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How do religious leaders experience the psychological distress of their congregation?

An Interpretive Phenomenological Analysis

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Portfolio submitted in fulfilment of the requirements for the

Professional Doctorate in Counselling Psychology (DPsych)

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Department of Psychology

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Table of Contents

Acknowledgements 9

Declaration of Power of Discretion 10

Part 1: Preface 11

Overview 11

Part 1: The research 11

Part 2: Professional practice 12

Part 3: Publishable paper 13

How the portfolio fits together 14

References 16

Part 2: How do religious leaders experience the psychological distress of their congregation? 17

Abstract 18

Chapter 1: Literature review 19

1.1 Overview 19

1.2 Defining religion 19

1.2.1 Religious identity 22

1.2.2 Religious leadership 25

1.2.3 Religion specific notions of religious leadership 28

1.2.4 Stigmas and expectations of religious leadership 30

1.3 Defining psychological distress 32

1.3.1 Lived experiences and the link to psychological distress 32

1.3.2 Measuring psychological distress 34

1.4 Drawing a connection between religion and psychological well-being 37

1.4.1 Psychological studies on religious coping 39

1.4.2 Religious specific notions of religious coping 43

1.4.3 Religion and psychological distress 44

1.4.4 Religious notions of psychological distress 49

1.4.5 Implementing religion within psychological assessment and intervention 50

1.4.6 Collaborative development 54

1.5 The role of religious leadership in psychological issues 57

1.5.1 Sought out help 57

1.5.2 Experiences of a helping vocation 59

1.6 Project rationale 63

1.7 Research aims 64

1.8 Limitations of the literature review 65

Chapter 2: Methodology and Procedures 67

2.1 Overview 67

2.2 Methodology 67

2.2.1 Research design 68

2.2.2 Consideration of qualitative methodologies 68

2.2.3 Rationale for adopting Interpretive Phenomenological Analysis (IPA) 70

2.2.4 Overview of IPA and its philosophical underpinnings 71

2.2.4.1 Phenomenology 71

2.2.4.2 Hermeneutics 72

2.2.4.3 Idiography 73

2.2.5 Ontological & Epistemological Perspectives 73

2.2.6 Limitations of IPA 76

2.2.7 Validity 77

2.2.7.1 Sensitivity to context 78

2.2.7.2 Commitment and rigour 78

2.2.7.3 Transparency and coherence 79

2.2.7.4 Impact and importance 79

2.2.8 IPA and Counselling psychology 79

2.3 Procedures 80

2.3.1 Sampling 80

2.3.2 Inclusion criteria **81**

2.3.3 Recruitment strategy **81**

2.3.4 Participant selection **82**

2.3.5 Data collection **83**

2.3.6 Interview schedule **83**

2.3.7 Transcription **84**

2.3.8 Analytic strategy **85**

2.3.8.1 Step 1: Reading and re-reading 86

2.3.8.2 Step 2: Initial noting 86

2.3.8.3 Step 3: Developing emergent themes 87

2.3.8.4 Step 4: Searching for connection across emergent themes 87

2.3.8.5 Step 5: Moving to the next case 88

2.3.8.6 Step 6: Looking for patterns across cases 88

2.4 Ethical considerations **89**

2.5 Reflexivity **90**

2.5.1 Methodological reflexivity 91

2.5.1.1 Participants 92

2.5.1.2 Engaging with the analysis 93

2.5.2 Personal reflexivity 95

Chapter 3: Analysis **98**

3.1 Synopsis of the superordinate themes and their relationship to one another .. **100**

3.2 Superordinate theme 1: Expectations of religious leadership **101**

3.2.1 Perceived super humanness 101

3.2.2 The weight of expectation 104

3.2.3 Sense of duty within religious leadership 107

3.2.4 Summary 111

3.3 Superordinate theme 2: Proficiencies and limitations within the role **111**

3.3.1 Understanding the professional remit 112

3.3.2 Religious containment of psychological issues 114

3.3.3 Summary 117

3.4 Superordinate theme 3: The interconnectedness of religion and psychology . 117

3.4.1 Religious understandings of psychological wellbeing and distress 118

3.4.2 Connection between one's professional role and providing psychological assistance 121

3.4.3 Discerning between spiritual and psychological issues 124

3.4.4 Summary 127

3.5 Superordinate theme 4: Personal implications of religious leadership..... 127

3.5.1 Experienced inadequacy 128

3.5.2 Hidden struggles: The person behind the veil 130

3.5.3 The demands of a relentless vocation 133

3.5.4 Emotional entanglement..... 135

3.5.5 Summary 138

Chapter 4: Discussion 139

4.1 Overview 139

4.2 Superordinate theme 1: Expectations of religious leadership 140

4.2.1 Subordinate theme 1: Perceived super humanness 140

4.2.2. Subordinate theme 2: Weight of expectation 142

4.2.3 Subordinate theme 3: Sense of duty within religious leadership 144

4.3 Superordinate theme 2: Proficiencies and limitations within the role 145

4.3.1 Subordinate theme 1: Understanding the professional remit 146

4.3.2 Subordinate theme 2: Religious containment of psychological issues 147

4.4 Superordinate theme 3: The interconnectedness of religion and psychology . 148

4.4.1 Subordinate theme 1: Religious understandings of psychological well-being 149

4.4.2 Subordinate theme 2: Connection between one's professional role and providing psychological assistance..... 150

4.4.3 Subordinate theme 3: Discerning between spiritual and psychological issues... 151

4.5 Superordinate theme 4: Personal implications of religious leadership..... 152

4.5.1 Subordinate theme 1: Experienced inadequacy 153

4.5.2 Subordinate theme 2: Hidden struggles: the person behind the veil 154

4.5.3 Subordinate theme 3: The demands of a relentless vocation 155

4.5.4 Subordinate theme 4: Emotional entanglement..... 156

4.6 Summary 156

4.7 Conclusion 158

4.9 Strengths and limitations 163

4.10 Future research 164

References: 166

Appendices 185

Appendix 1: Ethics approval letter 185

Appendix 2: Recruitment letter 186

Appendix 3: Consent form 188

Appendix 4: Participant information letter 189

Appendix 5: Interview schedule 192

Appendix 6: Debrief Information 193

Appendix 7: Initial noting 195

Appendix 8: Sample section of emergent themes 196

Appendix 9: Example common themes 197

Appendix 10: Example cluster themes 198

Part 2: Professional Practice. A case study/process report 199

Focusing and the edge of awareness: A Person-Centred therapeutic process 199

Amanda-Louise Brown-Bennett 199

Overview 200

The service 200

Personal Background 201

Theoretical approach 201

Client Study **203**

Referral 203

Assessment 203

Formulation and Treatment Plan 204

Therapeutic Process **206**

Beginning Phase 206

Middle Phase 207

Outcome and Ending 208

Process Report **209**

Transcript and Commentary **210**

Session Ending and Evaluation **216**

Reflective Discussion **217**

References **220**

Part 4: Publishable Paper **223**

Abstract **224**

Introduction **225**

Religious coping. 225

Religion and psychological distress. 227

The role of religious leadership in psychological issues. 228

METHODOLOGY **229**

Method **231**

Participants. 231

Data collection. 232

Analytic strategy. 232

Analysis **232**

Superordinate theme: Personal implications of religious leadership **233**

Experienced inadequacy. 233

Hidden struggles: The person behind the veil. 236

The demands of a relentless vocation. 238

Emotional entanglement. 240

Summary 243

DISCUSSION 243

Subordinate theme 1: Experienced inadequacy. 243

Subordinate theme 2: Hidden struggles: the person behind the veil. 245

Subordinate theme 3: The demands of a relentless vocation. 245

Subordinate theme 4: Emotional entanglement. 246

***Summary.* 247**

***Conclusion.* 249**

Clinical implications and Future research 250

References 252

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Part 1: Preface

Overview

In this preface I will introduce three pieces of work that comprise this portfolio and relate to my training both as a Counselling Psychologist and a researcher. This portfolio also exemplifies my developing interest in the field of counselling psychology and reflects the knowledge and skills acquired over the course of the past three years. The portfolio incorporates research, an example of my professional practice and a publishable paper. Having briefly introduced these separate pieces in this preface, I will proceed to demonstrate the ways in which the individual pieces relate to one another. The relevance of each to counselling psychology will be explored throughout.

Part 1: The research

The first part of the portfolio is my qualitative research, an Interpretive Phenomenological Analysis entitled 'How do religious leaders experience the psychological distress of their congregation?' where eight religious leaders share their personal experience of encountering psychological distress within their vocational capacity. The aim of the research is to greater understand this particular phenomenon through the participants' narratives and an exploration of the findings. The research begins with consideration of the existing literature which invites readers to explore the meanings of religion and psychological distress, before focusing upon the religious leadership role in connection with the provision of psychological support for their congregation. The research is relevant to the field of counselling psychology as it seeks to not only understand why secular services may be inaccessible to some of the religious population, as identified within the literature review, but also to ascertain what can be done to support religious leaders both in regard to their helping profession and their own psychological well-being.

This research employed semi-structured interviews in order to develop a greater understanding of the participants' individual narratives, and followed the IPA protocol as outlined by Smith, Larkin and Flowers (2009). Four superordinate themes emerged from the data: 1) expectations of religious leadership; 2) proficiencies and limitations within the role; 3) the interconnectedness of religion and psychology; and 4) personal implications of religious leadership. The quality and limitations of this study, proposals for future research and the implications for counselling psychology are also discussed.

Part 2: Professional practice

The second piece of work demonstrates my professional practice in the form of a clinical case study/process report, entitled 'Focusing and the edge of awareness: A Person-centred therapeutic process', which explores the therapeutic journey with my client "Jenny".

Jenny had experienced multiple losses within her immediate family and had entered into therapy owing to anxiety that had arisen with the one year anniversary of her mother's passing approaching. The case study provided a succinct way of identifying, assessing and exploring the nature of the problem whilst demonstrating the rationale for my therapeutic stance and critical evaluation of effective therapy (Worsley & Joseph, 2007). Meanwhile, the process report, based upon a recorded segment of therapy, demonstrates the techniques, verbal and non-verbal communication in support of my theoretical approach to allow for deeper analysis. Jenny experienced dissonance between her perceptions and experiencing surrounding loss, her family, her self-concept, all coinciding with the incongruence she bought to therapy. The focus of this case study/process report is the use of the person-centred theories of 'focusing' and the 'edge of awareness' within the counsellor-client relationship and how these encouraged Jenny to delve into her underlying feelings and an encounter with congruence (Mearns, 2003). This case study/process report not only demonstrates my professional practice, but also invites readers to explore my reflexivity and critical evaluation of my positon as a counselling psychologist. My rationale for incorporating the case study/process report of Jenny in this portfolio is influenced by the theoretical

understandings of ‘focusing’ and the ‘edge of awareness’ which I feel are compatible with this portfolio, a conclusion I will explore further under the heading ‘how the portfolio fits together’.

Part 3: Publishable paper

The final aspect of the portfolio is a publishable paper to be submitted for publication in The International Journal for the Psychology of Religion (IJPR). This journal is peer reviewed and explores matters pertaining to psychology and religion in juxtaposition. The intention was always to present this publishable piece to a religious and psychological journal, and whilst I came across some journals incorporating religiosity, the aim of the IJPR was a suitable fit. This journal is thought to be the only international journal to exclusively deal with religious and psychological issues and in a bid to support the endeavour and to add to the body of research, the decision process was fairly straightforward. Hill (1999, p. 230) suggests that the psychology of religion is still largely undermined and that ‘to be taken seriously as a legitimate domain of study, great is our responsibility to demonstrate how the study of religion can have a meaningful and lasting influence on the discipline of psychology as a whole.’ The publishable piece is entitled ‘How can I serve you? A calling to service and the dissonance within’, a title with multiple meanings in an attempt to exemplify the dissonance described within the participants’ narratives. ‘How can I serve you?’ acknowledges the participants’ helping position, whereas ‘How can I, serve you?’ is also intended to convey the participants’ feelings of incompetency at the expectations placed upon them when exposed to the psychological distress of their congregation; it also alludes to their own personal experiences of psychological distress and inadequacy. The second half of the title identifies the participants’ belief that providing psychological support to congregants is a part of their vocational duty, and yet a duty which encompasses some ambiguity. This journal article explores the analysis and the limitations of this study, whilst also identifying proposals for future research and the implications for the field of counselling psychology.

How the portfolio fits together

Two features are thought to weave the pieces of work in this portfolio together. Firstly, the overarching theme which pervades the portfolio is that of religion and psychological distress—both the research and publishable paper address this phenomenon from the participants' perspective, with the publishable paper being an extension and in-depth exploration of one of the themes emerging from the research.

The second theme is the correlation between the ontological and epistemological positions of my chosen methodology and my practice within the person-centred (PC) approach. Much like the constructivist-interpretivist position which acknowledges the subjective nature of individuals and therefore proposes multiple constructed realities to exist (Ponterotto, 2005), PC theory is constructivist in that it too 'allows a variety of possibilities for understanding' (Schmid, 2002 p. 702). Constructionism draws from a hermeneutic stance in gathering data, believing meaning to be concealed and in need of unveiling. As such, this unveiling is dependent on the interaction between researcher and participant which is imperative in exploring the lived experience (Ponterotto, 2005). Perceiving my participant's to be unique in their experiencing and appreciating this uniqueness can also be identified as PC qualities. Empathy, for example, is crucial to extend to participant's, not only to articulate an empathic attitude, but also to encourage the participant to delve deeper into their own experiencing (Mearns & McLeod, 1984). The importance of the relational alliance is a strength of both the IPA and PC approaches, and phenomenological underpinnings can be found in both, where the theories necessitate an attitude of openness to the other, in order to experience another worldview (Finlay, 2009). So can the notion of bracketing one's biases and assumptions, although both IPA and PC also truly value the use of self as therapist, or for IPA, the researcher (Larkin, Watts, & Clifton, 2006; Mearns & Thorne, 2007).

I have briefly demonstrated how the epistemological and ontological understandings of IPA and PC correspond. However, I experienced this as coinciding on a much deeper level in regard to the theoretical focus of the case study/process report with Jenny and my

experience of interviewing the participant's. The opening quote in the case study is: 'When integrated within person-centred counselling, 'focusing' is essentially about helping the client to empathise with himself. It is an unobtrusive invitation to the client to move toward the edge of his awareness in exploring an issue' (Mearns, 2003, p. 84). This very notion I inadvertently experienced with a number of my participant's. My desire to shed light on a particular phenomenon which I perceived to be underexplored resembled the notion of 'focusing', and with each tentatively asked question and prompt, my participant's seemed to be moving towards their deeper experiencing. Not only did I experience my participants' shift from a place of formality to opening up their inner world to me, but many expressed having been 'challenged', 'emotionally provoked' and 'come to realise', having engaged in the research interview, suggestive of a movement towards their edge of awareness. The publishable paper exemplifies the essence of what emerged from this 'movement', which exposed the participants' dissonance as relating to an inadequacy within their vocation. In the professional practice piece, reflexivity considered how my interventions and attentional biases may have affected Jenny's therapeutic journey; similarly, as a researcher, I am aware of the implications that this study may have for me, and also of my influence upon the study, and the area of focus within the publishable paper.

References

Finlay, L. (2009). Debating phenomenological research methods. *Phenomenology & Practice*, 3 (1), 6-25.

Hill, P. C. (1999). Giving religion away: What the study of religion offers psychology. *International Journal For The Psychology Of Religion*, *9*(4),

Larkin, M., Watts, S. & Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative Research in Psychology*, 3: 102 – 120.

Mearns, D. (2003). *Developing person-centred counselling* (2nd ed.). London: Sage Publications.

Mearns, D., & McLeod, J., 1984. A person-centred approach to research. In: Levant, R.F., Schilien, J.M. (Eds.), Client Centred therapy and the Person-centred Approach. Praeger, New York.

Mearns, D., & Thorne, B. (2007). *Person-centred counselling in action* (3rd ed.). London: Sage Publications Ltd.

Ponterotto, J.G. (2005). Qualitative Research in Counselling Psychology: A Primer on Research Paradigms and Philosophy of Science Joseph. *Journal of Counselling Psychology*, Vol. 52, No. 2, 126–136.

Schmid, P. F., (2002). Person-Centered Psychotherapy. In Pritz, A. (Ed.). *Globalized psychotherapy* (pp. 701-713). Vienna: Facultas.

Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative Phenomenological Analysis: Theory, Method and Research*. London: Sage Publications Ltd.

Worsley, R., & Joseph, S. (2007). *Person-centred practice. Case studies in positive psychology*. Monmouth: PCCS Books Ltd

Part 2: How do religious leaders experience the psychological distress of their congregation?

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Abstract

Religious leaders are at the forefront of religious faith and considered to be the gateway between humankind and God in all things, from matters of a spiritual kind, to the psychological. Whilst religious leaders may be acquainted with the spiritual realm, how do they perceive their engagement with the psychological? Furthermore, how do they manage the psychological distresses that they encounter given their pivotal position within the community? This empirical study explores how religious leaders experience the psychological distress of their congregation using the methodological approach of Interpretive Phenomenological Analysis (IPA). Eight religious leaders gave an account of their experiences through semi-structured interviews, the transcripts of which were then analysed implementing IPA protocol (Smith, Flowers, & Larkin, 2009). Four superordinate themes emerged from the data: 'expectations of religious leadership', which explored the participants' experiences of the expectations placed upon them and their role; 'proficiencies and limitations within the role', which explored how the participants understood their professional remit in regard to providing psychological support; 'the interconnectedness of religion and psychology', which provided an insight into the participants' experiences of the overlap between the fields of psychology and religion, and their contribution to each other; and 'personal implications of religious leadership', which explored the psychological impact of the religious leadership role on the participants. The four themes were discussed in relation to the religious leaders' encounters with psychological distress. For most participants this was an external encounter, but reports of personal psychological distress were also presented. The findings have implications for Counselling Psychologists who work with religious individuals entering into therapy, and in particular those with religious leadership status. This study explores the link between religion and psychology from the perspective of those integral to this phenomenon, yet who appear to have received little empirical consideration. The findings are discussed in the light of previous research. The quality and limitations of this study are also considered, alongside proposals for future research.

Chapter 1: Literature review

1.1 Overview

This opening chapter serves as a literature review of the psychological studies on religion and psychological distress. I begin the chapter with an overview of religion, before discussing some concepts of psychological distress. Having explored both religion and psychological distress independently, I will focus my attention on the relationship between the two and in doing so, will explore both religious understandings of psychological distress and clinical understanding of religious culture. The concluding segment summarises the explored literature at which point I present my rationale for undertaking this study and clarify its relevance to the field of counselling psychology.

1.2 Defining religion

Religion: 1. the service and worship of God or the supernatural 2. commitment or devotion to religious faith or observance 3. a personal set or institutionalized system of religious attitudes, beliefs, and practices (Merriam-Webster's online dictionary)

"Elementary though this task may seem, it has proven difficult to formulate a definition of religion that can command wide assent. Many rival definitions have been proposed, most of which can be classified as examples of one of three basic types: intellectual definitions, affective definitions, and functional definitions." – (Harrison, 2006, p133)

Despite the many diverse presentations and traditions of religion which have pre-existed and still ensue today, the debate in defining religion lives on. According to Harrison (2006) differentiating what constitutes a religion and what sets other communities and organisations apart has been a long-standing endeavour of scholars. Harrison (2006, pp.135-136) critiques three rival definitions of religion in demonstration of the multiple understandings, namely: intellectual definitions, which are characterised by the 'belief about a particular sort of object', affective definitions, which are exemplified by 'faith, and the emotions that characteristically

accompany it', and thirdly functional definitions, where the defining feature is 'the function of religion'. Having grappled with the contentions entailed within the varying definitions, Harrison (2006) positions herself with the pragmatic viewpoint of Wilfred Smith who professes there to be no shared feature in "religion" and therefore perceives the desire to define religion as futile (Smith, 1964).

Whilst acknowledging that critics of substantive definitions perceive arguments of religion to be invalidating, Bruce (2011, p.112), having also grappled with existing definitions of religions, proposes religion to signify: 'beliefs, actions and institutions which assume the existence of supernatural entities with powers of action, or impersonal powers or processes possessed of moral purpose. Gods are an example of the former; the Hindu principle of karma is an example of the latter'. In response, Pargament (1997) argues that reducing religion to a substantive definition is to describe what it is, but not what it does or how it functions.

Isacco, Sahker, Krinock, Sim, and Hamilton (2016) identify religious practices to include: religious ceremony attendance, prayer, the study of religious literature, religious philosophies and attitudes. Meanwhile, other studies acknowledge a shift away from the traditional understandings of religion, to incorporate a practical theology which includes activities and disciplines which are thought to express meaningful aspects of worldly existence (Ganzevoort & Roeland, 2014).

Beyers (2017) contributes to the religious debate by suggesting the need to focus on the anthropology of religion, owing to changing locations, globalisation and multiculturalism which he suggest may challenge pre-existing religious identifications. Beyers furthermore proposes religion to be 'one expression of human identity out of many' suggesting there to be a 'reciprocal interaction between culture and religion' (Beyers, 2017, p. 4).

The challenges of defining religion are further demonstrated in its association with spirituality owing to the complexities in deciphering the overlap and separation, with some believing both the terms 'religion' and 'spirituality' to entail 'beliefs, values, behaviours, and

experiences related to ultimate meaning' (Sinclair & Chochinov, 2012, p. 72). Other studies, whilst acknowledging a relationship between the two, identify their distinguishing features: religion is the institutional construct from which communal ideologies are birthed and understood, while spirituality is indicative of personal, religious experience (Hill & Pargament, 2003; Morrison, Clutter, Pritchett, & Demmitt, 2009).

Thorne acknowledges the term 'spirituality' to be a progressive move even within the body of psychotherapy, where he notes the change in the name of a division of the BACP (British Association of Counselling and Psychotherapy) from the Association for Pastoral Care and Counselling to the Association for Pastoral and Spiritual Care and Counselling - a move which Thorne considers to be consistent with an increase in the prevalence and acceptance of spirituality, and one which he proposes to be 'client-driven' (Thorne, 2001, p.436).

Thorne, whilst acknowledging the overlap between both religion and spirituality, does provide distinct definitions for both, which have emerged from workshops he has conducted, these definitions are:

Spirituality – "the yearning within the human being for meaning, for that which is greater than the encapsulated individual, for interconnection with all that is. It is an expression of the whole person, physical, emotional and intellectual."

Religion – "the formulation in specific or less specific terms of a body of ideas, perceptions and experiences that are believed to serve the yearning inherent in spirituality. Religion, usually but not invariably, presents a complex pattern of writings, rituals and ethical codes that are deemed necessary or desirable for spiritual fulfilment. It also usually but not invariably, creates structures to facilitate the emergence and development of groups or communities of those who share its beliefs and practices."

West (2010), discussing notions of 'religion' and 'spirituality', also acknowledges the distinctions, overlaps, and how the multiple understandings of these terms may at times result in tension. West suggests that perhaps the endeavour to synthesise the two into a

universal definition is problematic, proposing instead that the acceptance, separation and interchangeable adoption of the terms resides within cultural understandings and/or an individual's personal identity. As professionals who value and respect the autonomy of their clients, West (2010) proposes that counsellors ought to appreciate and work with, where necessary, the client's perspective of their religious or spiritual identity, although he acknowledges that tensions may exist within a majority secular and westernised society.

Having explored some definitions of religion and considered the arguments against, in a bid to contextualise religion for the purposes of this study, the transparent and frequently quoted definition proposed by Pargament (1997, p. 32) suggesting religion to be "a search for significance in ways related to the sacred" has been employed. His definition features a proactive stance to human nature, perceiving mankind to be self-sufficient and able to consider that which is personally significant. This description equates the search as being two dimensional—a pathway and a destination—which encompasses the attributes of one's religious journeying and destination (Pargament, 1999).

This definition posits well within the current study's epistemological positioning which also respects the subjective sense-making of the participants within this study, and of their religious identity.

1.2.1 Religious identity

'Religious identity' is another term which does not so easily fit within a singular definition. Hemming and Madge (2011, p.40) suggest its complexity resides with both the comprehensive nature of religion, and the fact that 'the concept of identity is itself a nuanced one'.

In an article on religious identities and institutions, Ammerman (2003) explains the need to consider social interaction and its relevance to the religious narratives one employs in understanding their individual and collective identity. Ammerman (2003, p. 216) goes on to propose that institutionalised symbols and religious context do not signify direct participation,

and that religious narratives ‘are activated, then, by settings in which they are implied and by actions into which they have been distilled, as well as by overt experiences and direct references’. In summarising the article Ammerman (2003) concludes religious identity to be a study of religious narratives deriving from continual interaction among and between the stories shared with human actors, and the sacred experiences taking place around and about them.

Hemming and Magde (2011) contribute to the ideas of Ammerman (2003) by suggesting in their research article that as well as being constructed through social interactions and social environments, children and young people are themselves integral to shaping their own identities through relationships.

Continuing with the notion of social interaction, Dollahite, Marks, Kear, Lewis, and Stokes (2017) conducted a study looking at identity-centred calling from a positive family psychology perspective. This study incorporated twenty-nine religious parents who were interviewed in order to understand what they perceived as important for them to do and to be as religious parents. This data was generated through open ended questions, focusing on the families’ perception of the connection between their religiosity and family life. The research found that primary care-givers believed it their responsibility to be positive role models for their children, in addition to the general provisions of love, support etc., and parents saw it as their duty, and a ‘calling’, to nurture their children’s religious identity through teaching and personal demonstration.

In their study of changes between early and middle adulthood in retrospective perceptions of religious behaviour and identity in childhood (Hayward, Maselko, & Meador, 2012) findings suggested that adult recollections of childhood religiousness had changed over time. The most prevalent finding in this study was the non-religious participants’ altered perception of having been non-religious during their childhood, whilst adult participants who identified themselves as religious perceived their childhood selves to have been more religious.

The study by Hayward et al., (2012) makes an interesting contribution to some of the claims in Ammerman's (2003) article, where she describes a shift in the modern day understanding of religious identity, which has been born out of an independence from families and institutions which once held authority. Ammerman (2003) suggests that the rigidity of religious identity is no longer apparent, and individuals are free agents in constructing their identities, including the presence of, and level of religiosity. Where Hayward et al. (2012) found a difference in adult recollections of childhood religiosity, it is possible that generational understandings and freedom of expression may be an interesting consideration for their findings.

In addition to developmental perspectives, religious identity research has also received recognition in numerous other areas. Studies include assessing the dietary requirements of religious children and adequate school provision, a report which proposed potential solutions for schools to include: eliminating key meats, all or nothing halal meat or providing vegetarian options (Twiner, Cook, & Gillen, 2009). Another study assessing religious identity was that of Różycka-Tran (2017), who conducted a dual study: one study on religious in-group/out-group effects on helping, and a second study on submissive/assertive behaviour in relation to social norms, both studies using priming stimulus of religious attire. The study findings suggest that the effects of religious identity on helping or submissive behaviour were only limited to those perceived to be in-group members, but not towards religious outsiders.

Thus far the literature has explored some definitions and attitudes of religious identity. However, what appears to have been omitted, and is yet integral to this understanding, is identifying that which constitutes religious identity. To elaborate on the social identity of religion, Carroll and Roozen (1990, p. 352) state 'it is an identity that results from the interaction between the internal characteristics of a congregation - its history, symbols, stories, rituals, norms, manners, and behavioural patterns, and the various aspects of the environment in which the congregation is situated, including its members' social world'.

The term ‘identity’ has been challenged in regard to its usage among collective identities. Brubaker and Cooper (2000, p.19) argue that it both describes ‘such strongly, groupist, exclusive, affectively charged self-understandings *and* much looser, more open self-understandings involving some sense of affinity or affiliation, commonality or connectedness to particular others, but lacking a sense of overriding oneness vis-à-vis some constitutive “other”’. The problem Brubaker and Cooper (2000) highlighted with this inclusive use of the term ‘identity’ was that it negated any distinguishing facets between strong attachment and loose constructs. Their suggestion was to employ terms such as ‘connectedness’ and ‘commonality’ in support of the numerous methods of ascribing meaning and substance to group identifications.

Whilst desiring to support the subjective position of the participants, but also requiring some structural basis for homogeneity; this literature review will consider one’s religious identity following Hemming and Madge’s (2011, p. 40) fourfold proposition which identifies religious identity to incorporate: ‘(1) affiliation and belonging; (2) behaviours and practices; (3) beliefs and values; and (4) religious and spiritual experiences’.

1.2.2 Religious leadership

“There are many types of religious leaders. Some lead small bands of adherents while others lead large congregations. There are shamans, priests, priestesses, rabbis, preachers, ministers, elders, imams, ayatollahs, deacons, spiritual directors, bishops, monks, gurus, and pastors. Their leadership is visible in temples, churches, mosques, synagogues, street corners, store-fronts, and other places where the sacred and secular intersect. Some religious leaders are well-educated as a result of graduate seminary training while others have no formal theological education. Religious leaders often have great power over their adherents and have access to privileged information about followers and their lives” (Kane & Jacobs, 2013 p. 60).

Leadership comes with substantial accountability, prestige, and fulfilment potential, a role which is suggestive of an internal locus of evaluation. And those holding such positions are

often identified as having prominent importance, community reverence and patronage (Hayward & Krause, 2014). Religious leaders are sought out for counsel and judgement, and are experienced as a confidant to whom congregants disclose sins, desires and secrets (Kane & Jacobs, 2013), this aspect of their role is in many cases protected and therefore religious leaders are often exempt from the requirement to disclose information, even within the judicial system (Hammer, 2000).

The culture of a religious organisation is thought to be dependent on the religious leader, who fundamentally influences and leads the congregation; this social and pivotal religious dignitary is said to possess the capacity to instil change and adaptation (Nauta, 2007).

However religious leadership duties also extend from the pulpit into secular domains such as schools, hospitals and prisons. Nauta (2008) describes this development as a conscious effort to extend spiritual guidance to the unconverted, those in crises and looking for purpose in life. Whilst this may be an honourable task, Nauta (2008) discusses the ramifications of embarking on such a challenge and questions the notion of helping people to find 'life meaning'. The article is very sobering, and humanises the religious leader, acknowledging their fallibilities and own personal struggles, which appears to be contrary to the former identifications of religious leadership in this review. This article encourages an existential enquiry, and a willingness for religious leaders to not only position themselves as 'deliverer', but in order to truly care for the soul, 'act as both pastor and pedagogue, tutor and theologian' (Nauta, 2008, p.592).

Game and Metcalfe (2009) explore the motives of caregivers, and the notion of altruistic motives, through the study of a phenomenological case study of care for the destitute. In their paper they consider the notion of giving a gift, when caring for others, and the prevalence of reciprocation in this gift giving. They examined three areas thought to contribute to understanding the caregiver within the case vignette: calling – 'acceptance of what is'; subject based care – giving without return; and relational care – 'reinterpretation of altruism' (Game & Metcalfe, 2009, p. 280). This paper is reminiscent of what Nauta (2008)

proposes for religious leaders who desire to care for souls, where questions of motive are considered through an exploration of desired outcomes. The articles also concur with Nauta (2008, p. 590), paying homage to the human condition in professing 'It is not the thoroughly empathic, always accepting and always understanding pastor but, rather the pastor who is but all too conscious of his own failures, doubts, frustrations, disappointments, aversions and prejudices, who may be best able to surmise and work through all those hidden and repressed anxieties and fears, and in doing so care for the soul'. Game and Metcalfe (2009, p. 280) similarly state 'when people describe her as a saint, they are not suggesting that she is perfect or has raised herself above others; they are insisting that she is real or, as one donor put it, human being. Sue is a saint because she is able to accept her wounded, destitute state.'

Barnes (1978) conducted an examination which explored the biographical data of fifteen religious founders who were recognised as being charismatic, where viable, he also gathered information on their immediate successors. His study proposed there to be four basic propositions needed for charismatic leadership, the first he identified as 'de-alienation', based on an intimate connection with the divine, and an understanding of the world as unstable owing to its human construct. The second proposition understands leaders to be living during a time of social revolution, or to be part of a minority group. The third proposition states that in order for the religion to continue, leaders need to impart innovative teachings. The final proposition says that the leader can exist within religious organisations, or as a founder of a new religious principle and establishment.

Whilst not eliminating the qualities of the leader's personality, findings suggest that charisma transpires from the circumstances surrounding an individual and their response to these social factors; they also conclude that charismatic leaders differ significantly from successors, in that successors were thought to live in times of social stability, were within an institute and 'their teachings were uninnovative' (Barnes, 1978, p.15). Although contributing some interesting ideas in understanding the role of religious leadership, and its emergence,

the data collection method lacks credibility by Barnes' own admission; in this examination he compiled quotes and summaries from leaders and their successors on a number of variables, those being: 1. historically identified as being a charismatic figure, 2. representative of diverse cultures, 3. preferably from varying historical periods, and 4. having access to adequate biographical data. One issue was with the objectivity of the sources used to extract evidence, another lay in the historical nature of his inquiry, where many myths in regard to these religious leaders may be interwoven with the facts.

1.2.3 Religion specific notions of religious leadership

AlSarhi, Salleh, Mohamed, and Amini (2014) compare ideas of leadership from the perspectives of the West and that of the Islamic point of view, with the intention of identifying similarities and differences in leadership, and also diluting some of the Westernised broadcasts of Arabic political unrest. They identified ten facets of leadership to compare and delineate the difference, namely leadership definition, leadership process, power-influence, moral aspects, servant-leader concept, transactional leadership, transformational leadership, transcendental leadership, leadership traits and situational leadership. The article compiled a balanced report of Western and Islamic ideas, summarising the West as having greater human-orientation, through, for example, 'servant-leader and transformational leadership models' (AlSarhi, et al., 2014, p. 53), whilst for Islam, a greater association with God. In their conclusion, AlSarhi et al. (2014, p .54) state 'the leadership values stressed in Islam can be articulated in one word, tawhid. A leader (khalifah) who pledge to tawhid means that he/she actually believes in the Oneness and Sovereignty of God (…) According to Islam, Leadership is all about trust (amanah) on leaders who are required to guide, protect and treat the followers fairly with justice ('adl).'

Much of the discussion section of this paper serves as a defence for Islamic understanding as opposed to drawing any conclusion between the two perspectives, much like the intention which was expressed in the introduction. Whilst this paper did justice to this endeavour,

having a representative from Western leadership to feed back on the exploration would have made an interesting contribution.

In support of the idea of Western leadership having greater human-orientation, an article of Christian leadership values by Hollinger (2010) suggests that scripture portrays a Christ who abandoned his crown for a life of servanthood; the desire to be 'Christ-like' compels leaders to demonstrate good stewardship and servant leadership from the position of humility and obedience to God. However, Christianity, much like Islam, has an essential God focus and identifies how this should be implemented into leadership; Christian leaders are to emulate the teachings of Christ and biblical references, which principally comprises the love of God. Christian values set these religious leaders apart from others who may become entangled with profit, self-fulfilment and vainglory, instead acknowledging Christ as central to their way of being in the world, guiding their values and behaviours through truth and love. Christian leadership is not only pivotal in demonstrating the love of God and holding an essential role within the religious organisation, but in bearing witness for Christ and converting individuals (Hollinger, 2010).

Gelber (2005) describes the rabbinic role to be located within its meaning, which translates to mean teacher; within this capacity one is said to instil the values, concepts and writings of the Jewish tradition, and also to convey the importance of the relationship with God and historical chronicles. The rabbi holds much responsibility within the Jewish community, with a job description bordering beyond the remit of the Synagogue to engage with social, medical, educational and political arenas. The rabbi is an influential figure who holds significant authority, scholarly status and is an officiant of congregational functions and rituals; rabbis are usually elected into leadership and have a covenant agreement between them and the congregation in service to God and to the Jewish people (Thompson, 2006). Much like the understandings of both Islam and Western religions, these descriptions are suggestive that the Jewish religious leader shares the same expectations and

responsibilities, having great emphasis on their human-orientation and their service to the divine.

1.2.4 Stigmas and expectations of religious leadership

Whilst religious leadership has been correlated with positive influence, high status, a Godly connection, servanthood and the like, the religious sphere has also come under much scrutiny and criticism for its negative associations.

One example of negative associations surrounds abuses of all kinds. Ward (2011) conducted an IPA study looking at the lived experiences of spiritual abuse, where he utilised open-ended interviews to collect data from six Judeo-Christians. The themes identified were: 1. leadership representing God, 2. spiritual bullying, 3. acceptance via performance, 4. spiritual neglect, 5. manifestation of internal states and 6. expanding external/internal tensions. From the participants' accounts, Ward (2011) identified that perceiving the leader as a representative of God seemed to have been pivotal to the experience of abuse and a lead into the other emergent themes.

A synopsis of the themes, and the interconnection between them, can be described as follows: perceiving the leader as a representative of God positioned leaders as trustworthy and authoritative; being in a position of authority led to power and control over the people; this authority also led to determining the productivity of others, both of which are accepted owing to the divine representation. Ward (2011) further interprets his findings to explain that experiencing neglect and blame results from any emotional or psychical aliments, and also the suppression of one's individual identity and emotional state. The final theme describes the psychological consequences of all these experiences.

As identified in Ward (2011), the perception of religious leaders is significant in assessing their perceived influence over individuals and the level of accountability in assessing their culpability. Kane and Jacobs (2013) studied the perceptions of religious leadership where 374 respondents, made up of undergraduate and postgraduate students, were given one of

four vignettes at random, which had been constructed to portray religious leaders in compromising situations. The religious leader in all vignettes was the same: a 50 year old male, heading a large congregation who was an activist against abortion, homosexuality, domestic violence, substance abuse and for the sanctity of marriage (Kane & Jacob, 2013, p. 231). The other factor which remained throughout each vignette is the scenario where the media report on an incident where police were called, found evidence of alcohol and drug usage, and that the accomplice reported having sought the religious leaders for spiritual counsel. The variable was the accomplice's gender and age: 19 years old and male; 19 years old and female; 39 and male; 39 and female. Having completed the vignette, respondents were invited to respond to 34 items implementing a five point Likert-type scale. The results suggest that the 19 year olds were thought to have been influenced by the religious leader, and that alcohol usage with them was wrong. The vignette of the 39 year olds was thought to be a private matter. And the 19 year olds and the 39 year old male were likely to suffer psychological trauma resulting from the situation.

Kane and Jacobs (2013) concluded that religious leaders are held accountable in accordance with professional standards. In regard to the vignettes, the misdemeanours of the religious leader were evaluated in light of the age and gender of the accomplice, with those factors contributing to how harshly respondents cast their judgement of the religious leader. Whilst encompassing some variables which may alter the dynamics, expectations and perceptions of religious leaders are to hold high levels of professional conduct, to abstain from dual relationships, and to avoid religious incongruity in their personal life (Kane & Jacobs, 2013, p. 229). Some limitations of this study include the specifics of the method. Firstly, suggesting the religious leader to be an activist against such emotionally provoking issues in itself suggests that responses will be harsher—not only will people expect the leader to practise what they preach but they may respond out of a bias position, particularly if they have a personal connection to one of the matters the leader speaks out against. The second limitation is that the study, being quantitative, may give an indication of how people

perceive religious leadership, but does not signify any subjective meanings for the responses; furthermore the Likert-type scale does not explain the variations between how much respondents agree or disagree with statements, for example, the difference between a disagree or strongly disagree response cannot be explained.

1.3 Defining psychological distress

Psychological distress is the term adopted for the purposes of this study to conceptualise overwhelming emotional states which are thought to impact/disrupt people's functionality and everyday living (Cromby, Harper, & Reavey, 2013).

According to Ryrie and Norman (2004), some level of psychological distress is necessary in order to decipher circumstances detrimental to our lives, although, this being said they describe the human experience of psychological distress to be on a spectrum which at one end houses serious mental disorders. Psychological distress is classified as a non-specific syndrome which may include a number of psychological ailments (Massé et al., 1998). In the characterisation of the associated emotional states, Drapeau, Marchand, and Beaulieu-Prévost (2012) propose psychological distress to include symptoms of depression and anxiety which may entail somatic symptoms. Within their definition is the acknowledgement of the 'stress-destress model' which identifies a prominent facet of psychological distress as resulting from ineffectual coping following exposure to stressful events and argue that distress decreases when an individual manages to cope effectively with the stressor. In their paper they also question the definition of 'psychological distress as a normal emotional reaction to a stressor' owing to the culture bound understandings of normality (Drapeau et al., 2012 p. 106).

1.3.1 Lived experiences and the link to psychological distress

Until this point the exploration of psychological distress has touched upon the symptomatic features. Although researchers still grapple with its classification and the implication of psychological distress for mental well-being (Drapeau et al., 2012), studies have found

connections between psychological distress and the variability of human existence and experience. In correlation to one aspect of the theme of the present literature review, one such human experience which has been studied is the connection between psychological distress and identity.

A quantitative study of 306 undergraduate students of a Midwestern university in the U.S. (Marcussen, 2006) sought to explore the relationship between identity discrepancy and self-esteem through testing hypotheses in regard to the type of discrepancy experienced (aspirations, obligations and perceptions of role identities) and the form of distress experienced. Two facets of psychological distress formed the dependent measures of this study: depression and anxiety. The independent measures were the identities of a student, child and a friend, each of these were given a series of adjectives to select from in describing how the participant perceived others to view them, how they aspired to be, and how they feel they should be. Marcussen (2006, p. 8) hypothesised that the greater the aspiration discrepancy, the greater the depression, and aspiration discrepancies will have a greater impact on depression than on anxiety. The greater the obligation discrepancy, the greater the anxiety, and obligation discrepancies will have a greater impact on anxiety than on depression. The greater the discrepancy with respect to aspirations and obligations, the lower an individual's level of self-esteem. And finally the association between discrepancy and distress will be weaker for individuals who have higher levels of self-esteem.

This study stemmed from theories of sociology and psychology on self and identity, and sought to understand how one's social environment and role identities explain psychological distress. The finding supported hypotheses which correlate aspiration discrepancy to depression, and the notion that aspiration would have a greater impact upon depression than anxiety. Findings also associated aspirations with self-esteem, although obligation was by and large an insignificant contributor to anxiety. However, when coupled with high self-esteem, for the child and friend, obligation discrepancy and anxiety have a greater association and led to individual exposure to such stressors (Marcussen, 2006, p.17). This

study appears to have limitations based upon the presumed identities of the participants; limiting the exploration to that of student, child and friend may have omitted identities which hold greater significance for the participants and could have perhaps better represented the discrepancies of meaningful role-identities and how they correlate to distress. The same can be said for limiting the dependent measures, as psychological distress is thought to entail many symptomatic manifestations ranging across a spectrum; measuring against the specifics of depression and anxiety may not have provided an adequate indication of the impact of the explored discrepancies.

Whilst the preceding study explored the relationship between identity and the social environment upon psychological distress, other correlations exist; for example, between life stressors where perceived personal threat leading to fight or flight may result in psychological distress (Masse, 2000). Furthermore Ridner (2004) suggested five features of psychological distress: the perception of coping ineffectiveness, emotional change, uneasiness, articulating uneasiness and harm. These two examples are suggestive of the need to ascertain how psychological distress itself is measured.

1.3.2 Measuring psychological distress

Standardised scales which can be self-, researcher- or clinically-administered are used to assess psychological distress, but although a variety of measures exist, the diverse meanings of psychological distress suggests the construction of measures to be a complex task (Drapeau et al., 2012). Such noteworthy complexities can be exemplified within the variances between socio-demographic features, where for example, understandings of wellbeing and psychological distress are defined through the cultural norms, values and beliefs that influence the behaviour and attitude of people belonging to a specific ethnic group or country in the creation of measures (Drapeau et al., 2012, p.113). Drapeau et al. (2012) identify two essential criteria for consideration: the timeframe in identifying symptoms of distress and the point of categorising between high and low levels of distress. In regard to these matters, the article proposes that the ‘time window ranges from the past 7 days to the

past 30 days depending on the scale' and that 'in most studies, psychological distress is analysed as a continuous variable' (Drapeau et al., 2012, p.107).

The General Health Questionnaire (GHQ) originally comprised 60 items to outline anxiety and depression, somatic symptoms and social impairment, although it has now been narrowed to produce four additional versions, the GHQ's 30, 28, 20 and 12. GHQ-12 is most prevalent among epidemiological studies and population surveys, incorporating questions on concentration, sleep and worry, societal purpose, decision making, continual strain, problems in overcoming difficulties, engagement with normal activities, handling problems, unhappiness and depression, self-confidence, negative self-thinking, and feeling happy. According to Drapeau et al. (2012, p.108), 'the inclusion of social impairment symptoms, especially in the longer versions, seems in contradiction with the prevalent definition of psychological distress'. Whilst still recognised and frequently used, Andrews and Slade (2001) in their analysis acknowledge the Kessler Psychological Distress Scale (K10) to take precedence over the GHQ owing to the larger range and accessibility of the K10 which can be utilised without charge, unlike the GHQ counterpart.

The K10 screens for non-specific psychological distress using a 10-item questionnaire which has been narrowed down to represent the entire range of distress. It incorporates a 5-value response option, from 'all of the time', to 'none of the time' with a maximum score of 50 (severe distress) and a minimum of 10 (no distress) (Andrews & Slade, 2001). The scale asks respondents to consider the past 30 days in responding to the following ten questions of how often they felt: 1. tired out for no good reason. 2. nervous. 3. so nervous that nothing could calm them down. 4.hopeless. 5. restless or fidgety. 6. so restless that they could not sit still. 7. depressed. 8. that everything was an effort. 9. so sad that nothing could cheer them up., and 10. worthless. The K10 and its counterpart the K6 are advantageous in clinical administration as they assist in the discrimination process and the identification of both community cases and non-cases of DSM-IV disorders (Kessler et al., 2002). Whilst existing research into psychological health often pays homage to the DSM (Diagnostic and Statistical

Manual of mental disorders), the more recently publicised DSM-5 has raised some controversies with regards to the changes made to the former DSM versions (Waldon, 2014). Changes include, but are not limited to, lowering diagnostic thresholds, reclassifying disorders and altering measures. Some of the criticisms of the changes have raised concerns over the validity and reliability of the DSM-5 as a diagnostic instrument (Waldon, 2014). Another change within the DSM-5 relates to an increased emphasis on culture, where the manual appears to give greater credence to cultural norms and expectations, and how these may correspond to notions of mental distress (Ecks, 2016). One of the criticisms of this is the essential culturally bound make-up of the DSM itself and its questionable ideas of what makes for normal responses and the medicalisation of these (Ecks, 2016). The DSM categorises religion and spirituality as aspects of culture, acknowledging not only the importance of one's spiritual/religious identity, but also how these may influence psychological wellbeing, a categorisation which in some instances may lead to these matters being deemed beyond the remit of psychological professionals and more suited to pastoral care. Whilst this cultural classification seeks to differentiate cultural norms from pathology, it raises concerns for clinical understandings of issues of this nature and may result in devaluing the depth of the client's experience, and/or clinical oversight which may implicate professional intervention and diagnosis (Ellor, 2013).

Masse (2000) conducted a study incorporating both qualitative and quantitative approaches to analysing psychological distress; the qualitative phase sought to establish a list of distress symptoms for psychometric analysis in order to generate what he describes as a 'lay conception of the psychological distress construct that many national epidemiological studies pretend to assess', whilst the quantitative phase focused upon the psychometric testing and 'construct validation of a psychological distress scale' (Masse, 2000, p. 8). A random sample of 179 adult French Quebecois was interviewed via phenomenological analysis to gather lived-experience of psychological distress. The quantitative element of this study utilised an instrument called the Psychological Distress Manifestations Measurement Scale, made up of

23 symptoms grouped into four factors: devalorization, irritability/aggressiveness, anxiety/depression and demotivation. The study was employed to create culture-sensitive multidimensional scales. However, with results producing over 2,000 terms and concepts derived from the meaning of 'distress', the findings inadequately satisfied the essence of the subject matter, requiring an interpretive exploration in analysis. Scale construction and validation were proven to relegate the confine meanings of distress, which also disregards the lived-experience of distress. Resulting from the analysis, Masse (2000, p.15) states that 'the symptom checklists used in epidemiological studies therefore should not claim to grasp the complexity of psychological distress. They are predictive tools, not analytical ones'.

Whilst the identified research in this section has provided some insight into psychological distress, it has been a conscious choice not to elaborate further owing to the sheer enormity and subjectivity of the subject matter. This exploration was intended to introduce and embrace the multiplicity and complexity of psychological distress, as opposed to reducing it to generate a unified meaning, and this perhaps demonstrates the notion proposed earlier of psychological distress being on a continuum (Ryrie & Norman, 2004).

1.4 Drawing a connection between religion and psychological well-being

Although access to health services is growing, research suggests that a high proportion of individuals do not seek professional help for psychological disorders, and this proportion increases in regard to seeking help from a mental health professional (Vogel, Wade, Wester, Larson, & Hackler, 2007). A 'mental health professional' is an umbrella term for the clinical role of those trained in understanding psychology, the study of the psyche or human spirit (Delaney, Wliiiam & Bisono, 2013, p. 95), and who provide fundamental interventions for individuals experiencing some form of psychological disharmony.

Social factors, judgement and influence may contribute to one's decision to access mental health services, and these factors may also contribute to an individual's own perception of their experiences and symptoms (Vogel et al., 2007). The notion of social factors is one of

importance, as the exploration of the social context is fundamental in understanding cultural connotations. Although encompassing multiple definitions, culture, from the social perspective, concerns ‘people’s shared social norms, beliefs, values, language, and institutions’ (Guerra & Jagers, 1998, as cited in Cauce, et al., 2002, p. 45).

In psychology, cultural consideration understands how habits and customs, behaviours and mind-states correlate with mental health (Cromby et al., 2013). If cultural understanding denotes human development and awareness of the external world (Cauce et al., 2002), and if psychological health can be deemed a culturally-bound concept (Cromby, et al., 2013), then it is plausible to appreciate the importance of culture in the field of psychology.

Psychologists have extended their interest in the correlation between psychological wellbeing and religiosity, with various researchers having identified both the positive and negative ramifications of religious orientation upon mental illness (Pargament & Lomax, 2013; Cinnirella & Loewenthal, 1999).

Thorne (2012) identifies psychology, religion and spirituality as components of the search for meaning, and in doing so, draws a connection between these separate entities. He suggests that institutionalised religion and confidence in medical clinicians is decreasing, and that in an attempt to fill this void and meet our spiritual and psychological needs, culturally we have moved towards integrating our spiritual and psychological experiences, and embracing spiritual aspects of our identity. Thorne (2012) explains that this modern way of thinking has changed the relationship between the very fields of theology and psychology, where religious sects and mental health clinicians appreciate each other. The change of attitude towards religiosity and spirituality of therapists is a shift Thorne identifies as moving towards the spiritual dimension of personality.

This review proceeds to explore some of the studies which have drawn a connection between religion and psychological well-being.

1.4.1 Psychological studies on religious coping

Earlier in this literature review, methods of measuring psychological distress were identified. In addition to understanding these, it's important for this study to consider psychological measure for religious coping.

Religion has conventionally been measured via 'global indices, such as frequency of congregational attendance, frequency or prayer, religious affiliation, and self-rated religiousness'; however, such methods do not explain the correlation between religion and functioning in terms of the psyche, social and physical kind (Pargament, Feuille, & Burdzy, 2011, p. 52). Religion has also been measured in terms of beliefs and attitudes, although this type of analysis does not give credence to religious implications upon the circumstances of life. Pargament and his team developed two measures— the Religious Coping scale (RCOPE) and the Brief RCOPE—in order to understand how an individual's religiosity may assist in coping with life stressors**.** The RCOPE developed out of research conducted through interviews with individuals facing extreme life stressors, and was categorised into positive (secure relationship with the divine, spiritual interconnectedness etc.) and negative (spiritual and inner and interpersonal struggles) forms of coping. Pargament defined religious coping as 'efforts to understand and deal with life stressors in ways related to the sacred', sacred meaning both divinity and life attributes with transcendent qualities (Pargament et al., 2011, p.52). The brief RCOPE is thought to be the most prevalent measurement in religious studies and is formed of 14-items which measure religious coping in regard to extreme stressors in life.

A quantitative study conducted by Swisher (2015) was designed to explore the role of numinous characteristics of one's spirituality, religiosity and religious coping, in adaptation to stressors in relation to divorce, and how the characteristics were more integral to coping, over and above the personality construct. A sample of 509 participants took part in the study which 'employed correlational statistics and multiple regression analysis to assess the

unique contributions which each domain made to the variance in adaptation to stress' (Swisher, 2015, p.71).

To evaluate religiosity/spirituality as measures verses personality, psychosocial variables addressing positive adaptations to stress were employed, consisting of the "Spirituality Transcendence Scale, the Religiosity Index and the Bipolar Adjective Rating Scale", the Brief RCOPE was also a measure used to analyse positive and negative religious coping (Swisher, 2015, P.74). The variable "Total Adaptation to Stress" (TAS) was a compilation of the standardised scores from the scales "Revised Stress Related Growth Scale, the Satisfaction with Life Scale and the Hope Scale" (Swisher, 2015, p. 72). Swisher (2015, p. 74) hypothesised that 'domains of spirituality and religiosity would contribute to variance in positive adaptation to stress', and also that 'religious coping would explain significant variance over and above personality in predicting positive adaptation to stress'.

The results indicate that prayer fulfilment was the most significant contributor to positive adaptations to stressful life events, with prayer contributing to the development of an emotionally viable connection with the divine. As predicted, positive adaptations to stress highly correlated with positive religious coping, whilst negative religious coping negatively impacted positive stress adaptations. The findings also identified coping behaviour to have manifested through several religious/spiritual attributions, leading to connection with God, community, and establishing some spiritual/religious meaning to life experiences.

Whilst the study implemented a number of credible instruments, which provided both weight and substance to the analysis of traits, they fail to shed light on both the how and why questions of the subject matter. The author acknowledges the biases of self-reporting measures and the lack of psychosocial considerations; a mixed-methods study implementing a qualitative interview or focus group identifying personal meaning, experience and other contextual factors could have contributed to the findings further. The title of the study suggests that it will be addressing religious coping in adaptation to significant life events, yet proceeds to research divorce specifically. An interesting comparison would have been to

include other significant life events or even adaptations to one single variable over time, where perhaps the self-reporting of coping would differ over the course of any significant life event.

Bryan et al. (2015) conducted a quantitative study of 352 students to investigate ambivalence over emotional expression (AEE), anxiety and depressive symptoms, and the impact of religious coping on these variables. The Cope, Ambivalence over Emotional Expression Questionnaire and Brief Symptom Inventory were the measures used to collect data in this study. This research offered three hypotheses: AEE positively associates with anxiety and depressive symptoms; that there would be negative associations between anxiety, depressive symptoms and turning to God; and lastly that religious coping would moderate the associations between AEE, anxiety and depressive symptoms, and higher religious coping would equate to weaker symptoms than those with lower religious coping.

Whilst finding correlations between the two, they also identified AEE as being socially and culturally derived. With this in mind, religious coping, that is a reliance on God as opposed to social support, was thought to be one method of improving the mental health of AEE sufferers.

Results supported the first and partially the third hypotheses, but did not support the second; the authors suggest the scale or sample group may be causal contributors for this. The study identified some contradiction with hypothesis three, although findings confirm religious coping to be a moderator of associations between AEE, anxiety and depressive symptoms. In regard to the relationship between higher AEE and high religious coping, findings report an increase in anxiety and depressive symptoms. The explanations of these findings proposed by the researchers include theories of perceptions regarding God and the self for individuals high in AEE and religious coping. While religious coping may generally be a positive coping mechanism, it may also negatively interact with some symptoms of psychological distress.

The results of measures cannot be fully explored in absence of some subjective experiential investigation. The authors suggest further measures to explore the findings of hypotheses two and three, but do not consider the contribution a qualitative analysis could have made.

The study incorporated university students, but had no other inclusion criterion—participants seem to have been randomly recruited. Religious, cultural and life experiences may have altered the findings of the study. The study utilised the COPE and the "turning to God subscale of the Cope inventory to measure religious coping" (Bryan et al., 2015, p. 3), Pargament's RCOPE scale of positive and negative religious coping methods may have been more suitable as it was specifically addressing religious coping. RCOPE would have also investigated how positive/negative religious coping interacted with AEE, anxiety and depressive symptoms (Pargament et al., 2011).

Gerber, Boals and Schuettler (2011) sought to investigate the influence of religious coping styles on the relationship between gender, posttraumatic growth (PTG) and post-traumatic stress disorder (PTSD). PTSD was the negative side-effect, whilst PTG, an adaptive function of personal growth, was the positive effect following trauma. The qualitative method employed 1,016 university students who completed five questionnaires: brief COPE, brief religious COPE, traumatic events, posttraumatic growth inventory and the PTSD checklist.

This paper considered numerous studies which have found women to report higher in PTG, PTSD and levels of coping. They also identified religious coping as a highly advantageous coping style, and that it had been coupled with positive outcomes in PTG, and positive or negative outcomes in PTSD.

Results show a correlation between positive religious coping and PTG and negative religious coping and PTSD, irrespective of gender, race and other coping styles. Religious beliefs and perceptions of traumatic life experiences may have implications on the development, maintenance and severity of PTG or PTSD (Gerber et al., 2011).

The authors identified that females reported PTG and PTSD and coping more than men. This study also had a higher proportion of female participants, at 67%. This may support the notion that females report higher than men, but does not necessarily indicate that females were more highly affected by the PTG, PTSD or religious/other coping. Generating an equal gender ratio from the population could eliminate the inference of this disparity where gender differences could be better evaluated.

The studies conducted by Gerber et al. (2011) and Swisher (2015) seemed to yield more definitive results than the study conducted by Bryan et al. (2015). Within the discussion Bryan et al. (2015) question their use of the Turning to God religious coping Scale from the COPE inventory; employing a scale such as the RCOPE may have more appropriate as the RCOPE incorporates both positive and negative items. Perhaps measures such as the RCOPE similarly would have generated different results for the third hypothesis which found 'individuals higher in AEE and religious coping may experience more depressive symptoms and anxiety symptoms than others' (Bryan et al., 2015, p. 8). Or much like the researchers observations of both Gerber et al. (2011) and Swisher (2015), limited information can be pulled from the quantitative methodologies employed, and in order to gain in-depth understanding of the findings, a qualitative exploration into the experiences and narratives of participants may be of benefit.

1.4.2 Religious specific notions of religious coping

Religious coping is one way of understanding how religion interacts with significant life events, and is most commonly linked with theories of transcendence, spirituality and the sacred. It serves many purposes including meaning-making regarding the self and others, and may determine behaviour, thought, feelings and relationships. For psychology, interest in religious coping is concerned with its implications on mental health outcomes. Research suggests that religious coping can be adaptive or maladaptive strategies that can fall within positive or negative coping contexts, and highly correlates with well-being or psychological distress (Pargament, Feuille, & Burdzy, 2011).

Moore (2014) explain that the Encyclopedia of Jewish Medical Ethics emphasises that whilst God created medicine, physicians and the means of healing, He is the only true source of healing, and therefore healing is a product of faith. The Jewish community also incorporate this belief in their theories and acceptance of death as a natural and inevitable course in life.

Islamic principle is similar to the theory of Judaism in that it also professes a reliance upon a higher power, perceiving a Godly connection to be integral to good health, and religion has been identified as the fundament upon which to understand one's life meaning (El Azayem & HedayatDiba, 1994). Fischer, Ai, Aydin, Frey and Haslam (2010) acknowledge that women in the Muslim culture perceived depression as their personal fate which was in need of God's provision to endure; they also found that Muslim women emphasised the importance of resuming gender and social roles as implicit within the culture irrespective of their psychological state.

The impact of church doctrine upon its congregation is an indication of how mental ill health is perceived, psychological issues can be simplified to 'consequences of sin', or 'common grace', extended, not only from God, but from one human to another (McMinn et al., 2006). As McMinn et al. note (2006, p. 296), 'Christian theology of sin does not leave a person in a state of despair or distress, but points towards a gracious God who offers forgiveness, acceptance, and love'. Teachings of this kind would serve to support congregational mental ill health sufferers through inclusion and a form of positive psychology (Gable & Haidt, 2005). Having explored religious connotations of coping, a review of research papers exploring the relationship between religion and psychological distress will follow.

1.4.3 Religion and psychological distress

Numerous studies, as demonstrated above, identify religion as a coping mechanism for life stressors. This is consistent with the notion that religion is predominantly positively associated with psychological well-being; this being said, there are studies which acknowledge religion to be a life stressor in itself. In summary of some of the proposed life stressors, Verhagen, Van Praag, Lopez-Ibor, Cox, and Moussaoui (2012) suggest that

religious inferences such as badness and evil, problematic religious motivations or attachments to God, problematic religious integration, incorporating issues of rigidity and extremism, problematic coping strategies and appraisals for loss are some of the risk factors for psychological distress. Religious content is reported as a prevalent feature in the delusions of mental health patients, and depression, with the key associated experiences of guilt and unworthiness, is also thought to contribute to poor psychological well-being (Verhagen et al., 2012). Below is an exploration of two studies designed to explore the correlation between religion and spirituality and psychological distress.

Ellison and Lee (2010) investigated three types of spiritual struggle: 1. divine, which is one's relationship with God, where for example, God is perceived as distant or punishing; 2. interpersonal, which is difficulties in community membership and social settings; and 3. intrapsychic, which is chronic doubting, grappling with faith, doctrines and the like. They also investigated how these struggles associate with psychological distress. The data analysed from the General Social Survey (GSS), which is a cross-sectional survey from adults in the general population, employed 1,445 interviews from the 1998 survey on account of its particular inclusion of health significant features of religion and spirituality (Ellison & Lee, 2010). The dependent variable of psychological distress was measured with the Kessler-6, while the independent variables were measured as follows: 1. Divine struggles – two items from the Brief RCOPE (Pargament et al., 2000), assessing to what degree they have the following experience, having coped with difficult circumstances: 'a. I feel that God is punishing me for my sins or lack of spirituality; b. I wonder whether God has abandoned me'. 2. Interpersonal struggles – which assessed the responses to the following two items 'a. How often do the people in your congregation make too many demands on you?; b. How often are the people in your congregation critical of you and the things you do?' and 3. Intrapsychic struggles – where respondents were questioned in regard to the frequency of the problem and their implications of doubt on one's faith (Ellison & Lee, 2010, p.507).

As identified within the results of this study, the levels found among the sample who reside in the community were relatively low in regard to psychological distress, the different spiritual struggles and religious attendance (Ellison & Lee, 2010). Whilst having implemented three features of spiritual distress, the results indicated that the struggles were independent of each other. The study identified strong and independent associations between each variable and psychological distress, with the divine struggle being an overarching contributor to experienced distress. The results were fairly consistent across most subgroups. However, the study acknowledges divine struggle to be less distressing for married couples and that more positive religious associations were found among older adults, with African Americans having better health outcomes than their white counterparts (Ellison & Lee, 2010).

This study also concludes that spiritual struggles appear to have greater influence upon psychological distress than religious behaviours.

This study offers insight into the effects of spiritual struggles upon experiences of psychological distress. However, there were some limitations identified. The authors themselves acknowledge that being a cross-sectional survey, GSS data does not provide any indication of the causal directions of the associations between all variables. They also acknowledge that the data omits considerations for personality traits, which may influence the findings. The researcher has also questioned the use of GSS as whilst acknowledging the religious and spiritual inclusion in the data collection, this is only one aspect of the survey and may therefore not be a specific enough resource to gather significant data. Implementing a spiritual specific survey, such as the Religious Strain Scale (RSS) (Exline, Yali, & Sanderson, 2000) may have proven to be more effective. However, given the fact that religiosity and spirituality can be experienced as separate, or even to some extent in opposition to one another (Barker, 2008) and the notion that within modern culture there is a growing prevalence of individuals self-reporting as more spiritual and less religious (Marler & Hadaway, 2002), such instruments as the RSS may prove insignificant also.

The second observation resides in the population of the participants; the study pulls samples from the general public which is suggestive of numerous variations of spirituality and religiosity, from those that would report as atheist, agnostic, to those who may associate with fundamentalism. The variations in their responses to the survey may render the study inconclusive as spiritual struggles may not be applicable to all participants and therefore not have been sufficiently represented in order to adequately generate analysis. Also the study acknowledges low levels in all variables and draws some correlation between the community dwelling population and low levels of distress, spiritual struggles and religiosity in comparison to the clinical population. These results suggest that there may be greater correlation between spiritual struggles and the clinical population, opposed to spirituality with those who identify as spiritual and/or religious.

Understanding the prevalent connection between religiosity and psychological distress, Pirutinsky, Rosmarin, Pargament and Midlarsky (2011) sought to shed light upon the dynamics of the interaction in a bid to eradicate gaps such as those found in Ellison and Lee's (2010) critique of their study. Pirutinsky et al. (2011) wanted to ascertain the causality of the relationship between negative religious coping and its correlation with depression and anxiety by means of conducting a randomised control trial among religious Jews. The participants comprised 80 Orthodox Jewish individuals between the ages of 20 and 77 who were invited to participate in an online pre-treatment and post-treatment study for worry and stress. The measures used in this study were as follows: negative religious coping – 4-item subscale of the Jewish Religious Coping Scale (JCOPE), and depressive symptoms – the Centre for Epidemiological Studies Depression Scale (CES-D).

The study developed upon notions that 'negative religious coping is simply a domain in which distress is expressed' (Pirutinsky et al., 2011), and therefore correlations of depression and negative coping would occur across times. Four causal hypotheses were proposed: that negative coping at time one would not predict time two depression, nor time one depression predict time two negative coping; time one depression could predict time two

negative coping if depression was the cause of negative coping; if negative coping were the cause of depression then time one negative coping would predict time two depression; and finally if negative coping were to be both contributor and repercussion of depression, then both methods would hold significance (Pirutinsky, 2011, p. 402).

Research findings propose positive connections between negative religious coping and depressive symptoms among Orthodox Jews, with finding progressing to attribute negative religious coping as a causal factor for depression. This same article perceived the need for spiritual struggle intervention to be imperative for better psychological health for the Orthodox Jewish community (Pirutinsky et al., 2011).

As with much of the literature discussed in this literature review, whilst Pirutinsky et al. (2011) make a worthy contribution to the understanding of the relationship between psychological distress and religion, these studies do not explore the meanings behind the study findings. Whilst Pirutinsky et al. (2011) have tried to go one step further in establishing a causal relationship, again, this finding does not provide insight as to why this is the case.

Given the implementation of the JCOPE measure the method can only be partially replicated through the adoption of the CES-D measure. An alternative such as the RCOPE would need to replace the JCOPE in order to establish multi-faith inclusivity and therefore the findings of the current study may not be universally applicable.

Pirutinsky et al. (2011) focused on Jewish religious individuals, whereas the study by Ellison and Lee (2010) sampled the general public; this seemed to substantiate the findings of Pirutinsky et al. (2011) and moreover those of Ellison and Lee (2010) which supports the earlier stated observation that purposeful sampling and methodology will add credence to a study and thus significantly contribute to research phenomenon.

Whilst the research included suggests positive associations between psychological distress and religion, a longitudinal study of 720 adult participants found that whilst religious attendance was not found to decrease psychological distress, religion does serve as a

defence against the undesirable consequences of stress upon psychological well-being. (Williams, Larson, Buckler, Heckmann, & Pyle, 1991).

1.4.4 Religious notions of psychological distress

Community can negatively impact psychological health and indeed be a contributor to psychological distress. Flannelly, Stern, Costa, Weaver, & Koenig (2006), for example, identify a relationship between the reluctance to seek psychological support for the Jewish community resulting from inter-community reliance, and cultural stigmas of psychological ill-health.

Islam's teachings propose psychological distress to transpire when individuals drift from the beliefs of the faith and community, which ultimately results in discord with 'the universality of God' (Ali et al., 2004, cited in Smither & Khorsandi, 2009 p. 88). This same article identifies the stigma surrounding psychological issues owing to the religious understandings of adjustment issues and its correlation with individual behaviour. However, psychological disorders of a serious nature are exempt from these cultural understandings (Al-Issa, 2000, as cited in Smither & Khorsandi, 2009).

Although greatly emphasising the consequences of the fall of man, Christianity acknowledges that distress and affliction are not always the result of individual wrongdoing, and Jesus is indeed the prime example, a man without sin. 'Then said Pilate to the chief priests and to the people, I find no fault in this man' (St. Luke, 23:4, KJV), yet Jesus endured the most horrific experience of, perhaps both psychological, 'Father if thou be willing, remove this cup from me…' (St. Luke, 22:42, KJV) and spiritual distress 'He saved others; let him save Himself, if He be Christ, the chosen of God.' (St. Luke 23:35, KJV).

Alternative doctrines still attribute illness and distress to spirituality, with many church organisations recognising spiritual intervention over medical treatment. Stanford found that in a survey of 293 Christians who sought church support for personal or family mental health

issues, 32.4% were informed that their problem was entirely spiritual, relating to sin or demonic involvement as opposed to mental health (Stanford & McAlister, 2008).

1.4.5 Implementing religion within psychological assessment and intervention

For psychologists working within a multi-cultural society, it is imperative to understand the place of religion as a facet of cultural diversity, as this will assist with understandings of cultural norms, and accessibility to professional support for issues regarding mental health (Delaney, et al., 2013).

Existing research suggests that religion is predominantly reported as a coping strategy for stressful situations among the religious population, and that it has been associated with better psychological health outcomes, decrease in depression, and spiritual growth (Pargament, Koenig, & Perez, 2000). The RCOPE, as referred to earlier in this review, was implemented in Pargament et al.'s (2000) study to explore the religious coping methods of religious persons, and how psychological measures can quantify these. Findings suggest that the RCOPE is a beneficial tool for researchers and practitioners alike to adopt in their endeavour to assess and integrate a more comprehensive exploration of one's religious identity within psychological therapy.

Aten and Hernandez (2004) propose eight domains in which supervisors ought to engage with supervisees in order to attend to the religious needs of the religious population and to assist in psychological intervention. This guideline includes the following: religious and spiritual interventions in clinical practice, the inclusion of religion in assessments, developing multicultural sensitivity to religiosity, encouraging self-awareness in assessing, understanding and working with religious issues, gaining understanding of their theoretic orientations assumptions on religion, integrating religious issues and themes in case conceptualisations, the development of goals which are compatible with clients religious orientation and an understanding of the ethical guidelines pertaining to religious issues and clients.

West (2000) discusses the dilemmas in addressing spiritual matters in the therapist/supervisory relationship, acknowledging personal standings, professional viewpoints and a largely secular society to be fundamental contributors to this. These dilemmas included breeches of BAC supervision codes and inauthentic and/or dual supervisory relationships. West (2000) concludes that the dilemmas some therapists experience in bringing spiritual matters to supervision are a combination of supervisor/therapist competency and a largely secular world of therapy. He suggests that "the future development of counselling and psychotherapy, particularly in the key area of healing and spirituality, depends on effective supervision and effective training of therapists and supervisors" (West, 2000, p.123).

The importance of supervisor implementations as described above are crucial when considering findings which suggest that therapist attention to religious/spiritual (R/S) expressions within the therapeutic setting were dependent on therapists' own R/S values. The study consisted of 29 articles in a systemic review of the relationship between a psychotherapist's religion and spirituality (R/S) and therapy attitudes, behaviours and the therapeutic alliance and treatment outcomes. Findings identified that the higher the therapist's R/S, the higher the prospect for integrating R/S into treatment; conversely, the lower the therapist's R/S, the less integration in treatment was reported (Cummings, Ivan, Carson, Stanley, & Pargament, 2014).

A research article by Daniels and Fitzpatrick (2013) explored the spiritual competencies of working with clients' spirituality in regard to theoretical, empirical and practical foundations. This article explored a clinical case study to address spirituality within theoretical modalities. A tripartite model of attitudes, knowledge and skills was adopted to assess counsellor competencies working with clients' spirituality.

This article suggested that there may be therapist biases in regard to spiritual matters. And in light of the therapist's own personal and professional experience of spirituality, personal biases may impede upon the nature of the therapy and one's depictions of

psychological/spiritual health and pathology. The study highlighted two biases from the professional standpoint: firstly that training, education and supervision do not yet adequately integrate spirituality in mental health, and secondly that theoretical orientation may in itself imply biases towards clients' spirituality (Daniels & Fitzpatrick, 2013).

West (2000) suggests that therapists may be dismissive of their clients' spirituality, and that clients are often intuitive to this therapeutic 'no go area', thus resulting in the spiritual aspect of the client's culture being overlooked. He proposes that therapists explore their countertransference, in the light of religion and spirituality, as a part of therapeutic training, and outlines five suggestions for spiritual/religious competency in therapeutic alliance, namely: to examine biases and prejudices (good and bad); to familiarise with spiritual literature; to explore other worldviews on religion; to explore assessments and referrals in regards to psychosis and spiritual content; and to gather maps and theories in regards to spiritual development (West, 2000, p.17).

Understanding spiritual worldviews, or at least demonstrating a willingness to engage with cultural identities, is of importance for therapeutic competency. Both positive and negative associations with spirituality and religious coping contribute to mental health or distress, and to adequately engage with this interaction, it is beneficial to understand how religion and spirituality may be culturally derived.

The clinician's 'bible' the DSM (Diagnostic & Statistical Manual of Mental Disorders) is itself a Western culturally constructed assessment of symptoms and disorders. The trouble with this 'one size fits all' assessment is the assumption of universality between Western and Non-Western cultural norms, and the ramification of such a rationality is that it might lead to the misdiagnosis of 'mental illness' for individuals deviating from these culture-bound norms (O'Connor & Vandenberg, 2005). Research suggests that symptomatic assessment should be preceded by an exploration of meaning, and that this exploration should be integral to diagnostic decisions, as culture shapes the experience of distress (Dein, Cook, Powell, & Eagger, 2010; O'Connor & Vandenberg, 2005).

In their proposal for clinical advancement of religious and spiritual considerations, Verhagen et al. (2012) identify that religion and spirituality may contribute to conceptualising experiences beyond the mental disorder jurisdiction, providing an interpretation for disorders, and an understanding of cultural ramifications in psychiatric disorders which encompasses religious and spiritual beliefs and practices.

Religious consideration has over time been incorporated into psychological assessments and even interventions, and this has led to a much broader interpretation of symptomatic and diagnostic applications in mental health (Brown, Elkonin, & Naicker, 2013; Koenig, 2012). Richards and Bergin (1997) advocate the assessment of clients' religious and spiritual backgrounds, which in addition to educating clinicians on the client's worldview, could be indicative of one's spiritual health and how this may influence the client's presenting issue, as well as form a part of the therapeutic intervention. The 'spiritual strategies' and interventions proposed by Richards and Bergin (1997), methodically and ethically consider how prayer, drawing from spiritual/religious material, conferring with religious leaders etc., could be integrated within counselling and psychotherapeutic work. The pros and cons explored raise questions of boundaries and what can be contained within the remit of therapy, highlighting the importance of the alliance in order for such interventions to work, including client agency and essentially, the spiritual open-mindedness of the therapist (Richards & Bergin, 1997).

Thorne (1990) suggests that the shift towards integrating spirituality and therapy is inevitable, in keeping with the demands and culture of clients, which has been evidenced through the greater interaction between the fields of psychology and religion. Thorne outlines three therapist responses to this shift: denial of the spiritual by correlating spiritual matters to the psychological with no need for altered conceptualisations; acknowledging spirituality but perceiving spiritual concerns to be beyond the therapists professional remit; and thirdly, to accept spiritual experiences as a given and incorporate spirituality in the therapeutic alliance (Thorne, 1990).

However, even with the development of religious contextual factors in psychology, there are still a number of religious individuals who experience some form of psychological disorder who may never engage with clinical intervention. Some studies suggest that negative perceptions of clinicians' ability to address religious content may be one reason individuals do not engage with psychological support (Dein, et al., 2010; Greenidge & Baker, 2012), whilst others consider religious coping as a preventative factor (Mohr et al., 2010).

1.4.6 Collaborative development

The beliefs, attributes and interventions of religious leaders and clinical professionals may differ, but in essence they both essentially desire to enhance psychological well-being and to accentuate the necessity of client, or congregant relationships (Levin & Chatters, 1998). With religion being intrinsically intertwined with life meaning, the events of one's life may encompass some religious or spiritual explanation and therefore further influence the coping strategies for life events (Harvey & Callan, 2013; Swisher, 2015). Given the notion that human beings embody spiritual, social, emotional and physical facets, it is plausible to see how religious leaders and clinicians alike possess some responsibility for attending to the needs of individuals that may even at times supersede their professional competence (D'Souza, 2007).

The clinical profession have begun to acknowledge this ethical dilemma and are incorporating religious considerations in training, frameworks and guidelines etc. Some religious organisations too have advanced by providing psychological support services for their parishioners (McMinn Ruiz, Marx, Wright, & Gilbert, 2006; D'Souza, 2007; Milstein, Manierre, Susman, & Bruce, 2008).

Within themselves these professional bodies are becoming more equipped for matters beyond their professional remit. However, psychologists are yet to acknowledge the potential for religious clergy collaboration (Weaver et al., 2001). Psychologists are generally understood to dissociate themselves from religion and spirituality. They may seek out referrals from religious sects, but infrequently refer patients on for religious support (Hill &

Pargament, 2003). ‘Concerns have also been raised about the place of religion in delusional systems and that religious physicians may be less likely to seek psychiatric help for their patients’, and this could be influential to the perceptions of the individual in regard to clinical intervention (Dein et al., 2010, p. 64).

According to Shafranske (2005), consultation can assist the psychologist in embracing worldviews, enabling direct clergy contact for clients, and providing psychologists with a referral system for religious issues, which may serve as the most appropriate and ethical source of intervention. Richards and Bergin (1997) endorse the notion of collaborative working in their proposal for a spiritual strategy for counselling and psychotherapy, perceiving this type of intervention to assist the therapeutic engagement with the client’s spiritual self. Whilst not dismissing the intention of the proposed initiative, West (2000) questions whether interventions’ using religious leaders was more suited to the US than Britain where he suggests that US cultural integration among professionals and clients, and indeed religious affiliation are greater. He summarises the tension between collaborating religious and clinical professionals by stating that “such an approach is probably likely to remain limited whilst the therapy world in Britain remains hostile to organised religion” (West, 2000, p.105).

Irrespective of this tension, one cannot overlook the crucial positioning of religious leaders within their community which places them at an advantage in accessing and understanding the needs of their congregation. Clergy, for example, frequently experience bereavement, conduct funerals etc. and are therefore privileged with an insightful stance upon individuals’ emotional well-being (Weaver & Koenig, 1996). This relationship between religious leaders and their congregants may be indicative of neglect of external professional intervention. This being said, their insight does not denote psychological competency and could benefit from collaborative provisions.

Whilst the general consensus is for collaboration between religious leadership and the field of psychology, the American Psychological Association (2008) took on the ‘“Resolution on

Religious, Religion-Based and/or Religion-Derived Prejudice" whereby discussions of the circumstances in which the professional practice of Psychology would interact with religious thought and action, or alternatively, when the use of religious content would be outside the purview of the professional practice of Psychology' (Milstein, Manierre, & Yali, 2010, p. 374). This resolution acknowledges the remit of the psychologist and clergy and the importance of staying true to their role in order to promote efficacy and ethical commitment.

Jones (1994) presented three methods for religious and psychological interaction: firstly that they ought to work collaboratively, negating dictatorship and imperialism; secondly, provide a sense of critical evaluation, to enhance self-critical analysis; and thirdly to encourage and support constructive progression in order to develop data and theories.

Collaboration between both religious and clinical professions is further underpinned by the notion that a third of adults in the UK will encounter a spiritual or religious experience in their lifetime, irrespective of religious involvement or of the declining religious climate (West, 2000). Despite the high prevalence of religious or spiritual experiences among UK individuals, matters of these kind are still often overlooked or misconceived, perhaps exemplifying a tension between our cultural understanding of both religion and spirituality. Thorne (2001) suggests that this may correlate with a wider acceptance of spirituality as another aspect of one's personal construct, whereas religiosity, for many in our society, remains taboo.

Thorne (2001) discusses pastoral counselling through his exploration of the controversy between spirituality and religion, drawing from the personal and professional life of Carl Rogers himself, whose shift away from his religious beginnings and move towards the spiritual, influences in his later work. Thorne identifies religion and spirituality as a worthy tension ought not to be shied away from. Instead, he proposes the need for pastoral counsellors to develop greater holistic integration, drawing on Rogers' theories of the 'person of tomorrow' as one who could exist and shape future living, to exemplify how this could translate for pastoral counsellors. Thorne suggests that Rogers' theories of a 'person of

tomorrow' 'can offer guidance to those who, whether as pastoral or secular counsellors, are determined not to betray their vocation as the guardians and the nourishers of humanity's spiritual inheritance' (Thorne, 2001, p.443).

1.5 The role of religious leadership in psychological issues

1.5.1 Sought out help

Clergy have been reported to be the most frequent and initial contact sought out by individuals facing psychological distress, and it is thought that a growth in pastoral counselling provides one explanation for this (Chalfant et al., 1990). Another suggestion is that religious organisations have a greater ability to support individuals beyond the remit of the clinician, through fewer boundaries and greater accessibility (Milstein, et al., 2008). As addressed throughout this literature review, the prominence of religious leadership, particularly among religious communities and congregants, is indicative of the high reliance upon their support and guidance for a variety of religious, life, mental and physical concerns. This being said, whilst religious leaders may be theologically trained, they may only have marginal, if any, psychological skills.

Research suggests clergy are best placed in the community to offer the support needed, but the notion that they are the primary professionals exposed to extreme stressors, including graphic material, natural disasters, PTSD and the like, above both psychological and psychiatric clinicians combined (Weaver, Smith, & Larson, 2001), suggests that greater attention ought to be given to this helping profession.

According to Fischer et al. (2010), individuals experiencing psychological problems in the Arabic world predominantly seek out religious leaders and in-group religious support over and above mental health professionals. Studies found that among the Muslim population there was a high reliance upon religious interventions and interpersonal coping styles with findings suggesting that Arab Muslims consult the in-group, initially Muslim family practitioners, family members and then religious leaders, before turning to mental health

professions for support. This study compared the Muslim interpersonal way of coping with Western religious approaches, and found Christians more inclined to adopt intrapersonal coping strategies, including personal spiritual support and self-reliance Fischer et al. (2010).

Whilst some clinicians and religions are yet to initiate collaboration, Judaism is one religious orientation which has an appreciation of both the religious and clinical arenas. One assumption of this is the cultural reliance on academia and professional vocations which suggests that the professional help sought out, whilst it may not be from rabbis themselves, will still represent the in-group; the second assumption is that rabbis may have clinical experience and training (Flannelly et al., 2006). Jewish law and texts are incorporated in medical considerations, and these have positively contributed to the collaboration between religious leaders and mental health, so much so that rabbinic acceptance of the handling of both physical and mental health concerns by followers and rabbis themselves is commonplace.

A qualitative discourse study by Greenidge and Baker (2012) comprised six Christian participants whom had received counselling from a qualified Christian counsellor. A semi-structured interview was designed to explore participant experience of seeking out and engaging with therapy, and their decision regarding Christian or secular counselling. The results of this study indicate that participants believed expertise and training to be an integral aspect of seeking a counsellor, associated with this was the notion that Christian counsellors possess the expertise for religious/spiritual concerns.

Participants segregated counterparts according to their Christianity (in-group), or secularism (out-group), when describing the therapeutic alliance. This notion may coincide with the theory presented by Galek, Flannelly, Ellison, Silton, & Jankowski (2015) which identifies religion as central to identity and integral to one’s social identification within religious groups. Another finding of this study was that God was often identified as part of a relationship where both counsellor and client were Christians; the reliance of the client did not rest solely on the counsellor but on God as the mediator. Participants were less keen on bringing God into a

secular therapeutic alliance and held perceptions of being judged or disloyal regarding their faith (Greenidge & Baker, 2012).

Thorne (2001) proposes that pastoral counsellors are fundamental not only in meeting the psychological needs of the religious congregation, but also as 'hidden evangelists to the a secular society', where he positions pastoral counsellors as being much more than converters to faith, but as competent in directing people in their yearning for meaning, relationship and spiritual interconnection (Thorne, 2001, p.441). Thorne attributes this skill to pastoral counsellors' insight into the existential human struggles, but acknowledges the complexity of the therapeutic endeavour, owing to the confines of religiosity and institutional challenges (Thorne, 2001).

1.5.2 Experiences of a helping vocation

A cross-sectional study of 425 Catholic priests was conducted using a Spiritual Dryness Scale (SDS) which had been developed in order to epitomise the feelings of spiritual dryness. The items were two-fold: firstly to identify experienced phases of spiritual dryness, and secondly to evaluate the participants' reactions to the experience (Bussing, Gunther, Baumann, Frick, & Jacobs, 2013). The study also measured burnout, psychological distress, perceived stress, life orientation, sense of coherence, general self-efficacy, work engagement, satisfaction with life, daily spiritual experience, and the importance of specific spiritual practices/activities.

The participants were anonymously asked to fill in the questionnaire of which they had been informed by the manager of the dioceses. The researchers hypothesised that 'the feelings of spiritual dryness and bereavement are associated with distress, depressive symptoms and burnout, decreased work engagement, less self-rated psychological health, and reduced overall life satisfaction'. The hypothesis was found to be significant, and spiritual dryness was strongly negatively correlated with commitment to spiritual activities and also positively with variables of distress. Symptoms of burnout may reflect spiritual crises one encounters and may therefore not indicate mental ill-health. Also low spiritual activates and low

importance of active religious duties can predict spiritual dryness. Of the participants, 60% admitted to having experienced spiritual dryness, 9% had not found a resolution for it, while 33% reported regular relief, 22% were influenced to help others, and finally 20% felt spiritually changed by their experiences. Interestingly the paper questions how one can be spiritually available to congregants when feeling personally spiritually starved. They also note the lack of research in this area (Bussing et al., 2013). Having considered that less than half of those invited for the interview took part, '425 out of 998' (Bussing et al., 2013, p. 2), it's possible that the method of gathering data could have had implications upon not just the data gathering, but the findings themselves. The participants were notified through their dioceses managers and whilst the study proposes an anonymous participation, the fact that the study surrounded negative implications of their religious role may have led to an unwillingness to participate or an incongruence in responding.

Kinman, McFall and Rodriguez (2011) carried out a quantitative study in order to examine the connection between emotional labour (a fourteen item scale regarding emotions displayed as part of their job), psychological distress (GHQ-12 to assess psychological well-being), and intrinsic job satisfaction (seven item scale to assess degree of aspect specific job satisfaction). For their study they recruited 188 UK clergy. In addition to those variables they evaluated the implications of social support (a six item scale assessing the support received and satisfaction with it), and counselling skills or training received (a 'yes' or 'no' answer followed up by a five item scale assessing helpfulness of counselling experience).

This study found a correlation between emotional labour, job satisfaction and psychological distress; emotional labour was positively connected with psychological distress and emotional labour and job satisfaction. Findings suggest that while emotional labour and job satisfaction were positively associated, emotional labour would 'impair intrinsic job satisfaction' as opposed to enhance it (Kinman et al., 2011, p. 7). The study also concluded that a possible protective factor for clergy emotional well-being was training in counselling; 58% of participants had counselling skills and of them 63% of participants reported to have

benefited from training. This study reports some of the symptomatic values of psychological distress to include ‘depression, anxiety, memory and concentration difficulties and sleeping problems’ (Kinman et al., 2011, p. 7). In addition to these symptoms of psychological distress experienced by religious leaders, research has found obsessive compulsion, psychoticism, chronic loneliness, relational sensitivity and extreme levels of personal expectations to be consequences of their vocation (Isacco et al., 2016).

A study by Kinman et al. (2011) acknowledges one limitation stemming from the cross-sectional nature of the study which omits the interpretation of causality; it is therefore difficult to provide further insight into the research findings. Another limitation as identified by the researcher resides in the fact that psychological distress had numerous terms and meanings associated with it, over 2,000 as earlier acknowledged in the exploration of Masse (2000). This fact makes a difficult task of trying to ascertain the participants’ experiences without conducting a further study of the findings.

Ali, Milstein and Marzuk (2005) investigated the role of Imams and Islamic clergy in addressing the counselling needs of the Islamic community. Their study consisted of 62 Imams who responded to a nationwide cross-sectional survey of 79 items; the self-report questionnaire required anonymous participation. Of the 730 questionnaires sent out to Mosques, only 62 (8%) replied. Whilst Imams reported congregants seeking them out most for religious and spiritual guidance, relationship or marital concerns, they identified having little or no counselling experience. Of the respondents, none were qualified in psychiatry, three had psychology degrees, and five were qualified in social work and four in counselling. In regard to counselling training; seven had formal pastoral education, twelve had Islamic counselling training and fourteen had sought counsel of a mental health professional. Irrespective of this, the results found that only three Imams reported not having spent time counselling, whilst seventeen stated that they spent between six and ten hours in counselling activities per week, and finally half of the Imams reported spending one to five hours weekly engaging in counselling activities (Ali, et al., 2005, p.203).

The study findings suggest that imams reported that the concerns brought to them extended beyond the religious and spiritual remit, particularly since the events of September 11th 2001. Another finding of this study was that imams were less likely to have any formal counselling experience than their other religious clergy counterparts. The fact that only 62 of 730 questionnaires were returned, and that some imams expressed concern for this study being conducted, implies that clinical and religious professionals are still to some extent divided and perhaps some cultures are largely mistrusting of the mental health field. A similarity between this study and the study conducted by Bussing et al. (2013) lies within the method chosen to conduct the analysis; both utilised anonymous, cross-sectional surveys which were posted out to participants, both approached a vast sample, and yet both received less than half responses, with the study by Ali et al. (2005) receiving only 8%. Among the identified possible causal contributors to this finding, it is possible that this method is not conducive to the religious leadership population, perhaps owing to time constraints or the filtering of mail by personal assistants; another suggestion is that the informal approach renders the study unreliable or undervalued.

In the section exploring the notion of religious leadership, my study acknowledged the impact of congregant's perceptions and support for the religious leader. Similarly, exploring the psychological health and coping employed by religious individuals has highlighted that reliance upon the religious leader has once again been a prevalent contributor.

Some research describes how the expectation of religious individuals can at times generate cycles (Nauta, 2008). For instance, an individual experiences discomfort and in an attempt to seek release projects their anxieties and burdens upon the religious leader whilst anticipating some empathic responding and deliverance. In such a situation, leaders become burdened by the weight of expectation and responsibility for resolution, and as a result fulfil the role through instilling hope and taking on some of the burden. While Nauta (2008) identifies this experience as one shared between numerous interpersonal relationships such as therapist and client, leader and follower etc. it feels particularly prominent within religious

organisations where leaders may not be skilled in dealing with such exchanges, nor have supervisory support to explore and manage the weight of expectation.

1.6 Project rationale

There is a vast amount of research which explores the correlation between religion and psychological well-being, and results suggest that although many identify the negative ramifications of religion upon psychological well-being, religion and well-being are predominantly positively associated (Krageloh, Chai, Shepherd, & Billington, 2010; Clements & Ermakova, 2012; Swisher, 2015). Whilst the role religion plays in one's psyche heavily relates to one's subjective experience, the research in this study has indicated the importance of religious leadership's contribution, an area of research which seems to be less well documented. Kinman, McFall and Rodriguez (2001) suggest that although clergy experience emotional labour owing to the regularity of interpersonal contact with individuals, the need to contain both their emotions and the emotions of others, as well as the external scrutiny upon their emotional activities, and the consequences for clergy have not been studied. A majority of the research explored in this literature review were quantitative and may propose certain correlations between psychological distress, religiosity and religious leadership, but do not delve into the lived experiences themselves. Qualitative methodologies explore quality over quantity of experiences, with a focus upon the meanings assigned to experiences (Willig, 2008). IPA, the qualitative approach adopted in this study, appreciates the subjective notion of all involved in the research process through its ontological and epistemological underpinnings.

Research has also acknowledged psychological distress for religious individuals and religious leaders alike, but has yet to explore how religious leaders experience the psychological distress of their congregation and its implications for their own well-being. Whilst psychological intervention may be the professional remit of clinicians, research has exposed the vocation of religious leadership to be intrinsically intertwined with the psychological needs of their congregation, with some of the more difficult experiences such

as psychological distress being consequentially incorporated. As psychology clinicians, understanding religious culture and the phenomena of the beliefs and behaviours entailed is crucial in understanding their help seeking behaviours. Miller (as cited in Delaney et al., 2013) explains that psychologists are working in a multi-cultural society, and the need to understand religion as a defining component of cultural diversity is imperative for research and practice. Not only will religious understandings educate clinicians in culture-bound norms, but it may also positively affect individuals' willingness to seek out and engage with mental health professionals.

There are some collaborative techniques in existence which serve to bridge the gap between psychology and religious organisations, such as the religious adoption of positive psychology, or inclusions of religious history within clinical formulations (McMinn et al., 2006; Milstein et al., 2008; D'Souza, 2007). However the consensus for collaboration does not seem to be universal and both the fields of religion and psychology still grapple with meeting the psychological needs of individuals. Holding a Christian identity and clinical professional status does indicate my personal interest in collaborative engagement; however, I feel that without having adequately explored the perspectives, requirements and fundamentally consulting the expertise of religious leaders, it seems presumptuous to impose psychological collaborative incentives upon this cultural population.

1.7 Research aims

This study aims to explore the experience of religious leaders and how they experience the psychological distress of their congregation.

Psychological distress is the mental state purposefully chosen as studies suggest that people most frequently bring issues of this type to religious leaders instead of clinicians. This is also the congregational domain where religious leaders report having limited professional experience and yet much accountability.

Religious understanding for the psychological clinician is not one-dimensional but a multi-dimensional facet calling upon consideration of clients' beliefs and identity, professionals' own beliefs and identity, and both the culture and ethical implications of religion and clinical practice.

Hill (1999, p. 230) suggests that the psychology of religion is still largely undermined and that 'to be taken seriously as a legitimate domain of study, great is our responsibility to demonstrate how the study of religion can have a meaningful and lasting influence on the discipline of psychology as a whole.'

Establishing trust, mutual understanding and edification are imperative for both the clinical and religious populations to collaborate, but in acknowledging the importance of self-care in the psychological profession, one cannot continue to overlook the place of the religious leader in religious and psychological health studies. This current study lends itself to the exploration of this particular phenomenon, and through the IPA process seeks to give a voice to religious leaders.

This study ought to make a positive contribution to counselling psychology as it seeks to not only understand where secular services may be inaccessible to some of the religious population, but also to ascertain what can be done to support religious leaders both in regard to their helping profession, and their own psychological well-being.

1.8 Limitations of the literature review

Whilst this study has sought to conduct a thorough literature review of the research phenomenon, I am aware that a number of limitations were encountered, these may have been the result of my biases, as further discussed within the methodology chapter, in consideration of my chosen methodology, IPA. Limitations include the lack of UK research and the prominence of US sources. It is my assumption that the differences surrounding religious faith and practice and that of the field of counselling psychology between the UK and US may have contributed to this. Despite purposely incorporating the term 'qualitative' in

my literature search, I still found the existing research to be predominantly quantitative; this is something that is reflected in my literature review.

The databases used to conduct my search were: PsycArticles, PsycINFO, PsycBooks and Google Scholar. The search terms used were wide ranging, including terms such as: ‘religious leadership’; ‘religious identity’; ‘religion and psychological wellbeing’; ‘qualitative studies on religion and wellbeing’; ‘qualitative studies on religious leadership’; ‘, ‘qualitative studies on religious identity’; ‘identity and religion’; ‘leadership’; ‘qualitative studies on leadership’.

The results from these searches were largely US studies, quantitative and in relation to Christian Catholic and Pentecostal, and the Jewish faiths. Therefore, additional searches were conducted in order to identify studies from other faiths, including: ‘Islamic leadership’; ‘Sikh leadership’; ‘religious organisations’; ‘faith and wellbeing’; ‘religiosity and psychological health’. Results also focused upon the benefits of religion for psychological wellbeing. I therefore included terms such as: ‘distress’; ‘psychological distress’; ‘religion and psychological distress’; and ill-health’ in my literature search. In searching for religious leadership, the search yielded results on famous leaders such as Martin Luther, Reverend Moon etc., and other results spoke of organisational leadership, but I struggled to find much research on the role of religious leadership itself.

Chapter 2: Methodology and Procedures

2.1 Overview

This chapter invites the reader to engage with the process of designing this study, which sought to explore how religious leaders experience the psychological distress of their congregation. Within this chapter I acknowledge the methodological approaches which had been considered and also provide a rationale for the implementation of Interpretive Phenomenological Analysis (IPA). This chapter will outline some of the philosophical underpinnings of IPA and identify the epistemological standpoint undertaken. The concluding segment will guide the reader through the procedural aspect of my research, including an introduction to my participants and an exploration of my analytic strategy and the process of writing up the analysis.

2.2 Methodology

Research is the process of exploring and gaining understanding in regards to some phenomenon; through defining problems or concerns, research aims to bridge the gap and find resolution to questions regarding existing knowledge and define limitations to that knowledge. For the psychological researcher, the desire is to learn and better understand human behaviour, cognition, emotion and lived experience. Psychological research is a scientific method which begins with the identification of an enquiry, and is ensued by an exploration into the methods available to conduct a thorough investigation (Kasket, 2012).

The process and framework applied to a study is guided by a research paradigm which denotes the philosophical assumptions, materials and participants relating to the study (Ponterotto, 2005). The paradigm also informs the method, that is, the techniques/procedures involved in investigating the study, and the methodology, which explores the strategies employed, and how they link method and research.

2.2.1 Research design

The particular enquiry within this study would be most complemented by the implementation of a qualitative research design. My exploration of both quantitative and qualitative research methods accentuated the facets which seemed to be essential to conduct the enquiry, whilst also illuminating those which were not. Quantitative research is a reductionist approach which draws upon numerical data regarding phenomena in order to engage with statistical analysis. Quantitative approaches also perceive social and psychological phenomena as encompassing an objective reality, which are considered generalisable causal effects and therefore support prediction (Gelo, Braakmann, & Benetka, 2008).

Qualitative research, on the other hand, utilises language, descriptive and interpretive methods of expression in order to collate data, analysis and findings. This method also 'tends to centralise an iterative process in which data are analysed and meanings generated in a fruitful, recursive manner' (Levitt, Motulsky, Wertz, Morrow, & Ponterotto, 2017, p.3). Utilising a qualitative methodology would assist in the endeavour to uncover the quality of experience as opposed to the identification of cause-effect relationships (Willig, 2013). In addition to the above, my interest in researching from the qualitative approach was influenced by the flexibility and freedom within the interview process and opportunity to engage with an in-depth and detailed study of the individuals as opposed to the confinements of a quantitative method (Barker, Pistrang & Elliott, 2002).

2.2.2 Consideration of qualitative methodologies

Having chosen a qualitative research paradigm, I sought to identify an appropriate research methodology and found myself considering Grounded theory (GT) and IPA. GT is a methodology which researchers adopt in order to develop theories regarding social and behavioural practices, and how they impact the people involved. GT is a flexible compilation of analytic strategies to inductively theory-build from the data, and is largely influenced by sociology (Glaser & Strauss, 1967) and symbolic interaction, which suggests meaning is

understood through interactions with others and social processes (Frost et al., 2010). According to Starks & Brown Trinidad (2007, p.1374) 'Grounded theory examines the "six Cs" of social processes (causes, contexts, contingencies, consequences, covariances, and conditions)' the purpose being to explore and understand the relationships between these, and to produce theory of the social processes as observed within their environments.

Specific characteristics of this methodology include the continual evaluation of the data regarding categories which emerge and theoretical sampling of differing groups in order to develop the disparities and parallels within the information (Creswell, 2013). The testing phase proceeds in order to establish categories which coincide with the data of both the researcher and of the participant (Frost et al., 2010).

Grounded theory shares some commonalities with IPA in that they both encompass some of the ideologies of constructivism, and social interactionism, in regards to how individuals construct meanings and perceptions of their world both socially and subjectively (Frost et al., 2010). However, phenomenological enquiry focuses upon lived experiences and the 'abstract interpretations of experience or opinions about them' (van Manen, 1990, as cited in Starks & Brown Trinidad, 2007, p.1374), whilst for GT the focus is 'how social structures and processes influence how things are accomplished through a given set of social interactions' (Starks & Brown Trinidad, 2007, p.1374).

Both IPA and GT 's data gathering task is employed to gather the story as presented by the participant, and both IPA and GT researchers become the active listener, as participants report on their experience of the particular phenomenon at hand. Other similarities between IPA and GT include the notions of bracketing one's own assumptions and the prerequisite of engaging with interpretive analysis (Starks & Brown Trinidad, 2007).

Although GT and IPA share some epistemological similarities, the facet which sets them apart, and made IPA more favourable than GT for this study, is the fact that IPA explores experience with all its diversities, as opposed to reducing experiences to a singular theoretical stance. Research suggests that GT may not be suitable for all psychological

investigations ‘due to the complexity of peoples’ lived experiences, participants’ narratives about their lives, feelings and/or emotions’ (Biggerstaff, 2012, p.15).

2.2.3 Rationale for adopting Interpretive Phenomenological Analysis (IPA)

My rationale for implementing IPA as the analytic strategy for this study is based upon the concern of the research enquiry, which is to explore the religious leader’s experience, and how they make sense of this experiencing. It is an exploration which desires to shed light on the complexities experienced by religious leaders facing the psychological distress of their congregation. IPA seeks to understand the common features of the lived experience, yet appreciates the possibility of no defined conclusion, accepting instead an exploration into the complexities of a phenomenon (Starks & Brown Trinidad, 2007). Psychological distress and the experience of religious leadership are within themselves subjective experiences, and one’s social, historical and cultural contexts will have implications upon how these are perceived. The complexities therein suggest that giving a voice to those experiencing this particular phenomenon is more achievable than embarking on the near impossible task of narrowing various concepts into one theory (Biggerstaff, 2012). It is notions such as these which render IPA favourable and accessible; the use of language and procedures are thought to be fairly transparent and comprehensible, utilising ‘straightforward guidelines, rather than using language to obscure meaning in the way that other qualitative methodologies might be criticised for’ (Brocki & Wearden, 2006, p.38).

Smith (2004, p.48) suggests, that a commonality within many IPA papers is the presence of the self, identity and significant existential issues, many identifying ‘significant life transforming or life threatening events, conditions or decisions’. This notion led me to consider IPA appropriate for this study as it is my belief that religious leaders principally encounter issues of these kinds. Another advantage of IPA is its inductive approach, which supports the generation of new theory, explorations and flexibility (Reid, Flowers & Larkin, 2005). This too is beneficial where there is absence or limitations in existing knowledge, something that I experience with my research enquiry, and explored further in chapter one.

IPA was also strategically adopted due to its reliance upon the double hermeneutic process. Considering the constructivist paradigm, IPA accepts reality as it is perceived and made meaningful to the individual, whilst acknowledging the researcher's 'dynamic role in making sense of that reality' (Breakwell, Smith & Wright, 2012, p.441). The notion that there is no 'uninterpreted phenomenon' (Breakwell et al., 2012), is imperative, as this study explores the religious leaders making sense of their reality in regards to their experiencing of congregants trying to make sense of their own reality; moreover, the researcher, too will have their own subjective sense-making to add to this process.

2.2.4 Overview of IPA and its philosophical underpinnings

IPA is an in-depth exploration into the participant's sense-making in regards to their personal and shared world; 'the main currency for an IPA study is the meanings particular experiences, events, states hold for participants' (Smith & Osborn, 2015, p.53).

IPA incorporates three philosophical components: phenomenology - the study of experience, hermeneutics – the theory of interpretation (Smith, Flowers, & Larkin, 2009), and idiography – seeing the uniqueness and complexity of the individual (Ponterotto, 2005), all of which add to the richness and depth of the analytical process of research.

2.2.4.1 Phenomenology

Edmund Husserl (1859-1938) adopted the term 'phenomenology' in his philosophical endeavour to understand 'how objects are experienced and present themselves to our consciousness' (Spinelli, 2005, p.6). Husserl's phenomenology argues for an attitude which encompasses 'a reflexive move' away from the external objects, instead directing inwardly, 'towards our perception of those objects' (Smith, et al., 2009). Within IPA is Husserl's concept of 'bracketing' former knowledge and understandings in order to engage with the 'essence' of any phenomenon in exploration. Phenomenological research desires to understand the lived experience through its identification of human experiences relating to phenomenon. This approach provides the forum to 'speak truthfully' of experiences and is less concerned with the 'achievement of a final, or 'arrived at' truth' (Creswell, 2013; Spinelli,

2005, p.135). An assumption of this phenomenological position is that 'data can tell us something about people's involvement in and orientation towards the world, and/or about how they make sense of this' (Smith, et al., 2009, p.47).

2.2.4.2 Hermeneutics

Heidegger (1962), a student of Husserl, diverged from Husserl's focus upon understanding beings or phenomena. Heidegger, on the other hand, considered something he called 'dasein', which translates to what it meant 'to be in the world' (Laverty, 2003). Heidegger suggested that, owing to being immersed in our world and external relationships, bracketing was an impracticable task (Langdridge, 2007). His perspective of intersubjectivity lends itself to our understanding of our relatedness to the world and our engagement with it – 'our ability to communicate with, and make sense of, each other' (Smith, et al., 2009, p.16).

According to Smith et al., (2009), Heidegger proposed our being in the world to be perspectival, temporal and in relation to something, and thus 'the interpretation of peoples' meaning making activities is central to phenomenological inquiry in psychology'. The theory of interpretation, hermeneutics, forms one of the theoretical underpinnings of IPA, which recognises that understanding is always from an interpretative perspective; as a researcher, one is trying to make sense of the participants endeavour to make sense of their experiencing (Smith, et al., 2009). IPA could be described as a dual faceted approach which understands interpretations to be 'bounded by participants' abilities to articulate their thoughts and experiences adequately' (Baillie, Smith, Hewison, & Mason, 2000; Brocki & Wearden, 2006) and subsequently the researcher's reflexivity and analysis (Brocki & Wearden, 2006). This methodology requires the researcher to engage in a process of exploration, description and interpretation, in order to make sense of the lived experience; there are no prior assumptions or testing of hypothesis (Smith, et al., 2009).

IPA research is thought to be a dynamic process where the researcher's own conceptions play a part in the interpretative domain in order to gain insight into the subjective world of the other. As cited in Smith and Osborn (2015, p.53), this interpretative process is known as

double hermeneutics, where ‘the participants are trying to make sense of their world; the researcher is trying to make sense of the participants trying to make sense of their world’.

The hermeneutic circle is a term which denotes IPA’s linear and iterative method. This proposes that researchers, whilst engaging with the analysis in a step by step approach, also move back and forth through the analysis in a variety of ways (Smith et al., 2009).

2.2.4.3 Idiography

In accordance to Smith et al., (2009 p.29) ‘Idiography is concerned with the particular’ in terms of detail and in depth of analysis, and not nomothetic, and ‘concerned with making claims at the group or population level, and with establishing general laws of human behaviour’. Within IPA, the idiographic emphasis within analysis proposes that researchers study individual cases before constructing any generalised accounts (Pietkiewicz & Smith, 2014). The assumption within IPA methodology is that individuals are not merely passive beneficiaries, but operative interpreters of their subjective world (Wagstaff et al., 2014).

The idiographic stance influences the way in which IPA explores and explains results, ‘the specifics are unique, but they are hung on what is shared and communal’ (Smith et al., 2009, p.38) and therefore contribute to understanding the connections between one’s personal and professional experiential knowledge base and the existing psychological literature (Smith et al., 2009).

2.2.5 Ontological & Epistemological Perspectives

Ponterotto (2005) proposed ontology to signify the form and nature of one’s reality and what can be determined from that reality. This study is derived from the constructivist-interpretivist position which acknowledges the subjective nature of each participant, and therefore, that multiple constructed realities exist. According to this position, reality is ‘subjective and influenced by the context of the situation, namely the individual’s experience and perceptions, the social environment, and the interaction between the individual and researcher’ (Ponterotto, 2005, p.130)

Willig (2013) proposes that our epistemological positions are distinguished through a set of assumptions held in regard to knowledge and knowing, and furthermore expresses the importance of identifying our assumptions in undertaking research. Willig formulated strategic questions to enable researchers to shed light on their epistemological stance and explore the following: the knowledge they wish to create; the assumptions of their material, social and psychological world; and their conceptualisations of the role of the researcher in the research process and conclusion. Epistemological reflexivity inspires the researcher to reflect upon the assumptions made in order to consider the implications for the research and its findings that may be supported by such assumptions (Willig, 2001).

In exploring the reflexive questions proposed by Willig (2013), I found my assumptions to be multi-faceted as opposed to confined to one epistemological position. Wagstaff et al. (2014, p.8) state that, 'the paradigmatic appropriation of the methodology can vary' owing to the wealth of philosophical perspectives attached to IPA. In light of this, incorporated in this study are interpretative phenomenologist, social constructionist and symbolic interactionist perspectives.

This study desires to understand the subjective experiences of religious leaders. An assumption of IPA is that participants' accounts convey something of their internal thoughts and feelings, which 'in turn are implicated in people's experiences' (Willig, 2013 p. 96). The subjective, exploratory nature of this study is devoid of attempts to identify any unified or determinable truth, instead relying upon the belief that there is no absolute reality, but that there are various, plausible realities, created within the mind of the individual (Schwandt, 1994; Hansen, 2004; Ponterotto, 2005).

With this notion in mind, constructionism draws from a hermeneutic stance in gathering data, which suggests that meaning is concealed and in need of unveiling. Thus research is reliant upon the co-created dialogue between participant and researcher, and understands that as reality is socially derived, the interaction between researcher and participant is imperative in exploring the lived experience (Ponterotto, 2005). The axiology encompassed within the

constructionist stance is one that acknowledges the researcher's own lived experiences and values, which should be acknowledged, but bracketed to some degree for research purposes. Given the 'prolonged interpersonal contact with the participants in order to facilitate their construction and expression of the "lived experience" being studied' it is not plausible or desirable for the researcher either to eliminate all biases or to disconnect from the analytic process (Ponterotto, 2005 p.131).

The particular phenomenon is the meanings attributed to religious leaders' experiences of the psychological distress of their congregation. Whilst social constructionism may explore religious leadership on a macro, social and interpersonal level, symbolic interactionism acknowledges the presence of reciprocal interactions between actors within our social world and how these constitute meaning (Willig, 2013). 'Objects, humans, conditions and events don't feature an intrinsic meaning. Meaning is attributed to these elements by means of human interaction', and therefore meaning derives from one's own experience, which is in need of interpretation as symbolic meanings may contain a variety of constructs (Aksan, Kisac, Aydin & Demirbuken, 2009 p. 903). I am informed by my ontological and epistemological positions that one way interpretation can be extracted from the various constructs is through the systems of discourse and narratives which form a vital aspect of how the participants give meaning to and represent their experiences and world (Denzin, 2004).

Within IPA, in order to understand how one experiences the world, researchers must acknowledge that such understanding will only be accessed through engaging with participants' accounts through a careful and explicit interpretative stance where it becomes possible to access the meanings an individual gives to their feelings and their cognitive inner world' (Biggerstaff, 2012, p.19). This method of perceiving and engaging with individuals' accounts suggests that researchers become actively involved in the analysis, resulting in phenomenological (the participant's subjective experience) and interpretive (the researcher's own perspective) analysis (Willig, 2013). Finlay (2009) identifies the need for researchers

who identify as phenomenologists to adopt a phenomenological attitude, one which encourages the researcher's openness to the other and willingness to explore the world from a new and different perspective. IPA respects the uniqueness of participants and their experiences, whilst at the same time acknowledging the values and experience of the researcher; to some extent IPA researchers ought to bracket biases and assumptions, although the methodology itself denotes an interdependent researcher-participant analytic process (Larkin, Watts, & Clifton, 2006).

2.2.6 Limitations of IPA

Whilst believing IPA to be a suitable methodology for my research study, I am aware that there are some limitations with the approach. Qualitative researchers may embark upon an IPA project owing to IPA's appreciation for the role of the researcher and its recognition of interpretation as a feature of the analytic process. However, its subjective nature has raised concerns in regard to authenticity. One question of researcher interpretation concerns the notion of transparency and the preconceptions which researchers may unwittingly bring to the data, without any acknowledgement (Brocki & Wearden, 2006).

Another doubt surrounding the role of the researcher concerns personal demographics, which critics perceive to have implications for the research, in terms of affecting participant access to the study, influencing the researcher-participant interaction, and having the research findings shaped by their own worldview (Berger, 2013).

Given the reliance upon the 'representational validity of language', one argument of the approach is that language does not so much describe as construct one's reality, and thus the information gathered may provide insight into how one communicates an experience, but lack insight in regard to the experience itself (Willing, 2013 p. 94). Whilst IPA generates the depth and richness of participants' experiences, it does not provide an explanation as to why experiences exist and why there may be disparity between the participants' phenomenological depictions, and therefore whilst being a descriptive approach, it may impede our access to certain aspects of phenomena (Willing, 2013). The reliance upon

language may also have implications for some participants where language may restrict their engagement with inner experiencing (Berger, 2013).

Despite the notion that IPA researchers are not interested in testing preconceived hypotheses, instead desiring to conduct an in-depth exploration of a phenomenon (Smith & Osborn, 2015), it could be argued that there is some prior awareness of existing literature and the concerns relating to the research subject (Brocki & Wearden, 2006).

2.2.7 Validity

Quantitative methodologies are known to entail constructs delineating validity and reliability in evaluating research. Conversely, qualitative research, owing to its subjective nature, entails varying opinions of how research should be evaluated, thus implicating its authenticity (Finlay, 2006).

Whilst some researchers attempt to counteract any claims of scepticism from critiques, through seeking validation from other professionals, the participants and the like (Brocki & Wearden, 2006), Yardley (2000) argues that reliability, as a criterion, may be ineffectual in measuring qualitative research where the endeavour is to provide one interpretation of many plausible ones. I have personally applied this method to my study in terms of discussing the analysis with those within the target population who were not included in this study.

Both Yardley (2000) and Finlay and Evans (2009) propose guidelines as being essential in determining good qualitative methodologies, with the intention to regulate qualitative studies and to enhance the quality and validity of research. Smith (2011) also describes IPA-specific guidelines, which comprise seven conditions which constitute a good qualitative IPA paper.

I considered Yardley's (2000) guidelines for this study in appreciation for its clarity and the frequency of its reference among qualitative, and specifically, IPA studies. Yardley (2000) identifies four principles that I will introduce in sequence.

2.2.7.1 Sensitivity to context

A good quality study will demonstrate sensitivity to context in a number of ways: social-cultural sensitivity, acknowledging data collection to be interactional, sensitivity to the data, and awareness of present literature (Smith et al., 2009).

I applied this principle to the research process through enhancing my theoretical knowledge of religion, psychological distress and the field of counselling psychology drawing from relevant literature and empirical data.

The sociocultural setting is imperative for all studies; however, particular attention was given to the sensitivity of the sociocultural context owing to the particular demographics of participants which were also relevant for this study, such as their religious and communal identities, as well as my sociocultural background. Sensitivity to the participants' perspectives also called for careful construction of the interview schedule and interviewing process. My appreciation for the participants' perspectives was further exemplified in the analysis section where I, as proposed by Smith et al. (2009, p.180) 'have a considerable number of verbatim extracts from the participants' material to support the argument being made, thus giving participants a voice in the project and allowing the reader to check the interpretations being made'.

2.2.7.2 Commitment and rigour

Yardley (2008, p. 267) explains that 'achieving rigour demands substantial personal commitment, whether to attaining methodological skill or theoretical depth, or to engaging extensively and thoughtfully with participants or data'.

In order to gain methodological competency, continual engagement with IPA literature, supervision, and peer-supervision were employed. The samples were thoroughly and cautiously selected for homogeneity and to be in keeping with the research question; the interviews were in-depth and implemented attentive probing in order to pick up on participants' cues.

2.2.7.3 Transparency and coherence

In fulfilling the principle of transparency and coherence Yardley (2008, p. 267) describes good research as entailing the 'clarity and power of the argument'. By this she proposes there should be consistency with the theoretical approach and all other components of the research process, including the data interpretation. I sought to verify coherence through continually revaluating each aspect of the analytic process both in terms of the overarching topic of research and in terms of the IPA methodology.

'A transparent analysis presents enough data – quotations, text excerpts, and/or tables or figures summarising themes – to show the reader what the analytic interpretations are based on' (Yardley, 2008, p. 268). The writing up phase was thoughtfully constructed to overtly portray my engagement with the research; this was managed through clearly delineating each stage of the research process and also through including reflexivity sections to demonstrate how I may influence the study.

2.2.7.4 Impact and importance

'The decisive criterion by which any piece of research must be judged is, arguably, its impact and utility. It is not sufficient to develop a sensitive, thorough and plausible analysis, if the ideas propounded by the researcher have no influence on the beliefs or actions of any- one else' (Yardley, 2000, p. 223). In my introductory chapter I spoke of the contribution I believe this study makes to both the fields of psychology and religion; I envisage this study to have direct practical implications for practitioners and the religious population, and also to offer challenging perspectives and open up new ways of understanding the particular phenomenon.

2.2.8 IPA and Counselling psychology

IPA is both a popular and appropriate research methodology for the counselling psychologist as it has an idiographic prominence in its study of human beings, and is intent on extracting depth and detail in its exploration of the phenomena under investigation (Pietkiewicz & Smith, 2014). Having a focus on the lived experience makes this approach suitable for the

counselling psychologist who desires to integrate subjective experiencing, social and moral dilemmas and relational concerns into their understandings of the clients they encounter. Counselling psychology contains humanistic underpinnings which suggest that therapy is interpersonal, a mutual construction of meaning and rooted within the wider culture (Blair, 2010).

Another strength of the IPA approach is that it is a practical and supportive methodology for psychologists who are interested in 'analysing spiritual experiences or religious rituals and meanings attributed to them, a beneficial acknowledgement for this particular study (Pietkiewicz & Smith, 2014 p.9).

2.3 Procedures

Smith et al. (2009) suggest that the research question and method of analysis will pave the way for good interview procedures; the question in this study signifies that subjective, in-depth analysis is required, and the way in which the enquiry has been framed coincides with the type of question and detailed analysis which would guide an IPA study.

In this study religious leaders were invited to reflect upon how they experience the psychological distress of their congregation. The analytic process encourages the researcher to delve into both 'emic' (phenomenological) and 'etic' (interpretive) stances, which is accomplished through a rigorous exploration of the data (Reid et al., 2005); being able to expound upon this process is fundamental to any IPA study as it will become the basis for any reader to also engage with the hermeneutic dialogue (Smith et al., 2009).

2.3.1 Sampling

IPA research relies upon quality over quantity in its data collection, and at the heart of this methodology is the desire to extract depth of individual experience, therefore this study employs a small sample size of eight participants (Smith et al., 2009). Participants were recruited via purposive sampling, which is typically employed by IPA, and therefore recruited

upon meeting the specific criteria relevant to this study in order to maintain homogeneity (Willig, 2008).

2.3.2 Inclusion criteria

The inclusion criteria for this research were:

- Participants had to have, or have historically held, a position and title of leadership within their religious organisation.
- The participant needs to identify themselves as having had some experience of psychological distress within their congregation.
- There were no gender or age restrictions as the experience was not considered age or gender specific, although it was presumed that participants would be adults due to their role within religious leadership.

The exclusion criteria for this research were:

- A participant whose related experience of congregants' psychological distress is currently subject to any judicial procedures.
- Participants who encountered the psychological distress of congregants with less than a six month time lapse between the experience and the interview.

As identified in the introduction, 'psychological distress' is a subjective experience. With this notion in mind, this study avoided proposing any criteria or symptom of psychological distress, nor of the nature of the religious leader's encounter with it. In order to meet the inclusion criteria, the religious leader needed to perceive the experience they encountered to be psychological distress in accordance with their understanding.

2.3.3 Recruitment strategy

Given the professional role of my participants and the sensitivity of the research area I felt it best to make direct contact with the religious leaders that I wanted to approach. This was executed by identifying suitable organisations to approach, either through recommendation or after personally researching the organisation. Afterwards, I sent out introductory letters to

participants with a follow-up phone conversation to introduce myself and my study. Those that were interested were then screened in order to ensure they met the inclusion criteria, given the consent form in person or via email, and then invited to explore the practicalities of the interview session, namely a date, time and location for the data collection. As Smith et al. (2009) suggest, the location for the interview ought to be judiciously considered in order to generate some level of comfort and familiarity and to minimise distraction, particularly for the participants. Following this notion, most of the interviews were conducted within the participant's place of worship, which I presumed to be more accommodating and perhaps an encouragement for their participation.

2.3.4 Participant selection

In keeping within my proposed timeline for conducting the research, where I had received a sufficient amount of interest, I sought to recruit participants who were able to meet before the cut-off date, which was the end of October 2016. Smith et al. (2009) remind us of the lengthy and comprehensive process of an IPA study and also acknowledge the importance of planning and time management.

Participant selection was dependent upon representing a perspective of the phenomenon, therefore selection was a dual-faceted endeavour, firstly upon the basis of religious leadership and secondly to represent the diversity of religious orientation. Denominational divergences were also permissible as representative of religious orientations as different denominations are believed to 'generate their own worldviews through symbols, pedagogy, and rituals' (Steensland et al., 2000).

The participants who took part in this study were religious leaders of the following religious orientation: 1 Imam, 1 Friar, 1 Church of England Reverend, 2 Rabbi's and 3 Charismatic Pastors.

Participant	Religion	Denomination
Friar B	Christian	Catholic
Imam K	Islamic	Sunni
Pastor H	Christian	Non-denominational
Pastor S	Christian	Charismatic
Pastor T	Christian	Pentecostal
Rabbi A	Judaism	Orthodox
Rabbi R	Judaism	Orthodox
Reverend L	Christian	Church of England

2.3.5 Data collection

The research was conducted through semi-structured, one-to-one interviews, which lasted between 60 and 90 minutes in order to allow participants the space and time to provide a rich and detailed, first-person account of their experiences (Smith et al., 2009). The interviews were audio-recorded to be later transcribed. An initial pilot interview was conducted with a participant who met the research criteria in order to explore the interview schedule in relation to the research question and to gain insight about the participant's perspective of the interview process and universal accessibility of the interview language. No issues arose from the pilot, although the subjective nature of the interpretation and meanings of the questions and responses was prominent.

2.3.6 Interview schedule

The interview schedule was informed by the research topic and a preliminary exploration of the subject area. The schedule provides the basic structure necessary to pave way for an analysis agenda, however, this being said, the interview required fluidity to allow for a genuine flow of discussion of the relevant topic (Smith et al., 2009).

Before commencing the interview schedule I confirmed the participants' understanding of, and agreement to, the consent form and built up rapport, Smith et al. (2009) state that good participant data is dependent on establishing rapport. In an attempt to ease my participants through the interview, the first couple of questions were strategically designed to allow participants to introduce themselves and to discuss something they were perhaps more familiar with and comfortable speaking about.

During the interviews I felt able and willing to tentatively adjust questions, prompt or probe for further exploration in accordance to the responses of my participants. Whilst I perceived myself an active listener, in my awareness was the notion of leaving my 'research world and coming round the hermeneutic circle to the participant's world' (Smith et al., 2009 p.64). In order to 'enter the life world of the research participant' the questions were open-ended and non-directive (Willig, 2008, p.57), with the idea being to be broad and accommodating, rather than narrowing down, continually reminding myself that the concern of this IPA study is with the complexity of meanings, and how they are socially constructed through interaction (Creswell, 2013). The schedule consisted of nine questions.

The interview stage incorporated extensive reflexivity, given the current climate where religious incitement is an area which has attracted much criticism for abhorrent acts and mental illness; I wanted to remain as transparent and sensitive as possible, whilst being granted access into the participant's world. Part of this process was to carefully consider the use of language during the interview and within all written text provided. Smith et al. (2009), propose that the interview schedule is not a structured format. This is an aspect I adhered to; however, I did find it beneficial to structure the opening of the interview to gently invite participants to engage. On reflection, the earlier interviews were without deviation from the schedule, whereas as I eased into my role as a researcher, I found myself able to probe and provide prompts for the interesting points made (Smith et al., 2009).

2.3.7 Transcription

The recorded interview was transcribed using ExpressScribe Pro software. As IPA analysis primarily extracts meaning from the content of participants' accounts, the prosodic features, such as the length of pauses and non-verbal utterances, were given minimal attention, whilst focusing on the semantic, and therefore documenting all words spoken (Smith et al., 2009).

I decided to transcribe all interviews personally and perceived this as an opportunity to revisit the data collection from an observational perspective, exploring the interaction in its entirety, whilst reminiscing over the verbal and behavioural responses of the participants.

After transcribing the data, I replayed the audio whilst following via the typed transcription in order to ensure accuracy in the transference of the data. The transcripts were anonymised by removing the participants' names, other names, locations and any other identifiable information. Given the fact that my participants' religious identity was an important aspect of the research, I have chosen to preserve the religious title, but omit my participants' names, replacing them with letters assigned at random. The transcripts were numbered line by line and altered to accommodate wide margins for coding during the analytic stage.

2.3.8 Analytic strategy

The analytic stage requires the researcher to 'think in terms of totally immersing' in the data in order to fully engage with the participant's account and to be able to give a voice to their making sense of their experiences (Breakwell et al., 2012, p.449). Although IPA acknowledges the impossibility of producing unadulterated first-person accounts owed to the co-constructed nature of the collection methods, getting as near to the participant's perception as possible is part of the analytic process (Larkin et al., 2006). The analytical process in IPA is often described in terms of a double hermeneutic or dual interpretation process because, firstly, the participants make meaning of their world and, secondly, the researcher tries to decode that meaning to make sense of the participants' meaning making (Smith & Osborn, 2008). In other words, IPA researchers try to understand what an experience (object or event) is like from the participant's perspective.

The analytic stage requires revising the transcriptions in several phases: to familiarise with the content, to make notes of that which may be of interest or significance, to identify particular themes or phrases and then to find connections between that which emerged (Breakwell et al., 2012). The process continues with further exploration of the participant's account and their own interpretations, and it is the researcher's endeavour to extract the participant's comments from their own interpretations (Willig, 2008), a process which calls for complementary fluidity and reflexivity, one that is essential to move beyond the data (Langdridge, 2007).

Smith et al. (2009) describe IPA analysis as having much room for flexibility and creativity within its framework, although they do acknowledge that this is perhaps best suited to the more experienced researcher. For the novice researcher, Smith et al. (2009) propose a step by step guide which incorporates six stages for analysing data. Being a novice researcher, I elected to follow this guide rigidly within this study.

2.3.8.1 Step 1: Reading and re-reading

To immerse myself in the original data as suggested by Smith et al. (2009), I read over the transcripts several times, and also played back the audio recording whilst tracking the interview alongside the transcript. Pietkiewiez and Smith (2014) propose that in doing so it is plausible to reminisce over the atmosphere and setting of the original interview.

Re-reading assisted the endeavour to enter my participant's world, and although resisting the desire to make notes at this point was a task, I felt it necessary in order to bracket my own assumptions and ideas.

2.3.8.2 Step 2: Initial noting

As identified by Smith et al. (2009), the initial coding stage was the most time consuming part of the analytic process. Whilst I believe this to be true, perhaps grappling with a coding style which suited me seemed to be a contributor to this prolonged phase. I found myself coding using a variety of methods, from coding within margins and creating documents according to number lines to downloading MAXQDA 12 software for qualitative analysis, and whilst I seemed to be drowning in loose bits of paper, found it beneficial in generating a greater sense of familiarity with the transcripts. From this initial coding I sought to identify three particular types of comments; descriptive – identifying the content, key experiences, events and emotional responses, etc.; linguistic – the way in which the participant gave their account; and conceptual – an interrogative approach, personal reflection and interpretations. These enabled both exploratory and interpretive engagement with the data (Smith et al., 2009).

2.3.8.3 Step 3: Developing emergent themes

Extracting themes from the transcripts appeared to be a form of reductionism, and whilst it assisted in my sense-making of the data, was a task I experienced as intrusive. I was comforted to learn that 'at each stage the analysis does indeed take you further away from the participant and includes more of you. However 'the you' is closely involved with the lived experiences of the participant – and the resulting analysis will be a product of both of your collaborative efforts' (Smith et al., 2009 p.91-92).

I developed the emerging themes one transcript at a time before moving on to the next step. I personally found MAXQDA 12 software advantageous in engage at this level, firstly owing to the fact that it enabled me to minimise the paper load, whilst still being able to explore segments and ideas in the same way, and secondly because it gave me a structured method of colour coding, altering and outlining emerging themes and the suitable, supporting quotes. I did not find implementing a computerised system such as MAXQDA 12 impeding upon the analytic process as did not provide me with any interpretation of the imported transcripts, it did however, make it easier for me to engage with and categorise the text.

2.3.8.4 Step 4: Searching for connection across emergent themes

The subsequent stage of analysis was to identify connections between emerging themes, clustering them by means of conceptual comparisons, and generating a descriptive label for the clusters (Pietkiewiez & Smith, 2014). It became apparent to me that some themes held less significance, at least in regards to the research question and scope of this study, and were therefore discarded at this time (Smith et al., 2009). Emergent themes would be brought together to create a structural base highlighting the noteworthy aspects of my participants account (Smith et al., 2009). The themes were mostly clustered through abstraction; here I connected the themes in a 'like with like' fashion and afterward sought to give the cluster a super-ordinate theme title in accordance with a generalised theme which emerged out of the subthemes (Smith et al., 2009 p.96).

Whilst I am aware that Smith et al. (2009) remind us that frequency does not necessitate importance, it may be indicative of the relative importance of some emergent themes. MAXQDA 12 was able to quantify the usage of themes within the text, and numeration was an interesting and beneficial method of drawing connections, as frequency may be suggestive of the relevance of the emergent theme for the participant.

2.3.8.5 Step 5: Moving to the next case

The idiographic nature of IPA requires researchers to bracket emerging themes in analysed data in order to fully encompass the individualistic uniqueness of subsequent transcripts (Smith et al., 2009). I found this phase of analysis a gruelling task as I grappled to bracket the existing knowledge which I experienced as drawing me into a position of comparison or familiarity. However I do feel that I was able to stay within the IPA framework through distinguishing my epistemological reflexivity as an IPA researcher whilst acknowledging my personal reflexivity.

2.3.8.6 Step 6: Looking for patterns across cases

The next step was to look for connections across cases. This process consisted of revisiting the super-ordinate themes and sub-ordinate themes for the individual cases and making comparisons; the methods of abstraction and numeration were also applied to this level of analysis, where I sought to identify 'ways in which participants represent unique idiosyncratic instances but also shared higher order qualities' (Smith et al., 2009 p.101). My analysis of the emerging themes continued until I felt I had achieved 'saturation' and the themes could no longer amalgamate (Willig, 2008), I was able to reduce the individual case themes down to four super-ordinate themes across cases, with an average of three sub-ordinate themes.

A master table of themes and subthemes was generated and then I sought to narrow down the quotes demonstrating the themes. Whilst at times I experienced narrowing down rich and profound quotes from participants accounts for research purposes overwhelming, it was an endeavour necessary to embark upon to 'enable the reader to assess the pertinence of the

interpretations and to retain the voice of the participants' personal experience, giving a chance to present the emic perspective' (Pietkiewiez & Smith, 2014 p.13).

This stage was finalised by generating a master table of super-ordinate and subthemes along with the quotes and location of the quotes best exemplifying the themes.

2.4 Ethical considerations

This research study was subject to approval granted by the Ethics Committee of the Department of Psychology, City University. Ethical implications were considered at every stage of the research process in accordance to the British Psychological Society Code of Human Research Ethics (2014), where I observed its guidance on the protection of research participants. Careful consideration on matters such as potential harm, sensitivity, anonymity and the professional standing of my participants were discussed with my research supervisor, where together we sought to eliminate any identifiable issues before presenting my ethics form for clearance.

The initial concern pertained to the professional role of my participants, and their reputable positions held within society and their individual community; I therefore sought to clarify the ethical and confidential terms that I, as a researcher am bound by. This included safe and secure storage of participant details and research materials, reassurance that all names and identifiable information would be changed, and their right to withdraw from this study up until one month after the conducted interview. They were also informed that all data will be destroyed five years after the completion of the study.

All participants were presented with a copy of the information sheet which explored the research aims, details pertaining to their participation and the contact details for further information. As well as the information sheet, participants were given the consent form at this point, to enable them to consider what they would be consenting to – there was some time lapse ranging from one week to several months between the initial point of contact and the conducted interviews. I personally allowed for the minimum of a week to allow ample

reflexivity for the participant, other factors such as participant availability had implications for the time lapse between making contact and conducting the interviews. Before undergoing the formal interview, informed consent was obtained, where I reiterated the contents of the consent form previously given and invited questions and the opportunity for the participant to withdraw from the study once again.

Whilst my desire was for transparency in regards to one's participation and the goals of the research, I am aware that due to the subjectivity of experiences, I could not predict the experiential or emotional outcome of participation, and therefore provided the details of external support networks should any concerns arise post interview. Participants were debriefed and given the opportunity to ask questions and comment on the interview or subject matter.

The ethical exploration also led me to consider the implications of the subject matter. Asking religious leaders to report on their experience of members of their congregation placed both them and the congregants in a position of vulnerability. Participants were reminded that any concerning material could be omitted at their request, and that as a researcher I would take due care to ensure that anonymity was prioritised. Participants were screened to ensure that there was a six month minimum time lapse between the experience of a congregant's psychological distress and their participation in this study in order to maintain some emotional distance for the participant.

2.5 Reflexivity

Willig (2013 p.25) reminds researchers that 'qualitative research acknowledges that the researcher influences and shapes the research process', which is thought to be an active and enduring process.

According to Berger (2013 p.2), 'questions about reflexivity are part of a broader debate about ontological, epistemological and axiological components of the self, intersubjectivity and the colonization of knowledge'. Reflexivity is beneficial in our understanding of

ourselves, and the role of the self in generating knowledge; the qualitative researcher ought to continually 'carefully self monitor the impact of their biases, beliefs, and personal experiences on their research; and maintain the balance between the personal and the universal' (Berger, 2013, p.2). The objective of reflexivity is to understand the limitations of the generated knowledge in order to improve validity, quality and to establish a more rigorous research (Guillemin & Gillam, 2004). Reflexivity is an important and continual process within IPA and assists with the endeavour to remain transparent and sensitive to the data (Smith et al., 2009).

2.5.1 Methodological reflexivity

Just as Larkin et al. (2006 p.103) suggest, part of my justification, as a novice researcher, for implementing IPA methodology for this study resided in its appeal in regards to its approachability, 'flexibility and application'.

Having theoretical underpinnings in the person-centred approach, whilst owning my professional stance as a scientist-practitioner, was also instrumental in my decision to adopt IPA. Blair (2010) proposes that similarly to Rogers, scientist-practitioners need to encompass openness and a willingness to be effected by our participants, to learn from and be changed by the research process, irrespective of our prevailing theoretical viewpoints. It is my belief that the subjectivity of experience and the significance of the relationship to the other in the alliance - ideas within the person-centred approach - lend themselves to the philosophical underpinnings of IPA.

I found comfort in the correspondence between my ontological and epistemological assumptions and the IPA methodology, and whilst I still believe IPA to be suitable for my study, on reflection, I do not feel I had given adequate consideration to the possibilities of other methodologies, besides grounded theory, as discussed earlier. Another qualitative method that I could have explored further is Foucauldian discourse, owing to its focus on power relations and social reality and the correlation of these two aspects with my particular participant population (Breakwell, et al., 2012).

The flexible association with IPA research has often resulted in a misconceived 'lack of rigour' (Larkin et al., 2006 p.103), whilst I perceived myself to have some knowledge and understanding of IPA analysis, engaging with the analytic process exposed my inexperience and unpreparedness for the research task at hand. I touched base frequently with my supervisor for guidance throughout the proposal, procedural and analysis stages, sought advice from other IPA researchers and researched previously conducted IPA studies and literature in order to compensate for my lacking experience.

2.5.1.1 Participants

Participant selection presented some challenge for me, and required more methodological reflexivity than I had anticipated. I found myself grappling with the notion of homogeneity on a number of levels. Some questions arising were: could I provide a rationale for a study on a single religious orientation? Did I need to have equal distribution of religious orientations? How could religious orientations implicate this research study?

My participant selection was homogenous in the sense that participants were all religious leaders but this study also seemed to call for homogeneity among the religious orientations. I set out to either have one representative from eight religions, or an equal amount from several. This endeavour is exemplified by Smith et al. (2009) who discuss comparisons within the study. Whilst I did not necessarily want to make comparisons, I had concluded that, for accurate homogeneity, the next best selection to a singular religious orientation was for equality within the group. Smith et al. (2009) advise restricting comparisons within IPA to one dimension, as further comparisons would call for larger samples and borders beyond the remit of IPA analysis. Ultimately, the participants were selected to permit some diversity of religious orientation, although, in accordance to IPA, their idiosyncratic nature was valued foremost.

I seemed to have a high proportion of responses from Christian participants, and very few from other religions. The next most popular participants were Rabbi's—I had two commit to the study and a possible third recruited—and I was also eventually able to recruit one Imam.

I found it difficult to get any responses from religious groups outside of those main three religions, despite being aware of, and having approached, numerous religions.

On reflection, I considered whether having applied greater cultural sensitivity to my research strategy could have resolved this. In terms of cultural sensitivity, I allude to understanding religious protocols, to whom and how to address organisations and religious periods where it may not be practical to seek recruitment etc. Having re-evaluated my recruitment plan, I realise that my approach to different religious organisations was the same, and whilst this was not incorrect, I do feel that I could have put in more effort to attract a variety of participants to this study. One method of applying cultural sensitivity to my recruitment strategy could have been to conduct a thorough background research into the organisations I sought to recruit participants from; this would have enabled me to present myself appropriately and helped me to develop better cultural sensitivity.

The other question arising around homogeneity is the disparity in regards to gender, in that there were seven male participants and only one female. Although I had not factored in gender to the recruiting equation, this led me to consider gender biases, which is another ongoing, although slowly progressive debate within religious leadership. I have questioned what, if any impact equal balance among the genders and balance among religious orientations would have had upon this current study.

2.5.1.2 Engaging with the analysis

I grappled with numerous ways of trying to code the data. My attempts included making notes, highlighting texts, online software, and numbering quotes. On reflection, I feel that owing to experiencing both the quantity and the quality to be overwhelming, I struggled to find a suitable way to approach the coding.

Within the transcripts, there was so much to contrast and compare across participants' accounts and I found it a task to bracket off my assumptions and interpretations while trying to stay immersed in single case analysis. At times, I found myself caught up in the analysis process and needing to remind myself of the research question and information that I was

looking for. Several times I needed to revisit the quotes that I had clustered, as so much rich data had emerged from the accounts. And whilst I wanted to capture it all, I needed to stay true to my study and therefore the chosen segments needed to represent this.

I also struggled immensely in trying to condense the quotes for the analysis write up, initially having narrowed the superordinate themes to five and the subordinate themes to approximately four each, with each subtheme having seven to eight supporting. My fear was that I might take something away from the participants, who all seemed to have given so much of themselves to this study. My subsequent reflection in regard to the selected segments to analyse was to ask myself, why one quote rather than another. In asking this question, I desired to understand my thought processes and any biases. Whilst I found some parts more intriguing than others, I was mindful of capturing the participants' accounts, retaining 'their voice' and being guided by the research process and data.

I enjoyed the analytic process of IPA and, having conducted this research, feel I have developed greater appreciation of its application in research. I have, however, grappled with the idea of interpretation and how my position as a researcher informs this. From the transcription stage I found myself reflecting on my interpretation of the audio recordings, as in my awareness was the fact that each pause and full stop, for example, had the potential to ascribe meaning. In writing up, I reflected on the segment before and after, in order to ascertain whether the chosen piece captured the essence of the whole, or told a story of its own, especially where I had extracted from lengthy quotes.

Interpretation was not just the bit I did at the end, as I had initially naively presumed, but interpretation was interwoven in each aspect of the research process. Whilst my biggest concern with interpretation was in adequately presenting the religious leaders' accounts, I remind myself that I have offered one way of understanding the particular phenomenon, and in acknowledging my presence in the process, I believe I have achieved what I set out to accomplish.

2.5.2 Personal reflexivity

Personal reflexivity involves reflecting on how ‘our own values, experiences, interests, beliefs, political commitments, wider aims in life and social identities have shaped the research’, and additionally ‘how the research may have affected and possibly change us, as people and as researchers’ (Willig, 2008, p.10).

Whilst conducting this research, I at times found the content of a participant’s data or of existing research to resonate or even conflict with my personal experiences; in addition, exploring psychological distress and religion together evoked both inquisitiveness and discomfort in me.

In maintaining reflexivity throughout my research journey, I regularly engaged with my research and therapeutic supervisors, took any issues arising to personal therapy, and made use of a reflective diary to compartmentalise my own ideas and experiencing from the research data, all of which allowed me to be continually mindful of my own subjectivity.

Exploring the methodology and epistemological assumptions, alongside my personal reflexivity, enabled me to learn more about the process of research and indeed about myself in relation to it and personally (Kasket, 2012).

Engaging with this research has elicited a deeper exploration of my interest in the chosen topic, which I now understand to have evolved out of personal experience.

I conducted my post graduate psychology research in a similar area, exploring the Christian mental health professionals’ experience of spiritual vs psychological distress. Whilst I had initially intended for the doctoral thesis to be a continuation of that study, I deviated towards exploring the religious leader’s experience of the psychological distress of their congregation, as a means of moving towards my particular area of interest. Whilst I found my previous research a beneficial basis for this study, in my awareness was the importance of bracketing that experience and embracing this current research as an independent venture. Not only was I conducting a different study, looking at a different phenomenon, but my participants also reflected that difference, as they were not all from the Christian faith,

nor mental health professionals, but were religious leaders of diverse faiths. My religious beliefs and experience of religious leaders informed me that in this research I needed to be particularly sensitive towards my participant group: as the professionals of their religion, they stand as both responsible and as victims of the religion/psychology debate. In my awareness was the notion that this positioning was not only on a societal level, but also based on assumptions made through my own personal experiencing.

As a member of a religious congregation I have been exposed to three facets of psychological distress within the church: through questioning the spiritual or psychological nature of congregants' public expressions; through having religious leadership figures in close connection and observing their management of psychological distress; and through my own experience of psychological distress, which was dealt with through both religious and secular professional support. I found my experience of psychological issues within the church to be predominantly negative, having encountered stigmas, misdiagnosis, ignorance and mismanagement. Before embarking upon my own professional psychological career, the feelings of blame and frustration overshadowed any compassion or gratitude for the help that I had received. My personal experience of distress was seemingly intensified by what I now understand to be naivety on the part of the religious organisation, which was trying its best to manage issues, perhaps beyond its professional remit. The more I progress in my psychological training, the more the outlook of my experience has changed; I feel that I am no longer caught up in the associated grievances, but that my focus has shifted to consider the experience of the church, which is often exposed to psychological issues. The various experiences I have had with this particular phenomenon has enabled me to appreciate the complexities in identifying spiritual from psychological issues for both religious and psychological professionals alike. I feel this position supports my empathic stance with the participants in this study and has also been integral to bracketing off my assumptions and biases, as I have sought to enter into the participants' experience.

Throughout the course of this research study, I have experienced myself as having represented a gateway for religion and psychology to meet and grapple with the taboo subject that each present for the other. The data gathering phase was of great interest and importance, as it not only shed light on the varying perspectives of how much integration of religion and psychology were culturally permissible, but solidified my personal belief in the interconnection of the two. My reflexivity enabled me to appreciate the holistic nature of humankind, and to understand of our psychological and spiritual identities to be among the spectrum of our personality construct. They are facets which can work collaboratively and yet reside with much tension, perhaps as a result of both religious and secular cultural misunderstandings.

As identified in my introductory chapter, and from my personal experience, psychological well-being and religion have been explored and are widely accepted to be in correlation; however, my reflexivity around the prominence of religious leadership's engagement with psychological well-being, has led me to consider this area to be in need of more in-depth exploration.

I am aware that my personal experiences and attitudes in relation to the research topic have influenced this research, and of the requirement for a continual evaluation of my assumptions. In this regard, West (2010) notes that conducting research into spirituality and healing is one that ought to be approached sensitively, firstly because of the associated taboos, and secondly owing to one's own positive or negative stance which may pose a challenge in representing opposing positions.

Chapter 3: Analysis

This chapter presents the analytic engagement of the current research through the methodological process of IPA which invites the researcher to delve into both 'emic' (phenomenological, insider) and 'etic' (interpretive, outsider) stances. This inquiry is accomplished through a rigorous exploration of the data (Reid et al., 2005); being able to expound this process is fundamental to any IPA study as it will become the basis for any reader to also engage with the hermeneutic dialogue (Smith et al., 2009).

The transcript analysis yielded rich material exposing a comprehensive breadth of the experiences of religious leaders and of their particular experiencing of the psychological distress of their congregation. Whilst holding the awareness that exemplifying the entirety of the richness and depth would be an insurmountable task, capturing the essence, whilst generating a representative analysis of their experiencing, was the endeavour of this research. In order to do so, I extracted the prominent elements of their experiences and further consolidated these through considering the commonalities across participants' accounts; given the double hermeneutic process of analysis, it is imperative to propose that this research highlights one interpretation of participants' meanings, whilst other themes and excerpts may have emerged for another researcher (Smith et al., 2009).

This chapter comprises four superordinate themes and the related subordinate themes encompassed therein. In keeping within the IPA approach, this section focuses primarily upon the transcript extracts, whilst incorporating detailed analytic interpretations from the perspective of the researcher in regard to the transcript text (Smith et al., 2009). The superordinate themes identified were:

1. Expectations of religious leadership
2. Proficiencies and limitations within the role
3. The interconnectedness of religion and psychology
4. Personal implications of religious leadership

Participant extracts are written in italics, and each participant is protected by the adoption of a pseudonym which is made up of a single letter, selected indiscriminately which is preceded by their religious title. This decision was cautiously considered as being dual faceted: firstly to commit to the ethical notion of confidentiality, and secondly with the desire to give a voice to the religious population as a whole, but also in appreciation of their own religious orientation divergences and personal subjectivity. Whilst the themes have been presented separately in order to provide clarity and for a structured exploration, the themes all hold some relationship to each other, with many overlapping. Below is a diagrammatic portrayal of the superordinate themes:

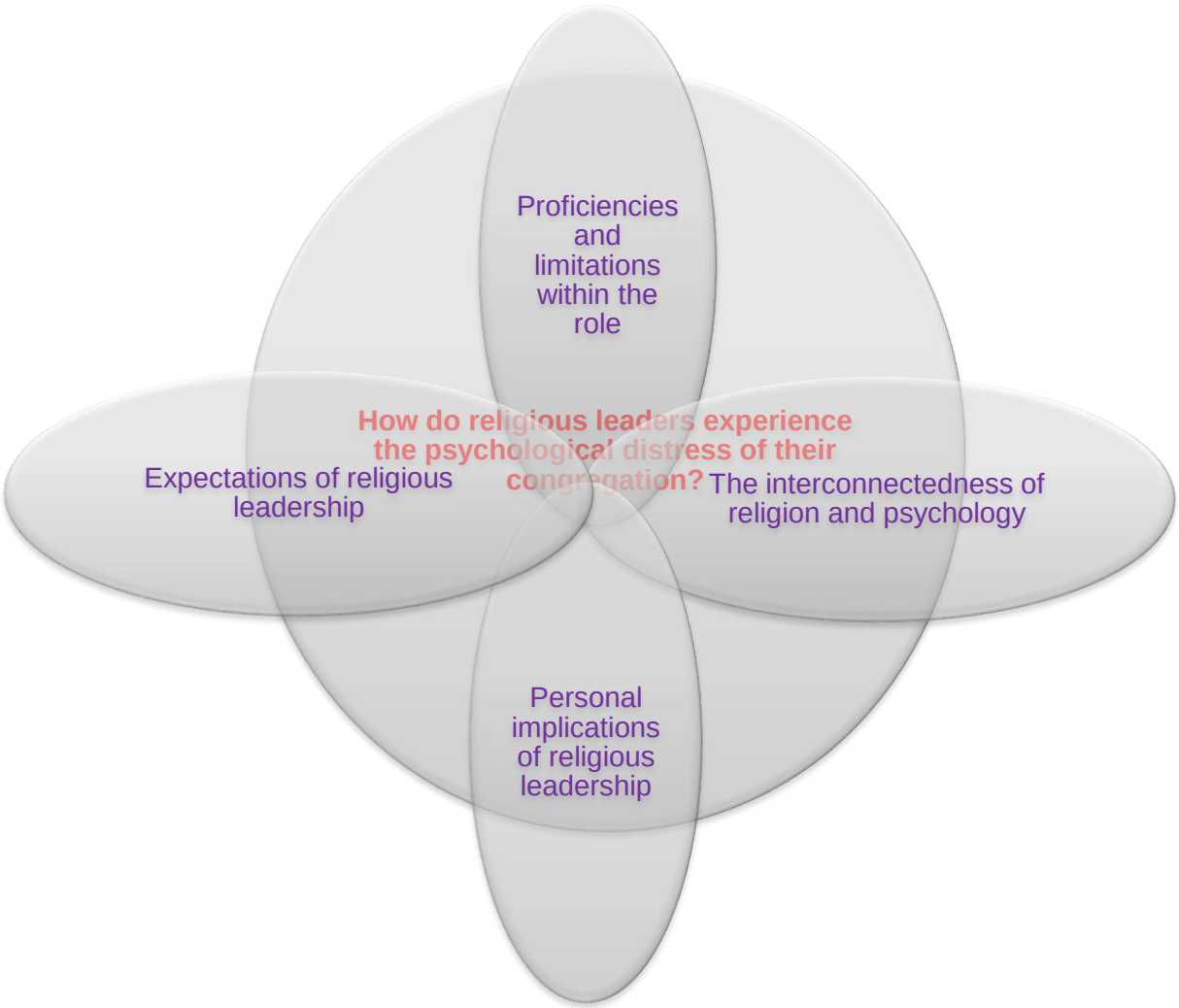


Figure 1

3.1 Synopsis of the superordinate themes and their relationship to one another

The diagrammatic illustration demonstrates how the four themes relate to the central topic, these themes are not hierarchical, and represent continuality and overlap. The superordinate theme 'expectations of religious leadership' identifies the expectations placed upon them, and their ability to manage both the congregations and their own psychological well-being, while the theme 'proficiencies and limitations within the role' exposes the competencies and inadequacies of the religious leadership position in managing psychological issues. The superordinate theme 'the interconnectedness of religion and psychology' focuses on the religious leaders' understandings and experiences of the relationship between religion and psychology, and the final theme 'personal implications of religious leadership' outlines their personal experiences of encountering psychological distress. Each theme is thought to contribute to the other, and this may be exemplified within the analysis although in order to extract some depth of meaning and rigor, the themes will be explored separately. A table of the superordinate and subordinate themes with the number of participants represented under each subtheme follows:

Themes	No. of participants
1. Expectations of religious leadership	
1.1 Perceived super humanness	4
1.2 The weight of expectation	4
1.3 Sense of duty within religious leadership	5
2. Proficiencies and limitations within the role	
2.1 Understanding the professional remit	4
2.2 Religious containment of psychological issues	5
3. The interconnectedness of religion and psychology	
3.1 Religious understandings of psychological wellbeing	5
3.2 Connection between one's professional role and providing psychological assistance	4
3.3 Discerning between spiritual and psychological issues	4
4. Personal implications of religious leadership	
4.1 Experienced inadequacy	4
4.2 Hidden struggles: the person behind the veil	4
4.3 The demands of a relentless vocation	3
4.4 Emotional entanglement	4

3.2 Superordinate theme 1: Expectations of religious leadership

The superordinate theme 'expectations of religious leadership' reveals the participants' experiences of the multi-faceted expectations which seem to be a component of the religious leadership role. While some of the expectations were pre-empted, the participants conveyed having been oblivious to some of the demands, perceptions, intrapersonal and interpersonal encounters that they had experienced as religious leaders. The expectations identified shed light on the obligations to their congregants, the wider community, to God, to their families and to themselves, a dubious task which participants' acknowledged was not always easily or appropriately mediated. Within this superordinate theme, three subordinate themes were identified: 'perceived super humanness', 'the weight of expectation' and 'sense of duty within religious leadership'.

3.2.1 Perceived super humanness

The title 'perceived super humanness' emerged from the data where a number of participants alluded to godlike affiliations with their religious leadership role, including omnipotence, omnipresence, and faultlessness. The term 'superhuman' was used by some religious leaders, where others described extraordinary characteristics and responsibilities instead. The perception of super humanness was multi-faceted, as in their narratives participants spoke of external expectations: the community or organisational boards, internal expectations, and the expectations of their calling, or how they perceived their religion/God wanted them to be. To challenge the notion of super humanness, the religious leaders would often make reference to, or question their human fallibility, an example of this is where friar B states "…we are human beings, but we don't see ourselves in that light… we become superhuman". Rabbi A encapsulates the notion of perceived super humanness in the following excerpt:

> *"you have to carry on with writing the articles, getting the sermons done, visiting, testing Bar Mitzvah boys and, you know… all of that. Sometimes you need to run from a hospital bedside to a celebration, then back to a funeral and then back to the*

party, and it's a rollercoaster of activity… and it's just not normal, it's just not what human beings were wired to do and it certainly was not a part of my jurisprudence degree and it's not all I anticipated" (Rabbi A: 327-332)

In this excerpt twice rabbi A commences his sentences with the address 'you need to', before embarking upon a description of an abundance of activities comprised within his job specification. His articulation suggests that the role requires him to fulfil numerous duties in succession, an expectation which he describes as being 'a rollercoaster of activity', and a phrase which seems to illustrate both an external and internal demand. A rollercoaster, representing the ups, downs, twists, turns and loops, exemplifies the physical demands rabbi A has to juggle, such as time, travel, preparation, attendance and the like. When considering the particular duties that he specifies, from visiting the sick, to teaching, to celebrations and funerals, this phrase communicates the emotional demands.

Rabbi A concludes by acknowledging the exceptionality of the illustrated demands, and the fact that the expectations border beyond human aptitude, his education and own expectations.

The notion of what is humanly viable versus the expectations placed upon the religious leadership role is further expressed in friar B's account:

"I'm a human being and ah, as much as we say we should forgive, yes that's true, I know that's what I'm supposed to do… I'm supposed to be an example in that respects, but it will psychologically too… it will eat away at you" (Friar B: 19-21)

During other segments of his discourse Friar B speaks directly of both internal feelings, and external expectations of super humanness, in this excerpt, whilst he doesn't use the term 'superhuman' he highlights the internal grapple with the incongruence between his own humanness and the expectations of the role; for friar B this manifests in his dissonance with the notion of forgiveness. Forgiveness is, within Christianity, a biblical principle which is seen as one of the fundamental acts Jesus extended to mankind and one which he commanded

his followers to adhere to. As one at the forefront of the Christian faith friar B feels particularly challenged by this principle. His use of the words ‘supposed to’ signifies his feeling of not meeting expectations, and in this example friar B is referring to being an example, suggesting that he perceives the expectations of him to be coupled with an accountability. Whilst his grapple with forgiveness entails some psychological struggle, he justifies his sense of inadequacy through his recognition of human fallibility.

Pastor S echoes the emotional toll of failing to fulfil expectations, although unlike friar B, his particular challenge is not related to internal self-expectations, but of the support he feels he ought to extend to those in need.

> *“You know you can get a bit of a superman syndrome where you want to help the world, but I think it’s hard when you actually… when someone does come to you for help and you actually can’t help them. That’s probably a real hard scenario… I don’t like that”* (Pastor S: 33-37)

In his account, pastor S describes the desire to help the world as having ‘superman syndrome’, equating it to a disorder or disease. His usage of the words ‘superman’ and ‘help the world’ are quite extravagant and correlate to the fictional character Superman, a comic book hero who is other worldly and utilises the special abilities and powers he possesses to serve mankind. Pastor S’s description suggests that the syndrome of wanting to help the world was unattainable, as while Superman’s physical form resembled that of man, the essential contributor to his ability is his extraordinary composition. Pastor S makes a distinction between this idealistic positioning of the religious leadership role within the world from its reality, where he acknowledges ‘you actually can’t help them’, reporting this as a burdensome implication of his limited capabilities.

The impracticability of meeting the expectations of the religious leadership role was reiterated in the interview with rabbi R. However, unlike friar B, who appeared to experience inadequacy, and pastor S, who experienced this inability to meet expectations as burdensome, rabbi R expressed his disagreement with the unrealistic expectations.

> *"…there's a bit of an unhealthy perception that religious leaders ought to be able to do everything themselves and should be a psychologist and a rabbi and a medic as well… I really don't share that perspective at all."* (Rabbi R: 208-211)

In the section of the interview before this excerpt rabbi R had been speaking of his understanding of the management of psychological distress within Judaism and the reluctance of many leaders to engage with external support, which he associates with issues of stigma and a lacking appreciation of psychological distress. The excerpt acknowledges his awareness of the expectations placed upon his role, although his description of them being 'unhealthy', correlates with his expressions of 'good' and 'bad' methods of leadership coping which is echoed throughout the interview. Rabbi R detaches the external pressures of the role from his internal beliefs through his recognition that "at the end of the day you know the decision is in God's hands and you can't change things…" being grounded by his humanity serves as a reminder of a separate deity and supports his reluctance to be consumed by the demands projected onto him.

3.2.2 The weight of expectation

The religious leaders were unified in experiencing the expectations as impractical and burdensome, with many expressing this to be the principal challenging aspect of the religious leadership role. In their narratives the participants were able to associate the expectations with numerous negative feelings and personal experiences; they were also able to draw from encounters with other religious leaders who had struggled with the expectations of the role. The subtheme 'the weight of expectation' was generated to epitomise the insurmountable pressure of the role, it also represents hierarchy as while religious leaders are often considered the face of their organisation, they also expressed recognition of being subject to God, the overarching organisation and in some respects, the religious community. Working under governance, and multiple facets of governance, furthermore, was identified as a contributor to the experienced weight of expectations.

> *"When you're actually placed in the position where people say "I'm coming to you because you're a pastor" er… it seems like a greater responsibility because there's an expectation on you that you're going to deliver something and yeah… I think the harder thing is when, if you're honest with yourself, sometimes you genuinely can't deliver, it's beyond you"* (Pastor S: 52-56)

Pastor S describes his endeavour to meet the expectation of others as a force beyond his control, speaking of being 'actually placed in the position' and of the expectation to 'deliver', experiencing his leadership title as one encompassing great responsibility. Prior to this excerpt pastor S had been expressing a God calling to religious leadership and a natural fit with his character. However, his description of the expectations and unrealistic demands placed upon him seems to cause some conflict with what he feels called and inherently equipped for. Pastor S's choice of the words 'if you're honest with yourself', suggests that he may disguise his inability by trying to fulfil the expectations externally, but these words may also signify that at times he inaccurately perceives himself able to fulfil the expectations, and that acknowledging his own limitations is difficult for pastor S.

The ramifications of weighty expectations and the desire to manage them is apparent across a number of the participants' accounts. Pastor H elaborates this notion further:

> *"When you couple those inadequacies with the expectations, I think the drive of wanting to meet all the expectations can come to a point where it becomes too much, either psychologically, physically, emotionally, mentally…"* (Pastor H: 96-99)

In the lead-up to the excerpt pastor H partially agrees with pastor S, in that the religious leadership role is a vocation he felt called into. However, in his opinion, it is also a position that you may not always feel equipped for, resulting in experienced inadequacy. The association pastor H proposes between inadequacy and expectations portrays a two-way relationship: one experiences inadequacy and so attempts to counteract this through meeting expectations, but an inability to live up to expectations results in experienced inadequacy. In his excerpt he places the responsibility of the magnitude of expectations

upon the leader's desire for accomplishment, identifying the negative psychological and physical implications of doing so.

Rabbi A contrasts the mundane activities to the interpersonal engagements, both essential facets of his role which he is expected to manage:

> *"on top of that one is trying to be a force for good in the world, dealing with the petty bureaucracy of having to keep the synagogue running and the people wanting reports and meetings and demanding that their own lives should be able to carry on without any, you know… any interruptions, because the rabbi has to deal with somebody between 4 and 5 who is completely distressed and out of their mind when they meet me… at 5.15 they want me to be punctual, on time, ready, bright, alert and constant changing of personality… so that is a huge stressor"* (Rabbi A: 65-74)

Rabbi A gives a cynical description of his assumed activities, his discourse perhaps representing agitation at the perpetual tasks ranging in severity, involvement and necessity, yet all entailing fulfilment expectations. His account suggests that his 'purpose to serve for the benefit of the world', an extensive and meaningful commitment, has been thwarted by menial demands and expectations. Rabbi A perceives his acts of service to be lacking in appreciation, but high in expectation and with little inconvenience to those he is assisting. The notion of lacking appreciation is exemplified in his description of encountering another's distress, where he describes being bound by time constraints, with little care for the impact of the difficult encounters and having little opportunity to process them. Throughout, rabbi A refers to 'people', 'their lives', 'somebody' and 'they want me to'. It is unclear exactly who he is addressing, although it is possibly a combination of the organisation and community which he serves. Further supporting this notion is his narrative 'changing of personality' which may correlate to the different relationships and divergences in roles.

Friar B shares the experience of underappreciation and yet the complexities of vocational involvement in the following excerpt:

"In other jobs you get to release somethings, but in confession you take on, because it's not only spiritual… you have to be a psychological counsellor, marriage counsellor… you have to be everything in one role" (Friar B: 35-37)

Friar makes a comparison between religious leadership and other jobs, alluding to a disparity in the role specifications, believing other occupations to allow a degree of separateness; whilst as a priest involved in confessions, friar B perceives himself to have greater involvement. His description of confession is twofold, in that there is the 'taking on' of another's burden, and at the same time he experiences himself as 'taking on' numerous professional capacities. The freedom to 'release' in other occupations contradicts the notions of confidentiality expected of the confessional priest. Friar B's acknowledgment that the role is not just a spiritual one creates further complexities. Perhaps 'taking on' would be easier in spiritual matters as he could submit his concerns to the higher power; the additional psychological and relational matters being bought to his attention intensify the weight of expectation and personal onus.

3.2.3 Sense of duty within religious leadership

This subordinate theme entails the sense of duty associated with the role of religious leadership. All the participants perceived their entry into religious leadership to be a calling, for example pastor T says: *"it was a combination of God's initial calling and that being confirmed through my father and then other men of God" (*Pastor T: 66-68), similarly friar B acknowledges: *"I felt the call to celibacy, the call to the total giving up of myself to the service of others"* (Friar B: 9-11). Irrespective of any selection or successional process, being 'called' seems to be central to the religious leader's commitment to the role, even in the face of the unrealistic expectations and difficulties they encounter. The religious leadership role was predominantly distinguished as a vocation, this impacted their work ethic as they did not experience themselves as having chosen a career, but more accepting the call. Pastor H demonstrates this by saying; *"the whole point of ministry, the whole point of what we do… it's a vocation; it's something that you feel called to do"* (Pastor H:93-95). The subtheme

emerged from the data where participants contextualised the expectations placed upon them with a sense of duty. Rabbi A summarised his sense of duty in his account:

> *"You are in a way a spiritual support for the congregant, an ambassador for them to God and that you are supposed to be channelling their pain, their prayers, their fears to God in which case you're a conduit. Moses and Aaron themselves were both represented in the bible as conduits, Moses is the law giver and Aaron is the high priest, to represent God to the people and the people to God, and there is the sense of being a conduit, a conduit in all cases is supposed to be as pure as possible, pious and correct and right in everything they do"* (Rabbi A:349-357)

Rabbi A portrays his religious leadership role as being a gateway between God and the congregation, where he proceeds to demonstrate this through likening his position to that of the biblical characters of Moses and Aaron, who had direct access to God and whose obligation it was to mediate between Him and the people of Israel. In his earlier discourse of perceived super humanness he appears overwhelmed by the enormity of the physical and emotional expectations of his role, yet here he expresses an acceptance for the high spiritual expectations. Perhaps the fact that he equates these expectations to the call of God, and locates role models in the predecessors Moses and Aaron, renders the expectations a more honourable assignment. Providing 'spiritual support' for congregants may also be a desirable ambition of his role; in other discourses he contrasts the expectations placed on him in accordance with his training and area of expertise, whereas in this extract he describes even the expectations to be 'pure as possible, pious and correct and right in everything they do' as attributes of his role. Conversely, his account also exemplifies the burden of the perceived expectations to be a conduit, which from his description requires a level of righteousness. Adding to this pressure Rabbi A draws upon great historical patriarchs such as Moses and Aaron. Imam K's discourse reiterates both the honourable, and yet weightiness of the call also:

> *"Most importantly we take this kind of work… we don't take it as a job, this is a job, but we take it more as a service to our religion. So while I'm earning, I'm making my sustenance… most importantly I'm serving a religion which was prescribed, legislated by god the almighty"* (Imam K:39-43)

Throughout imam K's interview he discusses his commitment to the calling to incorporate carrying out his service with sincerity. However, not only is there an accountability attached to the role of an imam, but also notions of rewards to come in the afterlife. Imam K identifies a main facet of this service to be to the congregation and wider community, and attending to the psychological well-being of others is perceived as a responsibility and is also thought to aid spiritual growth.

Reverend L also describes being an advocate for the religion and for God as being part of her duty:

> *"sometimes people's expectations of what you can do, what the church can do are really big, and so a lot of my job is about managing expectation, not just of me… but actually of God"* (Reverend L: 205-208)

This excerpt conveys reverend L's understanding of the prevalence of expectations upon the religion and upon God, reverend L doesn't appear phased by the need to contain people's expectations, instead embracing it as a major facet of her religious role. Her account signifies a need to defend her religion from people's extensive expectations of what can be done within the religious sphere; this includes being an advocate for God.

The understanding of the demanding expectations being everyday duties comprised within the vocation is extracted further in pastor T's discourse:

> *"You go out, you reach out to people, they come in and have their different dispositions, but through discipleship, through pastoral care, through encouragement, sleepless nights… all crazy stuff, you see them come through"* (Pastor T: 82-86)

Pastor T proposes a sequence of events in his description of the interpersonal engagements with his congregants; his scripted account suggests a familiarity with the process, implying these interpersonal exchanges to be typical within his role. Pastor T's sense of duty can be identified where he designates the responsibility of building and managing relationships to the religious leader, to whom pastor T places the onus of reaching out to people, giving support, and making sacrifices, which results in the individuals' change. After detailing the conventional aspects of his role, he exposes a more burdensome and personal challenge in his reference to 'sleepless nights… all crazy stuff'. Whilst he does not further explain 'crazy stuff', the fact it is mentioned in correlation to sleepless nights is suggestive that it relates to other interpersonal and intrapersonal matters, which demonstrates the more undesirable aspects of the vocation.

Pastor H further describes the negative implications of the perceived duties in the following excerpt:

> *"when the levels of expectations are so high, the drive to keep your church going, the drive to be an excellent administrator, excellent counsellor, excellent teacher, excellent preacher, excellent… and you have to be all these things… how much of that has an effect on the senior leader?"* (Pastor H: 268-273)

Pastor H seems to be overwhelmed by high expectations which elicit a 'drive' within him to fulfil numerous roles. His discourse suggests that he believes the functionality of the church to be dependent on his ability to multitask, elaborating further by reiterating the importance of managing these duties with excellence. His account, along with other descriptions within his interview, is indicative of a lack of support and self-sufficiency. Not only does he identify typical leadership duties, but also supplementary administrative and therapeutic roles. The pressure of fulfilling a multiplicity of duties and of an exceptional standard has implications for the religious leader, and his acknowledgment of these implications supports the notion that pastor H perceives the onus to be on him to fulfil the vocational duties.

3.2.4 Summary

The superordinate and associated subordinate themes explore religious leaders experiences of the expectations placed upon them owing to their religious affiliation. Expectations were identified as deriving from both their external environment and also from the internal perceptions of their role, which may be theologically, morally or personally founded. Religious leaders grappled with perceived super humanness, their own human fallibility, weighty expectations and a sense of duty, with many participants exposing the need for them to fulfil multiple professional roles and involvement. Whilst expectations were perceived as overwhelming and unrealistic, the notions of 'duty' and 'calling' inspired a positive outlook upon the demands of the role, having said this, they also exacerbate the burden of expectations.

3.3 Superordinate theme 2: Proficiencies and limitations within the role

The superordinate theme 'proficiencies and limitations within the role' contextualises the duties of religious leadership in terms of the benefits, competencies and limitations of the role. This theme also encapsulates the participants' understandings of the clinical profession and responsibility. This superordinate theme has been intentionally placed between the superordinate themes of 'expectations of religious leadership' and 'the interconnectedness of religion and psychology' as whilst this theme could arguably belong within the premise of either of these themes, the prevalence of the participants' acknowledgement of the proficiencies and limitations render this worthy of an independent analysis. The accounts of the religious leaders suggest that their understanding of the proficiencies and limitations within the role could be experienced as being born out of expectations, and also feeding into the religious leaders' psychological engagement. Two subordinate themes were captured through the participants' discourses: 'understanding the professional remit' and 'religious containment of psychological issues'.

3.3.1 Understanding the professional remit

This subordinate theme portrays the intricacies involved in defining the role of religious leadership in light of the many personas and expectations entailed. The participants acknowledge a number of contributors to their understanding of and involvement in the issues presented to them, including the congregants' needs and wishes, religious interpretations, and personal convictions. In terms of their interpersonal engagement, the predominant notion shared between the participants was the importance of knowing when further or external intervention was needed, and what issues could be managed within their professional sphere. Friar B acknowledges the limitations of his role in the psychological distress of another in his account:

> *"There are times when I just have to realise that there are certain things I cannot do and no matter how much I am there… it probably won't help because I am not trained psychologically for that, I'm not a psychologist, I'm not a counsellor"* (Friar B: 31-35)

Being 'there' has not been given any contextual connotation, although it is possible to infer that he is describing a physical, emotional and spiritual empathic stance in his position of supporting individuals' psychological distress. Friar B conveys awareness of the limitations of his role, and his language choice—'there are times when I just have to realise'—serves as a self-reminder that while his vocation implores him to serve and extend the love of God to the community, the limits of his professional training may render him ineffectual in meeting specific needs.

Pastor T similarly seems to have experienced working beyond his professional remit as he notes:

> *"My position as a pastor is partially to provide psychological support, but I know my remit… but it's taken a number of years and mistakes"* (Pastor T: 239-240)

Pastor T appears content within his professional remit, which he attributes to 'partially' attending to the psychological well-being of congregants; this notion concurs with his discourse in other parts of his interview where he acknowledges his calling to spiritual

leadership, thus being guided by the Holy Spirit and his role in developing his congregants spiritual being. Pastor T does, however, expose his own historical struggle with deciphering his level of involvement in psychological matters, both in terms of working beyond his professional remit and in his experience of emotional over-involvement, an issue which he professes time and experience to have resolved. The complexity of trying to manage psychological issues has been reinforced through a number of participants' accounts and pastor S complements this notion in the following excerpt:

> *"so it's a bit of a minefield when it comes to the psychological side of a human being because all you want to do from a pastoral perspective is see that you've helped them to make the right choice and if I'm honest, sometimes you don't really know" (Pastor S:474-477)*

Pastor S's reference to a 'minefield' illustrates his trepidation at the uncertainty of the consequence of engaging with the psychological matters of congregants. He speaks of the 'psychological side of human beings' and a 'pastoral perspective' as a mismatch of domains, where he seems to be identifying an inexperience and discomfort in the overlap of expectations. The phrase 'psychological side of a human being' suggests that his comfort and experience may reside in a 'spiritual side of a human being' owing to his pastoral training. The comparison between psychological and pastoral inferences is further explored in his recognition of wanting to support people's decision making despite the complexities involved in issues of a psychological kind. His use of the phrase 'if I'm honest' has emerged again much like in the exploration of his discourse under the subtheme 'weight of expectation', perhaps signifying his awareness of a false sense of competency and accountability, though this time in believing he holds the answer to people's psychological problems. Reverend L highlights another problem faced by religious leaders in terms of individuals' perceptions of the professional remit and obligations:

> *"I also know that sometimes I have to actually take what people said to me and I have to do something with it… and I do have to get their permission, sometimes*

that's not easy, ever actually, because the assumption is that because you've come to a priest it stops here. That isn't true because if somebody comes to me, for example, and confesses, there is a seal of confessional… that's a myth in many ways… there are many clergy who would take it seriously. If somebody came to me and confessed, you know… abusing somebody, then I would…" (ReverendL:346-354)

Reverend L exposes the ethical dilemmas of engagement with individuals and also of the misguided notion of religious leadership confidentiality. She provides an interesting contrast in the expectation of her role as 'I have to actually take what people said to me and I have to do something with it' is given much substance here. People often see religious leaders, particularly in confessionals, as confidentially bound, an illusion she dispels as she identifies this to be situation-dependent and demonstrates her reluctance to be constrained. In the identification of the need to act upon people's confessions and unhealthy dispositions, reverend L demystifies the concept that the professional remit of religious leaders solely encompasses spiritual counsel and appraisals, noting that it may also warrant external intervention.

3.3.2 Religious containment of psychological issues

A majority of participants perceived their particular organisation to have come a long way in their inclusion of psychological issues within the religious arena, although many reported experiencing difficulties in trying to manage psychological issues in-house. The accounts suggest that psychological matters have some connection to one's religious identity and therefore necessitating religious support; however, when considering psychological distress, the predominant opinion leant towards implementing external professional involvement. Reverend L explains her stance on religious containment of psychological issues in her account:

"My role is to help people work through it… and if I can't, and I know I'm getting out of my depth, I need to point them to somebody who can, because I know too many

people who have been damaged by the church, who are damaged by imams, by Judaism, by Catholicism… all of us. None of us are perfect, we all screw other people up, so I don't want to be the one screwing up." (Reverend L: 302-308)

Reverend L understands her vocation to assist people through their difficult life experiences, but notes a precarious side where religious leaders provide support beyond their level of competence. In her account she confesses having personal experience with those damaged by religious leaders who do not stay within their jurisdiction and acknowledges this to be a matter of religion as opposed to denomination. In professing imperfection, reverend L placed all religious leaders on equal footing in the detrimental implications of mismanaging people, and in this accepts her responsibility in managing the intervention and referral process. Pastor H too conveys his disagreement with and the implications of the church containment of psychological issues.

"I think it's kind of wrong for the church to feel they have everything… and exclude the professionals, because we feel it should only be isolated within our own settings. It can be very, very dangerous, and I think churches and church leaders need to be very transparent in regards to that" (Pastor H: 256-261)

In his excerpt he alludes to a presumptuousness of the church in managing psychological concerns whilst being dismissive of the professionals who may be better placed to deal with issues of a psychological kind. Pastor H identifies some religious biases which may be more harmful to both the individual seeking help and the religious organisation, an issue which he urges the church organisation to address. Imam K concurs, acknowledging the following:

"Many Muslim leaders lack, unfortunately, but it can help them to be in a position to work appropriately… having some knowledge about psychology" (Imam K:172-174)

His discourse implies a deficit in Islamic leaders' psychological knowledgebase to be detrimental to their ability to support psychological issues among congregants. His use of the

word ‘appropriately’ suggests there may be some attempt at managing psychological well-being, although the efficacy of interventions may signify mismanagement.

Supporting this notion, pastor S elaborates suggesting a lack of support to be problematic for religious management of psychological issues.

> *“I think sometimes what’s dangerous about church counselling is pastoral counsellors don’t always have another counsellor to throw off on, to say “I’ve heard so much today”* (Pastor S: 31-304)

In other aspects of his interview, pastor S speaks of the emotional turmoil of encountering the psychological distress of congregants, particularly in circumstances where he has found himself unable to help, owing to the limitations of his role, or the responses of congregants themselves. In this excerpt he reiterates this idea, highlighting the lack of professional support and accountability within the role, which impedes his need to unburden and is suggestive of experienced vulnerability in religious leadership. His quote denotes a comparison between church counselling and other counselling, where his description suggests he believes external counsellors get additional support, and this to be essential for the safety of church counselling. Rabbi A too identifies the ramifications of the psychologically untrained organisation for the religious leader providing psychological support.

> *“It’s difficult sometimes to raise some of the concerns with colleagues and to co-mentors because, number one… as in everything, the suggestion that you’re not on top of your job and you need to call on somebody else for help can be very difficult at the best of times, and it’s good to have some type of non-managerial supervision or something going on to help you and to co-counsel”* (Rabbi A: 155-161)

Rabbi A’s discourse portrays an experienced vocational isolation; whilst he acknowledges other organisational members, he feels unable to reach out to them for support in some issues. Throughout rabbi A’s interview he alludes to religious and organisational grievances

which impinge on his religious leadership role, particularly in regard to his service to the community, where he often feels unsupported and yet oppressed by the high expectations of his involvement. Rabbi A experiences needing assistance to be perceived as an incompetency on his part, although it is unclear whether this is an external/organisational belief that has been projected onto him, or a result of his own internal grappling with competency. Rabbi A communicates his unease with seeking support, but proposes guidance from sources external to the governing organisational body to be progressive. This notion supports the earlier identified grievance Rabbi A has with the organisation, as his comment suggests that his issue is not with conveying concerns as much as it appears to be about to whom he conveys them to.

3.3.3 Summary

This superordinate theme and the subthemes highlight the complexities in determining the professional remit of the religious leader. From the participants' accounts there are a number of factors contributing to the understanding of just how much involvement is needed, which fundamentally comes down to one's personal conviction of competence and accountability, and the organisational support they receive.

The vocational status of religious leadership is exemplified in the all-encompassing duties associated with the position, a notion which endorses the religious leaders' calling to service, but one which can also stimulate the blurring of boundaries. Religious leaders were able to acknowledge a limitation to their professional remit in matters concerning psychological distress, with all participants identifying the need for external clinical referrals.

3.4 Superordinate theme 3: The interconnectedness of religion and psychology

The preceding superordinate theme 'Proficiencies and limitations within the role' predominantly focused upon the limitations of religious leadership and the notions of working beyond one's remit. Despite this being a theme throughout the participants' discourses, all participants acknowledged the interconnectedness of religion and psychology and could

identify the overlap between this interaction both within the religious doctrines and within their community engagement. Three subordinate themes were extracted from their accounts to exemplify this: 'Religious understandings of psychological well-being', 'Connection between one's professional role and providing psychological assistance' and 'Discerning between spiritual and psychological issues'.

3.4.1 Religious understandings of psychological wellbeing and distress

The data gathered in this study identifies religious doctrines and teachings to include acknowledgements for the psychological characteristics of humankind. The participants explored this notion from their particular religious orientation, which yielded ideas forming two main positions, either acknowledgements of the inclusion of psychological distress and the methods for psychological wholeness, or through identifying ignorance's regarding one's psychological configuration. Pastor S challenged the stigma attached to psychological distress in his discourse.

> *"Even Jesus himself, when he was in the garden of Gethsemane shows the most distress that a human being can go through, it was written in Luke, and Luke was a doctor, (…) the fact that he could see his sweat become as drops of blood, and Luke is picking up on that, he is a doctor so he can understand how deep the distress was and even Jesus can go through distress and know that he had to lean on the Father to give him peace… get angels to come and minister to him and if that's happened with Jesus you know… who's meant to be man and God, actually meant to be in that place and still be distressed as a human being, how much more we?"* (Pastor S: 394-405)

Pastor S makes reference to the most glorified figure within the Christian faith, namely Jesus, to support the acceptance of psychological distress. In his excerpt he details Jesus's own manifestation of distress when struggling with the burdens upon him as documented within the gospels of the bible. Pastor S refers to one of the writers of the gospels, Luke, who is the only writer to epitomise the insurmountable psychological distress of Jesus through his

description of Jesus's sweat becoming as drops of blood, a gesture purposefully implemented by pastor S to add credence to his portrayal of Jesus's experienced distress. Pastor S is seemingly awestruck in acknowledging Jesus himself to experience such immense psychological pain, whilst making reference to both his deity and human form. The excerpt starts with 'even Jesus himself' and ends 'how much more we?', signifying pastor S's humility at the suffering of Jesus, and could be suggestive of his perception of our fallibility in comparison to the blamelessness of Jesus. Pastor S's acknowledgement of Jesus obtaining relief from the father and in the ministering of angels supports his belief in the greater need for support and sharing burdens, which is echoed throughout his interview. Reverend L's account synchronises with pastor S as she adds:

> *"Why should any of us be any better than Jesus? Jesus suffered on the cross, so why should we think that we're more important than Jesus that we shouldn't suffer? I'm not saying that we should have to suffer, but it's a reminder that God made the world and he didn't make the world to be absolutely perfect, he gave us this wonderful thing called free will."* (Reverend L: 216-222)

Reverend L challenges the response of mankind to human suffering through a series of questions which are experienced as a rhetorical attempt to modulate our sense of entitlement. Her reference to the suffering of Jesus on the cross alludes to his blamelessness and yet merciless sentencing to death. By implying 'we think we're more important than Jesus' reverend L seems unperturbed by our human plight, instead showing humility and acceptance of this human condition. Reverend L absolves God of any blame for suffering, proposing the imperfections of the world and free will to be contributing factors instead, implying suffering to be of our own creation.

Religious inferences to psychological matters were expressed and adhered to by a number of participants. An example is Imam K's reference to religious writings.

> *"Mohammad (…) when we look at his statements, you know, what he said and what he did and his actions, we can see he would always look at the persons*

psychological state and he would answer him accordingly. That's something very obvious and apparent, when someone studies Islamic sciences properly" (Imam K: 161-165)

Imam K perceives the prophet Mohammad as an example and measure upon which to gauge his religious identity. In his description of the correlation between religion and psychology he makes reference to Mohammad's statements which encompass ideas about tending to one's psychological well-being. He proposes Mohammad to have 'looked at the person's psychological state' and responded in accordance, signifying a contextual exploration of psychological meanings and interventions. Imam K's closing statement appears to suggest there to be a correct and incorrect way to understand Islamic principles, perhaps alluding to misrepresentations of psychological well-being. Imam K's awareness of contrary understandings of psychological issues has been portrayed in other accounts. For rabbi R, the controversy stems from stigmas within the religious culture.

"even within Judaism some religious groups are less in trying to acknowledge that, you know… how serious psychological conditions can be, there is a stigma about therapy because that's not a religious thing to do, so to speak, because your bringing in outside ideas, or relying on external sources to the religious framework" (Rabbi R: 28-32)

Rabbi R, whilst expressing his personal conviction of staying within one's professional remit, has appreciation for and willingness to engage with the clinical professional, which he suggests is not a common thread within his religious sphere. He presents stigmas within the religion surrounding psychological involvement, perhaps indicative of a difference between religious and secular help-seeking behaviours. Rabbi R, although liberal himself, acknowledges protocol and religious distress management in other aspects of his interview, a notion inadvertently portraying religious in-group allegiance and possible threat or suspicion of contamination.

Pastor H shares the notion of stigma within the church in the following extract:

"When you're dealing with psychological things, it has always been in the church… but what has happened is, because of the stigma attached… in the church we don't want to face the reality that there is mental illness or someone is either having deep depression or having a mental breakdown" (Pastor H:113-117)

In his interview pastor H recalls how historically psychological distress in the church was extremely taboo, contrasting this perception with the modern-day acceptance of psychological issues. Despite having come a long way, his account details a continual negligence of attending to psychological matters, particularly along the distressing side of the psychological spectrum. He describes this incongruence with his perceived and actual acceptance of the stigmas associated with psychological ill-health. His acknowledgement, 'we don't want to face reality', implies his sense of a covering up or denial of psychological issues within the religious sphere, which coincides with pastor H's and other participants' references to spiritual matters.

3.4.2 Connection between one's professional role and providing psychological assistance

The participants' accounts all coincide with the belief that attending to the psychological needs of their congregation and wider community was a facet of their vocation. The overriding sense from the participants indicated their personal conviction to be essential to their psychological engagement, over and above the religious organisational understandings of psychological well-being and distress. While experiencing psychological engagement as an occupational duty, the participants acknowledged the interpersonal and emotional implications attached to this role. Rabbi A conveys his experience of encountering congregants' psychological distress in his account:

"sometimes a pastor is… your dealing with the psychological distress of the other person, there is also the personal problem of being brought into other people's lives for one, and helping to cope with and sometimes answering the unanswerable… to

support people through their lives, an inadequacy of being able to do that" (Rabbi A: 60-65)

Rabbi A draws a parallel between the pastoral role and dealing with psychological distress, in his acknowledgment identifying the emotional strain of this level of involvement. His use of the words 'being brought into' can imply two things: a passive drawing into another's world with the expectation of proactive engagement, and/or the emotional entanglement experienced by an empathic encounter. Rabbi A continues with an oxymoron in his admission of 'answering the unanswerable', a contradiction which possibly illustrates an experienced hopelessness in his attempt to cope with such a commission within his professional remit.

Friar B also struggles with experienced inadequacy in trying to tend to the needs of the people, finding consolation in a reliance on God.

"God knows how we will handle what he gives us, but I couldn't do this in my own strength… and to be honest, it's not about me, that's what service is" (Friar B: 12-14)

In his discourse friar B acknowledges the limitations of his humanity, attributing his competence in regards to the priestly duties to God. He articulates his self-denial through undermining his own efforts and needs for the sake of others, identifying himself as a vessel for the provision of God. Relinquishing his autonomy in assuming the role of "service" may serve as a protective factor in that it could be a means of defence against the emotional entanglement encompassed in interpersonal encounters.

Pastor S perceives his calling to entail psychological assistance to a greater extent than the preaching side of ministry.

"The healing part of it is not just the physical healing but also for our mind as well and I believe that's what God calls us into place for, into position for pastoral care. It's not just about… it's not even about preaching, preaching is probably just 5% of the job, a

lot of it is walking with people, helping them to become holistic in their being and the psychological element is definitely a big part of that" (Pastor S: 370-376)

In other parts of his account, pastor S cites biblical references in rationalising his position as a religious leader in light of the provision of support he feels qualified to extend to the psychological suffering in the world. Pastor S appears convinced of his belief in healing which expands beyond both spiritual and physical, but also in terms of psychological healing too. One of his excerpts professes God to be in us and the peace that peace brings, his acceptance of the call of God suggests his willingness to extend that peace to all. He proposes that "preaching is probably just 5% of the job", rebuffing one of the foremost job descriptions attributed to religious leaders, especially to charismatic ministers such as himself. His acknowledgement of walking with people and helping them holistically resembles both secular professional psychological interventions and emulates Christ, both of whom he references within his text.

Reverend L also acknowledges the rewarding aspect of her service to the community speaking of the day to day rewards of providing support.

"The hugest thing I realise, never realised quite how much people trust you because of your dog collar, because you're wearing your clergy clothes. So people on trains, people when you're walking on the streets will come and pray or say, "will you pray for me"… then they will say "I've just had a miscarriage" or "this has just happened" or them kind of things you wouldn't normally go to somebody in the streets and say.. so that's a huge privilege… along with being able to help people through those rights of passage, confirmation, baptism, weddings and all the rest of it" (Reverend L: 115-122)

Reverend L appears overwhelmed by the respect and appreciation for her position within the community and from her account she can encounter the psychological distress of another at any point. She says "people trust you because of your dog collar" implying her professional presentation to denote confidence and a sense of accountability. Reverend L sees her

position as unique and one that she feels humbled to be afforded, her religious attire and the connotations of her religious title make her accessible to others and as her interview suggests, bridges the connection between man and God, exposing her to the vulnerabilities, fallibilities and psychological needs of the people.

3.4.3 Discerning between spiritual and psychological issues

A theme throughout participants' discourse was the complexity in distinguishing between matters of a spiritual or psychological kind and/or distinguishing between spiritual or psychological interventions for the issues presented before them. Some of the disparity surrounded religious connotations of psychological well-being, where others may have been a case of personal misjudgement. Pastor T captured the essence of this complexity in his discourse through the following: "sometimes I have to make the disparity between what is a spiritual disposition and what is a psychological disposition… and that can be quite hard at times". Pastor S elaborates upon the intricacy of identifying between spiritual and psychological intervention further:

> *"We believe in God and we believe there is a spiritual being and that healing can take place through prayer… and people can lose their distress because we have had a time of prayer (…). The other side of it is when it is not spiritual, but it's just psychological and it's a very thin line… hold on, do I pray for this person because I really believe spiritually she's been wounded or he's been crippled? Or is this something that they just need to have psychological talks or he needs to have medication?"* (Pastor S:421-429)

Pastor S conveys his belief in both religious and secular interventions for the relief from distress, acknowledging the power of prayer, therapy and medical treatments. However, in his discourse he appears to be grappling with identifying the most appropriate response to congregants' psychological distress. In another section of his interview he asks "do they intertwine? Are they one of the same?" (Pastor S: 430-431), questions with spiritual and psychological connotations, in an attempt to explain the distress he encounters. In this

excerpt, again he demonstrates this exploration. For pastor S, locating the spiritual or psychological core of a matter seems to determine the spiritual or psychological action required.

Imam K, similar to pastor S, conducts analyses on an individual case basis in order to understand the needs of congregants, and in his interview describes a recent experience of distinguishing between religious and external professional input.

> *"There is something called Raqyah in Arabic which is Islamic treatment, it's a treatment with the Quran, Quranic verses… I know it's in each and every religion in order to remove black magic and things like that. I asked her "are you sure that, how do you know that you have that? It may be that you're affected psychologically, you may have some psychological issues that you don't realise" – so I refer them a lot to the doctors and say "look, go and check with your GP as well", so we do… I personally will refer a lot to GP and to see somebody who can help them, like a psychotherapist"* (Imam K: 125-134)

Imam K recalls an appointment with a congregant who approaches him for spiritual healing. The particular method of intervention identified is one he believes can be found among all religious orientations, perhaps in an attempt to generate mutual understanding of practices of its kind. Spiritual treatments are thought to benefit the religious population, and serve both to explain and manage issues of a spiritual kind. The acknowledgement of treatments being in all religions, whilst maybe differing in meaning and application, suggests religious cultural understandings of psychological well-being. Instead of going along with the request of the congregant, Imam K positions himself as a mediator in an explorative probe into her psychological health whilst challenging the need for spiritual intervention. He uses the words "as well" in juxtaposition with his acknowledgement of the place of doctors and psychotherapists, implying that he remains involved in the referral and treatment process, but finds support in the professional remit.

One complexity friar B speaks of is the tendency for religious leaders to perceive human experiences through a spiritual lens, attributing people's psychological struggle to sin. His understanding of over-spiritualisation extends beyond the engagement with other people, as he states that a lack in understanding may also be the result of denying one's own psychological problem.

> *"I don't think we are able to identify those areas where we know it's not a spiritual problem… but will spiritualise everything anyway. But psychologically… maybe because of fear, maybe we lack the insight to see, to distinguish" (*Friar B: 38-41)

The discourse above suggests that friar B accepts some accountability for not adequately addressing issues that might not be of a spiritual nature. He also proposes that fear and lacking insight may be contributors to this discrepancy. In other parts of his transcript, friar B explores the conflicts between his spiritual identity and human nature. His calling to priesthood implies that any struggle should be submitted to God, which in turn will give him the grace/strength to overcome..

Pastor H concurs with the notion of over spiritualisation, attributing the church's denial of psychological issues to the stigmas attached to psychological ill-health.

> *"What I have found with people who have gone through these kinds of challenges… they become super spiritual (…) I can clearly see there were definitely issues or people who came under the guise of spirituality and it absolutely wasn't… it was mental health issues, but again, it's just the stigma attached"* (Pastor H: 122-127)

Pastor H elucidates his historic and current experiences of psychological distress in the church. In his account he describes the relationship between the two, using terms such as "brushing under the carpet" and "not being welcomed", portraying a negative interaction. The extract here sees pastor H attribute over-spiritualisation to be a repercussion of the stigmas and treatment of psychological distress in the church. From his own admission, pastor H encountered actual psychological issues, although his account suggests these were

camouflaged under spiritual simulation, in the Pastor H could be alluding to expressive forms of worship or emotionalism. Whilst not overtly describing what he meant by “clearly see there were definitely issues”, pastor H’s discourse surrounding this text identifies “causing a disruption” to be a feature of psychological ill-health, and some form of external expressiveness.

3.4.4 Summary

This superordinate theme has demonstrated the ways in which the religious leaders in this study perceive religion and psychology to be interconnected. The three emerging subthemes suggested the participants believed religious teaching to account for the psychological needs of man, and whilst some described the embracing of distress, others alluded to an ignorance or negative association. As echoed throughout this analysis, participants understood there to be a limit to their psychological engagement, although there were divergences in the extent and presentation of their engagement. One complexity of the relationship between religion and psychology as identified by the participants is being able to distinguish between spiritual and psychological manifestations of distress, and also of the decision to implement either spiritual or psychological interventions.

3.5 Superordinate theme 4: Personal implications of religious leadership

The participants’ experiences of the role of religious leadership and encounters with psychological distress exposed the personal impact of the vocation, and the personhood of the individual behind the professional identity. As identified in the introduction of this chapter, all themes are thought to interlink. The personal implications of religious leadership demonstrates this overlap well and perhaps invites readers deeper into the subjective world of these participants, beyond religious principle, job specification and congregant engagement. From the participants’ accounts’, four subthemes emerged: ‘Experienced inadequacy’, ‘Hidden struggles: the person behind the veil’, ‘The demands of a relentless vocation’ and ‘Emotional entanglement’.

3.5.1 Experienced inadequacy

It is plausible to see how working beyond one's professional remit may have bought a sense of inadequacy to the religious leaders. The expectations of their psychological engagement was described as impractical and a challenge given their lack of training and psychological understanding. Moreover, participants described a personal inadequacy within their accounts, where they perceived situations where they wanted to, attempted to, or believed it a duty to do more. This experienced inadequacy led them to question their position, grapple with religious understanding and have negative emotional experiences. Pastor S captures this in the following account when describing his struggle with the inability to help those who come to him for support.

> *"I feel I've failed. I feel that I've not been able to help at all and that I've failed you. How true that is, I battle that all the time, but its how I feel. I feel like you came for help and I couldn't help you… your house is burning down, you've called the fire brigade, they come and say "oooh, that's just too much of a big blaze and we can't help" – we expect the doctors, the fire brigade, you know, whatever, you've been called to do something because it's their profession and they have come to you for help, and you should help"* (Pastor S: 253-261)

Pastor S perceives himself to be accountable for the issues presented to him by members of the congregation, suggesting the incapacity to help as being a failure on his part. The words 'How true that is' identify pastor S as experiencing some dissonance with this ideology, suggesting that whilst he may not necessarily believe himself responsible, he has taken on the burden and feels a sense of responsibility. His narrative exposes this sense of accountability further in exploring his failure through an illustration of a burning house and an ineffective fire brigade. Pastor S appears conflicted in his understanding of his professional remit. Some aspects of his discourse support external intervention, whilst here he seems to feel that helping is an onus upon him and within the jurisdiction of his professional capacity.

This tension seems to emerge from a place of expectation: the expectations of those seeking help from him, and his expectation of the vocational qualities.

Reverend L, similar to pastor S, grapples with unsuccessfully meeting the needs of congregants, but has developed a robustness in order to counteract the associated negative impact.

> *"The big thing I've learnt in all my years is accepting that I can't solve the problems of the world, I want a magic want, I want to make everything right… I want to make… and actually that's the hardest thing about my job. I want to stop people having pain…and I'm actually coming to learn that actually we all have to go through that pain, we all have to work through it"* (Reverend L: 297-302)

Whist having high and unattainable ambitions of her religious vocation, reverend L grounds herself in her humanity. Her expression 'I want a magic wand' exemplifies this, as magic wands are usually associated with mystical beings, and conjuring resources from nothing, whilst the preceding words *"I want"* serve as a reminder that the means are not within her grasp. Reverend L's reiteration of the phrase *"I want"* creates a childlike tone, and the matters that she attributes her 'wants' to collaborate with this childlike tone, as they seek to eradicate the harsh realities of this world. By her own admission, reverend L has had to learn of her human fallibility through experience, possibly implying previous unsuccessful attempts to help, and also by means of acceptance, perhaps transpiring through professional maturity.

In an attempt to console themselves for the experiences of inadequacy some participants paid homage to the omnipotence of God, reminding themselves of their subjection to a higher being who has the ultimate say in all things. Rabbi R captures this reliance on God in his narrative:

> *"Sometimes it's really hard, especially when whatever you say, there is nothing you can really do… for example, you can help the parents but a child is in hospital with a*

really bad condition, you can talk it over, but at the end of the day, you know the decision is in God's hands and you can't change things" (Rabbi R: 162-166)

Throughout his interview, rabbi R demonstrates many functionalities of Judaism in the face of psychological distress, through in-house resources and religion-based interventions. In this excerpt, however, he acknowledges all these to be futile. One complexity of providing psychological support, as described by rabbi R, is where your presence, counsel, support, prayers and the like can take you so far, but the outcome does not even so much lie with the individuals themselves, but with God.

When reflecting upon the psychological issues encountered within his professional role, rabbi A articulates a conflict between his personal convictions and the religious principles and limitations.

> *"Maintaining professional detachment is actually really difficult, the inner conflict of values when you… have to wrestle within my heart or in my mind. I would like to be able to reach out in this certain way or wish the religion could be cast having created barriers and stressors… whereas actually I'm not allowed to do that…"* (Rabbi A:138-142)

Rabbi A's feeling of inadequacy stems from experiencing powerlessness from within the religious organisation where he experiences disharmony between some principles and the situations he encounters. His discourse appears to project a tone of frustration where he describes himself as having to wrestle. And through his desire for religion to be "cast", his internal conflict is overtly conveyed throughout the interview. The notion of "maintaining professional detachment" seems to be a ramification of his experiencing.

3.5.2 Hidden struggles: The person behind the veil

Many of the religious leaders were able to divulge how the religious vocation and dealing with the psychological wellbeing of the congregation had implications for their personal lives, with many identifying themselves to have experienced personal psychological distress. In

addition to the reliance on God, the participants proposed themselves and external clinicians to be of support for congregants suffering distress, whilst perceiving there to be a deficiency in support for the religious leaders themselves. Reverend L describes her personal experience of providing support in the following excerpt:

> *"As I talk it through, as much as I love it… it's also very lonely, honestly, it's very lonely. Because you're holding a lot of people's confidences, you're holding a lot of personal stuff and you work where you live… there's no escape"* (Reverend L: 154-157)

Having the time to reflect seemed to provide reverend L with the opportunity to connect with her experiencing on a deeper level as she came to acknowledge the loneliness of the role. In other parts of her interview she discusses the privileges of her interpersonal engagement, such as acquiring respect, confidence and outreach opportunities; however, in this excerpt she discloses the burden of containing the issues of others. Her use of the phrase "you work where you live… there's no escape" can be perceived to be both literal and metaphoric: firstly, a home is provided on the premises with the priestly position, and secondly, as a representative of God, one's work, lifestyle, habits etc. are thought to be interlinked, unlike most jobs where there is a personal and professional dissociation.

While other participants also allude to the burden of the congregants' expectations and the complexities of attending to their needs, pastor H considers the response of congregants to leadership distress in his discourse.

> *"How would the church feel if a leader was to say "I'm challenged with depression, I'm challenged with sleepless nights, I'm challenged with stress", which is a part of mental illness if people didn't realise… how will the church handle that when your leaders saying "I'm also hearing voices, and I don't think these are coming from God"… we've dealt with this thing of the congregation, but I don't think we have actually dealt with the issues of leaders"* (Pastor H: 331-338)

Pastor H hypothetically identifies religious leaders as the ones experiencing psychological distress, questioning how this would be perceived and managed by the church. He appears to be addressing his statements to the church congregation, but also to the organisational board, both of which he identifies as demanding much from religious leaders, and both of which religious leaders predominantly serve. His account unveils an uneven balance of consideration for congregants' psychological distress, while religious leaders own psychological distress is overlooked. The notion of religious leaders experiencing psychological distress, whilst identified as taboo, is an experience echoed within a few participant interviews. Rabbi A details his psychological battle below:

> *"I found accepting that I had a condition which had a name and could be treated actually made life easier rather than harder. I don't widely advertise that I'm being treated for depression but its, I suppose it's an ongoing thing because I'm still taking medication for it, not much now, but I am… and I think it's reasonable to be hurt by the experience one has doing a pastoral job"* (Rabbi A: 308-314)

Rabbi A's divulgence of his experience of depression and medical intervention denotes an acceptance of his personal struggle and perhaps articulates an undertone of blame towards the religious organisation for creating it. He does not "widely advertise" his psychological issue, perhaps owing to the stigmas attached to religious understandings of psychological distress, his decision to conceal seemingly fostered by the additional implications that accompany his religious title. Rabbi A's interview appears to defend the issues which he also describes as being culturally unaccepted, for example homosexuality, suicide, and psychological illness; his frustration with the religious management of such matters could imply his own deviation from all that he supposedly represents. As mentioned in the literature review, religious leadership is highly attributed to power and Godly connection, with scarcely any acknowledgment of personal vulnerability. In his sentence beginning "I found accepting I had a condition", rabbi A dispels this misconception, expressing a sense of freedom in accepting his nonconformity.

Another area explored in relation to the effects of the leadership role was in regard to the participants' families. Pastor H spoke of his family keeping him grounded and rabbi A alluded to vocational involvement seeping into family time, while pastor T identified this to be the greatest challenge of being a pastor.

> *"I think my biggest challenge of being a pastor is my family; if you asked this you may find that many psychological challenges pastors face is not even the church… but the family"* (Pastor T: 245-248)

Perhaps pastor T's quote, similar to the inferences of pastor H and rabbi A above, relates to the support from the family, or the lack of time with the family. Throughout his discourse he makes frequent reference to his family, discussing religious leaders' attention outside of the home and even at one point stating, "If I was to jack in the church today my wife would be… she'd jump on the roof and sing out loud" (Pastor T: 61-63). Pastor T acknowledges the pastoral role creates a tension between his devotion to his family and devotion to service, a tension which he continually navigates and one which he identifies as a reason to evade religious leadership altogether. His suggestion that family may be the predominant psychological challenge faced by pastors implies his personal conviction of the effect one can have on the other. Whilst he does not offer any explanation for his statement, other parts of his account identify experiences of betrayal and over-investment experienced not just by him personally but also his immediate family.

3.5.3 The demands of a relentless vocation

Other areas of this analysis have explored how participants perceive the vocation to be demanding based upon the high expectations placed upon them and the psychological distress they encounter. This subtheme identifies the psychological ramifications of the vocation as experienced by the leaders themselves. A number of participants acknowledged the role to be all-encompassing, lacking boundaries and at times crossing ethical guidelines, this often led to mentally and literally carrying work home from the office, where the

participants themselves struggled to separate their personal and professional life. Reverend L summarises this in the following:

> *"It's draining, because its 24/7… yes I have a day off, but you know, if somebody… I don't want my congregation to think 'oh it's "Mary's" day off, I can't phone her but my mum's just died', actually even if 'my cat's just died'"* (Reverend L: 133-136)

The accountability experienced by the participants is suggested by their inability to distance themselves from their responsibility to the congregation. Reverend L demonstrates this in believing it to be her duty to be on call on her days off. Reverend L wants her congregation to perceive her as accessible, and from her description her availability has no bounds, portraying an omnipresent stance. In another part of her interview reverend L admits a need to be needed; perhaps the notion of being needed incorporates a pressure of not letting people down, and perhaps influences her willingness. Whilst an apparently dutiful act, her commitment to the role entails negative ramifications, and for reverend L this manifests through the experience of a draining vocation.

Friar B also experiences the role as draining, though from an emotional engagement perspective, which is captured in the following excerpt:

> *"I hear confessions… and you see when I get home psychologically I feel drained… oh my gosh… it really takes so much… it's more than working physically, I find it such a burden when you are dealing with people, it's more draining than being in the office"* (Friar B: 32-35)

Friar B's account suggest that he feels unable to distance himself from experiences of others that he encounters, becoming over-involved and attached, which he attributes to his level of care for people. Reflecting on friar B's earlier career aspirations being within the medical profession coincides with his desire to care for the needs of others, but friar B seems to experience a level of difficulty maintaining the boundaries of his duties of care and keeping his experiences separate from that of those he is serving. Friar B suggests the psychological

drain outweighs the physical demands of work. The phrase “it really takes so much” exemplifies this and can be considered twofold, that “it really takes so much” to fulfil the requirements of a confessional priest, but also that having fulfilled the duties “takes so much” out of him.

Rabbi A gives a very frank account of a relentless role, where he addresses the other side of encountering the distress of others, alluding to the time-consuming and at times inconsequential encounters.

> *“I’ve had people that just can’t manage their own lives and, you just want to tell them “get a grip” “make a list, follow the list”, “your life would be a whole lot better if you just listened to my advice… why can’t you do it!” you know, and people just don’t do that, and having the patience to see the same person, week after week, because they can’t manage their life is one of the testing things… and it’s easy to make an appointment with a rabbi than with a doctor, and it’s cheaper than with an analyst, so they keep coming back to us, so that can be tough”* (Rabbi A: 240-248)

Rabbi A, much like friar B and reverend L, has identified the emotional entanglements and issues of over-involvement deriving from the vocation, which perhaps elucidates his annoyance at some of the issues presented to him. He describes some menial and mundane encounters, where he experiences himself as being ineffectual and lacking in patience. He uses the words “you just want to tell them”, which represents an internal dialogue, to congruently project his experiencing which would usually be supressed, perhaps due to the role constraints. Whether his annoyance stems from the nature of the concern or the lack of productivity is unclear, but he does experience his convenience to others to be an inconvenience to himself and as a result, he feels exploited.

3.5.4 Emotional entanglement

One of the most articulated shared experiences of the participants in this study was the recognition of the extraordinary level of emotional involvement that accompanied the vocation. Some participants described their own psychological distress resulting from

emotional investments, whilst others documented the emotional strain of encountering the psychological distress of congregants. The participants felt it their occupational duty to provide the support for the congregants and to serve the religious organisation, but in this subtheme they highlight an imbalance in the emotional trade-off. Pastor T describes this in his reference to a minister for the church who betrayed him:

> *"it's still those people you spend time with, you sacrifice for and it can be very hurtful and hard to get over, because you build certain relationships with people… they are soul ties, and when those ties break, you know… its painful, it's really painful"* (Pastor T:91-95)

Pastor T describes a situation where he experienced immense pain and betrayal from a congregant within his church and his hurt can still be detected within his discourse as he describes this historical situation using present tense terminology. Pastor T places considerable value on interpersonal relationships and his investment therein has the potential to generate vulnerability. His ordeal is perceived to be one of many interpersonal difficulties as he speaks of "those people", "building relationships with people" and them being "soul ties" in plurals.

Corresponding with pastor T, Friar B places emphasis on human relationships, both within the religious organisation and in the wider community, also confessing interpersonal relationships to be the crux of his experienced psychological distress.

> *"I have spent a whole lot of time trying to listen and think that I am doing something good, when psychologically I'm drawing myself into it. Draining myself as well, both emotionally and psychologically"* (Friar B:35-38)

Friar B is aware of the unrealistic expectations placed upon him owing to his religious identity, but still finds himself rising to the challenge of meeting these demands. His belief about what he's expected to do in light of his actual competencies often present a conflict. In this interview he demonstrates this a few times in regard to his endeavour to provide

psychological support or confession. In this excerpt friar B confesses that his attempt to support others has at times resulted in emotional over-involvement, and his description of "draining myself as well" suggests a shift from an empathic position to one of enmeshment. His choice of the words "think that I am doing something good, when…" identifies a warped perception from which he is awakened to the reality of his loss of professional distancing and vulnerability at having been drawn in. Rabbi R shares the notion of "emotionally draining" encounters when he admits:

> *"Being around that much grief is quite emotionally draining, because you're supposed to be there as a support, you want to do more, but sometimes you just can't"* (Rabbi R: 121-124)

Differing from the accounts of pastor T and friar B, whose emotional burdens were the result of over-involvement, rabbi R locates the emotional "draining" as emerging from the desire to do more and the acceptance of his limitations. Throughout his interview, rabbi R appears to demonstrate some interpersonal distancing, relying predominantly upon religious frameworks, remaining within his professional remit and his belief in external professional treatments. However, his discourse here portrays a grappling in his personal and professional separation.

Whilst all the participants acknowledged the emotional entanglement associated with their vocation and personhood, rabbi A encapsulates the essence of this dilemma in his account.

> *"to deal with that as a personal anguish when you have to hide that from the family and be there for them… it's not… they don't want me to have lost my friend, and they don't want me to be showing my stress, they're grieving and my job is to deal with that… so that's tough and requires some coping"* (Rabbi A: 144-149)

Rabbi A exposes the personal and professional dissonance in his description of trying to conceal his personal experiencing whilst remaining efficiently engaged in the implementation of his rabbinical duties. The expectations of the congregants, of the organisation, and even

his perception of his role dictate numerous characteristics and specifications of the vocation, but appear to overlook the personal implications of these. Rabbi A narrates the interpersonal involvement with suicide, consoling a family, homophobia and planning a funeral, and in and amongst all this, his attempt to remain impartial, which is reminiscent of the subtheme 'perceived super humanness', as his endeavour appears humanly impracticable. He justifies his desire to distance himself in explaining: "they don't want me to have lost my friend, and they don't want me to be showing my stress", which is a subtle reminder that managing the psychological distress of others is thought to be 'all in a day's work', and scarcely publicised as contributing to psychological distress for the religious leader.

3.5.5 Summary

The superordinate theme 'Personal implications of religious leadership' elaborated on the personal ramifications of the vocation on the participants. While the interviews yielded much exploration into congregants' psychological distress and their management of this, the most prevalent theme across the accounts alluded to the psychological coping and distresses faced by the religious leaders themselves. Experiencing inadequacy as a result of weighty expectations, concealing one's own struggles owing to stigmas of psychological ill-health, perceiving the vocation as relentless and the traps of emotional involvement were all features of the personal implications as per the participant's descriptions. Whilst religious leaders perceived themselves as crucial to providing psychological support for congregants and even the wider community, a common thread of the interviews exposed the scarcity of, or lack of confidence in, support systems for the religious leaders when experiencing themselves to be psychologically overwhelmed.

Chapter 4: Discussion

4.1 Overview

Studies on religion and psychological well-being are well established within both quantitative and qualitative methodologies; the contributions these studies have made have been instrumental in effecting change and in broadening our understanding of both the religious and psychological domains. These studies have by and large drawn a correlation between both negative and positive implications of religion and one's mental health, and also between the positive and negative implications of psychological understandings and one's religious identity and experiencing. Having conducted a brief literature review in order to identify a gap in existing research (Smith et al., 2009), I found myself struck by the oversight of the position of religious leadership. Whilst organisational leadership itself receives extensive research recognition, the existing literature on religious leadership was sparse.

Owing to the limited research on the distinctive characteristics of religious leadership, this phenomenon remains uncharted, and although studies have explored individual religious leaders, to date there is limited understanding of the concept of religious leadership itself (McClymond, 2001).

This present study contributes to the research by exposing the lived experiences of religious leaders in terms of their experiencing of the psychological distress of their congregation. The interviews produced rich and in-depth data, and from this data four superordinate themes emerged: 1. Expectations of religious leadership, 2. Proficiencies and limitations within the role, 3. The interconnectedness of religion and psychology and 4. Personal implications of religious leadership. In this chapter I explore some of the key findings emerging from the analysis of the participants' data. I also evaluate my findings in regard to present literature.

I conclude this chapter with a consideration of the implications for the field of Counselling psychology and the limitations of this research. Suggestions for future research are also explored.

4.2 Superordinate theme 1: Expectations of religious leadership

The first superordinate theme was formed from a number of findings within the analysis which suggested that the participants perceived their religious identity and occupation to be one which encompasses great expectation. The participants described this expectation as multidirectional, deriving from congregants, religious organisations and doctrines, the wider community and their families. A number of participants also described having high expectations of themselves. Whilst the participants acknowledged the obligations attached to their professional role, they reported the expectations to exceed their job description, and managing these expectations had presented a challenge for the participants. In his study of followers' expectations of caring leaders, Gabriel (2015) found followers' expectations to include notions of competency, morality and judgement over and above the expectations of other professionals.

The expectations of religious leadership were subdivided into three themes: 'Perceived super humanness', 'The weight of expectation' and 'Sense of duty within religious leadership'. The analysis of these themes will be explored in turn.

4.2.1 Subordinate theme 1: Perceived super humanness

Gabriel (2015) summarises the ramifications of leadership expectations to include glorifying or demonising from followers, and a willingness of the leader to assume responsibilities beyond their remit and capabilities. He proposes the judgement and high expectations of followers to stem from unconscious archetypes of heroism which portray leaders as superhuman. The notion of heroic archetypes corresponds with the accounts of the participants, who themselves coined the term 'superhuman'; a term which is generally attributed to divinity and/or fictional heroes and one implemented by the participants to portray their attempt to be and do all things for all people. Much like Gabriel's findings, in an attempt to meet the expectations, the participants found themselves taking on responsibilities over and above their call of duty.

In defining ‘superhuman’ some studies allude to the all inclusivity of the religious leadership role. As the introduction chapter suggested, the religious leader fulfils numerous capacities: ‘the leader of a congregation is not simply an administrator or fundraiser. He or she is a spiritual leader and confidant who has officiated at congregants’ weddings, served as their counsellor, mentored their children, and performed other important and personal functions in their lives’ (Dollhopf & Scheitle, 2013, p.675). The participants in this present study perceived their religious duties to be diversified, and while there was some acceptance and pleasure even in the heterogeneousness of the role, the expectations of, for instance, time constraints, levels of involvement, and accountability rendered the task insurmountable.

The ‘superhuman’ classification seemed to emerge from the participants’ experiences of the expectations being beyond the capabilities of the average man. Throughout their discourses, a number of participants made reference to their humanness, a recognition which at times served as an opportunity to justify their perceived shortcomings, whilst at other times as a reminder to self. Concurring with this notion, Max Weber suggested charisma to be essential in order for religious or political figures to maintain moral influence, describing charisma as a ‘certain quality of an individual’s personality by virtue of which he is set apart from ordinary men and treated as endowed with supernatural, superhuman, or at least specifically exceptional powers or qualities’ (as cited in Barnes, 1978, p. 1).

This description of Weber’s echoes some of the findings within this study. Whilst the participants illustrated the physical expectations assigned to their position, they also acknowledged the embodied expectations of integrity, robustness and proficiency. One participant, for example, appeared to grapple with the ability to apply principles of forgiveness to his circumstances, whilst believing himself to be a pinnacle of the faith. Forgiveness is one example of how religious understanding can contribute to superhuman identification as among religions it is attributed to divine-like qualities, a means of imitating God or deepening one’s religious affiliation (Pargament & Rye, 1998). Casting judgement upon themselves in accordance with their perceived expectations was also a common

thread through other participants' accounts; at times participants appeared to desire to emulate God, whereas at other times they seemed to resent the harsh judgement upon their personhood.

House (1977) suggested that leaders epitomise the attitudes and characteristics as per the expectations of their followers. Not only does this demonstrate the high expectations leaders place upon themselves, but it also results in followers who perceive religious leaders to be objects of identification. House (1977, p. 204) further explains that 'because of other "gifts" attributed to the leader, such as extraordinary competence, the followers believe that the leader will bring about social change and will thus deliver them from their plight'.

The current study's findings suggest that the desire to embody the religious principles and qualities, and the need to extend themselves for their congregants, contributed to the participants' perceived super humanness, which in turn encouraged congregants to experience them as having extraordinary gifting. As established within both existing literature and this current study, the pervasiveness of the perceived super humanness of religious leaders is co-created, requiring followers who 'may be looking for a "father figure", a god or saviour to lift them out of their suffering or insecurity' (Sinclair, 2007, p. 70), and leaders who perceive themselves capable of rising to the challenge.

This subordinate theme lends itself to the next finding which emerged out of the participants' data, where the participants alluded to experiencing the weight of the expectations as a consequence of the external and internal perceptions of super humanness.

4.2.2. Subordinate theme 2: Weight of expectation

Zhe (2008, p. 12) in summary of religious leaders' charisma states that 'followers' expectation of the extraordinary gives rise to an emotional attachment to their leader; such collective affection bestows a sacred power on the leader, and at the same time, confers on him an unavoidable responsibility to close the gap between this ordinary world and his followers' expectation'. The participants in this present study described the expectations placed upon them as burdensome and whilst they acknowledged expectation fulfilment to be

impracticable, the participants conveyed an experienced pressure to meet expectations. Phrases such as ‘placed in a position’, ‘the drive of’, ‘trying to be’ and ‘have to be’ were implicative of their internalisation of, and compliance with, taking upon themselves the weight of expectations.

Research suggests that ‘clergy are socialised to expect some conflict when they accept a position’ (Mueller & Mcduff, 2004, p. 262): they are perceived as integral contributors to contentious political and moral affairs, such as abortion and homosexuality (Mueller & Mcduff, 2004), but are also often made scapegoats for organisational and radicalistic misdemeanours (Kane & Jacobs, 2013). Whilst religious leaders themselves anticipate some backlash and controversy, some of the stigmas attached to their title have presented a challenge for them. The participants in this study identified themselves as a singular facet within a much larger establishment; this acknowledgement was twofold in that it served as a reminder of the higher governance which they adhere to, yet whom they also represent.

Some of the experienced weight of expectation suggests the participants perceived themselves as being the middleman between the overarching organisation, and/or God and that of the congregation and wider community. The participants’ discourses exposed feelings of being overwhelmed by requests, or unable to fulfil duties owing to the constraints of their position. The religious belief systems are thought to position religious leaders at the forefront of religious traditions in order to manage difficult situations, provide comfort for those in distress and explain life challenges (Bellah, 2008; Kane & Jacobs, 2012). The participants in this current study proposed the foremost concern regarding the inability to meet the expectations placed upon them to be the emotional burden, which is illustrated by their contention with what they feel expected to do, in comparison to what they feel capable of achieving.

Rolfe (2007, p. 353) discusses the impact of ministers’ medical leave upon the congregation, suggesting one possible outcome as having a ‘devastating effect on the local community he or she serves’. He considers the implications of the effects to stem from congregants’

responses to the ‘crisis’, proposing pastoral care to be a preventative for such negative ramifications. Rolfe’s study indicates the pressure placed upon religious leaders, the participants in the present study, to the point where even their own psychical health appeared secondary to the needs of their congregation. In line with Rolfe, the participants in this study had a tendency to place the needs of others ahead of their own, resulting in some experienced psychological discomfort for participants. Another similarity between Rolfe and the current study is the expectation for the religious leaders to assume responsibility for the management and outcome of issues affecting their religious communities, including that of their congregants’ psychological distress.

The participants, irrespective of any selection or successional process into leadership, perceived themselves to be ‘called’ into position; this notion provides some consolation for the weight of expectation, through attributing their vocation to purpose fulfilment. The weight of expectation also had an influence upon the participants’ experienced sense of duty.

4.2.3 Subordinate theme 3: Sense of duty within religious leadership

Tanner, Zvonkovic and Adams’ (2012) study serves as a reminder of the power of the congregation and organisation, accentuating the employee status of religious leaders. Whether individuals perceive themselves to have either been ‘called’ into ministry or to have been given a position within a church, they were subject to much scrutiny and criticism, where the results suggest that, like in any other job, not meeting the expectations of the role could result in pastoral termination (Tanner et al., 2012). The participants in this study all acknowledged the obligations encompassed within their religious vocation, inadvertently portraying themselves as submissive to the powers above and also to the communities in which they serve.

Effective leaders ought to exhibit both transformational and transactional characteristics, having the ability to empower, invigorate, and motivate people towards the vision (De Vries, 2004). Charisma transforms followers’ self-concepts and encourages a merging of the identity and values of the followers to those of the organisation (Fry, 2003). Throughout their

discourses, the participants in the present study identified numerous organisational and religious values in support of the importance of spiritual and psychological well-being.

Perceiving themselves to be representatives of their faith and the point of access for the congregation to God reinforced the belief of their acts of service to be features of their vocational duty. Some of the dissonance experienced by the participants with providing psychological assistance for congregants can be explained by Bruyns (2009, p. 49), who defines religious leaders as 'response-able (leaders) as opposed to merely manage-able (management)', adding that 'they actively respond to contextual and moral challenges with the hope of change instead of merely managing the status quo'.

The literature concurs with this study in believing the religious leadership role to be multifaceted, yet, unlike clinicians, religious leaders are also consistent features throughout the course of the lives of their congregants, and may even be familiar with, or have multiple relationships within one family and over generations (Milstein et al., 2008).

4.3 Superordinate theme 2: Proficiencies and limitations within the role

The participants in this study identified the benefits, competencies and limitations of their role, and were also able to assess the appropriate interventions in regard to their engagement with congregants' psychological distress, which they acknowledged at times to require external professional input. This superordinate theme shed light on the complexities of deciphering the boundaries of the professional remit for the participants, and their sense-making of the wider religious community.

Research suggests that religious organisations and their leaders shape the way congregants perceive psychological health, and that viewpoints on healing and illness, and their management, may contribute to tensions between religious and clinical professions (Sullivan, 2013). Irrespective of the discrepancies in theory and application, the general consensus is that both religion and clinical psychological services seek to provide emotional well-being and emphasise the importance of relationships for their parishioners or clients (Sullivan et al., 2013).

The role of religious leaders in the psychological distress of their congregants was reported by the participants to be dependent on a number of factors: the congregants seeking out their support, the religious leaders perceived level of competency and organisational assistance.

Two superordinate themes were identified: 'Understanding the professional remit' and 'Religious containment of psychological issues'.

4.3.1 Subordinate theme 1: Understanding the professional remit

Existing research describes the job description of religious leaders to be extensive (Bussing et al., 2013; Sullivan, 2013), and whilst they are perhaps one of the few professionals afforded access beyond their remit, they may at times venture into restricted areas. In terms of their engagement with the psychological distresses of congregants, a number of participants in the present study described themselves as having been drawn in. The participants believe themselves to have responded to the needs of congregants, and whilst wanting to solve problems and bring some relief, found themselves overwhelmed and under qualified for the task.

Religious leaders within their domain are thought to be best positioned to manage distresses associated with divine struggles (Ellison & Lee, 2009), studies show a correlation between religiosity, life satisfaction and psychological well-being, and religious involvement has been associated with higher survival rates and lower physical illness (Brown et al., 2013). Some practices and beliefs within religious communities are believed to promote positive health outcomes, and religious leaders are considered integral to the success rates of religious interventions.

The participants in this study grappled with the reality of the limitations of their expertise; whilst they reported having believed themselves capable or perhaps, 'required', to manage the psychological distresses of their congregation, they had found themselves unable to meet some of the demands. This admission enabled the participants to consider the implementation of external intervention. Some of the findings suggested the nature of the

presenting issue to be beyond their remit, such as requiring clinical attention, whilst others alluded to the attempt of congregants and the overarching organisation to take advantage of the position of the religious leader. One participant spoke of the misguided confidence of the confessional, whilst others described exploitation from their employers.

Feeling overwhelmed by the engagement with congregants was not merely a consequence of presumptuous involvement, but also relates back to the notion of the expectations placed upon religious leaders by congregants. Existing research has supported the findings within this current study, which acknowledges religious leaders to be sought out by those facing psychological distress, and particularly those from within the religious community (Chalfant et al., 1990; Milstein et al., 2008).

4.3.2 Subordinate theme 2: Religious containment of psychological issues

The participants in this study, although having admitted to experiencing the complexities of deciphering their professional remit, all expressed an acceptance of religious and clinical intervention and their willingness to seek out the appropriate support. However, the participants were conscious of religious cultural concepts of psychological well-being, and reported these to have some adverse effects upon the handling of psychological distress within the religious sphere.

Research proposes some religious leaders to explore the needs of the people through spiritual lenses believing spiritual issues to require spiritual healing; the reluctance to seek out clinical support may lie with mistrust of secular opinions and interventions (Sullivan, 2013). Religious in-group stigmas may also prevent religious persons from accessing external assistance, where they instead have a preference for cultural understandings and in-group biases (Galek et al., 2015).

Some participants reported an awareness of the ‘damage’ caused by, and ‘dangers’ of, religious organisations who try to contain psychological distresses within the religious remit; indeed, existing research suggests that in-house treatment of psychological distress often

leads to wrongly attributing issues to sin and demonic involvement (Stanford & McAlister, 2008).

The other issue to arise out of participants' discourses was the lack of experienced organisational support; the narratives suggest that the participants were lacking in pastoral supervision, and also that needing further help from other professionals was an inadequacy on their part. Research in the psychological field suggests that supervisors ought to demonstrate competency on religious issues and be able to provide support and education for supervisees on religious matters (Aten & Hernandez, 2004); in line with this proposal, the participants in this study indicated a need for psychological supervision.

4.4 Superordinate theme 3: The interconnectedness of religion and psychology

Irrespective of any tensions between the provision of psychological support and religion, the participants corresponded in believing religion and psychology to be fundamentally interwoven. The overlap of the two entities was acknowledged by the participants in terms of theological doctrines, organisational duties, community understanding and through their own subjective experiencing. The interconnectedness of religion and psychology was explored by the participants in one of two ways: as a means of accepting the place of psychological distress within our human condition, or through identification of the negative associations and stigmas attached to psychological distress.

Existing research concurs with the interconnectedness of religion and psychology, with numerous studies having explored the interaction between the two. These findings include psychological health benefits (Clements & Ermakova, 2012), perceiving God as an attachment figure (Ellison & Lee, 2010), religious coping (Bryan et al., 2015), individual engagement with secular or clinical intervention (McMinn et al., 2010) and clinical and religious collaboration (Sullivan et al., 2013).

From the participants' dialogues three subordinate themes transpired, namely: 'Religious understandings of psychological well-being', 'Personal connections with the religious role and psychology', and 'Discerning between spiritual and psychological issues'.

4.4.1 Subordinate theme 1: Religious understandings of psychological well-being

The participants in this study were able to demonstrate the connection between religious doctrines and psychological health, with several narrating religious teachings, or identifying religious figures who themselves encountered some form of psychological discomfort. Being able to draw a connection between divinity and psychological distress brought about an empathic and reciprocal understanding of the psychological issues of their congregations. As identified earlier, religious leaders are perceived to be a gateway between God and man. Being exposed to the vulnerabilities or principles of God seemed to enhance the religious leader's compassion, or in some cases lack of compassion for mankind.

Verhagen et al. (2012) propose the religious inferences of good and evil to be predictors of psychological distress. These inferences are reinforced through teachings, religious community affiliation and the like, may result in guilt, and are furthermore prevalent in the psychological assessments of depression and delusions.

Other participants in this study describe the religious cultural stigmas of psychological distress, shedding light upon how these barriers may negatively influence congregants help seeking behaviours, and organisational mismanagement of such congregant presentations. Existing studies support this identification and acknowledge that such stigmas can result in the concealment of psychological illness, and/or being shunned by the religious community (Flannelly et al., 2006).

A majority of the participants' accounts in this study appeared to defend the prevalence of psychological distress, normalising and embracing its position, attributing distress to divine connection and refining, while other accounts sought to exemplify the religions' discontent with the social stigmas entailed. The conflicting perceptions of the participants, whether

articulating their own experiencing or representing the wider organisation, resembled the wider-scale authentic interaction between religion and psychological well-being.

4.4.2 Subordinate theme 2: Connection between one's professional role and providing psychological assistance

The participants all perceived attending to the psychological needs of their congregation to be integral to their vocational duty, and superseding the duty-bound notion of providing support was the participants' personal conviction. The participants alluded to their engagement with congregants' psychological distresses as being primarily born out of their internal desire to assist. Game and Metcalfe's (2009) case study explored the motives or altruism of pastoral care and the prevalence of a sense of calling in understanding how one perceives one's duty of care.

The current study identified that personal engagement within the vocational capacity often resulted in interpersonal and emotional involvement. And whilst a shared experience, the participants described their encounters differently. Engaging with congregants' psychological distress was identified as: an inadequacy of being drawn in, reliance on divine direction, a major responsibility of the calling, and a privileged entry into people's lives.

The participants found encountering the psychological distresses of congregants and the wider community overwhelming. And in what appeared to be an attempt to self soothe, sought to contextualise the experiencing through their recognition of a higher power and their humanness. The participants' experiencing can be explained through studies which suggest that some religious leaders struggle with maintaining clear boundaries in separating their professional from their personal life (Hill, Darling, & Raimondi, 2003; Kinman et al., 2011), whilst other studies identify that pastoral counsellors may be well equipped with religious knowledge, but lack the competency to provide adequate psychological support (Milstein et al., 2010).

4.4.3 Subordinate theme 3: Discerning between spiritual and psychological issues

The participants expressed a concern within the religious culture to be that of discerning between spiritual and psychological issues and also the appropriateness of religious or psychological interventions. Sullivan et al. (2013, p. 11) explained this tension and the religious management of it as a 'spiritual problem requiring spiritual solution' (where psychological issues are perceived as spiritual), 'mental problem, spiritual solution' (the acceptance of mental issues, but reliance upon spiritual solution), and 'mental illness, spiritual and mental solution' (where mental illness is accepted and is thought to require both spiritual and mental interventions).

The analysis identified the participants' belief in spiritual and religious practices for the relief of physical, spiritual and psychological illnesses, although the findings also shed light on the dubious task of applying the right approach. Contributing to this decision was the religious organisations' professional guidelines, the religious leaders' personal understandings, and the requests of the congregants. Understanding the appropriate intervention was encumbered with complexities of its own as interventions could have multiple meanings and motivations: 'Singing a hymn during times of anxiety constitutes simple behaviour substitution. Directing angry prayers to God has been used in therapy sessions as a type of empty-chair technique to resolve unfinished business and promote catharsis. Prayer and meditation can be used to facilitate relaxation' (Aten & Hernandez, 2004, p.156).

As well as trying to understand the motivations behind interventions applied to psychological issues, religious leaders, much like the clinical professionals, ought to consider the subjectivity of the psychological encounters which may be difficult to measure beyond belief and behaviour (Bryant-Davis & Wong, 2013). Adding to the debate is the knowledge that religious groups differ in their beliefs, as do the individuals within the groups, which is important for the beliefs of psychological functioning, assessments and treatment (Masters, 2010).

The limited psychological training religious leaders may have had may be sufficient to provide low level pastoral counselling, but ideologies such as societal dysfunctions being the consequence of sin and personal choice (McMinn et al., 2006), and notions of negative and positive religious coping (Pargament, Koenig, Tarakeshwar & Hahn, 2004), may render the distinction between a psychological and spiritual matter obscure. The participants in the current study proposed over-spiritualisation to be associated with stigmas of psychological distress and inadvertently cast doubt on their own levels of faith in God and religious practices.

A study by Kenneth, Pargament and Lomax (2013, p. 28) concludes that 'it is important to distinguish between religious struggles that are the end-result of psychopathology and those that lead to psychopathology'; the study outlines a number of complexities in this endeavour for the trained practitioner, and therefore suggests it a near impossible task for the untrained religious professional.

4.5 Superordinate theme 4: Personal implications of religious leadership

Whilst comparatively unexplored, some studies have identified a correlation between the religious leadership role and psychological health (Bussing et al., 2013; Sullivan et al., 2013). Existing research acknowledges the role of religious leadership to entail both beneficial and undesirable implications for one's psychological well-being. However, owing to insufficiency and a prominence in the implementation of quantitative methodological analyses, the experiences of the religious leaders remain unexplored. The participants' accounts supported this notion, with one participant stating that the psychological needs of congregants had received considerable attention and brought about the necessity of a shift in focus on to the experiencing of the religious leader. The participants' discourses shed light on the complexities of their vocational identity and its affect upon their personhood. Whilst the interviews yielded much exploration of congregants' psychological distress and the religious leaders' management of this, the most prevalent theme across the accounts

alluded to the psychological coping and distresses faced by the religious leaders themselves.

The subordinate themes emerging from this were ‘Experienced inadequacy’, ‘Hidden struggles: The person behind the veil’, ‘The demands of a relentless vocation’ and ‘Emotional entanglement’.

4.5.1 Subordinate theme 1: Experienced inadequacy

Having illustrated their experience of the psychological distress of their congregation, and identified the numerous implications and weight of the expectations assigned to their professional role, the religious leaders confessed to experiencing inadequacy. Whilst their job descriptions are extensive, the inability to meet a need is perceived by the participants as a personal failure. Empirical studies show that work-related stressors of religious leaders have negatively impacted their physical and psychological well-being, with burn out and anxiety being among the reported ramifications of their role (Kinman et al., 2011).

Whilst all the participants perceived their vocational duty to include the provision of pastoral care, just as existing research suggests, the emotional strain associated with counselling congregants has been experienced as burdensome (Holaday, Lackey, Boucher, & Glidewell, 2001, p. 3). ‘Emotional dissonance’ describes the internalised facet of emotional labour which ‘refers to the degree of congruence between “true” feelings and those perceived to be required to fulfil the expectation of the job role’. The participants seemed to be engaging with this dissonance throughout their interviews in acknowledging the internal and external expectations of their vocation and the limitations of their professional remit.

The participants identified their awareness of the impracticableness of the expectations placed upon them, and yet in experiencing personal inadequacy these participants appeared to nullify this admission.

This notion is exemplified through Sherwin’s (2004, p.10) claim that exceptional piousness and positioning oneself as a vessel of God was an insufficient basis for congregational

acceptance without ‘the ability to work wonders’. Working wonders in this present study can be depicted in the participants’ accounts of believing themselves to be not only providers of spiritual guidance, but integral to the relieving of congregants’ psychological distresses. The notion of ‘working wonders’ ties in with the earlier explored subordinate theme of perceived super humanness, as the idea of working wonders alludes to mysticism and miracle working. And whilst many of their skills could be defined in this way, miracles for psychological distress may not be so easily achieved.

4.5.2 Subordinate theme 2: Hidden struggles: the person behind the veil

A theme across participants’ accounts related to their own personal experiences of psychological distress resulting from their vocational engagement and the weight of expectations. The notion of ‘hidden struggles’ demonstrates the participants’ desires to personally contain their experiencing, while ‘the person behind the veil’ introduces readers to the personal identity, pushing aside the title and job descriptions, accepting the participants’ invitation to delve deeper into their personal experiencing.

The participants experienced their religious identity to be all consuming and for a couple of participants there was literally no separation between their religious and personal identities as they lived and worked within the organisation, experiencing constant scrutiny from the organisational board. Research supports this experiencing in identifying religious leaders as experiencing various work-related stressors, including over-involvement, poor financial compensation, work related conflict and high expectations (Mueller & McDuff, 2004).

Other issues which the participants revealed as having impressed upon them personally were as follows: containing the cares of the congregation and the inability to offload; the implications of their vocation and the stressors of their vocations upon their families; experiencing vocational isolation; being hurt by the religious community; and needing to conceal one’s own psychological distress.

Krause, Ellison and Wulff (1998) in their study of church-based emotional support, negative interactions and psychological well-being, found negative interactions to be highly taxing for

the psychological well-being of religious leaders to a greater extent than to the general religious congregation.

4.5.3 Subordinate theme 3: The demands of a relentless vocation

Research has well established the role of religious leaders to be extensive, and through the descriptions of the participants, this study has elaborated upon this notion to perceive the role to be relentless. The participants in this study experienced the demands, expectations and judgments cast to be plentiful and unrealistic, but they also found the psychological ramifications of their involvement to be taxing. The participants admitted to having lacked boundaries, found themselves to be mentally and physically drawn in to the role beyond their jurisdiction and crossed ethical guidelines.

Research says of the religious leadership: 'They envision, embody and enable the idea of the good society' and 'empowered with knowledge, values and skills that cultivate and nurture new forms of life together. They fulfil their service with accountability, respect, solidarity' (Bruyns, 2009, p.49). Geertz (as cited in Barnes, 1978, p.2) 'states that meaning, morality, and suffering are three points where chaos threatens to break up man, and any religion which hopes to persist must cope with these problems'.

In addition to the acts of service, organisational principles, expectations of the congregation and wider communities, theological understandings and their personal beliefs, religious leaders have person specifications such as those described above assigned to their roles.

The participants in this study perceived themselves to be at the whim of others, and expected to contribute to damage limitation, crisis prevention, to give of themselves entirely, support psychological distress and provide comfort in times of grief with little acknowledgement for their well-being. One participant summaries this well in his account where he proposes 'it's easier to make an appointment with a Rabbi than with a doctor, and it's cheaper than with an analyst, so they keep coming back to us, so that can be tough'.

4.5.4 Subordinate theme 4: Emotional entanglement

One of the foremost experiences expressed by the participants in this present study was of the emotional involvement within religious leadership. Whilst the religious leaders had anticipated experiencing some emotional exchange given the interpersonal nature of the calling, the participants reported not having expected to find the impact upon them so great that it would even contribute to their own experienced psychological distress.

Bussing et al. (2013) considers the position of those who have the professional responsibility of caring for others, having found phases of crisis, burn out and reductions in life satisfaction to be consequences of religious leadership involvement. In an IPA study of religious leaders' perceptions of their emotional and psychological needs, Ngamaba (2014) addressed the stresses found within religious leadership which incorporated familial impingement and the lack of self-care whilst providing care for others. These studies concur with the current study, where participants raised similar concerns within their own lives.

Bruyns' (2009, p. 58) summary speaks of religious leaders ministering hope in an age where 'deep healing' and hope are needed; throughout the participants accounts they spoke of being called and their duty of service. Religious leadership is a charismatic form of leadership desiring to instil hope and effect change (Barnes, 1978).

All the participants in this study were able to describe an occasion which, on reflection, highlighted their over-involvement; participants spoke of self-sacrificing, emotional absorption and having to employ coping strategies in the midst of another's distress. Hochschild (Kinman et al., 2011, p. 2) encapsulated their experiences in saying 'the requirement to regulate personal emotions and manage the emotions and manage the emotions of others as part of the job role has been described as "emotional labour"'.

4.6 Summary

The term 'vocation' was used interchangeably with 'religious leadership' and 'role' in an attempt to distinguish the variation between a position the participants felt God had 'called and gifted' them into, and the job description of the organisation in which they work. This

was purposefully employed as each seemed to hold particular significance for the participants and illustrated the varying facets of their professional role.

The participants' sense of calling appeared to provide some consolation for the unique challenges presented by their role; in this sense participants perceived themselves as yielding to a higher power and strategically positioned between man and God. The religious leadership role seemed to signify their employment status and service to the overarching organisation and community. Irrespective of either classification, the participants were unified in perceiving their profession a calling into service.

The particular phenomenon in focus for this study was the participants' experiencing of the psychological distress of their congregation. This study appreciates the subjective nature of the participants and therefore left the interpretation of psychological distress at the discretion of the individual. The participants were all able to describe a personal encounter with their congregants' psychological distress, and whilst the representations were diversified (as expected), the participants were unified in acknowledging themselves to have been integral to the experiencing.

The participants believed it part of their vocational duty to provide psychological support for their congregation, and indeed for the community in general. And whilst they achieved some job satisfaction from fulfilling this purpose; the participants identified some of the complexities in tending to this particular call of duty. From the enquiry into their experience in relation to the psychological distress of their congregation, four main themes emerged, and the participants acknowledged: the expectation of religious leadership, proficiencies and limitations within the role, the interconnectedness of religion and psychology and personal implications of religious leadership.

The findings suggest that the religious leadership role is unique, with its job description far more extensive than the average leadership role; religious leaders are by default expected to fulfil a number of professional and personal duties, and religious leaders are thought to be

privy to all aspects of the congregants' lives, supporting them in multiple ways and across generations.

The psychological implications of the religious leadership role and of the religious leaders' endeavour to meet the psychological needs of the congregation was a main finding in this study. Participants acknowledged their professional limitations, and the need for external professional intervention, although they were also aware that they were often involved in matters beyond the level of their expertise. The participants believed their level of involvement to derive from the high expectations associated with their religious identity, these expectations were experienced as coming from theological understanding, the religious organisation, the congregation and wider community, the religious leader's families and from their own internal expectations, another important finding which emerged from the data within this study.

4.7 Conclusion

This study sheds light upon the complexities experienced by religious leaders who within their vocational duties believe it to be their obligation to provide psychological support to their congregations. This study extends the discussion further by considering the particular experience of 'psychological distress' owing to the prevalence of these encounters for religious leaders and the findings within existing literature which proposed these professionals to receive greater exposure to those suffering psychological distress than the clinical profession.

Whilst participants believed their vocation to include tending to the psychological needs of their congregation, the participants had not felt equipped to deal with the level of involvement, nor the insurmountable expectations and extensive job description. The participants in this study all supported the belief in external psychological intervention for issues bordering beyond their area of expertise, although they admitted to being emotionally drawn in and experienced inadequacy when incapable of providing assistance.

Whilst accepting the responsibility to serve and care for others, the participants reported feeling unsupported and as having nowhere to turn for their own psychological needs. Clinicians who also provide support are safeguarded through provisions such as supervision to support their self-care and the care for their clients; such provisions may require further consideration for the religious leaders' helping profession. The study yielded no definitive conclusion, but highlights the difficult position of a religious leader, particularly in regard to their engagement with psychological distress.

The study emphasises the need for collaboration between religious leaders and the field of counselling psychology.

4.8 Implications for Counselling Psychology

Existing research has extensively explored the connection between psychological well-being and religiosity, with findings having identified both positive and negative religious coping strategies (Pargament & Lomax, 2013; Krageloh et al., 2010; Ellison et al., 2013).

Other studies have evaluated the relationship between religious and secular psychological intervention, in order to understand the barriers, conflicts and controversies which may have implications for individuals' access to appropriate treatment (Koenig, 2012; Sullivan et al., 2013).

Whilst both the fields of counselling psychology and religion have come a long way in appreciating the holistic well-being of their clients (for clinicians) or congregants (religious community), there still remains a reluctance, or perhaps oversight, in the referring of individuals to alternative means of intervention, even if the individuals presentation borders beyond ones area of expertise (Hill & Pargament, 2003; Milstein et al., 2008; Shafranske, 2005). Other studies consider the lack of appreciation for professionals beyond one's own remit, which can also be attributed to in-group/out group biases, to be causal contributors to the mistrust between clinical and religious professionals; this may further be exemplified through other group stigma and ignorance (Sullivan, 2013).

Clergy have been reported to be the most frequent and initial contact sought out by individuals facing psychological distress, and other studies suggest they are the initial professional exposed to extreme stressors above both psychological and psychiatric clinicians combined (Chalfant et al., 1990; Weaver et al., 2001). Whilst psychological intervention may be the professional remit of clinicians, research has revealed the vocation of religious leadership to be intrinsically intertwined with the psychological needs of their congregation, with some of the more difficult experiences such as psychological distress being consequentially incorporated. Given the emphasis of counselling psychology practice on working with the subjective experiences of individuals, and the focus upon how well-being and distress are conceptualised, research which illustrates this lends itself to the field of counselling psychology (Douglas, Woolfe, Strawbridge, Kasket, & Galbraith, 2016).

This current study sought to shed light on a relatively marginalised population, in exploring a phenomenon which has received little recognition and is yet essential for the field of counselling psychology in order to gain a better understanding of the religious community.

Religious leaders are the professionals within their particular culture, and whilst the field of counselling psychology may include some individuals with religious training or knowledge, gaining insight from the religious leaders themselves is beneficial for future developments.

This study supports the ethos of counselling psychology which holds reflexivity as one of its core values; as well as personal development, this notion calls for social, ethical, political and cultural awareness (Douglas, et al., 2016). This research not only adheres to the commitment to develop the context of the working practice, but also has the potential to break down some of the misconceptions surrounding the controversies between the religious and clinical fields, enabling the religious population to comprehend the field of counselling psychology's desire to understand religious culture more and to be able to offer the appropriate assistance.

The inclusion of religious and spiritual matters in psychological assessments and interventions is progressive, and this study is thought to contribute to that progression.

Furthermore, as acknowledged in the introduction, Hill (1999, p. 230) suggests that the psychology of religion is still largely undermined and that 'to be taken seriously as a legitimate domain of study, great is our responsibility to demonstrate how the study of religion can have a meaningful and lasting influence on the discipline of psychology as a whole.'

One proposal in bridging the gap between the clinical and religious professional fields has emerged from conducting this thesis, and that would be to seek to provide psychological consultations to religious organisations and work alongside them in supporting psychological well-being among their congregants. Consultation models such as Systems Theory (Beer & Spectors, 1993; Bennis, 1970, 1993; Homan, 2004) could be implemented, where organisations are perceived as a system comprising subsystems which serve to interact and influence the overarching system and are helpful theories for understanding interrelationships between a system and its environment (Brack, et, al., 1993). Though implementing a systemic approach to consultations, this intervention seeks to assess leadership and congregant dynamics, in order to enhance systematic interactions, performance and application, particularly in regards to supporting the overall wellbeing of the organisation, congregants and leadership alike (Fuqua & Newman, 2002).

In keeping with a systems theory approach to psychological consultation, it would be beneficial for such interventions to incorporate the perspectives of leadership boards and representatives from the congregation, who form two of the organisational subsystems. One method of gathering this information could be to draw from the IPA process of data collection to explore their perspectives and experiences of psychological health within the religious organisation. Another consultation theory that could be implemented alongside a systems theory approach draws on Caplan's (1970) Mental Health Consultation model, owing to the respect for the professionalism of the religious leaders themselves. This model is underpinned by the desire to develop a collaborative relationship in which both consultant and consultee are respected for their expertise and agency, and are perceived as equals

and jointly responsible for the development and execution of any intervention (Mendoza, 1993).

As well as understanding the organisational dynamics in an attempt to enhance interrelationships, providing opportunities for psychological education and awareness through workshops, leadership team supervision sessions and bridging the gap between religious organisations community based support systems are all seen as possible progressive steps to promoting psychological well-being.

As counselling psychologists, one of the key considerations applied to working with persons is maintaining cultural awareness. This would be of particular importance when coming alongside religious organisations with the desire to provide support and effect change. This would require cultural sensitivity and competency from clinicians, and also the ability to not just experience organisations as a whole, but to consider the multiple dimensions within the system. Not only is it essential to respect the position/perspective of the other, but also for counselling psychologists to be willing to incorporate these 'positions/perspectives' within interventions. Having a pluralistic framework could benefit the counselling psychologist who may desire to support religious organisations with the cultural sensitivity as discussed. This postmodern epistemological position acknowledges the complexities and diversities of world views and holds a philosophical assumption that there are a variety of plausible competing perspectives. It is also ethical and political in that it is committed to respecting and valuing otherness and inclusivity (Ashley, 2010). Pluralism not only considers other perspectives of worldviews, but also proposes that no theory or method is truer than another, and therefore encourages us as practitioners to 'tailor make' therapeutic alliances in the knowledge that one size does not fit all. The therapeutic intervention would be client led, and developed through an exploration of the variety of theories and methods in existence and through acknowledging how they would explain the methods for working with the needs of our clients and where necessary, the various aspects of the system. Pluralism is an empowering approach and places the client as the active agent of change; working alongside religious

professionals would support their self-governance and inform the work, which would be supported by the flexibility and collaborative nature of the approach. The pluralistic framework would also support counselling psychologists in the authentic and strategic implementation of therapeutic models of counselling, and in an appreciation for how the models, for example; humanistic, existential, psychodynamic theory may be interpreted and may elucidate the multicultural diversities, and cultural understandings of psychological well-being. This way of working would contribute to holistic competency and sensitivity when providing therapeutic support for religious leaders and within their wider religious communities.

In exploring the religious leaders' experience of the psychological distress of their congregation this study desires to bridge the gap between the clinical field and religious cultural understandings of psychological distress and help-seeking behaviours. In addition to increased cultural understanding, this study supports the endeavour for collaborative developments, edification and support for both religious leaders and clinicians in dealing with the religious population or presentations of religious issues.

4.9 Strengths and limitations

The strength of this study was its implementation of the IPA qualitative analytic methodology, which values quality over quantity of experiences, with a focus upon the meanings assigned to experiences (Willig, 2008). Much of the existing literature surrounding religion and psychology found in compiling this study applied a quantitative analysis which may propose certain correlations between psychological distress, religiosity and religious leadership, but does not delve into the lived experiences themselves.

The participants supported my rationale in their articulation of there being little acknowledgement of their input regarding congregants' psychological distress, and indeed their own personal experiencing. The research area was a strength within itself, as participants experienced it as an opportunity to be heard, and a chance to engage with the clinical population, both in terms of informing the study and as a means of personal inquiry.

In feeding back, participants expressed an interest in the findings and also saw this study as a means to future collaboration between the fields of counselling psychology and religion.

A sample size of eight is considered to be sufficient for a doctoral study and was an appropriate sample size in keeping with the qualitative IPA desire to achieve richness in depth and breadth of understanding (Smith et al., 2009). Having a small sample size restricted to religious leaders who have experienced the psychological distress of their congregation, this study cannot be regarded as representative of the entire population, or of religious leaders themselves. The exclusion criteria which disallowed religious leaders who have encountered recent experiences of psychological distress, whilst implemented for ethical consideration, could have mitigated the lived-experience, this also further reduced the generalisability. However, this sample size was beneficial for this research enquiry, which yielded much rich data; having more participants may have diluted the quality of analysis, losing some of the essence in the process.

The study, whilst homogeneous, had an imbalance of represented religions, with a majority being from the Christian faith and only one representative from Islam. While having set out to 'adequately represent the entire range of variation rather than only the typical members or some subset of this range' (Maxwell, 2008, p. 235), the purposive sampling fell short of this endeavour. Irrespective of this, the participants were reflective of the criteria and all made a unique and profound contribution to this study, being homogeneous in that they are a specific group of people who are representative of a perspective, rather than a population (Smith et al., 2009). As a part of researcher reflexivity, questions were raised in order to examine any biases which could have influenced the participant sample; also included in this reflexivity were considerations for the current climate of much political and cultural tension.

4.10 Future research

This research collaborates with existing studies in suggesting that religious leaders have received little attention from the psychological research field. Whilst much focus has been centred upon religion/spirituality and psychological well-being, future research could benefit

from exploring the religious leadership experience in regard to many of the existing study findings which have explored the perspective of general religious persons.

Another idea for future research lies with the chosen methodology itself; IPA has been criticised for not addressing the 'why' question to the participants experiencing, and therefore one possible suggestion is to follow up the current study utilising grounded theory to explore this phenomenon further (Smith et al., 2009).

This current study received a lot of support and interest from participants, and could have taken a number of directions. Smith et al. (2009) reminds us that IPA enables an exploration of diverse perspectives in regard to the same experience, and bearing this in mind this study could be replicated looking at individual religions. Whilst not recommended, but not out of the question in an IPA study (Smith et al., 2009), further research could be conducted with focus groups. Smith et al. (2009, p. 71) state that while it would hinder the phenomenological facet of IPA, focus groups 'allow multiple voices to be heard at one sitting, drawing a larger sample into a smaller number of data collection events'. Using this method with a group of religious leaders, or the leadership board of a religious organisation may 'give rise to research questions which are often better suited to more explicitly discursive approaches' (Smith et al., 2009, p. 71), whilst detracting from IPA itself, may yield interesting analysis.

A number of participants spoke directly of their personal struggles with psychological distress and how their religious role had impacted their families; whilst this was acknowledged in this current study, it was predominantly in relation to their encounter with congregants' psychological distress. Further research could focus on the religious leader's experience of personal psychological distress while leading the people. This would therefore be more about their own experiencing and how they manage this privately and publically, as opposed to their responses to the psychological distress of another. Another future study could focus on the family life of a religious leader to understand how the vocation impacts the family.

References:

Ali, O. M., Milstein, G. & Marzuk, P. M. (2005). The Imam's role in meeting the counselling needs of Muslim communities in the United States. *Psychiatric Services*, 56, 202-205.

AlSarhi, N. S., Salleh, L. M., Mohamed, Z. A., & Amini, A. A. (2014). The West and Islam perspective of leadership. *International Affairs and Global Strategy*, *18*, 42-56.

Aksan, N., Kısac, B., Aydın, M., & Demirbuken, S. (2009). Symbolic interaction theory. *Procedia-Social and Behavioral Sciences*, *1*(1), 902-904.

Ammerman, N. T. (2003). Religious identities and religious institutions. *Handbook of the Sociology of Religion*, 207-224.

Andrews, G., & Slade, T. (2001). Interpreting scores on the Kessler psychological distress scale (K10). *Australian and New Zealand journal of public health*, *25*(6), 494-497.

Ashley, H. (2010). Therapy and Beyond: Counselling psychology contributions to therapeutic and social issues. *Humanistic Contributions to Pluralistic Practice.*

Aten, J. D., & Hernandez, B. C. (2004). Addressing religion in clinical supervision: A model. *psychotherapy: Theory, Research, Practice, Training*, *41*(2), 152.

Barker, C., Pistrang, N., & Elliott, R. (2002). *Research methods in clinical psychology: An introduction for students and practitioners.* (2nd Ed.). Chichester: John Wiley & Sons.

Barker, E. (2008). The Church without and the God within: Religiosity and/or Spirituality?. *The centrality of religion in social life: essays in honour of James A. Beckford*, 187-202.

Barnes, D. F. (1978). Charisma and religious leadership: An historical analysis. *Journal For The Scientific Study Of Religion*, *17*(1), 1-18.

Bellah, R. N. (2008). The R word. *Tricycle: The Buddhist Review*, 50–55; 114–115.

Berger, R. (2013). Now I see it, now I don't: Researcher's position and reflexivity in qualitative research. *Qualitative research*, *15*(2), 219-234.

Beyers, J. (2017). Religion and culture: Revisiting a close relative. Hervormde Teologiese Studies, 73(1), 1-9.

Biggerstaff, D. (2012). Qualitative research methods in psychology, Psychology - Selected Papers, Dr. Gina Rossi (Ed.), ISBN: 978-953-51-0587-9, InTech, DOI: 10.5772/38931. Available from: http://www.intechopen.com/books/psychology-selected-papers/qualitative-research-methods-in-psychology.

Blair, L. (2010). A critical review of the scientist-practitioner model for counselling psychology. *Counselling Psychology Review*, *25*(4), 19-30.

Brack, G., Jones, E.S., Smith, R.M., White, J., & Brack, C.J. (1993). A primer on consultation theory: Building a flexible worldview. *Journal of Counselling & Development*, Vol.71.

Breakwell, G. M., Smith, J. A., & Wright, D. B. (2012). *Research methods in psychology* (4th ed.). London: Sage Publications.

British Psychological Society. (2014). Code of human research ethics. Retrieved from: http://beta.bps.org.uk/news-and-policy/bps-code-human-research-ethics-2nd-edition-2014.

Brocki, J. M. & Wearden, A. J. (2006). A critical evaluation of the use of interpretative phenomenological analysis (IPA) in health psychology. *Psychology and Health,* 21(1): 87–108.

Brown, O., Elkonin, D., Elkonin, D. & Naicker, S. (2013). The use of religion and spirituality in psychotherapy: enablers and barriers. *Journal of religious health*, 52, 1131-1146.

Brubaker, R., & Cooper, F. (2000). Beyond “identity”. *Theory and society*, *29*(1), 1-47.

Bruce, S. (2011). Defining religion: a practical response. *International review of sociology*, *21*(1), 107-120.

Bruyns, C. (2009). Ethical leadership in and through religious traditions. *Ethical Leadership: and the challenges of moral transformation*, 47.

Bryan, J. L., Lucas, S. H., Quist, M.C., Steers, M.N., Foster, D.W., Young, C.M., & Lu, Q. (2015). God, can I tell you something? The effect of religious coping on the relationship between anxiety over emotional expression, anxiety, and depressive symptoms. *Psychology of Religion and Spirituality*, 1-6.

Bryant-Davis, T. & Wong, E. C. (2013). Faith to move mountains: Religious coping, spirituality, and interpersonal trauma recovery. *American Psychologist* 675-683.

Bussing, A., Gunther, A., Baumann, K., Frick, E. & Jacobs, C. (2013). Spiritual dryness as a measure of a specific spiritual crisis in catholic priests: associations with symptoms of burnout and distress. *Evidence-Based complementary and alternative medicine*, 1-10.

Carroll, J. W., & Roozen, D. A. (1990). Congregational identities in the Presbyterian church. *Review of Religious Research*, 351-369.

Cauce, A. M., Domenech-Rodriguez, M., Paradise, M., Cochran, B. N., Shea, J. M., Srebnik, D. & Baydar, N. (2002). Cultural and contextual influences in mental health help seeking: A focus on ethnic minority youth. *Journal of Consulting and Clinical Psychology*. Vol. 70, No. 1, 44–55.

Chalfant, H. P., Heller, P. L., Roberts, A., Broines, D., Aguirre-Hochbaum, S. & Farr, W. (1990). The clergy as a resource for those encountering psychological distress. *Review of religious research*. 31(3) 305-313.

Cinnirella, M., & Loewenthal, K. M. (1999). Religious and ethnic group influences on beliefs about mental illness: A qualitative interview study. *British journal of medical psychology*, (72), 505-524.

Clements, A.D. & Ermakova, A.V. (2012). Surrender to God and stress: a possible link between religiosity and health. *Psychology of religion and spirituality*, 4(2), 93-107.

Cummings, J.P., Ivan, M.C., Carson, C. S., Stanley, M. A., & Pargament, K.I. (2014). A systematic review of relations between psychotherapist religiousness/spirituality and therapy-related variables. *Spirituality in Clinical Practice*, 2, 116-132.

Creswell, J. W. (2013). *Research design: Qualitative, quantitative and mixed method approaches*. Sage Publications.

Cromby, J., Harper, D., & Reavey, P. (2013). *Psychology, mental health and distress*. Basingstoke: Palgrave Macmillan.

Daniels, C. & Fitzpatrick, M. (2013). Integrating spirituality into counselling and psychotherapy: Theoretical and clinical perspectives. *Canadian Journal of Counselling and Psychotherapy*, 3, 315-341.

De Vries, M. K. (2004). Organizations on the Couch:: A clinical perspective on organizational dynamics. *European Management Journal*, *22*(2), 183-200.

Dein, S., Cook, C. C. H., Powell, A. & Eagger, S. (2010). Religion, spirituality and mental health. *The psychiatrist*. 34, 63-64.

Delaney, H. D., William, M. R. & Bisono, A. M. (2013). Religiosity and spirituality among psychologists: A survey of clinician members of the American psychological association. *Spirituality in Clinical Practice*. 1, 95-106.

Denzin, N. K. (2004). Symbolic interactionism. In Flick, U., Von Kardorff, E. & Steinke, I. *A companion to qualitative research* (81-87). London: Sage Publications.

Dollahite, D. C., Marks, L. D., Kear, T. M., Lewis, B. M., & Stokes, M. L. (2017). Beyond the bucket list: Identity-centered religious calling, being, and action among parents. *Psychology Of Religion And Spirituality*. http://dx.doi.org/10.1037/rel0000130.

Dollhopf, E. J., & Scheitle, C. P. (2013). Decline and conflict: Causes and consequences of leadership transitions in religious congregations. *Journal For The Scientific Study Of Religion*, *52*(4), 675-697.

Douglas, B., Woolfe, R., Strawbridge, S., Kasket, E., & Galbraith, V. (2016). *The handbook of counselling psychology (4th ed.)*. Los Angeles : Sage.

Drapeau, A., Marchand, A., & Beaulieu-Prévost, D. (2012). Epidemiology of psychological distress. In *Mental illnesses-understanding, prediction and control*. InTech. 105-134.

D'Souza, R. (2007). The importance of spirituality in medicine and its application to clinical Practice. *Spirituality and Health*. 186(10), 57-59.

Ecks, S. (2016). The strange absence of things in the “culture” of the DSM-V. *CMAJ : Canadian Medical Association Journal*, *188*(2), 142–143.

El Azayem, G. A., & Hedayat-Diba, Z. (1994). The psychological aspects of Islam: Basic principles of Islam and their psychological corollary. *The International Journal for the Psychology of Religion*, *4*(1), 41-50.

Ellison, C. G., & Lee, J. (2010). Spiritual struggles and psychological distress: Is there a dark side of religion?. *Social Indicators Research*, *98*(3), 501-517.

Ellor, J. W. (2013). Religion and spirituality among older adults in light of DSM-5. *Social Work and Christianity*, *40*(4), 372.

Exline, J. J., Yali, A. M., & Sanderson, W. C. (2000). Guilt, discord, and alienation: The role of religious strain in depression and suicidality. *Journal of Clinical Psychology*, 56, 1481–1496.

Finlay, L. (2006). Mapping methodology. In L. Finlay & C. Ballinger (Eds.), *Qualitative research for allied health professionals: Challenging choices.* Chichester, England*:* John Wiley & Sons.

Finlay, L. (2009). Debating phenomenological research methods. *Phenomenology & Practice*, 3 (1), 6-25.

Finlay, L., & Evans, K. (Eds.). (2009). *Relational-centred research for psychotherapists: Exploring meanings and experience*. John Wiley & Sons.

Fischer, P., Ai, A. L., Aydin, N., Frey, D., & Haslam, S. A. (2010). The relationship between religious identity and preferred coping strategies: An examination of the relative importance of interpersonal and intrapersonal coping in Muslim and Christian faiths. *Review Of General Psychology*, *14*(4), 365-381.

Flannelly, K. J., Stern, R. S., Costa, K. G., Weaver, A. J., & Koenig, H. G. (2006). Rabbis and health: A half-century review of the mental and physical health care literature: 1950-1999. *Pastoral Psychology*, *54*(6), 545-554.

Frost, N., Nolas, S-M., Brooks-Gordon, B., Esin, C., Holt, A., Mehdizadeh, L. & Shinebourne,

P. (2010). Pluralism in qualitative research: the impact of different researchers and qualitative approaches on the analysis of qualitative data. *Qualitative research,* Vol. 10, 1- 20.

Fry, L. W. (2003). Toward a theory of spiritual leadership. *The leadership quarterly*, *14*(6), 693-727.

Fuqua, D. R., & Newman, J. L. (2002). The role of systems theory in consulting psychology. In R. L. Lowman (Ed.), *The California School of Organizational Studies handbook of organizational consulting psychology: A comprehensive guide to theory, skills, and techniques* (pp. 76-104). San Francisco: Jossey-Bass.

Gable, S. L. & Haidt, J. (2005). What (and why) is positive psychology? *Review of General Psychology.* Vol. 9 (2). 103-110.

Gabriel, Y. (2015). The caring leader–What followers expect of their leaders and why?. *Leadership*, *11*(3), 316-334.

Galek, K., Flannelly, K. J., Ellison, C.G., Silton, N. R., & Jankowski, K. R. B. (2015). Religion, meaning and purpose, and mental health. *Psychology of Religion and Spirituality*, 1, 1-12.

Game, A. & Metcalfe, A. (2009). Caring for the destitute: Finding a calling. *Journal of Spirituality In Mental Health.* 11 264-281.

Ganzevoort, R. R., & Roeland, J. (2014). Lived religion: The praxis of practical theology. *International Journal of Practical Theology*, *18*(1), 91-101.

Gelber, R. L. B. (2005). The power of the rabbinate: Opportunities for education and awareness in combating domestic violence in the Jewish community. *Journal of religion & abuse*, *6*(3-4), 149-153.

Gelo, O., Braakmann, D., & Benetka, G. (2008). Quantitative and qualitative research:

Beyond the debate. *Integrative psychological and behavioral science*, *42*(3), 266-290.

Gerber, M.M, Boals, A., & Schuettlet, D. (2011). The unique contributions of positive and negative religious coping to posttraumatic growth and PTSD. *Psychology of Religion and Spirituality*, 4, 298-307.

Greenidge, S. & Baker, M. (2012). Why do committed Christian clients seek counselling with Christian therapists? *Counselling psychology quarterly*, 3, 211-222.

Guillemin, M., & Gillam, L. (2004). Ethics, reflexivity, and "ethically important moments" in research. *Qualitative inquiry*, *10*(2), 261-280.

Hammer, R.R. (2000). Pastor, church & law. Matthews, NC: Christian ministry resources.

Harrison, V.S. (2006) The pragmatics of defining religion in a multicultural world. *International Journal for Philosophy of Religion* 59(3):pp. 133-152.

Harvey, A.J., & Callan, M.J. (2013). The role of religiosity in ultimate and immanent justice reasoning. *Personality and Individual Difference*, 56, 193-196.

Hayward, R. D., Maselko, J., & Meador, K. G. (2012). Recollections of childhood religious identity and behavior as a function of adult religiousness. *International Journal For The Psychology Of Religion*, *22*(1), 79-88.

Hayward, R. D., & Krause, N. (2014). Voluntary leadership roles in religious groups and rates of change in functional status during older adulthood. *Journal Of Behavioral Medicine*, *37*(3), 543-552.

Hemming, P. J., & Madge, N. (2012). Researching children, youth and religion: Identity, complexity and agency. *Childhood: A Global Journal Of Child Research*, *19*(1), 38-51.

Hill, P. C. (1999). Giving religion away: What the study of religion offers psychology. *International Journal For The Psychology Of Religion*, *9*(4), 229-249.

Hill, P. C. & Pargament, K. I. (2003). Advances in the Conceptualization and Measurement of Religion and Spirituality. Implications for Physical and Mental Health Research. *American Psychologist*. Vol. 58, No. 1 64-74.

Hill, W., Darling, C. A., & Raimondi, N. (2003). Understanding boundary-related stress in clergy families. *Marriage and Family Review*, 35, 45 –62.

Holaday, M., Lackey, T., Boucher, M., & Glidewell, R. (2001). Secondary stress, burnout and the clergy. *American Journal of Pastoral Counseling*, 4(1), 53–72.

Hollinger, T. D. (2010). Placing Christ at the center of Christian leadership values. *Inner Resources of Lead*ers *2*, 1-13.

House, R. J. (1977). A 1976 theory of charismatic leadership. In J. G. Hunt & L. L. Larson (Eds.), *Leadership: The Cutting Edge* (pp. 189–207). Carbondale: Southern Illinois: University Press.

Isacco, A., Sahker, E., Krinock, E., Sim, W., & Hamilton, D. (2016). How religious beliefs and practices influence the psychological health of Catholic priests. *American Journal Of Men's Health*, *10*(4), 325-337.

Jones, S. L. (1994). A constructive relationship for religion with the science and profession of psychology: Perhaps the boldest model yet. *American Psychologist, 49*(3), 184-199.

Kane, M. N., & Jacobs, R. J. (2012). Perceptions of the humanness of religious leaders among university students. *Journal Of Spirituality In Mental Health*, *14*(1), 59-81.

Kane, M. N., & Jacobs, R. J. (2013). Perceptions of religious leaders' culpability in the United States. *Mental Health, Religion & Culture*, *16*(3), 225-253.

Kasket, E. (2012). Dialogues and Debates: The counselling psychologist researcher. *Counselling Psychology Review*, Vol. 27, No. 2.

Kessler, R. C., Andrews, G., Colpe, L. J., Hiripi, E., Mroczek, D. K., Normand, S. L., & Zaslavsky, A. M. (2002). Short screening scales to monitor population prevalences and trends in non-specific psychological distress. *Psychological medicine*, *32*(6), 959-976.

Kinman, G., McFall, O. & Rodriguez, J. (2011). The cost of caring? Emotional labour, wellbeing and the clergy. *Pastoral Psychology*, 1-12.

Koenig, H. G. (2012). Religious versus conventional psychotherapy for major depression in patients with chronic medical illness: rationale, methods, and preliminary results. *Depression research and treatment*, 1-11.

Krageloh, C. U, Chai, P. P. M, Shepherd, D. & Billington, R. (2010) How religious coping is used relative to other coping strategies depends on the individual's level of religiosity and spirituality. *Journal of religious health*, 51 1137-1151.

Krause, N., Ellison, C. G., & Wulff, K. M. (1998). Church-based emotional support, negative interaction, and psychological well-being: Findings from a national sample of Presbyterians. *Journal for the Scientific Study of Religion*, 725-741.

Langdridge, D. (2007) *Phenomenological psychology, theory research and method*. Harlow: Pearson Education Limited.

Larkin, M., Watts, S. & Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative Research in Psychology*, 3: 102 – 120.

Laverty, S. M. (2003). Hermeneutic phenomenology and phenomenology: A comparison of historical and methodological considerations. *International journal of qualitative*

methods, *2*(3), 21-35.

Levin, J. S., & Chatters, L. M. (1998). Religion, health, and psychological well-being in older adults: Findings from three national surveys. *Journal of Aging and Health*, *10*(4), 504-531.

Levitt, H. M., Motulsky, S. L., Wertz, F. J., Morrow, S. L., & Ponterotto, J. G. (2017). Recommendations for designing and reviewing qualitative research in psychology: Promoting methodological integrity. Qualitative Psychology, 4(1), 2.

Marcussen, K. (2006). Identities, self-esteem, and psychological distress: An application of identity-discrepancy theory. *Sociological Perspectives*, *49*(1), 1-24.

Marler, P. L., & Hadaway, C. K. (2002). “Being religious” or “being spiritual” in America: a zero-sum proposition?. *Journal for the Scientific Study of Religion*, 41(2), 289-300.

Massé, R. (2000). Qualitative and quantitative analyses of psychological distress: methodological complementarity and ontological incommensurability. *Qualitative Health Research*, *10*(3), 411-423.

Massé, R., Poulin, C., Dassa, C., Lambert, J., Bélair, S., & Battaglini, A. (1998). The structure of mental health: Higher-order confirmatory factor analyses of psychological distress and well-being measures. *Social indicators research*, *45*(1), 475-504.

Masters, K. S. (2010). The role of religion in therapy: Time for psychologists to have a little faith? *Cognitive & Behavioural Practice*. 17 393-400.

Maxwell, J. A. (2008). Designing a qualitative study. *The SAGE handbook of applied social research methods*, *2*, 214-253.

McClymond, M. J. (2001). Prophet or loss? Reassessing Max Weber's theory of religious leadership. *The rivers of paradise: Moses, Buddha, Confucius, Jesus and Muhammad as religious founders*, 613-658.

McMinn, M. R., Ruiz, J. N., Marx, D., Wright, J. B. & Gilbert, N.B. (2006). Professional psychology and the doctrines of sin & grace: Christian leaders' perspectives. *Professional psychology: Research & practice*. 37(3) 295-302.

Mendoza, D.W. (1993). A review of Gerald Caplan's theory and practice of Mental Health Consultation. *Journal of Counselling & Development*. Vol. 71.

Milstein, G., Manierre, A., Susman, V. L. & Bruce, M. L. (2008). Implication of a program to improve the continuity of mental health care through clergy outreach and professional engagement (C.O.P.E). *Professional psychology: Research and practice,* 39(2) 218-228.

Milstein, G., Manierre, A., & Yali, A. M. (2010). Psychological care for persons of diverse religions: A collaborative continuum. *Professional Psychology: Research and Practice*, *41*(5), 371.

Mohr, S., Borras, L., Betrisey, C., Pierre-Yves, B., Gillieron, C. & Huguelet, P. (2010). Delusions with religious content in patients with psychosis: How they interact with spiritual coping. *Psychiatry,* 73(2).

Moore, R. E. (2014). Religious practices and considerations for cancer treatment of Christian, Jewish, Islamic, and Buddhist Patients. *Honors Projects*. Paper 291.

Morrison, J.Q, Clutter, S.M., Pritchett, E.M, & Demmitt, A. (2009). Perceptions of clients and counselling professionals regarding spirituality in counselling. *Counselling and Values*, 53, 183-195.

Mueller, C.W., & McDuff, E., Clergy-congregation mismatches and clergy job satisfaction

Journal for the Scientific Study of Religion 43:2 (2004) 261–273.

Nauta, R. (2007). People make the place: Religious leadership and the identity of the local congregation. *Pastoral Psychology*, 56(1), 45-52.

Nauta, R. (2008). Self, sin, and the sacred: Some elements of a select psychology for the care of souls. *Pastoral Psychology*, *56*(6), 585-592.

Ngamaba, K. H. (2014). Religious leaders' perceptions of their emotional and psychological needs. *Mental Health, Religion & Culture*, *17*(1), 62-78.

O'Connor, D. B., Cobb, J., & O'Connor, R. C. (2003). Religiosity, stress and psychological distress: No evidence for an association among undergraduate students. *Personality and Individual Differences*, *34*(2), 211-217.

O'Connor, S. & Vandenberg, B. (2005). Psychosis or faith? Clinicians' assessment of religious beliefs. *Journal of Consulting and Clinical Psychology*. Vol. 73 (4) 610-616.

Pargament, K. I. (1997). The psychology of religion and coping. New York: Guilford Press.

Pargament, K. I. (1999). The psychology of religion and spirituality? Yes and no. *International Journal For The Psychology Of Religion*, 9(1), 3-16.

Pargament, K., Feuille, M., & Burdzy, D. (2011). The Brief RCOPE: Current psychometric status of a short measure of religious coping. *Religions*, *2*(1), 51-76.

Pargament, K. I., Koenig, H. G., & Perez, L. M. (2000). The many methods of religious coping: Development and initial validation of the RCOPE. *Journal of clinical psychology*, *56*(4), 519-543.

Pargament, K. I., Koenig, H. G., Tarakeshwar, N., & Hahn, J. (2004). Religious coping methods as predictors of psychological, physical and spiritual outcomes among

medically ill elderly patients: A two-year longitudinal study. *Journal of Health Psychology*, *9*(6), 713-730.

Pargament, K. I. & Lomax, J. W. (2013). Understanding and addressing religion among people with mental illness. *World Psychiatry*, 12, 26-32.

Pargament, K. I. & Rye, M. S. (1998). Forgiveness as a method of religious coping. In E. L. Worthington, Jr. (Ed.), *Dimensions of Forgiveness*. P.59-78. Radnor, PA: John Templeton Press.

Pietkiewicz, I., & Smith, J. A. (2014). A practical guide to using interpretative phenomenological analysis in qualitative research psychology. *Psychological Journal*, *20*(1), 7-14.

Pirutinsky, S., Rosmarin, D. H., Pargament, K. I., & Midlarsky, E. (2011). Does negative religious coping accompany, precede, or follow depression among Orthodox Jews?. *Journal of affective disorders*, *132*(3), 401-405.

Ponterotto, J.G. (2005). Qualitative research in counselling psychology: A primer on research paradigms and philosophy of science. *Journal of Counselling Psychology*, Vol. 52, No. 2, 126–136.

Reid, K., Flowers, P. & Larkin, M. (2005). Exploring lived experience. *The psychologist*, Vol. 18, No.1 pp. 20-23.

Religion. (n.d.). Retrieved January 19, 2018, from https://www.merriam-webster.com/dictionary/religion.

Richards, P. S., & Bergin, A. E. (1997). A spiritual strategy for counselling and psychotherapy. Washington, DC: American Psychological Association.

Ridner, S. H. (2004). Psychological distress: concept analysis. *Journal of advanced nursing*, *45*(5), 536-545.

Rolfe, D. J. (2007). The minister goes on medical leave: A trigger for conflict in the congregation. Pastoral Psychology, 55(3), 353-366.

Różycka-Tran, J. (2017). Love thy neighbour? The effects of religious in/out-group identity on social behaviour. *Personality And Individual Differences*, 1157-12.

Ryrie, I. & Norman, I. (2004). The origins and expression of psychological distress‘, in I Norman, I. & Ryrie, I. (eds), *The art and science of mental health nursing: A textbook of principles and practice*. London: Open University Press. pp. 3-34.

Shafranske, E. P. (2005). The psychology of religion in clinical and counselling psychology. *Handbook of the psychology of religion and spirituality*, 496-514.

Sherwin, B. L. (2004). *Workers of Wonders: A Model for Effective Religious Leadership from Scripture to Today*. Rowman & Littlefield.

Sinclair, A. (2007). Leadership for the Disillusioned. *Melbourne Review: A Journal of Business and Public Policy, The*, *3*(1), 65.

Sinclair, S, & Chochinov, H.M. (2012). Communicating with patients about existential and spiritual issues: SACR-D Work. Progress in Palliative Care, 2, 72-77.

Smith, W. C. (1964). *The meaning and end of religion*. Fortress Press.

Smith, J. A. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative research in psychology*, *1*(1), 39-54.

Smith, J.A. (2011). Evaluating the contribution of interpretative phenomenological analysis. *Health Psychology Review, 5:1, 9-27.*

Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. London: Sage Publications Ltd.

Smith, J. A., Osborn, M. (2008) Interpretative phenomenological analysis. In: Smith, J. A. (ed.) Qualitative psychology: a practical guide to research methods. London: Sage, 53-80.

Smith, J.A., & Osborn, M. (2015). Interpretive phenomenological analysis. In. Smith, J. A. (Ed.). *Qualitative psychology: A practical guide to research methods*. London: Sage.

Spinelli, E. (2005). The interpreted world: an introduction to phenomenological psychology (2nd ed.). Sage: London.

Stanford, S.M. & McAlister, R. K. (2008). Perceptions of serious mental illness in the local church. *Journal of Religion, Disability & Health*. Vol. 12 (2). 144-153.

Starks, H., & Brown Trinidad, S. (2007). Choose your method: A comparison of phenomenology, discourse analysis, and grounded theory. *Qualitative health research*, *17*(10), 1372-1380.

Steensland, B., Robinson, L. D., Wilcox, W. B., Park, J. Z., Regnerus, M. D., & Woodberry, R. D. (2000). The measure of American religion: Toward improving the state of the art. *Social Forces*, *79*(1), 291-318.

Sullivan, S., Pyne, J. M., Cheney, A. M., Hunt, J., Haynes, T. F. & Sullivan, G. (2013). The pew versus the couch: relationship between mental health and faith communities and lessons learned from a VA/Clergy partnership project. *Journal of religious health*, 1-14.

Swisher, T.K. (2015). Numinosity and adaptation to stress: the role of religiosity, spirituality and religious coping in adaptation to significant life events. *International journal of social science studies*, 3(2), 71-79.

Tanner, M. N., Zvonkovic, A. M., & Adams, C. (2012). Forced termination of American clergy: Its effects and connection to negative well-being. *Review of religious*

research, *54*(1), 1-17.

Thompson, L. D. (2006). Positive ambiguities in synagogue management—senior rabbis and executive directors. *Update*.

Thorne, B. (1990). Spiritual dimensions in counselling: Editor's Introduction. *British Journal of Guidance & Counselling*, *18*(3), 225-232.

Thorne, B. (2001) The prophetic nature of pastoral counselling. *British Journal of Guidance and Counselling*, 29:4, 435-445.

Thorne, B. (2012). *Counselling and spiritual accompaniment: Bridging faith and person-centred therapy.* John Wiley & Sons.

Twiner, A., Cook, G., & Gillen, J. (2009). Overlooked issues of religious identity in the school dinners debate. *Cambridge Journal Of Education*, *39*(4), 473-488.

Verhagen, P., Van Praag, H. M., López-Ibor Jr, J. J., Cox, J., & Moussaoui, D. (2012). *Religion and psychiatry: Beyond boundaries* (Vol. 31). John Wiley & Sons.

Vogel, D. L., Wade, N.G., Wester, S.R., Larson, L. & Hackler, A.H. (2007). Seeking help from a mental health professional: The influence of one's social network. *Journal of Clinical Psychology*. Vol. 63(3) 233-245.

Wagstaff, C., Jeong, H., Nolan, M., Wilson, T., Tweedlie, J., Phillips, E., Senu, H., & Holland, F. (2014). The accordion and the deep bowl of spaghetti: Eight researchers' experiences of using IPA as a methodology. *The qualitative report*, *19*(24), 1-15.

Waldon, E.G. (2014). DSM-5: Changes and controversies. *Music therapy perspectives*. Vol. 32(1) 78-83.

Ward, D. J. (2011). The lived experience of spiritual abuse. *Mental Health, Religion & Culture*, *14*(9), 899-915.

Weaver, A, J., Smith, W. J., Larson, D. B. (2001). Psychological trauma. The need for a pastoral response. *New theology review*, 22 – 31.

Weaver, A. J., & Koenig, H. G. (1996). Elderly suicide, mental health professionals, and the clergy: A need for clinical collaboration, training, and research. *Death Studies*, *20*(5), 495-508.

West, W. (2000). *Psychotherapy & spirituality: Crossing the line between therapy and religion*. Sage.

West, W. (2000). *Supervision difficulties and dilemmas for counsellors and psychotherapists whose work involves healing and spirituality. In.* Lawton, B. and Feltham, C. (ed.) *Taking supervision forward: Enquires and trends in counselling and psychotherapy. London: Sage Publications. 113-125.*

West, W. (Ed.). (2010). *Exploring therapy, spirituality and healing*. Palgrave Macmillan.

West, W. (2010). Counselling, psychotherapy and religion. *Anti-discriminatory practice in counselling*, 86-93.

Williams, D. R., Larson, D. B., Buckler, R. E., Heckmann, R. C., & Pyle, C. M. (1991). Religion and psychological distress in a community sample. *Social Science & Medicine*, *32*(11), 1257-1262.

Willig, C. (2001). Introducing qualitative research in psychology. Adventures in theory and method. City: Open University press.

Willig, C. (2008) *Introducing qualitative research in psychology* 2nd Ed. McGraw Hill, City: Open University Press.

Willig, C. (2013). *Introducing qualitative research in psychology*. McGraw-Hill Education, (UK).

Yardley. L. (2000). Dilemmas in qualitative health research. *Psychology & Health*, 15:2,

215-228.

Yardley, L. (2008). Demonstrating validity in qualitative research. In J. A. Smith (Ed.), Qualitative psychology: A practical guide to research methods (pp. 235 - 251). London: SAGE Publications.

Zhe, J. (2008). Expectation, affection and responsibility: The charismatic journey of a new Buddhist group in Taiwan. *Nova Religio: The Journal of Alternative and Emergent Religions*, *12*(2), 48-68.

Appendices

Appendix 1: Ethics approval letter

CITY UNIVERSITY LONDON

Psychology Research Ethics Committee
School of Arts and Social Sciences
City University London
London EC1R 0JD

11th December 2015

Dear Amanda-Louise Brown-Bennett

Reference: PSYETH (P/L) 15/16 77
Project title: How do religious leaders experience the psychological distress of their congregation?

I am writing to confirm that the research proposal detailed above has been granted approval by the City University London Psychology Department Research Ethics Committee.

Period of approval
Approval is valid for a period of three years from the date of this letter. If data collection runs beyond this period you will need to apply for an extension using the Amendments Form.

Project amendments
You will also need to submit an Amendments Form if you want to make any of the following changes to your research:

(a) Recruit a new category of participants
(b) Change, or add to, the research method employed
(c) Collect additional types of data
(d) Change the researchers involved in the project

Adverse events
You will need to submit an Adverse Events Form, copied to the Secretary of the Senate Research Ethics Committee ([redacted]), in the event of any of the following:

(a) Adverse events
(b) Breaches of confidentiality
(c) Safeguarding issues relating to children and vulnerable adults
(d) Incidents that affect the personal safety of a participant or researcher

Issues (a) and (b) should be reported as soon as possible and no later than 5 days after the event. Issues (c) and (d) should be reported immediately. Where appropriate the researcher should also report adverse events to other relevant institutions such as the police or social services.

Should you have any further queries then please do not hesitate to get in touch.

Kind regards

Hayley Glasford
Student Administrator
Email: [redacted]

Katy Tapper
Chair
Email: [redacted]

Appendix 2: Recruitment letter

CITY UNIVERSITY LONDON

Participation Recruitment Introduction Letter

Dear …… (Organisation /Leader name),

I am writing to invite you to take part in a study to explore how religious leaders experience the psychological distress of their congregation. After reading this introductory letter, should you wish to learn more about participating in this study we kindly ask you to either return the slip attached via the enclosed pre-paid envelope, or email your response using the researcher email address below.
Your cooperation is greatly appreciated.

Title of Study: How do religious leaders experience the psychological distress of their congregation?

Principal Researcher:
Amanda-Louise Brown-Bennett
Contact: [redacted]

Supervisor:
Susan Strauss
Contact: [redacted]

Institution:
City University London

Description of Study: Amanda-Louise is a Counselling Psychology doctorate student at City University London, and has undertaken this research for the purpose of meeting the requirement for a psychology doctorate degree.

The purpose of this study is to explore the experiences of religious leaders who have encountered the psychological distress of their congregants. Suitable candidates are required to describe and explore their experience pertaining to historical information, from at least six months ago. For ethical reasons current or unresolved matters are unsuitable for the research purposes.
This study intends to inform and educate psychological clinicians and to bridge the gap between mental health and religious professionals in meeting the psychological needs of the community.
If you agree to participate, you will be invited to engage in an interview, it is estimated that 60-90 minutes of your time will be needed to conduct the study. The data from this study will be used to understand the perspective of religious leaders in order to develop our

understanding of the field and to consider future collaboration.
Risks/Benefits to the Participant: It is possible that a participant may experience some distress in sharing your experiences. There are no direct benefits to for agreeing to be in this study. Please understand that although you may not benefit directly from participation in this study, you have the opportunity to enhance necessary knowledge. If you have any concerns about the risks/benefits of participating in this study, you can contact the investigator and/or the university on the email addresses listed above.

Cost and Payments to the Participant: There is no cost for participation in this study. Participation is completely voluntary and no payment will be provided.
Confidentiality: Information obtained in this study is strictly confidential unless serious threat of harm is disclosed. All data will be secured in a locked filing cabinet. Your name will not be used in the reporting of the study, or in the possible publication of this study.
Participant's Right to Withdraw from the Study: You have the right to refuse to participate in this study and the right to withdraw from the study up to one month after the interview has been conducted.

This study has been reviewed by, and received ethics clearance
through the Psychology Research Ethics Committee, City University London Research code:
PSYETH (P/L) 15/16 77.
If you would like to complain about any aspect of the study, please contact the Secretary to the University's Senate Research Ethics Committee on 020 7040 3040 or via email: [redacted].

How do religious leaders experience the psychological distress of their congregation?

Please complete this form and return in the pre-paid envelope/ or email provided below

I am interested in learning more about participating in this study. Please contact me using the following details:

Name: _____
Organisation: _____
Telephone: _____
Best time/day to contact me:_____
Email: _____

Post to: [redacted]

Email: [redacted]

Appendix 3: Consent form

CITY UNIVERSITY LONDON

Title of Study: *How do religious leaders experience the psychological distress of their congregation?*

Ethics approval code: PSYETH (P/L) 15/16 77

Please initial box

1.	I agree to take part in the above City University London research project. I have had the project explained to me, and I have read the participant information sheet, which I may keep for my records. I understand this will involve: ➢ being interviewed by the researcher ➢ allowing the interview to be audiotaped ➢ completing semi-structured interview about my experience pertaining to the psychological distress of congregants ➢ making myself available for a further interview should that be required	
2.	This information will be held and processed for the following purpose(s): ➢ To assist with data gathering in order to explore the research question ➢ To contribute to the field of counselling psychology I understand that any information I provide is confidential, and that no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party. No identifiable personal data will be published. The identifiable data will not be shared with any other organisation. AND ➢ I understand that I may request a transcript of data concerning me for my approval before it is included in the write-up of the research. ➢ I consent to the use of sections of the transcripts in publications.	
3.	I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any stage of the project without being penalized or disadvantaged in any way.	
4.	I agree to City University London recording and processing this information about me. I understand that this information will be used only for the purpose(s) set out in this statement and my consent is conditional on the University complying with its duties and obligations under the Data Protection Act 1998.	
5.	I agree to take part in the above study.	

Name of Participant	Signature	Date
Name of Researcher	Signature	Date

When completed, 1 copy for participant; 1 copy for researcher file.

Appendix 4: Participant information letter

CITY UNIVERSITY LONDON

Title of study: How do religious leaders experience the psychological distress of their congregation?

I would like to invite you to take part in a research study. Before you decide whether you would like to take part it is important that you understand why the research is being done and what it would involve for you. Please take time to read the following information carefully and discuss it with others if you wish. Please ask me if there is anything that is not clear or if you would like more information.

What is the purpose of the study?
The purpose of this study is to explore how religious leaders experience the psychological distress of their congregation.
This study is concerned with the impact upon you as the individual who encounters another's distress, and also to understand why there are still a number of religious individuals who do not seek out professional psychological intervention.

This study is to be conducted over two years, and has been undertaken by a Counselling Psychology doctorate student from City University London.

Why have I been invited?
This study requires 8 participants to share their experiences. You would have been selected as you meet the inclusion criterion which is to be a religious leader. You would have also acknowledged that you have encountered the psychological distress of at least one congregant.

Do I have to take part?
Your participation in this study is completely voluntary and you are free to terminate your participation for part or the entire project. You are free to withdraw from the study up to one month after your interview has taken place, and you will not be penalised or disadvantaged in any way. Should any interview material feel too personal or intrusive, you are under no obligation to answer the question and this will not affect any future treatment, should you chose to continue with the remainder of the study.

You are at liberty to decide to take part in this study or not. If you do decide to participate, you will be asked to sign a consent form. Even after agreeing to participate and signing the consent, you are still free to withdraw without giving a reason.

What will happen if I take part?

- You will be asked to complete an interview which is approximated to take 60 – 90 minutes of your time.
- The research will be conducted over a 2 year period.
- You will only be expected to meet with the researcher on one occasion, although other forms of communication will be required in order to arrange the interview.
- During the interview you will be briefed, engage in an audio recorded semi-structured interviewed, and then debriefed on the nature of the study.
- An IPA (Interpretive Phenomenological Analysis) research method is being used to collect and analyse the data in this study. The researcher chose this method in order to capture your experience and expertise in the subject area.
- The research will be conducted in a safe and convenient location, this can be at your place of worship, or either yours or the researcher's place of work.

What do I have to do?
You will be required to provide written consent before undertaking the interview.
You will be invited to embark upon a semi-structured interview where you will share your experience and knowledge of the subject area.

What are the possible disadvantages and risks of taking part?
There are no foreseeable disadvantages and risks to taking part in this study, however the researcher acknowledges that:
Sensitive material could emerge during the interview
Health and safety of the location needs consideration
The location ought to provide confidentiality and accessibility to both participant and researcher

What are the possible benefits of taking part?
- By taking part in this study you will have been able to contribute to a study which seeks to serve both the psychological profession and general public.
- You may also personally value having your opinion and experiences expressed to a wider population.

What will happen when the research study stops?
The data collected will be for the purpose of exploring the research question and conducting a doctoral piece of research to be formally assessed.

When the research is complete all of your personal details and data pertaining to you will be deleted from the computer software. Any printed or hand written data will be destroyed as soon as they have been entered into the computer.

Should the study prematurely terminate, you will be directly contacted and your data will be immediately destroyed.

Will my taking part in the study be kept confidential?
- Your confidentiality will be maintained at all times and all identifiable information will be removed from the transcript. You will be given a pseudonym for the purposes of this study.
- Your information will only be accessed before being anonymised by the researcher; the research supervisor will have access to transcripts once anonymised. No other parties will have access to your information.
- Your information will not be used or stored for future considerations, unless specified at your request. Hard copies will be kept for 5 years after collection due to the data protection act and to comply with BPS guidelines.
- Confidentiality may be breached where serious threat of danger or terrorism, or a risk of harm to one's self or others may be reported by participants.
- During the data gathering process your personal details and any transcripts will be stored away in a lockable and private file only accessible to the researcher.
- The audio recording will be transferred on to a password protected computer system which is only accessible to the researcher; the copy on the audio recorder will be deleted thereafter.

What will happen to the results of the research study?

The study will be accessible at City University London, and has the potential to become a published article. Should this study be considered for publication, your anonymity will be maintained at all times. You may request a summary of the finished publication by emailing your request to the email address that I will provide you with.

What will happen if I don't want to carry on with the study?
You are at liberty to withdraw from participation up to one month after the interview has taken place, and you will not be penalised in any way.

What if there is a problem?

If you have any problems, concerns or questions about this study, you should ask to speak to a member of the research team. If you remain unhappy and wish to complain formally, you can do this through the University complaints procedure. To complain about the study, you need to phone 020 7040 3040. You can then ask to speak to the Secretary to Senate Research Ethics Committee and inform them that the name of the project is: How do religious leaders experience the psychological distress of their congregation?

You could also write to the Secretary at:

Anna Ramberg
Secretary to Senate Research Ethics Committee
Research Office, E214
City University London
Northampton Square
London
EC1V 0HB

Email: [redacted]

City University London holds insurance policies which apply to this study. If you feel you have been harmed or injured by taking part in this study you may be eligible to claim compensation. This does not affect your legal rights to seek compensation. If you are harmed due to someone's negligence, then you may have grounds for legal action.

Who has reviewed the study?
This study has been approved by City University London Psychology Research Ethics Committee, Research code: PSYETH (P/L) 15/16 77.

Further information and contact details

Project supervisor: Dr Susan Struss

Email: [redacted]

Thank you for taking the time to read this information sheet.

Appendix 5: Interview schedule

City University

Doctorate Counselling Psychology Research

Interview Schedule

Researcher: Amanda-Louise Brown-Bennett

Title: How do religious leaders experience the psychological distress of their congregation?

Work and Religious Background

. Can you tell me about your religious orientation?

. Can you tell me how you came to be a religious leader?

. Can you describe your experience of working in this field?

Experience of Psychological distress

. Could you describe what psychological distress means to you?

. Can you tell me about a time when you experienced the psychological distress of a congregant?

(Prompts: how did this make you feel?)

. Can you tell me how you manage the psychological distress of your congregation?

. What, if any impact do you feel your experiences with congregants psychological distress may have had upon you or your working role?

. Can you describe the relationship between your role as a religious leader and providing psychological support?

. Is there anything additional you would like to say regarding this matter that may not have been addressed in this interview?

Appendix 6: Debrief Information

CITY UNIVERSITY LONDON

How do religious leaders experience the psychological distress of their congregation?

DEBRIEF INFORMATION

Thank you for taking part in this study. Now that it's finished we'd like to tell you a bit more about it.

This study is concerned with understanding the experience of religious leaders who have personally encountered the psychological distress of their congregation. Previous studies have found that religious leaders are more likely to be the primary source of support for extreme life stressors, even more so than psychologists and psychiatrists combined (Weaver, Smith & Larson, 2001).
Other studies suggest that emotional labour is one of the experiences faced by religious leaders, and that expectations of congregants, lack of adequate training in counselling and managing one's own emotions while caring for the emotions of others, were among the experiences reported as work-related stressors (Bussing, Gunther, Baumann, Frick, & Jacobs, 2013; Kinman, McFall, & Rodriguez, 2011).

How was this tested?
In this study, you were asked to describe and explore your experiencing of a congregant's psychological distress. All participants were asked the same questions from a semi-structured interview in order to capture your subjective experience in relation to the subject matter. The information you provided for this study has been recorded, the content of which will be analysed in order to explore the research question.

Expectations of the study:
The researcher is interested in understanding the lived experience of the participants involved in this study.

Why is this important to study?
The impact of psychological distress, not just upon those experiencing it, but also those who encounter these individuals is relevant to the field of psychology if we are to understand how we can better serve the communities in which we work and live.
Religious leaders are often thought of as being robust professionals, and the emotional labour they encounter seems to have been largely overlooked.
The interaction between religion and psychological wellbeing has been well researched, but the perspective of the religious leader seems to be an area where research is scarce, and yet could contribute greatly to our psychological understanding of the religious population.

Should you feel this research has raised any concerns for you, please feel free to contact any of the following services, or seek advice from your GP:

www.bps.org.uk http://www.mind.org.uk

http://www.sane.org.uk

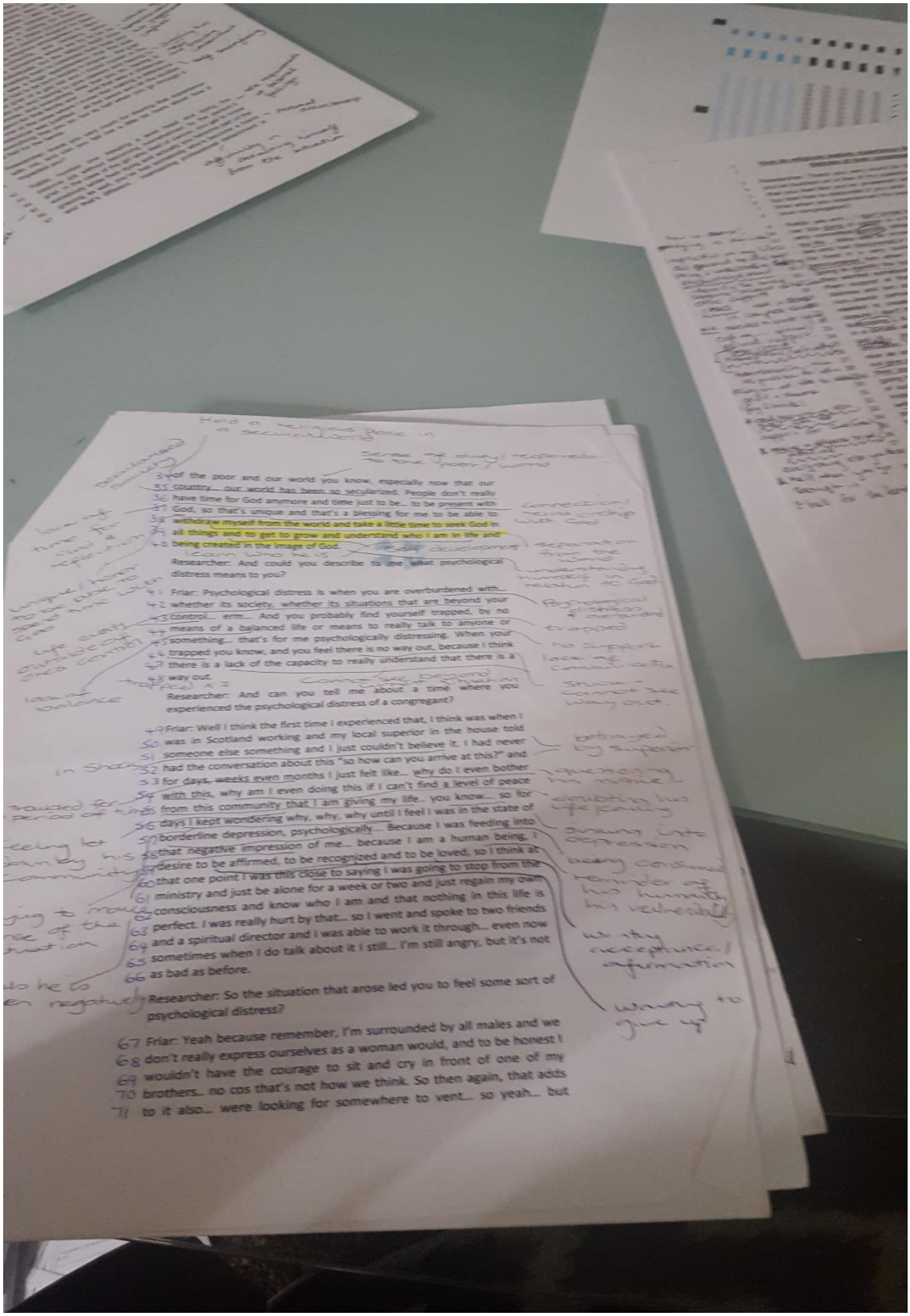
We hope you found the study interesting. If you have any other questions please do not hesitate to contact us at the following:

Researcher's details: [redacted]

Research Supervisor's details: [redacted]

Ethics approval code: PSYETH (P/L) 15/16 77.

Appendix 7: Initial noting



of the poor and our world you know, especially now that our country... our world has been so secularized. People don't really have time for God anymore and time just to be... to be present with God, so that's unique and that's a blessing for me to be able to withdraw myself from the world and take a little time to seek God in all things and to get to grow and understand who I am in life and being created in the image of God.

Researcher: And could you describe to me what psychological distress means to you?

Friar: Psychological distress is when you are overburdened with... whether its society, whether its situations that are beyond your control... erm... And you probably find yourself trapped, by no means of a balanced life or means to really talk to anyone or something... that's for me psychologically distressing. When your trapped you know, and you feel there is no way out, because I think there is a lack of the capacity to really understand that there is a way out.

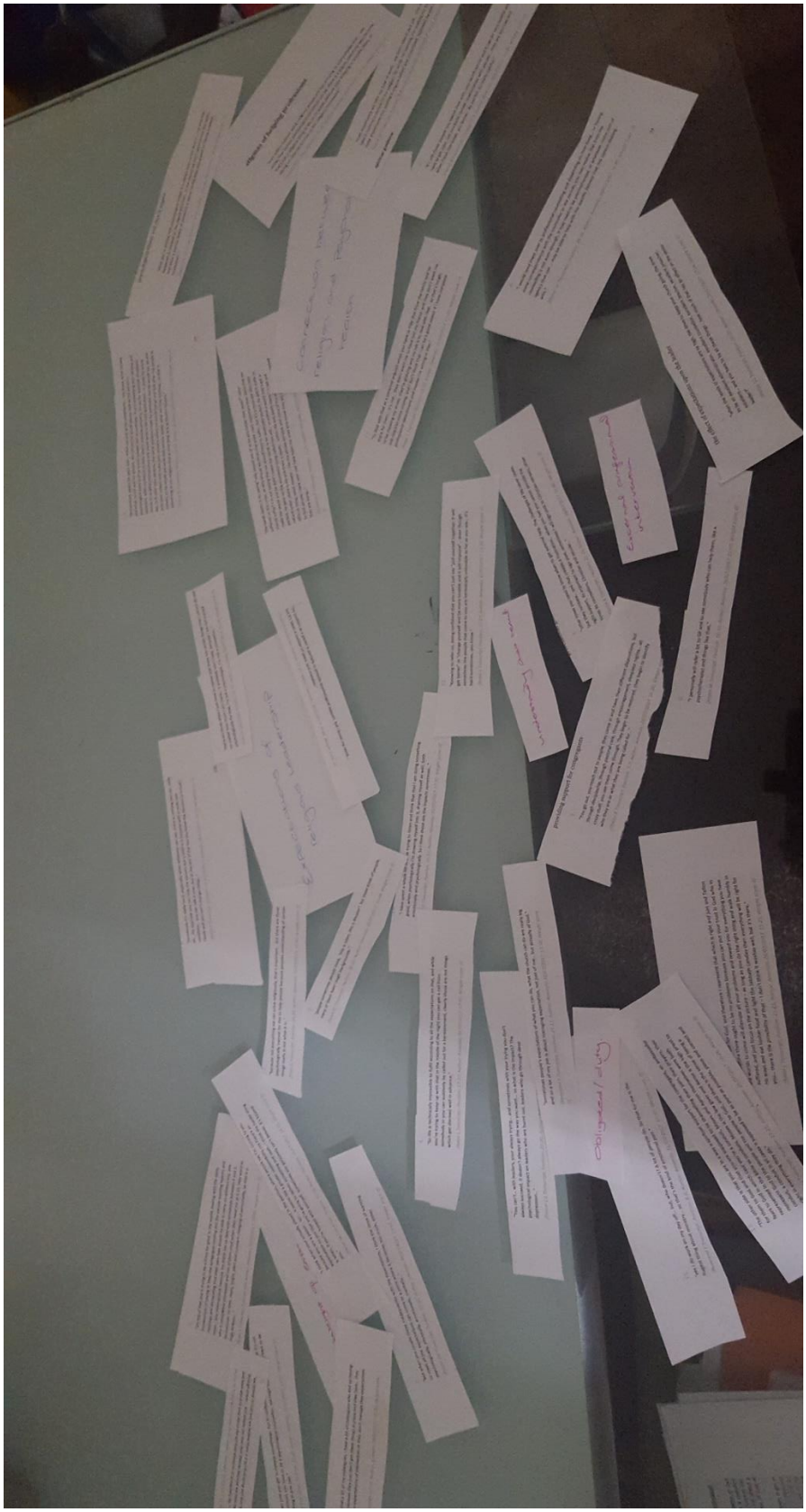
Researcher: And can you tell me about a time where you experienced the psychological distress of a congregant?

Friar: Well I think the first time I experienced that, I think was when I was in Scotland working and my local superior in the house told someone else something and I just couldn't believe it. I had never had the conversation about this "so how can you arrive at this?" and for days, weeks even months I just felt like... why do I even bother with this, why am I even doing this if I can't find a level of peace from this community that I am giving my life.. you know... so for days I kept wondering why, why, why until I feel I was in the state of borderline depression, psychologically... Because I was feeding into that negative impression of me... because I am a human being, I desire to be affirmed, to be recognized and to be loved, so I think at that one point I was this close to saying I was going to stop from the ministry and just be alone for a week or two and just regain my own consciousness and know who I am and that nothing in this life is perfect. I was really hurt by that... so I went and spoke to two friends and a spiritual director and I was able to work it through... even now sometimes when I do talk about it I still... I'm still angry, but it's not as bad as before.

Researcher: So the situation that arose led you to feel some sort of psychological distress?

Friar: Yeah because remember, I'm surrounded by all males and we don't really express ourselves as a woman would, and to be honest I wouldn't have the courage to sit and cry in front of one of my brothers.. no cos that's not how we think. So then again, that adds to it also... were looking for somewhere to vent... so yeah... but

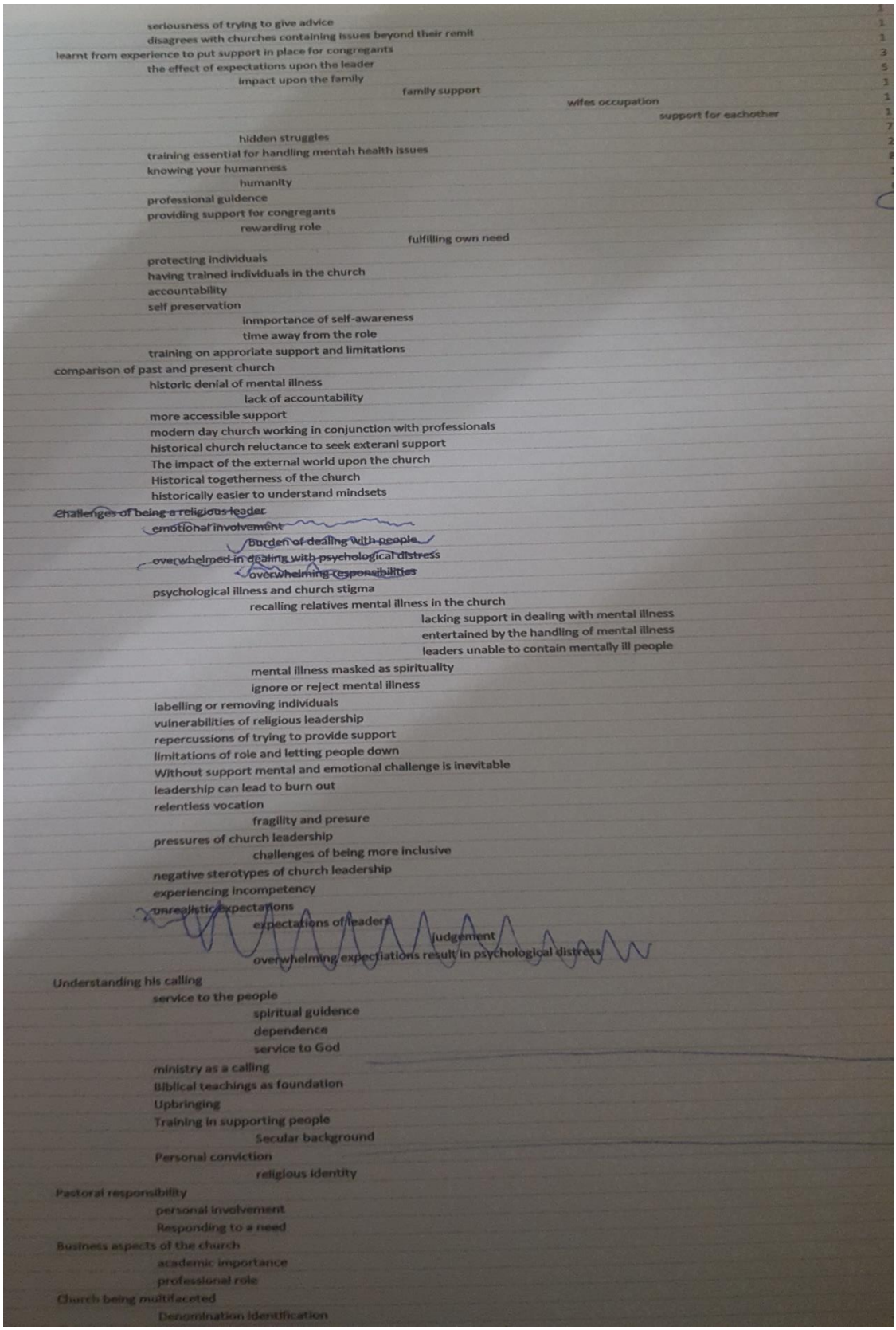
Appendix 8: Sample section of emergent themes



Appendix 9: Example common themes

		4
Challenges of being a religious leader	leadership can lead to burn out	2
learnt from experience to put support in place for congregants	having trained individuals in the church	3
	understanding ones remit	1
comparison of past and present church	Historical togetherness of the church	1
Challenges of being a religious leader	relentless vocation	3
learnt from experience to put support in place for congregants	accountability	2
relentless vocation	fragility and presure	1
comparison of past and present church	historically easier to understand mindsets	1
Challenges of being a religious leader	challenges of being more inclusive	1
	learnt from experience to put support in place for congregants	5
learnt from experience to put support in place for congregants	self preservation	1
Challenges of being a religious leader	pressures of church leadership	1
	psychological illness and church stigma	1
learnt from experience to put support in place for congregants	training on approriate support and limitations	1
Challenges of being a religious leader	negative sterotypes of church leadership	1
	comparison of past and present church	1
	Challenges of being a religious leader	2
Challenges of being a religious leader	experiencing incompetency	1
	Understanding his calling	4
Challenges of being a religious leader	unrealistic expectations	1
	Pastoral responsibility	1
	Business aspects of the church	2
	Church being multifaceted	2
	External opinion	2
Church being multifaceted	Denomination identification	1
	worry	2
	A focus on conregational psychological issues	1
	implications of pastoral struggles upon the church	1
a need for extra support and accountability	a need for extra support and accountability	1
	Leaders need to be accountable for and to eachother	1
a need for extra support and accountability	integral study and timing	1
support leaders self-awareness	support leaders self-awareness	1
	peer support	1

Appendix 10: Example cluster themes



seriousness of trying to give advice
disagrees with churches containing issues beyond their remit
learnt from experience to put support in place for congregants
the effect of expectations upon the leader
impact upon the family
family support
wifes occupation
support for eachother

hidden struggles
training essential for handling mentah health issues
knowing your humanness
humanity
professional guidence
providing support for congregants
rewarding role
fulfilling own need

protecting individuals
having trained individuals in the church
accountability
self preservation
inmportance of self-awareness
time away from the role
training on approriate support and limitations
comparison of past and present church
historic denial of mental illness
lack of accountability
more accessible support
modern day church working in conjunction with professionals
historical church reluctance to seek exterani support
The impact of the external world upon the church
Historical togetherness of the church
historically easier to understand mindsets
~~challenges of being a religious leader~~
emotional involvement
~~burden of dealing with people~~
~~overwhelmed in dealing with psychological distress~~
~~overwhelming responsibilities~~
psychological illness and church stigma
recalling relatives mental illness in the church
lacking support in dealing with mental illness
entertained by the handling of mental illness
leaders unable to contain mentally ill people
mental illness masked as spirituality
ignore or reject mental illness
labelling or removing individuals
vulnerabilities of religious leadership
repercussions of trying to provide support
limitations of role and letting people down
Without support mental and emotional challenge is inevitable
leadership can lead to burn out
relentless vocation
fragility and presure
pressures of church leadership
challenges of being more inclusive
negative sterotypes of church leadership
experiencing incompetency
unrealistic expectations
expectations of leaders
judgement
overwhelming expectiations result in psychological distress

Understanding his calling
service to the people
spiritual guidence
dependence
service to God
ministry as a calling
Biblical teachings as foundation
Upbringing
Training in supporting people
Secular background
Personal conviction
religious identity
Pastoral responsibility
personal involvement
Responding to a need
Business aspects of the church
academic importance
professional role
Church being multifaceted
Denomination identification

The Professional Practice Component of this thesis has been removed for confidentiality purposes.

It can be consulted by Psychology researchers on application at the Library of City, University of London.

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