

# **SPIRITUALITY IN PRACTICE:**

## **An exploration into narrative practitioners' approaches to addressing spirituality in counselling practices**

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**A thesis submitted in partial fulfilment of the requirements  
for the Degree of Master of Social Practice  
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## DECLARATION

**Anna McVeigh:**

This Thesis:

Spirituality in practice: A qualitative exploration into narrative practitioners' approaches to spirituality in practice, which includes an exploration into how narrative therapy could be improved in terms of addressing spirituality in practice is submitted in partial fulfilment for the requirements for the Unitec degree of:

Master of Social Practice

### *CANDIDATE'S DECLARATION*

I confirm that:

- This Thesis Project represents my own work;
- The contribution of supervisors and others to this work was consistent with the Unitec Regulations and Policies.
- Research for this work has been conducted in accordance with the Unitec Research Ethics Committee Policy and Procedures, and has fulfilled any requirements set for this project by the Unitec Research Ethics Committee.

Research Ethics Committee Approval Number: No 2014-1101

Candidate Signature:

Date: 22 February, 2016

A handwritten signature in blue ink, appearing to read 'Anna McVeigh', written in a cursive style.

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## ABSTRACT

This research represents the views of four experienced therapists, with a background in narrative therapy, on spirituality in their respective practices. By means of semi-structured interviews, I explored how the therapists' narrative training, experiences, personal views and other modalities enable them to deal with spiritual issues that arise in practice. In addition to this, we reflected on how narrative therapy could improve in terms of promoting ways of addressing spirituality in practice.

Semi-structured interviews offered me an experiential and qualitative process to engage with the topic, by using a popular and flexible approach to research. The research outcomes were predominantly based on interviewee's answers to my questions and their responses to comments and reflections I made as the interviewer. My role was to ask questions in order to elicit responses from the participants, holding my views tentatively in the enquiry. As the interviewer, and as an active participant due to my training in narrative therapy and avid interest in spirituality, my responses also occasionally shed light on my own views and these reflections also invited further discussion.

This study is important because an inquiry into spirituality in practice demonstrates the importance of spirituality in practice and also a need to reflect on how narrative therapy training and practice can be improved, in order to gain insights into working with spiritual concepts and the spiritual beliefs of both therapists and clients.

I was touched, moved and inspired by the participants' views and stories. Their responses and reflections shed light on how their own spiritual beliefs and histories define them as individuals and as part of the world we live in. Also, more importantly, their responses shed light on how they incorporate these beliefs and experiences into their practice. The interviews revealed, above all, that spirituality is largely connected to how we relate to ourselves, other people and the world around us.

The research suggests that if therapists are to engage in practices that address spirituality effectively from all angles, then the work can be all the more empowering and transformative for predominantly clients, but also the therapists themselves.

The results of this research demonstrate how the process of inquiry into spirituality and addressing people's spiritual needs in narrative-based practice calls for above all else:

an ongoing commitment to addressing power in the therapeutic relationship; a commitment on the part of the therapist to reflect on their practice, both in terms of the

process and in terms of their own experiences and vulnerabilities; the need for narrative therapy to incorporate more ways to address and ask questions about people's spirituality; mindfulness meditation in practice; more incorporation of Māori worldview and spirituality; and the potential for narrative therapy to become narrative therapies and thus creating a space for innovation such as Johnella Bird's relational narrative orientation.

## **LANGUAGE AND STYLE**

Stylistically, this thesis is written using a narrative style with the occasional use of the personal pronoun, I. There is also frequent reference to my own story and beliefs. I have chosen this approach as it is keeping with narrative approaches to therapy and because I wanted to make this thesis as personal and accessible as possible for my readers, while remaining loyal to the method of semi-structured interviews. I hope that my narrative style draws readers into the study and gives people an embodied sense of the heart of this research study, and a real and felt sense of its findings.

## ACKNOWLEDGEMENTS

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My sincere thanks goes out to all my interviewees for their time and for their bravery in opening up to an academic researcher asking all sorts of intimate questions. I thank you all for trusting me with your ideas and experiences. I also would like to acknowledge the fact that your expertise and all you offered during the interviews has inspired me in the work that I do as a counsellor and in terms of ongoing research I would like to engage with.

I offer huge love and heartfelt thanks to my parents for always believing in me, my sister Lotta for proof-reading my final draft and to my son's nanny Diane Scaife for putting in extra hours to care so beautifully for my son, Felix.

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## PROLOGUE

As this is such a personal, rich and comprehensive study, I thought it appropriate to discuss my own background and interest in this area of research, in order to provide readers with a context for the discussion and findings. My interest in this area of research stems from a lifetime of experience. Over time I have developed a fervent interest in spirituality and the various dimensions of life, as well as a passion for narrative therapy and other therapies that have aligned, in various ways, with my worldview.

It's also appropriate to position myself in this enquiry as there is a professional understanding that therapists need to be self-aware and reflective. Indeed, the engagement in reflective practice has been a major outcome of this research. As a therapist myself, I would like to engage with this research in a way that demonstrates self-awareness and authenticity while also embodying the other outcomes of this research.

It took me considerable time to decide on the focus for this research study and eventually I decided to look at how spirituality can be approached and explored with clients within a narrative framework. I was also interested in reflecting on how narrative therapy could improve in terms of embracing spirituality on all levels, in ways that enhance individual clients' sense of wellbeing. The ultimate deciding factors for this focus were firstly, the fact that I am trained as a narrative therapist and secondly, the fact that I am interested in the topic of spirituality. Thirdly, my passion for spirituality and my awareness of its relevance to therapy, have highlighted the gaps in narrative therapy training and practice.

Spirituality is almost synonymous with Life itself in my belief system and therefore I was taking on a massive endeavour. In hindsight what I was really interested in was how spirituality is viewed by other narrative practitioners and how they express this in their respective practices. It became apparent during and after conducting the interviews that spirituality is a broad and ambiguous topic for many people. It also became apparent that therapists, with a background in narrative therapy do not necessarily work solely within the narrative framework. This expanded the focus of this project all the more. My greatest challenge in the final stages of writing this thesis was focusing on what the important outcomes of the research were and organising the findings in a way that honoured my own approach and input and the knowledge and contributions of my interviewees.

My own interest in 'spirituality' has been significant throughout my life. I have always been interested in reading about various religions and I have had personal experiences that have led me to believe that there is a spiritual dimension to life that is greater than what I know or can fully understand in the material world. My work at Higher Ground Drug and Alcohol Rehabilitation, where I was required to interview people on their spiritual history and beliefs, and my experience and learning of psychosynthesis have deepened my beliefs. I have discovered over time and while engaging with this research that spirituality embraces both grounded experience in the material world, as well as the more mysterious aspects of life. This realisation has deepened by own sense of self as I have grown to become more aware and more trusting of different levels of experience, both personal and transcendent. My greatest learning has been that in order to experience a spiritually fulfilling life, the focus needs to be on living mindfully in the present, nurturing relationships with others and ourselves, and learning to cultivate an alignment between free will and universal, or divine will.

Personally, I have discovered over recent years that mindfulness and meditation are very useful tools for therapists and their respective clients. Currently, I am committed to mindfulness practice which includes sitting meditations with a focus on mind, body and breath awareness, as well as practicing mindfulness in my daily endeavours. I believe mindfulness and related meditations, in combination with practices that enable people to be in the present moment, such as walking in nature or swimming, speak to the numerous therapies I have engaged with during my lifetime. This is because mindfulness is all about self-awareness, being kind and compassionate to oneself, and listening to the body and the mind. It allows for a process of identification and disidentification. Mindfulness also allows for openness in relation to others, and to the world around us, including a connection with the Divine for those people who are interested in this concept.

In terms of my academic history, in 2010 I completed a Post-Graduate Diploma in Counselling, with a focus on narrative therapy. Since graduating, I have completed two post-graduate courses entitled 'Transdisciplinary Research' and 'Spirituality and Social Practice'. I have also completed courses in solution focused therapy, acceptance and commitment therapy (ACT), cognitive behavioural therapy (CBT) and Mickel therapy. In 2011, after becoming a trained narrative therapist, I attended a year-long personal development course in psychosynthesis (a spiritually informed psychotherapeutic practice, Palmer, 2010) and I was a client of a psychosynthesis therapist during that time and for an additional two years. I am aware that

psychosynthesis addresses spirituality on many levels. Being a modernist approach to therapy, psychosynthesis also pathologises and works with ideas such as transference and counter-transference. These concepts do not align with my post-structuralist lens as they position the therapist and supervisor as experts on the client's life and on projections taking place in therapy. I believe that narrative therapy's commitment to seeing the client as the expert and encouraging the therapist to continuously address power in the relationship is more respectful to the relationship between therapist and client, and therefore the therapeutic process. I would like to reconcile my narrative approach with more spiritual components, and to discover more ways and means that issues related to spirituality can be addressed within a narrative therapy framework.

In the future, I wish to work as a narrative-oriented therapist, responding with embodied awareness to issues of spirituality. I would also like to bring my own spiritual beliefs and practices, in appropriate ways, to my practice with clients. My practice to date has been informed by work at Higher Ground Drug and Alcohol Rehabilitation, Problem Gambling, Walsh Trust mental health services and St Peters College, Barnardos (working alongside mothers and children) and as a volunteer telephone counsellor at Lifeline. My current counselling work at Nurse Maude hospice and my role as a hypnobirthing instructor also inspire me as a person and in this research.

The main focus for this research study is narrative practitioner's approaches to spirituality and how narrative therapy can be improved in terms of addressing spirituality in practice.

## AUTHOR’S MIHIMIHI AND PEPEHA

I have decided to include my mihimihi and pepeha here, following my prologue, as a way to introduce myself as a New Zealand citizen, living and practicing in a bi-cultural nation. It is a way for me to respect and honour Māori worldview, while also allowing me to reflect on my own sense of identity. Both the importance of Māori worldview, and the need for self-reflection came forward as crucial components of spirituality in practice, in Aotearoa.

I believe all people training to become a counsellor in this country should have the opportunity to reflect on their identity and create their own pepeha in a way that honours Māori tradition, while also honouring their own background.

I thoroughly enjoyed creating my own personal mihimihi and pepeha, and have achieved a better understanding of my own sense of place and identity, as well as creating a culturally sensitive tool to use when introducing myself, both in group and one-on-one situations, when appropriate.

Mihimihi/Greetings		Comments
Tena Koutou, tena koutou	Greetings, greetings	
Tena Koutou Katoa	Greetings to everyone	
2. Pepeha		
Ko Aoraki tōku maunga	The mountain I affiliate with is Aoraki/Mount Cook	Mount Cook is in the centre of the South Island of New Zealand and relatively near where I live. It is very meaningful for me and my life for a variety of reasons.
Ko Pacific tōku roto	The ocean I affiliate with is the Pacific Ocean	The Pacific Ocean is the ocean by which I live. I live in South Brighton, Christchurch and it is here where I have finally found my true sense of home.

Ko Norwegian tōku waka	The boat I affiliate with is the Norwegian boat	This is the boat that my ancestors, on my mother's side, came to New Zealand on. I was extremely close to my Swedish grandmother, Brita. She has always been my sense of family.
Ko Linnégatan tōku marae	The marae I affiliate with is Linnégatan	This meeting house in Sweden is near where my grandmother comes from.
Ko Tau Mordaunt/McVeigh tōku iwi	The tribe I affiliate with is Mordaunt/McVeigh	Mordaunt was the surname of my mother's parents and McVeigh is my family's name.
Ko McVeigh tōku hapu	The sub-tribe I affiliate with is McVeigh	McVeigh is my surname.
Ko Brita tōku tīpuna	My founding ancestor is Brita	Brita was my grandmother. She died 4 years ago.
Ko Chris tōku papa	My father is Chris	
Ko Kristina tōku mama	My mother is Kristina	
Nō Christchurch, Aotearoa ahau	I am from Christchurch	
Ko Anna McVeigh tōku ingoa	My name is Anna McVeigh	
<b>3. Conclude with Mihimihi/Greetings</b>		
No Reira, Tena Koutou, tena koutou	To all those mentioned, greetings, greetings	
Kia ora Tatou Katoa	Greetings to everyone	

# CHAPTER ONE: INTRODUCTION

When we are invited into conversations about spirituality, it is usually, although not always, with the expectation that we will be addressing what is relatively intangible. That is, the expectation is that we will be addressing a phenomenon that is split apart from the material world, one that is manifest on planes above or below the 'surface' of life as it is lived. Although these conversations about spirituality can be very interesting, they are mostly not very revealing of the ways that these very notions of spirituality and religion actually shape life (White, 2000, p. 5).

## 1.0 Overview

This thesis is based on an investigation into how four "narrative" therapists view and approach issues of spirituality in their practice. The investigation also explores how individual spiritual beliefs and practices of the therapists/participants intersect with their practice. Finally, the research will reflect on how the first two explorations, and the participants' additional views, can shed light on narrative therapy practice, theory and training, in terms of how it currently addresses spirituality in practice, as well as how it can be improved in this area. There are many facets to the outcomes of this research but two that stand out are Johnella Bird's contributions to spirituality in narrative therapy and Māori worldview, and the importance and relevance of Māori spirituality and practices in narrative therapy in Aotearoa.

The research utilised semi-structured exploratory interviews with four experienced therapists trained in narrative therapy. Questions encouraged the interviewed participants to reflect on and tell their stories about spirituality in practice; their views on spirituality, and how they bring their own spiritual views to their practice. The interviewees were also given the opportunity to reflect on the gaps within narrative training and practise and how these could be addressed.

I believe it is important to explore narrative therapy with regard to spirituality as currently narrative therapy training and theory doesn't address peoples' spirituality or spiritual issues in overt ways. Having an avid interest in spirituality myself, and having studied both narrative therapy and psychosynthesis, which does address spirituality, I strongly believe that spirituality and spiritual awareness are important and narrative therapy could benefit from more ways to address people's spiritual needs in client-centred ways.

Conducting this research is also a way to reflect on what spirituality actually means to people and therefore to gain a clearer understanding of how spirituality can be viewed by therapists and therefore incorporated more consciously into their practices.

This solicits the question of 'what is spirituality?' Since carrying out the interviews and gaining the participants' insights into this, I have sought out a definition that I believe expresses spirituality in a holistic way and in a way that sheds light on the participants' contributions. One participant said that spirituality speaks to "people's connectedness to something that is bigger than themselves" and another expressed that spirituality pervades through everything but that it exists predominantly within the "sacred art of relationship." All participants talked of feeling spiritually connected in the outdoors. Although the definition below is one that many people would accept, it is important to note that this definition will not align with everyone's views. As was made clear during the interviews, the term 'spirituality' is an exceptionally encumbered one and one that no definition can capture in its entirety.

*Spirituality* is a commitment to choose, as the primary context for understanding and acting, one's relatedness with all that is. With this commitment, one attempts to stay focused on relationships between oneself and other people, the physical environment, one's heritage and traditions, one's body, one's ancestors, saints, Higher Power, or God. It places relationships at the centre of awareness, whether they be interpersonal relationships with the world or other people, or intrapersonal relationships with God or other nonmaterial beings (Griffith, 2002, p. 15).

Narrative Therapy already goes a long way to addressing people's spirituality with regard to their relationship to self and other people, including people who may no longer be alive. It also provides a framework and tools and techniques to work, to a certain extent, with peoples' relationship to their body, and ancestors, saints and a Higher Power. Since completing this research, however, I now believe that narrative therapy needs to be further enriched in order to embrace people's consciousness and their relationship to all that is in more holistic ways.

## **Aims**

The research aims were:

- to gain insight into how four experienced narrative therapists currently view spirituality and approach issues related to spirituality in their narrative practice;
- to be informed of four narrative therapists' current spiritual beliefs and practices and how these beliefs and practices intersect with their therapy practice;
- to reflect on spiritual concepts and practices that are discussed and that compliment narrative therapy; and most importantly,
- to contribute to the narrative therapy community by gaining insight into how narrative therapy theory and training could incorporate more ways and means by which to address people's spirituality in practice.
- I would also like to reflect on how I, personally, can work primarily as a narrative therapist while incorporating spiritual awareness, both in terms of how I respond to people's spirituality and spiritual issues connected to individual's various belief systems. I will also reflect on how I can bring my own spirituality and all that I have learned to my practice in appropriate ways. This will involve a final personal critical reflection which I will link back to the four narrative therapists' views.

The research questions were:

- Do you describe yourself as a narrative therapist? If not, how do you describe yourself?
- How long ago did you train in narrative therapy and where did you do your training?
- Are you interested in the topic of "spirituality"?
- How would you describe spirituality?
- What thoughts or ideas come to mind when I say 'spirituality in therapy'?
- Did your narrative training cover any issues related to spirituality?

- Which narrative therapy concepts help to deal with issues related to spirituality?
- To what extent is the absence of a means to deal with spirituality per se within narrative therapy an issue? Why/Why not?
- Have you trained in any other therapies that you bring to your practice?
- Do you use other approaches alongside narrative therapy?
- Which approaches sit well with Narrative Therapy?
- How have you synthesised these other approaches with Narrative Therapy?
- How much do you think people's spiritual values impact on their wellbeing?
- How relevant or appropriate is it in therapy to explore the spiritual dimensions of clients' lives?
- Would you mind telling me about your spiritual beliefs?
- Can you tell me about your spiritual practices?
- Are there any spiritual practises of your own that you bring to your therapy practice?
- Have spiritual issues ever arisen in your practice?
- Can you tell me about some of the times that spiritual matters have arisen in your practice?
- How do you work with spirituality within in the narrative framework?
- How do you work with spirituality using other tools or modalities?
- Do you think narrative therapy theory and training would benefit from additional ways and means to work with spirituality?
- Lastly, and I understand that this may be difficult to answer, but have you ever reflected on how narrative therapy could develop in this area... if not, is this something you can reflect on now, after having had this conversation?

## **1.1 Method of Research**

This qualitative research method which utilises semi-structured interviews focuses on discovery, description and meaning. Qualitative research allows for flexibility in data collection and analysis, which is often required in projects which focus on previously un-studied phenomena. Such flexibility allows the data to guide the project in a process of discovery (Patton, 2002). It also allows the researcher to become actively involved and engaged with the topic, rather than remaining objective and distant (Lofland, Snow, Anderson, & Lofland, 2006) and enables theory to gradually emerge from the observations made and interview analysis carried out (Patton, 2002).

## **1.2 Context: The role of spirituality in practise in Aotearoa**

“Remembering that the cultural milieu is rooted both in the temporal world and the transcendent world, this brings a person into intimate relationship with the gods and his (sic!) universe” (King, 2011, p. 137).

It is becoming clearer that more and more people are describing themselves as spiritual or interested in spirituality, but not religious. An article on BBC news online, entitled ‘Spiritual, but not religious’, from 2013 reflects well on this fact. “Many”, states the article, “now call themselves ‘spiritual’ but not religious. About a fifth of people in the UK fit into this category, according to Prof Michael King from University College London” (de Castella, 2015). The article also reveals that spirituality is a broad church and the spiritually aligned range from pagans to devotees of healing crystals, among many other sub-groups. But for millions of others it is nothing so esoteric. Instead, it’s simply a “feeling” that there must be something else.

A website designated to spirituality and wellbeing in New Zealand discusses this idea. It states that “30.5% agreed with the statement, “I don’t follow a religion, but am a spiritual person interested in the sacred/supernatural” (Vaccarino et al, 2011). In 2006 Matheson wrote that it is a myth that New Zealand is a secular society: “Parallel with the collapse of christendom, after all, there is a new quest for ‘spirituality’, and a stubborn refusal of religion to die out” (Matheson, 2006, p. 177). Among many other things, this website also states that “Māori or tangata whenua have contributed to the spiritual discourse and significantly contributed to its renaissance” (Spirituality and Well-being Strategy Group, 2013).

There are two reasons why spirituality plays a role in the context of therapy in Aotearoa. Firstly, as mentioned above, many people have spiritual beliefs and regardless of this, the construction of healthy relationships with all that exists is paramount for people in therapy. Therefore, spirituality needs to be in the picture in one way or another.

Secondly, and more importantly, we live in a country that is, at the very least, bicultural. Not only that but I would go further as to say that New Zealander's combined Māori heritage requires us to, at the very least, honour the Māori worldview and at best to incorporate this worldview wholeheartedly into our practise. In Māori culture spirituality is woven through the fabric of life. Michael King states that "traditionally while the Māori thought of the physical sphere as subject to natural laws, these could be affected, modified and even changed by the application of the higher laws of the spiritual orders" (King, 2011, p.11). In some sense, I believe, that those of us who identify as Pākehā or Tau iwi would be wise, respectful and greatly advantaged by understanding Māori worldview and beginning to weave Māori practises, which are innately spiritual, into our practise.

### **1.3 Definitions and terminologies**

It is virtually impossible to define spirituality in a way that encapsulates all understandings of this word.

Crisp discusses the need and desire for meaning, identity, connectedness, transformation and transcendence (Crisp, 2010). Canda defines it as "the human quest for personal meaning and mutually fulfilling relationships among people, the non-human environment, and, for some, 'God'" (Canda, 1988, p. 243). Marais states that "spirituality is the experience of making meaning informed by a relationship with the transcendent or divine in life" (Marais, 2006, p. 7).

According to Michael White there are numerous forms spirituality can take. In an interview published in 2000, White distinguished between three versions of spirituality, namely *immanent*, *ascendant* and *immanent-ascendant* spirituality. *Ascendant* spirituality, in this context, is explained to refer to forms of spirituality which are "achieved on planes that are imagined at an altitude above everyday life" (White, 2000, p.9). This conforms to an understanding of spirituality as concerned with the Divine, the Sacred. According to White, *immanent forms of spirituality* refer

to a process of reflecting on one's true self, who one really is. In very elaborate terms he describes this as being engaged by "descending into the caverns that are imagined deep below the surface of one's life." (White, 2000, p.9) Lastly *immanent-ascending spirituality* combines elements of the first two forms of spiritualities, describing a relationship both with something which is bigger than oneself and with oneself as a relational being. In his own words he describes this as the process of "being in touch with or having an experience of a soul or the Divine that is deep within oneself and that is manifest through one's relationship with a God who is ascendent" (White, 2000, p.9).

These three forms of spirituality he calls non-material or intangible and then proceeds to describe what he calls 'spiritualities of the surface'. This is a *material* spirituality which White relates to people's 'identity projects'. Michael White is interested in this type of spirituality and not one that appeals to the Divine of the holy, or human nature. He is interested in a spirituality that, in his words, "has to do with relating to one's material options in a way that one becomes more conscious of one's own knowing" (White, 2000, p. 9).

White's descriptions offer a clear insight into the philosophies that underlie narrative practise. Narrative therapy is concerned with the development of preferred identities, personal relationships and ways of being in the world. It is not concerned with spirituality that relates to 'non-material' existence.

Griffith's definition on spirituality manages to incorporate spirituality on this level, as well as the other levels described by Michael White:

*Spirituality* is a commitment to choose, as the primary context for understanding and acting, one's relatedness with all that is. With this commitment, one attempts to stay focused on relationships between oneself and other people, the physical environment, one's heritage and traditions, one's body, one's ancestors, saints, Higher Power, or God. It places relationships at the centre of awareness, whether they be interpersonal relationships with the world or other people, or intrapersonal relationships with God or other nonmaterial beings. (Griffith, 2002, p. 15)

## **1.4 Limitations of the Research**

The term spirituality is often contentious and ambiguous. It also has a number of connotations and discourses attached to it. In conversations with people I have discovered that for some spirituality and religion are almost synonymous, whereas for others, spirituality is another dimension. Some people have even said that

spirituality counters religion, as religion pertains to power and persuasion, and to call certain self-proclaimed 'spiritual' people 'religious' would be an enormous insult. Because of these truths this research can only provide data according to the ideas of four therapists brought forward in 1-2 hour interviews. In addition to this, although I had initially thought I would interview someone from Laidlaw or another Christian/religious organisation I decided in the end that this would extend my research into territory that was too vast for a Masters level thesis. As it was, I felt I was stretching myself and the area of research quite far. It is important for readers, to therefore acknowledge that religious perspectives are very limited in this thesis, but they do exist.

I interviewed four experienced therapists and although they are all trained in narrative therapy, only two of them describe themselves as narrative therapists. The other two hold narrative as their partial lens and incorporate it into their practise but they describe themselves differently; one as a Māori practitioner and the other as a therapist with a relational narrative orientation.

All four participants agreed to partake in this research because they had an interest in spirituality in practise. Therefore, it is important to note the bias that the participants and I, the researcher, have for this notion. I imagine if I had interviewed therapists at random the results would have been quite different.

Only one of the participants, Johnella Bird, wanted to be identified and some interesting data needed to be deleted from other participants' interviews as they knew the information would identify them. I considered making all participants anonymous but given Johnella Bird was highlighted by all participants, as someone who brings spirituality to narrative therapy, I thought that it would be a shame not to identify her.

Also, although I interviewed one male for this project, he also identified as Māori, and therefore there is no data that relates to a male, Pākehā therapist. This could have enriched the data even more.

I also believe that further interviews with the participants would have offered much more richness in terms of situational examples of spirituality in therapy, spiritual practices that enhance therapy, and the therapist's views on how narrative therapy could be enriched with regards to spirituality in therapy.

## 1.5 Structure of the thesis

I began this thesis with a prologue, which outlines my background and my interest in this subject, as well as what I hoped to achieve while engaging in this research and writing this thesis.

Chapter One introduced this thesis topic to the readers and gave an overview. This included the research aims and research questions for the interviews. I also briefly introduced the method of research. I have given the research study a context, which is the role of spirituality in practice in Aotearoa and I have given some context around definitions and terminologies for spirituality. I outlined the perceived limitations within this study which also sheds light on how this area of research could be taken further, by either myself or others in the field, sometime in the future.

I will now outline the structure for the following thesis.

Chapter Two contains the Literature review, in which I have covered the many relevant topics in this research study. The first half of this literature review pertains to narrative therapy and spirituality. It contains much of what Laura Beres has said about narrative therapy and spirituality. This part of the literature review was written prior to engaging in the interviews and much of it was taken from my original thesis proposal. The second part of the literature review was written after conducting the interviews and analysing all the data. This latter portion of the review contains a literary reflection on Buddhism and narrative therapy, Māori spirituality, Psychosynthesis and Johnella Bird's work.

Chapter Three discusses the research methodology and includes the selection criteria and methods of data collection, as well as a description of how the data was analysed.

Chapter Four includes the presentation, the analysis and the discussion of data. In the first part of this chapter, pertaining to the presentation and analysis, I have written a synopsis on each of the four participants in the study. This is to provide the therapists' backgrounds and spiritual beliefs to lay a foundation for the analysis of the data which came from the interviews with these four therapists. I then present the analysis of the data, which has been divided into eight key themes that emerged during the analysis phase. Under headings pertaining to these eight key themes, I have other sub headings and all the data relates to spirituality in practice and

spirituality in narrative therapy, both in terms of how narrative therapy already embraces spirituality and in terms of how it could evolve to embrace spirituality more holistically.

In Chapter Five I provide a discussion on the findings and recommendations. The discussion of the findings draws all the themes together into a more succinct explanation and the recommendations are twofold: firstly I provide recommendations as to how narrative therapy could evolve, both in terms of training and practice and secondly, I provide suggestions for future areas of research.

## CHAPTER TWO: LITERATURE REVIEW

### 2.1 Introduction

The thesis literature review has two sections. The first section is specific to narrative therapy and spirituality and will discuss how narrative therapy theory and practice presently addresses issues related to spirituality. The second section, 'Spirituality in Practice', will address other resources or practices that experienced therapists trained in narrative therapy draw on to respond to issues of spirituality in their practices.

In the first section of this literature review, I will give an overview of narrative therapy and discuss narrative therapy with regards to spirituality. For this section I will source information primarily from a chapter in *The Narrative Practitioner* (Beres, 2014), entitled *Spirituality and Narrative Practise*. This includes a reflection on how narrative therapy could improve with regards to spirituality. Then there is a final reflection on what authors have said about narrative therapy and spirituality. I have chosen to focus on this source as it is very relevant to my study and it is the most recent literature on the topic.

In the second section I will firstly include a literary reflection on Psychosynthesis, as this has been a large part of my life and was a major driving force behind carrying out this research study. I will then do a literary reflection on three areas of the study that I believe were at the heart of the data that I analysed from the interviews. The first of these is Buddhism and narrative therapy and although the article that I am writing about was mentioned by only one participant (Amanda) briefly, all of the participants talked about using mindfulness meditation in their own lives and/or with clients. The main reasons I chose to include this reflection on Buddhism and narrative therapy is firstly, because it highlights similarities between Buddhism and narrative therapy and secondly, the article refers to mindfulness meditation and compares it to deconstruction in narrative therapy. I, personally, am a strong believer in incorporating mindfulness into our lives and our practice as therapists and taking into consideration participants' views I believe the practice sits nicely with narrative therapy. The other two areas that I am focusing on, because they were the main outcomes of this study, are Māori spirituality and Johnella Bird's work, with a focus on her book *Talk that Sings*. It is important to note that Johnella Bird was a participant in this study, and chose to be named throughout the thesis. The reason why she has become an integral part of the findings, and therefore also the literature review, is

because all participants referred to her work often and also emphasised the spiritual nature of her work.

## **2.2 Narrative Therapy and Spirituality**

When I talk of spirituality I am not appealing to the Divine or the holy. And I am not saluting human nature, whatever that might be, if it exists at all. The notion of spirituality that I am relating to is one that makes it possible for me to see and to appreciate the visible in people's lives, not the invisible... it is a spirituality that has to do with relating to one's material options in a way that one becomes more conscious of one's own knowing (White, 2000, p.132).

### **2.2.1 Overview of Narrative Therapy**

Narrative Therapy, founded in the 1980s by Michael White (Adelaide, Australia) and David Epston (Auckland, New Zealand) is now considered a mainstream modality in many countries. Key features of the narrative therapy lens, simply put by Alice Morgan (2000), are that it:

seeks to be a respectful, non-blaming approach to counselling and community work, which centres people as the experts in their own lives. It views problems as separate from people and assumes people have many skills, competencies, beliefs, values, commitments and abilities that will assist them to reduce the influence of problems in their lives (p. 4).

Narrative therapists are trained to de-centre themselves in their work with individuals and hold a non-judgemental stance. The underlying philosophy of narrative therapy is concerned with addressing, and in some cases exposing, the harmful effects of power in the therapeutic relationship. White states that 'good therapy' will "concern itself with establishing structures that will expose the real and potential abuses of power in the practices of the 'good therapy' itself" (White, 1995, p.47). The narrative approach includes engaging in externalising conversations, where problems are positioned as being separate from the person's individual identity and placed within a social, cultural and historical context. Holding an externalising lens sees people in relationship with their problems, rather than being encapsulated by them. "The problem is the problem, the person is not the problem" (White & Epston, 1990).

## 2.2.2 How narrative therapy currently addresses spirituality

My reading for this section has included core narrative therapy texts, by Michael White and David Epston and by others in the field. This literature and my own studies in narrative therapy have led me to realise that narrative therapy doesn't address spirituality per se.<sup>1</sup> If one, however, believes that counselling is a spiritual practice, then it could be argued that narrative therapy already goes a long way to addressing peoples' spiritual needs. Walsh (1999), for example, contends that the healing and growth which occurs within a therapeutic process may be experienced as a deep spiritual experience.

In *Narrative means to Therapeutic Ends* (White and Epston, 1990), I was drawn to the chapter on story, knowledge and power, with spirituality in mind. I was drawn to it because therapy and religion, which both pertain to spirituality, can often abuse knowledge and power. In this chapter Michael Foucault is referred to frequently, as the authors describe how narrative therapy draws on analogies to describe our worldview. Foucault is important to narrative therapy as White uses his interpretation of Foucault's power/knowledge position to form the foundation of his work in the externalisation of a person's culturally restrained internal problem dialogue. This idea stems from Foucault and White's belief that a person's body is not the problem; the problem is one of discourse, power and culture (Bernauer & Carrette, 2004).

Epston and White give a poignant example of a person experiencing some form of acute crisis is poignant. They explain how the individual might present at a clinic; which might interpret this 'crisis' as a breakdown or regression and may work to return the client to an adequate level of functioning. If this same person is receiving therapy for the crisis by someone who believes it to be a "rite of passage" it might be interpreted to relate to some aspect of a transition or rite of passage (White and Epston, 1990). This difference in interpretation, which appeals to the narrative framework, can construct the crisis within terms of progress rather than regression, without denying its distressing aspects. This example, and the underlying narrative philosophy, resonates with my understanding of what aids "spiritual" growth. This is because narrative philosophy is strengths-based and looks at a person's experience

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<sup>1</sup> A few of these texts are: *Narrative Means to Therapeutic Ends* (Epston & White, 1990), *Narrative Practice Continuing the Conversations* (White, 2011), *Narrative Therapy: The social construction of preferred realities* (Freedman & Combs, 1996), *What is narrative therapy? An easy-to-read introduction*. (Morgan, 2000) and *Collaborative Therapy with Multi-stressed Families* (Madsen, 2007).

in terms of the wider cultural and social context, while also treating the person as the agent of change.

In *Collaborative Therapy with Multi-stressed families* (Madsen, 2007) there is a section on *Spirituality, in re-membering conversations*, where the author states that ‘re-membering conversations that draw on spiritual aspects of clients’ lives can lead to poignant and powerful conversations” (p. 257). Madsen (2007) then discusses how re-membering conversations weave together mutual contributions in life; contributions between client and ally. These conversations and modes of thinking could be seen as contributing to “spiritual” growth. This is the only reference to spirituality that I have discovered across books related to narrative therapy that I have read and it assumes that re-membering conversations of this nature are indeed spiritual.

### **2.2.3 Beres’s perspective on narrative therapy and spirituality**

*The Narrative Practitioner* (Beres, 2014) dedicates an entire chapter to *Spirituality and Narrative Practise*. What I appreciate about this chapter is that it reflects on a few broad definitions of spirituality and stresses the importance of addressing spiritual needs in modern society. Secondly, it reflects on how narrative therapy already contributes to addressing spirituality and thirdly, it reflects on how narrative therapists can improve at addressing people’s spiritual needs.

The definitions of spirituality mentioned by Beres (2014) all include a search for meaning and purpose in one’s life. Crisp (2010, cited by Beres, 2014) discusses our need and desire for meaning, identity, connectedness, transformation and transcendence whilst Canda (1988, cited by Beres, 2014) defines it as “the human quest for personal meaning and mutually fulfilling relationships among people, the non-human environment, and, for some, ‘God’” (p. 113). In terms of the importance of addressing spiritual needs Beres cited Holloway’s (2007, cited by Beres, 2014) statement that evidence is growing for the importance for large numbers of people of a dimension which they term “spiritual”, and a set of issues whose existential source remains untouched by standard psycho-social therapeutic techniques.

The section within Beres (2014) on eco-spirituality and person-as-place concentrates on what people have said about the importance of physical place and meaning making and also the links between these conversations and Celtic theology’s notion of “God is close”, meaning that “the boundary between the physical

world and the spiritual world is thin everywhere, not only in certain special places” (p. 120).

Beres (2014) reflects on how well, if we go by Canda’s definition of spirituality, narrative therapy is already able to address spirituality in practice, by providing a respectful, non-directive, and non-judgemental approach to addressing issues related to spirituality and meaning making. It also assists people with making their own judgements about what they would prefer for their own lives. She goes on to say that this provides a method for practitioners who would otherwise be uncomfortable with raising issues related to religion or spirituality to begin to open up spaces for people to speak about what gives them a sense of meaning and purpose.

Narrative therapy assists individuals to make new meanings and find new purposes, as well as focusing on hopes and preferences. Beres (2014) discusses Michael White’s interview published in 2000. She describes how White is less interested in all the various forms of spirituality and more interested in what he calls “the spirituality of the surface, having to do with material existence” (p. 132). This explains why narrative therapy deals with the here and now, externalising and cognitive processes rather than Ascendant ideas of spirituality. Beres explains how White describes the desire to ‘see the visible in peoples’ lives’ and not the invisible (p. 132). She states that he sums this up most beautifully when he states that he is interested in a “spirituality that has to do with relating to one’s material options in a way that one becomes more conscious of one’s knowing” (p. 132). This quote really captures the essence of narrative therapy.

White (2000) refers to Foucault’s “ethics of the self” as he describes a spirituality that deals with modes of being and thought, and elaborates in terms of remaining open to what he describes as the “little sacraments of daily existence” (p. 145). White states the importance of staying open to these small events in peoples’ lives that can evoke a sense of the sacred. This attention to the small things can also help the client in a process of finding language for these experiences. Paying attention to the overlooked or un-storied aspects of peoples’ lives is part of narrative therapy’s philosophical stance. Beres’ (2014) descriptions of narrative therapy stress how philosophically-aligned narrative therapy already is with regards to addressing spirituality in practice.

Beres’ case study (2014) reveals aspects of narrative therapy and how they can be seen to link to spirituality. In conversation, Sandra refers to her homeland of El

Salvador, as a place of “tranquillity”. Taking this word and using it in a “narrative” way, her counsellor asks, “if you were to take the essence of this place, ‘tranquillity’ close to you, what would that look like in everyday life” (p.133)? At this point some powerful re-membering conversations develop whereby Melissa is able to support Sandra in maintaining deep connections with people she was separated from as well as developing new connections with people in her new home of Canada. Re-authoring conversations also help in discussing cultural identity and a sense of self and purpose and meaning in a spiritual sense, such as the sacredness of traditional practices. In the re-authoring conversation, Sandra is able to make meaning of her life in all of its newness in Canada, as well as maintaining and upholding her own cultural values and ways of being. The re-authoring conversation also draws on Sandra’s Christian faith as Sandra describes “God’s purpose for her life” (Beres, 2014, p. 133). This is an example of how issues regarding place and spirituality can be integrated into conversations.

#### **2.2.4 Beres’s perspective on how narrative therapy could improve with regard to spirituality**

In terms of what narrative therapists can improve on in terms of addressing spiritual issues, Beres (2014) argues that narrative practices already provide many of the specific steps useful in reflecting on their personal values, preferences, hopes and meaning making. She points out that standing back from a problem allows for space and possibility.

Beres (2014) further states, however, that if spirituality is indeed about meaning and purpose, specific questions may need to be asked about what gives individuals a sense of meaning. This may also illicit conversations about organised religion. Coates (2007) is quoted in relation to the issue of ecology and social justice, stating that humanity requires “a new story, perhaps even a ‘radical re-storying’” (p. 217) that can eliminate the dualism and exploitation inherent in modern society. The author explains at the end of this chapter that she hopes by reviewing these ideas about spirituality and place it will spark an interest in practitioners to begin integrating people’s meaning-making and engagement with place as forms of spirituality that are crucial. She also stresses the importance of not imposing our ideas of spirituality and elaborates by stating that counselling should not be proselytizing. By staying aware of “spiritual” elements of a person’s life then they have the chance of coming

more forward in conversation and therefore in one's life. It is also important to create welcoming and invitational contexts for practice and conversations.

### **2.2.5 A final reflection on what authors have said about narrative therapy and spirituality**

A deep reflection on Beres's chapter on Narrative therapy and spirituality (Beres, 2014), combined with a reflection on other articles, has led me to a realisation that this area of research is very relevant in today's society. There is a growing interest in spiritual ideas, including eco-spirituality, and spirituality is important for mental and physical wellbeing. Spirituality can be seen to include a sense of connectedness, both with people and the world around us. It can also be seen to include ideas related to meaning, hope and purpose, as well as transformation and transcendence. The latter can include a personal relationship with God or a Higher Power. Narrative Therapy already provides a grounded framework for working with a person's spirituality. There may be a need for more care, however, in the area of connection, both to people and places, and specific questions might need to be asked about what gives people a sense of meaning and purpose. As mentioned above, spirituality also incorporates ideas of transcendence and a relationship with the Divine. To quote Anderson (1999, cited by Marais, 2006), "Spirituality is the experience of making meaning informed by a relationship with the transcendent or divine in life" (p.7). Individuals have very different thoughts and feelings about this aspect of spirituality and contemporary narrative therapy philosophy does not address these aspects. As Michael White stated in an interview in 2000, "narrative therapy is interested in spirituality of the surface, having to do with material existence" (p. 132). If Michael White followed in Foucault's footsteps with regards to religion, then he too may have believed that whereas religions once demanded the sacrifice of bodies, knowledge now calls for experimentation on ourselves. It calls us to the sacrifice of the subject of knowledge (Foucault, 1965).

## **2.3 Spirituality in Practice**

After completing my post-graduate Diploma in narrative therapy I went on to do the fundamentals of psychosynthesis, which was a week long course, and then the foundation year. During this time I learned about this modality and I also experienced it for myself, as the course was an experiential self-development course. Throughout this time and for the two years that followed I was a client of a psychosynthesis psychotherapist and saw her on a weekly or fortnightly basis. Therefore, although I

am not a trained psychosynthesis counsellor I do feel qualified enough to shed light on this modality and its strengths and weaknesses.

The main reason why I am including this in the literature review for this research study is because doing a comparison between narrative therapy and psychosynthesis and working towards a merge of the two modalities was my initial subject area for this thesis. Having experienced both modalities I can see very clearly how they benefit clients, but also where they are limited and could be enhanced by the other modality.

Psychosynthesis is known as a spiritual or transpersonal psychotherapy and is a theory and a practice of individual development and growth. It assumes that each human being is a soul as well as a personality. (Hardy, 1987) Narrative therapy does not assume this. I believe wholeheartedly that a merge of the two modalities would create a holistic approach to therapy that considers spiritual ideas, the experiences of both therapist and client and a focus on strength and resilience, rather than pathology.

### **2.3.1 Psychosynthesis**

Psychosynthesis was developed in the 1920s by Roberto Assagioli who had previously trained in psychiatry. Psychosynthesis is based on Freudian psychoanalysis, but rather than only studying pathology it focuses on studying healthy people with a deeply transcendent experience of life. The psychosynthesis model became known as a psychospiritual psychology and tries to “addresses the spectrum of human experience from undifferentiated, pre-personal consciousness, through development of a healthy personality and centre of identity in the world, and beyond...” (Institute of Psychosynthesis N.Z., n.d., *Introduction*)

Roberto Assagioli developed a model for psychosynthesis known as the egg diagram and it demonstrates the layers of consciousness that Assagiolo saw as part of our experience and gave a foundation to how he wanted to work with people therapeutically.

This is the diagram:

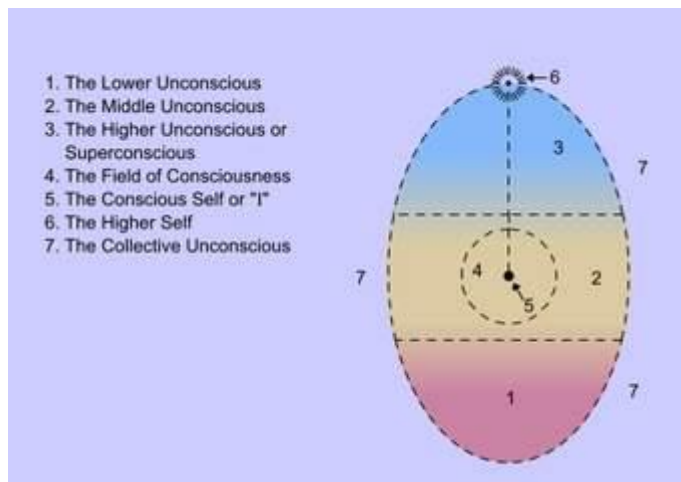


Figure 1. Psychosynthesis 'Egg' created by Roberto Assagioli. (N.d).

Assagioli was versed in many fields of study, such as the psychodynamic movement, psychosomatic medicine, psychology, psychiatry, anthropology and the psychology of religion. He was also conversant in investigations of the 'superconscious' and 'holism'. In *Psychology of the Soul*, Hardy reveals that Assagioli was mostly interested in the many techniques of Psychotherapy. "Psychosynthesis", he states, "is well known for its flexible use of a large number of techniques: these include Gestalt, guided fantasy, meditation, group psychotherapy, use of art, music and writing, work on meaning and purpose as well as on problems" (Hardy, 1987, p. 2).

There is so much that I could and would like to say about this modality but for the scope of this thesis I will stick to the core idea that distinguishes psychosynthesis from narrative therapy. Narrative therapy externalises problems, whereas psychosynthesis aims to encourage clients to identify, or become conscious of aspects of themselves, and then to learn to disidentify.

Whitmore (1991) states that in the process of psychosynthesis counselling, the client becomes aware that within him or her there are many more or less conscious aspects, roles and attitudes with which from time to time she becomes identified. Often these aspects, roles and attitudes are negative and the client wants guidance and new perspectives on themselves and/or their lives. "We are dominated by everything with which our self is identified... the process of identification is universal and can be reversed only by its opposite, 'disidentification', enabling us to consciously detach ourselves from the various aspects of our personality" (Whitmore, 1991, p. 51).

Assagioli, stated that “identification is the key here. We cannot disidentify from what we are not conscious of. Identification is where we place our meaning, purpose and value, which is important on one level, as we all need to identify with who we are, where we come from, and what gives us meaning and purpose. But on a negative level it is where we are most caught” (as cited in Sorrell, 2011, p. 43). Gila and Firman (2002) describe how disidentification allows space for our experience, so that we are not stuck in any particular pattern or feeling, thought or behaviour but can shift and move between all of them. In this way we see ourselves as distinct-but-not-separate from the various contents of our inner worlds. In other words, we disidentify from them all, and we can potentially interact empathetically with any and all of these contents.

Psychosynthesis offers many ways of working with clients that allow them to disidentify. The various aspects of our consciousness reveal themselves through our body experiences, our feelings and our mind activities. These experiences or manifestations are then revealed in how we behave. If we don't develop awareness of how or what we are experiencing then we can become overly identified with these aspects of ourselves. “We can become so identified with a role that we never take the time to stop and see how we really feel” (Parfitt, 1990, p. 33). It is through the skill of disidentification that our mind activity, behaviour and body experiences can be recognized and listened to, as well as managed and transformed (Rowan, 1993).

One common way to learn to disidentify using psychosynthesis techniques is to do an identification exercise. Assagioli discusses the *Identification* exercise as a process of meditation where you can scan your body, notice and appreciate its experience and then recognise ‘I have a body but I am not my body.’ Here is where disidentification occurs. We do the same for our feelings and our mind: firstly scanning and identifying how we are feeling or what we are thinking, and then stating to ourselves that we are having these feelings and thoughts but we are not them, or they are not intrinsically us (Assagioli, 1984). This process allows us to stand back from our experience and witness it in a new and ‘disidentified’ way. Externalisation can allow this process also, as can mindfulness meditation.

It is important to explain at this point that psychosynthesis has taken new directions since being brought to New Zealand in 1986 by Helen Palmer and Peter Hubbard. Helen Palmer (2010) describes the “Body-Feelings-Mind” (BFM) foci of self-exploration as one of the most important maps we have, one that “acknowledges an embodied immanent spirituality as well as transcendent spirituality.” (p. 64) Therefore, in the New Zealand context Assagoli's mantra becomes “I am my body

and I am more than body” (p.65) (and more than my feelings and mind). Palmer argues that such a way of understanding our nature “gives primacy to perception from body up, as it were, and not just to mental perceptions identified only with a disembodied transcendental self...” (p. 65). Two other psychosynthesis concepts are key to the understanding of disidentification – consciousness and will. Palmer states that the “ongoing experience of identifying/disidentifying is the constant engagement of consciousness [and] will [enabling us to] participate intentionally, creatively and reciprocally in our nested communities, and the evolutionary unfolding of our world.”(p. 67)

Finally, upon reflection, psychosynthesis is not post-structuralist and therefore part of the philosophy underlying the modality is that the therapist is the expert and pathology connected to clients’ personalities is part of its lens. These aspects of the modality do not interest me and narrative therapy has much to teach psychosynthesis in terms of its worldview and paradigm. However, psychosynthesis has much to teach narrative therapy in terms of its spiritual lens, its focus on consciousness and the requirement for therapists to be aware of their own experiences in relation to their clients and the work they do. I would love to see the post-structuralist lens, ideas and techniques of narrative therapy merged with the more spiritual and holistic concepts of psychosynthesis. I intend to work in a way that brings these two worldviews into play with clients.

Further study into this area, considering the merging of these two modalities in practice, would make a fascinating research project.

### **2.3.2 Buddhism and narrative therapy**

Bill Lax (Lax, 2000) wrote an article entitled Narrative Therapy and Buddhism: Paths to liberation. In this article he discusses their similarities and their differences and he highlights the benefits of mindfulness meditation which I also believe is very effective for people who are striving for connectedness to themselves, others and the world around them. Mindfulness meditation allows individuals to create space between themselves and their thoughts and feelings. It has the potential to allow for kindness and compassion and non-resistant living to emerge. It allows for what Psychosynthesis describes as a process of identification and disidentification. Lax (2000) points out early in the article that there is one strong commonality between Buddhism and narrative therapy:

One strong commonality is both promote the possibility of liberation for people... a freedom from the personal, interpersonal and political/cultural dictates through which we describe and live our lives. Buddhism very clearly addresses this form of liberation. Narrative, while not espousing any specific spiritual component in any overt manner, values liberation as it sides against all oppression. (Lax, 2000, p.1)

He discusses how there are two tenets of Buddhism, one being impermanence and the other being an absence of a fixed identity. He reflects on how narrative therapy proposes that our identity is something fluid and changeable. He says “Problems arise as we are given or take on a rigid identity or one that is inconsistent with ways that we like to see ourselves. Buddhism also does not adhere to any fixed identity or permanent self” (Lax, 2000, p.2). Lax notes that in Buddhism, which of course is a spiritual philosophy or religion, everything is transitory and nothing will last forever, including any idea of self. In Buddhism, the self is merely a component of a larger interconnected system of sentient beings.

The aspect that resonated most for me in this article was when Lax talked about meditation practise and training the mind. He states that according the Buddha, suffering is everywhere and unavoidable. He says that this suffering is caused by our desires for pleasure and avoidance of pain. He talks about how there is the possibility to end this suffering through mindful meditation, and “by following a path that includes meditation practise or training the mind” (Lax, 2000, p.3). He says that there are similarities between mindfulness meditation and deconstruction:

Mindfulness meditation is similar to deconstruction, as a practise of making thoughts, feelings and sensations the object of observation. With this practise there is separation that allows people to become observers of the process, able to describe, examine, and comment on the unfolding process, but not affected by it in its usual ways (Lax, 2000, p.4).

Lax (2000) acknowledges that Buddhist philosophy accepts that problems will re-emerge again and again, but he promotes the idea that following the Buddhist spiritual practise of mindfulness one can continue to deconstruct those problems, and not be continually overwhelmed by them. He states that both Buddhism and narrative recognise that problems will always be there for us, as we cannot escape cultural influences and the tendencies of our minds to move toward desires and away from pain.

Along with mindfulness meditation, Lax also realises that narrative therapy can borrow from Buddhism in terms of looking for kindness and compassion in our lives

and learning to respond more kindly and compassionately towards ourselves, and I imagine others and the world around us. “Borrowing from Buddhism, we might also be looking for those moments and actions in our lives that are filled with generosity, kindness, and compassion for others in a more concerted manner, and respond with more kindness ourselves” (Lax, 2000, p.7).

Narrative therapy promotes creating preferred identities whereas, according to Lax, a Buddhist view of alternative narratives might also warn us to beware of becoming attached to these preferred identities as they can still present us with another way of developing a fixed identity.

He says that we might consider holding alternative narratives with a sense of balance and lightness, as we do problematic ones, realising that this kind of identity will also shift and change, as it is as impermanent as the problematic, pain-filled identity ones we dislike. Treat these new identities with love, but do not fall in love with them.

Lax quotes Michael White as saying that “this work is a joining of stories of the lives of others around shared themes and values” (Lax, 2000, p.8). He says that hearing others’ stories about our lives helps accentuate the more valued realms of our lives and bring us more into connection with others, making our lives less self-oriented.

In Buddhism, the idea of community is very important. Lax says that it is actually one of the three jewels of the teachings, called the Sangha. “The sangha is the community of Buddhists that gather together to practise the teachings of the Buddha and support one another in this movement toward liberation” (Lax, 2000, p.8).

Lax makes a good point and one that links in with reflective practise, which is a recurring theme in this study, when he says that it is also very useful for therapists to have a community of support (such as a supervision group) that will offer encouragement to our efforts.

In conclusion, Lax points out that while there are similarities between narrative and Buddhism, there are also many differences. The core difference he points out is the spiritual dimension that narrative therapy is lacking but that is becoming a more poignant topic in the world at large. He states “Buddhism believes that there is an unconditioned state, outside of culture, where one is neither influenced positively nor negatively toward any particular position. This is a state of choiceful choicelessness, in which the person can clearly see the multitude of perspectives available and move in a direction with great compassion and caring for all humanity” (Lax, 2000, p.9).

### 2.3.3 Māori spirituality

For this section I have chosen to quote Michael King from his book *Te Ao Hurihuri: Aspects of Māoritanga*. (King, 2011) This Literature review makes some important points in terms of what we, Pākehā especially, need to consider when broaching the subject or embracing ideas of Māori spirituality. In chapter four, when I present, analyse and discuss my research data, I will cover many other topics, raised by the Māori participant and others, and which relate to Māori spirituality. I will include the Māori house model for wellbeing in that section of the thesis also, as it was brought up in conversation with two of the participants.

I begin this literature review with a quote that contains a sentiment that needs to be considered deeply in order to move forward and towards embracing bi-culturalism, and therefore Māori spirituality, more authentically:

I know there are a lot of Pākehās who would love to learn, not only the language, but the Māori heart. And it's a thing one can never teach. Quite a number of Pākehās are sincere about it. This is part of the Māori they want to learn: respect for nature, respect for anything Māori... anyone can speak on a marae once they have been taught the proper procedure. This is just scratching the surface. Māoritanga goes deeper than that and I don't think Pākehās are aware of this. (King, 2011, p.11)

King talks about such things as life force, aura, mystique, ethos and lifestyle. All this is bound up with the spirituality of the Māori world and the force this exerts on Māori things. He makes it clear that people who want to enter this world need to enter it with a lot of respect and always be aware of these different live forces which are going on and which the Māori believes are part of his being. "It's good", he says, "that everybody enters into the life of the Māori and knows what it's about. But there are certain places where you've got to be respectful, where you've got to realise there's a spirituality about Māori things. And this spirituality doesn't fit in with fast-changing Pākehā conditions." (King, 2011, p.14)

He says it's important to realise that Māoritanga is a thing of the heart rather than the head. For that reason analysis is necessary only to make explicit what the Māori understands implicitly in his daily living, feeling, acting and deciding. (King, 2011). This is a fundamental idea and speaks to the truth that the mind can only understand and embrace concepts to a certain point. True understanding and the authentic living out these concepts only truly takes place when concepts are fully embodied. This

idea really challenges the belief that if we teach Māoritanga, and/or incorporate Māori spiritual practices into narrative therapy then we have done enough. This is where bicultural practice can be seen as mere tokenism. To avoid practicing from a place that is head-based, rather than heart-based, open awareness is necessary. Gradual and mindful integration of ideas, that are innately spiritual, needs to be a primary focus in tertiary institutions and working places.

On the subject of the material and the spiritual world King gives a good explanation and one that reveals how interconnected the two worlds are according to Māori belief:

The Māori conceives of it as at least a two-world system in which the material proceeds from the spiritual, and the spiritual (which is the higher order) interpenetrates the material physical world of Te Ao Marama... while the Māori thought of the physical sphere as subject to natural laws, these could be affected, modified and even changed by the application of the higher laws of the spiritual orders. In some senses, I suspect the Māori had a three-world view, of potential being symbolised by Te Korekore, the world of becoming portrayed by Te Po, and the world of being, Te Ao Marama. (King, 2011, p.134).

In saying this, King reveals that the cultural milieu is rooted both in the temporal world and the transcendent world and that this brings a person into intimate relationship with the gods and his universe.

The connection to the land and the sacredness of land are important in Māori worldview. Community and group living are also part of Māori history and culture. King describes his own experience of this when he says "I grew up in a Māori community. In this community there was always a sense of the value of land and the emotional ties Māori have to it... we had to learn the dynamics of group living" (King, 2011, p. 183).

He talks about progressing by observing and becoming involved in all the activities of the marae, pointing out that traditionally this was the way a young man fitted into place as the elders died off. In Māori culture the marae is placed at the centre of community living and taking this idea and applying the concept to Māori and Pākehā alike Michael King says "we should be harnessing our communities so they can become sharing, caring and loving for Pākehā and Māori" (King, 2011, p.184).

Whare wananga or school of learning, which is something the Māori participant in this research study talked about in great detail, is also discussed by Michael King. He says that whare wananga teaches people things they would not be able to get

through traditional methods of learning in the city (King, 2011). This idea is reiterated by Michael in his interview, and will be discussed in chapter four.

King makes a link between the connection to land and Māori mythology and how these two aspects of Māori culture create an emotional tie to the land for Māori. “For Māori, generally, I believe there is an emotional tie to the land because of their mythology and because of the way they have been taught where they have come from – the whole mythology of creation” (King, 2011, p.187). This highlights another need for Pākehā, which is that of learning more about their identity and where they have come from, in terms of ancestry and heritage and also possibly in terms of the myths surrounding their heritage.

It is very apparent that Michael King believes that Māori worldview and spirituality are not easily absorbed into the Pākehā psyche and therefore cannot easily be embraced wholeheartedly and this is largely because our history and culture has not embraced the same values. He also makes a good point and one that could be seen to complicate issues further, that being that Māoritanga or Māori worldview doesn't really exist due to the fact that there are many Māori tribes, each with their own history. “It seems to me there is no such thing as Māoritanga because Māoritanga is an all-inclusive term which embraces all Māori. And there are so many aspects about every tribal person. Each tribe has its own history. And it's not a history that can be shared among others” (King, 2011, p.190).

This, however, sheds more light on how individual histories, as well as our shared national history need to be explored independently and alongside each other. This is another idea that was brought up by three of the four participants, and this I believe lies at the heart of how narrative therapy should be taught in Aotearoa.

Bearing all this mind, in order to embrace bi-culturalism, we need to tread lightly and become much more versed in Māori spirituality in practise and make sure that we are centring individual's experiences of biculturalism in the enquiry. We must incorporate individual and national histories into narrative training in authentic and practical ways. I believe that utilising the Māori health model, *te whare tapa wha*, as a therapeutic tool in both training and practice is a good idea, as well as incorporating more Māori culture and worldview, I believe, in addition to this, that Māori cultural practices, such as *mihi* and *pepeha*, *Whānaungatanga* and the expression of *karakia* or *waiata* are also important therapeutic practices and ones that would enrich narrative therapy training and practice enormously. This will be discussed more in chapter four in the section on Māori spirituality.

### **2.3.4 Johnella Bird and Talk That Sings**

Johnella Bird is a therapist and innovator who was, in the 1980s, influenced by a wide range of family therapy theorists and practitioners, including Michael White. Participants, including myself, believe that she works in a way that is spiritually enhancing. As will be revealed throughout this thesis, Johnella Bird's work is admired greatly for its holistic and relational approach.

I have dedicated a section to Johnella Bird and her work in the results section. I believe her work and contributions to narrative therapy warrant a significant amount of attention.

It is very important to make clear that Johnella Bird was a participant in this study and therefore contributed in the same way other participants contributed. She answered my questions, and reflected on the work she does in the light of spirituality in practice. The reason why she has become an integral part of the findings is because the participants talked about her work often and wholeheartedly. This fact, combined with her reputation in narrative circles and my commitment to her, led me to the conclusion that Johnella Bird's work warrants more attention within the narrative framework.

For this literature review on Johnella Bird I have chosen to devote my time and energy to her book, *Talk That Sings: Therapy in a new linguistic key.* (Bird, 2004) Johnella's other well-known and well-read book is *A Heart's Narrative* (Bird, 2000) but this piece of literature was written before *Talk that Sings* and her work has evolved since then. I have a personal interest in Johnella's work for several reasons. Firstly, she engages with narrative philosophies, tools and techniques. Secondly, she works with a significant amount of awareness and has taken her work to new levels with her post-structural lens, phenomenal interest in language and power, and her ability to see and take into consideration both her clients' experiences and her own. Johnella Bird is renowned for working in what she herself calls a relationally conscious way. Many believe her work to be spiritual in nature.

Johnella Bird has a long-standing interest in relationships and relating authentically and therapeutically with clients. This interest includes addressing power dynamics and considering language as the primary vehicle for engaging in therapy that is transformative for her clients. She says "I believe that relational language-making provides us with a language structure that allows the meaning attributed to words to

be negotiated rather than assumed. In this meaning negotiation we are directed towards the search for consensual and contextual meaning rather than believing in or searching for the 'true' meaning of a word or phrase" (Bird, 2004, p. 6). Johnella says that relational-language making positions the self in relationship to the thought, feeling, experience and action. An example she gives is that in conventional English one might say "I feel angry", whereas in relational language-making one might say "This anger that I feel..." (Bird, 2010, p.7). It also positions the feeling as contextually shaped rather than existing within a person or not.

Relational language-making can move the enquiry towards researching what has been, is or could be possible, rather than the focus being on the negative or binary positions or totalising someone's experience and it also externalises people's experiences, rather than internalising them.

"Internalisation – Are you critical of yourself?

Externalisation – How have you stood up to self-criticism? Or What does self-criticism try to tell you about yourself" (Bird, 2010, p. 17)?

Some might say that this is a narrative concept and they would be right, to a certain degree. Unlike narrative therapy, however, Johnella discusses and practises with relational externalisation, rather than traditional narrative externalisation. Relational externalisation has the potential to be much more embodied and representative of the complexities of ideas and language, and it also draws both the client's and the therapist's experiences into interactional play.

Johnella talks about how the relational enquiry supports the therapist-client relationship and their ability to mutually discover and examine the effect of differences (gender relations, cultural relations, class relations, power relations) on the conversational process. In *Talk that Sings* Johnella displays many conversations that illustrate relational languaging in action and therefore the relational enquiry. One example she demonstrates is a conversation between a male therapist and his female client about their difference in gender:

"Therapist: Given I am a man (therapist) working with you, do you think this will affect the conversation in any way?

Client: No, I don't think so.

Therapist: If the difference was affecting the conversation could you tell me? (In this instance the therapist and the client are oriented toward the gender difference and the impact of this difference on the conversation rather than "Do you feel comfortable with me?", or "is it ok that I work with you, given I am a man?" (This

is an example of relational positioning of all conversational participants.)

Client: I don't know. I suppose so.

Therapist: What might be the first sign that there was a difference which was affecting the relationship? (Another relational positioning)

Client: I think I'd feel tense.

Therapist: What do you do when you notice this tension impacting on you? (This experience 'tension' is positioned as particular to this person. Describing this in this manner positions all conversational participants to consider that this tension is dynamically constructed within a relationship and thus within a process.)

Client: I think I try to ignore it.

Therapist: How do you do that?

Client: I just say to myself, 'Don't be silly. It will be alright.'

Therapist: Does that reassurance strategy work for you?

Client: Sometimes. Mostly, I just go quiet.

Therapist: Could you tell me whenever you feel the effect of this tension?

Client: I could try.

Therapist: Is there somewhere in the body where you primarily experience this tension?

Client: yes. It's in my throat.

Therapist: Could you tell me when you experience this tension in the throat?

Client: yes, I could."

(Bird, 2010, p. 32).

This conversation illustrates relational-linguaging, primarily in the use of tension as an external factor and one that varies in nature. The therapist refers to 'this tension' rather than describing the client as 'tense' and this places the client in relationship with the tension and not totalised by it. This relational enquiry is also supporting a mutual discovery of how gender and power impact the relationship. Another aspect of this enquiry, worth noting, is how it brings the interplay between mind and body into the conversation. This makes the enquiry more holistic and therefore more spiritual.

The creation of relational consciousness through linguaging is Johnella's primary focus and her books are pregnant with ideas related to how she uses language and

examples of conversations she might have with clients. There is a large transcript on pages 108-119 of *Talk that Sings* that highlights relational themes and also how Johnella manages, alongside her client, to make shifts in themes. This is well worth reading for a good idea of how Johnella works with clients. She also writes about the philosophies behind her ideas on language, power and right relating. Although, I could spend much time and space on Johnella's work I think her books need to be read thoroughly and her workshops and therapeutic conversations need to be viewed. Johnella has many DVDs for sale that beautifully portray how she works with clients. These are well worth watching. In this section, I have merely touched on the foundations of her work and how she works therapeutically. I have taken the above information from the first section of her book *Talk that Sings*, entitled 'Relational Consciousness is the difference', which includes the politics of language-making and *Making Relational Language*. However, there are two other sections; *Relationally Speaking* and *Illustrating the Therapeutic Practise*, and within these sections there are chapters on creating change, the therapeutic relationship, and many other subjects. The third section includes many examples of work in practise and must be properly read in order to be absorbed on many levels. I, personally, have read the entire book twice and have delved into it on many other occasions.

To conclude this section, I leave the following questions that Johnella believes should guide our work as therapists towards conversations that embrace respect, collaboration and trust:

What strategies do I use to ensure that I am not acting as an agent of social control? What accountability structures do I use to reflect on what it is that I can't know across culture, gender, class, sexuality, age? What strategies do I use to make apparent or visible the power relationship in the therapeutic relationship, supervision/consultation relationship, teaching relationship? Once visible how do I negotiate the experience of this power relationship with people? What are the strategies I use to refuse to occupy a definitive place, which rarifies the discoveries I have made by embalming these discoveries as truths, as a therapy, as the way? What are the strategies I use to notice the quicksand of occupying or being placed in a privileged place, which exists despite my protest 'I don't want to be here!' (Bird, 2010, p.79)

## **CHAPTER THREE: RESEARCH METHODOLOGY**

### **3.1 Introduction**

This research explores aspects of human experience. It is, therefore, phenomenological and qualitative.

Qualitative research is interested in obtaining data that can generate in-depth information about participant's backgrounds, environment and the like. Research methods such as interviews and focus groups are readily utilised in qualitative research. (Patton, 2002)

It is qualitative research that is also interpretivist and constructivist as it is the participants' views that are being studied from the viewpoint that reality is socially constructed. Constructivism claims that the only reality we can know is that represented by human thought and interpretivism rests upon idealism, which also suggests that the world is interpreted through the mind and that we can't know true nature (Bridgman, 2012). I interviewed my subjects on their thoughts and responses, and therefore their constructs and interpretations, with regard to spirituality in practice.

I sought to develop a theory or pattern[s] of meaning from the data that I collected (MackeNew Zealandie & Knipe, 2006) from experienced narrative therapists. These paradigms are congruent with my research for a few reasons including:

- 1) Narrative therapy and spirituality require interpretivist and constructivist approaches as in their very nature as they involve ways of interpreting human experience and construct and re-construct ideas of how people are engaged with the world and each other; and
- 2) The research involves engaging with other counsellors who will interpret and deconstruct the ideas relating to addressing issues related to spirituality in their practice.

### **3.2 Selection criteria and Methods of Data Collection**

#### **3.2.1 Selection Criteria**

Four counsellors, who are trained in narrative therapy and who have more than four years' experience in practice, were recruited.

Due to the fact this is a very personal, and profound topic, four counsellors with an interest in spirituality were deemed sufficient for a Masters thesis. I already had three of the four participants in mind, and I knew from communication with them, and from their work, that they would be interested in this topic. I wanted to find a narrative-trained Māori practitioner, who was preferably male, to be the fourth participant. A lecturer at Unitec recommended an ideal participant to me and he agreed to be interviewed. Over the period of six months I conducted semi-structured in-depth interviews with each participant. The interviews produced approximately 40 pages of transcript material. Given the size of the project four participants provided an adequate amount of data for a piece of qualitative research. This research is investigatory and exploratory. Drawing statistically significant conclusions is not a goal of this research. Research that follows on from this project, conducted on a larger scale, could potentially include more participants.

### **3.2.2 Data Collection**

Semi-structured one-on-one interviews (see appendix 1) were used to collect data from participants. Face-to-face interviewing is seen to be an effective way to gain 'familiarity' with the interviewees and for producing rich insights into their experiences (Lofland et al., 2006). The chosen method uses an interview guide of open-ended questions to steer the conversation with participants in such a way as it does not force them to select pre-established responses (Lofland et al., 2006). The interview guide contained questions pertaining to the inclusion of spirituality and all it entails within the participant's training and the aspects of narrative therapy which contribute to addressing spirituality within practice. Questions were also asked about the practitioners' spiritual beliefs and practises and how these intersect with their therapy practice. In addition, information was drawn from participants on additional therapy modalities which they draw on in their practice and the kinds of spiritual issues which they have been required to address. The conversations that took place between myself and the therapists who participated in my enquiry highlighted how narrative therapy could be enriched further to fully embrace the spirituality of clients.

The interview sessions were semi-structured as a general topic outline had been decided upon in advance. They were also individual and in-depth. The in-depth interview can be regarded as the essential research technique for biographical research into living subjects. It is, as Burns (1989) suggests, the most appropriate

method for "experiencing the experiences of other" (p. 95), one of the definitions of qualitative research.

As a trained narrative therapist myself and with my other training in therapeutic modalities, combined with my personal experiences I was an appropriate candidate for carrying out these semi-structured interviews with other narrative-trained and very experienced therapists. Our combined wisdom, knowledge and beliefs elicited rich and dynamic discussions. Although, I was mindful about not centring my own ideas in the enquiry, my questions and reflections during the conversations placed me as a fifth participant in the enquiry. I like to believe that my conscious attempt to focus on the participants' views and not my own meant that my contributions were not as substantial as the participants. Having said this, I participated in all five of the conversations and the interviewees only participated in one, two in Johnella's case. For this reason, and the fact that the questions and the topic of research were mine, I am a very active participant in this study. I have also made a point of outlining my relevant history and interest in the subject at the beginning of this thesis and I have included a thorough critical reflection at the end which basically sums up all my findings from this study and includes my own views and recommendations. Therefore, I can confidently maintain that this research paper is based on a study that has centred, honoured and respected the contributions of the participants but not only includes my own contributions but has also been pieced and woven together in way that I saw fit. My critical reflection in the final chapter will emphasise the fact that I have drawn many personal conclusions from the data received from the participants interviewed for this thesis.

Four of the face-to-face interviews lasted no longer than one and a half hours. I interviewed one participant, Johnella Bird, on two occasions in order to gain more clarity and extend on ideas discussed in the first interview. The second interview was 45 minutes. I only interviewed Johnella twice, and not the other participants, as I felt more information and clarification was needed in Johnella's case. My interviews with her were very rich and provided much background to her working history. During all the interviews, I asked questions related to the narrative therapy training (and other training) they have had and that contribute to their practice. I sought to identify the aspects of narrative therapy that contribute to addressing spiritual issues and the ways narrative therapy might be improved in this area. I also enquired into other frameworks or approaches which work well alongside narrative therapy. I also asked for more specific examples of situations, problems, beliefs or ideas that arise and how the practitioners deal with these. This area could have been explored to much

greater depths with more time and scope. I hope another student will endeavour to explore this further. I asked questions about the practitioners' own spiritual beliefs and practices and how these intersect with their practise, and also how these beliefs might influence the discourse.

After conducting the face-to-face interviews the data was transcribed verbatim. I used italk on my iphone to record the interviews and transcribed all the interviews on my laptop. The recordings and transcripts were sent to each participant, and they were given the opportunity to request editing or deleting of parts they either felt uncomfortable with or they felt would identify them. Johnella Bird was the only participant who was happy to be named in the thesis itself. All the other participants have been given pseudonyms.

### **3.2.3 Analysis of Data**

Thematic analysis was used to analyse the data from the interviews. I chose this approach as is very appropriate for an exploratory investigation such as this and the flexibility it provides allows for a rich yet detailed account of complex data (Braun & Clarke, 2006). The challenge however in the approach is in the ability to make sense of large amounts of data, sorting the important material from the trivial, and constructing patterns and a framework which reveal the true essence of data collected (Patton, 2002).

The six-phase process described in Braun & Clarke (2006) was initially used as a guide in the analysis. The first step involved familiarising myself as much as possible with the data, by actively reading the interview transcripts numerous times, and searching for meanings and patterns. This stage also involved creating an initial list of what is in the data corpus and what is interesting about it.

I was also introduced to DebateGraph by Dr Alexandra Hart. Dr Hart put me in contact with David Price who is based in the UK, and who developed this excellent program. Once I had met with David (in Cyber Space) and learned how Debategraph works, I began inserting all the relevant data into the graph under the main heading entitled Interviewees, and under each individual interviewee respectively. This meant that under each interviewee there were more themes and sub-themes and eventually I had a good outline of all the themes associated with each participant, how they linked together and how they compared to one another.

The next step involved coming up with main themes and sub-themes drawn from all the interviews and basically had me moving the data from the 'Interviewees' category into main theme headings and sub-themes within these main themes. Debatagraph allowed me to efficiently and effectively carry out stages two and three in Braun and Clarke's six phase process.

The fourth stage involved reviewing the themes. At this stage I specifically explored the regularly repeated themes for aspects of narrative therapy that contribute to addressing spiritual needs in practice. I looked for patterns that emerge in terms of other modalities that work alongside narrative therapy and coded these. I did the same for the practitioners' spiritual beliefs and how these intersect with their practise and examples of spiritual issues that arise and how these are dealt with.

The fifth stage involved defining and naming themes and sub-themes. I needed to be able to describe the scope and content of each theme in a couple of sentences and to consider the names that I would give the themes in the final analysis.

Finally, the sixth stage involved producing the report that clearly describes the data in a way which convinces the reader of the merit and validity of my analysis (Braun & Clarke, 2006).

I have endeavoured to present interviewees in their own words and report the actual data that formed the basis of my interpretations. In doing so, readers will be able to understand the individuals studied and draw their own interpretation of the complexities of counselling work and the spiritual issues involved.

## **CHAPTER FOUR: PRESENTATION, ANALYSIS AND DISCUSSION OF DATA**

### **4.1 A synopsis of each participant's narrative**

Prior to the analysis of themes a synopsis of each therapist's narrative is provided in order to give a context to their backgrounds, and their spiritual beliefs and practises.

#### **4.1.1 Amanda Smith**

Amanda is a narrative therapist in private practice and although she describes herself as a narrative therapist she is wary of the narrow description of narrative therapy. She is wary that it is becoming boxed in some areas and in such a way that narrative grew out of counters to practises that were boxed in. She sees herself as practising under the post-structuralist/collaborative umbrella and anyone reviewing her practise would see that the key aspects of narrative are there. She did an eclectic counselling diploma in the late 80s and then went on to do a Masters with primary focus on narrative therapy in the early 90s. Amanda is very interested in the topic of spirituality in practise and says that there is a strong case to be made for making working with spirituality more visible in counselling training programs or in the written word. This is an area that really interests her. Amanda realises that it can be such a great resource for people but that it's an area that people are reluctant to go to because it seems too vast and she thinks there's some ideas about privacy and the power in it too. This is also, in Amanda's opinion, why spirituality is not often written about. People can feel silenced because they don't want to feel judged for their dearly held beliefs. She believes that there could be more training and reflection incorporated into the narrative framework and that this would improve practise.

Having done a postgraduate diploma and a Masters, as well as having attended various workshops with the likes of David Epston, Johnella Bird and Geoff Simmermin, Amanda is now a very well regarded therapist. She also co-founded the narrative counselling program at Unitec and has trained many individuals into becoming narrative therapists themselves.

Although Amanda draws on many other peoples' work, she thinks of herself as rather singular in her therapeutic approach. She believes that addressing the power dynamics in therapy is essential to moral and ethical practise. Amanda appreciates how Laidlaw (a private training establishment offering quality education in theology, mission and ministry, counselling and education) work within their Christian belief

system while using a narrative therapeutic approach. Amanda has an open approach to spirituality in practice and, like all other participants, she often refers to Johnella Bird's work. She refers to one of Johnella's books, 'The talk that sings', when discussing how there's something that happens in the room that is much bigger than the individuals. "There's a connection that happens", she says, "and I'm not referring to a higher power or anything... I think the work can be, and I mean this word in an entirely non-religious sense, the work can be very sacred."

In terms of Amanda's personal spirituality, she did not have a religious upbringing and doesn't believe she has had much personal experience as far as spirituality is concerned. She describes herself as open-minded and interested in a larger sense of spirituality. She refers to talking about spirituality in "a really broad sense, not just in terms of organised religion." Amanda has huge respect for cultures that hold strong spiritual beliefs and she makes it very clear that for her there is a strong distinction between religion and spirituality. She believes there is a lot we can't explain but she likes to practise mindfulness meditation and gets huge solace from being amongst nature. She shares this with all the other participants. Her sense of home is in the middle of the south island of New Zealand. (A. Smith, personal communication, December 10, 2014).

#### **4.1.2 Rachael Jones**

Rachael is a narrative therapist and is very committed to, and passionate about, this therapeutic approach. She did a Masters in Social work at Canterbury University and went on to practise as a counsellor with an eclectic approach. Following this, she says "I was kind of exploring different models and each of them I had some serious philosophical reservations, often about the use of power, you know where the therapist was positioned." In 1985 Rachael found her philosophical home when she discovered White and Epston and narrative therapy. In the interview, she said that narrative is the philosophical base that she comes from. In addition to this, she said "that's where my training has been and anything for me has to fit within that structure." She now works primarily with narrative but also does some EDMR therapy and incorporates sandtray into her narrative practise. Rachael also supervises therapists at Laidlaw and appreciates how they combine their Christian beliefs with narrative therapy in their practise. Like Amanda and Michael, Rachael believes that Johnella Bird holds a spiritual approach to her work.

Rachael had an Anglican upbringing and her father's family were Christian spiritualists. Rachael mentioned having had spiritual experiences herself but I didn't ask her what these were. She sees herself as a spiritual person and shares the other participants' interest and openness to spiritual ideas. She believes in a spiritual material world as well as one that pertains to the mysteries and the vastness. She is open to ideas of reincarnation and life after death. She is interested in Buddhism and Reiki energy healing and she explored Quaker philosophy for a while and ideas related to God existing within all of us. This idea resonates for her. On the other hand, she reacts against seeing the Divine as punitive and judging and also new age ideas of manifesting and believing that bad things happen to us because of how we were in past lives. However, she says, "we do shape our own lives according to the beliefs we are carrying and what we believe is possible for ourselves." Like all the other participants, Rachael feels spiritually connected in the outdoors, naming this as "environmental connectedness." She practises Reiki and doesn't meditate regularly but would like to. She also attends a women's spiritual group fortnightly. Upon asking Rachael whether she feels silenced with regard to spirituality, she said "it depends who I'm with, I don't feel silenced here (in her workplace)". She does, however, feel silenced with people who hold more cynical views of spirituality. To sum up her views on the topic of spirituality, she says "I would describe myself as someone who is very interested in the spiritual dimension of life, and open to it" (R. Jones, personal communication, December 5, 2014).

#### **4.1.3 Michael Cook**

Michael is a Māori clinical practitioner at SAFE in Auckland. He likes to describe himself as a Māori practitioner or Māori clinical practitioner as he is Māori and works with 100% Māori clientele. Also, although he has trained in narrative therapy he describes working from a dual foundation, which is a combination of narrative therapy and Tikanga Māori, another passion of his that he is nurturing. Although on occasion Michael calls himself a narrative therapist he realises that this description excludes the Tikanga therapy that he's been nurturing and working with. He says that he uses a narrative tool set in a container that's tikanga Māori.

In his job at SAFE, Michael's title is clinical practitioner and he works with other therapists of differing backgrounds. Michael said that he works in different capacities; in behavioural management, in education and as a therapist. In his therapeutic work, Michael, like the other participants, draws on Johnella's ideas of relational therapy. He says that within the therapeutic context he would hope that he's staying loyal to Johnella's work on relational therapy and languaging. He also draws a lot on

narrative ideas around walking alongside the client and empowering them to discover the answers for themselves. He says his style always varies and he knows he doesn't get it right all the time.

Michael graduated from Unitec with the post-graduate diploma in narrative therapy in 2012 and has been a guest lecturer there ever since. He also attends Te Wananga Aotearoa, where he learns the Māori language, and also te whare wananga which is an ancient and traditional way of being and expressing Mātauranga Māori. Michael describes it as looking at the harmony of the planets, Papatuanuku (Mother Earth), trees and rivers etc and the natural moving between the material and spiritual worlds and how they connect. He describes it as “old school” and “not open to the public.” His immersion in wananga has him sometimes spending a night in a marae with a kaumatua who is steeped in tikanga Māori. Tikanga Māori is a holistic and spiritual lens and according to Michael there are lots of entry points and depths to this philosophy. Tikanga Māori loosely means ‘the right way of being in the world for Māori’. It is a philosophy, similar to Taoism or Buddhism, and it sits with its feet in both the spiritual and the material world where there is no separation between the physical, the emotional, the mental or the spiritual. It is spiritual in that it is an experience and words will never capture it. You need to become it. By holding a spiritual lens, Michael claims that you can gain a broader understanding of self and a deeper sense of possibility. It is holistic in that it offers a wider ability to explore, map and discover relationship. It is about meeting someone as an equal and keeping the power balance, in order to embody relationship. This, in Michael's view, gives birth to healing.

Michael has a rich sense of his spirituality. Not only did he state that he incorporates his narrative practise into his spirituality and not the other way around, he also said that for him spirit pervades through everything. Being in relationship is at the heart of spirituality for Michael and he says that every relationship teaches us something, like a child can teach us patience, love and compassion. These are all spiritual gifts. Spirituality is first and foremost in Māori worldview, according to Michael, and he is not into polarising spirituality, as in this is spiritual and this isn't. Everything is spiritual. Michael believes in an eternal consciousness, and he enjoys being in nature and meditating. He says both these things replenish him spiritually. He didn't want to share what he experiences in meditation as he said it is private but he did say that he just sits with himself and his thoughts and focuses on just “being” with what comes up within and around him. The idea of reincarnation sits well with Michael, as he sees it in nature and everywhere around him. He believes that at the end of this life there's a door to another and he expressed ‘not caring’ if he comes

back to life or not. He said he researched religious and spiritual ideas at one stage of his life and got confused so now prefers to just be with what is. When asked if he believes in God, he stated that it depends what lens is being used.

#### **4.1.4 Johnella Bird**

Johnella Bird is a therapist with a relational narrative orientation. Having studied child psychology in the 1970s, Johnella went on to practice and study Family Therapy. She worked with David Epston at the Leslie Centre, where staff enthusiastically experimented with systemic/structural/strategic/family ideas, while exploring the politics of therapy, This involved a challenge to concepts of gender and cultural neutrality. All therapists, at this time, worked in teams and were screened so their presuppositions and skills were made visible. Johnella states that unfortunately this doesn't happen much anymore which is a terrible shame. They were all observed and needed to discuss what they were attempting to do in therapy. They were, therefore, constantly motivated and encouraged to be effective therapists and to continually improve their skills and abilities to work with people in life-changing ways.

In 1988 Johnella and Epston established the Family Therapy Centre. Throughout the 1980s Michael White was bringing forth his collection of ideas and practises with regards to externalising, relative influence questions and looking for what works in people's lives, using Bateson's ideas as his philosophical base. Looking for what worked was rather radical at that time and Johnella was very impressed with White's ideas. Having said this, Johnella also pointed out that she and David often talked about the problems related to turning these ideas and techniques into a therapy. She said "since forever I have been challenging the problem of constructing definite therapies per se... the language matters so once you call something a narrative therapy, if somebody then has a new idea, does that then become narrative therapy?" She went on to say, "who does the rejecting, and the including? So, we create a structure if you like, we created a structure that includes and excludes people and ideas." She did add, however, that people who are learning any way of working need a structure. "You always need a structure but you don't have to have a structure that commits you for the rest of your life to a particular set of ideas and that can only change when the originator changes them." Johnella reports that White and Epston developed a close relationship and went on to develop their ideas into a therapy, known today as narrative therapy, and they wrote their first book, Narrative means to therapeutic ends, in 1990.

At this time, Johnella started working in the area of sexual assault. Consequently, her ideas needed to evolve and therefore her work went in a different direction. She explains how she was very devastated that a conversation never took place after this time about how Johnella fitted into the narrative community, as for her it was a logical fit. She would have liked differences to have been discussed and relational expressions to have become an integral part of narrative therapy. She started to challenge some narrative ideas such as unique outcomes, which she prefers to describe as unique experiences and also traditional externalisation which she said she uses dominantly uses with the children under the age of twelve.

Johnella became very interested in language, the language we use in therapy and also the way we describe therapy and the tools used. She also became passionate about power dynamics and this became her total preoccupation as she realised how the objective stance creates a therapist who is the expert on other's lives and this is particularly damaging for people who have a marginalised place in the culture. "The fundamental position for me", she says, "is I am interested in any therapeutic approach that has a theoretical and practical skill base, that there are skills, tools, to address the power relation within which meaning is made." Although these ideas aligned with narrative therapy, she began to develop a therapeutic language of her own and immersed herself in thinking about how therapy can be more relational, taking into account both the client's experiences, and her own as well. Talking about the present day, she says "I have a process whereby I can hear and work with not just this person's ideas and experiences but the experiences I have, and to be able to see all of that, imagine that, to see all of that, in my mind's eye relationally." She adds that without this ability, if a person (client) thinks and states that she is being silenced by a therapist and the therapist doesn't believe that she is doing this then the therapist will be tempted to make up a story about the client, including challenging the person in some way. This process is inevitably destructive for the relationship. Johnella mentioned in her interviews that she does not believe in modernist constructs of transference and counter-transference, because they place the power in the hands of the therapist and supervisors. However, she also challenges the idea of decentring for the opposite reason. Johnella says "in my view decentring creates problems because what it does is it creates a hierarchy which is centring the person you are working with experience and decentring the therapist's experience." Most women", she reveals, "have no problem decentring." This will all be discussed in more detail in the results chapter in a section dedicated to Johnella's work, and how it lends itself to dealing with spirituality in therapy.

It was apparent to me during the interviews with Johnella that she is not particularly interested in a spirituality that doesn't have to do with relationships between people and the living world around us. She feels a strong connection, like the other participants and one that might be described as spiritual, to the environment. She also describes herself as a seeker. "I do see myself as a seeker... seeker of our human place, in the world and beyond the world... what is our place? What are we capable of as human beings? What capacities do we have? I'm interested in a relationship between intellectual cognition and direct experience." Johnella was drawn to Christianity in her early life and although she was soon repelled by their ideas of women and institutional abuses, she later went back to reading Buddhist and Christian texts to see what they had to say about suffering. She has always been a seeker, of the human place in the world and what we are capable of, but still feels like a beginner with not much practise or expertise. Johnella's spirituality embodies a connection with nature and the relationship between people connecting at a deep level. She said that you cannot see the devastation and courage that she has in her practise without wondering about life and consciousness. She doesn't believe in a governing body and although she is open to more discovery she prefers to discover through living her life and noticing the everyday challenges to living consciously. From what she has read, Johnella understands that who we are now dies when we physically die but she stated that there are mysteries beyond our understanding. "There are mysteries beyond our capacity to understand, and that doesn't mean that some people haven't got a capacity to understand those mysteries and haven't spent a lifetime devoted to it, devoted to trying to understand those mysteries. And I respect people who have done that."

Johnella will often use small body meditations or breathe processes with her clients. Some people reveal that their essence or 'soul' has been touched by a loving presence in these situations. She will talk to them about breathing into the memory in order to access this experience, as a present moment resource. She finds visualisations beneficial also. Johnella finds ways with her clients of strengthening their supports and notices that people often feel less isolated and more connected in this relationally focused process. (J. Bird, personal communication, December 10, 2014).

## 4.2 Key themes which emerged from the data

Eight key themes have emerged from the interviews and these are as follows:

- The extent to which one calls themselves a narrative therapist.
- Spirituality as viewed by the therapists.
- Narrative concepts that currently address spirituality in practice.
- Length and quality of narrative training.
- A reflection process as an integral part of being a therapist. This being due to the importance of attending to experiences, both personally, professionally and contextually, and reviewing this experience, rather than centering or de-centring.
- The importance of mindfulness meditation.
- How Johnella Bird brings spirituality to narrative therapy through what she describes as 'relational consciousness'.
- Māori worldview and narrative therapy.

In this chapter I will outline and discuss these eight themes and follow up these presentations with a brief conclusion on these findings. In the following chapter I will link together the themes when I discuss the findings and recommendations.

### 4.2.1 The extent to which participants call themselves narrative therapists

I had gone into this research study assuming that all my participants called themselves narrative therapists. I was mistaken. They all have a background in narrative therapy but the extent to which they call themselves narrative therapists differs. To put it another way, Johnella and Michael do not choose to call themselves narrative therapists, purely because this is not a full and accurate description. Amanda calls herself a narrative therapist but in very broad terms, and has reservations about calling herself a narrative therapist. Rachael is extremely loyal to narrative therapy and describes herself as a narrative therapist, and everything she brings to her work needs to fit within this framework.

Rachael is the only participant who describes herself as a narrative therapist. She says, "that's the philosophical base where I come from, that's where my training has been and anything for me has to fit within that structure." Rachael brings sandtray and other philosophies, tools and techniques to her therapy practice but says that she uses them all from the philosophical perspective of narrative. By this she means that she uses the likes of sandtray therapy with clients but under the narrative

umbrella, offering physical externalisation and symbolic representation, and she invites clients to make their own meaning. She was attracted to narrative because of its approach to seeing people in their social and political contexts rather than as an individual. Rachael has explored different modalities but was often disappointed with their use of power and how the therapist was positioned. Rachael does draw on Johnella Bird's ideas and brings her own experience and training in other modalities to her practise but, when asked, she will confidently say that she is a narrative therapist (R. Jones, personal communication, December 5, 2014).

Amanda said "I do call myself a narrative therapist but the way I understand that is I think in very broad terms. So I situate myself under a very post-structuralist umbrella so that I am operating on those I guess values, beliefs about the social construction on the self, and meaning and ideas about power." She goes on to say that she is wary about what, in some aspects of the therapeutic world, is a very narrow description of narrative. She is wary that it's becoming boxed in and sees irony in this as narrative grew out of counters to practices that were boxed in. Elaborating on this point, Amanda says that she doesn't know what people are calling narrative anymore because it has become so broad. Since Michael White's death, she says, people are taking the work in quite different directions and the practice looks quite different now. Amanda draws on Johnella Bird's ideas on relational languaging. She said that she uses relational externalisation more than she would traditional externalisation. However, she says her work has been conditioned by a whole lot of ideas within the narrative community and if anyone was reviewing her practice the key aspects of narrative therapy would be there. For this reason, Amanda calls herself a narrative therapist (A. Smith, personal communication, December 10, 2014).

Michael chooses to call himself a Māori practitioner or a Māori clinical practitioner. He did say that occasionally he might call himself a narrative therapist but it doesn't feel right as it excludes the tikanga Māori therapy (philosophies and practices) that he has been nurturing and working with. He says that narrative therapy is a 'hat' that he is able to don on and use to help shape thoughts, feelings and awareness for his clients. It's a hat, he says, that he is able to put on and take off but that it aligns really well with his identity as being Māori. He sees himself first and foremost as a spiritual being and as a Māori and he incorporates narrative therapy into his being. He says that whether he is using narrative therapy or tikanga therapy there is always a presence of spirituality. Although he describes himself as a Māori practitioner, he reveals "It's a dual foundation for me, in my practice. The central focus is narrative

therapy and tikanga but it's a whole range of therapies" (M. Cook, personal communication, May 1, 2015).

Johnella Bird describes herself as a therapist with a relational narrative orientation. She is the only participant who didn't train as a narrative therapist per se but she worked for a long period of time with David Epston and learned from him, Michael White and many others. Johnella has been challenging the problem of constructing definite therapies for a very long time. She says that once you call something narrative therapy then it creates a structure that includes and excludes people and ideas and can often only be changed when the originator changes them. Johnella understands that people need a structure when they are learning but she believes strongly that no one needs a structure that commits them for the rest of their life. The description she currently uses for herself, that being as a therapist with a relational narrative orientation, has evolved and changed over time and she is aware that it will probably continue to evolve. Johnella is interested in any therapeutic approach that has skills and tools that address the power relation within which meaning is made. She also believes that therapeutic approaches need to have an environment of openness to debating ideas. She challenges therapy practices that marginalise people who are suffering but she also challenges aspects of narrative therapy, like traditional externalisation, unique outcomes (the term and not the concept) and decentring. Johnella has developed a process whereby she can work with other people's ideas and experiences, as well as her own, and her process includes tools and techniques and a specific language that enable her to do this. Throughout her interviews she spoke about the evolution of her practice and the open and relational lens she now holds that empowers her to work in a way that addresses power and embraces relationship.

#### **4.2.2 Spirituality as viewed by the participants**

##### **Spirituality**

All four participants view spirituality in a similar light. They are all captivated by the mystery of it, but also aware of how it can be viewed in a more grounded sense, and especially in therapy. Amanda expressed it well when she said that it is about "peoples' connectedness to something that is bigger than themselves and where they have that sense of connection and what enables them to have it and what difference it makes and how that resources them" (A. Smith, personal communication, December 10, 2014).

Although Johnella isn't enthusiastic about the word spirituality, which she describes as "loaded", nor is she interested in spirituality that relates to the unknown or the vastness, she acknowledges that spirituality is mysterious and fascinating. She says "I can talk about the spirit of something but when we move into spirituality per se I'm a bit reluctant to enter that." A spirit-filled environment, for Johnella, involves an environment in which the therapist is prepared to be changed by the conversation. She says that what goes on between two people, at a level that is beyond the two individuals, and in nature, can be very spirit enhancing. She also describes how in therapy clients are trusting her with their psychological lives. She wonders whether two people meeting in this way is spiritual. "Is that spiritual?" she asks. "In that moment when I know that, and they know that, and they take that risk, and I meet that, what does this mean? Two people meeting in this way" (J. Bird, personal communication, December 10, 2014).

All four participants described being open-minded and they all described how they feel spiritually alive and connected in nature. Although only Rachael was brought up religious, all participants have explored various religions and spiritual philosophies on their journey to grow mentally, emotionally and spiritually. The interviews shed light on how spirituality is a very broad and ambiguous term for many. Whereas Michael talked quite openly about a spirituality that is omnipresent, the other participants gave more descriptions of sacred moments that take place in therapy and of religious conversations. There often appeared to be a clear difference between the Pākehā perspectives in this research and the Māori one. Having said this, I often wondered whether in fact the feelings and ideas were quite similar but that the Pākehā women in the interviews found these feelings and ideas more difficult to articulate and therefore their views of spirituality came across as more ambiguous. Although Johnella articulated her work and perspective on things very well, and many people find Johnella's work as comprising of spiritual components, she didn't discuss spirituality in the same vein as Michael. Michael made it very clear that spirituality for him is the "art of relationship" and spirituality is all and everything, material and non-material. "It pervades through everything. It is everything. It expresses itself through everything. We are it. It is us. Vice versa. Interconnected. Eternal. Everlasting. Fullstop" (M. Cook, personal communication, May 1, 2015).

The others talked more about a spirituality that was connected to the Divine or the very intimate and sublime moments in therapy. There was some talk about religion and also some talk about nature and interconnectedness. All participants make a distinction between church and spirituality, although they realise that church and religion can be avenues for people to connect more with themselves, their

community and a Higher power or Divine purpose. Church and religion, however, are viewed by all participants as often demonstrating power and persuasion, and as more closed-minded than spirituality which is viewed as open. I didn't delve into asking the participants for their definitions of spirituality and although in some ways I regret this, I don't think it was really appropriate to ask a question that required too much cognition and analysis. All their views of spirituality were expressed in the open dialogue we had together, and all participants touched on the idea that there are many and varied definitions for spirituality. Amanda says "there is an awful lot that we can't explain, the inexplicable" (A. Smith, personal communication, December 10, 2014). Michael expressed how spirituality is different for everybody and that some live with it easily and others need to dig deeper. He said that for him the spiritual world and the material world are as alive as each other. Within this comment he makes an implicit distinction between spiritual and material due to the fact that he speaks of them separately. This, I believe, is very relevant to all participants and therefore to this study, and why spiritual seems so vast and mysterious to many of us. It takes me back to how Michael White defined the different aspects of spirituality, and how his own interest lay in a spirituality that exists in the material world, that connects us to ourselves, others and the world around us. Spirituality that is connected to the Divine, or the mysteries surrounding our lives, and our place on earth, is much more difficult for people to talk about with any certainty, and therefore feels vast and mysterious. I would say this is the case especially for those us who identify with being from the western world, and this was brought up by two of the Pākehā participants. Spirituality is very culture dependant and it was apparent from the interviews that the Māori worldview embraces spiritual interconnectedness in much more innate ways than Pākehā people do. I feel like the Pākehā participants, like myself, feel more overwhelmed by the topic. Maybe this is due to the fact that religion and therefore power dominated structures have influenced our spiritual perspectives for many centuries. This could also be the reason why we often feel so private and fearful about others judging us for our beliefs. Also, this could be why we still often relate spirituality to religion and ideas of a Divine, or a Godly figure. It is very interesting territory. All the Pākehā participants talked of spirituality in the light of feeling beyond oneself, and I think this is a very accurate and simply put description of what a more mysterious spirituality feels like for people.

Johnella Bird was very matter of fact about the mysterious side of spirituality and her position when she said "Some people dedicate their lives to spirituality... to really explore spirituality you need to step away from the clutter of everyday life." She said that if she were to delve into spirituality in this way she would need to commit to daily

practices which she doesn't do. She describes herself, however, as a seeker, always learning and making new discoveries, and always interested in our human place on earth and what we are capable of as human beings. She said though, in terms of spirituality per se, that she is very much a beginner and doesn't have much to say that people would want to listen to. "I do not have enough practice or expertise in this area to be talking about it", she said very firmly (J. Bird, personal communication, December 10, 2015).

Rachael talked about her interest in Quaker philosophy and ideas connected to the God within and around all of us, and she has learned about and practises reiki, which is "a healing technique based on the principle that the therapist can channel energy into the patient by means of touch, to activate the natural healing processes of the patient's body and restore physical and emotional well-being" (R. Jones, personal communication, December 5, 2014). This area of spirituality is very fascinating but for the scope of this thesis I am unable to explore it in any depth.

Finally, Michael sums up spirituality in a way by saying "I don't know if you can define a spiritual experience because they're very subjective. It's like anything, the more you explore something, the deeper and richer it becomes for you." Johnella expresses how spirituality relates to our everyday lives when she says "whether we're sitting in a meditation or in the environment or sitting in a therapeutic room, we are making discoveries about ourselves as human beings, our capacity, both our capacity in connection with another, but also our capacity with ourselves in the bigger context. So it's, you know, some people couldn't ever imagine sitting with another person and discovering anything and having any of that in it" (J. Bird, personal communication, December 10, 2014).

### **Therapy is spiritual**

One thing all participants agreed on is that therapy is or can be very spiritual. "It is a discovery process", says Johnella, "and in therapy we are discovering paths together" (J. Bird, personal communication, December 10, 2015). "Nobody can know the outcomes of therapy" (R. Jones, personal communication, December 5, 2014). Everyone agreed that therapy can take both clients and therapists alike, to unexpected places, both within themselves and within the relationship and space between and beyond the two individuals. Sacred moments can occur in therapy, moments that are either beyond the two people in the room or in relation to the connection between the therapist and the client. Amanda says "It's not just someone's ideas, a client's ideas about spirituality... there can often be a

sacredness of what happens in the room, and connection in the relationship” (A. Smith, personal communication, December 10, 2014). Michael elaborated on this idea when he discussed how people often go to therapy when the sacredness of relationship has been broken enough in their lives. They are looking for healing and the work that takes place in the room with a therapist can be very spiritual for this reason. Rachael mentioned, in her interview, that although we cannot be experts in someone else’s life, we can have expertise about ways of having the conversations with people that open them up rather than shutting them down. Therapeutic relationships need to be built on trust and are largely about creating relationships that are healthy and stable and based on trust. A client’s relationship with the therapist needs to be first and foremost for therapy to be effective. Johnella believes that individuals trusting someone so deeply with their psychological life, is indeed spiritual. In the section, further down, that is dedicated to her work, there is some discussion of Johnella’s ideas on effective therapy. This discussion also sheds light on how to work holistically and therefore spiritually with clients. One key focus for her is that neither cognition nor direct experience should be elevated, as they are in some therapies. Both need to be considered and worked with in order to work with the person as a whole, and with the relationship within which meaning is made.

Michael, who works in an organisation with many psychologists, believes that therapy cannot be as spiritually enhancing if the sole focus is on what goes on physically and mentally. Therapy, for Michael and the other participants to varying degrees, is a sacred art. Michael discusses at length, in his interview, how spirituality permeates through everything we do and that with this knowledge and therefore working from a spiritual place, is a very deep place to work from. As discussed in the section that is dedicated to Māori spirituality and narrative therapy, Michael endeavours to use a narrative toolset in a container that is tikanga Māori.

Participants all mentioned how discussing clients’ meaning making, values and purpose is also very spiritual, as well as making connections and healthy relationships. Amanda said that sometimes circumstances can disconnect people from what they’ve held dear and they are wanting to reconnect with what’s important to them. She says “the sense of something being missing can be really powerful, you know there is something missing. People can have the feeling of having it all, but not really having anything.” She says those feelings and thoughts can manifest harmfully in physical ways. People can have breakdowns of various kinds, for example. She spoke of focusing on people’s values. She asks “What is it that they are valuing in life? Where have those values come from and how are they

supported?” These wonderings are key in terms of developing preferred stories (A. Smith, personal communication, December 10, 2014).

Amanda talked about spirituality being a huge resource for people, in this I believe she was meaning in terms of their connection to something greater than themselves, and possibly more specifically their relationship with a Divine. She reiterates that it is about resourcing people beyond words, and she also mentioned that God can often be felt in practise. Again, the scope of this thesis does not allow me to delve deep into what or who God is for participants and their clients but I imagine most people will take from this what they will, depending on each person’s individual lens. Michael made an interesting comment when I asked him if he believed in God. He said “Well, it depends on the lens.” This statement, I believe, is an acknowledgement that God, like spirituality, has many connotations and belief systems surrounding it. For many people, nowadays, it is not a clear case of I do, or I do not, believe in God.

### **Spiritual vulnerability in therapy**

I thought it was important to hold a space in this section for vulnerability. Already in this section on Spirituality, I have discussed spirituality as it is viewed by the participants and the topic of therapy being a spiritual endeavour. It almost goes without saying that people are often very vulnerable when they seek out therapy and especially initially in relationship with their therapist. They are seeking, even if they are not conscious of it, a safe place where they felt heard, listened to and understood. They don’t want to feel judged and they don’t want to feel pressured or put down. If we combine this territory with ideas connected to spirituality then we have a very vulnerable mix. For people to feel comfortable and open enough to discuss their valued, and sacred beliefs and vulnerable issues with another person in a relationship, such as the therapeutic one, when the power lies explicitly with the therapist, there needs to be a huge amount of trust and feelings of safety. “The awareness of the power relation has to be held so carefully”, says Amanda, and she describes how things need to be really carefully checked out. “Is this ok to be talked about?”, for example. Clients’ beliefs and truths need to be at the centre of the enquiry. Amanda talks about how the position of discovery and enquiry needs to be centred around “How has this been useful for you and how do you do this? What supports it and when is it something that you draw on and those things and is it ok to keep asking?” She states that being alert to all that is vital (A. Smith, personal communication, December 10, 2014).

For this reason, and due to the vastness of the topic, participants all talked about spirituality being potentially challenging territory. This was in regards to spirituality that connects us to something greater than ourselves, such as spiritual faiths, philosophies or religions, and not so much in terms of our connection to nature, although for all participants this is also very spiritual. They talked about it being a tender subject: Open, subjective, private. They spoke of the reluctance that people, clients and therapists alike, often feel to speak about these things. Amanda said that she holds quite strongly that it is very relevant to raise the question of someone's spiritual beliefs. Where and when that is done is important and needs to be well thought through. She says "spiritual values and beliefs can be such a huge resource for someone and to not ask about it is leaving something untouched that can be very precious" (A. Smith, personal communication, December 10, 2014).

Amanda talked about working with young people and their spiritual beliefs. She explained that working with young people who are questioning the belief systems of their families is very challenging territory. If their whole family belongs to a particular religion and they are questioning that, then the therapist's accountability and responsibility to the adolescent's world is great. If they choose, for example, to steer away from a religious belief that their family holds dear then the family relationships and consequences can be enormous.

Michael said that beliefs can be deeply engrained and come from extensive life experience and this can make it difficult for people to share such precious beliefs, and can also make the fear of being judged or disagreed with, acute for some people. I think he was also alluding to the idea that such beliefs are also hard to influence as they are often profoundly entrenched. In the interview with Michael I brought up the idea of spiritual superiority, when people feel that their ideas are right and others need to come around to realising this. Michael mentioned that this comes from Ego, which I agreed with. Ego structures, which include belief systems, are always at play which is why in therapy, and as therapists, we need to hold our own beliefs and thoughts or judgements lightly when considering the lives of others.

Often people come to therapy because they are struggling. They can feel a sense of emptiness. They may have experienced differing degrees of trauma, sexual or physical abuse. They may have little or no meaning or purpose in their lives and, as Amanda pointed out, they might have great material wealth but feel empty and lifeless. Vulnerability is a primary component of the therapeutic relationship and in people's lives. Often people are on the verge of, or have been through, a mental breakdown of sorts. These can often be described as spiritual awakenings, if they

are treated as such. Spirituality and mental health were mentioned by a couple of the participants but there was no indepth conversations about this topic as it is a vast and controversial area.

An important point that Johnella raised was that counselling, and in particular psychology and psychotherapy has a history of marginalising people who are suffering, by pathologising their experiences and seeing them as different. Johnella spoke often and firmly about power dynamics and discussed ideas of transference and counter-transference in psychotherapy. These concepts are extremely problematic as, according to Johnella, they create a hierarchy and position the therapist, or the supervisor as the expert in the relationship. In therapy, whenever the therapist is positioned as the expert, or the knower, then the chances of vulnerability are greater as the client is not positioned as the expert in his or her own life and as beholding the wisdom and knowledge. This, as we will discuss further down, is why narrative therapy is positioned so well to embrace spirituality on all levels when working with spiritual vulnerability in therapy.

### **Spirituality in therapy**

I asked Michael what came to mind when hearing me say 'spirituality in therapy'? The answer was profound and paradoxical. He said "There is not enough" (M. Cook, personal communication, May 1, 2015). What is profound and paradoxical about this statement is that he had previously referred to spirituality being in everything we do and not separate from any other aspect of life. However, this comment highlights how his mind, like many of our minds, think of spirituality as separate. This is where we become confused or overwhelmed by the term. Some people or all people, some of the time, think of a spiritual world that has nothing to do with reality, or they think of religion, or a Divine mystery or being. Some think of evolution or evolving consciousness, the transpersonal or the collective unconscious. Some bring it back to earth and think of ideas linked to interconnectedness, or nature, or the sacred art of relationship. But when Michael said "Not enough" in response to my query about spirituality in therapy, I believe he was referring to therapists' capacity to work from a deep and connected place, and in a way that brings forward people's sense of being connected to themselves, the therapist, people and the world around them and to a more expansive landscape, both physical and in some cases mystical.

Participants talked about going to unfamiliar places with their clients and about how they learn from their clients. The importance of reciprocity in the therapeutic relationship was referred to often and participants all voiced the idea that spirituality

and relationship are one. They are inseparable. If we look at spirituality as multi-dimensional, which it clearly is (I think a dictionary could be written on 'spirituality' alone), then spirituality as relationship and connectedness is the umbrella definition. I like this idea as it keeps spirituality grounded in the work that we do pertaining to our day to day lives. Johnella mentioned how important it is to be grounded and to keep the work safe. She had enormous reservations about therapists trying to guide clients on a particular spiritual path. She says "to move into the spiritual realm, to move in the way that you're talking about, when you're meeting people in that place requires just enormous practise." She adds to this by saying "you can't walk with someone on a path you've never entertained or imagined" On the subject of teaching about spirituality in therapy, Johnella exclaims that teachers would have to be both intellectually familiar with the issues and have the capacity to practically demonstrate a process where they are engaging with them, in order to teach them. "Spirituality, which is taught in many places", she says, "becomes another tick box of, you know, here's a few tools around dealing with spirituality and that is a travesty. It would be problematic. You shouldn't touch something that you are not capable of touching or capable of holding people safely in." She says that teachers should say to people "There's a whole area of this work which takes us, or you as a practitioner but also the people you work with, into areas that are beyond everyday conversations and to prepare for that after this course you will need to do the following things... or whatever" (J. Bird, personal communication, December 10, 2014).

Michael talked about there be no such thing as equal power and that in his job there is a place for managing others' behaviour or telling people that what they are doing is not ok. He did acknowledge, however, that when he is engaged in therapy with a client the focus is on the relationship being as equal as possible. The reality is that power will always lie with the therapist and the therapist is also accountable for what goes on in therapy and in terms of keeping the client safe. This connects in with what Johnella has to say about the importance of addressing power dynamics in therapy on an ongoing basis.

Life circumstances can often disconnect people from what they hold dear and people often seek out therapy because they want to reconnect with what's important to them. In therapy, clients are interested in focusing on meaning and purpose in their lives and on the values they bring to their existence. Therapists work with clients to bring to light these strengths and ideas, in order to create a context for the client that empowers them to believe in who they are and what they stand for, to what gives them a sense of connectedness and ultimately what makes them feel alive and well.

Together clients and therapists can make meaning of the client's values, intentions and principles. This enables connectedness and as all participants talked about in their own ways, a sense of interconnectedness can bring about a profound sense of awareness. Amanda referred to sacred connections that can happen in therapy and she made it clear that she was not referring to a Higher Power. The sacredness of these connections was more about this profound sense of awareness linked to interconnectedness. This is almost where the umbrella definition I gave for spirituality in the last paragraph meets another dimension of spirituality, this being the dimension that is more mysterious and less personal. It was described by one participant as a place beyond individuals. This is an area that may seem less grounded to some as it broaches on topics that are not necessarily material and cannot necessarily be cognitively constructed and defined as easily as the first aspect of spirituality. However, Amanda stated, and the others alluded to the fact, that conversations of this nature can be very liberating and a huge resource for people. It is very important to be tentative in this area, however, as spirituality is so subjective and some people may not want to delve into an area that doesn't feel so immediate. A common idea, for both spiritually inclined people and people who are not interested in this topic or who don't believe in aspects of it, is that spirituality is mysterious and we don't have all the answers.

I have discussed in much detail how spirituality exists in the therapeutic relationship in quite visible ways but what about working with people in the area of our connection to the great mysteries. Yes, spirituality is subjective and yes, some people may not want to discuss or be taken into more 'invisible' areas but Amanda said very clearly that these conversations can be very liberating, supportive and strengthening for people and that it is important to have the conversations and to ask the questions. She states that if you don't go there with people, you will never know. Rachael also pointed out that it is important to feel comfortable to invite people to explore tentatively and that she has noticed feeling more comfortable in this area in recent years. One aiding factor in this for her is her sense of openness and curiosity and not having firm or limiting belief systems herself. "I have quite a wide openness to spirituality. I pick up more with people and have probably become more comfortable in my practice in terms of inviting people to explore that." Amanda believes that more spiritually inclined conversations are taking place and what she is referring to are the conversations that speak to peoples' faiths or dearly held belief systems and their connection to something great and mysterious.

Firstly, in the area of faith-driven spirituality, it is important to remember that we always bring ourselves to our work. All participants talked about this fact. We are present in our work with clients and therefore it is essential that we have an awareness of our own beliefs and hold them. We need to be very self-aware in this area, so that we can hold our beliefs and judgements and not project these onto our clients. Amanda said “I think it’s very important to have an awareness of those beliefs (our own) and to hold them like with anything... I get taken into areas that are different and it might be something that I may not have thought of but it’s not about my beliefs but how I make myself available to ask questions.” We need to be able to feel comfortable to invite people to explore tentatively and to enable our clients to feel comfortable and respected. People often feel silenced because of their fears of being judged or intimidated. People want to protect what they hold dear and to share these dearly held beliefs requires trust and intimacy. These are very private matters for many of us (A. Smith, personal communication, December 10, 2014).

The fact is, however, and participants referred to this fact often, that there are spiritual beliefs that support people and those that don’t support people. These beliefs can be religious or non-religious. Rachael doesn’t find dealing with these beliefs challenging. She says “I think it’s more about inviting people to explore or unpack just as I think we do with any other belief around themselves they’ve taken on that’s proving to be limiting or harmful.” She talks about inviting clients to deconstruct a belief, the history of it and where the idea has come from. “It’s more about inviting people to unpack”, she says “and exploring it and considering other possibilities.” When people are struggling with religious beliefs that are incredibly restrictive, limiting and destructive in their lives, Rachael will invite them to consider other constructions of the Divine that would fit more with how they would like to position themselves in their lives (R. Jones, personal communication, Dec 5, 2014).

Sometimes therapists are unable to work with clients because they are asking something of the therapist that the therapist does not feel morally or emotionally able to provide. Rachael talked about a client who wanted to learn how to be more submissive with her husband. This particular therapist had to tell this woman that she was unable to support her in this area as it wasn’t part of her belief system and that their belief systems were too at odds with each other. “She wanted me to help her commit better and more gracefully to her husband’s authority and I felt that I had to say that that was a task that I could not engage in” (R. Jones, personal communication, Dec 5, 2014). From discussions with the participants, it appears that these cases are quite rare.

Therapists, in most cases, can work with clients and their limiting beliefs and not in a way that judges or puts down their belief systems but in ways that deconstruct or unpack these ideas allowing the client to consider other possibilities or other ways of seeing things. Rachael spoke of being able to talk to seventh-day Adventists and others with very different beliefs to her own and she allows their story to be the protagonist and not the other way around. She says it's more about creating the space for people to make the connections as to why their faith is so important, rather than challenging it, even when it is a church she would never be part of. "So sometimes it's about honouring where people stand and making space for them to talk about those connections and sometimes I think it's about bringing forth things that people feel embarrassed or reluctant to speak about and sometimes it is about inviting people to deconstruct things in the way we would with anything else" (R. Jones, personal communication, December 5, 2014). Amanda gave a good example of a woman who was struggling with anorexia and believed in God and Jesus. Amanda invited her to reflect on what God or Jesus would want for her life, and how this countered the voice of anorexia. The focus was on what was life enhancing for her and how that supported her. Amanda said that she was interested in challenging the voice of anorexia, in a gentle way. When religion turns destructive and when people are holding beliefs like I deserve this because I have sinned and I am being punished, then this becomes very important to a therapeutic conversation because if it remains hidden then it will remain destructive for the individual.

Both Rachael and Amanda talked about the possibility of involving a minister or someone more knowledgeable and aligned with individuals' faith systems, in their therapeutic conversations with clients. Amanda said that, although she has never involved a minister in her therapeutic conversations, she is aware of others who've got into conversations that are religious conversations around a God or a Christ figure and that are beyond the therapist's understanding, and they've sometimes involved a minister in those conversations. Rachael says that there needs to be real care in engaging in conversations of this nature and sometimes engaging a spiritual advisor with biblical knowledge might be the best thing to do.

Amanda pointed out that it is very important not to shut down people's experiences and their perspectives of them, or to see them as a deficit. I touched on the topic of mental unwellness and how it is perceived and pathologised in most mental health systems. The area of mental unwellness and spirituality is one that interests me greatly and I sincerely hope more research will be carried out in this area. Amanda described how a woman has worked with someone in the mental health system in a

way that was so much more liberating and empowering than how she was treated by more rigid and pathologising mental health practitioners.

I chose for this section to finish on a note that I find, and the participants in this study also find, very important. If clients are going to talk freely about spiritual matters and in ways that are both liberating and strengthening they need to be in a space of open-mindedness. Their experiences and beliefs need to be respected and they need to be seen in a light of strength, and not deficit. From this place, even limiting beliefs, can be unpacked and reconstructed in ways that benefit both the client and the therapist. At the heart of a therapeutic enquiry, that is spiritually oriented, is who or what supports someone to developing a preferred story and whether they have spiritual beliefs that support them to do this. These supports can range from someone who in nature experiences a connection or any other belief, activity or relationship where their relationship with self is altered in a positive way. This is what needs to be focused on for spirituality to exist in therapy.

### **Spiritual practices in therapy**

Ironically, actual spiritual practices were not a major discussion in any of my interviews, apart from the interview with Michael. This sheds much light on this research as one of the main outcomes in this research is that Māori spirituality and practices have much to offer narrative therapy in Aotearoa. This will be discussed in length further down in the section dedicated to this topic. Narrative concepts, tools and techniques that currently address spirituality in practice will also be discussed in the following section on narrative concepts that currently address spirituality in practice.

This leaves only room in this section for a few practices that Rachael and Johnella talked about in their interviews. Rachael talked about her use of sandtray with clients. She talked about how she uses this therapy from the philosophical base of narrative therapy. She says she can bring forth clients' perceptions and stories in visual ways using this creative and dynamic therapy. "When I'm using sandtray I'm using it in the way of physical externalisation, symbolic representation and I'm inviting the other person to make their own meaning, rather than interpreting so it has to sit with that same positioning of me as a therapist" (R. Jones, personal communication, December 5, 2014). Johnella talked about the importance of language and this will also be discussed at length in the section devoted to her work. She says that neither cognition nor experiential aspects of a person should be elevated in therapy. She talked about how she does meditation, breathing exercises and visualisations with

her clients. “I use meditation, very gentle, very small body meditation processes and breath processes... when people are grappling with questions of meaning and life then I will look, we will look for what will resource them on levels beyond not just words but beyond a place that feels, or I feel grounded by or an image that I’m drawn to.” (J. Bird, personal communication, December 10, 2014). Michael also talked about breathing exercises and mindfulness meditations that he does with his clients. He talked about his use of colouring in mandalas with his clients and how transformative they are for people

All participants talked about the power and therapeutic qualities of meditation. This is another area of research that fascinates me. I believe mindfulness meditation should be part of all of our lives.

#### **4.2.3 Narrative concepts currently address spiritual issues in practice**

Narrative therapy is changing and evolving and people’s ideas of narrative depend partially on who they have been trained by and whether they have undergone other training that influences the way they work. People’s ideas of narrative also depend on the life experiences they have had and what individuals chose to apply to their practise and what they don’t, for example. For this section of the enquiry I will be predominantly looking at concepts, including the original narrative lens, that Michael White and David Epston came up with in the 80s. For this reason, and although all participants have discussed the contributions Johnella Bird makes to Narrative therapy with regards to spirituality, I will not be including her ideas in this section of the analysis. Her history and contributions will be discussed in the section that focuses on her work alone. Suffice to say that all the participants believe that Johnella’s work is paramount when it comes to relating to self and others. Many describe her work as having a spiritual component due to this.

Furthermore, although Māori guest lecturers do make appearances from time to time in narrative classrooms around New Zealand, there is not a prominent place for Māori worldview and spirituality in the narrative therapy framework in Aotearoa. For this reason, I will not be discussing Māori contributions in this section either. This will be covered in the section dedicated to Māori worldview and spirituality. Māori worldview and spirituality, and Johnella Bird, will then be discussed later on as well in the section assigned to how narrative therapy could be enriched in terms of addressing spirituality in practice.

## **The narrative lens complements spirituality in practice**

Narrative therapy is not described as a spiritually inclined therapy, as it does not encompass ways of relating to the mysteries of life or a Divine. Johnella Bird relayed the point that spirituality was not a topic of conversation during the 80s in narrative circles. Foucault's philosophies on the inseparability and abuse of knowledge and power resonated with Michael White, and David Epston and therefore there was no place for spiritual or religious concepts in the construction of this therapy, which from the very beginning challenged ideas of power and expert knowledge. Power relations include class, culture, gender and religion and power lies more significantly with the person or people who make the meaning.

White's deconstruction of culturally produced problem discourse internalised by the client is consonant with many of Foucault's writings (1973, 1979) and is another reason why spiritual and religious discourses were challenged, rather than embraced by the narrative community. White, like Foucault, also questioned those societal structures which construct and uphold grand narratives of what constitutes a "healthy normal person".

The narrative lens, made up of numerous notions and ideas, provides a sound approach to spirituality in therapy. This is not because spirituality is an overt aspect of the model, but because narrative therapy provides a framework and tools and techniques that honour clients' wisdom and knowledge and that also focuses on positive connections. This enables narrative therapists to work with people in ways that focus on clients' strengths and values and what supports them in achieving a good relationship with self and others and the world around them. This includes any religions or faiths that support them in achieving wellbeing. Participants describe narrative therapy as open minded, respectful and as having a wide lens that considers the entire cultural, social and familial contexts. It allows therapists to maintain a curious openness to possibilities. The client is considered the expert and the focus is on their beliefs, wisdom and knowledge. The focus is also on what the clients value and what gives them meaning and purpose. The primary focus is on strengths, rather than deficits or pathology. The requirement is that the therapist should not impose their outside knowledge. Narrative therapy was born out of family therapy, which in turn was born out of social justice but whether spirituality is discussed overtly by both narrative therapy trainers and narrative therapists depends greatly on the individual. Rachael stated, "it depends very much on who you've been trained by and how much permission they give themselves to speak about that dimension." According to all participants, the door is open to discuss all things spiritual, and Amanda, who taught at Unitec, claimed that spirituality was weaved

through the practise more so in the latter years compared to the past. She said ‘rather than being a specific sort of topic of working with spirituality, it was something that was threaded through the practise.’ Michael discussed an exercise he remembers doing on Moodle whilst a student at Unitec whereby the students were required to generate a conversation about their respective spiritual views.

Narrative therapy is post-structuralist and political and in the 1980s and 1990s it was at the cutting edge because of its radical approach to working with people and centring the clients, especially marginalised ones, in the enquiry. Michael White was extremely interested in social justice and therefore people who were burdened by the dominant culture. For this reason, as Johnella discussed how narrative discourse centred on elevating that group and the goodness of those individuals. This involved what narrative therapy describes as ‘de-centring’ on the part of the therapist. Michael White claims that it is possible to be de-centred and influential at the same time. (White, 1995) To a certain extent de-centring allows for an enquiry that is based on empowering people who seek therapy and focusing on their values, wisdom and knowledge. Given the broad definition of spirituality, this lens provides spiritual wellbeing for the clients. The reason why I have said that de-centring allows for an enquiry that is based in empowering people only to a certain extent is because participants have all named in various ways the idea that as therapists we are also present in sessions with clients and to truly relate and bring forth change and empowerment for people, therapists need to reflect on their own experiences in therapy. This is why the notion of ‘de-centring’ can be both liberating and limiting. Nonetheless, the narrative lens allows for what Amanda describes as “building relationships and building connections... with self and world... connecting with peoples’ values in terms of what they value, where the values have come from and how they can be supported.” An awareness of the power relation in therapy is the underlying philosophy of narrative therapy, and the core belief is around respect and respecting people’s wisdoms. This awareness alone can be spiritually transforming. To sum up the narrative lens with regards to spirituality, I quote Amanda who stated “How I work with spirituality has been conditioned by a whole lot of ideas within the narrative community” (A. Smith, personal communication, Dec 10, 2015). This sentence alone bears witness to the fact that narrative therapy attends to spirituality and people’s spiritual needs in many ways.

### **Narrative tools and techniques**

Michael White initiated the creation of narrative therapy with what Johnella describes as “a collection of philosophies and ideas.” According to Johnella, one of White’s

main ambitions was to empower young people, which led to his construction of relative influence questions and externalisation. Relative influence questions can be helpful when tracing the history of a problem, and an example of a relative influence question might be “How much of your life out of ten would you say the problem had six months ago and how much of your life did you have” (Morgan, 2000, p. 34)? These techniques enable young people to see the detail in their experiences and to feel in control of their lives and able to manage their challenges more easily. In the light of what has been previously discussed, these could be seen as spiritual gifts. Although participants have challenged the concept of traditional externalising when working with adults, it is nonetheless a tool that helps young people and in some cases adults to see themselves as in relationship with their problems, and life stories, rather than absorbed in them. It means that individuals can feel more in control of their experiences and can see their stories and problems in the greater social and cultural context. Relational externalising has been described as being more effective with adults but this is covered in the section on Johnella Bird’s contributions.

Gently asking client-centred, tentative questions based on issues presented by the clients, and sometimes insight, has the power to inspire and create dramatic change for individuals. These questions can be externalised questions, such as ‘How long have you lived with this depression?’ or questions that are based on what Michael White refers to as unique outcomes: ‘Have there been times in your life when the depression has lifted and what was different about those times?’ These questions have the power to offer the client a new way of relating to the depression he, or she, experiences, and also offer an opportunity to think about times when they have been free of depression, and to reflect on what enabled those times to occur. Again, it also allows the client to see depression in a greater context and not as an intrinsic part of themselves. When dealing with issues that involve limiting or destructive beliefs asking questions that gently challenge these ideas is also part of the narrative framework. As Amanda described, if a client has a firm belief in God and Jesus and battles with life threatening anorexia, this belief in thinking can be worked with. Questions can invite the client to reflect on what God or Jesus would want for their life and for her. This sheds light on the idea that what God would want for her counters the voice of anorexia. In other words, it challenges the voice of anorexia, in a gentle way. These types of questions involve externalising, deconstructing and also witnessing, which is another important component of narrative therapy. A witnessing question might be, ‘what would God/your mother/a close friend say about how you are coping at the moment?’ This is about bringing in an audience or a witnessing party to focus on strength and resilience, and on what was life enhancing

for her and how that supported her. Another way to describe this in narrative terms, is re-‘membering’.

Remembering conversations are all about focusing on supportive people in people’s lives, and bringing them into the room. More generic questions of this nature can also be asked, such as ‘Who are the people in your life who you can trust and rely on when you are feeling down?’ Remembering conversations are also about bringing people who are no longer alive into the room. These types of questions can be even more spiritually inclined, as they deal with the here and now, but also the transpersonal or what some describe as spiritual presences. “What might your grandmother say if she was here now?” or “Imagine your mum is looking down on you, what would she want for you right now?” These remembering conversations can be very powerful and all participants talked about the spiritual aspects of this technique. Amanda said “if that (remembering conversations) is taken to be part of remembering conversations then yes, that’s a key aspect of my practice. Who else is in the room? Who do we bring in... whose voices are in support” (A. Smith, personal communication, December 10, 2014)? Rachael talked about how remembering conversations allow her to speak to people about their connection with people who are no longer alive. She said that she will often end up having conversations with people about their sense of loved ones who are no longer alive being in their presence. This, she states, can give people a huge sense of relief, especially if other people have thought this to be a crazy idea.

Deconstructing is also a technique that participants described as helping people experience wellbeing. As above, this involves challenging beliefs, or in some cases behaviours, or reframing situations. Deconstructing invites clients to become aware of how limiting their beliefs are, and allows for the exploration and unpacking of these ideas. If a religious person has been sexually abused, as Rachael described, and believes that they are now damaged and condemned, a narrative-trained therapist can ask questions about those beliefs, and whether they align with their preferred identity and what a loving God would want for them. A question of this nature might be “So, do you believe that God would punish you for something you had no control over?” Rachael described how one of her clients was really struggling with beliefs that were being imposed on them by the church they belonged to. She said “So from a narrative perspective the conversation I had with her was around her, if you like, values and principles in life and how well they matched with what she was expected to believe in terms of her relationship with God which was a very punitive, judgemental, punishing one, how she had been encouraged to view it. And whether she was aware of other ways of holding ideas of God that might be different or so

for me it's like going to those meaning making of values and intentions and principles in life and then inviting people to see how well something was matching" (R. Jones, personal communication, Dec 5, 2014). This type of enquiry could just as easily be about a friend or a boyfriend or someone who is no longer alive. In this way light is shed on someone's values and principles in life and how well they match with what she is expected to believe, by in this case, a God who is represented as punitive, judging and punishing. A client can therefore be free to consider other constructions of the Divine that would fit more with how they would like to position their lives and to find other ways to express their spirituality. All participants explained that religion can be destructive, especially with regards to installing fear into individuals, but also life enhancing in many cases. Often narrative-trained therapists will gently challenge and deconstruct client's destructive ideas and highlight the life enhancing ones. As mentioned earlier, where religions are concerned, power lies with the church and people can really struggle with ideas imposed by the church. Three out of the four participants referred to Christianity as being the main culprit. Seventh day Adventists were also mentioned in one interview, as having vastly different views to the participant but she indicated that she is still able to work with the client in relation to these beliefs. Three participants said that, very rarely, they will not be able to work with clients if their beliefs or desires for therapy are too at odds with the therapist's own beliefs. One example that Rachael gave, when this was the case, was when a client specified wanting to learn how to be more submissive with her husband. Understanding that religious concepts are not their area of expertise, the participants specified that they might involve a minister in their work with a client if ideas concerning the church are raised and the therapist does not feel capable of working in this area. Laidlaw is a Christian organisation that works very well with people with Christian beliefs from a narrative base. Amanda also mentioned the article written by Bill Lax on the similarities between Buddhism and narrative therapy would be a wonderful topic for a thesis, in terms of how to recreate a person's sense of self, incorporating narrative therapy, Buddhist ideas, including mindfulness meditation.

All of these examples are part of what narrative describes as developing preferred stories, which is another concept that participants referred to in our discussions. Amanda stated that the key is in discovering what it is that supports someone to develop a preferred story. Who or what supports and in what sort of ways? We develop preferred stories by holding a lens that centres the client in the enquiry, by viewing his or her problems in the wider context of culture, society, family and history, and of seeing problems as separate from people. We develop these preferred stories by therefore externalising problems, looking and asking for unique outcomes or

experiences, asking witnessing questions or having remembering conversations with clients. We ask questions that bring forth strength and resilience or gently challenge limiting beliefs. We don't assume anything, we ask tentatively, considering the client as the expert in their own life and not the therapist. We work with the knowledge and expertise we have, due to our experience and training, but we are not the expert in other peoples' lives. This knowledge allows us to work with people from very different backgrounds to our own, honouring and respecting their beliefs and opinions, desires and experiences. Because of all the values and aspects of narrative therapy mentioned above, participants assume and are probably right when all of them say that spiritual conversations take place in therapy much more often than they might be written about or spoken about. Spiritual conversations and experiences are subjective, and therefore who is to say which conversation is spiritual and which is not. One thing that has been expressed by all participants is that spirituality and spiritual conversations can be very sacred, and often very private. Therefore, we will never truly know, how spiritual a conversation or experience is for different individuals. We can confirm, however, that narrative therapy offers a lens, tools and techniques that can embrace spirituality, as much as they can address any other aspect of life.

#### **4.2.4 Length and quality of narrative training**

Three of the participants believe that there is definitely a case for incorporating more training in some narrative counselling programs in Aotearoa and for having a guide/therapist as part of the process, both in training and afterwards. Participants believe that the more training and reflective practice therapists can engage in the more equipped they will be to do work holistically, and therefore spiritually, with others. Amanda said "if we're talking about training, then I think that what can happen in a three year degree in counselling training is so much, and preferably with a post-grad added on top of that, that allows for so much more richness... there is a case to be made for incorporating more training" (A. Smith, personal communication, December 10, 2014). Johnella stated "I think the training of most narrative therapists and other therapists is totally and utterly inadequate and it doesn't prepare people and they leave the training thinking they are prepared" (J. Bird, personal communication, December 10, 2014). She also says that when people leave the course it's like saying they are ready to begin. They are ready to begin a discovery process. She doesn't believe that after a one or two year course anybody should go

out into private practice. In her view, everybody, after completing training, should be required to present their work, to actually video and audiotape their work at least twice a week if not more. She also said that the requirement would be that they sit in regularly on sessions with more experienced therapists. All of the participants have done a significant amount of training, and all of them have vast experience as therapists and in terms of their lived experience. They all raised concerns about the inadequacy of many training programs and that sufficient training, and self-reflection are crucial to becoming a competent therapist, and a therapist who can work with spirituality on all levels.

#### **4.2.5 Reflection is ESSENTIAL: the importance of attending to experiences, both personally and professionally, rather than decentering**

Although self-reflection is not a major focus in the narrative training at Unitec, there are counsellors available for students, should they feel the need to work through issues of their own. The only problem with this is that although the counselling is free, the modality is often different. Counselling or reflective work is not a requirement for students studying narrative therapy in Aotearoa. Amanda said that this might be due to change, in Waikato at least. Students and narrative therapists are required to have a supervisor but, according to all four participants, this is not necessarily enough. Supervision doesn't take place very often (1 hour per 10 hours of counselling practise) and there is often only time to deal with certain aspects of practise, leaving others untouched and leaving our own self-reflection undealt to. Amanda did point out that asking students to have therapy of their own brings up a cost issue, as training is already expensive. She also said that in her experience if people are required to go to therapy they will often go and say they have nothing to talk about, or don't know what to talk about. (This switches on a lightbulb in my head because therapists who are working with therapists should be able to challenge them in these situations, as we all have things we can work on.)

All therapists in this study believe that reflection should not be optional. The reality is that there is not enough of it. Johnella states that therapists in training and in practise need a space to reflect on the process of the therapy they are doing but also the experiences they are having personally in therapy, and in supervision. Rachael said "we always bring ourselves to the work" (R. Jones, personal communication,

December 5, 2014) and for this reason we need to attend to our own issues and experiences. Amanda said “having a site to bring what’s happening, the impact of the work on you is really important” (A. Smith, personal communication, December 10, 2014). Self-reflection is very hard to do, according to Johnella. We need to be noticing all the time; noticing how we are feeling and what we are doing and saying, both in therapy and in supervision. It is all about noticing, being curious and non-judgemental. Again, according to Johnella, therapists often neutralise issues, rather than attending to them. She stated that it is easier to notice more when things are going badly. To really get in touch with, become aware and learn to reflect and respond to the whole array of experiences that we have is very hard and needs a lot of work. Johnella doesn't believe asking therapists in training and practice to engage in their own therapy is the answer. She believes that although some therapists may need therapy for themselves, what therapists really need is a self-reflective process. She states “I wouldn't ask people, if they're doing a training course with me, to do therapy. I'd ask them to do a self-reflective process, a reflective process, a personal reflective process with a guide. And that reflection process is about discovering in a sense what the vulnerabilities are, that all of us carry, as well as the strengths we have and the reason that narrative therapy in a sense does not or some narrative trainings do not ask for that is because of the emphasis on de-centring” (J. Bird, personal communication, December 10, 2014). Most women, according to Johnella, have no problem decentering. They have a lot more difficulty in actually attending or centring themselves and the experiences that they have in a therapeutic relationship.

Due to the fact that therapists bring themselves to the work that they do, self-reflection and reflection on the therapeutic process are necessary. She believes that the therapeutic relationship is a power relation and a dynamic exchange and what we discover in the relational environment, experientially, is critical for change. People are experiencing the power relation through the therapist and if they articulate something to the therapist, like “I find you uncaring”, the therapist needs to research that with them and be willing to look at whether they have acted in a way that is less than optimal. This is hard to do without reflection and a relational perspective. It is important, states Johnella, that we ask questions in therapy and engage in discussions based on self-reflection and relational reflection. Johnella said that she may ask, for example, “so, when did you notice the change in the care I demonstrate in this relationship?” Another good example she gave was that if we are aware and notice that we are looking forward to seeing a client then we can discuss this with our guide and reflect on it. This may involve realising that we have done something that's contributed to this person feeling that this is a special relationship, and we

would then need to go back and ask about this, in a relational way. “I am just wondering what it might mean to this relationship that I have asked you to do this”, for example. “Do you think it’s changed something in some way? Because I’m wondering if it has.” Johnella says that it has to be a relational construct so people can entertain it. She also says that she will always ask people to notice the experiences they are having in supervision and in therapy. She admits that this is a hard instruction because we all only really notice when things are going very badly. She says that we need to reflect on what we are experiencing in the process and how it affects the relationship and what we are thinking. She says what is important is “noticing and then being curious about it, rather than judgemental about it” (J. Bird, personal communication, December 10, 2014).

Johnella expressed how in the past, when she worked alongside David Epston and others, witnessing other therapists and reflecting on the therapy practice and the therapist’s own experiences in therapy was common practice. In Johnella’s words “Everybody was doing this in the early years. Everybody was screened. We were all being watched, you know, in a good way. It doesn’t happen very much anymore which is unfortunate.” She said that by being witnessed and having a thorough reflecting process all therapists needed to explore what they were attempting to do, and why. She realises now, that without this self-reflection and reflection on process that therapists tend to reflect back to people most of the time. She says “90% of people do not and even cannot draw the threads of a conversation together in any summary form that creates a new narrative at the end of a session.” Johnella insists that as a collective we have a responsibility to equally value clinical practice and intellectual competence, and that this is currently not the case in New Zealand, as well as in other countries. Therefore, it should not be a case of once you pass and get your degree you instantly get a tick for your clinical abilities. This is where the real learning just begins (J. Bird, personal communication, December 10, 2014).

This section has demonstrated how narrative training could be enriched at different institutions throughout New Zealand. Two of the participants mentioned that three years should be the minimum requirement of narrative training. Not only this, but it has also highlighted the need to advise newly qualified therapists that upon completion of training they are only ready to begin as therapists. They are ready to start out on their journey of discovery. All participants stated that nobody, fresh out of narrative training, is ready to go into private practice or to even contemplate working independently as a therapist. A newly trained therapist and even more experienced therapists need to engage in a self-reflection process, which should begin during training, whereby they can reflect on their own experiences and

vulnerabilities and also on the therapeutic process with clients, and the relational environment. Participants agree that clinical practise is more important than intellectual knowledge and therefore reflection needs to take place during training and needs to continue thereafter. The real work and learning takes place, however, after training finishes. All participants agree that, at this stage, therapists should be witnessed and should witness other more experienced therapists as well. Two participants voiced that new therapists should present their work regularly, and they should engage in a reflection process on-goingly in order to keep themselves grounded and fully engaged in the work that they do. This is all connected to working with spirituality as it links in to how to make the work and the therapeutic relationship most connected and effective.

#### **4.2.6 The importance of mindfulness meditation**

##### **What is Mindfulness?**

It refers to the cultivation of conscious awareness and attention on a moment-to-moment basis. The quality of awareness sought by mindfulness practice includes openness or receptiveness, curiosity and a non-judgemental attitude. An emphasis is placed on seeing and accepting things as they are without trying to change them (Melbourne Academic Mindfulness Interest Group, 2006, p. 286).

Meditation or mindfulness were not included in the questions I asked the participants. This is mainly due to the fact that I wanted to ask open-ended questions and not questions that assumed I had an idea of what 'spiritual' practices therapists brought to their lives and work. I also didn't want to impose my ideas on the interviewees. Having said this, Mindfulness meditation and embodied mindfulness have become important aspects of my own wellbeing and I will definitely be bringing mindfulness ideas and practices to my own therapeutic practice. Since commencing this research project I have become even more committed to these concepts and more enthusiastic about how beneficial they can be for clients and therapists alike. More importantly, all four participants talked about doing mindfulness meditation in their

own lives and a couple mentioned using mindfulness ideas and practices with clients.

When Michael was asked what practices he uses in his work, other than tikanga and Narrative, he said “mindfulness works well for me. I like that as a practice.” He also revealed that he likes to meditate. “I like to meditate”, he said. “That’s what I do. I like to just be sitting with myself.” He spoke of sitting meditation, walking meditation and also about the interconnected he experiences by being in nature. He often spoke about the art of relationship being his spiritual practice and how being mindful in all situations, such as being with his wife or in conversations at work, and allowing love and compassion to emerge in the moment, brings peace and happiness. He talks about how a child can teach him a deeper sense of aroha or patience or something, and that being mindful and sitting in meditation allows these discoveries to happen. He describes these deep experiences as “amazing gifts” and “very spiritual,” Michael explained, in his interview, that his sitting, or more formal mindfulness meditations have evolved over time. He thinks that it started with a focus on the breath and getting in touch with chakras, but that more recently he has just sat with himself and allowed his thoughts to go where they go. He didn’t want to share much about these experiences, describing the experience as a “private place” (M. Cook, personal communication, May 1, 2015).

He said that in his workplace client are encouraged to sit in meditation. Michael, or his co-facilitator, will read out a mind and body-focused meditation and although some clients might be restless initially he describes how the meditations will often bring about a sense of interconnectedness, serenity and deep awareness for individuals and the group as a whole. He says

“it’s uncanny, it’s like, you know we might do some planning beforehand and it’s like the most pertinent thing that needs to be worked on in the group presents and it always just aligns with what we’ve practised. It’s like we’ve all connected into some form of awareness, deeper awareness” (M. Cook, personal communication, May 1, 2015).

He says the same thing can happen when the group engages with a colouring in exercise, using mandalas. He said “with the mandalas we open up our subconscious and I don’t even know if that’s the right termination but something other than the conscious mind that men have been working with. You know we’re all quite busy so when we come together as a group it’s all about trying to align everybody cause all we all come with all sorts of stuff right? It’s very present in our conscious mind, but that exercise puts it aside and opens up something. I don’t know if it’s called the

subconscious mind. I'm not trained in those labels, but I'll call it the subconscious. Something other that's not conscious. I dunno. Then the ideas flow, something flows. We will often walk away and go, 'Wow, that was amazing.' Often" (M. Cook, personal communication, May 1, 2015).

Rachael admitted that she doesn't sit in meditation regularly but that she'd like to because she finds it very beneficial. Like Michael, she stated that she connects spiritually in the outdoors and that she attends a group fortnightly with other women who are interested in "spiritual things". She explains how these experiences are both loosely connected to mindfulness or meditation. This idea speaks to how mindfulness can be achieved in many different ways and in different settings. We can engage in sitting meditations that focus on the breath and the body and feelings or emotions. We can engage in these sitting meditations in silence or by listening to audio meditations or talks that are created to develop self-awareness, as well as awareness of interconnectedness, how to develop empathy, kindness or compassion to self and others. Mindfulness can occur in nature but it can also be brought to our lives in different settings, like by attending spiritual groups. Mindfulness can ultimately be brought to our everyday lives, by trying to stay present to our thoughts, behaviours and whatever is occurring in the present moment, with the awareness that we can easily be carried into mindless thought patterns that draw us to the past or the future.

Amanda, who brought up the article on Buddhism and narrative therapy, alleged that she practices mindfulness meditation, and that she also gets huge solice from being in nature. She stated that Bill Lax stated in his article that many people are now meditating and that meditation really aligns with ideas of deconstructing and externalising. This is true as mindfulness meditation can allow for space between ourselves and our thoughts, and a process of disidentification. It can allow individuals to see our thoughts as part of a much greater picture, while also allowing for a sense of interconnectedness with body, mind and spirit, and all that is, both internal and external. With the right focus it can also help to nurture compassion and kindness to self, and to others. This is beautiful and very life enhancing.

Johnella doesn't commit to a daily meditation practice and I didn't actually manage to ask her if she meditated or practiced mindfulness at all. Her work and her approach to life spoke to mindfulness in all she does. In her work, she will often focus on how people's essence or souls are touched in certain environments and how to strengthen these supports. She said that she will focus on how individuals can continue to receive these various supports; how to use visualisations to access them,

how to breathe into memories of supports. She said “I use meditation, very gentle, very small body meditation processes and breath processes... when people are grappling with questions of meaning and life, we will look for what will resource them beyond words, a place where people feel grounded, using an image, a memory or a texture.” Johnella also stated that she has always had a strong connection with the environment and that she feels a real companionship in those places (J. Bird, personal communication, December 10, 2014).

It is clear from conversations with Johnella and from witnessing her work that she is very mindful in her everyday endeavours and especially in her work and in relationship with others. She describes herself as a seeker and reveals that whether we’re sitting in a meditation or in the environment or sitting in a therapeutic room, we are making discoveries about ourselves as human beings, our capacity, both our capacity in connection with one another, but also our capacity in connection with ourselves in the bigger context.” I find this to be a good explanation of mindfulness, in a variety of contexts. She articulated this even more clearly when describing what she means by relational consciousness.

Relational consciousness, which is the ability to see oneself and one’s experiences in relationship to others, in relationship to the culture that we are immersed within, in relationship to the land. That consciousness moves me from feeling defined through the body I inhabit (J. Bird, personal communication, December 10, 2014).

From conversations with therapists and from my own experience I am a great believer in mindfulness and meditation processes, whether they be sitting meditations of various kinds, walking meditations and any activities that focus on self-awareness, and being more connected to self, others, and the environment. I am especially interested in mindfulness that allows for awareness of the body and mind and of being grounded in the present moment. Bringing these ideas into practice, while also placing a focus on developing kindness, compassion and empathy for self and others can achieve profound levels of self-awareness, depth of experience, peace and fulfilment. This can ultimately achieve an awareness of interconnectedness with all that is, alongside an evolution of consciousness. This is my strong belief and all the participants spoke to this in various ways.

I, personally, practice meditation daily and it has a profound and positive impact on my health and quality of life. My current favourite website offering free meditations is <http://www.tarabrach.com/>. Tara Brach is a leading western teacher of Buddhist meditation, emotional healing and spiritual awakening. She has practiced and taught

meditation for over 35 years, with an emphasis on vipassana (mindfulness or insight) meditation. Tara is also a clinical psychologist and the author of *Radical Acceptance* and *True Refuge*. When speaking on her website about the benefits of mindfulness meditation she states that people, nowadays, are often so stressed and there's a sense of being "on the surface, racing to the finish line" which is basically death. She said how difficult it is for people to "drop into our moments." She speaks of the inherent suffering in this way of life but goes on to reveal how strongly she senses as evolutionary unfolding going on "whereby there's more and more of a sense of what's possible, that it's really possible to touch a great freedom, that happiness, that loving without holding back, that really living from our fullness is possible, and then there's this yearning to find the ways of paying attention, that allow us to really live from our fullest. She says how, just like exercising the body, exercising the mind works.

#### **4.2.7 Narrative Therapy training and practice in Aotearoa would benefit from integrating Johnella Bird's contributions in order to practice more relationally, and therefore more spiritually.**

As mentioned earlier, Johnella Bird was a participant in this study and the fact that she and her work have also become a crucial finding could be perceived as problematic. To clarify this further, I would like to make clear the reasons behind her work becoming a key finding in this study.

The reasons are the following:

- 1) Johnella Bird and her work are already considered as aligning with the narrative framework and all the participants talked about her work in response to my questions regarding narrative therapy.
- 2) In Johnella's interview, the main topics that were discussed had to do with her work and how her work evolved from narrative ideas, and other ideas, and embrace spirituality.
- 3) All participants mentioned that Johnella brings spiritual components to her work.
- 4) I have been extremely inspired by Johnella's work and agree that her work is very holistic and focuses on the client's relationship with the therapist, with

themselves and others around them, on purpose and meaning, and on environments where clients' souls are touched eg.in nature.

- 5) Her contributions and participants, including my own, views of her work highlighted without doubt her significance in this study.

Johnella Bird brings spirituality to narrative therapy through relational languaging and externalisation and what she describes as 'relational consciousness.' All participants spoke about this. Rachael said specifically "People like Johnella have brought an element of spirituality into her training." (R. Jones, personal communication, December 5, 2014). The only problem with this is that Johnella Bird's work is not part of the narrative modality, despite being well read by narrative-oriented practitioners. Johnella's work is not discussed in traditional narrative literature. This is unfortunate, and all participants talked about how significant her contributions are in the work that they do. Johnella Bird describes herself as a therapist with a relational narrative orientation, and her ideas about effective and relational therapy, the use of power, problems associated with decentring and problems related to being committed to one structure that commits a therapist for life are revolutionary, and enrich narrative therapy. If narrative therapy is to be open and evolving and more spiritually enhancing for all involved it would benefit from becoming narrative therapies, in order to embrace Johnella's work more fully.

### **Johnella's history and place in the narrative community**

Johnella Bird is an experienced and accomplished therapist who resides in the Auckland region. In the 1970s Johnella studied child psychotherapy but moved quite quickly into Family Therapy. In 1978 she was inspired by a workshop facilitated by the Milan team in the UK. When she returned to New Zealand in 1980 she became very interested and involved with family therapy and experimented with applying systemic, strategic and structural family therapy ideas. In 1982 Johnella met David Epston and they become colleagues in 1985 at the Leslie centre in Auckland, where she was the Director. The Leslie centre was a clinical and teaching centre where issues such as cultural marginalisation, feminism and the politics of therapy were explored. At the Leslie Centre everyone worked in teams and were screened, so that their work and skills were transparent. All staff were accountable for the work they were doing and they all engaged in reflective practice and self-evaluation. In 1988 Johnella and David Epston established the Family Therapy Centre.

Michael White facilitated workshops in New Zealand, including the Leslie Centre, throughout the 80s and he was heralded as having a unique approach to the work

with families. David Epston also had a unique style of working with children. One of their most important commitments was to move away from discourses that privilege the professional's objectivity and knowledge over the skills, knowledge and expertise of those people who request the services of professionals (White, 1995). In my interview with Johnella she reflected on the amazing empathetic capacity both David Epston and Michael White demonstrated in respect to their work with children. She spoke specifically to how they managed to include children in the sessions and bring out their competencies by focusing on the detail of their experience and looking for what was working. Over this time Johnella and David often had conversations around the risks of constructing a therapy which inevitably becomes bounded and thus excluding. Nonetheless, Michael and David became collaborators and this collaboration resulted in the book *Narrative means to therapeutic ends* (1989). Narrative therapy emerged from this collaboration.

In 1988 David Epston focus shifted to working in the field of anorexia while Johnella went on to work in the area of sexual abuse. Through this work Johnella's ideas began to evolve, especially in the areas of language and meaning, and power and 'relational consciousness'.

Johnella has written three books, including *The Heart's narrative* and *Talk that sings*. She has run hundreds of workshops and she works as both a therapist and a supervisor. She has become a teacher, guide and 'guru' to many therapists and clients.



**Johnella Bird's concerns and ideas about effective therapy**

Johnella Bird's concerns and ideas	Description
<p><b>i) Problems connected to creating definite therapies</b></p>	<ul style="list-style-type: none"> <li>• Although we need a structure, we do not need one that commits us for life</li> <li>• Definite therapies are limiting</li> <li>• Definite therapies place the power and authority for change with the originator.</li> </ul>
<p><b>ii) History of counselling and psychology</b></p>	<ul style="list-style-type: none"> <li>• Marginalises people who are suffering</li> <li>• Often pathologises</li> </ul>



vi) <b>Narrative therapy needs to take on new ideas</b>	<ul style="list-style-type: none"> <li>• Spiritual practices, such as Buddhism take on new ideas, whereas most therapies don't</li> <li>• Narrative therapy needs to evolve</li> <li>• Therapists need a skill and tool base to address power.</li> <li>• Any therapy group should ongoingly address this issue</li> </ul>
vii) <b>Addressing power</b>	

### **Johnella's unique language and techniques**

Since the 1980s Johnella Bird has been in the process of developing unique ideas and a unique language for being and working with people in the therapeutic context.

Participants all describe Johnella as an innovator, especially with regards to her focus on the relationship, and her evolving language and techniques. Michael relays that Johnella never asks why, but always how and she is very much focused on life enhancement.

Although the scope of this thesis does not allow for any indepth discussion around her language, tools and techniques, I highly recommend reading a long extract of Johnella's work in Talk that sings, on page 108. This conversation with a client sheds light on how she ongoingly addresses power dynamics and the various threads of conversation, taking into consideration her own experience and the experience of her client, and therefore how she works in the relational therapeutic context

### **Johnella on spirituality in practice**

According to Johnella, therapy is a journey of discovery, and both the client and the therapist learn and are expanded along the way. Johnella told me a Buddhist story that demonstrates this idea beautifully. It's about a sage and a professor, walking in the forest. It suddenly gets dark and it's a very dark forest and they're really worried they are going to lose their way. The moon suddenly appears from behind a cloud and the professor looks up toward the light while the sage looks to the path. Johnella reflects on this by saying:

I think, from my perspective all therapists need the tools to work with complexity, not just intellectual tools but practical therapeutic

tools including a reflection process. This reflection process will allow people to collaboratively engage with others (clients) to shine a light on possible new life paths. The conversation process that illuminates these paths supports all participants to discover, rather than know the 'right' path. When I use a Relational expression I'm using the description to produce a light. I don't know where the conversation is going to end up. I can imagine possibilities but until the person responds to the question or metaphor nothing is yet clear. For me, the answer provides the person and myself with the sense or glimpse of a path, as we take the next step along this obscured path we make experiential discoveries that when researched illuminate the next step. Well is that a spiritual process? Well some people would say that it is (J. Bird, personal communication, December 10, 2014).

Language matters tremendously to Johnella and she is always finding new language or descriptions to reflect the experience she and others have within therapeutic conversations. Her focus is very much on the experiential, whereby cognition and direct experience are taken into consideration. Johnella describes herself as a seeker, both in terms of her spirituality and her therapeutic practice. Both, I believe, relate to spirituality in their own way. Johnella has the ability with her worldview, life experience and evolving therapeutic practice to listen to all that reverberates in the room. Although she believes that spirituality is a loaded word, all agree that her work embraces spirituality in terms of her focus on relationship and reciprocity.

In the therapeutic context, Johnella's focus is on being open to discovery and life enhancement for the client. With a perspective that she terms 'relational consciousness', Johnella realises that the therapeutic relationship is a dynamic exchange between at least two people. She understands that while the work needs to be about centring and empowering the people she works with, she also realises that she brings herself to the work and that both her, and her clients' experiences in therapy need to be taken into consideration. Relational consciousness is not about spirituality, in Johnella's worldview, but it is about individual spirits in relationship with one another and therefore the spirit of relationship. For Johnella to incorporate spirit into her relationship she believes she needs to hold broad empathy in order to feel and conceptualize the relational environment. Her desire to always be available with mind, body and spirit means being fully available to her own experiences, as well as those of her client, and to the relational context.

Johnella's main concern with the term spirituality is that it has too many connotations and Johnella is also hesitant to use the phrase 'relational consciousness' with people if she is unsure of their relationship to this idea, as she doesn't want to distract people and make them wonder what exactly it means. She says the term can mystify people. For Johnella, relational consciousness is about what is happening in the room and

what the conversation is drawing out of both her and her client(s), in the wider context that is being considered, including culture, society, family and other important relationships. Within this realm of relational consciousness both peoples' experiences are relevant and with this perspective Johnella is able to see the relational environment in her mind's eye. Using relational expressions allows Johnella to see herself as more than the body she inhabits and to see her and others' experiences as in relation to the land, our culture and to other people. The answers to relational expressions provides knowledge to both parties. Witnessing, which is part of the process of using relational expressions within the relational context through a lens of relational consciousness, involves exploring the movement in the dialogue, going out to see the greater context and back in to focus on the individual. This also involves movement between cognition and direct experience. The way Johnella works in a relationally conscious way is, in my view, spiritual, and all participants in this study agree with this.

Being available with mind, body and spirit and working through a lens of relational consciousness Johnella can be evoked by the conversational process and often part of this process involves going beyond the two separate individuals. In these moments, Johnella admits that a feeling of spiritual connectedness can be felt. She understands that souls can be touched in certain environments, and therapy and nature are examples of when this can take place. Johnella says that some moments in therapy can evoke wonderings in her about consciousness. This, for many is a very spiritual concept and one that is being taken much more seriously nowadays.

In terms of spiritual practises in therapy, Johnella explains using small body and mind meditations with her clients and also breath processes to help them feel calmer and more connected. Becoming more in touch, and focusing on the breath, can help centre individuals and help them manage their experiences more mindfully.

Finally, Johnella works spiritually with people in the relational therapeutic context. She believes spirituality is a loaded word and although she claims to have much life experience and to be well read on matters of spirituality she believes to truly work with someone spiritually, and by this I think she means in terms of their faith with the mysteries in life, a guide needs to have much experience, training and support. She thinks that teachers need to be aware of their limitations so that they can hold people safely and that teachers and therapists should never work beyond their capabilities. Although Johnella now spends much of her time supervising people and teaching she continues to practice with clients in order to stay grounded in therapeutic practice.

In the light of what I have expressed in this section, I return to the idea that narrative therapy would benefit from fully embracing Johnella Bird's work. Not only is this a logical belonging for her work but narrative therapy would also evolve into embracing the therapeutic relationship much more holistically, allowing the therapy to develop a lens of unity, incorporating mind, body and spirit.

#### **4.2.8 Narrative Therapy training and practice in Aotearoa must embrace Māori culture in order to practise biculturally, therefore multiculturally, and therefore spiritually.**

##### **Narrative Therapy and Māori culture in Aotearoa: Personal Perspective**

Narrative therapy in Aotearoa does not currently incorporate much in terms of Māori worldview and spirituality. Michael, the Māori participant in my research study said that he offers a day to Unitec, in Auckland, as a guest lecturer, when he talks about his practise and how he blends narrative with his Māori identity and knowledge. He explains that by the end of his time with students he is drawing the threads together showing that he uses a narrative toolset in a container that is Tikanga Māori.

Currently living in Aotearoa, there are people who culturally identify themselves as Māori, Pacific, Pākehā, kiwi, European, and Asian to name a few. These identities are very general and I believe many people, if given the opportunity, would prefer to be more expressive of their identity. When broaching the prospect of Māori culture being a core component of Narrative Therapy in Aotearoa, the question is raised in terms of the differences between Pākehā and Māori and other cultures and how they live and see the world. Questions are raised in terms of how many of us identify with one culture and some may even be confused about where their cultural identity lies. Questions are also raised about whether Pākehā practitioners should work with Māori and how they should do so, and whether Māori practitioners can therefore work with Pākehā. Of course, this is already happening all over the country. The strong case that has been brought forward in this research is that we live in a country that was founded on the Treaty of Waitangi, a document that was signed by Māori and Pākehā alike, and this turned Aotearoa into a bi-cultural nation. This is our foundation, and therefore this is the place that we should work from when dealing with people who come to us for therapy. A merge of Pākehā and Māori cultures within the narrative framework would allow us to work with people, from all over the globe, who have chosen to call New Zealand or Aotearoa their home.

It is important to note at this point that NEW ZEALANDAC (New Zealand Association of Counsellors) requires that counsellors in New Zealand have bicultural awareness. The way these requirements are currently carried out, in training and many people's counselling practices, is limited in its awareness and embodiment. To shed further light on what I am discussing in this chapter, I include what NEW ZEALANDAC requires counsellors to understand and integrate into their practices in the area of bicultural awareness:

**Te Tiriti o Waitangi/Treaty of Waitangi** (the English and Māori versions of the Treaty signed between the British Crown and iwi of Aotearoa/New Zealand in 1840)

**Marae** (Māori meeting house) **protocol**

**Tikanga** (Māori cultural practices)

**Whānau/Whānaungatanga** – the importance of relatedness, shared responsibility, the role of the extended Whānau as nurturer/provider. The role of the Whānau as decision makers for the Whānau. The importance of supporting and encouraging Whānau to carry out its role in decision making. Acknowledging the role of kaumatua. An understanding of community as Whānau – where kinship is no longer functioning.

**Manaakitanga** – caring, kindness, hospitality, respect. Uplifting the mana of others and oneself/group. Manaaki is a two way process. Relates also to a level of care and concern that go beyond the boundaries of a 9-5 job and might often break the rules of 'professionalism'. A generosity of time, care, spirit with respect.

**Kotahitanga** – solidarity, working in the shared interest of the group and the exercise of their authority, about upholding the right to self-determination, to be different. Enhances Whānaungatanga- the wellbeing of Whānau, hapu and iwi relies upon the strength and support of the group in the common interest, Supports the power of unity, inclusion of all peoples, is anti-class, individualism etc

**Wairuatanga** – recognition of the spiritual dimension. Wairua is an apt description of the spirit – it denotes two waters, both positive and negative streams, it's a matter of maintaining balance – equipoise

**Colonisation / De-colonisation discourses**

**Biculturalism**

The New Zealand Association of counsellors also requires that counsellors apply this knowledge and understanding to work safely and effectively with Māori and to reflect on how to apply these concepts into current and future practice.

Counsellors are required to complete a noho Marae experience for 1-2 nights, which includes a powhiri (welcome), learning about the historical context of the marae and a discussion with tangata whenua (indigenous people) on the purpose of their stay.

Counsellors are then required to produce a reflection on the significance of the noho marae experience for them personally (New Zealand Association of Counsellors, 2015).

This research and NEW ZEALANDAC requirements determine that there is a great need for Māori spirituality and worldview to be woven through narrative therapy training in Aotearoa. The research and participant's views also shed light on how the Māori lens and Māori practices should indeed be incorporated into narrative therapists' work, in this country. Of course, this could not happen overnight but if over time therapists were exposed to more insights and engagement to Māori worldview, spirituality and practices then we could begin a process of working in a truly bicultural, and therefore multicultural, manner, with Māori, Pākehā and all other people residing in this land.

### **Narrative therapy and Māori culture in Aotearoa: Participants' perspectives**

There are many reasons why participants believe Māori culture is important. Firstly, everyone agrees that Māori spirituality and practices can enrich narrative therapy, in this country. Participants believe that Māori practitioners often have very beautiful and life changing conversations. Rachael stated that our national and personal histories need to be core components of narrative training. Both our national and our personal histories relate to Māori culture, in terms of the history of our country and our individual parts in that, but also a key focus of Māori culture is looking at our individual and familial genealogies. This awareness can allow for a more holistic practice and more multicultural awareness.

There was only the one Māori participant in this research study and he was also the only male. I was eager to find a Māori therapist who had trained in narrative therapy as Māori spirituality encompasses a broad spirituality and it really aligns with how I view spirituality and relationship. It is very holistic. Although Māori spirituality and worldview were not initially aspects of the questions in my enquiry, two of the other participants brought up the significance of Māori spirituality in Aotearoa and in therapy. Amanda believes that Māori and Pacifica people have a lot to teach Pākehā in terms of spirituality in therapy. She believes they hold significant beliefs and they have very beautiful and life changing conversations with clients. Many, she says, work from a narrative base but talk much more freely about spirituality. During the conversation she referred to a book that has been written by David Epston, one of the founders of narrative therapy, in partnership with a spiritual guide called Wiremu who senses people who are no longer alive. This work Epston is involved in suggests

that he is open and available to the importance of Māori culture in narrative therapy, in Aotearoa. Amanda's dream was to have a Māori lecturer teach narrative therapy at Unitec. Currently, this is not the case.

Rachael's view is that narrative training should include our personal and national history, and in particular Māori worldview which has a lot to offer. Rachael acknowledges that we need to honour Māori, Pacific and Pākehā cultures and she appreciates the Māori/Pacific perspective of seeing the person as a whole, and the emphasis on Whānau and spirituality. Interestingly, she doesn't believe that spirituality is the most dominant feature of te whare tapa whā, and this is an observation that needed some attention during my data analysis, as Michael's interview was pregnant with the idea that spirituality exists in everything we do.

The Māori practitioner who was interviewed for this research study articulated in quite profound and moving ways how he works with clients, while holding a lens that is spiritual and holistic, through which he views spirituality as omnipresent and pertaining to all that he does. He talks about how spirituality, for him, and in Tikanga Māori, is synonymous with the sacred art of relationship. He gave many examples of actual Māori practices that he brings to his work and how they also align brilliantly with his narrative background. When speaking of the Māori lens or worldview, Māori spirituality, Māori history, Tikanga Māori and Māori practices I will use the umbrella expression of Māori culture to simplify things. I intend 'Māori culture' to include all the previously mentioned aspects of Māori Life.

### **Narrative therapy and Māori culture in Aotearoa: A Māori perspective**

Michael trained in narrative therapy but he also attends te wananga where he learns all about tikanga Māori in cognitive and embodied ways. He describes the course he does in tikanga Māori as a traditional one, and one that is similar to a philosophy like Buddhism. Michael also works with 100% Māori clientele and therefore Tikanga Māori sits appropriately in his worldview and his practice.. He said in his interview,

If I say I'm a narrative therapist which from time to time I do say, it kind of excludes this Tikanga therapy that I've been nurturing and working with...it's a dual foundation for me, in my practise. The central focus is narrative therapy and Tikanga but it's a whole range of therapies (M. Cook, personal communication, May 1, 2015).

When discussing how he incorporates spirituality into his narrative practise, he turned this idea on its head by stating that for him it works the other way around. "I incorporate narrative therapy into my spirituality." He elaborates by stating "I'd say

narrative therapy for me is a hat that I'm able to don on and use to help shape thoughts, feelings or awarenesses of my clients." He says it aligns really well with his identity as being Māori (M. Cook, personal communication, May 1, 2015).

While describing how he uses a narrative toolset in a container that is tikanga Māori, and when referring to his alignment with tikanga philosophy he positions himself even more by saying ,

"I don't see spirituality and being human as a separate entity. They are. You could say co-exist but even co-exist says that they're separate. I don't see there's a separation between it so therefore me being who I am, whether I'm being a narrative therapist or Tikanga therapist, there's a presence of spirituality" (M. Cook, personal communication, May 1, 2015).

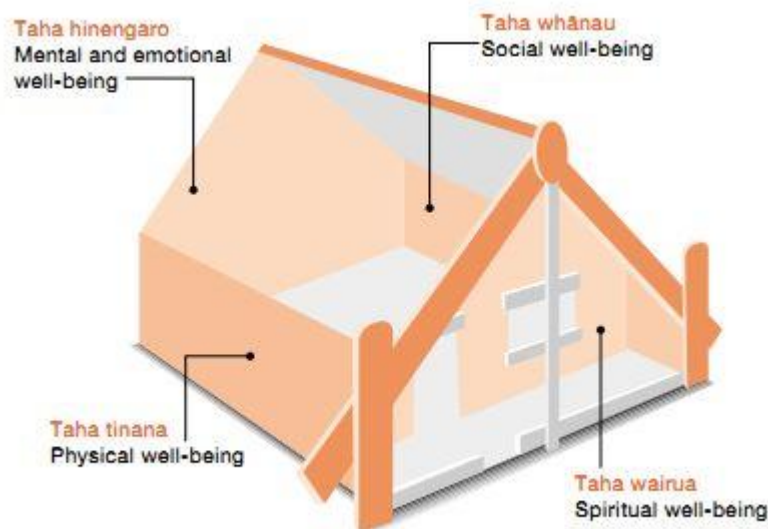
### **Tikanga Māori: A Māori perspective**

As a Pākehā, with an avid interest in the Māori worldview but limited knowledge, I asked Michael to describe to me what tikanga Māori is, and how he works with it. His description was very rich and enabled me to feel the embodied sense of what it is about. He broke the word down, translating tika loosely to mean 'right' or 'justice', and nga to be the plural 's'. He explained that it is a very open term and one that allows your mind to explore what it embodies. What does it embody in Michael's view? "Everything. Environment. The earth. It takes away the idea of scripted law which is very much our societal way of looking at what's right. Tikanga is more value based and it's about what feels in harmony and what feels right", according to Michael. "It's more of a heart focus and is about addressing balance." He says "Tika, ok? It's a feeling, an experience." He explains that it gets dogmatic when tikanga becomes ritualised, like many things, so then it gets seen as protocol and procedure. But Tikanga is all about whether something is intuitively right. He says it's about looking at the harmony of the planets, mother earth, the trees, the plants and the rivers. He says it is very spiritual, with a central focus on what different experiences may mean for us all as individuals and as a collective. He describes it as being exposed to "moving between a natural and spiritual world and how they connect." He says that there is no separation between the spiritual world and the material world within the tikanga lens. "They are just as alive as each other. Just as rich, just as full, just as deep. Just different." Michael describes tikanga Māori in very broad and open terms and often implies that language doesn't do it justice. He says it is relational and has lots of entry points. One interesting comment he made was that "it is never-ending". He also reported that in the work he does at SAFE, Tikanga Māori and all it

entails has a positive influence on young Māori. This is also due to the practises, such as mihi, pepeha, and Whānaungatanga, waiata and karakia. This will be discussed further down in this section (M. Cook, personal communication, May 1, 2015).

### **Spirituality is first and foremost in Māori worldview: A Māori perspective**

Michael explained that spirituality is first and foremost in Māori worldview. He also said that he often uses the te whare tapa wha health model as a tool with clients. However, in the te whare tapa wha model (Durie, 1998), which is a health model, created by Mason Durie, that can be applied to any health issue affecting Māori from physical to psychological well-being, spiritual health (Te Taha Wairua) stands alone yet alongside other aspects of health, such as physical wellbeing (te taha tinana) and family/social health (te taha Whānau).



*Figure 2.* Te whare tapa wha model created by Mason Durie in 1982 (Ministry of Education, n.d.)

I wonder whether spiritual wellbeing should lie as a foundation, if what Michael expresses throughout the interview is accurate. One of the other participant's referred to this model in her interview, stating that spirituality is only one aspect and she wouldn't like to see it being viewed as the most important one. When speaking of his practice, Michael states that there is no separation between the spiritual, mental, physical and emotional. It is all spiritual. He says that he practises from a spiritual place from start to finish.

Michael's views are indeed articulated on the Rangatahi Tu Rangatira website in the section that discusses the different aspects of the house in the te whare tapa wha health model. The paragraph that discusses spiritual wellbeing or wellbeing connected to wairua states the following:

**Wairua/Spirituality** is acknowledged to be the most essential requirement for health. It is believed that without a spiritual awareness an individual can be considered to be lacking in wellbeing and more prone to ill health. Wairua may also explore relationships with the environment, between people, or with heritage. The breakdown of this relationship could be seen in terms of ill health or lack of personal identity. When confronted with a problem Māori do not seek to analyse its separate components or parts but ask in what larger context it resides, incorporating ancestors or future generations to discussions. This may mean the discussion goes off on a tangent but the flow will return to the question. (Hauora, K. 2014).

This explanation of spirituality is very nicely aligned with narrative therapy in terms of placing an individual's experience in a much greater context of environment, family, society and culture.

### **A tikanga/narrative merge: A Māori perspective**

Although Michael said that he would like tikanga therapy to stand on its own and for a tikanga Māori paradigm to be articulated and constructed, he would also like to see a tikanga narrative merge. This would bring a spiritual lens to narrative therapy, and some Māori practises that encourage connection and relationship. The idea of decentring in narrative therapy, as well as externalising, limits the potential for narrative therapy to embrace relationship. This is because embracing relationship requires that the therapist be present to their own interactions and experiences, bringing them forward in appropriate ways. A question that comes to light at this point in the enquiry is whether narrative therapy would benefit from firstly adopting a philosophy that sees relationship as a sacred art, and developing a more holistic, or spiritual lens.

Tikanga Māori is contained within a spiritual lens and Michael says, "when you bring a spiritual lens (to your work/to relationship) which is a holistic lens then it invites a wider ability to explore, to map, to discover relationship, experience, identity, and therefore broad awareness of self and therefore a deeper possibility of feeling because of that depth of awareness... For me, the sacred connection of relationship is at the heart of it... You know once you see that there's something very sacred that binds in with interconnectedness I think there's a profound depth of spiritual

awareness and experience, as a result” (M. Cook, personal communication, May 1, 2015).

Michael realises that although the narrative lens is not overtly a spiritual one, narrative therapy does focus on clients’ relationships to themselves and others. He doesn’t think that narrative therapy would be described as a spiritual therapy and he realises that it doesn’t incorporate ideas of how to relate to a divine but he thinks that the door is open to ask spiritual questions, depending on the lens of the therapist and the client. It leaves the door open to the client as it is client focused. Michael believes that the key is to remember that whatever we are doing is spiritual. The sacredness that we create in therapy is very gentle and must be honoured. It is a spiritual endeavour.

### **The idea of narrative therapy being seen as a spiritual therapy per se: A Māori perspective**

In terms of spirituality, per se, and narrative therapy Michael says “I don’t want to create the idea that narrative therapy is seen as spiritual, because then it would ostracize others who aren’t. So, you know the act of spirituality for me is all about unity, that’s the heart of it, whether you want to call it spirituality or not it’s the practise of unity.” Michael believes that this idea could be incorporated into the kaupapa or methodology, making narrative therapy more holistic and exploring more what that looks like and how it can be interpreted by the practitioner and the client (M. Cook, personal communication, May 1, 2015).

### **Johnella Bird and Māori spirituality: A Māori perspective**

Johnella Bird is someone who Michael believes has articulated the experience of relational therapy and who has put words to what is at the heart of the Māori worldview. He likes how she asks relational questions and that there’s never a why, but a how, a what, or a when. He describes the movement in her languaging when he says, “she doesn’t sit in one space but she’ll try and take the journey with the client to explore the movement of relationship or the relationship they’re having with the issue/problem or thing they’re wanting to celebrate or whatever. It’s open” (M. Cook, personal communication, May 1, 2015).

In Michael’s interview, he talks about Johnella’s interest in language and relationship and how he aligns with these ideas: “within the therapeutic context I would hope that I’m sticking towards using Johnella’s response or relational therapy/languaging, that I’m using a style that walks alongside my client and is as respectful as possible for

their agency and that there is a feeling that they are empowered to discover their answers and correct their own behaviours” (M. Cook, personal communication, May 1, 2015).

From in depth discussion with Michael, it was clear that for him narrative and tikanga provide a very similar lens to each other, and that Johnella enriches narrative by focusing more on the spirit and reciprocity of relationship. Michael believes that she gives a voice to the Māori sacred art of relationship. This sheds more light on the idea that Johnella Bird’s ideas would offer a significant amount to the narrative framework, as would the Māori lens, by embracing a more spiritual lens, and one that appreciates the nature and reciprocity of relationship.

### **Spirituality is the sacred art of relationship: A Māori perspective**

Spirituality exists, he says, within the sacred art of relationship. The sacred art of relationship is the spiritual umbrella, encompassing all, and something sacred is created by giving and receiving from a place that honours this sacred art. Within the movement of relationship and the emotional, mental, physical responses that this entails, something sacred is created. He describes these invisible contracts that exist between all of us, otherwise known or embraced by ‘tika’, and how when they are broken we can feel it. And these contracts are broken every day, sometimes in small ways and sometimes in larger and more damaging ways, he explains. “There is something intuitive”, he says, “about something that’s been violated.” He sums it up really, when asked about his spiritual practises, he says “The art of relationship is my spiritual practise” (M. Cook, personal communication, May 1, 2015).

He says that it’s largely about being truthful. Being aware and being able to have a relationship with self so you can have a relationship with others. Michael says that he might offer aroha to someone if he feels it but he might also be directive and challenge someone if they are harming themselves or someone else. In this way he is asking the person to observe and respect the sacred art of relationship. Within this observation, which is a human response, there is spirituality. During this topic of conversation Michael makes an interesting point about power, and one that differs from the other therapists when he says “I think it’s ok to be powerful in some contexts because that mirrors what’s in the world and just because we’re counsellors does not mean it doesn’t exist or that it doesn’t exist within the therapeutic context.” He thinks ideas around equal power can be limiting (M. Cook, personal communication, May 1, 2015).

## **Māori and spiritual practises that can enrich narrative therapy: A Māori perspective**

Michael practises meditation, which involves sitting with his thoughts and being mindful and present and quiet. He says that meditation allows him to reflect on amazing spiritual gifts that are discovered in relationship. For example, Michael reflects on how children can offer us patience, or a deeper sense of aroha or compassion.

Spiritual practises that Michael refers to and that enrich his practise, and could similarly enrich the narrative framework, are generally Māori practises. The first being the practises of mihi and pepeha, which are celebrated arts in te ao Māori. Michael reflects on this art in practise,

When I do my mihi with Māori Whānau I do it because what I'm saying is I'm telling you that you are welcome here, that I'm holding you in a sentiment of aroha, that I'm holding you in a sentiment of Whānau. Today I am your family. When I talk to you, I first mihi to you and I introduce who I am first, who I am first is my mountain, my moana or my ocean, my river or my people. Underneath that I am a family man. I introduce who I am, where I live, who my children are, before I even get to saying that I'm a counsellor or anything else. So that's the gift to give to somebody (M. Cook, personal communication, May 1, 2015).

The next part of Māori custom is to engage in a process of Whānaungatanga which means creating relationships and recognising connections with family/Whānau. During this process, all parties get an opportunity to share, to mihi. In Michael's opinion this is a very powerful therapeutic tool, and one that allows all parties to see each other as human beings first, before the problem or the anxiety of being in the room. At the heart of it is reciprocity or the change of intended values. By doing this, there is also the hope that Māori clientele will start to adopt this practise themselves. It is modelled from the beginning. Michael says that "in the process of doing that the art of relationship or the sacred art of relationship emerges."

Waiata or songs are also an important part of Māori custom and often Michael will engage his clients in a waiata, at the beginning and the end of a session. He really notices how the mood lifts during the session and the final waiata is often full of energy and vitality.

The other practises that Michael will engage in are meditative ones, such as colouring in mandalas. He says that often after undertaking this task, which he is also a part of, the most pertinent topic that needs to be worked on in the group arises and that always aligns with what has just been practised.

“It’s like we’ve all connected into some form of awareness, deeper awareness... we’ve allowed that Divine consciousness or whatever, however you label that... to be present.. we open up our subconscious... It’s all about trying to align everybody”

(M. Cook, personal communication, May 1, 2015).

### **Final Reflection: A Māori perspective**

Although Michael notes that the beauty of narrative therapy is that the door’s open for all, he does believe it could embrace a more spiritual lens, and that it’s a really important area to continue to explore. Michael believes this can be achieved by reading more literature and discovering how to practise with people who are spiritual and those who aren’t spiritual and working within that context. Michael also believes that holding a spiritual lens which he encourages people to work on, allows for much deeper, authentic and relational therapy and he reminds us that everything we do is spiritual. Ideally, and at some stage in the future, Michael would like to see a tikanga Māori and narrative merge.

### **Final reflection: personal perspective**

Aotearoa, NEW ZEALAND, is a bicultural nation founded on the Treaty of Waitangi (1840). Currently, narrative therapy training in this country includes the bear the minimum when it comes to Māori culture and spirituality. I believe, in order to practice biculturally, holistically and with more awareness Māori culture and practices need to be more woven through training and therapists’ respective practices

Spirituality, in Māori culture, pertains to life force and the sacred art of relationship. Māori culture and its beliefs and practices are beautiful and can indeed be life changing when incorporated into the way counsellors work with clients. They have the potential to provide, alongside narrative therapy, an openness and beauty to people and what they are experiencing in relationship with not only the therapist, but all other aspects of their life. This is true when we are working with people from all different cultures, with many varied and wonderful backgrounds, life styles and belief systems.

### 4.3 Final conclusion

In this chapter I have discussed the prominent themes that came out of the interviews with four participants. Three of the four participants were middle-aged, female therapists and the other one was a younger male therapist of Māori descent. All of the interviews were quite different to each other but there were some common threads and it was through analysing these common threads that I came up with my themes. The headings for the themes discussed were the following:

- The extent to which participants call themselves narrative therapists;
- Spirituality as viewed by the participants;
- Narrative concepts that currently address spiritual issues in practise;
- Valuing narrative training by extending the training;
- Reflection is ESSENTIAL and not optional:
- The importance of attending to experiences, both personally and professionally, rather than de-centring;
- The importance of mindfulness meditation;
- Narrative Therapy training and practice in Aotearoa would benefit from fully embracing Johnella Bird's contributions in order to practice relationally, and therefore spiritually;
- Narrative Therapy training and practice in Aotearoa would benefit from embracing Māori culture in order to practise biculturally, therefore multiculturally, and therefore spiritually.

Reflecting on these headings there are a few conclusions that can be drawn. Firstly, not all narrative-trained therapists call themselves narrative therapists and just because someone is trained in narrative therapy doesn't mean they are automatically a narrative therapist. It is quite individual and depends on many factors, such as if a therapist is trained in other modalities, and what other experiences and beliefs they may have. This research can conclude that therapies evolve, as do people, and even though it is important for therapists to learn structures and to have tools and practices that assist the work they do with clients it is not necessary to have one structure that commits you for life. Secondly, spirituality is a very broad and subjective term and topic but therapists in this study believe that therapy itself is a spiritual endeavour and there are many ways, using narrative therapy and other tools and techniques, to address people's spiritual needs. Spirituality, for all participants, embraces the sacred art of relationship and connections with self, others and world at large but also pertains to the ideas

connected to a Divine and greater mysteries. Spirituality exists in both the material and the mystical realms. Participants also believe that clients are already vulnerable when they seek therapy and spiritual issues can cause further vulnerability if not dealt with in gentle and client-centred ways. Thirdly, narrative therapy currently addresses spirituality in various ways and provides a lens that embraces spirituality on many levels. The remaining themes are related to narrative's growing edges and how it could evolve, moving towards embracing spirituality more holistically. The research found that in order to embrace a more spiritual practice therapists need to attend to their process and their personal experiences in therapy. This idea challenges the idea of decentring and brings to light the idea that therapists are present in their work with clients and are in relationship with the clients they are seeing. This means that therapists need a process by which they engage is reflection, both on themselves and on their therapeutic process. Furthermore, Johnella Bird brings spiritual components to her work and her work needs be integrated more consciously into the narrative framework in order for narrative therapy to evolve towards considering the complexities of relationship and to provide a more holistic lens based on relational consciousness. Lastly, Aotearoa is a bi-cultural nation and Māori culture embraces spirituality much more than Pākehā culture. Māori people also engage in spiritual practices that enhance their own sense of identity, as well as others. These practices also enhance the relationship, which as discussed is at the heart of spirituality. Narrative therapy training and practice in New Zealand would benefit enormously from incorporating more Māori culture and practices into its framework.

## **CHAPTER FIVE: DISCUSSION OF FINDINGS AND RECOMMENDATIONS**

### **5.1 Discussion of findings**

I began this research project believing that I was interviewing four narrative therapists. I was indeed interviewing narrative-informed therapists but all four of these therapists described their therapeutic framework, and their identity as therapists in different ways. This shed light on how therapists trained in narrative therapy may indeed work with other modalities, and how therapists don't necessarily align with only one modality. It also revealed how it is not necessary to commit to one therapeutic framework for an entire lifetime. In fact, it is very much up to the individual how they chose to define the work they do. Lazarus (1993) actually encourages clinicians to develop a wide variety of interpersonal styles to match their clients' unique needs and preferences. He wrote that 'a genuinely effective therapist, to enhance treatment compliance and to offset resistance, needs (1) a wide range of techniques at his or her disposal (technical eclecticism), and (2) a flexible repertoire of relationship styles and stances to suit different clients' needs and expectations ...Similarly, Norcross (2002) described an effective counsellor as someone 'who employs specific methods, who offers strong relationships, and who customises both discrete methods and relationship stances to the individual person and condition' (Hatchett, 2008, p. 212).

Johnella Bird, who has been challenging definite therapies for most of her career, suggests that we all need a structure when we are learning but not necessarily one that commits us for the rest of our lives. This is very important when considering how therapists can advance their respective practices and embrace spirituality in practice more holistically. It is not necessary to draw on narrative ideas, tools and techniques alone. It also shed light on how when narrative therapy became a therapy it became a structure that could only be changed by certain individuals and was therefore limited in its approach to working holistically, relationally and spiritually with people.

Spirituality is a complex notion but all participants agree that spirituality and religion are different but that religion could be seen as part of spirituality in terms of peoples' path to find connection to something greater than themselves, be that community or God/Divine. Crisp (2010) discusses how spirituality embraces how we make meaning, our identities, connectedness, transformation and transcendence. He states that for some individuals these concerns are integrally associated with their

religious beliefs and only make sense within a specific religious framework, but for others they are intrinsic to human experience. Sims and Cook conclude that spirituality and religion are able to contribute to the following:

1. Promote a positive worldview.
2. Help to make sense of difficult situations.
3. Give purpose and meaning.
4. Discourage maladaptive coping.
5. Enhance social support.
6. Promote 'other-directedness.'
7. Help to release the need for control.
8. Provide and encourage forgiveness.
9. Encourage thankfulness.
10. Provide Hope.

(Cook, Powell, & Sims, 2009, p.10).

Holloway (2007) points out "the evidence base is growing for the significance for large numbers of people of a dimension they call 'spiritual' and a set of issues whose existential source remains untouched by standard psycho-social therapeutic techniques." (p. 275) Participants in this study talked about spirituality as being very "open." They discussed it in a grounded sense, pertaining to relationships to self and others, and nature, but they also talked about spirituality as including a connection to something bigger than the individual. Participants talked of spirituality being "vast and mysterious", "private" and "subjective." For some spirituality is omnipresent and for others it is situated more in the realms of a connection to a Divine, interconnectedness and sacred moments in therapy. All participants agree that therapy is spiritual as clients are trusting therapists with their psychological lives and there are moments in therapy where individuals can feel beyond themselves in the therapeutic process. They all agree that therapy is a discovery process and therapists are in a privileged position of enhancing relationships and connections for clients. The relationship they themselves form with clients is paramount. They all agree that there can be a sacredness in the room and that clients are often reconnecting with values, meaning and purpose, and their own sense of self, which are all spiritual concepts. Beres (2014) proclaims "spirituality, as an aspect of meaning-making and purpose in people's lives, is a vital aspect of social work and counselling" (p. 134)

It is clear from this research that historically Māori and Pākehā have quite different views with regard to spirituality and that Māori embrace spirituality within their worldview and see spirituality as pertaining to everything that is, both material and mystical. King (2011) states “there’s a spirituality about Māori things. And this spirituality doesn’t fit in with fast-changing Pākehā conditions” (p.14) Spirituality is culture dependant, as well as individually constructed. All participants agree that spirituality speaks to relationships and connections to all that is, including the mysteries of life, and afterlife.

Spiritual philosophies and practices pertaining to older traditions, like Buddhism, were talked about as being open and transformative and all participants talked about practicing mindfulness meditation on their own and/or with clients. Although, Michael White challenged constructs that determine what a ‘healthy’ individual is, and how human beings should operate to obtain this ideal, it is clear from talking to participants that certain Buddhist traditions, in particular mindfulness meditation can be very life enhancing for individuals seeking therapy.

Clients are vulnerable when they come to therapy and spirituality has aspects to it that can make people feel even more vulnerable and it is therefore important that clients are listened to and that they feel safe and in a place of trust. Clients could have fears or reluctance to talk about tender or private matters, or matters of faith and it is therefore very important to be gentle and tentative and work within your limitations. It is also important to respect and to hold one’s own beliefs and judgments lightly and with awareness, without imposing these views on others. Spirituality can be a huge resource for people though and it is important to raise the questions and to find out what supports people and how to access those supports. The therapist is held accountable for conversations he or she has with clients and spiritual conversations pertaining to people’s faiths can have huge implications, especially if a young person is questioning their faith and the faith of their own family. Therapists must tread very lightly and allow the client to bring forth their own wisdom and knowledge, and desired outcomes. People can have very engrained beliefs from a lifetime of experience and we must be careful not to position ourselves as experts, or spiritually superior and to be gentle in our approaches to unpacking people’s beliefs. Beres (2014) exclaims “it behoves us to be able to work sensitively with people who have religious and spiritual beliefs. This is an element of culturally sensitive practice” (p. 112). Although there are other therapies, like Reiki therapy and psychosynthesis, that are more renowned for their spiritual frameworks. narrative therapy does much better than many other therapies, in terms of providing a spiritually sensitive lens and culturally sensitive techniques. All participants agreed

that it is vital not to diminish peoples' views or experiences or to see them as deficits, especially when people are or have been mentally ill.

Spirituality in therapy involves working from a deep and connected place and places the focus on relationship, firstly between therapist and client and then with others and the world around. Going to unfamiliar places in therapy enhances spiritual growth but the work needs to be grounded and safe. Participants acknowledge that spirituality in training and practice should not be just another box that gets ticked. It needs to be integrated into the practice and in some cases teachers and therapists need to refer students or clients to people who can help them with their specific concerns or other aspects of their practice or in the case of clients, their lives. It was agreed that spiritual conversations can be liberating and any connections that can be made where the self is altered in a positive way is a good therapeutic outcome. There are many practices that can be beneficial to therapy, such as meditation, mindfulness and breathing exercises Also sandtray, artwork, singing, and visualisations. Māori practices of mihi, pepeha, waita, karakia and Whānaungatanga are also beneficial practices. These can all be considered spiritual practices.

From this research and what all participants have expressed, it can be concluded that Māori spirituality is very relevant in this country and all participants believe that the Māori worldview has a lot to teach us and the narrative framework. We live in a nation that is at the very least bi-cultural, based on the principles of the Treaty of Waitangi. Some may even say, that over the years and with the influx of people from all over the globe we have become a multi-cultural nation. I would tend towards accepting that we are now a multi-cultural nation with a bi-cultural foundation. This foundation lies at the heart of why the Waitangi Tribunal was set up, in order to influence decisions that are made in Aotearoa, New Zealand. "The Waitangi Tribunal was established in 1975 by the Treaty of Waitangi Act 1975. The Tribunal is a permanent commission of inquiry charged with making recommendations on claims brought by Māori relating to actions or omissions of the Crown that potentially breach the promises made in the Treaty of Waitangi" (New Zealand Ministry of Justice, 2015). All participants agree that therapy in Aotearoa would benefit from more integration of Māori spiritual practices. The New Zealand Association of Counsellors requires that as counsellors, we display bi-cultural awareness and there is a multitude of areas and concepts of Māori culture that are listed on the NEW ZEALANDAC website that we are required to have knowledge of. From my own experience and conversations with others, I believe that most Pākehā therapists do not have a clear understanding of Māori values and identity concepts.

Participants spoke of how Māori people have very beautiful, spiritual and life-changing conversations and that many of them are indeed working from a narrative base, but incorporating tikanga Māori into their practice. One participant suggested that our national and individual histories need to be a primary focus in narrative training. I agree that our national history should be a focus, and I also think that making our individual histories more of a focus allows for more self-awareness and holistic integration on the part of the therapist, and would also align with the Māori concept of understanding and connecting with our ancestry and genealogy. All participants appreciate the Māori stance of seeing the person holistically and the only Māori participant in this study discussed at length how spirituality exists in everything all Māori life and the sacred art of relationship is at the heart of tikanga Māori. This is slightly at odds with the Māori health model, te whare tapa wha that sees spirituality as a separate aspect of self, however the description of wairua, that is provided in the section on Māori culture explains this distinction and how it interconnects with all the other aspects of self. The description also mentions that wairuatanga or spirituality is the most important aspect of wellbeing in the Māori health model. Te whare tapa wha is a wonderful tool and one that therapists all over the country could be using in their practice.

Tikanga are the Māori customs and traditions that have been handed down through the passages of time from ancestors (Māori.org.New Zealand). Tikanga Māori, as described by Michael, is a philosophy and way of life that is based on intuition and looking at the harmony of all things. It is based on traditional Māori worldview, where the material and spiritual worlds are just as alive as each other and self-awareness and integration of self are part of its teaching. He says that although he would like to see tikanga Māori becoming a paradigm in its own right he has reservations about positioning it in a dogmatised fashion, so that it becomes all about procedure and protocol. Part of its beauty is the openness and fluidity of its lens. Ideally Michael would like to see a merge of narrative and tikanga therapies and I also think this would be beautiful and would provide a holistic and spiritual lens to narrative therapy without necessarily needing to position narrative therapy as a spiritual therapy. Michael believes that Johnella Bird articulates much of what a Māori lens provides in her framework, based on what she describes as “relational consciousness.” This links in very well with the significance of Johnella Bird’s work to narrative therapy.

Michael believes that the narrative paradigm would benefit from a kaupapa of unity and the reciprocity of relationship. He also believes, like others, that we bring ourselves to the work we do with others and therefore knowing ourselves is important. Meditation helps him in this regard, as does learning more about his

history and values that pertain to Māori culture. When he expresses his mihi and pepeha to others he opens up a sentiment of aroha and willingness to share of himself and the practice of Whānaungatanga allows further connection. Waiata or singing, as well as engaging in drawing and artwork allows for spiritual openness and connection to occur between individuals or within a group.

Michael made a very interesting point in his interview when he stated that he does not integrate spirituality into his narrative practice but rather he integrates his narrative training into his spirituality. This idea resonates with me, and I believe it would with others as well. The fact that Michael has articulated this in such a simple way makes it very accessible to others to either agree or disagree. Michael operates from a dual foundation, that being tikanga Māori and narrative therapy, and I believe that his depth of understanding of both philosophies and their respective practices, provide a great asset to the narrative framework. Although Michael is currently a guest lecturer in narrative classrooms at Unitec, I believe his contributions warrant more time and integration into narrative training in this country.

Another person whose contributions warrant more time and integration into narrative training in this country is Johnella Bird. Michael made the point that Johnella articulates and frames therapy in a way that brings to light what is implicit/embedded in Māori culture with regards to spirituality and the nature of relationships. The other participants also reflected on the importance of Johnella's work and they all bring her work to their own individual practices. All participants agreed that Johnella brings spiritual components to her work by focusing on the relational environment, both her own and clients' experiences and relational languaging. Johnella's ongoing commitment to addressing power dynamics in therapy and her reflections on the limitations of creating definite therapies that commit people to a structure for life are very important and need to be considered more by the narrative community. Narrative is a logical belonging for her work, and all participants spoke about her work in the context of narrative therapy.

Three of the four participants believe that all therapies need to continue to evolve and take on new ideas and Johnella's work enriches the narrative framework as it focuses on the relational environment, in holistic ways, whereby the cognitive and the experiential domains of both her own experience and her client's are taken into consideration. Whereas Johnella is reluctant to talk about spirituality per se, her dialogue and her writing speaks often to engaging with mind, body and spirit and developing broad empathy by being open on all levels to engaging relationally and to making new discoveries alongside her clients.

Johnella embraces the ideas and techniques of narrative therapy to a certain extent but she challenges traditional externalisation and the term unique outcomes, among other aspects of the therapy. She also really challenges ideas connected to de-centring and although she understands that the concept emerged during a time that cultural marginalisation was being challenged, she believes that the experience of the therapist is relevant in terms of the relationship between the client and the therapist. Both the client's and the therapist's experiences need to be considered. The other three participants also raised this point. In addition to all this Johnella quite firmly challenges narrative training, believing that it is not comprehensive enough and a minimum of three years training should be the requirement. She also believes that it is important for therapists to engage in a reflection process with a guide, both during training and when they start working as a counsellor, especially in the early years. If Johnella were to legislate, she revealed that therapists would not be able to go into private practice for at least 2 years after completing their training. They would be required to present their work to their guide on a regular basis and would be both screened and required to sit in on sessions with experienced therapist regularly.

The idea that narrative training would benefit from being more comprehensive was shared by all participants, with the majority believing that three years should be the minimum requirement. The knowledge that we all bring ourselves to therapy and that de-centring has its limitations was also echoed by the majority of participants and this has major significance in terms of the need for therapists to engage in a self-reflection process. These findings will be reiterated in the recommendations further down.

## **5.2 Conclusion of findings**

Based on my reflection of the findings, and how they relate to an open spirituality, narrative therapy and narrative therapists, I can confidently conclude that narrative therapy lies on a beautiful and spiritually enhancing foundation whereby its lens is open to the strength and resilience of the client, and their personal wisdom and knowledge. Narrative therapy offers a pathway for clients to make new discoveries about themselves and connections to their greater context, while allowing the clients to see their problems in a new light, separate from their individual selves and part of a much greater context. Narrative therapy is predominantly about empowering individuals in creating preferred stories and embracing life enhancing connections.

However, although narrative therapy is not a spiritually inclined therapy, there are ways and means that it can evolve into becoming more holistic and therefore more spiritual:

Spirituality could become a topic during narrative training, whereby students could discuss their own views and practice conversations could take place in order to explore how these conversations could be had with various individuals. Māori spirituality could be embraced and incorporated into the framework over time and in various ways. A simple start could be to start encouraging therapists to do their own pepeha and to reflect on te whare tapa wha and how they address aspects of wellbeing, so they can become more self-aware, and also so they can encourage clients to reflect on the same. Johnella Bird's work could be integrated more into the narrative framework also. Spiritual practices, such as meditation, could be seen as a powerful tool both for therapists and their clients. Narrative training could be more comprehensive. Self-reflection could become, if not compulsory, then strongly encouraged and made part of the requirements for training and practice. Narrative therapists could be encouraged to ongoingly reflect on their practice and how they work with clients and power dynamics. I would also add, that clients could be encouraged to create therapeutic spaces that align with their own spirituality, while being warm and inviting to clients. I wholeheartedly believe that these considerations and gradual changes would allow for narrative therapy to evolve into a beautiful and holistic therapy.

### **5.3 Recommendations**

Because this thesis has been focused on narrative therapy, with regards to spirituality, I have decided to base my first set of recommendations on how narrative therapy training and practise could improve in terms of addressing spirituality in practice. To emphasise these recommendations clearly I will provide a list of ways that narrative therapy training could improve, with recommendations for training, and for practising therapists attached. I am aware that some of these recommendations may already be taking place without my knowledge. I am basing these recommendations on my own experience and what participants expressed to me in their interviews.

### 5.3.1 Key recommendations that emerged from this research study

<b>How could narrative therapy training and practise improve in terms of addressing spirituality in practise?</b>	<b>Recommendations for narrative therapy training requirements</b>	<b>Recommendations for practising narrative-trained therapists</b>
Narrative therapy training should consist of a degree that is no shorter than three years.	Offer a full-time degree in Narrative Therapy that lasts three years in order to include more self-reflection, Māori worldview and reflective practice.	Commit to ongoing training.
Narrative students and therapists should be required, in addition to supervision, to engage in a self-reflection process with a guide during this time.	Require that students sit in external supervision for 1 hour every 10 hours of practice where the focus is on the transcripts. Also require that students to engage in a self-reflection process with a narrative guide once a month where the focus is on vulnerabilities in practice and emotional issues. This way therapists will be more self-aware and not as likely to project onto their clients and more reflective on their practice.	Continue supervision with a supervisor/guide who can look at both processes in therapy and vulnerabilities based on self-reflection. This supervision should take place at least once a fortnight for people in full-time practice.
Institutions in NEW ZEALAND should do their best to recruit a Māori lecturer to teach the course, alongside a Pākehā lecturer.	Recruit a Māori lecturer if possible. Begin a process of bi-cultural training and practice. This would allow for more integration of Māori worldview on the part of therapists and also more integration of Māori spiritual practices	Begin integrating Māori worldview and practices into your narrative practice
Institutions teaching narrative therapy should include a course in Māori culture: our national history, our bi-cultural heritage, our	Include national history, personal identity and history, Māori culture and worldview and Māori	Keep alive and in awareness your own personal identity and history, as well as our

<p>personal identities with use of the pepeha and a focus on genealogy, our personal self-care with use of te whare tapa wha, Māori worldview and practices.</p>	<p>spiritual practices in the narrative curriculum.</p> <p>As students to engage with the te whare tapa wha model and to use it with clients</p>	<p>combined national history. Incorporate Māori spiritual practices into your practice in genuine and healing ways.</p> <p>Use te whare tapa wha with clients</p>
<p>Johnella Bird's work should be a major component of the course.</p>	<p>Re-structure the narrative training program to incorporate Johnella Bird's ideas.</p> <p>Invite Johnella to teach a component of the course</p>	<p>Continue reading and witnessing Johnella's work. Attend her workshops. Keep her way of practicing alive in your own practice.</p>
<p>More conversations about people's spirituality should be taking place.</p>	<p>Include a component on spirituality in practice whereby student's understanding and personal beliefs are explored. Spiritual wellbeing could be discussed by looking at ideas connected to mind, body and soul/spirit. Therapeutic conversations, pertaining to spirituality, should also be part of this component, and spirituality should come into conversations throughout the entire course. Students need to learn to engage in these conversations with regard to themselves and others.</p>	<p>Engage in gentle and tentative conversations about spirituality with clients. Draw on how people's spiritual beliefs support them. Talk about your own beliefs in supervision and in therapy, when appropriate. Incorporate spiritual practices, such a meditation and breathing processes, into practice.</p>
<p>Lecturers need to be familiar and experienced with issues they teach</p>	<p>Require that lecturers of narrative therapy engage in their own self-reflection process and teach only what they are familiar with. This would require that they also express their limitations to students and tell them how and where to</p>	<p>Commit to ongoing self-development and spiritual growth in order to be able to encourage clients to do the same.</p>

	<p>look for further resources on topics.</p> <p>Invite guest lecturers in to talk about holistic health and spiritual practices.</p>	
<p>The narrative philosophy, tools and techniques need to evolve</p>	<p>Attend workshops by Johnella Bird.</p> <p>Expand the narrative framework to incorporate a methodology that is more holistic and speaks to Unity/relationships.</p> <p>Re-structure the idea of decentring so that power is still addressed but that the therapist and the client's experiences are considered relevant. Relational consciousness.</p> <p>Stay open to receiving and incorporating new ideas.</p> <p>Teach traditional and relational externalisation and demonstrate how and when they should be used.</p> <p>Change unique outcomes, to unique experiences.</p> <p>Offer narrative refresher courses to past students.</p>	<p>Continue to update your knowledge and attend narrative refresher courses</p>
<p>Narrative therapy needs to be taught and understood in an embodied way.</p>	<p>Teach the dangers of techniques becoming disembodied, Have students engage in therapy sessions in class regularly but much critique. Teach students how to listen and engage in empathetic responses, rather than disembodied technique.</p>	<p>Video work and review regularly</p>
<p>People should be required to work for an organisation for at least 2 years post</p>	<p>NEW ZEALANDAC should require that all therapists are unable to go into private</p>	<p>Commit to reflecting on your work continuously and</p>

<p>training, and to witness other people's work and be witnessed themselves and to present their work at supervision.</p>	<p>practice after completing training until they have worked for an organisation for two years.</p> <p>During these two years therapists should be required to present their work regularly, be screened and critiqued and to witness more experienced therapists.</p>	<p>witnessing how others work.</p>
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I would also like to make six recommendations for future research.

1. Biography of Johnella Bird and the evolution of her work as resource for therapists.
2. Research tikanga Māori in therapy or research how narrative therapy and tikanga Māori could be combined.
3. Research the history of de-centring in narrative therapy.
4. Research the importance of therapists engaging in a self-reflection process.
5. Research the potential of narrative therapy merging with psychosynthesis.
6. Research how narrative therapy could benefit from mindfulness practices and how these could be including in narrative training.

**Note:** If I were to do this research study again I would ask more questions about individual spiritual practices, spiritual beliefs and experiences.

## GLOSSARY

<b>Māori terms</b>	<b>Meanings in English</b>
Aotearoa	New Zealand/Land of the long white cloud
Karakia	Prayer or invocation
kaumatua	Male Māori elder
Kaupapa Māori	Māori philosophy which has an underlying base or kaupapa
Kia ora	Hello/cheers/Good luck/Best wishes
Kotahitanga	Unity/collective action
Manaakitanga	Hospitality/generosity or care for others
Māoritanga	Māori culture/practices and beliefs
Marae	Māori meeting place
Matauranga Māori	Māori knowledge/wisdom
Mihi	Speech of greeting
Noho	(Overnight) stay
Pākehā	English/foreign
papatuanuku	Earth mother
Pepeha	Tribal saying/speech of origin
poroporoaki	Farewell
powhiri	Invitation/welcome ceremony
Tangata whenua	People of the land/indigenous
Taha hinengaro	Mind state
Taha tinana	Body state
Taha wairua	Spiritual state
Taha Whānau	Family state
Tau iwi	Non Māori
Te ao hurihuri	Resources
Te korekore	Realm of potential being
Te ao Māori	Māori world
Te ao marama	Physical world
Te po	Darkness/night
Te wananga o Aotearoa	A Māori tertiary provider based in Te Awamutu and other towns in NEW ZEALAND
Te whare tapa wha	Māori 'house' model of wellbeing, created by Mason Drurie
Te whare wananga	House of tribal learning
Waiata	song
waiuatanga	spirituality
Waitangi	Place on the North island of New Zealand
Whānaungatanga	Relationship/sense of family connection

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# APPENDICES

## Appendix 1

### Interview schedule

- How long have you been a narrative trained therapist?
- Did your narrative training cover any issues related to spirituality?
- Have you trained in any other therapy-related modality?
- Do you use other approaches alongside narrative therapy?
- Are there any spiritual practises of your own that you bring to your therapy practise?
- Have spiritual issues ever arisen in your practise?
- Can you tell me about some of the times that spiritual matters have arisen in your practise?
- How relevant or appropriate is it in therapy to explore the spiritual dimensions of clients' lives?
- How much do you think people's spiritual values impact on their wellbeing?
- To what extent is the absence of a means to deal with spirituality within narrative therapy an issue? Why/Why not?
- How do you work with this issue?
- Which narrative therapy concepts help to deal with issues related to spirituality?
- Which approaches sit well with Narrative Therapy?
- How have you synthesised these other approaches with Narrative Therapy?
- Can you tell me about your own spiritual beliefs?
- Can you tell me about your spiritual practise?
- How have your own beliefs influenced how you have tackled this issue?
- How do you incorporate your spiritual beliefs into your therapy practise?

## Appendix 2



### Participant Consent Form

#### **Research Project Title:**

Narrative Therapy and Spirituality: A qualitative exploration of narrative therapists approaches to spirituality in practice.

**I have had the research project explained to me and I have read and understand the information sheet given to me.**

I understand that I don't have to be part of this research project should I chose not to participate and may withdraw at any time up until two weeks after the transcripts have been presented to me.

I understand that, unless I choose to be named in this research thesis, everything I say is confidential and none of the information I give will identify me and that the only people who will know what I have said will be the researcher and her supervisor. I also understand that all the information that I give will be stored securely on a computer at Unitec for a period of 5 years.

I understand that my discussion with the researcher will be taped and transcribed by the researcher.

I understand that I can see the finished research document and can delete any part that I feel may identify me.

I have had time to consider everything and I give my consent to be a part of this project.

I..... would/would not like to be named in this research study.

*Participant Name:* .....

*Participant Signature:* ..... *Date:* .....

*Project Researcher:* ..... *Date:* .....

**UREC REGISTRATION NUMBER:** (insert number here) This study has been approved by the UNITEC Research Ethics Committee from (date) to (date). If you have any complaints or reservations about the ethical conduct of this research, you may contact the Committee through the UREC Secretary (ph: 09 815-4321 ext 8551). Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.

## Appendix 3



### Information for participants

**Project title:** Narrative Therapy and Spirituality: A qualitative exploration of narrative therapists' approaches to spirituality in practice.

#### **Synopsis of project**

My name is Anna McVeigh, and I am currently enrolled in the Masters of Social Practice programme at Unitec Institute of Technology. I am inviting you to engage in an interview with myself that I propose to organize for December 2014 at a location that is convenient to you. I understand we share the same passion with regards to the above topic.

By participating in this interview, you will be given the opportunity to answer questions related to how spirituality is addressed in narrative therapy and how you address spirituality in your practice.

#### **What it will mean for you**

Although personal questions will be asked, discussed and reflected on, your name will not be mentioned in the written results, unless all participants are happy for this to happen. Pseudonyms will be used in any resulting publications that present text from the interviews and no interview material that could identify you will be used. The interviews will be recorded on a Dictaphone and then transcribed. Both the recording and transcribing will be done by the researcher. The interview transcripts and any other personal information that you provide will be kept completely confidential. Your response will provide valuable information about this research topic. You will sign a consent form before the interview proceeds if you agree to participate. Participation is voluntary and you can withdraw from the study at any time up until two weeks after your interview has been transcribed and presented you.

If you are happy to take part, please give me a call or text me on cell phone number 027 7120004 to arrange a meeting time and place. Alternatively you can email me at [mcveigh.anna@gmail.com](mailto:mcveigh.anna@gmail.com)

**My supervisors are Alexandra Hart, phone 815 4321 ext.5005 or email: [ahart@unitec.ac.nz](mailto:ahart@unitec.ac.nz), Irene Ayallo, 8154321 ext 5010 or email [iayallo@unitec.ac.nz](mailto:iayallo@unitec.ac.nz)**

**UREC REGISTRATION NUMBER: ( )**

**This study has been approved by the UNITEC Research Ethics Committee from ( ) to ( ). If you have any complaints or reservations about the ethical conduct of this research, you may contact the Committee through the UREC Secretary (ph: 09 815-4321 ext 6162). Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome**



Anna McVeigh

11.12.14

Dear Anna,

Your file number for this application: **2014-1101**Title: **Narrative Therapy and Spirituality**

Your application for ethics approval has been reviewed by the Unitec Research Ethics Committee (UREC) and has been approved for the following period:

**Start date: 20.11.14 Finish date: 20.11.15**

Please note that:

1. The above dates must be referred to on the information AND consent forms given to all participants.
2. You must inform UREC, in advance, of any ethically-relevant deviation in the project. This may require additional approval.

You may now commence your research according to the protocols approved by UREC. We wish you every success with your project.

Yours sincerely,

Sara Donaghey Acting Deputy Chair, UREC  
cc: Geoff Bridgman Alexandra Hart Cynthia Almeida