

What is the Experience of Christian Occupational Therapists?

by

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DALHOUSIE UNIVERSITY
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The undersigned hereby certify that they have read and recommend to the Faculty of Graduate Studies for acceptance a thesis entitled “What is the Experience of Christian Occupational Therapists?” by Kaelen Bray in partial fulfilment of the requirements for the degree of Master of Science.

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Abstract

Spirituality is contentious in occupational therapy. Theoretically ill-defined and under-researched by the profession, spirituality is difficult for therapists to address in practice. Relatively few guidelines exist for incorporating spirituality within the enabling process. Accordingly, therapists individually determine their parameters around addressing spirituality in therapy. This has led to some concerns regarding how therapists with a firm religious orientation approach spirituality in practice.

This study used in-depth interviews to explore the experiences of seven Christian occupational therapists for whom spirituality was personally important. Their beliefs provided a perspective that influenced clinical reasoning. Christian faith was a unique resource used in practice, distinguishing their work experience from that of their colleagues. To varying degrees, fear of reprimand by the College of Occupational Therapists of Ontario inhibited the extent to which Christian faith was incorporated into therapy. Showing faith rather than sharing faith enabled participants to practice within regulatory guidelines.

List of Abbreviations Used

CAOT – Canadian Association of Occupational Therapists

COTO – College of Occupational Therapists of Ontario

EDS – Ethnic Diversity Survey

GSS – General Social Surveys

OT – Occupational Therapist

RHPA – Regulated Health Professions Act

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Chapter 1

Introduction

The purpose of this research project was to inquire about the experience of occupational therapists who self-identify as Christian. Its aim was to better understand the practice of therapists who hold a deeply sacred perspective on spirituality while working within a profession that seemingly espouses a relatively secular view of spirituality.

1. 1. Background

Ideas related to spiritual issues have been a part of occupational therapy from its beginnings. Occupational therapy emerged as a health discipline during the Moral Treatment era of the late nineteenth century (Whiteley, 2004); a movement based on a protestant Christian perspective. Proponents of Moral Treatment believed that individuals afflicted with *madness* could experience respite from their morbid thoughts if their minds were otherwise occupied. The method was effective in fostering health by creating opportunities, for individuals who were otherwise considered *incurable*, to actively participate in purposeful, everyday activities and experience the rewards of *doing*. From this mind-body-spirit trilogy of care emerged the profession of occupational therapy (Rebeiro, 2001).

Today, the Canadian Model of Occupational Performance and Engagement (CMOP-E) is a dominant practice model for Canadian therapists.

The CMOP-E (Townsend and Polatajko, 2007), updated from the Canadian Model of Occupational Performance (COPM) in earlier guidelines (CAOT, 1997; CAOT, 1983), illustrates the conceptual complexity of occupational performance and engagement; the dynamic interplay between the person, occupation, and the environment (CAOT, 1997, 2002). From this perspective, the CMOP-E connects the person and the environment through the performance of occupations. Essentially, a person acts on their environment by performing the occupations that are relevant and meaningful to them (Townsend and Polatajko, 2007). Notably, the spirituality of the individual must be considered, along with the affective, physical and cognitive aspects.

Beliefs about *occupation, the person, the environment, health, and client-centred practice* are shared convictions of occupational therapists that are communicated through the process of Enabling Occupation (CAOT, 1997). Occupational therapy's formal communication of its professional beliefs, first evidenced in the *Client-Centered Guidelines for Occupational Therapy* (1983), is intended to underpin its perspective on health and subsequently guide the therapeutic process for practicing therapists. With this articulation came debate among the profession's members regarding the interpretation of the model's meaning. Particular concern has been focused on beliefs about *the person*, with a specific apprehension about what constitutes *spirituality* (Unruh, 2004; Egan & Swedersky, 2004; Whalley Hammell, 2001).

Occupational therapists, like other health professionals, grapple with the inclusion of spirituality within their domain of practice (Molzahan and Shields

2008, and Pesut et al 2007). The meaning of spirituality to the profession is particularly important since spirituality is an explicit aspect of the model of practice. Yet, spirituality is an elusive construct for the profession. The discussions and debates that abound regarding its meaning and content are problematic because of the practical implications for health care providers. With little guidance, how do practitioners incorporate an ill-defined construct into a relatively known practice – enabling occupation? For occupational therapists, having spirituality, a relatively under-research construct, at the core of a widely utilized model of practice has ethical implications. Practitioners themselves are left to determine its meaning within their practice.

Investigation into the lived experience of occupational therapists (OTs) has been limited. Statistics are continually being generated by the Canadian Association of Occupational Therapists (CAOT) and individual provincial regulatory bodies, such as the College of Occupational Therapists of Ontario (COTO) about where and with whom OTs practice. Considering the therapist's personal values and beliefs within the context of practice, however, is a unique perspective. Better understanding of the work experience of occupational therapists who self-identify as Christian – a group for whom spirituality is central and whose personal values are clearly defined – will further contribute to the profession's knowledge base as well as provide insight into where more theory-generating research is needed.

1. 2. Research Statement

The intent of this thesis was to gain an appreciation of the experience of Christian* occupational therapists. For practitioners who self-identify as Christian*, to what extent does their faith influence the practice experience? Specifically, the research explored how participants integrated the construct of spirituality into clinical practice. More generally, this thesis endeavoured to understand the perspective of strongly religious occupational therapists working within a relatively secular profession.

1. 3. Organization of the Thesis

This thesis is organized in the following manner. Chapter 2 will provide an overview of the literature on spirituality as considered from the profession of occupational therapy. A review of the ongoing theoretical debates about its importance and placement within the prevalent practice model, the Canadian Model of Client-Centred Enablement (Townsend & Polatajko, 2007) will be provided. Next, religion in Canada, with a specific focus on Christianity and the differing perspectives that make up the world's largest religious faith, will be considered. Lastly, review of the literature on spirituality and religiosity as it pertains to the practice of occupational therapy will be provided. Chapter 3 will outline the methodology and the various methods employed in this study. The

* In this thesis, the term Christian* refers to Born Again Christian. This is the term that participants used to describe their faith and one of the terms originally used in recruitment materials. Because of recruitment issues the criteria for inclusion was revised. Six of the seven participants self-identify as Born Again. The seventh participant self-identified as Anglican, but self-selected for the study when it was advertised as including therapists who held strong Christian beliefs.

choice of design, in-depth interviews in the ethnographic tradition, will be defended. Recruitment, issues of trustworthiness, and ethical implications will be explored. Chapter 4 will detail the major findings organized by themes. Chapter 5 discusses and interprets the findings within the context of Mattingly and Fleming's (1994) Clinical Reasoning: Forms of Inquiry in a Therapeutic Practice. The strengths and weakness of this research, as well as its relevance to occupational therapy, will also be presented. In Chapter 6, a brief conclusion of the thesis will be provided.

Chapter 2

Literature Review

In this chapter, the constructs of spirituality, religion and Christianity will be discussed. As well, the literature pertaining to the constructs of spirituality and religion as they relate to Canadian occupational therapy practice will be reviewed.

2. 1. Spirituality

Spirituality, “derived from the Greek word *pneumatikos*, as it appears in Paul’s letters to the Romans and Corinthians,... [meaning] with whom the Spirit of God dwelt,” (Koenig, 2009, p.284), is a descriptor originally assumed by clergy, intending to refer purely to one’s religious nature. Over the past century, however, the understanding of spirituality has evolved to consider a broader, more inclusive perspective. An experience that is generally associated with feelings of purposefulness that can neither be validated nor challenged, spirituality is often largely disassociated from religion, especially from religious community (Bash, 2004). Within religious environments, though, spirituality is still often understood as a vague emotion without substantive content.

Further described as “a slippery word, one that is both difficult to define with precision and subject to a wide variety of understandings,” (Gorman, 2001 as cited by Bash, 2004, p.14) spirituality has (re)emerged within many health care professions’ domains of concern, including occupational therapy. Theoretically, occupational therapy has incorporated the contemporary secular meaning of

spirituality, and placed it centrally in the Canadian Model of Occupational Performance (CAOT, 1997), re-affirming its importance in the Canadian Model of Client-Centred Enablement (Townsend & Polatajko, 2007). A “pervasive life force, manifestation of a higher self, source of will and self-determination, and a sense of meaning, purpose and connectedness that people experience in the context of their environment” (CMOP, 2002, p.182) is the descriptor promoted by the Canadian Association of Occupational Therapists. Regarded as the embedded core of the person-environment-occupation interaction, spirituality “resides in persons, is shaped by the environment, and gives meaning to occupations,” (CAOT, 2002, p. 44). Pictorially, in the model itself, it is representative of the *person’s* inner self. Most recently, “[s]pirituality... is not necessarily seen to have a religious base, although it may for some people, and is regarded as the essence that makes us distinctive and unique,” (Townsend and Polatajko, 2007, p.59).

Within occupational therapy discourse, spirituality remains an elusive construct that evokes contention. Some argue that, even when defined in relatively secular terms, it still carries a sacred meaning and is thus not relevant to all people (Whalley-Hammell, 2002); for others the definition has been “evacuated of its mysterious, sacred, supernatural content” (McColl, 2000, p.218). Which view most appropriately represents that of most Canadian therapists is still largely unknown, and may never be known if the term itself is considered dependent upon individual values and beliefs (Bash, 2004). Certainly, no clear consensus is yet evident.

2. 2. Religion in Canada

Religion, sometimes used interchangeably with faith or belief system, is an overarching meaning system that informs a shared conviction regarding what is considered sacred (Bibby, 2004). According to the Merriam-Webster (2011) dictionary, it has been defined as “a cause, principal or system of beliefs held to with ardour and faith... in the service and worship of God or the supernatural.” Narratives, symbols, beliefs and practices give meaning to the practitioner's experiences of life through reference to a higher power, deity or deities, or ultimate truth. As sets of beliefs, religions derive morality, ethics, and laws from ideas about the cosmos and human nature (Sanguin, 2007). Religions differ from private beliefs in that they have a public aspect. Most religions have organized behaviours, congregations or communities for prayer, clerical hierarchies, holy places, and/or scriptures/teachings. Religion can refer to both the personal and group practices related to communal faith and takes on many forms in various cultures (Koenig, et al 2001, Toropov and Buckles, 2011).

Within Canada specifically, Christianity has been the dominant lens through which religious life has been viewed and experienced (Bibby, 2004). Following World War II, engagement in religious-based occupations peaked. However, within less than two decades, formal religious engagement declined as evidenced by decreasing numbers of Canadians attending church on a regular basis (Bibby, 2004; Clark & Schellenberg, 2006). Up until the 1960s, more than 60% of the population engaged in occupations related to personal religious affiliation (Bibby, 2004). Data from the General Social Surveys (GSS) and the

2004 Ethnic Diversity Survey (EDS) completed by Statistics Canada evidences this trend. The GSS completed in 1985 indicates that 41% of Canadians attended a place of worship at least on a monthly basis. By 2004, this percentage had fallen to 32% of individuals over the age of 15 years. Correspondingly, the percentage of Canadians who stated that they no longer had any religious affiliation increased over the same period, from 12% to 19%. The weakening of Canadian participation in formal church-oriented occupations over the past half century would seemingly indicate that religion no longer holds the same universal value it once held.

Solely considering church attendance and religious affiliation, however, as indicators of religiosity provides only a partial picture of who is religious in Canada. Participation in private religious occupations including individual practice of prayer, meditation, worship and reading of sacred texts are also occupations through which Canadians express their religious and/or spiritual dimensions of self. Whereas only about one-third of Canadians attend church at least monthly, over half (53%) engage in private or individually-practiced religious occupations at least on a monthly basis:

Not surprisingly, individuals who frequently attended religious services were also most likely to regularly engage in personal religious practices. In fact, 75% of Canadians who attended religious services at least monthly also engaged in religious practices on their own on a weekly basis (Clark & Schellenberg, p. 4).

More significant is that 64% of Canadians who either never attend church or do so on an infrequent basis participate in private religious occupations. It should be noted that individuals who might otherwise consider an occupation

more spiritual rather than religious in nature may not have had an opportunity to report such activities. It does however highlight that a significant percentage of Canadians still engage in religiously- or spiritually-oriented occupations.

A final area of inquiry for Canadians was regarding whether religion has any importance to them. Sixty-four percent of 24,870 GSS respondents placed a moderate to high degree of importance on religion, half of whom do not regularly attend any formal church services but do engage in private religious occupations on a monthly basis (Clark & Schellenberg, 2006). It would appear that more Canadians feel religion is of some importance to them than church or other place of worship attendance figures would indicate: “Not surprisingly, individuals who regularly attend services and engage in personal religious practices are most likely to place high importance on religion (87%)” (Clark & Schellenberg, 2006). Interestingly, 15% of those who infrequently or never participate in public or private religious practices do actually place a high degree importance on religion. The assumption, therefore, that only engagement in some form of religious occupation is an indicator of religiosity is not entirely accurate.

To make meaning of the gathered information, Clark and Schellenberg (2006) developed an index of religiosity which more broadly considers what religion means to Canadians. “Based on the presence of religious affiliation, frequency of attendance at religious services, frequency of private religious practices and the importance of religion to the respondent”(p.2), the authors identified the degree of religiosity of Canadians: 40% have a low degree of religiosity, 31% are moderately religious, and 29% are highly religious. Included

within the category of 'low religiosity' are those who do not have any religious affiliation. Further, it was found the young are less religious than older Canadians, men are more likely to have low religiosity compared with women, and more immigrants (from South and South East Asia, the Caribbean, and Central and South America) have a high degree of religiosity (41%) compared with persons born in Canada (26%). Ultimately religion, whether public or private, remains a part of many Canadians' identities.

2. 2. 1. Christianity

Keith Ward DD, a much published author of philosophy, religion and Christian theology, is a Fellow of the British Academy and an ordained priest in the Church of England. He is also a self-described Born Again Christian (Ward, 2004). In Christianity: A Beginners' Guide (2008), he discusses the principal tenets of Christianity. Fundamentally, all Christians believe in God, creator of the universe. That is, "the universe is not self-existent, but has been intentionally brought into being (created) by a being beyond it, which is self-existent," (p. 7). God is known as beyond time and space; a reality of consciousness, wisdom, power and bliss creating life as an expression of self. Shadowing all that is *good* as created by God, Christians believe in the existence of evil; a belief that suffering and wrongdoing exist despite God having created all that is *good*. Human beings are believed to be responsible for the existence of all that is evil. It is from this perspective that Christianity begins.

Having a kinship with the divine, each person or *soul* is considered unique and distinctive (Ward, 2008). Further, humans are considered free and rational agents capable of sharing in the creative activity of God. Yet, Christians believe that God's desire to form a real moral community, the original plan for humanity, has failed. Salvation or redemption is the only means of living an authentic life. Christian faith presupposes,

[w]e are created by a God who has designed the universe so that we can grow to maturity in freedom, be responsible for one another, and learn to understand and appreciate the wisdom and beauty of the universe. God gives us freedom, but always seeks to guide us to a way of life in which that freedom will be used for good. God's orders are not arbitrary commands. They are directions for finding our fulfillment, as personal and moral agents, in understanding, sharing and appreciating the experiences and projects of others. (Ward, 2008, p.48).

It is the freedom to turn away from a life with God toward more egoistic desires that Christians feel has been misused. The desire for personal gratification is seen as humans' *fall into sin*. Only with a loving relationship with God, Christianity dictates, can humans be liberated from egoism thus being able to live an authentic life.

To show humans the nature of sin, the divine love, and to liberate from sin, all Christians believe God acted through the person of Jesus. Jesus, being central to Christian faith, is regarded as the founding teacher or originator of the Christian way. Literally or metaphorically described as the "Son of God," Jesus is said to have had a unique historical relationship with God, as chosen by God, and through whom God revealed the nature of divine love and the way to Salvation.

Jesus is regarded as the human manifestation of a “life-giving spiritual presence... Jesus is the revelation of God in history” (Ward, 2008, p.48).

As known through collections of oral traditions, stories and teachings, the only written testimony to Jesus’ life is the contained within the Bible, a whole collection of books. Written and edited over several centuries, the Bible in its current form is generally a compilation of the 66 main books of the Old and New Testaments, the latter being central to Christian faith. The collection of gospels, letters and revelations, provides an account of the life and teachings of Jesus as the Messiah. For Christians, the Bible is incontestable evidence of what early Christians thought about Jesus, his life and teaching, and the impact of faith on their lives. The core of the Christian doctrine of salvation is that in the life and death of Jesus, salvation and reconciliation with God to humankind is evident.

2. 2. 2. Christian Perspectives

Beginning as a small Jewish sect, Christianity today is the largest religion worldwide and has an estimated two billion adherents; Catholicism is the largest denomination with over 1 billion adherents while Protestantism, the second largest denomination, has over 470 hundred million followers (Ward, 2008). Within each denomination, differences in perspective and understanding of Christianity exist (Ward, 2008; Borg, 2004). Marcus Borg DPhil, another renowned scholar of Christian theology offers a unique perspective of the conflict within the Christian faith. Often described as being either conservative or liberal Christian, Borg (2004) uses the terms *earlier* and *emerging* paradigms to describe

what he considers to be the conflict within Christianity. Still considered to be the dominant perspective, “[t]he earlier paradigm sees Christianity as grounded in divine authority,” (p.7). That is, divine authority rests in the Bible and/or the church’s teachings. Interpretation of the Bible is literal and its function is to reveal doctrine and morals. Faith as believing is a central feature – literally believing the events of the Bible means having faith that all miraculous events recorded occurred as written.

Conversely, central features of the *emerging* paradigm are ways of seeing the Bible. Firstly, the Bible is viewed historically, an approach emphasizing “the illuminating power of interpreting these ancient documents in their ancient historical contexts” (Ward, 2008, p.14). That is, the emerging view of Christianity believes the Bible was written for the ancient communities of the times it was written and not for today’s society. It needs to be considered within its historical context. Interpreted metaphorically, meaning more-than-literal, the emerging paradigm or more liberal perspective is less concerned with factuality and more interested in meaning behind what was written. For example, the miraculous stories are understood as illustrations of philosophical perspectives. Lastly, the Bible is still very much viewed as a sacred text but is respected for its ability to “mediate the sacred,” (p.14) – a means of knowing grace.

Borg’s (2004) consideration of the early and emerging paradigms of Christian faith offers a distinction in understanding the diverging perspectives among Christian faithful. In doing so, he provides an appreciation of how followers within each paradigm consider the other. Perhaps oversimplifying, Christians who

hold early paradigm beliefs are generally identified by others as *Born Again* Christians. These individuals, however, simply refer to themselves as *Christians*, implying, if not explicitly stating, that those who hold new paradigm beliefs are not really Christian. On the other hand, emerging paradigm Christians tend to be suspicious of early paradigm Christians. For example, in Canada most early paradigm Christians are referred to as worshipping outside *mainstream* Christian communities. Hexham (1993), a Born Again Christian academic, confirms that Born Again Canadian Christians feel that are held in some contempt by others. Despite disparate paradigm perspectives, Borg (2004) attempts to bridge the earlier and emerging understandings of Christianity by proposing that the Bible is both a culturally conditioned historical product and sacred scripture.

2. 3. Spirituality and Occupational Therapy Practice

In daily practice, the meaning of spirituality as considered and addressed by health professionals themselves is filled with conflict. Despite uncertainty about its meaning, it is seen an important factor in the recovery/healing process (Farrar, 2001; McColl, 2000; Taylor et al., 2000). However, it is not explicitly addressed in practice by the majority of therapists or practitioners for a multiple of personal and institutional reasons, including: lack of therapist training, time constraints, clients not being considered capable, spiritual issues deemed too personal, reimbursement issues, therapists' lack of knowledge about faiths other than their own, fear of intruding on clients' beliefs, and lack of institutional support (Farrar,

2001; Taylor et al., 2000). Evidently multiple barriers exist that inhibit or limit practitioners from addressing spirituality with clients.

Perhaps not surprisingly, despite real or perceived barriers to addressing spirituality in practice, health care professionals are more likely to address issues of spirituality with clients if they themselves hold some form of religious affiliation (Farrar, 2001; McColl, 2000; Taylor et al., 2000). Taylor and colleagues' (2000) study highlights this finding. They found that American therapists surveyed who held some religious affiliation were more likely to address spirituality in practice than 'non-religious' therapists and to report that their religious beliefs assisted them in doing their daily job responsibilities. Methods of addressing spirituality by therapists included: prayer with clients, use of spiritual language, discussion of a client's religious beliefs, recommendation of participation in a spiritual group or activity, and recommendation of religious readings. These methods of addressing spirituality were choices offered by the authors in their questionnaire. It is unknown whether other therapeutic media were put forward.

Further, training for dealing with spirituality within occupational therapy is generally limited to formal and informal religious studies. For many practitioners their personal spirituality informs their practice. The results of three small studies by McColl (2000), Adams and Csiernik (2002) and Egan and Swedersky (2003) offer some insight into what practitioners believe prepares them for effectively addressing spirituality with clients. Results from McColl's (2000) survey of 40 Canadian occupational therapists indicate that taking professional continuing education courses (occupational therapy or otherwise), being involved in formal

religious activities (religious upbringing, Bible studies), and participating in informal spiritual learning were what informed their knowledge development. Adams and Csiernik (2002) found that most of the health professionals who responded to their questionnaire found comfort in their own spirituality and participated in formal religious occupations. Egan and Swedersky (2004) interviewed eight occupational therapists who stated that they considered spirituality in practice. These therapists stated that their preparation for dealing with spirituality in practice consisted of both formal learning (theological/philosophical courses), and informal learning (spiritual readings), as well as the practice of spiritual occupations (mediation, exercise, etc.). For these therapists it was only in the context of religion that spirituality was explicitly addressed; spirituality was implicitly addressed when the therapist attempted to understand a client's experience and the meaning of illness/injury in relation to the client's life and when therapists appreciated what they themselves had gained spiritually from the therapeutic interaction.

Since it is apparent that how a therapist relates to the spiritual aspect of practice is largely influenced by religious background and current spiritual activities (e.g., reading) it is worthwhile to understand how therapists with Christian* faith draw on their values and beliefs in practise, and particularly while considering spirituality in practice. First I turn to an exploration of the literature specifically on religion in occupational therapy practice.

2. 4. Religiosity and Canadian Occupational Therapy Practice

Research specifically examining religion or religious practice and occupational therapy is rare. One study reviewed medical and allied health articles about the use of prayer as a spiritual modality in occupational therapy (Farah and McColl, 2008). The article brings to light the issues that arise when considering spirituality, and more specifically a religious activity, within occupational therapy practice. Intentionally, the authors (2008) endeavoured to challenge the scope of occupations typically used within practice by asking two questions concerning the use of prayer in occupational therapy: “Is prayer a legitimate tool to achieve desired occupational therapy outcomes? And, is prayer an occupation that we are prepared to help clients resume?”(p.6). Seeking to broaden the profession’s field of knowledge as it pertains to spirituality, the authors sought to better understand what interventions would qualify as legitimate spiritual modalities within occupational therapy. Specifically, the study asked the question, ‘does prayer as a modality fit within occupational therapy’s scope of practice?’ in hopes of better understanding what boundaries lie between the personal and the professional.

Advantages of using prayer in practice, according to the authors, may include: meeting a client’s spiritual/religious need; allowing the spiritual or religious therapist to be authentic; strengthening a therapeutic relationship; acknowledging role of prayer in health and healing; and expanding the available options to address the spirituality of clients. Disadvantages considered were: perceived attempts at coercion; evoking a negative reaction; a potential for role

confusion; lack of training in use of prayer by occupational therapists; and an unsupportive environment. The authors stipulated that the advantages of using prayer can only be realized if its disadvantages can be avoided. To do this, the authors created a set of guidelines to determine whether prayer is an appropriate occupational therapy modality with a particular patient. Four questions, if answered positively, were deemed to determine that prayer is an appropriate occupation to be used within practice: Is there a spiritual component to the client's problem? Is the therapist equipped to offer prayer? Would the client be receptive to prayer? Would the workplace support the use of prayer? If all questions could be answered positively, the authors argue that the use of prayer is an appropriate modality to be considered with a client. Ultimately, by explicitly incorporating spiritual interventions into practice, the authors write, the profession's view regarding spirituality's relevance to health and well-being would be affirmed (Farah & McColl, 2008).

While lauded for addressing a complex and controversial topic (Christiansen, 2008) and as taking "a courageous move toward the practical application of spirituality" (Smith, 2008, p.16), concern about considering prayer as a modality in occupational therapy practice was expressed in commentaries published in this issue of the Canadian Journal of Occupational Therapy. Three academic occupational therapists, one Canadian and two Americans, outlined their apprehensions about the review and application of the research supporting the use of prayer as a modality of practice. At issue was not, in fact, the use of prayer itself within practice (Christiansen, 2008; Peloquin, 2008; Smith, 2008).

Indeed, it was acknowledged that prayer may appropriately fit within occupational therapy practice, for instance as part of a process of helpful relating when therapist and client share a mutual belief (Peloquin, 2008). This was described as therapeutic use of self realized.

At issue were the unknown ethical implications of attempting to address the spiritual needs of clients within occupational therapy practice. First argued was a need for greater scrutiny of the benefits to clients. Christiansen (2008) questioned the quality of evidence regarding research on the health benefits of prayer: “[F]ew controlled clinical trials have been completed, and the most recent systematic review of prayer research from the Cochrane database concluded that further study is needed because most studies of prayer have been equivocal” (p.14). Smith (2008) felt that the authors Farah and McColl (2007) needed to have considered the ideological context of the socially constructed phenomena of spiritual language, discourse and praxis used within the reviewed research. It was suggested that evidence from research on religion and spirituality be taken from a broader range of settings (i.e. representative of numerous worldviews) so as to better determine the appropriateness of the use of the guidelines with individual clients. Though Farah and McColl (2007) asked pointed questions about determining with whom the use of prayer would be appropriate, Christiansen (2008) and Smith (2008) queried whether the data supporting the guidelines was indeed reliable.

Of second consideration was the issue of client-centeredness. Smith (2008) argued that the guidelines provided offered only one option in addressing

the spiritual needs of clients when other forms of religious engagement exist. From a different perspective, reflecting on a personal experience in which a health care provider seemed angry at not being permitted to pray for her, Peloquin (2008) questioned, “Whose therapy is this?” (p. 16), implying concern for the professional becoming personal: a clear boundary violation in the eyes of the profession.

The third consideration was the issue of role competency of providers in addressing the spiritual needs of clients through the use of prayer. Christiansen (2008), in particular, questioned “[h]ow can standards be developed and applied in practice to ensure that only competent, spiritually neutral, and judicious therapists will use prayer as a modality and only in situations requested by clients?” (p.8). At this time, it would seem questionable whether the occupational therapy curriculum offered during formation or post-graduate continuing education courses would provide the knowledge and training required to practice with competency given the profession’s current scope of practice: enabling occupation.

Finally, considering occupational therapy’s scope of practice, the issue of potential role conflict with pastoral professionals was identified. As Peloquin (2008) remarked, “[c]lients may seek help with occupations vital to the exercise of their religious beliefs [but]... leading clients in prayer to address spiritual angst seems more central to religious ministry...”(p.15-16). Christiansen (2008) echoed this remark in questioning the profession’s role in addressing spirituality: participation *versus* enabling participation?

Evidently the question of using prayer as a modality within occupational therapy practice is as yet unanswered. Knowing the benefits to clients, ensuring a client-centred approach, practicing with competency, and working within the profession's scope of practice are ethical issues challenging the application of the guidelines offered by Farah and McColl (2008) within everyday practice. Despite the issues expressed in the commentaries, Farah and McColl (2008) have initiated a dialogue on prayer as a therapeutic model, an issue not previously discussed within a professional forum. More dialogue, research and policy development in the area of spirituality are needed (Christiansen, 2008). By examining the literature and providing a process for including highly sacred practice into a relatively secular profession, Farah and McColl (2008) have furthered the debate concerning spirituality and occupational therapy practice.

From the few commentaries, it is clear that introducing a personal practice like prayer within a professional context is controversial. The potential boundary issues that may arise because of the interplay between personal and professional beliefs are cause for concern. Yet to what extent do the personal beliefs of practitioners already influence their professional perspective? For therapists who identify as having Christian* beliefs are there greater concerns about implicating the personal with the professional? Better understanding their daily experience is a means of continuing the discussions about spirituality, and more specifically religion, within the therapeutic relationship of occupational therapy.

Chapter 3

Methodology

To explore the research question, the methodology used was in-depth interviewing in the ethnographic tradition seeking to produce rich descriptions of participants' lived experience. This chapter justifies the methodological choice, and details the recruitment, data collection and analysis. It also discusses ethical concerns and researcher self-reflexivity.

3. 1. Rationale for Methodology: In-Depth Interviewing In the Ethnographic Tradition

At present, published studies investigating the experience of occupational therapists and religion/spirituality have been limited to a relatively superficial understanding of therapists' beliefs about spirituality and its consideration in practice. Self-administered questionnaires have been the primary method of eliciting this information; few studies have used research methods that inquire with greater depth. To enrich the profession's knowledge-base with a more profound understanding, in-depth interviewing in the ethnographic tradition was used to answer the question, **What is the Experience of Christian***

Occupational Therapists? Specifically, in-depth interviewing was the means of achieving a descriptive understanding of the study participants' perspectives on

* Again, the term Christian refers to Born Again Christians. It is the term six of the seven participants use themselves to describe their faith. An asterisk will be used throughout the thesis to indicate the term references Born again Christian Faith

their experience (DePoy and Gitlin, 2005). Secondary to the information gathered from the interviews, the primary researcher maintained a research diary to document impressions that arose during the interview process and reflect upon these impressions during the interpretive phase of the project. This diary allowed for greater introspection and reflexivity concerning the data obtained. By bringing the primary researcher's past experiences and background to the foreground (Whalley Hammell, 2002), the diary helped the primary research acknowledge and consider her preconceptions, values, and assumptions during the analysis.

Ethnography, a design of naturalistic inquiry rooted in philosophy, aims to describe an insider perspective on specific human experience. Meaning and interpretation of experience emerge from the information obtained rather than being imposed by the primary researcher (DePoy and Gitlin, 2005). Having links with the humanistic values that underpin the work of the health care professions; meaningfulness, individuality and empathy are particular values consistent with the design strategy. Akin to occupational therapy, ethnography seeks to appreciate an individual's engagement within the environment. The method also gathers a wealth of information by creating an accepting environment for participants to speak openly and in detail about their own experiences.

Focusing on the experiences of therapists was a necessary step in fully understanding the relationship between Christian* beliefs and occupational therapy practice. Since relatively little was known about the practice experience of Christian* therapists, in-depth interviewing offered consideration of various

perspectives on the particular culture and a heightened awareness of therapists' consideration of spirituality within a therapeutic context (DePoy and Gitlin, 2005).

As an outsider, in-depth interviews with open-ended questions allowed a rich description of participants' practice experience. This enabled a view of the multiple realities of therapists who held Christian beliefs and how they were considered within practice. Lastly, in-depth interviewing allowed the researcher to compare and contrast the experiences described so as to understand more clearly the similarities and differences that existed between therapists' experiences.

Other methods considered for acquiring the data included focus groups and observation but these were each considered less effective. Focus groups were not considered to offer the intimacy that the topic required. While sensitive topics have successfully been investigated using this method (Zeller, 1994), the paucity of discussion on the topic within the profession of occupational therapy and the prominence of secular worldviews within health care institutions were considered likely to inhibit participants from speaking openly amongst colleagues. Subsequently, the use of focus groups would be an appropriate milieu for further exploring the issues that surround the practical manifestations of spirituality within a therapeutic setting. Observation was also dismissed as a method of acquiring data because of the difficulty in accurately capturing the meaning of anything observed. Egan and Swedersky (2004) emphasized this point. During their small phenomenological study it was identified that spirituality is primarily implicitly expressed and only explicitly known when addressing issues related to religion.

Consequently, to effectively describe what being Christian* means to the practice experience would not likely have been feasible through observation of daily practice. Using in-depth interviewing in the ethnographic tradition, in conjunction with analysis of a research diary, offered an appreciation of the participants' experiences not otherwise considered (DePoy and Gitlin, 2005).

3. 2. Methods: Recruitment

To reflect the naturalistic tradition of this design, this research project interviewed seven practicing occupational therapists who self-identified as Christian and were working within the Ottawa region. Initially, the study intended to recruit Born Again Christian occupational therapists only. (See Appendix A for the Initial Recruitment Letter.) Recruiting participants proved difficult. In an attempt to gain more participants, the study criterion of Born Again or Charismatic Christians was broadened to include Christian occupational therapists who hold strong Christian beliefs. (See Appendix B for Amended Recruitment Letter.) Seven practicing occupational therapists who self-identified as Christian according to this criterion participated in this study. Six participants self-identified as Born Again where the seventh participant self-identified as Anglican.

Using the College of Occupational Therapists of Ontario contact information list and the Canadian Association of Occupational Therapists 'Network Exchange' members only list, a recruitment letter describing the nature of the study was sent to all practicing therapists in the Ottawa region of Ontario (including Cornwall, Perth, and Smith Falls). As a secondary means of recruiting

participants, with permission of the organization, a copy of the recruitment letter was posted in buildings within the Greater Ottawa area where Christians* are known to gather (i.e. churches, community and recreation centers). A total of 346 recruitment letters were distributed within the Ottawa area. Lastly, interested practicing occupational therapists who learned about the project through other means (word-of-mouth, for instance) were also included. One participant was recruited by another participant.

Each participant was provided with an information sheet which outlined in greater detail the nature of the project and was given the opportunity to ask questions about the project. All participants signed a consent form indicating their awareness of the risks and benefits of participating. (See Appendices C and D for the Initial and Amended Consent Forms.)

Each participant was interviewed in the setting of their choice (e.g. home, work and other preferred environment) for approximately 60 minutes; five of the seven participants were interviewed twice. Three initial interviews were shorter in length, due to researcher inexperience with the research interview process. However, follow up interview with each of these three participants was much longer, approx. 60-90 minutes. The other four initial interviews were approximately 60 minutes in length with follow up interviews being approximately 45 minutes. A follow up interview was not completed for participants six and seven because participants' data was saturated after the first interview. All interviews were audio taped and transcribed. The first three initial interviews were transcribed by the primary researcher and subsequent interviews transcribed by a

transcription service. Participants were provided with a copy of the consent form prior to the initial interview allowing for considered review of the document. The consent form was signed prior to starting the initial interview and again verbally reviewed with participants while the session was initially being audio recorded. The opportunity to decline the interview was offered along with a statement explaining that informants could terminate the interview at any time and have the interview or any part of it erased. Once written and verbal consent was received on audio tape, the interview proceeded. (See Appendices E, F and G for the initial and amended first interview, and second interview guides.)

Directly following each interview, the primary researcher made notes in a self-reflective research journal regarding her personal responses, impressions, and assumptions about the interview situation. The information obtained during this reflexive process was later used during the analysis phase of the project.

Once all the interviews had been transcribed, the primary researcher reviewed and analysed the data to identify any emergent themes using an iterative thematic analysis. Transcribed interviews were reviewed multiple times to identify themes across participants' experiences. Initially, transcripts were coded to clarify each participant's experience. With multiple subsequent reviews, themes relevant to all participants emerged, providing a more cohesive understanding of participants' experiences. It was during this phase that the researcher's notes were included in the process so as to consider how her views on the topic influenced the interpretation of the data. Participants were given a copy of their transcribed initial interviews and asked if they would like to clarify any comments,

or provide further information. No participant provided comments on their transcripts.

3. 3. Issues of Trustworthiness, Validation and Bias

To effectively evaluate qualitative research, issues of trustworthiness, participant validation and primary researcher bias need to be considered. Whalley Hammell's (2002) discussion of Atkinson's ideas about 'authenticity' and 'plausibility' will be used as a guideline.

Authenticity considers "the role played by the primary researcher's biographical position and the degree of engagement with the subject matter and participants" (Whalley Hammell, 2002 p. 176) during the research process. It also considers the relevance of the study in the context of past research. During this study authenticity was addressed by the researcher furthering the literature review, maintaining a research diary, and completing in-depth interviews. Surveying all relevant literature up until submission of the thesis is important in order to adequately situate the study and demonstrate the profession's need for the information obtained. Since every study has the potential to enrich the already existing literature, illustrating the connections to and disparities from past research strengthens the study's relevance.

Maintaining a research diary was a second means of enhancing the authenticity of the study. Taking notes subsequent to each interview encouraged greater reflexivity on the part of the researcher, particularly during the analytical phase of the project. By acknowledging and considering the influence of the

researcher's personal and professional experiences and background on the research project, the context that locates the study was made known. This project attempted to gain an understanding of the lived experience of Christian* occupational therapists within the context of practice, however ultimately the presentation of the results will reflect the researcher's interpretation of the data obtained. It was therefore important that the researcher critically examine her role throughout the research process so as to be as 'trustworthy' to the data as possible.

Lastly, when considering the authenticity of the research design, completing in-depth interviews was this study's means of illuminating and elaborating on the relatively unknown phenomena of spirituality within the practice of occupational therapy as well as offering an in-depth reflection on Christian* therapists' experiences. Relatively few studies on the topic of spirituality in therapy have been completed using an in-depth approach; most of have been quantitative in nature. By spending a more prolonged period with participants, the primary researcher was given the opportunity to establish a level of rapport that cannot be achieved through surveys or single interviews. It is hoped that the enhanced rapport will have offered participants the opportunity to share their experiences in an open and accepting environment.

Plausibility is concerned with whether the analysis of the study 'fits' with the derived data (Whalley Hammell, 2002). Enhancing plausibility requires "systematic and self-conscious research design, data collection, interpretation, and communication" (Mays and Pope, 1995 as cited in Whalley Hammell, 2002).

This project endeavoured to achieve plausibility by obtaining sufficient data from multiple sources and by considering the power dynamics inherent in the interviewer-participant relationship when analysing the information.

Completing repeat in-depth interviews with multiple participants was this study's means of obtaining satisfactory data from which to generate knowledge about the practice experience of Christian occupational therapists. It allowed for a diversity of perspectives and depth of understanding to be offered. This form of triangulation (by sources) implies that no single account is believed to be considered the 'truth' and therefore sought to understand the phenomena from a variety of vantages, some convergent and others divergent. It is hoped that examining varying views will have confirmed the data interpretation.

Maintaining a research diary throughout the process is how the researcher not only considered the influence of her past experiences and background on the analysis of the data, as when considering authenticity, but it also enabled the examination of power relations that existed between the researcher and the participants. Following each interview the researcher considered if each discussion was transparent and without any hidden agendas, if participants appeared comfortable enough to interject and ask questions, and if the interview flowed as much like a dialogue between colleagues as possible. While achieving an equal standing between researcher and participant is not possible in the context of research because the researcher has determined its design, it is hoped that the flexibility offered with the use of semi-structured interviews lessened the difference in power.

Lastly, plausibility was enhanced by allowing participants to review a written copy of their interview transcripts. Participants were given the opportunity to review and/or expand on previously discussed issues. This process validated what was said during each discussion while also offering participants the opportunity to clarify what was previously discussed. This form of member checking helps improve the likelihood that participants' perspectives are plausibly represented in the findings.

3. 4. Ethical Issues

Within any research project, ethical issues exist. Issues that needed to be considered in detail were the dynamics of power between researcher and participants, and the psychological safety of participants during both the informed consent process and the interviews.

3. 4. 1. Power Dynamics between Researcher and Participants

An investigation into the topic of religion and spirituality from a professional practice perspective is not immune to power relations. So while the researcher and the participants were all practicing occupational therapists, the balance of power between the parties was nonetheless unequal. To minimize discrediting the professional abilities of the participants, efforts were made to ensure transparent communication between researcher and participants. Participants were asked to refrain from disclosing their views known to contravene regulator guidelines; as well, a statement was written into the consent form that informed participants that

any disclosure regarding therapeutic interactions that perhaps contravene COTO standards of ethics would be made known to the regulatory body. No such incidents occurred during any interviews with participants. While such a statement may have influenced the data obtained from the study, discrediting the professional reputation of the participants was not the aim of this project. Knowing in advance the consequences of disclosing information that indicates unfit professional behaviour, it was believed participants were cognizant of the ethical boundaries that contained the study.

3. 4. 2. The Psychological Safety of Participants

During this project the questions asked were of a sensitive nature; an effort was made to uphold the self-respect and dignity of the participants (Seale and Barnard, 1999). To limit the potential for psychological harm participants were provided with an information sheet prior to signing the consent form that outlined the purpose of the project, potential risks and benefits to participation and participants' right to withdraw from the study at any time without having to give a reason or experience any untoward consequences. Also, the opportunity was given to ask any other questions pertaining to the study. For instance, several participants inquired about the researcher's personal religious involvement. Furthermore, participants were only asked questions relevant to the topic and the information recorded was done so in a manner that was transparent – participants were made aware of the presence of the audiotape recorder at each interview. Data obtained was safeguarded by coding any identifying information using

pseudonyms so as to maintain anonymity and confidentiality. Computer data was password protected on a USB device. Audiotapes, transcripts, computer files and any other information generated from analysis were kept in locked storage. No participants have requested that their audio interview be returned to them, though they were invited to do so.

Despite the best of intentions, through the implementation of a clearly outlined letter of consent, transparency regarding interpretation of information, and the opportunity for withdrawal from the research process prior to the completion of the analysis phase, investigation into topics that are considered highly personal may provoke highly emotional and unpredictable reactions on behalf of both researcher and participants (Conneeley, 2002). To adequately address this possibility, participants were encouraged to discuss their responses outside of the project with someone whom they deemed could most appropriately meet their needs (e.g. pastoral care worker or other religious advisor, colleague, or supervisor). None of the participants or the researcher demonstrated any emotional or unpredictable reactions requiring outside support.

Inquiring about the practice experience of Christian* occupational therapists cannot be done without some investigation into the religious communities within which participants engage. As such, Christian* communities may experience some risk because of their implication within the research study – a risk known as ‘collective risk.’ To preclude this, stereotyping of individuals associated with Christian* communities has been avoided where possible during the analysis of the data and writing of the report.

3. 5. Researcher Self-Reflexivity

In qualitative research, the identity of the researcher in relation to the topic under investigation matters considerably. The researcher is the research instrument. Therefore, examination of beliefs and biases is extremely important, as these affect not only choice of question, but also data collection, analysis and writing.

Initially beginning this project, at the suggestion of my thesis supervisor, I reflected on my perspective on Christian faith and found that this was uncertain. Growing up, I attended a United Christian church and Sunday school on weekly basis. For a brief period in my early teens I participated in a Christian youth group after which I ceased attending any faith-based engagements. Neither my parents nor I were ever of strong Christian faith. For me, being involved with a liberal Protestant church was more about the social interactions than the spiritual connections. At university, certainly many friends were of various Christian faiths. I sort of hesitantly considered myself a Christian without ever consciously considering the relevance of Christian faith to my life.

Having since completed this project, I can say with confidence that I don't have a Christian faith, that I am in fact Agnostic – sceptical as to whether knowledge of anything outside of the material is possible. From reviewing a range of literature on Christianity as well as interviewing the participants, I feel I have learned a lot about what it means to be Christian*. While I still believe I hold values in line with Christian faith, I'm doubtful that Jesus was the son of God. To

be Christian means to have faith in the unknown, and I don't share that perspective.

From the outset of this research I have recognized myself as an outsider; the extent of that outsider-ness has changed throughout the process. Initially I saw myself as very different from the participants and in some regards I still feel this way. However over the course of completing the interviews and reviewing the data, those differences became less glaring. I recognized that while worldviews can be different, the practicalities of life can be much the same. While I may be an outsider concerning Christian* beliefs, I shared many other aspects of life, particularly my work ethic, with the participants.

Nonetheless, it is beyond doubt that this research would look different had it been conducted by someone with Christian* beliefs. Their insider status and biases would have generated different data and different analyses. It is important to note that those data and analyses would not have been better or worse than the ones presented here, simply different. The hope is that in the next two chapters sufficient detail has been provided regarding the research results, and my interpretation of those results, so that readers can judge for themselves whether my biases have unduly affected the analyses.

Chapter 4

Results

“...the central importance of how we see the whole of what is, for how we see the whole will affect how we respond to life” (Borg, p.44).

In this chapter, a description of the experience of practicing occupational therapists who self-identify as Christian* will be shared. A clear understanding of participants' occupational therapy practice as it relates to their faith is intended. Because Christianity is such a broad and encompassing construct with many denominations, providing an exact definition of each participant's faith will not be attempted. Rather, a description of what being Christian* meant for participants will be provided. Pseudonyms have been used and quotations have been modified such that any pauses, extra words (such as false starts) or irrelevant utterances (such as 'you know,' 'um,' 'like' and so on) have been removed. Otherwise, quotations used are verbatim as uttered by the participants.

The study participants were seven women with varying degrees of practice experiences including work environment, client population, and years of clinical experience. Again, it should be noted that six of the seven participants identified as Born Again Christian, while the seventh participant identified as Anglican. See Table 1 Participant Profiles for details.

Table 1 Participant Profiles

Participants	Christian affiliation	Clinical Experience	Practice setting	Client population
Kristin	Born Again	> 25 years	Community – Schools	< 18 years
Janice	Born Again	> 15 years	Community - MVAs	18-65 years
Susan	Born Again	> 20 years	Public Hospital	>18 years
Claire	Born Again	> 15 years	Catholic Hospital	> 65 years
Sarah	Born Again	< 5 years	Catholic Hospital	> 18 years
Andrea	Born Again	> 10 years	Public Hospital	> 65 years
Julia	Anglican	> 25 years	Rehabilitation Hospital	> 18 years

4. 1. Christian Faith – A Relationship with God

Participants' Christian* faith was first and foremost about a personal and active relationship with God. It was about believing in God and believing in Jesus, as the Son of God. Recognizing that God's divine plan when creating the universe failed because of human sin, participants believed Jesus Christ to be the sacrifice for human sin and only through a relationship with Jesus that salvation can be known. In her first interview, Kristin explained,

[W]e recognize that we are created by God and that... God provided a way for us to have a relationship with him but all of our imperfections and mistakes and wrong choices need to be dealt with. That's why Christ came to be the sacrifice for the punishment of our sins so we could have relationship with Christ as a Christian... It's something that God offers to everyone but he doesn't force anyone so the basis, that's the foundation on which my life is based.

Informed by the New Testament of the Bible, Kristin accepted Jesus as the means of restoring God's plan whereby followers would be saved – made perfect, cleaned and sinless in the eyes of God. Metaphorically described, Kristin referred to the active engagement of being Christian* as "walking out faith." This involves being faithful throughout life's trials as well as successes: "If you know the Lord, if

you serve the Lord... the Lord goes with you wherever you go” [Kristin]. The Lord was felt to be ever-present and accompanied participants throughout life.

Though there is no physical form, God’s presence was known to participants. The experience of feeling God’s presence, however, varied. Janice described experiencing God’s presence through what others might describe as their conscience or intuition: “[T]hat little voice that speaks to you sometimes.” She felt, however, that it was much more than a personal internal dialogue but rather a conversation with God.

A more extraordinary experience of feeling God’s presence was explained by Claire. She described the power of the Holy Spirit and the experience of being spirit-filled, as evidenced by speaking in tongues.

[A] lot of people don’t understand that and don’t believe it, but when it happens to you, you think to yourself, I’m not making this up, you know. And when you actually feel the power when you’re, when He, when you’re filled with the Holy Spirit, that’s undeniable as well.

Claire recognized the scepticism that many hold toward this experience but was firm in her belief that experiencing God’s presence was authentic. She described her experience of becoming a Born Again Christian* as transformative and having enabled self-change and betterment: “He works through you and... He changes you and helps you basically be a better person.” In her view, having God has meant having wisdom.

Believing God has a plan for their lives, participants trusted Him in providing guidance and support regardless of the strength of their faith. Julia described her thoughts during a period when she experienced a lull in her faith:

So I had a time when I didn't really want to go to church, and... I was kind of like, 'Oh, what's going on here?' because, you know, this wasn't really the plan but, as I got older I realized that my plan isn't necessarily what's going to happen and I became comfortable with God's plan. And He has a plan for me and how things have gone have not been rosy but I think that's the way things are going.

Knowing and accepting God's plan brought comfort and helped Julia cope with struggles, both private and professional.

Accepting God's plan, however, was not believed to be a matter of waiting for life to happen. Janice explained: "You have to push on the doors." Visually, she described a painting by William Holman Hunt called *The Light of the World*.

He drew the picture of a door and Jesus is on the outside and there's no handle; the only handle is on the inside for you to open it. He's not going to force that door open... it really is a case of, you know, you have to be the one to proactively open that door in the first place.

The painting resonated with Janice because as much as she believed in God's plan for her she found it hard to give up control. As she said,

I have a plan and I'm going to go for it and I'm going to make it happen. And then everything falls apart and I stress to get to that plan or to get to that final destination and then everything gets even more stressful and then you just get to the point you just go, 'why do I put myself through this time and time again?'

Ultimately, Janice felt her life was in God's hands because He was believed to have an overview of all creation – knowing the past, present and future: "[I]t's all the various different interactions in our lives that brings people together and you know, that's all part of one big huge plan but we only see one little snapshot of it." By accepting outcomes, she believed she was accepting God's plan.

For most participants Christian* faith was not rooted in a specific religion; the exception was Julia. For her, faith was attached to being Anglican. Faith for

participants who self-identified as Born Again contrasted with the perceived rules of more organized forms of Christianity like Catholicism. Despite the differences in affiliation and subsequently Christian perspective, being Christian* was described by all as a way of life rather than a lifestyle of do's and don'ts. The label of being *Christian* as such was generally considered misused.

[T]here's a difference between living by Christian values and actually being a Christian... Christianity is more than just the religious trappings, the man-made stuff, the going to church on Sunday out of duty more than anything. [Janice].

Church-going Christians were distinguished as individuals who attend church on a weekly basis and other celebratory religious festivals like Christmas and Easter but who don't have an authentic relationship with God. Christianity was not something considered in specific contexts or at specific times; it was a daily experience. "I would say it's every morning you get up and you think about it." [Sarah]. As such, faith was an innate part of participants' daily lives.

As a personal relationship with God, being Christian* was an inherent part of participants' selves. It was believing in God and accepting Jesus as the bridge to knowing God and His plan for their lives. His presence was experienced through simple happenstance but also more extraordinarily. Being Christian* was a daily experience for participants. As will be further discussed below, knowing God occurred in various ways: through prayer, Bible study and Christian* fellowship.

4. 1. 1. A Relationship with God through Prayer

A relationship with God known through prayer was fundamental to the participants' Christianity. It was a means of experiencing His presence as well as spending time with Him. Sarah described it as a conversation:

[W]hen you're having a conversation with a person or you know them really well and there's a lull in the conversation and so you're not necessarily saying something. That person is still there and they're still a support to you, even though there's no conversation going on.

Although described as a reciprocal dialogue, Sarah felt supported by God without having to express herself with words. Ongoing throughout her day, Sarah offered prayer frequently but without much formality. For instance, "I might just be walking down the hallway and go, thank you God for getting me through that interview, or something like that..." Prayer was a means of clarifying her thoughts while giving praise to God.

A constant support, prayer was described in terms of the strength given from God. When faced with a problem, participants frequently asked for guidance through prayer. "God says if we ask, He will answer. And He will. You know, He can show us in many different ways, different things," [Kristin]. God was trusted to provide the resources to cope with difficult situations.

Born Again Christian* prayer was felt to be genuine. Before becoming a Born Again Christian*, prayer for Claire involved following scripts without the meaning that came from praying from the heart. "I never knew how to pray as a Catholic, you know, like you say your rosary and the Our Father and these are

things that are scripts, if you want, you know, you're not praying from your heart." Praying from the heart was very much a part of Claire's daily life.

Prayer was most importantly about giving praise to God. As Janice described, "I am listening and talking to God and God does talk back whether it be through my conscious or through what people consider coincidences in life." What others might describe as coincidences, Janice felt were instances of God auspiciously intervening in the details of life. She gave the example of finding parking with a meter full, near the entrance of the building when she anticipated not even finding a spot to park. For these instances when has God favourably intervened, she gave thanks through prayer.

Prayer it would seem wasn't necessarily a conscious act or occupation but a continual experience. It was regarded as a resource. While considered a reciprocal dialogue, for participants there wasn't necessarily an ongoing discussion but rather an experience of feeling supported and guided throughout their daily lives. Prayer enabled experiencing God's presence while also giving praise for His support and guidance.

4. 1. 2. A Relationship with God through Bible Study

Reading and studying the Bible was how participants understood God's intent. By appreciating God's perspective, participants were able to apply Christian principles to their own lives: "[T]o understand more of the life that God has given us, is His word. So reading and studying God's word is important for us to know God and what God wants for us,"[Kristin]. For instance, for some

participants decisions about mundane aspects of life, like what books to read or what television shows to watch, were more carefully considered because of a felt appreciation of the perceived consequences: “As a Christian we have more of an understanding of the consequences of people's wrong thinking,” [Janice]. Believing in the possibility of an afterlife in hell affected how Janice made decisions. For other participants, Bible study was less prescribed but instead offered a consideration of the teachings of Jesus Christ. Julia explained: “He said that we’re all on an equal basis and to keep humble about those things.” For her, equal rights and opportunities as well as being unbiased were what guided her outlook and subsequently her regard for others. Bible study seemed to influence participants’ Christian perspective and their commitment to God.

4. 1. 3. A Relationship with God through Christian Fellowship

Participants’ Christianity was strongly tied to fellowship. Again, it was a means of knowing God. “Scripture makes it very clear that we need one another, we need to come together” (Kristen). Being part of a Christian* community and sharing in that connection was important for participants. It was an opportunity to speak about Jesus with others and openly share faith. Julia explained:

I pray and I read my own Bible passages and stuff but our church... Being in rural, outside of Ottawa, we haven't been able to organize a Bible study, which I feel very badly about because when I lived in Ottawa, we had regular Bible studies which I really enjoyed.

Attending church and/or being a part of a Christian* community were means of sustaining Christian* faith. Janice’s analogy illustrated the power of fellowship: “[T]hink about [faith] like a coal in a fire. If you take that coal out of the fire, what

happens to it?... it burns out... But if you put that coal back into the fire it burns.” Without connection with other Christians*, faith was seen to be quickly lost or burnt out.

Most participants reflected on a lessening in their Christian* faith during periods when they were not as involved with a Christian* community. Describing when she first began university and was no longer surrounded by friends and family of Christian* faith, Andrea explained:

And then all of a sudden you're in university and mum and dad are far away and there's all these influences of alcohol and everything else like that. And yeah, there was a period of time where it was like, well what do I need church life for? I mean it was a very short period of time mind you, then I was like, okay this doesn't do me any good. Like you know, I'm not an alcoholic, I don't like to drink a lot and you get sick when you drink too much and it's like, what are you doing this for?

Andrea realized that not having faith and attending church was a detriment to her. Subsequently, she found a home church wherever she lived. Having the support of other Christians* and being a part of a Christian* community sustained Andrea's faith and ultimately reinforced the importance of Christianity in her life.

Spending time with other Christians* enabled good will and a desire to help others' whose circumstances were considered disadvantaged. For Kristin doing charitable work was foundational to her Christian* fellowship. As an example, annually in the fall, she and others from her church collected apples and made large quantities of apple sauce that was then given to those in need. Similarly, Susan worked with other members of her fellowship to visit with and pray for those considered less fortunate: “Every week we have a small prayer group, at home even in the evenings. Sort of a prayer and fellowship for praying for people,

nations, need and sick people and everything.” Being involved with a regular Christian* community brought pride for Susan.

Being part of a larger Christian* community was a means of sustaining participants’ faith. It enabled helping others, whether through actions or prayers, as well as sharing in a connection with God.

Summary

As a faith not necessarily rooted in organized religion, being Christian* for participants was a way of life. It was about having a relationship with God through prayer, Bible study and Christian* fellowship. Where praying about circumstances was important, taking steps toward realizing an authentic life first required having faith in God’s plan. Bible study offered participants an opportunity for learning and, as importantly, allowed for time spent with God. Studying the Bible and applying the teachings of Jesus Christ to daily life enabled a better understanding of God’s intentions for the participants’ lives. Being part of a Christian* community sustained participants’ faith, particularly during trying times. Ultimately, being Christian* offered a unique lens through which life could be perceived.

4. 2. Practicing with Faith

Participants’ Christian* faith was not explicitly considered as a part of clinical practice nor was it felt to affect or influence the occupational therapy work experience. Kristin explained:

I go to work and I do my job like any other OT and most OT’s, most not all, enjoy their work and they do it because they want to do it and they put themselves into their work. So that doesn’t make me any different

from anybody else. My faith is part of me and it goes to work with me...[but] my faith is not what I go to work to do.

As much as she felt her faith was intrinsic, Kristin didn't feel her work experience was unique. The clinical experience was felt to reflect participants' formation as occupational therapists and subsequently the opportunities for learning gained while employed as practitioners. Janice, in particular, voiced her beliefs that clinical practice influenced clinical judgment:

When it comes to actual clinical practice, that's where the... it's the clinical training, the clinical experience helps to make those judgements... you practice as an OT and you do that according to how you've been trained... I don't think that being a Christian necessarily changes how you practice; maybe just how you read people in general.

Occupational therapy training and experience offered Janice a foundation from which to practice occupational therapy. However, being Christian* would seem to be influential in shaping the lens through which the clinical experience was viewed.

Believing that Christ came to help those in need, becoming an occupational therapist was seen by some as a way of being faithful by sharing in His vision of helping others. Kristin provided a poignant example. From a young age she had said, "God I want you to let me see the hurts, see the problems out there and, you know, be able to... give me the ability to be there to help... minister to those needs." She recognized how being an occupational therapist fit with her desire, "to help, to problem solve, to support, to be empathetic." Distinguishing herself from other therapists, she felt she practiced from the heart. Kristin believed being an occupational therapist was her way of doing God's work.

Having the skills and abilities required to work as occupational therapists helped participants to do as God intended. Feeling trusted by colleagues, Susan felt better able to manage complex situations at the hospital. Being given responsibilities, she believed, had revealed the abilities given to her by God:

Being in the profession how much you are compassionate and your caring nature and your patience and... I am a very good OT. I am very proud that I am. I have lot, many strengths in me... I am considered there as a very trustworthy and confidential person who can be patient and manage a very complex situation in the hospital. I have been given responsibilities and I have accomplished that.

Susan took pride in her work. Being an occupational therapist enabled her Christian* self. Julia, too, believed that working as an occupational therapist was part of God's plan for her. She explained: "OT must have some click with me that says, yeah I can work with people and I can work within that OT basis of all the theories that I'm supposed to work under and still manage it." Though less confident in her work experience, feeling healthy and able to manage what was required of her demonstrated to Julia she was doing as God intended.

While participants believed that being faithful did not directly impact their professional practice, their work as occupational therapists did appear to be informed by the religious context of their lives. Helping others and having the resources – skills and abilities – to enable improved occupational performance were considered means of doing God's work. Believing in God's plan, it would seem, meant practicing with faith.

4. 3. The Mind, Body, Spirit Trilogy of Care: A Fit with Faith

Participants initially had little to share when asked about their Christian* faith in relation to occupational therapy theory. Some thought the longer they were in practice the less conscious they were about theory in general, let alone how it connected to their faith. Janice, for example, argued that she worked more by 'gut' than theory:

It's one of those things that I think when you get so far down the line as a practicing therapist that you don't always necessarily think about theory when you're practicing. You know, you've got a job to do and you get on with it... When you've been practicing for so long and you're practicing on the basis of previous experiences with clients and what's worked and what hasn't worked and a lot it is gut reaction a lot of the time. So you tend to move away from the theoretical base and move with your experience base and so as for linking it with education and theory, it hadn't even crossed my mind.

In practice, using assessment tools like the Canadian Occupational Performance Measure enabled some inquiry about spirituality. During assessment, for instance, most participants inquired about a client's religious or spiritual self by asking questions like, 'did they regularly attend a church or a place of worship?' And 'are they currently going or not?' And 'if not would they like to be able to go back?' 'Is that one of their goals?' Susan most clearly described her approach to her clients' spirituality by asking open-ended questions that sparked greater discussions about intrinsic motivators:

I think we have to be very proud of our profession. This is the only profession where we see the person as a whole. And where I practice now, we are able to follow like all of the OT model and the CMOP, actually. Where you have the spirituality there, too... And when you ask questions to our clients related to that, some of them, spontaneously they express themselves.

Susan felt that asking questions about motivation, family, and relationships elicited discussions as much as direct questions about spirituality.

Using information gained through assessment in this way, participants enabled engagement in spirituality-related occupations. Providing exercises to improve physical stamina, developing strategies to eliminate environmental barriers and accessing specific faith-based resources like pastoral care were ways in which spirituality could be addressed. Janice gave the example of a client who hadn't attended church for nearly two years:

Because of his accident he has lots of chronic pain, etc., etc. And has a lot of difficulty getting there. So it's... one of the things we're looking at setting up for him is taxi journeys so that he can get to church. And even if he can only spend 10-15 minutes there well you know... better for him. He believes he would be better for it, as well... I want to build his stamina there and his community integration, as well.

Janice believed she addressed issues related to the client's spiritual self but the primary goals were still focused on increasing his physical stamina and community integration.

While some occupational therapy assessment tools exist to incorporate spirituality into the therapeutic relationship, most participants were uncertain about the theoretical implications for practice. Descriptors like, 'essence of being', 'moral decisions', and 'belief system' vaguely expressed participants' understanding. Julia, for example, described the term spirituality as "very murky." Its elusive quality challenged the concrete nature of her work. When dealing with clients who had experienced significant physical and cognitive impairments, the emphasis was focussed on the rehabilitation process – teaching clients the skills

needed for independent living following a traumatic injury. Working in a rehabilitation setting offered Julia little time to attend to the spiritual:

There's room to say, yes I know how you're feeling but as an occupational therapist I have to move you in this direction, I have to help move you; not that you can [physically] move. But because the healthcare system allows you to stay here for three months or two months or one month and then we have to think about life after here.

Julia recognized that the profession encourages therapists to address spirituality within their practice but found it difficult to do so herself.

This perspective wasn't unique. Most participants felt that what was considered to be theoretically valid wasn't necessarily applied in practice. For Janice, addressing faith as part of the spiritual self was considered taboo. She argued:

When it comes to actual practice, the spirituality gets totally tapped down. "Oh no, you can't talk about faith because you don't want to be judgmental of somebody else's race or culture or religion or—" It flies in the face of the therapeutic use of self in the therapeutic helping relationship, it flies in the face of treating somebody as a, you know, holistically as a whole being. You know, with a physical and emotional and spiritual self and that whole bio, psycho, social atmosphere. So yeah, it's like what you're taught when you're trained and what you're told to do in practice are two different things, really.

Frustrated with the discrepancy between occupational therapy theory and its practical implementation, Janice felt spirituality wasn't adequately considered when addressing client issues.

Widening the discrepancy between theory and practice, participants' practice setting influenced the extent to which addressing clients' spirituality was considered. In shorter-stay settings, for instance, discussions related to spirituality and Christian* faith with clients were few. The focus of intervention combined with

time constraints determined whether discussions would arise. Sarah provided an explanation:

[O]n the acute care floors rarely does it ever come up. And usually when it does, it's just in a conversation, three or five minutes, or whatever in between things, where they're really just looking to... Usually if they're lonely or whatever, they just want to have a bit of a conversation, it comes up.

In longer-stay programs like Day Hospital, however, participants stated that it was easier to have conversations that gave insight into the “bigger picture” of a client’s life story. For clients who were looking to resume participation in spiritual- or faith-based occupations and for whom accessibility was the limiting factor, incorporating the goal into therapy was often feasible.

Regardless of the barriers to incorporating spirituality into practice, participants acknowledged that the profession’s holistic approach to client well-being fit with their worldviews. Participants valued the mind, body, spirit trilogy of care espoused by the profession. Janice said:

Because it's something that is a big component for people, everybody has their own make up of their belief system and so on. Whether you are, you know, a Christian or whether you are an atheist you all have, we all have our own belief system, and we have to respect that when we're dealing with people.

Being mindful of inquiring about client engagement in faith-based occupations was consciously considered. For Julia, asking clients about what a normal day entailed offered opportunities to learn about the importance of faith to clients: “I totally understand where they’re coming from, because I do that myself. But maybe another therapist wouldn’t...” She questioned the extent to which other therapists might not understand its significance. Because it was personally

relevant, professional consideration of spirituality in clinical practice was considered important by participants.

4. 4. Prayer as Reflective Practice

As part of the daily lives of participants, prayer supported their clinical work experience. It fostered reflection on client interactions so as to improve interpersonal dynamics and consequently outcomes. As a means of seeking God's guidance, particularly during difficult clinical interactions, prayer helped participants remain composed and focused on enabling improved occupational performance. Janice provided an example of when she might offer a prayer. Before meeting a client with whom she had spent many therapy sessions without experiencing much success, she would pray:

There would be those little prayers going on in the car. And just that whole sort of, just please let this be an easy session God because I'm really not... I had a really bad night last night and I didn't sleep well, my tolerance levels are low.

As a reciprocal dialogue, participants frequently asked God for the strength and the grace to deal with difficult clients – clients with whom engaging in the enabling occupation process was difficult. Julia frequently prayed at night about how to improve the dynamic with a challenging client. Specifically, she had sought guidance in learning how to effectively communicate so as to enhance the therapeutic relationship and reduce interpersonal struggles.

I pray. Like when things are not going well with a client, which can happen at any time, at night because it bothers me the most at night. When I lie down and I get some sleep and then I wake up and I think about so and so, and how he's in the angry part of his restoration. And I happen to be his angry person that he wants to put all the anger in

because I'm the wheelchair person. And of course nobody wants to be in a wheelchair, I realize that too but it's... I can't sort of just be stuck in that all the time. So yeah, at night I tend to pray and I try and calm myself down and say, you know, it is going to work; it's just a matter of time. [Julia]

Asking God for the patience required to enable clients through the rehabilitation process brought peace for Julia. It offered her the support to persevere with clients with whom she found more challenging to engage in the enabling process.

Having the resources to deal with the challenges of their work was another focus of prayer in clinical practice. Reflecting on a need to support clients through their own recovery process, participants sought guidance from God to assist them with their work. Claire described how she frequently asked God for help to better understand a client's perspective. She asked for help in learning the right questions to ask during a client interview. She explained:

Okay Lord how am I supposed to help this person? Help me to ask the right questions and to open up to me and share whatever it is they need help with. He's going to give me the resources. He's going to guide me and, you know, people can also help you but it's not the same, they don't know you like He does. [T]hose prayers were always answered; I always I felt confident after, you know, like okay that wasn't so bad.

Claire felt God knew her better than anyone else. She had confidence in God's steady support and guidance, particularly when working to meet client needs.

Participants believed their prayers had been answered when they felt guided during an interview or experienced clarity when previously confused about a problem. Kristin described this experience: "[T]here have been times where I don't know where some of the ideas have come from, just like I just don't know. 'God give me direction. I'm really confused about this.' And I know God intervenes." Being in the middle of a conversation with a client when something

unexpected has happened and knowing how to deal with the situation highlighted for some participants this feeling of getting direction from God. It was knowing the right words to say or questions to ask. During these times, praise to God was given.

Prayer, for participants, was a means of reflecting on interactions with clients so as to improve the therapeutic relationship. Asking for help to deal with strained client interactions or how to better understand a client situation by asking the right questions during an interview were means of seeking support and guidance. Feeling less stressed, more composed or having the right questions to ask were evidence of God having heard participants' prayers. Best summarized by Kristin, "[prayer] is constant guidance, support, thanks for the little positive things that happen in your day." Ultimately, prayer was a means by which Christian* faith supported participants in their work experience.

4. 5. Scripture as a Clinical Resource

As learned from studying the Bible, scripture provided guidance to participants concerning how to act in accordance with their Christian* beliefs and values. For instance, believing herself to be one of Jesus' representatives on earth, Janice felt that it was her responsibility to emulate God's nature and regard others with the same love that she felt from God. She explained: "Jesus had a lot of patience with people. Well, so should I. It's really hard. No one ever said being a Christian is easy." Working toward an authentic Christian* self was not considered easy or without challenges.

As Christian* occupational therapists, participants had higher expectations about how to interact with others, client and colleagues alike. God's standard was participants' measure of desired performance. Maintaining composure during stressful client interactions, for instance, were occasions when participants' Christian* faith was consciously considered. Sarah explained how having compassion during trying interactions enabled her to react with consideration rather than frustration: "Consideration of other people, yeah. Compassion rather than frustration, trying to think about them instead of thinking about myself, which is hard to do at the end of an eight hour day sometimes." Consciously reflecting on her Christian* values was how Sarah felt she remained composed during more stressful client interactions.

Trying to uphold her own Christian* values, Julia had struggled when working with clients who were frustrated with the rehabilitation process:

The... in my face like that I don't like it and I, and yet the other part of me says, well everybody's equal, I really struggle... So, I have to be calm, I have to say, that's how you feel and... but I can't work with you on that level."

Julia's sentiment, "I'm sort of honestly thinking there's two sides to every coin," reflected her desire to empathize with her clients' circumstances in spite of finding it sometimes difficult to effectively interact with them.

Showing a positive attitude was another way participants believed they were following God's example. Susan felt her optimism was well regarded by her patients. She explained:

Some of my patients even told me that, you know, when I was in rehab anyways they'd say, "I just can't wait some days to see you." I'm like, "What? What do you mean?" "Well I just feel so good, you show me

this, you do this for me, I feel uplifted, I feel like I'm progressing in things."

Seemingly, Susan felt her positive outlook enabled her to effectively interact with clients.

Espousing a Christian* perspective, as fostered through Bible study, reinforced participants' view of clients as part of a larger human community – not based on stereotype, wealth or power. Claire explained how, in spite of off-putting qualities of some of her clients, she was able to overcome her initial disinclination toward them because of her Christian* faith. She stated:

There's many things that can turn us off about a person, about their hygiene, about just some of their oddities. We're human beings. I don't know. I just... I love my patients. You know, I'm able to look at them and appreciate something about them. I don't think I used to be able to do that so much, and I think that that stems from being a Christian and that's just the way we're supposed to love people.

Claire's Christian* faith encouraged consideration of others as part of God's family before forming an opinion. Viewing clients differently was felt to be wrong because of the belief that God loves equally.

Participants argued that not all therapists appreciated clients' circumstances, or treated all clients with dignity regardless of circumstance. Referencing the confusion and irritability that can be presented by clients with Alzheimer's, Andrea explained how her behaviour in dealing with the associated stress contrasted with that of her colleagues:

Not talked down to; like especially when you were dealing with the geriatric population, a lot of them have the dementia and I feel there's sometimes, you know, co-workers and colleagues might talk down to them or forget that they are people too. Or sometimes, you know, if people have faith and I've seen people mock them.

Although clients with dementia might demonstrate challenging behaviours, Andrea felt discomfort with her colleagues' apparent lack of respect. She attributed the differences to her faith.

Andrea also expressed experiencing uneasiness with her colleagues' careless consideration of clients having faith. Julia, too, felt that her colleagues' disregard of being faithful to be discomfiting. "I think among my colleagues who are not of Christian* faith, although a lot of them sort of are non- practicing for sure, is that I think we get a very sharp tongue of biases." Her faith, as such, was not openly shared with colleagues.

Showing optimism in spite of difficult situations was also not felt to be wholly shared by participants' colleagues. Claire felt her faith helped her to shift the balance; when colleagues were focused on the negative aspects of the situation, she saw opportunities. She gave the example of managerial decisions that affected staff without staff having been able to provide input into the matter. For most within her department this was a frustrating experience. She explains, "I say yeah that's the way it is, maybe. I really don't know what the managers are thinking but I'll say to the team, well we need to work on a solution. I said we have to look at this as an opportunity to make a difference." Claire felt her optimism fostered improved collegial exchanges, encouraging resolution of the problem.

Remaining true to their faith, participants credited working toward a higher standard and using the teachings of Jesus Christ, derived from the New Testament, to guide behaviour while at work. The specific knowledge gained from being Christian* could in this sense be considered a clinical resource. It fostered

patience and compassion for clients, the ability to remain calm and composed during difficult exchanges, and to maintain a positive outlook to engender team work. Consideration of clients' circumstance brought about empathy and less frustration. Participants' Christian* perspective was not felt to be entirely shared by colleagues, perhaps highlighting differences in worldviews that existed between them.

4. 6. Christian Fellowship at Work

Experiencing Christian* fellowship at work occurred to varying degrees for participants – for Julia it never happened, for Claire it occurred most frequently, and for the remainder experiencing Christian fellowship occurred to differing extents. The most influential factor affecting participants' experience would seem to be associated with being regulated by the College of Occupational Therapists of Ontario (COTO), the regulatory body charged with ensuring safe provision of occupational therapy practice. In particular, a fear of reprimand from COTO seemed to affect the extent to which participants shared their connection to God with either clients or colleagues.

The possibility of being disciplined for having contravened established practice guidelines was consciously considered by all participants. Believing complaints could be filed because of perceived breaches of the boundaries of professional practice as outlined in the College's Standards of Professional Boundaries (2009), most participants were to some extent wary of sharing their Christian faith, whether with clients and/or colleagues.

Participants' practice settings largely determined the extent of perceived risks associated with speaking openly about their beliefs. Specifically, working within a Christian* environment (as determined by having more Christian* colleagues and/or clients, or an explicitly Christian facility mandate) generally facilitated greater Christian* fellowship than working within a secular setting (as determined with having fewer Christian* colleagues and/or clients) because participants perceived fewer risks or consequences. Considering participants' work experience in the context of whether they practiced within a secular or Christian* environment demonstrated this premise.

4. 6. 1. Sharing Faith with Colleagues

Working within a Christian environment enabled some participants to experience greater freedom in sharing their Christian* faith with clients and colleagues. As a school-based therapist, Kristin openly acknowledged her faith with staff at Christian affiliated schools, whether Protestant or Catholic. She described a past work experience: "I've worked in Christian schools, too. You know, I could openly let them know that I am a believer." Being able to mutually share in faith with Christian colleagues was believed to foster supportive relationships. Claire, who worked at a Catholic hospital, provided an example of how she felt her Christian colleagues enabled her to effectively cope with a stressful situation at work. By helping her re-affirm learned Christian* teachings, she felt more able to change her perspective and consider the situation differently:

I was thinking, well you know, God said to love your neighbour as yourself to, you know, love your enemies. [Though] she's not my enemy I feel like I'm being challenged this way, and so that's how I took it.

Having the support of her Christian* colleagues, Claire felt, helped her to maintain her Christian* perspective. In contrast, with her non-Christian colleagues, she felt less supported in her faith. She explained: “[They] would get so emotional and it would get me worked up so I would, I realized, okay I’m not going to talk to them anymore because it’s just upsetting me more.” She recognized that her colleagues’ Christian* perspective better supported her own coping strategies – using scripture as a resource, for instance.

In contrast, working within secular environments inhibited opportunities for experiencing Christian* fellowship with colleagues. Specifically, consideration of colleagues’ perceptions was a factor. Julia, for example, experienced the most anxiety about how she would be regarded by other therapists. She worked in a secular hospital setting with mostly non-Christian colleagues. She explained: “You just have to be careful at work because, you just have to be careful. Work is a work environment, people come from different backgrounds and ... I think you have to be careful at work.” Recalling her view of there being a sharp-tongue of biases among her colleagues, she felt she would be judged for being a ‘church-goer’ and holding religious-based beliefs. Julia in general didn’t have confidence that disclosing her faith would be without consequence, whether strained relations with colleagues or worse, requiring COTO involvement.

Other participants who worked within secular environments were less concerned but still conscious of colleagues’ perceptions. Most believed their

colleagues were aware of their being Christian* but they were generally not outspoken about their beliefs. Andrea explained:

I don't know that that's the first thing I share about myself, you know. But at the same time if they ask me what I did for, on the weekend and if I say, you know, well we went to church and then whatever like that... I don't necessarily come out and say I'm a Christian and therefore, you know, I need to tell you about God and... I don't hand out religious material and all that kind of thing.

Andrea hadn't discussed her faith in much detail with her colleagues. It would seem however that sharing faith with colleagues was considered not to be benignly regarded.

Susan, also working within a secular environment, shared this perception. Acknowledging the multicultural context in which multiple religions and faiths coexist, Susan refrained from discussing her faith with others:

Because I know in Canada like I mean... now it's more and more it is intercultural and many religions, like that. but we know.. many years ago, it was more, more of a Christianity type of background. But I have to, being a Canadian citizen, I know I have to follow certain things. Particularly in my work place... I cannot openly go and say that I am a Christian.

When she initially immigrated to Canada, she openly shared being Christian* but has since felt that it was inappropriate to do so. Consequently she had not openly shared her faith with colleagues. She still believed, however, that her beliefs were acknowledged and respected within the work environment: "People cannot swear when I am there... [t]hey say "Oh. Susan is there." And they ask pardon or excuse [themselves] if they swear."

Being viewed as proselytizing was perhaps a factor inhibiting full disclosure of faith at work. A few Born Again participants explained that proselytizing faith to

the unfaithful wasn't necessarily inherent to their Christian* faith. Believing that being Christian* could not be compelled, Kristin explained her perspective:

The Bible says that it's God that works on the heart. We can't do anything to change anybody, it's God who has to speak to the heart. So in some ways, sometimes you kind of have to go, "okay you know I really want to talk to this person about the Lord but it has to be your timing. God it has to be your timing and let me know." So sometimes it's a wait and it's just a prayer and you pray and say, okay.

Janice felt otherwise:

We're not sort of nicely asked in the Bible but we're commanded in the Bible to go out into the world and make Christians. So we're commanded to go out and witness to people and it's almost because of the way we're set up as a profession and we're set up as a society that you're not allowed to ram your beliefs down other people's throats well it means there is a whole section of the population i.e. the disabled and sick who are being excluded from that witness potential. So there is a conflict there as a professional. As a professional you're not allowed to but as a Christian I want to.

Janice felt her Christian* duty was curtailed because of College guidelines regulating her practice. Although she believed her obligations as a Christian* were in conflict with professional limitations as dictated by the College, she felt she wasn't in a position to jeopardize her registration to practice occupational therapy within Ontario. Missed opportunities for sharing faith because of fear of potential reprimand from the College were regarded with regret and sadness. Praying for support and guidance from God was a means of coping for several participants.

In general, participants' work environments influenced the extent to which Christian* fellowship with colleagues was experienced. Environments recognized as Christian*, where staff and/or setting espoused a similar Christian* perspective, supported participants' faith. They were more freely able to share

and discuss faith without fear of consequence. More secular environments hindered expression of Christian* faith. Participants experienced little to no support from colleagues with regards to faith. Indeed, Julia's work environment could be perceived as intimidating.

4. 6. 2. Sharing Faith with Clients

Working with clients of Christian* faith generally brought about experiences of Christian* fellowship for participants. Participants were clear in stating that clients initiated faith-based discussions. Questions like, 'Do you go to church?' or 'Do you believe in God?' or comments like, 'God's looking after me today,' often started a conversation. Such questions were considered cues indicating that clients were of a Christian faith themselves and sometimes brought about opportunities for participants to share faith with clients. As such, most participants were comfortable either answering affirmatively or agreeing to statements made by clients. Andrea, for instance, would respond when clients commented about praying for recovery by saying, "yeah the power of prayer is an amazing thing." Openly acknowledging remarks was considered to be within the boundaries of professional practice.

When such conversations were initiated, they typically arose when speaking about death and dying. Not surprisingly, as well, more discussions would occur when with working with a geriatric and/or palliative population – clients of a generation for whom being a part of a church community was more routine. Conversations ranged from reminiscing about attending Sunday school

as a child to deeper discussions about belief systems. Sarah described an instance of working with a client in palliative care who was feeling unsettled despite having recently prayed with her priest. She explained,

So I just started talking to her about that situation with her priest and what had happened and, you know, what did she think about prayer, what did she think about God, what she did believe about that? So it was more directed at her, asking her to kind of reflect on that. And I tried to encourage her however I could, you know, encouraging her that God hears our prayers, that he's heard your prayers, that kind of thing. Just trying to be an encouragement that way.

Following the visit, the client's daughter acknowledged that Sarah had alleviated some of her mother's anxiety by sharing her faith. In that instance, Sarah felt her Christian* faith positively influenced her clinical practice.

By bringing God into the therapeutic relationship it was possible for a deeper, unspoken bond to develop. Participants experienced greater mutual understanding with clients and subsequently an overall mutual trust was felt to be achieved. Janice explained:

Clients who have been Christian, I don't know if because I've responded affirmatively that I am, I don't know if they've maybe trusted my judgements more when I've come to make recommendations for them. That maybe they've been more accepting of those recommendations, whereas I don't know if they would have maybe just not accepted them otherwise; I don't know.

Janice acknowledged that having a common point to work from made her work easier. By "opening that door," [Janice], participants felt clients were more comfortable speaking about sensitive issues like personal care – occupations of a more private nature that clients didn't otherwise wish to discuss. Participants believed that working with clients from a shared perspective enabled a deeper mutual understanding of one another.

For participants, sharing faith with non-Christian clients was limited. Being perceived as judgmental or racist or fundamentalist certainly hindered initiating an open dialogue about faith. As Janice said: “They think, oh you’re just one of these judgmental types or whatever.” Julia, too, was concerned about how she would be perceived by clients if she were to openly share her faith. Julia stressed: “Like I’m scared to death to be, you know, brought before a forum to say that I didn’t do A, B or C, and there’s lots of patients out there that would say that against me in a lying fashion.” Working with individuals who have experienced serious physical and cognitive trauma, Julia confessed to being mistrustful of clients who might discredit her practice because of issues faced in their own recovery.

Some participants maintained professional boundaries by remaining neutral and without opinion with respect to client beliefs and values, in conformity with perceived COTO guidelines. Julia explained:

[Y]ou’re supposed to not say anything or be, you know, not have any opinion; you’re supposed to draw the blank face every time you see someone. And I find that hard but on the other hand I follow the rules.

Conscious of following the rules, Julia feared being regarded as pushing her beliefs on others.

In general, most participants felt that exposing their Christianity* within a clinical context was frowned upon because it could be seen as “using so much of yourself in your therapy,” [Janice]. Otherwise considered, participants would be perceived as bringing the personal into the professional. For Kristin, being perceived as mixing the two had had significant consequences. She described an experience where acknowledging her Christian* faith with a non- Christian client

had meant ending a therapeutic relationship. She felt the conflict illustrated the consequences of clashing worldviews.

During a telephone interview with a parent of a paediatric client Kristin was asked if she had a problem working with a family who, as she described, dealt in the Occult. She felt conflicted and explained being hesitant to respond:

I wasn't going to lie to her you know and I didn't want to push her away. I didn't know what to say. Because I wasn't going to lie to her. But that didn't mean that if we could set things aside that I couldn't necessarily work with her child. But as soon as she found out that I was on the other end of the spectrum... My answer to her for good or for bad was "I'm a Christian."

At the family's request, Kristin's therapy with the child was discontinued, a decision she felt was for the best because of their difference in beliefs: "I feel that God allowed that to come out so that wouldn't have been, there could have been a spiritual battle going there that I wouldn't have been aware of that really could have been a problem." She felt ultimately it was a part of God's plan for her. Kristin's employer, however, was upset that her faith made it impossible to work with the child. Shortly thereafter, having felt berated by her employer for having acknowledged her Christian* faith, she left the company. During her interview with her current employer she described the circumstances of her departure so as to ensure greater transparency and support should a similar situation occur.

Less dramatically, Sarah had had a negative experience sharing faith with a client who did not share her perspective, or was even averse to it. The client had stated that he didn't believe anything would happen to him after he died and that God wasn't important. She explained:

I feel that that's imperative and so to me that's something that I wanted to offer them but they just didn't want, they just weren't interested. And so when they have that idea in their mind you can't do anything about it, you know, you can't change someone's, you can't force that... And they didn't want it...

Saddened she was unable to offer her Christian* faith as an alternative perspective for the client, she felt the routine aspects of her work – assessing self-care, equipment needs and level of function – were less meaningful.

To avoid confrontational interactions, showing faith rather than sharing faith was a way for participants to experience Christian* fellowship with non-Christian clients. As Susan stated, “from my own presentation, how I present myself to people, it's, I think... I'm able to show, myself, what I believe.” In her view, showing Christian* faith was about showing others that she loved them as God loved her by treating others kindly and with compassion regardless of circumstance, as Jesus had. Relying on scripture as a source of support, for instance, to show faith rather than share faith, Susan told the story of working with a client who was deemed non-compliant by colleagues. She showed her Christian* self by persevering where other team members had given up. Susan explained:

Even if he curses me. Sends me out of the room. I will go. And then he could not believe. He could not believe that why, how I could be so consistent in my approach and then because for me it was to get him better. Even though people, sort of everyone was writing pages about his behaviour and his personality but I continued with him.

Susan attributing an eventual positive change in the client to her actions based on her strong Christian* faith, actions she believed were supported by God's help to handle the situation. She said the client himself recognized God helping her by

saying something to the effect that, "I can see that you are praying to your God to give you the patience to handle people like me." In that moment, she felt proud to be recognized and to have shared her Christian* self.

Participants expressed sadness for clients who didn't have a relationship with God. Andrea explained: "You sometimes see people who are just in the depths of despair and you think, if only they had the power of prayer in their life and, you know, God's influence and... You could turn them around." Andrea felt disappointed at being unable to help bring clients closer to God. During similar circumstances, other participants would silently offer a prayer on their behalf at a later time.

Sharing faith with clients was not a frequent experience and was generally regarded with hesitation. Depending on the circumstances, fear of reprimand from COTO was consciously considered. With clients not of Christian faith most participants had not generally engaged in any form of discussion. Those that had experienced rebuke. Even when working with clients of Christian* faith, sharing faith was still approached with varying degrees of caution. Showing faith was a safe way to share faith. However, when they did engage in a faith-based discussion, participants experienced more of a mutual understanding with clients.

4. 6. 3. Praying with Clients

Working within a Christian* environment brought about more opportunities for Christian* fellowship through prayer. Therapeutically, Claire and Kristin were the only participants to have prayed with clients. When clients for whom prayer

was a part of their daily routine appeared distressed, prayer was offered as a means of support. For Kristin, the experience of praying with a client was very rare: “I mean I can count on one hand probably, or within two, over 20 years when I’ve actually done it.” For Claire, praying with clients was not common practice but seemed to occur more frequently. Both described their experiences of praying with clients as positive and felt they were supporting these clients at a deeper level than when addressing more typical occupational therapy issues.

Kristin acknowledged that prayer with clients was sceptically considered and was not typically viewed as being within the scope of occupational therapy practice. She emphasized, “It is not the point of my practice.” However, if a client was experiencing spiritual distress and she felt they would benefit from shared prayer she would engage:

In certain situations or certain individual's... where I've been involved with a family situation, the family is in distress. And a mom who has been in tears. Finally they know what's wrong with their child. Finally they can get help for their child but there's been so many things...I've gotten the sense of where they are in their spiritual life, you know. And I've been able to say "May I pray with you?"... And when that door is open and it's the right time, I've been able to do that. And it's been really cool the odd time when that has happened. But you know it's only when I've been sure that I know this is the right thing to do at this point in the [relationship]. And it's been really, really helpful. You know. It's always been a really positive thing. But it's... it's very... it doesn't happen very often. It's got to be the time, the right situation.

Kristin had felt that at specific times God had opened the door and provided the opportunity to minister to the spiritual needs of a family with whom she worked. Metaphorically, Kristin described assisting a client spiritually as equivalent to throwing a buoy to someone drowning:

[If] somebody's drowning beside you, you stop and you take the time to pull them in. So if you're with someone... and they're in such distress and yet what God has put in your life is something that at that moment in time is helpful to them.

Kristin, having practiced for more than 25 years, would help a distressed client whom she knew to be Christian* by praying or engaging in a brief faith-based discussion to address the issue without fear of college reprimand. Indeed, such a discussion she deemed appropriate within the boundaries of professional practice.

The one thing about the way I'm paid is I can go do my job but if I want to spend an extra hour with a parent afterward, I'm paid for one visit to do my job. But if there's the time and the openness and they want to talk, I can do it.

Because of the nature of her work, as a contractor for a community-based company, Kristin felt that she could spend time with a client outside of work discussing faith-related issues. However, she had never done so. Using her Christian* faith as a resource with a client struggling with their own Christian* faith wasn't seen as a conflict of interest for Kristin. Ultimately, she stated, "God has to come first."

Working at a Christian-based hospital with many clients of varying Christian faith seemingly enabled Claire to pray more frequently with clients. She recognized that her work environment contributed: "Because they can come in, we can deal with one specific issue, the door is closed, there's nobody around, you know. It's an environment that can help that happen if it's going to happen." Yet using prayer within her practice has been questioned by other staff members. On a few occasions, Claire was

questioned by colleagues about her praying with clients. She explained, “I said [to the nurse], “You know this is part of what we do as a profession as OT’s, I said, this is part of what we can do. We address this side of things.” Looking for more direction on the matter, Claire spoke with the director of pastoral care and inquired about whether using prayer with clients was appropriate. Following their discussion, she felt encouraged that using prayer was appropriate for clients who regularly pray; she felt prayer as a part of her practice was sanctioned.

Taking a few moments to acknowledge and address the issue through prayer was considered appropriate for Kristin and Claire when it was an established means of coping for the client. Both felt prayer was of therapeutic value for clients of Christian* faith. Interestingly, though Sarah worked within a Christian environment, at a Catholic-run hospital with many Christian* clients, she had never engaged in prayer with clients. Being a more recent graduate she felt she needed to be more conscious of maintaining professional boundaries than someone who had practiced much longer. She explained:

[I]n 30 years, if I lost my license because I shared my faith with someone I wouldn't care half as much if I'm close to retirement than I would now, right? So I think that does play into it as well. Maybe it shouldn't but it does.

Sarah admitted feeling conflict between her personal and professional self. If she had to choose between her faith and her license to practice, she was unequivocal in saying that her faith was paramount. However, as much as she recognized that prayer was deeply personal and appreciated its importance, she

expressed uncertainty about its place within clinical practice. She wasn't sure that what was meaningful for the client would be meaningful for her, as the occupational therapist. As such, the experience of praying together might not be perceived as enhancing the therapeutic relationship. She explained:

It depends what you say in your prayers too because if I was praying and I was addressing, say I was addressing it as Jesus and Jesus being the son of God and Jesus, you know, dying for your sins; you know, to say that, even though to me that's absolutely true, if someone else doesn't believe that, that's not going to help the therapeutic relationship.

Contributing to her reluctance to engage in prayer with client was Sarah's concern about her personal life overflowing into her professional life. She felt her role as an occupational therapist was to enable or enhance performance and not to befriend her clients. She further recognized the potential for negative consequences from her employer or perhaps COTO:

If it were my own private practice I think I would feel a lot more free to do that and if, you know, if it wasn't appreciated then I could say, okay that's fine. But then I wouldn't have to worry about my fingers being rapped by my boss or somebody else, you know that kind of situation.

Interestingly, Sarah felt that if working as a private practice therapist, she might be more inclined to initiate prayer with clients, perceiving the potential negative consequences as less likely.

Participants working within a secular environment indicated that praying with a client would be considered if requested by the client. Janice said: "I think if someone were to say to me, you know, will you pray with me, I would. But I don't think that I would go to them and say, let's pray about this." She felt that if the desire to pray was client initiated and would enhance the therapeutic relationship

then prayer would be considered appropriate. Perhaps reflecting a client-centred approach to therapy, it is uncertain if participants viewed client initiation of prayer as sanctioned by COTO. However, recognizing the authority of COTO, praying with clients as initiated by therapists was considered by several participants as crossing personal-professional boundaries.

Susan highlighted a potential conflict. Having practiced for many years in the Middle East she was aware of the potential for tensions to arise from incorporating prayer into practice. What started as a discussion could easily become an argument resulting in uneasiness or tension within the therapeutic relationship: "But at the same time, if I am allowed maybe some people can take religion and that would be a conflict and things can go wrong." Prayer was seen to potentially complicate matters. By not incorporating prayer into her practice, Susan felt the therapeutic relationship was safer and less conflict-prone.

Believing it had an impact on client recovery and seeking to engage in the prayer process in a safe way, several participants included clients in their own prayers. Susan, for example, frequently prayed for clients during her family prayers: "When we pray in our family prayers here, I pray for them. We don't need to say names." Christian* fellowship through prayer occurred for most participants by praying *for* clients rather than praying *with* clients.

Engaging in prayer with clients was not generally considered as part of the daily occupational therapy practice of participants. For most participants, it was not considered to be sanctioned by COTO and was deemed to have associated risks. For others, engaging in prayer was deemed appropriate in the moment.

Working in a Christian* environment seemed to offer more opportunities for engaging in prayer with clients. While the opposite held true for secular environments. Regardless of environment, whether participants engaged in prayer with clients or not, sharing in prayer was considered a valid means of providing comfort and support during what was usually a trying time for clients.

4. 6. 4. Referring to Pastoral Care

Referring to pastoral care was another means of experiencing Christian* fellowship with clients. Participants working in both Christian and secular settings referred to pastoral care, where possible. Kristin and Janice, for instance, both being community-based therapists did not have access to a spiritual care or pastoral care department as the other participants each had. Recognizing when clients were requiring more support or were seeking spiritually-related information, clients would be referred to whomever was deemed most appropriate to meet the clients' spiritual needs. As Kristin stated: "It's not my place to be their... to be the pastor." While she acknowledged and addressed clients' spiritually-related issues, she recognized her role as providing occupational therapy-related care to her clients.

All other participants who could refer clients to pastoral care generally did so. For many clients, pastoral care was referred to upon admission to hospital so participants didn't have the opportunity. However, when clients hadn't been referred, participants practicing within a secular environment seemed to do so more frequently. Differences in participants' perspectives on the value of pastoral

care seemed to influence the extent to which pastoral care was involved. Again, the practice setting seemed to influence participants' work experience.

Participants working within a secular environment were generally enthused about referring to pastoral care. For example, Julia said she sincerely enjoyed working with clients in conjunction with the chaplain at work. Indeed, she was somewhat envious of the role of pastoral care because, "[the chaplain] just gets to speak with people about their spirituality and their feelings and she doesn't say to them, well what's next?" Focusing on progression toward rehabilitation goals was tiring for Julia. Spending time listening to and appreciating clients' circumstances was perceived as a luxury. The roles of occupational therapist and pastoral care were clearly defined for Julia: "She facilitates people getting to whatever event they need to, but I'm responsible to make sure that they can get around. So which [wheel]chair, etc." Encouraging faith by addressing issues related to accessibility if it meant a client was able to participate in the traditions or rituals of their faith was perhaps another way for Julia to engage in Christian* fellowship with clients.

Despite being faithful, most participants acknowledged that addressing issues specifically related to spirituality wasn't their role. Susan, for instance, stated that while she had the knowledge and the faith to support clients of Christian* faith, she recognized that it was not her role: "[W]e have the spiritual care department. So anytime I have a doubt or anything and if the client is talking or someone might send out a... we have an open referral policy so I just [I make a referral]." Appreciating the importance of clients' faith was demonstrated by referring to spiritual care for increased client support.

Participants working within a Christian* environment also referred to pastoral care. The role of pastoral care providers was viewed as important – counselling for clients and families during times of distress was seen as necessary – but not really about faith. Sarah explained:

In my conversations with them, they fit under the umbrella of the institution and they are meant to be there to meet people's spiritual needs, but that doesn't necessarily mean it's about God, it doesn't mean it's about prayer.

Sarah considered pastoral care as “more about TLC” than engaging in meaningful faith-based discussions because the aspect of bringing Jesus into the conversation was missing.

Claire also questioned the effectiveness of pastoral care in supporting Christian clients' spiritual needs: “I don't know what pastoral care really would do, you see... [They] would [only] come in for one or two sessions.” Working with client over a longer period of time, she emphasized the ongoing relationship with clients. Stressing the intimate nature of her work with clients in dealing with issues around self-care for instance, Claire felt her established rapport with clients supported her in dealing with arising issues related to faith.

We would talk often about it and our team seems to think that pastoral care should be dealing with it, right, and they might refer to pastoral care. But I'm thinking, I'm fully equipped to deal with it in the sense that I won't necessarily answer those questions but I can guide them and I can help them to answer, try and answer those questions themselves... I would just turn things around and say, “Well why do you think this and why do you think God is like that?”

Believing that spirituality is generally overlooked by most occupational therapists, Claire felt equipped to address spiritual-related issues. Particularly for clients of Christian faith, engaging in discussion and/or prayer or reconnecting clients with

their church were viewed as equally valid means of addressing the spiritual dimension of client health.

Referral to pastoral care was, to varying degrees, another means of experiencing Christian* fellowship – providing a resource for clients to address issues related to their spiritual health. For some participants, its role was clearly defined and regarded as a valid source of spiritual support. For others, it was considered with less conviction. Differing perspectives were seen to be associated with differing work environments, secular and Christian*, respectively.

4. 7. Results Summary

A relationship with God was fundamental to participants' Christian* faith. Not necessarily rooted in organized religion, faith was considered a way of life. A means of knowing God was through the teachings of Jesus Christ as written in the New Testament. Feeling His presence and support was a daily experience. Through prayer and Bible study, participants felt they had the resources required to handle challenging situations and the guidance to work as God intended; to practice with faith. Ultimately, Christian* faith provided a lens through which clinical practice was viewed and experienced.

As much as theoretical consideration of spirituality was less certain, practical consideration of the construct resonated with participants. Participants expressed being mindful of inquiring about client spirituality. Asking about participation in faith-based occupations was relatively common practice. And subsequently enabling a resumption of performance through increasing

accessibility generally resulted. Inquiring more broadly about spirituality was not typically part of their experience. That is, most participants focused on pragmatics rather than a philosophical understanding of client spirituality. Pastoral care was generally viewed as addressing issues related to spiritual and/or religious issues.

That is not to say there weren't exceptions. Some participants working within a more Christian* context such as with Christian* colleagues and/or clients did, to varying degrees, acknowledge faith, engage in faith-based conversations and connect with clients through prayer. It was felt that during these instances, working with clients of Christian* faith brought about a greater appreciation of each others' circumstances. Trust was more easily achieved. Engaging in Christian* fellowship was not without negative consequences, as experienced by some participants.

Fear of reproach from the College of Occupational Therapists of Ontario was specifically a factor affecting the extent to which participants engaged in Christian* fellowship. Believing they would be judged as offending, proselytizing or moralizing by non-Christians, participants generally refrained from openly sharing their faith. To that end, showing faith through consciously considered actions, as afforded by scripture, enabled clients to safely share faith.

Consideration of clinical training and practice without regard for participants' faith would seemingly indicate few differences in the clinical practice experiences of participants. However, having Christian* faith and viewing others from that vantage point was distinct. The clinical experience of the participants was therefore seen to be affected by their Christian* faith.

Chapter 5

Discussion

Occupational therapy practice within Canada has greatly evolved since its inception, practically and theoretically. Currently focusing on enabling health through meaningful and relevant occupational engagement, practitioners are attuned to the dynamic interplay between the person, occupation, and the environment in order to eliminate or reduce barriers that hinder clients' performance. Only in the last 25 years has consideration been given to understanding the clinical reasoning that enables therapists' role in achieving desired client outcomes. Undertaking a large ethnographic study funded by the American Occupational Therapy Association, Mattingly and Fleming (1994) examined how therapists reasoned in the midst of practice. Briefly considered, judgments based on clinical training would seem to be best described as clinical reasoning. Directed at motives, values and beliefs as much as the involved disease processes, clinical reasoning in occupational therapy broadly considers the human experience (Higgs, 2008; Mattingly and Fleming, 1994). Describing the elusive knowledge acquired through textbook learning and combined with practical experience, it is the practical know-how that organizes theoretical knowledge.

Among many observations made, Mattingly and Fleming (1994) observed that reasoning within a clinical context is very much influenced by personal motives, values and beliefs. That is, both the personal and professional selves of

occupational therapists are brought to the task of clinical reasoning. It is from this observation that clinical reasoning was considered a necessary lens from which to perceive participants' experiences. Throughout the study participants described the influence of their relationship with God as known through prayer, Bible study and Christian* fellowship as guiding resources for practice. Christian* faith as another form of tacit knowledge seemed to effectively illustrate Mattingly and Fleming (1994)'s premise that clinical reasoning is a complex process incorporating the personal worldviews of clinicians.

As Christian* occupational therapists, faith was a way of life and an intrinsic part of self for participants in this study. For some it had always been an owned identity; for others, being Christian* was a more newly acquired one. Regardless, being Christian* was an essential and inherent part of their identities. It was evidenced in the explicit rituals that illustrated a deep and meaningful relationship with God – engaging in prayer, Bible study, and a Christian* community. Implicitly, and most importantly, being Christian* brought a perspective that was informed by Christian* faith (Ward, 2008). It provided a lens through which participants viewed life, including their work life.

While believing that their Christian* faith did not impact clinical judgments made within a clinical setting, it appears highly unlikely that such intense personal beliefs would have no influence at all. Setting aside Christian* faith would seem to be as difficult as ignoring the influence of gender, race, class or sexual orientation on therapeutic relationships. Having Christian* faith imparted a perspective that participants felt made them somewhat different from other practitioners.

5. 1. Different and Apart

Participants implied that having Christian* faith enabled understanding the clinical experience somewhat differently; a perspective apart from other practitioners. Demonstrating this premise was the incorporation of the personal rituals of Christian* faith into the work experience.

Prayer, for example, was an integral part of the work experience of participants. As an active and ongoing experience inherent to having a relationship with God, it was a means of support; a resource when faced with challenging situations or interactions (Baker, 2008). As a fundamental aspect of religious life (Baker, 2008; Ward, 2008), prayer to God was found to help maintain a feeling of control in difficult situations. It was a coping mechanism used to manage, tolerate, reduce, and minimize environmental and internal demands (Pargament, 1997 cited in Baker, 2008). To that end, prayer supported Christian* therapists to face the challenges of daily practice.

More than being a support, however, prayer allowed participants the opportunity to reflect on clinical practice so as to learn from their work experiences (Higgs and Jones, 2008). Being engaged in experiences with clients and their families and clinical colleagues, participants were able to reflect upon the knowledge gained through interactions, and this contributed to the development of their professional expertise (Kinsella, 2001).

Further differentiating participants' work experience was the influence of the teachings of Jesus Christ. Specifically, scripture was a resource for how Christian* occupational therapists perceived, understood, and interpreted

experiences within the context of their work. The participants in this study believed they went beyond simply hearing and acknowledging God's word to living God's word. They believed they were called to walk their faith and do God's work. Through working as occupational therapists, participants seemed to be expressing their God-given selves. In doing so, participants operated within their professional frameworks (ethical and standards of practice / guidelines, for instance), and within a broader context of professionalism using their personal frame of reference – Christian* faith – as a guide (Higgs, 2008). The construct of grace highlighted this principal.

5. 2. Grace in Practice

Referenced throughout participants' interviews was the idea of believing and accepting God's plan for their lives. They described a desire to share in God's vision of helping others. Using their God-given talents and abilities to work as occupational therapists allowed participants to experience authenticity within the context of their work. Doing the work they believed God intended them to do illustrates the Christian consideration of grace.

As known from a Christian perspective, grace has a dual understanding (Ward, 2008). First, it is said to mean all of life's gifts given by God. Indeed, for Christians, life itself and all that it encompasses are deemed fundamental gifts. Skills, abilities and the potential to contribute to God's creation exemplify God's gift of being human. Having life and being human within God's creation is the foundation on which grace is considered. As such, to live as God intends one to

be is considered to act with grace. Redemptive grace, the second understanding, focuses on the life, death, and resurrection of Jesus of Nazareth, whom Christians call Christ, meaning the one chosen to deliver this particular grace. It considers the consequences of freewill, the freedom to choose one's own path; a path that is, at times, viewed as depraved and leading to sinful ways of being. God's gift of redemption, the grace which encourages repentance, enables a re-thinking of decisions made when one is found in what is considered an unfortunate way, prompting a change in heart that leads to a Godlier path. The grace of Christ is seen to inspire a transformed self-awareness and appreciation of God's gracious purpose for all creation.

Working with grace was a means of exemplifying what it meant to be Christian*; it was tacit knowledge that was integrated within occupational therapy practice (Higgs, 2008). Otherwise considered, working as an occupational therapist enabled participants' Christian* faith. Using the God-given skills and abilities to help others allowed participants to present their authentic Christian* selves by doing God's work. Prayer and scripture supported participants in having patience, being compassionate, reserving judgement and maintaining optimism throughout the work experience. It enabled choosing how to present oneself with colleagues and clients, particularly during stressful or challenging situations. Christianity as a guiding frame of reference enabled participants to engage with clients in a reasoned way so as to encourage an active collaboration in the therapeutic process. For example, treating cognitively impaired clients with dignity, consciously considering an agitated client's perspective, and persevering

with a client deemed non-compliant demonstrated that participants were able to take action upon a consciously considered belief and value system. It revealed how participants interacted with a client so as to better understand the client beyond their disease or disability. Reflecting a connected knowing, interactive reasoning enables the client to see the therapist as a person (Mattingly and Fleming, 1994). Showing Christian* faith without overtly acknowledging their faith could perhaps be described as a safe way of sharing their Christian* self.

Christian* faith further offered a perspective that shaped clinical interactions. More than being a specific process, clinical reasoning is considered a contextual-interactive phenomenon that is socially and culturally determined (Higgs, 2008). Affecting how participants viewed their work experience, Christian* faith influenced how they interacted within that work experience (Mattingly and Fleming, 1994). The social and cultural influences of having Christian* faith therefore shaped participants' clinical reasoning perspective, again potentially distinguishing participants from other practitioners.

Being personally relevant, inquiring about clients' participation in spiritual- or religious-based occupations was an important and considered part of their practice. This finding echoes results from the studies completed by Farrar (2001), McColl (2000), and Taylor et al. (2000) where therapists who held some form of religious affiliation were more likely to address issues of spirituality with clients. As an important aspect of self, it was perhaps not surprising that participants were mindful of inquiring about client spirituality and/or faith. For some it was perhaps

their only means of engaging in Christian* fellowship. For others, Christian* fellowship was more regularly a part of their work experience.

In general, the day-to-day rigors of working as an occupational therapist in general did not allow much time or opportunity for sharing in faith with colleagues and/or clients. A client's length of stay, for instance, affected action on the part of the participant. For example, a shorter in-patient stay allowed for fewer instances for meaningful discussions. As Sarah explained, the opportunity to address client spirituality was limited in an acute care setting. Any discussion was brief and without much depth. Again, this situation reflects results of research previously done (Farrar 2001, McColl 2000, and Taylor et al., 2000). Working longer-term with a client seemed to offer greater opportunities for understanding the personal, social and cultural contexts of clients' lives whereby issues related to spirituality were more likely to be addressed.

Even with fewer time constraints, some participants' engagement in Christian* fellowship was limited by the uncertainties surrounding the profession's consideration of spirituality. With descriptors like *essence of being*, *moral decisions*, and *belief system*, participants were unclear as to the scope of practice pertaining to addressing spirituality. Despite being part of the profession's vernacular for more than two decades, spirituality is persistently inadequately defined within the context of occupational therapy provision (Unruh, 2004; Whalley Hammell, 2002). Also, further confirming results found during previous research (Farrar 2001, McColl 2000, and Taylor et al., 2000), the conflict between the theoretical and the practical consideration of spirituality was a factor inhibiting

the extent to which issues were addressed. That is to say, what spirituality meant within the practice environment was not necessarily what was taught during formation or articulated by the professional associations. Janice's assertion that discussing spirituality within the context of client care was taboo reflected this idea. Ultimately, a conflict persisted between practice and theory, and perhaps particularly so for the participants because of risks associated with their Christian* identity.

5. 3. Relationships with Pastoral Care

Conflict aside, referral to pastoral care (where applicable) was a part of the regular practice of several of the participants whether it was simply establishing the contact or being more involved and working in conjunction with pastoral care. For these participants, it evidenced what is likely part of the procedural reasoning process: identifying problems related to spirituality affecting daily function and selecting procedures that will minimize or eliminate the effects of those problems on functional performance (Mattingly and Fleming, 1994). Referring to pastoral care was a concrete means of addressing issues related to spirituality and for some participants it enabled engagement in Christian* fellowship.

Surprisingly, regard for the pastoral care profession was mixed. For some of the participants, pastoral care was viewed an important part of health care provision. For others, the service carried less meaning. In fact, some participants clearly saw pastoral care providers as 'less-Christian' than they were. Considering pastoral care as "more about TLC" and questioning the effectiveness of the

service raises concern. Are there instances where participants' beliefs and values negatively influence the clinical reasoning process such that clients are not referred to services that might otherwise be helpful? While it appeared as though working within an institutional setting reduced this risk, the potential for conflict exists for community-based therapists where there may be fewer routes to access to pastoral care.

5. 4. Boundary Work

Potential conflicts arise when professions are faced with determining and demarcating the boundaries of proprietary fields of knowledge, otherwise known as boundary work (Gieryn, 1983). Boundary work describes the making of *ad hoc* or negotiated decisions, especially when a topic or issue is newly introduced to their professional sphere (Cadge, Eckland, and Short, 2009). When working with clients of Christian faith, participants were regularly determining whether issues related to spirituality and/or Christian faith were relevant to the professional services they provided and the subsequent course of action. Occupational therapy, like many health professions, has incorporated spirituality within its domain of care (Molzahan and Shields 2008; Pesut et al 2007). As such, formal establishment of jurisdictional boundaries through training and licensing, legal precedents, and associations for pastoral care are disintegrating. The pastoral care profession, too, recognizes the challenges facing its jurisdiction of care such that it is in the process of re-negotiating its boundaries of concern (Sievernich, 2004). With such unclear boundaries, there is an increased potential for problems

when addressing issues related to spirituality, particularly when a client is of similar faith – a concern of great consideration to the College of Occupational Therapists of Ontario.

5. 4. 1. Awareness of Regulatory Issues

Within Ontario, on an annual basis, practicing occupational therapists must complete registration with the College of Occupational Therapists of Ontario (COTO), the self-governing body that, through implementation of the tenets of the Professions Act (1991), safeguards individual practice and protects the public from undue harm. Fundamental to the Regulated Health Professions Act (1991), COTO recognizes that occupational therapists, similar to all health providers, engage in an unequal relationship of trust with their clients; an imbalance favouring the therapist. Professional knowledge relating to a client's unique circumstances and personal history in combination with the position of authority in being the provider of services means clients are in a more vulnerable position. The desire to improve health and receive the potential benefits of therapy leads many clients to put their trust in health practitioners more readily and completely than they might otherwise. Whether consciously done or not, COTO believes the potential for using this dominant position and taking advantage of clients' vulnerability exists (COTO, 2009).

To avoid unsafe practice and as part of their regulatory duties, COTO has established Standards of Professional Boundaries (2009), documents demarcating the boundaries of ethical health care provision. A boundary is clearly

defined as, “the implicit or explicit demarcation separating the professional relationship with a client from one that is personal” (p.5). A boundary crossing entails an occupational therapist initiating or allowing a behaviour that compromises the professional relationship with a client. A boundary violation, a more serious event, is evidenced by a personal relationship within the context of therapy. Topics related to boundaries are broad in content including, but not limited to, sexual relations, financial dealings, social interactions, conflict of interest, differences in values, and breach of confidentiality, and vary according to client circumstance. What is culturally appropriate for one individual, for instance, may be disrespectful of another. Consequently, negotiating the boundaries of professional practice requires the practicing therapist’s anticipation of, and respect ,for the diversity of beliefs, values, and interests of clients. Furthermore, maintenance of boundaries is not seen to be a static process but rather an ongoing practice, quite dynamic in nature (COTO, 2009). So, to practice with competency and integrity, therapists are regularly required to reflect upon intended and unintended interpretations of verbal and non-verbal interactions with clients because violations.

As a provincial regulatory body, COTO takes a precautionary approach when considering issues related to boundary work. That is if an action has a suspected risk of causing harm to the public, in absence of empirical evidence that the action is harmful, the burden of proof that it is not harmful falls to those taking action. Since the profession’s context is a secular one, practicing without a

faith perspective is seen as normal and safe. Practicing from an explicit faith perspective is suspect and viewed as potentially harmful.

5. 4. 1. 1. Sharing Christian Faith

Considering COTO's implications on practice, being regulated most significantly influenced the extent to which participants' experienced Christian* fellowship whether with colleagues and/or clients. The extent to which participants experienced Christian* fellowship was seemingly inversely proportional to the perceived risks of sharing faith whether with colleagues and/or clients. That is, participants' perceived risk increased when working within secular environments and diminished when practicing in Christian environments, as determined by whether colleagues and/or clients espoused secular or Christian perspectives, respectively.

Working within a more secular environment where colleagues and/or clients were of unknown religiosity therefore brought about fewer experiences of Christian* fellowship for participants. Within this context, participants were generally less forthright about sharing faith. Mistrust of colleagues' perceptions has meant being guarded about sharing faith. Participants were concerned that judgements made about their work performance would be based on stereotypical perceptions of what it meant to be Christian* – proselytising and moralising. As such, the extent to which they shared their faith was limited. Secularization, whether real or perceived (Bibby, 2004; StatsCan, 2002), has meant greater assumptions about the religiosity of others. Feeling as though they might offend

or be misunderstood, self- describing as Christian was carefully considered by participants. Given the highly personal and individual nature of religion and spirituality and because there is no singular definition of what it means to be Christian (Bibby, 2004; Ward, 2008), the possibility of a value conflict exists; a conflict that could potentially threaten the building and maintaining of rapport with colleagues that is essential to a cohesive work environment (Heath, Johanson, and Blake, 2004). Julia's experience most acutely highlighted this finding. Working in a public hospital setting with colleagues she felt were not religiously oriented, meant actual fear of reproach should she disclose her Christian* faith. Withholding her faith from her work experience so as not to offend has seemingly marginalized her own faith-based perspective.

With clients of unknown religiosity, sharing was generally not considered. In view of the commentaries on *Exploring prayer as a Spiritual Modality* (Farrah and McColl, 2007) by Christiansen (2008), Peloquin (2008), and Smith (2008), reticence to disclose and share faith seemed reasonable. In-depth consideration of spirituality is still relatively new and unknown for the profession. Acknowledging and sharing faith in a safe way within the context of occupational therapy has generally not been researched. While working with grace perhaps demonstrated sharing faith in a safe way, concern that undue harm could occur with explicit sharing of faith does exist. While no apparent harm to the client occurred, the experience of Kristin who acknowledged being Christian* to a client not of Christian faith highlighted how a conflict in spiritual and/or religious beliefs and values has significant consequences.

In contrast, participants working within a more Christian* context where colleagues and/or clients were of Christian* faith, experiencing Christian* fellowship was more frequent. Participants working with colleagues of Christian* faith felt a greater sense support within their work environment, particularly during stressful times. Being able to consider a problem from a shared perspective was meaningful and brought about a more cohesive working relationship (Heath, Johanson, and Blake, 2004). Sharing a known belief and value system seemed to bring a sense of confidence and trust in others.

With clients who expressed being of Christian* faith, sharing faith was still cautiously considered. When working with clients who self-identified as being faithful by initiating faith-based discussions, however, the perceived risk of sharing faith was lessened. So, despite concerns for consequences, with clients who initiated faith-based interactions there were instances when participants shared faith. The extent to which varied among participants. For some, it was answering positively when asked if they believed in God and if they participated in prayer. For others, it was having a more in-depth discussion about being Christian*. By acknowledging and sharing faith, participants expressed being able to develop rapport, alleviate client anxiety, create deeper bonds, and get at client strengths more easily because sharing faith was a means of establishing trust. Sharing faith with clients seemingly illustrated participants' interactive reasoning.

Used during face-to-face interactions, interactive reasoning is structured by tacit plans and guidelines yet therapists are said to be functioning intuitively rather than analytically (Mattingly and Fleming, 1994). It is a means of engaging with a

client in a meaningful way so as to bring about active collaboration within the therapeutic process. *Doing with* rather than *doing for* clients is a hallmark of the occupational therapy profession. However, “effective therapy demands a high level of commitment by clients,” (Mattingly and Fleming, 1994, p. 178) so as to actively engage in the treatment process. Addressing the issue of motivation is critical. Addressing the experience of the client is as much a part of the therapeutic process as is addressing the functional limitations of the client. As such, therapists must tap into what is meaningful for the client so as to effect a commitment to therapy. When initiated by clients, sharing of faith was perhaps a means of enabling active participation in treatment by interacting with these clients of Christian* faith in a meaningful and productive way. It is telling that instances of sharing faith with non-Christians, or where it was not initiated by clients, were rare enough to stand out for participants, and were described as unsuccessful.

5. 4. 1. 2. Praying with Clients

Given that the perceived risk of sharing faith when working with clients who self-identify as Christian* was lower, it might be assumed that participants engaged regularly in prayer with these clients. In general, however, prayer was not a part of any participant’s day-to-day practice. In fact, most had never prayed with a client. Claire and Kristin, the participants who had prayed with clients, had done so because in the moment, prayer seemed most appropriate. The feeling of “knowing more than one can tell” (Mattingly and Fleming, 1994, P. 10), how

seasoned clinicians frequently describe their practice experience in the context of theory, perhaps described this experience. The sentiment effectively captures why each had engaged clients in prayer. Participants deemed prayer eminently appropriate without being able to effectively describe the process of determining its appropriateness.

Considering the article outlining prayer as a therapeutic modality (Farrah and McColl, 2007), it would seem as though the guidelines affirming the use of prayer generally fit with each participant's circumstance. Certainly both felt there was a spiritual component to the client's problem, that they were equipped to offer prayer and that the client was receptive to prayer. However, whether the workplace was supportive of the use of prayer was uncertain. For Kristin, being community-based and working in both sacred and secular school environments, the answer was perhaps mixed. For Claire, working within a Catholic hospital, prayer with a client would seem to be appropriate, particularly if it was sanctioned by pastoral care. However, reaction from some of her colleagues questioned this assumption. Discussions with others working within the participants' practice settings as well as discussions with COTO would have been needed to effectively answer this question. Regardless, for both participants, using prayer as a therapeutic modality for clients of Christian* faith who were experiencing distress was felt to be appropriate as evidenced by a positive outcome. As such, prayer as a therapeutic modality may have a place within occupational therapy practice. Certainly clearer guidelines around determining what constitutes a supportive

workplace are necessary. As yet there are still too many unknowns to definitively answer either way.

5. 5. Discussion Summary

Intentionally or not, participants' clinical practice was influenced by their Christian* faith. As an intrinsic part of their spirit, it provided a perspective from which to consider and give meaning to daily experiences, including clinical practice. Incorporated into the clinical reasoning process was faith-based knowledge as acquired through prayer, Bible study and Christian* fellowship. This subsequently enabled a unique consideration of the clinical experience.

Prayer and scripture offered support and eased the stress associated with heart-felt care. Working with grace enabled participants to safely expose themselves as Christian* by showing faith. Experiencing Christian* fellowship was less straightforward. To some extent, the daily demands of enabling occupation claimed time and opportunity to share faith with colleagues and clients. To a larger extent being regulated by COTO generally inhibited more consequential disclosure. Fear of reprimand for having proselytized was felt to varying degrees. Being isolated from colleagues and/or clients of Christian* faith, for instance, reinforced fears of scrutiny. Where being more surrounded with colleagues and/or clients of similar faith eased concerns about potential consequences, whether justifiably or not.

Generally, sharing faith with clients who acknowledged their own Christianity was positively regarded. A feeling of mutual understanding of shared

values and beliefs was felt to be more readily experienced when sharing Christian* faith with clients of Christian* faith. It would seem that sharing faith within the context of work may seem inconsequential yet the implications can be far reaching. Instances where participants shared their faith with clients not of Christian* faith were largely infrequent and generally considered a negative experience.

Responses to being regulated by COTO were somewhat mixed. For some participants, being regulated brought about a sense of fear and suspicion while for others being regulated was seemingly less concerning. In general, however, the College was perceived as a threatening presence in that registration could be jeopardized for having breached the personal-professional boundary by sharing faith within the context of work.

Recognition of boundaries beyond the personal-professional as formally regulated by COTO was not considered. Although consideration of spirituality is believed to transcend many healthcare disciplines, historically pastoral care workers have been recognized as the experts in addressing client spirituality inclusive of faith. Certainly better understanding the jurisdictions of inter-professional boundaries regarding spirituality is crucial to providing care, regardless of discipline, in a safe and ethical manner such that the client does not experience any undue harm.

The profession of occupational therapy has work to do in more accurately defining its role when addressing spiritual issues related to client care. While outcomes were seemingly positive for those participants who had prayed with

clients, the potential in causing harm through use of prayer is real. Clients trust that a provider's intent is enabling health through meaningful and relevant occupational engagement. Safe and ethical provision of care, it would seem, is only assured when occupations performed are meaningful and relevant to recipients of care and relevant to the service being offered.

5. 6. Strengths of the Study

Research examining the practical consideration of spirituality in clinical practice is limited. In this study using in-depth interviewing employing a semi-structured interview format in the ethnographic tradition offered an appreciation of the work experience of therapists who self-identified as Christian* – a perspective not otherwise documented. Participants who have not otherwise had an opportunity to share their experience have been able to give their perspective on a topic that is of professional relevance.

Offering a perspective on the influence of having a provincial regulatory body monitoring professional practice, this study highlighted that as much as providers have relatively little interaction with COTO, its presence impacts on clinical practice. Having an external monitoring body is to a large extent effective in maintaining safe and ethical practice, a consideration not generally researched.

The therapist perspective on this topic was unique. Research that seeks provider perspectives enables opportunities for challenging preconceived notions. By investigating the lived experience of Christian* occupational therapists – individuals who espouse a strong spiritual connection to Christ and have a clear

understanding of what having faith means for themselves – there has been greater consideration regarding the effect of therapists’ personal values and beliefs within the context of practice. A better understanding of the interplay between the personal and the profession will further contribute to the profession’s knowledge base about therapists’ clinical reasoning. Better appreciation of these influences on clinical decision making will offer the profession a clearer awareness and understanding of the boundary work being done within and between professional domains of health care as it pertains to religion and spirituality. In the end, this study further bridged the gap between the theoretical consideration and practical application of spirituality within the work experience.

5. 7. Weakness of the Study

When interviewing a small sample, the results cannot be generalized beyond the study itself, though that is never the intent of qualitative research. Being a novice researcher, the questions asked and interview techniques used may not have fully captured the experience of participants, particularly during the first round of interviews with the first three participants. The information gathered also only reflects the perspective of the participants as analyzed by the researcher.

Due to difficulty recruiting Born Again Christian therapists, recruitment calls were broadened during the study to include those with “strong Christian beliefs”. This resulted in recruitment of one occupational therapist who identified as Anglican rather than Born Again Christian. The experience of this therapist was

quite similar to that of the Born Again therapists. Further recruitment of similar individuals would be necessary to determine if the experiences of those with “strong Christian beliefs” is generally similar to those of Born Again Christians or whether other patterns of experience emerge among these individuals.

Lastly, given the biases of a self-selected volunteer sample, it is possible that other Christian therapists did not volunteer to participate because they were aware that their practice might cross boundaries in violation of the Standards of Professional Boundaries (COTO, 2009), and the interviews could open them up to reprimand. If this is so, some of the most relevant therapists for this study may have self-selected out of the study. Future research with therapists who have been censured by the College for religious activities in practice would be of great interest.

5. 8. Relevance to Occupational Therapy Practice

Occupational therapy, like other health professions, struggles with incorporating spirituality within its domain of care despite spirituality being central to a dominant practice model. Because of an unclear understanding of its meaning and application, therapists are left to determine how to incorporate spirituality within daily practice. This has ethical implications. The potential to implicate the personal with the profession exists – a clear boundary violation outlined by COTO.

Consideration of boundaries is a complex issue. While COTO’s Standards of Professional Boundaries (2009) provide a reference point from which to

consider the nuances of professional conduct, boundaries can very subtly be betrayed as is the case with a boundary crossing. As such, the boundary between the personal and the professional is increasingly challenged within the practice of occupational therapy. The term 'therapeutic use of self' conveys this notion. A crossing may constitute professional impropriety without immediate harm, where a series of crossings may lead to a boundary violation because of the cumulative effect on the therapeutic relationship. From COTO's perspective, the onus is clearly on practicing therapists to ensure that the trust a client has placed in them is not betrayed by boundary violations. By anticipating, setting, and managing boundaries related to "personal dignity, privacy, control and professional detachment" (COTO, 2009, p. 1), the potential for boundary violations, according to COTO, should be minimized. However, despite COTO's clear guidelines about the ethics of professional practice, interpretation of these guidelines can be difficult, leaving professionals to negotiate those boundaries, at times at peril.

Novice therapists may unintentionally overstep boundaries because of the steep learning curve experienced by new therapists. However, novice therapists may tend to proceed with caution when engaging in ethically questionable interactions because of a heightened fear of consequences. Many years of practice experience and subsequently more seasoned clinical reasoning skills, could provide therapists with a higher level of confidence enabling them to practice without the same fear of reproach. Negotiating the boundaries of professional practice is perhaps less daunting because the intuitiveness of practice is more developed. Therefore veteran practitioners could be at greater

risk of crossing boundaries with clients because of the confidence that comes from years of experience. What is perceived as rapport-building may hinder the therapeutic relationship because of a difference of opinion regarding shared therapist-client perspective. Greater introspection on the part of occupational therapy providers to appreciate the influence of their personal identify on professional practice would perhaps diminish the possibility of such unintended conflict.

Educating future therapists on the importance of acknowledging the impact of personal beliefs and values on clinical practice though is necessary for a fuller awareness of the elements of clinical reasoning. Such awareness enables a more transparent understanding of a practitioner's worldview and its influence on clinical reasoning. This could assist a future therapist to both further develop the use of such reasoning when it is helpful and explore alternate forms of reasoning when it is not.

Participants were aware that self-identifying as a Christian* occupational therapist, could expose them to a higher degree of scrutiny regarding potential boundary violations. Clear and explicit policies towards potentially problematic situations could minimize risks of boundary violation. For instance, therapists could benefit from knowing, *is praying with clients acceptable?* Ironically, while workplaces have policy on codes of conduct and general ethics around care provision, they often defer to individual professional regulatory bodies, each with its own standard of practice, to determine issues related to boundary work.

Additionally, employers have an obligation to be open to situations where, due to religious identity or beliefs, a therapist cannot engage in a therapeutic relationship. For Christian* therapists to practice comfortably and safely within secular settings, their perceptions of the potential negative impact of their beliefs on their ability to work effectively with a particular client needs to be respected. Christian* therapists should not be reprimanded when they appropriately attempt to find alternate care in situations where they know that they cannot meet the needs of the client.

A growing body of interdisciplinary research has attempted to demonstrate positive effects religion on health (Koenig, McCullough, and Larson 2001). What is not understood is how religion and spirituality relate to professional jurisdictions (Cadge, Eckland, and Short, 2009). For the profession of occupational therapy, a clear understanding has yet to be reached. Recognition of boundaries beyond the personal-professional as formally regulated by COTO is still being debated. Although consideration of spirituality is believed to transcend many healthcare disciplines, historically pastoral care workers have been recognized as the experts in addressing client spirituality inclusive of faith. Certainly better understanding of inter-professional boundaries regarding spirituality is crucial to providing safe and ethical care, regardless of discipline, such that the client does not experience any undue harm.

The profession of occupational therapy has work to do in more accurately defining its role when addressing spiritual issues related to client care. While outcomes were seemingly positive for those participants who had prayed with

clients, the potential for causing harm is real. Clients trust that a provider's intent is enabling health through meaningful and relevant occupational engagement. Ensuring safe and ethical provision means that the occupations performed are not only meaningful and relevant to recipients of care but to the service being offered.

Chapter 6

Conclusion

Occupational therapy emerged during a time when Christianity was a dominant force in the western world. Still today a mind, body, spirit trilogy of care espoused by the profession reflects its desire to consider individuals holistically when providing treatment; ever striving to enable health through engagement in meaningful occupation by comprehensively addressing the needs of clients. However, incorporation of the construct of spirituality within the domain of care is a challenge for many therapists because its definition and practical application is largely unclear. Secularization is felt to be a contributing cause of such ambiguity. Theoretically, the profession seems to adopt a more secular view of spirituality. Yet recent research inquiring about the extent to which Canadians are religious indicates that participation in both public and private religious occupations is ongoing.

Equally confounding is Christianity, a worldview accepted by millions but experienced individually. It is a religious understanding with vastly differing perspectives on faith. For some, Christianity implies a more literal consideration of scripture. While for others, the Bible is viewed metaphorically and within its historical context. Such conflicting interpretations lead followers to be cautious of other Christians particularly when views are unknown. To identify as Christian offers relatively little insight into one's religious perspective.

For participants in this study, being Christian* was a deeply personal experience. Prayer, Bible study and Christian* fellowship offered these therapists opportunities for having a meaningful relationship with God: an ever-present source of support offering resources to cope with the demands of clinical practice. Many participants wished to openly share their perspective without fear of being reprimanded by the College of Occupational Therapists of Ontario. Client or colleague perceptions based on stereotypical understandings of born again Christianity was threatening. Participants certainly expressed feeling vulnerable to having their practice scrutinized were they to share their Christian* faith.

Sharing faith, whether through having a meaningful discussion or engaging in prayer with clients, could be construed as a boundary crossing or violation as regulated by COTO. Participants consequently practiced in safe ways. Evangelical preaching with clients or colleagues was not identified as part of the work experience of the Christian* occupational therapists interviewed. Participants, practicing according to their understanding of the professional boundaries as outlined by the Standards of Professional Boundaries (2009), did bring faith to their clinical experience and felt that their perspective separated them from their colleagues. Yet having Christian* faith did not seem to create a power imbalance within the therapeutic relationship favouring the participants. Instead, practicing with faith offered a unique resource to support the work experience of these seven therapists.

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APPENDIX A

Recruitment Letter

Masters' student interested in speaking with Born again or Charismatic Christian Occupational Therapists

I am a practicing occupational therapist working in Ottawa and in the process of completing a post-professional Masters of Science from Dalhousie University in Nova Scotia. As part of my thesis project, I am looking to better understand what spirituality and religion mean for practicing therapists. In particular I would like to gain an appreciation of the topic from the perspective of Born Again or Charismatic Christians. Research so far has generally considered spirituality and/or religion in the context of occupational therapy from the client perspective. Relatively little is known about the therapist perspective on spirituality and religion within occupational therapy practice. In doing this Master's thesis project, I would like to provide the profession with a perspective on spirituality and religion that has not otherwise considered.

Over the course of two interviews, I will inquire about your religious perspective in the context of your work life experience. The first interview will follow a semi-structured format where the second interview will be a clarification and further discussion about the ideas brought about in the first interview. Each interview will be approximately 60-90 minutes in length, either in person or over the telephone, and at your convenience. Throughout the project your identity would remain completely confidential by using pseudonyms or false names. Lastly, once the project is completed, results will be submitted for thesis defense and publication.

If you would like to share your perspective by volunteering, I am interested in hearing your thoughts on the subject. Please contact me at (613) 730-6761 or by email at kbray@dal.ca.

Kaelen Bray OTReg.(Ont.)

APPENDIX B

Amended Recruitment Letter

Master's Student interested in speaking with Christian Occupational Therapists

I am a practicing occupational therapist working in Ottawa and in the process of completing a post-professional Masters of Science from Dalhousie University in Nova Scotia. As part of my thesis project, I am looking to better understand what spirituality and religion mean for practicing therapists. In particular I would like to gain an appreciation of the topic from the perspective of Christians. Research so far has generally considered spirituality and/or religion in the context of occupational therapy from the client perspective. Relatively little is known about the therapist perspective on spirituality and religion within occupational therapy practice. In doing this Master's thesis project, I would like to provide the profession with a perspective on spirituality and religion that has not otherwise considered.

Over the course of two interviews, I will inquire about your religious perspective in the context of your work life experience. The first interview will follow a semi-structured format where the second interview will be a clarification and further discussion about the ideas brought about in the first interview. Each interview will be approximately 60-90 minutes in length, either in person or over the telephone, and at your convenience. Throughout the project your identity would remain completely confidential by using pseudonyms or false names. Lastly, once the project is completed, results will be submitted for thesis defense and publication. If you would like to share your perspective by volunteering, I am interested in hearing your thoughts on the subject. Please contact me at (613) 730-6761 or by email at kbray@dal.ca.

Kaelen Bray OTReg.(Ont.)

APPENDIX C
Consent Form

**What is the experience of Born again or
Charismatic Christian Occupational Therapists?**

Master's Level Thesis Project

Principal Investigator

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Introduction

This research study is being conducted by Kaelen Bray OTReg.(Ont.) Mary Egan OTReg.(Ont.) Ph.D, and Brenda Beagan Ph.D. Kaelen Bray OTReg.(Ont.) is in the process of completing her post-professional Masters of Science (Occupational Therapy) from Dalhousie University in Nova Scotia, Involvement in this project is voluntary and participants may withdraw from the study at any time. Any risk, inconvenience, and discomfort participants might experience while sharing their perspective is described below. Participating in the study might not benefit participants, but the information gathered may be of benefit to the profession. Participants should discuss any questions about this study with Kaelen Bray OTReg.(Ont.).

Purpose of the Study

In doing this study, Kaelen Bray OTReg.(Ont.) would like to better understand the work experience of Born again or Charismatic Christian occupational therapists. It is unclear from past research projects the extent that religious beliefs influence the experience of practicing occupational therapists. Through discussion with occupational therapists who hold Born again or Charismatic Christian beliefs, a greater awareness of the influences affecting the work experience of clinicians will be learned.

Study Design

Six to eight practicing occupational therapists who hold a Born again or Charismatic Christian faith will be interviewed. During each of the two interviews, participants will be asked to share how their faith affects the experience of working as an occupational therapist. The interviews will take approximately 60-90 minutes each. The first interview will ask a set of specific questions. Each participant will be asked the same set of questions. Following each interview, Kaelen Bray OTReg.(Ont.) will write a brief summary of the interview outlining her general impressions about what has been discussed. After the interview has been transcribed, participants will have the chance to view their interview transcript. A second interview will be conducted in order to discuss, clarify and elaborate on the information provided during the first interview.

Who can participate in the Study

Participants must :

- 1) Be a practicing and College registered Occupational Therapist;
- 2) Self-identify as Born again or Charismatic Christian and;
- 3) Be interested in voluntarily sharing their perspective on spirituality, religion and their work experience.

Who will be Conducting the Research

Kaelen Bray OTReg.(Ont.), Mary Egan OTReg.(Ont.) Ph.D, and Brenda Beagan Ph.D will be conducting the research. Kaelen Bray OTReg.(Ont.) will conduct and transcribe

the interviews. Together with her co-investigators, she will review, analyze and summarize the information collected from the interviews.

What participants will be asked to do

Participants will be interviewed twice by Kaelen Bray OTReg.(Ont.). The date, time and place of each interview will be scheduled at the participants' convenience. Each interview will be audio taped and transcribed by Kaelen Bray OTReg.(Ont.). At any time participants may request to end the interview, have their audio tape erased, and/or have their transcripts destroyed. Participants' feedback regarding the analysis of the information will be requested after the first interview. Participants may end their participation any time up until the completion of the second interview. It is requested that once participants have completed the second interview that the information obtained during the project be retained by the study.

Possible Risks and Discomforts

The questions posed by this study may be of a personal and potentially sensitive nature. They may cause participants to experience some emotional distress. Discussing their religious beliefs in the context of their work may not have been something participants have shared before and this might cause participants some anxiety. At any time participants are encouraged to share any concerns with Kaelen Bray OTReg.(Ont.) as well as with anyone whom they deem supportive.

Possible Benefits

Participation in this study is not expected to produce any tangible benefits to participants. It is hoped that this project contributes to the knowledge regarding the interpretation of spiritual aspects of practice according to Born again or Charismatic Christian occupational therapists that could be used for model development and teaching.

Compensation / Reimbursement

Participation in this study is voluntary. It is not expected that participants will incur any monetary expenses associated with their participation in this study. Compensation and/or reimbursement is therefore not provided as part of participation.

Confidentiality and Anonymity

The information to be collected is of a personal and sensitive nature. To maintain anonymity and confidentiality, any identifying information will be safeguarded by using pseudonyms or false names. Transcribed interviews will be saved as computer files as well as printed on paper. Computer files will be saved on a password protected hard drive. Audiotapes, transcripts, and any information generated from analysis will be kept in locked storage for 5 years after which time they will be destroyed. The locked storage will only be accessed by the researchers involved in the study.

Please note: The disclosure of significant ethical practice violations, is an instance where confidentiality within the boundaries of the research project may not be upheld. It is the researchers' duty to report to the provincial college any disclosure of information regarding an ethical violation that could cause undue harm to a client. In the event participants disclose ethically questionable information where it is uncertain if standards of practice guidelines are being upheld, the issue will be discussed with participants and participants will be directed to inquire further with the college's standards of practice.

Use of Quotations

This study requests using direct quotes from the transcripts to be included in the summary report and any subsequent publication of the study.

Questions

If at any time participants have any questions or concerns, participants are encouraged to contact Kaelen Bray OTReg.(Ont.) by telephone at (613) 730-6761 or by email at kbray@dal.ca.

Summary

I have read the information provided above regarding the Masters level research project entitled "**What is the practice experience of Born Again or Charismatic Christian occupational therapists?**" I understand that my participation in this study is voluntary.

During two interviews with Kaelen Bray OTReg.(Ont.) I will be asked to discuss the relationship between my work experience and my Christian faith. After five years from when my participation has ended, the audio tapes, transcribed interviews, and computer filed information may be destroyed. Otherwise it will be kept in locked storage that will only be accessed by the researchers involved in the project. I am aware that I may leave the study at any time prior to the Analysis phase of the study (i.e. prior to the completion of the second interview).

- I consent to participating in this study.
- I consent to being audio recorded for the purpose of interview transcription.
- I consent to having direct quotations of my remarks used in the summary report.
- I consent to having direct quotation of my remarks used in a journal article to be submitted for publication.

Signature

Date

APPENDIX D
Amended Consent Form

What is the experience of Christian occupational therapists?

Master's Level Thesis Project

Principal Investigator

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Introduction

This research study is being conducted by Kaelen Bray OTReg.(Ont.) Mary Egan OTReg.(Ont.) Ph.D, and Brenda Beagan Ph.D. Kaelen Bray OTReg.(Ont.) is in the process of completing her post-professional Masters of Science (Occupational Therapy) from Dalhousie University in Nova Scotia, Involvement in this project is voluntary and participants may withdraw from the study at any time. Any risk, inconvenience, and discomfort participants might experience while sharing their perspective is described below. Participating in the study might not benefit participants, but the information gathered may be of benefit to the profession. Participants should discuss any questions about this study with Kaelen Bray OTReg.(Ont.).

Purpose of the Study

In doing this study, Kaelen Bray OTReg.(Ont.) would like to better understand the work experience of Christian occupational therapists. It is unclear from past research projects the extent that religious beliefs influence the experience of practicing occupational therapists. Through discussion with occupational therapists who hold Christian beliefs, a greater awareness of the influences affecting the work experience of clinicians will be learned.

Study Design

Six to eight practicing occupational therapists who hold a Christian faith will be interviewed. During each of the two interviews, participants will be asked to share how their faith affects the experience of working as an occupational therapist. The interviews will take approximately 60-90 minutes each. The first interview will ask a set of specific questions. Each participant will be asked the same set of questions. Following each interview, Kaelen Bray OTReg.(Ont.) will write a brief summary of the interview outlining her general impressions about what has been discussed. After the interview has been transcribed, participants will have the chance to view their interview transcript. A second interview will be conducted in order to discuss, clarify and elaborate on the information provided during the first interview.

Who can participate in the Study

Participants must :

- 4) Be a practicing and College registered Occupational Therapist;
- 5) Self-identify as Christian and;
- 6) Be interested in voluntarily sharing their perspective on spirituality, religion and their work experience.

Who will be Conducting the Research

Kaelen Bray OTReg.(Ont.), Mary Egan OTReg.(Ont.) Ph.D, and Brenda Beagan Ph.D will be conducting the research. Kaelen Bray OTReg.(Ont.) will conduct and transcribe

the interviews. Together with her co-investigators, she will review, analyze and summarize the information collected from the interviews.

What participants will be asked to do

Participants will be interviewed twice by Kaelen Bray OTReg.(Ont.). The date, time and place of each interview will be scheduled at the participants' convenience. Each interview will be audio taped and transcribed by Kaelen Bray OTReg.(Ont.). At any time participants may request to end the interview, have their audio tape erased, and/or have their transcripts destroyed. Participants' feedback regarding the analysis of the information will be requested after the first interview. Participants may end their participation any time up until the completion of the second interview. It is requested that once participants have completed the second interview that the information obtained during the project be retained by the study.

Possible Risks and Discomforts

The questions posed by this study may be of a personal and potentially sensitive nature. They may cause participants to experience some emotional distress. Discussing their religious beliefs in the context of their work may not have been something participants have shared before and this might cause participants some anxiety. At any time participants are encouraged to share any concerns with Kaelen Bray OTReg.(Ont.) as well as with anyone whom they deem supportive.

Possible Benefits

Participation in this study is not expected to produce any tangible benefits to participants. It is hoped that this project contributes to the knowledge regarding the interpretation of spiritual aspects of practice according to Christian occupational therapists that could be used for model development and teaching.

Compensation / Reimbursement

Participation in this study is voluntary. It is not expected that participants will incur any monetary expenses associated with their participation in this study. Compensation and/or reimbursement is therefore not provided as part of participation.

Confidentiality and Anonymity

The information to be collected is of a personal and sensitive nature. To maintain anonymity and confidentiality, any identifying information will be safeguarded by using pseudonyms or false names. Transcribed interviews will be saved as computer files as well as printed on paper. Computer files will be saved on a password protected hard drive. Audiotapes, transcripts, and any information generated from analysis will be kept in locked storage for 5 years after which time they will be destroyed. The locked storage will only be accessed by the researchers involved in the study.

Please note: The disclosure of significant ethical practice violations, is an instance where confidentiality within the boundaries of the research project may not be upheld. It is the researchers' duty to report any participant to the provincial college should any participant disclose information regarding an ethical violation that could cause undue harm to a client. In the event participants disclose ethically questionable information where it is uncertain if standards of practice guidelines are being upheld, the issue will be discussed with participants and participants will be directed to inquire further with the college's standards of practice.

Use of Quotations

This study requests using direct quotes from the transcripts to be included in the summary report and any subsequent publication of the study.

Questions

If at any time participants have any questions or concerns, participants are encouraged to contact Kaelen Bray OTReg.(Ont.) by telephone at (613) 730-6761 or by email at kbray@dal.ca.

Summary

I have read the information provided above regarding the Masters level research project entitled "**What is the practice experience of Christian occupational therapists?**" I understand that my participation in this study is voluntary.

During two interviews with Kaelen Bray OTReg.(Ont.) I will be asked to discuss the relationship between my work experience and my Christian faith. After five years from when my participation has ended, the audio tapes, transcribed interviews, and computer filed information may be destroyed. Otherwise it will be kept in locked storage that will only be accessed by the researchers involved in the project. I am aware that I may leave the study at any time prior to the Analysis phase of the study (i.e. prior to the completion of the second interview).

- I consent to participating in this study.
- I consent to being audio recorded for the purpose of interview transcription.
- I consent to having direct quotations of my remarks used in the summary report.
- I consent to having direct quotation of my remarks used in a journal article to be submitted for publication.

Signature

Date

APPENDIX E

First Interview Guide

Research question: **What is the experience of Born again or Charismatic Christian Occupational Therapists?**

Introduction

I would first like to thank you for your participation in this study which is aimed at better understanding the experiences of Born Again or Charismatic Christians working as occupational therapists. By participating in this study, you are acknowledging that you identify as Born Again or Charismatic Christian and are working as an occupational therapist. In taking the time to share your views on the topic you are furthering the professions understanding about the practicing occupational therapists' perspective on spirituality and religion.

As a reminder, this interview will be audio taped for the purpose of reviewing and analyzing the information gathered. However, if at any time you would like to stop audio taping or have whatever portion of the interview that has been audio taped be erased, please let me know and I will stop and erase the tape. Also, the interview will be approximately 60-90 minutes.

If you are comfortable with what is being asked of you, we will begin.

Warm-up question

- 1. To start, could you please tell me a little bit about yourself, in particular in relation to occupational therapy. For instance, how long you have been practicing? Where you work?**

Spirituality

- 2. Considering the topic of this study, please describe your religious faith.**
 - Some of the beliefs associated with it?
 - What are some of the practices or rituals that are part of your religion?
 - Which do you attend or participate?
 - Why don't you participate in others?
- 3. What informs your religious beliefs?**
 - How did you arrive at the religious beliefs you hold today?
 - From where does your perspective come? Family? Formal teachings? Culture? Other?

- 4. How do your beliefs influence your personal life?**
 - how do they influence your social network – relationships with friends or family?
 - how do they influence the type of social activities in which you are involved? – Holidays, etc.

- 5. How do your beliefs influence your professional life?**
 - how do they affect your work with colleagues, supervisors or students?
 - how do they influence how you relate to OT theory or education?
 - How do they influence your work with clients?

- 6. If possible, describe a situation where your faith has enhanced the therapeutic relationship with a client.**
 - What happened?
 - How was the relationship enhanced

- 7. If possible, describe a situation where your faith has hindered the therapeutic relationship with a client.**
 - What happened?
 - How was the relationship hindered?
 - How did you handle the situation?

- 8. In what ways does your work environment help or hinder your religious beliefs?**
 - How is it supportive?
 - How is it unsupportive?
 - Why do you feel this way?

- 9. Have there been instances when you have experienced conflict with colleagues, supervisors, or the institutional practices of your work regarding your faith?**
 - How so? Describe an instance.
 - How did you handle the situation?

Summary

- 10. In general, how would you describe your work experience in relation to being a born again or charismatic Christian?**

- 11. Is there anything else you would like to add to our discussion?**
 - Any questions or comments about what was discussed today?

Thank you so much for your time. I appreciate how you have shared information about both your personal and professional life in relation to your Christian beliefs with me. Just to remind you...I will be making notes about my impressions of the interview that will be incorporated into the data analysis. Prior to our next interview, you will be given the opportunity to review the transcripts verbatim once transcribed as well as a summary of my analysis. At our next interview you can make comments and clarify any discrepancies that may have been made. I will contact you prior to our next meeting. If you have any comments or questions once you have had a chance to process what has been discussed today, please don't hesitate to contact me. I am pleased to help discuss any thoughts or concerns you might have about today's discussion.

APPENDIX F

Amended First Interview Guide

Research question: **What is the experience of Christian Occupational Therapists?**

Introduction

I would first like to thank you for your participation in this study which is aimed at better understanding the experiences of Christians working as occupational therapists. By participating in this study, you are acknowledging that you identify as Christian and are working as an occupational therapist. In taking the time to share your views on the topic you are furthering the profession's understanding about the practicing occupational therapists' perspective on spirituality and religion.

As a reminder, this interview will be audio taped for the purpose of reviewing and analyzing the information gathered. However, if at any time you would like to stop audio taping or have whatever portion of the interview that has been audio taped be erased, please let me know and I will stop and erase the tape. Also, the interview will be approximately 60-90 minutes.

If you are comfortable with what is being asked of you, we will begin.

Warm-up question

- 1. To start, could you please tell me a little bit about yourself, in particular in relation to occupational therapy. For instance, how long you have been practicing? Where you work?**

Spirituality

- 2. Considering the topic of this study, please describe your religious faith.**
 - Some of the beliefs associated with it?
 - What are some of the practices or rituals that are part of your religion?
 - Which do you attend or participate?
 - Why don't you participate in others?
- 3. What informs your religious beliefs?**
 - How did you arrive at the religious beliefs you hold today?
 - From where does your perspective come? Family? Formal teachings? Culture? Other?

- 4. How do your beliefs influence your personal life?**
 - how do they influence your social network – relationships with friends or family?
 - how do they influence the type of social activities in which you are involved? – Holidays, etc.

- 5. How do your beliefs influence your professional life?**
 - how do they affect your work with colleagues, supervisors or students?
 - how do they influence how you relate to OT theory or education?
 - How do they influence your work with clients?

- 6. If possible, describe a situation where your faith has enhanced the therapeutic relationship with a client.**
 - What happened?
 - How was the relationship enhanced

- 7. If possible, describe a situation where your faith has hindered the therapeutic relationship with a client.**
 - What happened?
 - How was the relationship hindered?
 - How did you handle the situation?

- 8. In what ways does your work environment help or hinder your religious beliefs?**
 - How is it supportive?
 - How is it unsupportive?
 - Why do you feel this way?

- 9. Have there been instances when you have experienced conflict with colleagues, supervisors, or the institutional practices of your work regarding your faith?**
 - How so? Describe an instance.
 - How did you handle the situation?

Summary

- 10. In general, how would you describe your work experience in relation to being a Christian?**

- 11. Is there anything else you would like to add to our discussion?**
 - Any questions or comments about what was discussed today?

Thank you so much for your time. I appreciate how you have shared information about both your personal and professional life in relation to your Christian beliefs with me. Just to remind you...I will be making notes about my impressions of the interview that will be incorporated into the data analysis. Prior to our next interview, you will be given the opportunity to review the transcripts verbatim once transcribed as well as a summary of my analysis. At our next interview you can make comments and clarify any discrepancies that may have been made. I will contact you prior to our next meeting. If you have any comments or questions once you have had a chance to process what has been discussed today, please don't hesitate to contact me. I am pleased to help discuss any thoughts or concerns you might have about today's discussion.

APPENDIX G

Second Interview Guide

Introduction: As you remember from last time, my research project is about the experiences of Christian OTs. As I was reading the transcript of our interview, some further questions occurred to me, and there were also some things I felt I needed more information about to get a clear picture of what you were saying. So, I have some follow-up questions to ask you. But, before we get started, is there anything that, after the interview, you thought you would like to discuss further or another idea not shared...

Follow up questions...

Different view / interactions with others – In the last discussion, you mentioned a few times that since becoming a Christian you have an altered or different perspective of others. You see people differently. You go on then to say that being a Christian also affects your interactions with others. Tell me more about more about these ideas in the context of your work. – with clients, - with colleagues, supervisors. Get examples.

Environment – Describe the different types of settings in which you've practiced? Eg. Community, in-patient, rehab, etc. in which setting did you feel most at ease as a Christian? What was it about the environment that made it that way? Were there any differences in your practice (even subtle ones) because of this? Any difference in your relationships with colleagues? Describe.

Seeking God's guidance – In first interview talked about asking God for guidance, what types of situations would you seek His guidance (get details about the situation). **When you pray to God, do you ask Him for guidance re: work situations? Eg. For instance with a client, or with a colleague?**

OT Theory and Christianity – Discuss/review OT perspective and tensions that exist within the profession re: spirituality and religion using Enabling Occupation (as reference point). What are your thoughts? Is the theory different from when you completed your OT training? Describe? How was religion and spirituality addressed?

OT theory vs. College standards – during my discussions with my supervisors it has been discussed that there would seem to be somewhat of a conflict between OT theory and college standards. On the one hand, OT theory has started to consider religion and spirituality within OT practice, as we just discussed. Yet, most of the OTs whom I've spoken with for this study are concerned to some

degree about being brought forward to the college if, in a meaningful way, they discuss religion or religious practice with their clients. What do you think?

College regulations – You spoke last time about how you experience conflict around your inability to bare witness within the context of work, because of Ontario college (COTO) regulations. How did regulations in Scotland compare to those here? How did these differences affect the way you practiced as a Christian OT?

Seeking God's guidance – In first interview talked about asking God for guidance, what types of situations would you seek his guidance (get details about the situation). Can you tell me what your conversation with God would sound like when ... (based on an example from first response)? In a different (more challenging) situation? What was the impact on your practice?

**Try to find a negative case e.g. Has there ever been a situation where you haven't asked for God's guidance. Tell me about this.

**Want to tease out types of challenges (from examples) where she seeks help through conversation with God e.g., interpersonal challenges, regulatory challenges, technical challenges etc.

OT Theory and Christianity – Discuss/review OT perspective and tensions that exist within the profession re: spirituality and religion using Enabling Occupation (as reference point). What are your thoughts? Is the theory different from when you completed your OT training? Describe? How was religion and spirituality addressed when you went to school?

What are your thoughts on what OT students should be taught about spirituality and religion in the context of practice?

In general, would you say your faith has influenced how you practice as an OT? Describe.

Summary – Thank you for your time in speaking with me. If you would like to read your second set of transcripts, I can send you a copy once they've been done. (Approximately 2 weeks). Any other questions or concerns following the discussion tonight, please call me.