how a counsellor's religious beliefs helps and hinders their empathy. The study’s results cannot be generalized in the same way as large-scale statistical studies with random sampling. However, producing generalizable results was not the purpose of this study.

While efforts were made to ensure validity, qualitative research is inherently biased and subjective to some degree because the researcher influences the process of induction. Despite the fact that I controlled for biases by making my own perspectives known, monitoring their effects throughout the research process, and by conducting multiple validity checks along the way, personal biases still form a limitation to this study, simply because they can never be fully eliminated.

Concerning influences on participant reports, Flanagan (1954) argued that reporting from memory does provide adequate data when events were fairly recent and when motivation was high. However, this latter variable could also skew findings, in that some participants may have been more motivated to report incidents where their spirituality or religion helped rather than hindered. By some participants’ comments made to me while I was setting up interviews, I understood that there was a concern that I may make Christianity look “bad” or “judgemental”; I also learned that a key motivation for some participants to join this study was to combat negative perceptions that Christianity is about rules and judgement. Without my realizing it, this research was developing some of the elements of participatory action research. Participants were engaging in the research to effect change at the sociocultural level, and also experiencing change in their own lives through reflecting on their counselling practices (Kidd & Kral, 2005). On the reflection side, a few of the
participants may have been more likely to report incidents where their spirituality or religion hindered, because they remembered failures more clearly and had analyzed them more thoroughly than their successes. This also may have contributed to over-reporting of hindering incidents.

This study’s method led to incidents being reported by the participants as opposed to being observed objectively. Therefore the view of the participant influenced how they viewed those critical events and what they deemed to be worthy of mention. This bias is most important when one considers the possibility of instances where the counsellor feels an empathic connection with the client may not always correlate with instances that the client feels that empathic connection as well. The most obvious example may be where empathy is felt by the counsellor, but not conveyed to the client. The literature demonstrates a low to moderate correlation between therapist and client ratings of therapeutic alliance (Fenton, Cecero, Nich, Frankforter, & Carroll, 2001). This clearly reveals that the reliance on the participant’s subjective evaluation of their own empathy is a limitation of this study.

However, this study is meant to inform counsellors about ways that approaching or thinking about their clients, empathy, and counselling can affect empathy. Client perceptions of what helps and hinders empathy would not generate details of internal processes that this study did.

Another limitation of this study is the likelihood that what counsellors remember, or are connecting in their minds to the concepts of religion and spirituality, impacts what they report. While this study only included incidents that were described in detail, the focus of these incidents varied for participants. If the methodology had included focus groups instead of one-on-one interviews, it is more likely that a full coverage of the categories from more
participants would have resulted, because participants would have reminded each other of
different ways that religion or spirituality help and hinder empathy. The research question
was wide open and not all participants touched on all aspects of it but instead, as examined
above, gave many examples of some ways that religion or spirituality helps empathy.
However, a focus group approach would have led to participants feeling less free to share
their own values and beliefs, and perhaps many aspects of how religion helps and hinders
empathy would have been left out. Participants found it hard to describe this phenomenon in
our one-on-one interviews. They could have found it even more difficult to do so in front of a
group. I also observed that while some counsellors stated that religion always helps and
never hinders empathy, other counsellors stated that most of the time religion helps empathy,
and then focused in the rest of the interview on trying to think of exceptions to the rule,
therefore coming up with more hindering incidents. This may not have occurred in the
context of a focus group.

Finally, although the participants covered a range of religious/spiritual experience
from conservative to liberal, there could have been a more even distribution of diversity
among participants by screening with a religiosity measurement such as the Orthodoxy scale
(Glock & Stark, 1966).
Implications

Implications for Practice

This study achieved a greater understanding of how religious belief helps and hinders empathy. The importance of the area of spirituality, which has been increasingly recognized in recent years in the literature, is confirmed by these findings. Given that one participant said that she could not have empathy at all without God, and that five participants said that they could not empathize with difficult clients or circumstances without their spiritual beliefs, drawing on, or at least understanding, spiritual resources may greatly benefit counsellor training. Given the finding of this research study, recommendations for counsellor education and training include an increased awareness of religion as a culture variable. Counsellors in training should be given greater opportunity to reflect on how their spirituality, if they hold any spiritual beliefs, helps or hinders their empathy. They should also learn how their spirituality or religious beliefs may help or hinder empathy with different types of clients and cultural interactions, so that they are better aware of any weak areas they may have. While taking part in this research study, participants expressed gratitude at being able to introspect and examine how their faith helped and hindered empathy and their counselling skills overall. The results would be informative for any counsellor, Christian or non-Christian, to look at and compare to their own experiences, in order to develop skills as culturally sensitive, reflective practitioners.

Implications for Research

An implication for research in the area of the psychology of religion, and the scientific study of religion, is that the term religion may no longer be appropriate to describe
what is being studied. The findings of this study demonstrate that for the most part, the term spirituality is preferred over the term religion.

The categories from this study which were not reflected in the research literature reveal areas for further exploration. These include: the counselling process is similar to the faith journey, and relationship with one's faith leading directly/naturally to an empathic relationship with the client. The former of the two areas may be investigated theoretically by comparing Fowler's (1981) stages of faith to the process of counselling. The latter category is more mystical and inexplicable in nature. The expert validator shared a personal observation of being made in God's image, and since empathy is part of God's nature it is part of the counsellor's nature as well. How counsellors perceive themselves then, and understanding the origins of their empathic ability and how they chose their vocation, may shed light on how they are empathic. One trend to study through further research is the perception that one's relationship to one's faith or God is key to an empathic relationship to the client. It may be informative to see how counsellor's empathy compares to how empathic they perceive their God to be.

Finally, many of the categories found in this research may share similarities to ways that counsellors of other religions find empathy for their clients, or experience hindrance of empathy for clients. For example, the category understanding one's own limits and boundaries may be experienced across religions as helpful for empathizing. A key component of this phenomenon is being able to let go of feeling responsible for the client out of the belief that something larger than oneself ultimately has control over the situation. It would be valuable to learn how counsellors of other religions use their religion to find empathy for the client. There may be lessons for us all.
REFERENCES


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March 24, 2005

To Whom It May Concern,

My name is Marie Morrison and I am a Master of Arts student in Counselling Psychology, which is a part of the department of Educational and Counselling Psychology, and Special Education at the University of British Columbia. I am conducting a study for my thesis work, which will partially fulfill my requirements to receive a Master of Arts degree in Counselling Psychology.

The title of the study is, "The Influence of Counsellors’ Orientation to Religion on their Empathy towards Clients". The purpose of this research is to identify and describe ways in which counsellors’ approaches to their religious beliefs help and hinder their experience and expression of empathy with their clients. Through open-ended interviewing you are invited to share your own experiences of empathy in counselling as influenced by your religious beliefs.

You are invited to participate in this study if you have been counselling for a minimum of five years, if you possess a Master’s degree in Counselling or equivalent
with clients. These questions will be open-ended and you will have the opportunity to share your experiences of this phenomenon. This interview will take 45-90 minutes.

The second interview will be conducted several months later. For this interview, you will be shown the categories that have been developed for helping and hindering influences of religion to empathy, and you will be asked for feedback concerning how accurately in your view these categories capture their contents and reflect your experiences. This interview will take 20-45 minutes.

The total amount of time required will be 65-135 minutes.

These interviews will be conducted at the time and location of your convenience or in interview rooms in the Scarfe building on University of British Columbia (UBC) campus.

**Confidentiality:**

Your identity will be kept strictly confidential. All documents will be identified only by code number and kept in a locked filing cabinet. Only the principal and co-investigator (Dr. William Borgen and Marie Morrison) will have access to this information. You will not be identified by name in any reports of the completed study.

**Remuneration/Compensation:**

There will be no remuneration or compensation for participation in this study.
Purpose:
This research is being conducted to partially fulfill the requirements for Marie Morrison to receive a Master of Arts degree in Counselling Psychology. The purpose of this research is to identify and describe ways in which counsellors' approaches to their religious beliefs help and hinder their ability to empathize with their clients.

You have been invited to participate in this study because you have been counselling for a minimum of five years, believe empathy is important in counselling, and hold Christian religious beliefs.

Study Procedures:
If you choose to participate in this study, you will be asked to participate in two one-on-one interviews. The first interview will compose of an introduction to the purpose and structure of the study. The interviewer will also ask questions about your experience of how your religious beliefs helped or hindered your ability to empathize with clients. These questions will be open-ended and you will have the opportunity to share your experiences of this phenomenon. This interview will take 45-90 minutes.

The second interview will be conducted several months later. For this interview, you will be shown the categories that have been developed for helping and hindering influences of religion to empathy, and you will be asked for feedback concerning how accurately in your view these categories capture their contents and reflect your experiences. This interview will take 20-45 minutes.
Your participation in this study is entirely voluntary and you may refuse to participate or withdraw from the study at any time without jeopardy to your employment or any relationship you may have with UBC.

Your signature below indicates that you have received a copy of this consent form for your own records.

Your signature indicates that you consent to participate in this study.

________________________________________
Subject Signature                        Date

________________________________________
Printed Name of the Subject.
APPENDIX C – INTERVIEW QUESTIONS

Demographic questions:
1. What is your level of counselling education and certification?
2. How long have you been a counsellor? What areas have you counselled in?

Background questions concerning religion:
1. What does the concept or the word “faith” mean to you?
2. How do you approach and practice your religion and your religious beliefs?
3. What level of importance do you place on religion and the role religion plays in your life?
4. How do you define empathy?

Critical Incident questions:
1. Please describe as many incidents, experiences, or counselling relationships as you can think of where your religious beliefs or your approach to your religion helped your ability to experience empathy for your client. For each incident:
   - Please describe the context and the factors that made it easy.
   - What were the events that lead up to this experience and what came out of it?
   - How did you feel and what did you think when you perceived that you had been successful in finding empathy for the client?
   - Did religion figure in these personal reactions?
   - What aspects of your religious beliefs helped this experience of empathy, and why?
2. Please describe as many incidents, experiences, or counselling relationships as you can think of where your religious beliefs or your approach to your religion hindered your empathy for your client. For each incident:

- Please describe the context and the factors that made it difficult.
- What were the events that lead up to this experience and what came out of it?
- How did you feel and what did you think when you perceived that you had been unsuccessful in finding empathy for the client?
- Did religion figure in these personal reactions?
- What aspects of your religious beliefs hindered this experience of empathy, and why?