

Doctor of Philosophy (Social Work)

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Abstract

This empirical study explores if, and how, religion and spirituality are relevant subjects for those experiencing mental distress in Northern Ireland (NI) and how, if at all, the subject is engaged with in mental health social work practice.

Although there is some controversy in United Kingdom based research regarding the apparent benefit of religion and spirituality within mental health, service user research and literature suggests its importance within recovery. Literature on religion, spirituality and social work practice suggests the need to examine the social and political processes which persist around this subject in social work practice (Henery, 2003; Wong and Vinsky, 2009). This examination is appropriate given the role of religion within the political conflict in NI, the impact of the conflict upon social work practice (Campbell *et al*, 2013), the high incidence of mental ill health in NI and the apparent role of religion and spirituality within mental distress. This study considers how mental health social workers may engage with this subject within their practice not only as an aspect of service users' identity but also within post conflict Northern Ireland.

The study methodology and design drew upon narrative theory and grounded theory. I interviewed twelve mental health service users and twelve mental health social workers, and half of the participants from each group also took part in a follow-up telephone interview. All of the participants were invited to bring an object which expressed what religion and spirituality meant to them. Analysis explored the views and experiences of mental health service users and social workers about religion and spirituality, within specific aspects of the wider social field.

Service user and social worker participants' accounts suggested that whilst the role of religion and spirituality within mental distress was recognised, its inclusion in mental health social work practice was marked with questions of legitimacy. Some of these questions were explicitly framed within the conflict, whilst others were less so. The study found that although religion was associated with politics, sectarianism and violence, its role, and that of spirituality, as an aspect of identity and meaning-making, appeared to be underdeveloped. Two key findings are of particular note.

Firstly that service user participants had their own 'hierarchy' of religious and spiritual expression, which on occasion appeared to result in their being critical of other service users' expressions. Secondly, some service users preferred to keep their spirituality to themselves as a strategy of empowerment.

In addition the study also found that service users viewed the mental health professional relationship as focusing upon medical aspects of their care, for example physical health and medication management, with no scope to explore religion, spirituality and mental distress. Thus questions of legitimacy focused around the notion of privacy and whether talking about religion and spirituality within the mental health service user and social worker relationship was too sensitive, given its association with sectarianism. Furthermore, mental health service users were concerned about how a disclosure of religion and / or spirituality within mental distress would be viewed by the mental health professional: would it be viewed as indicative of deteriorating mental health?

Overall the study identified a significant gap between how service users draw upon spirituality and / or religion within mental distress, and the space given to this within mental health social work practice. This gap is due to a myriad of factors ranging from the social worker's biography, to wider issues around how religion and spirituality are conceptualised in contemporary society. This study also highlights the continuing impact of the Northern Ireland conflict on frontline social work provision. There is a need for policymaking to acknowledge the ambivalence that exists around spirituality and religion in mental health social work practice due to the conflict and other relevant factors. Finally, support is needed for practitioners and service users to acknowledge this aspect of mental well-being in a manner that gives service users choice about its inclusion in their mental health care.

Part one: Introduction

1. Some personal background

Mills (2000: 5) refers to 'the sociological imagination' as enabling:

its possessor to understand the larger historical scene in terms of its meaning for the inner life and the external career of a variety of individuals. It enables him to take into account how individuals, in their daily experience, often become falsely conscious of their social positions.

Social enquiry often begins with an observation, a reflection, which stirs the sociological imagination to question the observed situation. Mills (2000: 5) refers to the relationship between the larger historical scene and the meaning of inner life and the external career for the individual or multiple individuals. My sociological imagination evolved through being a Christian, having grown up in NI, leaving for University, professionally practising as a mental health social worker, and then returning to NI in my early thirties. These multiple aspects of my identity prompted me to consider religion and spirituality within mental distress, and how these were engaged within mental health social work in NI. In order to address these questions the larger historical scene must be acknowledged. In the NI context, I considered how a society shaped by a long history of religiously based conflict engages with the concept of spirituality and religion.

2. The rationale for the study

Heenan and Birrell (2011: 140-141) refer to *The Bamford Review of Mental Health and Learning Disability (Northern Ireland)* (DHSSPS, 2005) (known as "Bamford") as 'the most comprehensive and far reaching' review of the future strategic direction and legislative changes necessary to significantly improve mental health and learning disability services in Northern Ireland'. These significant changes are particularly relevant given that the prevalence of mental ill health is high in NI following the violent conflict (Ferry *et al*, 2011). Interestingly, spirituality is included within Bamford's (DHSSPS, 2005) vision of recovery orientated mental health services. However, no follow up work in terms of policy development or service user discussion, has been promoted. Whilst other helping professions, particularly nursing, have developed religion and spirituality within practice, literature suggests

that the social work profession has been reticent about developing this subject within practice. Social work, according to Heenan and Birrell (2011:1), has developed along broadly similar lines to Great Britain. However, social work in Northern Ireland also has four distinctive features which Heenan and Birrell (2011: 1-2) explore in detail, two of which are of interest to this study. The first distinctive feature, which is of interest to this study, considers the impact of the political conflict and sectarianism on social work practice and service delivery, and these are discussed in chapter four. The second feature was the devolved government in Northern Ireland, and how this shaped social policy and social work. The third feature considers Northern Ireland's shared border with the Republic of Ireland. The fourth feature, which is of interest to this study, is that since the early 1970s there has been an integrated structure in place for the delivery of social care with health, and in particular, primary health care. Within this setting, write Heenan and Birrell (2011: 2), 'social work in Northern Ireland has had to work at developing the full potential and has faced issues of hegemony of health within the integrated structure'. This is discussed further in chapter four.

The North of Ireland has experienced thirty years of violent civil conflict, the boundaries of which are marked, although not entirely defined, by religious identification. Although Protestantism and Roman Catholicism are both Christian denominations, they are set in opposition to each other within the conflict. In this way, according to Mitchell (2005), religion is an inherent part of social identification and community construction in Northern Ireland. Brewer *et al* (2010) presents a conceptual framework for theorising the relationship between religion and peace-making. The model comprises four socially strategic spaces that religious groups can occupy within civil society wherein they can play a role in the peace-making process. Brewer (2011) uses this model to examine the role of the churches within the conflict and considers the social impact of religion on "believers" and upon society.

Within the thesis, Brewer *et al*'s (2010) conceptual framework for theorising the relationship between religion and peace-making is drawn upon to consider how religion and spirituality, as an aspect of a mental health service user's identity, are engaged with in social work practice in Northern Ireland. Brewer (2011) talks about religion being a 'private trouble' and the need to acknowledge it as a 'public issue'

within Northern Ireland. This work has particular resonance within social work practice in Northern Ireland as it prompts consideration about whether the profession, as an agent of the state, which often works with the individuals and communities during a period of crisis, acknowledges religion and spirituality within that experience and thereby forms a site where the private trouble is translated into a public issue. Literature suggests that as a consequence of practicing in a politically divided society the profession has not addressed issues which have arisen out of the conflict such as sectarianism, the emotional impact of the conflict and aspects of conflict based forms of oppression (Pinkerton and Campbell, 2002; Campbell and McCrystal, 2005). There is a notable lack of literature around religion, spirituality and social work practice in Northern Ireland and this study explores whether the conflict has shaped how the profession has conceptualised religion and by association, spirituality. There may be ambiguity about what spirituality means, suspicion about its association with religion, and a general belief that to discuss the topic with service users is out-with the realm of practicing “professionally”.

3. A brief note on terms

For the purposes of discussion some clarity is needed regarding definitions. Throughout the thesis I talk about “mental distress” based upon Thomas’ (1999; 2004; 2007) critique of the social model of disability in disability studies and Plumb (1994) and Spandler’s (2011) critique of the same model with psychiatric system survivors. However distress is understood, whether as mental illness, madness or mental health problems, the application of this term recognises that the experience of mental ill health is distressing for the individual and / or others. Consequently, mental health is no longer viewed solely in medical terms but as the term “distress” suggests as ‘thoroughly and deeply relational...it originates, is manifested, and played out, in relation to others in a social context’ (Spandler, 2011: 15),. As this study explores the participants’ accounts within the wider social field the term “mental distress” sits comfortably alongside this outlook.

There are occasions when I talk about “mental health” and whilst I recognise criticisms of the medical model I do not reject its relevance and important role within the care and treatment received by mental health service users. Furthermore service user participants were recruited for the study based upon their having a diagnosed mental illness, thus I cannot reject it completely.

The term “mental health service user” is used to refer to individuals who have been diagnosed with a mental illness and who are in receipt of services through the local statutory service provider (the health and social care trust). These services may include, hospital admission, accessing a group in a voluntary agency or having a mental health social worker.

The term “mental health social worker” is used to refer to individuals who are trained, qualified and employed as a social worker in the health and social care trust, the local statutory health and social care provider. These individuals are employed in a mental health setting and work alongside health colleagues in a multidisciplinary team. Whilst many of the qualified social worker participants are also qualified as an Approved Social Worker (an additional qualification in mental health used to carry out further statutory duties) some were in training and others were not qualified in this additional role.

There are occasions when I talk about “religious” and “spiritual” “advisor” and “religious leader”. This refers to persons whom the participant has identified as being in a position of leadership within their religious and / or spiritual beliefs. These persons include: minister, priest, nun, and card reader.

In the literature review I discuss that within the secularisation thesis spirituality is often prioritised over religion. In light of dwindling church memberships and the loss of confidence towards religion following child abuse scandals and other social issues including the status of women and homosexuality, religion is often viewed as out-dated or redundant, whilst spirituality is deemed more relevant. In the study I was keen not to prioritise one over the other and I included both religious and secular expressions of spirituality. Therefore, whilst talking about spirituality and / or religion may seem laboured I use this term to emphasise the approach used in the study.

Throughout the study I talk about participants’ meaning- making around religion and spirituality. Meaning - making in this study refers to participants’ sense of purpose, mystery and awe within their everyday lives. Crucially, meaning - making may be based within religious world views, secular spiritualities or a mixture of both.

The study is small scale, qualitative and draws upon both grounded theory and narrative inquiry throughout the study design. The study uses single one-to-one

semi- structured interviews with twelve mental health service users, recruited from a voluntary agency, and twelve mental health social workers employed by a regional health and social care trust. All of the participants were recruited across multiple sites. The participants were invited to bring an object of relevance to their spirituality and / or religion. Half of the participants from each sample were invited to take part in a follow up telephone interview in order to examine both researcher and participant reflexivities within the interview experience. The study was granted ethical approval by the University of Stirling and by the Northern Ireland Office for Research Ethics Committee.

4. A map of the thesis

For ease of reading and organisation I have divided the thesis into two main parts. Part one, chapters one to seven, focuses on the background of the study, namely, literature review, research questions, methodology, methods and ethics. Part two, chapters eight to fifteen, focuses on the empirical study, namely, presentation and discussion of findings, conclusion and recommendations for social work practice and future research.

In chapter two I examine the sociology of religion and spirituality and establish that the secularisation thesis does not offer a full explanation about current understandings of religion and spirituality within society. I draw upon Wood's (2010) idea of secularisation reshaping religion and his theory of social fields in which the individual's story is explored within the broader social field. I also draw upon Brewer *et al's* (2010) conceptual framework for theorizing the relationship between religion and peace-making in conflict societies, such as Northern Ireland, where religion is perceived to be part of "the problem". Brewer *et al's* (2010) proposed model prompted consideration that religion is a sensitive subject within Northern Ireland and this may contribute to its lack of exploration and development within mental health services and social work practice.

Chapter three examines a debate in research within the United Kingdom (UK) regarding the supposed benefit of religion and spirituality and mental distress. The chapter then considers that despite this debate service user literature in the UK asserts the importance of the subject within recovery. Commentators suggest that service user voice is under developed in Northern Ireland. As service users have

made a significant contribution to raising the profile of spirituality in mental health care in other parts of the UK I consider that limited service user involvement in Northern Ireland may have contributed to the lack of research and policy around the subject here.

Chapter four considers literature on religion, spirituality and social work practice and considers the spiritual and religious binary within practice as preventing a full examination of the social and political processes which persist around this subject in social work practice. I consider this to be particularly interesting in NI mental health social work practice given the role of religion within the conflict, the impact of the conflict upon social work practice (Campbell *et al*, 2013), the high incidence of mental ill health in NI and the apparent role of religion and spirituality within mental distress. The three bodies of literature, covered in chapters two, three and four, establish the rationale for the study and the key research question, which is presented at the end of chapter four.

Chapter five focuses upon the methodology informing the study and establishes the extent to which both narrative inquiry and grounded theory have been used within the study design. Chapter six builds upon chapter five and describes the study design and in particular, the distinct contribution the interview, the object, the telephone interview and reflexivities made towards addressing the research question. In chapter seven I discuss the “the lived experience” of ethics and the need to be critically reflexive about how decisions about ethics are made and the impact these have upon the overall integrity of the study.

Prior to presenting my analysis of data (chapters eight to thirteen) I articulate how participants’ voices will be presented. Chapters eight to ten provide an in-depth account of my analysis of mental health service user participants’ stories, whilst chapters eleven to thirteen focus upon mental health social worker participants’ stories. The organisation of the chapters echo Wood’s (2010) idea of locating the individual’s account within the wider social field, and thus begin with an exploration of religion and spirituality within the individual’s sense of meaning - making (chapter eight, service user) (chapter eleven, social worker). The second aspect of analysis presented examined the subject within service provision for mental health service users (chapter nine) and social work practice for mental health social workers

(chapter twelve). In the third aspect of analysis presentation, because mental health service users (chapter ten) and mental health social workers (chapter thirteen), explored the subject in different ways, the analysis focuses upon different elements of the wider social field. These are outlined in “Part two: Introduction to findings”, an introductory note to the analysis chapters beginning in chapter eight.

Chapter fourteen pulls together the analysis chapters and discusses the identified knowledge gaps in light of analysis. Analysis identified a gap in experience between how service users and social workers draw upon religion and spirituality within their life. It appears that this gap in experience may result in social worker participants overlooking the importance of religion and spirituality in mental distress for service users. Two findings are of particular note. Firstly, that service users may be active agents within the service user / social worker relationship, and actively choose not to discuss this aspect of their identity within mental health services. Secondly, service users may compare their own expression of religion and spirituality relative to other service users’ and thus create a ‘hierarchy’ of expression. These two service user findings are particularly interesting as they challenge the view that service users want their beliefs explored within their mental health care. They also caution against viewing mental health service users as a homogeneous group and highlight the ‘othering’ that may occur around religion, spirituality and mental distress.

There is an overall discussion in chapter fourteen about professional roles and questions of legitimacy regarding religion, spirituality and mental health social work practice. This chapter also discusses the role of the conflict upon how religion and spirituality are understood within mental health social work practice. I draw upon Brewer *et al’s* (2010) conceptual framework for theorizing the relationship between religion and peace-making in conflict societies, where religion is perceived to be part of “the problem”. I suggest that the acknowledgement of religion and spirituality within mental health social work professional discourse and practice may contribute towards peace-making. In chapter fifteen I build upon the study’s findings and discuss some recommendations for social work practice and further research. This study is an initial knowledge contribution to a significantly under-examined area of social work practice and mental health.

In the appendices I have provided research instruments including the semi structured interview schedules for the main interview and the telephone interview and the study information documents for both participant groups. Additional documents, such as the risk management plan for interviews are available upon request.

Chapter two: Sociology of spirituality and religion

1. Introduction

Classical social thinkers Marx, Weber, and Durkheim all believed that as modern society evolved and progressed, religion would disappear (Giddens, 1992: 223). Williams (2010: 257) suggests that despite the forecast 'structuring out' of religion from the social system, or to keep religion bound within a limited confine, people continue to make room for the sacred, both in a religious sense and in a secular sense, in their everyday lives). Whilst macro social theory and statistics suggest that secularisation is increasing in the United Kingdom, exploration of the micro suggests something different. In this chapter I suggest that it is only by looking at how individuals draw upon religion and spirituality (theistic and secular perspectives) in their everyday lives that greater insight is gained about religion and spirituality as a site of meaning - making in contemporary society. Therefore, in this chapter the idea of secularisation reshaping religion and spirituality is supported. I suggest that rather than being focused on whether society is secularised, or not, I explore the interrelationship between people's practices, their beliefs and their biography. Furthermore, although religion and spirituality within Western society are perceived as highly individualised and private, as members of society we are inevitably relational. Therefore, I suggest that religion and spirituality also has a relational quality and this becomes particularly relevant when explored within the mental health service user and mental health social worker relationship.

Spirituality is recognised as a difficult concept to define as it is highly subjective and wide ranging. I explore this issue and outline the approach I will use, which includes both religious and secular perspectives. Throughout the thesis I emphasise the importance of meaning - making, and in this chapter I suggest that the exploration of religion and spirituality requires that the ideas of "truth" and "accuracy" are suspended. They are suspended because the focus is not upon what is "right", but upon what gives meaning to the individual. This is particularly useful when exploring religion, spirituality and mental distress as, by virtue of their experiencing mental distress, the service users' "rationale" is questioned.

Religion in Northern Ireland is an inherent part of social identification and community construction, even for those who do not attend church or see themselves as “religious” (Mitchell, 2005). Brewer (2011: 2) develops this further by considering the social impact of religion on “believers” and upon society. In this chapter I begin to develop Brewer’s work further and consider about how religion and spirituality, as an aspect of a mental health service user’s identity, are engaged within social work practice in Northern Ireland, as discussed in the preceding chapter.

2. The problem of definition

2.1. Beyond strict definition

What do we mean when we speak about “spirituality”? There is comprehensive debate about how to define the term spirituality (Engedal, 2006: 51). Swinton (2001: 12) describes spirituality as a ‘slippery concept’ as no one definition captures its plurality or its essence. Fryers (2007: 171) suggests spirituality has multiple understandings because it is ‘concerned with components of human life and experience that are not material, nor tangible, but are unarguably real in every person’s life, and give human value and deep satisfaction to that life’. One of the challenges, according to Swinton (2001: 12), when discussing spirituality, is the difficulty of articulating the ‘dimensions of human experience that are essentially inexpressible’. The multi-disciplinary appeal of spirituality means that attempts at an all-encompassing single definition are increasingly problematic as any one definition must take account of these disciplines, numerous research methodologies and an increasing range of areas of practice (Holmes, 2007: 24).

In response to the problem of definition, Holmes (2007: 26) suggests that spirituality should be studied in the context of its culture and, I suggest, in the epistemological and ontological interests of the academic discipline concerned. An exploration of spirituality must allow it to be both material and mystical, to be viewed in its context, how it informs the person’s everyday life whilst also recognising its incorporeal quality. This approach encourages more interpretive and reflexive research (Holmes, 2007: 26). For the purposes of this study in the field of mental health this approach enables the recognition and exploration of spirituality and religion in the lives of many service users thus; patients become not just people with clinical needs,

writes Gilbert (2010: 537, cited The Patients Association, 2009) but 'human beings with personal, spiritual and social needs'.

2.2. Spirituality and religion: Fluid concepts

Another issue regarding defining spirituality is that doing so runs the risk of conceptualising it in a static form. Writing about identity formation and spirituality Engedal (2006) suggests that in times of rapid social change the processes of identity construction and spiritual formation come under pressure. As the social and cultural typography experiences rapid change Engedal (2006: 55) states, individuals experience 'considerable ambivalence and ambiguity in relation to identity formation and spirituality'. This is particularly interesting in Northern Ireland given the context of political conflict and how this may impact how citizens' perceive the role of religion and spirituality in their identity formation and on a societal wide basis.

In this study, meaning - making within spirituality and religion are about transcendence, being beyond words and beyond concrete definitions. A definition was employed for the purposes of ethical approval and participant information and thus informs the study. However, they are used with caution. I am mindful not to use these definitions in a rigid and static manner that seeks to predict its value (Barker and Buchanan – Barker, 2008: 68). Rather, I aim to approach spirituality and religion in a way that places the participant's worldview and experiences at the centre. In this study I employed the Royal College of Psychiatrist's (RCP) definition of spirituality, which is inclusive of religion and involves experiences of (2010: 2):

a deep-seated sense of meaning and purpose in life; a sense of belonging, a sense of connection of 'the deeply personal with the universal'; acceptance, integration and a sense of wholeness...All health care tries to relieve pain and to cure – but good health care tries to do more. Spirituality emphasises the healing of the person, not just the disease. It views life as a journey, where good and bad experiences can help you learn, develop and mature.

Garrod and Jones (2009: 7) suggest that sociologists do not agree on a single definition of religion and that there are many problems in seeking to define it. They suggest that religions may involve some conception of an active supernatural being, world or force, which influences events and conditions on earth (Garrod and Jones, 2009: 8). Within the RCP (2010) definition, spirituality is defined as a universal concept and is not determined, but may include, a belief in God or 'higher being' (RCP, 2010: 3). It is a personal experience, whilst also referring to integration and

belonging, suggests the RCP (2010: 3), available to anyone and highlights 'how connected we are to the world and other people'. In this study when referring to religion I am referring explicitly to an individual's belief in a deity (god) or several deities, therefore I talk about "spirituality and / or religion" to emphasise the study's interest in both religion and secular spiritualities.

3. Religion and spirituality in a secular world

3.1. The challenge of secularization

It is appropriate to examine secularization as mainstream churches report dwindling memberships and society is increasingly viewed as secular, based upon consumerism, materialism and technology. Heelas and Woodhead (2005) strongly support secularisation and attempt to quantify the reach of "New Age" practices in direct comparison with traditional church going. Heelas and Woodhead (2005: 9-10) describe the subjectivization thesis as a correlation between 'subjective - life spirituality' that exists in "holistic" milieu (involving activities such as yoga, meditation and alternative therapies) and 'life – as religion' that is primarily located within the congregations of mainstream religions such as Christianity, Islam and Judaism. In western society where the cultivation of the individual is promoted, the unique subjective forms of spirituality, which cater for these 'subjective-life' tasks, will excel. Conversely, in such a society, 'life - as religion' will diminish. Heelas and Woodhead (2005: 78) suggest the greater the number of people who prioritise subjective-life as their source of significance, the greater the likelihood that forms of the sacred which work for them will grow.

Voas and Bruce (2007: 43) admire Heelas and Woodhead's work however they have reservations about some of the conclusions made. Heelas and Woodhead (2005: 77-78) state that secularisation is undermining traditional religion. Voas and Bruce (2007: 43) are highly sceptical that "New Age" spirituality will overtake traditional religion, as suggested by Heelas and Woodhead (2005). Whilst interest in religion in Western cultures may appear to be declining, there has been a significant rise in interest of spirituality (Swinton, 2001: 7) conceived in popular literature on mind, body and spirit and "personal development" (Carrette and King, 2005: 1). There is an increasing realisation that belief in an authentic, tangible spiritual reality is now widespread and more interestingly, is occurring outside the main Christian churches

(Holmes, 2007: 23). Spirituality and religion are complex phenomenon that cannot always be easily reduced to private religiosity or non-formative spirituality, even in highly secularised countries (Chambers, 2010:127). Therefore, it appears that secularisation may only provide part of the picture about the role of religion and spirituality within society, thus, an alternative approach is necessary.

3.2. Secularization and spirituality reshape religion

Commentators of secularization suggest that rather than proposing that interest in religion in Western societies is diminishing, it may be more appropriate to suggest that it is being reshaped (Wood, 2010: 268; Hay and Nye, 2006: 35). In order to investigate those aspects of social life that are overlooked by the secularisation debate Wood (2010: 268) states that a different conceptualisation than is available in the idea of “religion” is necessary, thus the concept of “spirituality” is utilised. Wood’s (2010: 270) alternative critique concentrates around the idea of “self-authority”. According to Wood (2010: 270) current sociology is increasingly focused on personal and cultural matters in the lives of individuals at the expense of exploring structural issues in society. Within this shift there is also the view that the dominance of institutional religion is being replaced by the autonomy of the individual. Personal identity becomes a private phenomenon and the individual is free to construct his or her personal identity through consumer orientation (Luckmann, 1992: 226). This extends to the individual’s relation to the ‘sacred’ as Luckmann (1992: 227) suggests she or he can choose from an assortment of ‘ultimate meanings’, the choices of which are guided by the preferences of his or her social biography.

Hay and Nye (2006) coined the term ‘secularization of the intellect’ following research by Hay and Morisy (1985) and Hay and Hunt (2000) on the spirituality of people who don’t go to church. Hay (2004: 4) states that a religious understanding of spirituality is still normative for most British people. Whilst the secularisation of British culture is occurring very rapidly, Hay (2002: 4) suggests it appears to be ‘only skin deep’. This may suggest that whilst there are large numbers of people who actively choose not to be associated with religious institutions, they may have a strong interest in spirituality. In a similar manner, Hayes and Dowds (2010) found that whilst there are some signs secularisation is occurring in Northern Ireland, it appears that religion, as a public institution is weakening, but retains a presence in

people's private beliefs and day-to-day practices. Carrette and King (2005: 3) also suggest the individualistic nature of spirituality prevents exploration of socio-political issues surrounding the subject. The individualistic perspective fails to take account of: the impact which relationships have upon the individual's spirituality (Wong and Vinsky, 2009); the importance of environment and community (Zapf, 2005) and, the importance of history and tradition (Carrette and King, 2005:30; Wong and Vinsky, 2009: 1352).

Thus it appears that the secularisation thesis offers a limited picture of dwindling church membership which does not adequately account for how religion and spirituality are drawn upon within people's lives. Furthermore, the individualisation of spirituality fails to examine the social and political context surrounding religion and spirituality in contemporary society.

4. Recognising the wider social context of lived experiences

4.1. A theory of social fields

Social work practice is based upon relationship and a key concern through this study was the need to explore religion, spirituality and mental distress within the social worker / service user relationship. This study draws upon Wood's (2010) theory of social fields, in order to examine service users' and social workers' views and experiences of religion and spirituality socially and relationally, whilst also taking cognisance of the social and political context.

Wood (2010: 267) raises concern that current understandings of spirituality in sociology are almost exclusively based upon an uncritical acceptance of subjective individualistic accounts. Within these accounts there is a lack of attention to social practice, social interaction and the wider contexts of people's lived experiences. This lack of social context, according to Wood (2010: 270), has promoted the understanding that spirituality involves 'the god within' and that the source of authority is 'personal experience' related to the 'true self' and 'internal responsibility'. Thus authority from institutional religion is being eroded and replaced by the individual's own authority. In this way spirituality is conceived as liberating and in contrast to the oppressive dogma of religion. This interpretation is perhaps misguided, and Wood (2010) suggests that spirituality and religion should not be posed as dichotomous. Wood (2007) draws this conclusion from his study about a

network of New Age spirituality in the East Midlands. The practices of the members of the Nottinghamshire Spirituality Network were analytically located within, not separated from, the religious field (Wood, 2009). For example Wood (2009: 241) found that people drew their discourses and practices from, and related them to, traditions and institutions they deemed to be “religious”, due to their own history of attending church and then seeking alternatives out with it. Further examples from the study showed how some members continued to attend church, but were also involved in practices and beliefs associated with New Age spirituality. The individual’s current expression and experience of spirituality were based upon practices and experiences based within religion, not divorced from it, as the secularisation thesis promotes.

Wood’s (2010) theory of social fields is a key concept in this study for two reasons. Firstly, it enables religion and spirituality to be examined in both unitary and semi-autonomous ways. By positioning spirituality and religion on equal and related terms, and not dichotomous, this study allows participants to present their ‘whole’ experience of religion and spirituality rather than seeking to pigeonhole which experiences are “religious” and which are “spiritual”. Secondly, it offers an analytical alternative to the existing paradigm of individualism and enables the researcher to explore the interrelationship between people’s practices, their beliefs and their biography (Wood, 2009: 240). Within this study this is advantageous as it enables these experiences to be explored socially and relationally within the mental health social worker / service user relationship, and to examine the broader social context surrounding the relationship.

5. Religion and spirituality: a ‘private trouble in post conflict Northern Ireland

Religion is a defining feature of society in Northern Ireland, yet its acknowledgement within social work practice appears problematic. Within this study, I was concerned with how, in a post conflict situation and as an aspect of experiencing mental distress, religion and spirituality were engaged with in the mental health social worker / service user relationship. This question points to the interface between the role of the social worker from the public sphere, and the role of religion and spirituality within the mental health service users’ private experience of mental

distress. In order to tease out this issue, the role of religion within Northern Ireland must first be addressed.

Mitchell (2005) explores the role of religion in social identification in Northern Ireland and advocates deconstructing its meaning in individual's lives and in the community. Religion, according to Mitchell (2005: 3), is more than an ethnic marker and limiting one's understanding of religion to this overlooks its social and political significance. Mitchell (2005) found religion informs processes of social identification and community construction in Northern Ireland in four main ways: where it acts as an identity marker; where religious rituals play a practical role; or religious ideas play a symbolic role in the construction of community; and where doctrine can legitimize oppositional social identifications. Therefore, since it appears that religion has social and political significance in Northern Ireland I question how this may shape how religion and spirituality, as aspects of experiencing mental distress, are understood within the social worker / service user relationship.

Brewer (2011) examined the role of the churches in dealing with the legacy of violence, both for individual victims/ survivors and society more generally. A key aspect of his study is the 'translation of people's private troubles into public issues' (Brewer, 2011:2). Brewer's analysis focuses on how, in the context of a society where religion is inextricably linked with political conflict, religion and beliefs (as he terms it) are brought out of people's private lives into the public realm. In the context of this study both Brewer and Mitchell's work raises questions about whether religion and spirituality as aspects of a mental health service user's "troubles", are brought into the public area of social work practice in Northern Ireland: if issues of spirituality and or religion are important for some people experiencing mental distress in Northern Ireland how does the social work profession engage with this in its work with service users?

Brewer *et al* (2010) suggest a conceptual framework for theorizing the relationship between religions and peace-making in conflict societies, such as Northern Ireland, where religion is perceived to be part of "the problem". The model comprises four strategic social spaces in a society involved with advocacy of positive peace. These spaces are (Brewer *et al*, 2010: 1024 - 1025): intellectual, institutional, market and

political. In *intellectual spaces*, alternative ideas and peace are envisioned, in which the private troubles of people are reflected upon intellectually as emerging policy that is relevant to them as civil society groups, is considered. In *institutional spaces*, these alternatives are enacted and practiced by the civil society groups themselves, on local and global stages, making the groups forerunners of the transformation process. The *market spaces* refer to where cultural, social and material resources devoted by the civil society groups, are drawn from local and global civic networks, to mobilise and realise these alternatives, asserting them as policy issues nationally or internationally. In *political spaces*, civil society groups engage with political process to negotiate peace settlement, either by directly taking a seat at the negotiation table, or indirectly by articulating policy dilemmas that the negotiators are seeking to settle.

Within this present study Brewer *et al's* (2010) model prompted consideration about how the social work profession may be positioned within the peace making process. As religion is a sensitive subject within Northern Ireland this may contribute to its lack of exploration and development within mental health services and social work practice. Brewer *et al's* (2010) model is used to consider the acknowledgement of religion and spirituality within an individual's experience of mental distress within a post conflict, and peace building outlook. Furthermore, that the exploration of religion, spirituality and mental distress within social work practice could make a positive contribution to deconstructing what religion and spirituality means in Northern Ireland. In this way religion and spirituality, as an aspect of mental distress, would be transferred from being a 'private trouble' within the service user's experience of mental distress, to explore it in the public square within mental health social work practice. In addition, might the social work profession's apparent lack of engagement with religion and spirituality in practice contribute to the pervasive nature of sectarianism in Northern Ireland? The study postulates that by explicitly engaging with religion, spirituality and mental health social work practice, the profession may challenge sectarianism and contribute to peace making.

6. Conclusion

In this chapter I have articulated that spirituality is a hard to define term and that it is often prioritised over religion. In this study religion and spirituality are explored as

an aspect of meaning - making and therefore refer to a person's sense of mystery, awe and purpose which includes both secular and theistic expressions of spirituality. The secularisation thesis was identified as being unsuitable to explore religion and spirituality within society, for various reasons including its framing of spirituality within individualism, and that it dichotomises religion and spirituality. Thus Wood's (2010) idea of secularisation and spirituality *re-shaping* religion and the theory of social fields were drawn upon, as these enable dual focus upon the individual's subjective account, whilst also exploring the social and political context around it.

Religion in Northern Ireland is an inherent part of social identification and community construction (Mitchell, 2005). Brewer (2011: 2) develops this further by considering the social impact of religion within society. I have drawn upon Brewer *et al's* (2010) model to consider how religion and spirituality, as an aspect of a mental health service user's identity, is engaged with in social work practice in Northern Ireland: whether it is acknowledged in the *institutional* and *intellectual spaces* of social work practice and translated from being a 'private trouble' into a 'public issue'? In chapter three I focus upon religion, spirituality and mental health and will identify some key issues relevant to this study.

Chapter three: Religion, spirituality and mental distress

1. Introduction

A well-established body of literature proposes that religion and spirituality are generally associated with greater mental wellbeing (Koenig and Larson, 2001). However, as this research is usually based out with the United Kingdom (UK), its application in the UK is questioned. Despite some controversy in the UK regarding the role of religion and spirituality within mental distress, consideration is also given to the growing body of research from the mental health service user movement. This literature highlights the importance of religion and spirituality within mental health recovery, and of seeing the individual as a person rather than as a diagnostic label. For some service users this includes the role of religion and spirituality within their experience of mental distress.

2. Psychiatry, religion and spirituality

2.1. A brief historical context

Blass (2001: 79) describes the relationship between the fields of religion and psychiatry in the last century as 'complex and dynamic'. At times the relationship has been one of cooperation, as demonstrated in the Emmanuel organisation in the 1900s, established to bring clergy and mental health professionals together in the service of patient care (Blass 2001: 79 cited Worchester *et al*, 1908). Whilst at other times it has been a site of conflict and mutual suspicion (Blass 2001: 79 cited Freud, 1939; Ellis, 1980; Paktor, 1995; Genia, 1995). An in depth history may be found in Koenig and Larson (2001); Porter (2002) and Scull (2005). According to Finnane (1991: 306) the development of Irish psychiatry is similar to that in England and other parts of Western Europe.

Historically, mental illness has been understood through the disease orientated approach, also known as the medical model. The medical model is complemented by positivism and empiricism, which advocates that knowledge is based upon scientifically observable facts. Whilst the medical model significantly influences how mental health is understood, it now includes bio-psychosocial understandings of mental illness (Premal and Mountain, 2007).

2.2. Existentialism

Bentall (2003: 116) states that challenges to psychiatry have a long history but that the most significant are: Michael Foucault (2001), R.D. Laing (1965), Thomas Szasz (1961) and Erving Goffman (1968). R.D. Laing's (1965) work is particularly relevant for this study as he proposed existential phenomenology in which, psychotic symptoms are meaningful and therefore cannot be understood exclusively as medical phenomena, or as medical classifications. Existentialism, according to Laing (1965: 25), attempts to 'reconstruct the patient's way of being himself in his world'.

Existentialism is relevant for this study as Thompson (2010: 126) refers to spirituality as an, 'existential quest for meaning'. Barker and Buchanan-Barker (2008: 60) suggest that central to the re-emergence of spirituality in the contemporary mental health field is meaning - making and the personal, and shared human values to which they are attached. This approach marks a divergence away from solely medically based understandings of mental distress, towards an approach that explores how the individual makes sense of their world and how it shapes their experience of mental distress. Thus, I suggest that spirituality and religion may be important aspects of an individual's identity and are therefore relevant within their experience of mental distress, but these may be overlooked within mental health social work practice.

2.3. Religion, spirituality and mental health within the United Kingdom

There is a well-established body of research since the 1980s which suggests that religion and spirituality are generally associated with greater well-being, less depression and anxiety, greater social support and less substance abuse (Koenig and Larson, 2001: 75). However, as much of this evidence originates in the United States of America (USA) concerns are raised regarding its application to the UK. Research within the UK is beginning to explore explanations for these relationships (Pearce *et al*, 2008: 204; Awara and Fasey, 2008: 184). Furthermore, the establishment of the Royal College of Psychiatry's special interest group on Spirituality and Religion in 1999 (RCP, 2010: 10) is a step towards developing a UK research base (Sims and Cook, 2009: 4).

In a number of UK studies, King and colleagues (1994; 1999), have reported that religious and spiritual beliefs are not linked to better physical outcomes, and in

particular that spiritual beliefs, that do not draw upon religion, may be associated with poorer mental health (King *et al*, 2006). King *et al* (2013) analysed interview data about religion and spirituality from the third National Psychiatric Morbidity Study in England. In this study King *et al* (2013: 72) conclude that, 'there is increasing evidence that people who profess spiritual beliefs in the absence of a religious framework, are more vulnerable to mental disorder'. Furthermore, they (King *et al*, 2013: 71) report that people who were religious, 'were broadly similar, in terms of prevalence of mental disorder and use of treatments, to those who were neither religious...except that the [the former] were significantly less likely to use, or be dependent on, drugs or alcohol'. King *et al's* (2013) study, and those preceding it, significantly challenges the dominant perspective that religion and spirituality have a positive impact upon the individual's mental health. These studies suggest a need for exploring whether religion might have a negative impact upon recovery and thus the importance of engaging with a holistic approach to religion and spirituality within mental distress.

In contrast, Cook and Powell (2013) are strong advocates of religion and spirituality in mental health care in the UK, and welcome research that determines causal pathways and provides comparison between the cultures and contexts of the USA and the UK. Therefore, Cook and Powell (2013: 385) express concern that the headline finding of King *et al's* (2013) study may leave professionals, and others, to conclude that 'spirituality is bad for one's health', an impression which they believe is 'mistaken'. Cook and Powell (2013) question the study's findings based on King *et al's* (2013) admission that due to, 'the cross-sectional nature of the data we cannot attribute cause and effect to any relationship between spiritual beliefs and mental health'. Drawing upon existing literature Cook and Powell (2013: 385) state that spiritually informed therapies are effective in the field of substance misuse and mindfulness based approaches, developed from spiritual practices, are now recommended by the National Institute for Health and Clinical Excellence for relapse prevention of depression (NICE, 2009).

Research within the resilience field explores the apparent association between belief (religious and spiritual) and resilience over a vast range of subjects including adult childhood trauma survivors (Glenn, 2014; Brewer-Smyth and Koenig, 2014), older age (Manning, 2012 and 2014) and overall mental health recovery (Tuck and

Anderson, 2014). Werner and Smith's (1982) longitudinal study on resilience followed individuals from birth into adulthood. These individuals were born into potentially high risk contexts characterised by poverty and lived in families characterised by divorce, chronic discord, or parental psychopathology. Werner and Smith's work indicated that the individuals they studied, who became relatively adjusted academically and interpersonally, identified spirituality and religion as a relevant protective factor in their resilience. Referring to the study and the role of beliefs within resilience, in an interview Werner (2012: 21) states:

The specific religion did not matter...It was their knowing that whatever they were doing they were not alone, they were in a community. And it did not matter how often they went to church, but that somehow what they were doing had some meaning.

Pargament's (1997) research has been significant in understanding how coping methods based in religion, have been found to predict adjustment more so than non-religious coping strategies of young adults. This work continues as Pargament (2007) asserts spirituality is a vital aspect of experiencing mental distress.

Leading on from this literature, the Mental Health Foundation (1997) conducted the first national (England) user-led survey of its kind, in which over 50 per cent of the 401 respondents stated their religious or spiritual beliefs were important to them. The National Spirituality and Mental Health Project were established in England in 2009 due, in part, to findings from The Somerset Project. The Somerset Project explored the religious and spiritual needs and resources of local mental health service users / survivors (Mental Health Foundation, 2002: 2). The study highlighted the overwhelming frustration and disappointment by mental health service users of not being 'taken seriously', including the role of religion and spirituality within mental distress (Mental Health Foundation, 2002: 1). The Project is now managed by the National Spirituality and Mental Health Forum (Gilbert, 2010: 117) and recognises that many people will not assign themselves to a specific belief system or organised religion. In England work around this subject is taken forward with the Department of Health and the Department of Communities and Local Government; in Scotland within the Scottish Government's National Programme for Improving Mental Health and Wellbeing (Scottish Executive, 2003; NHS Education for Scotland , 2009; Mowat

and Bunniss, 2011), and in the Wales, Mental Health in Wales (Cmyru, 2012; Mental Health Wales, 2014).

Whilst there is much controversy regarding the role of religion and spirituality within mental distress service user literature within the UK highlights the importance of this aspect of some service users' experience of mental distress, and the importance of its inclusion in mental health care. This discussion highlights the complexity of the relationship between religion, spirituality and mental health, and the need to conduct UK based research that enables greater understanding of its multifaceted nature.

3. Internalised oppression

Busfield (2000: 544) states that social processes are crucial to understanding mental health in a number of ways and as such, sociology needs to, '*rethink* the sociology of mental health'. Disability theory, according to Mulvany (2000: 584), presents a new direction in studying mental disorder as it offers a means to identify and analyse the social, political and economic conditions that restrict the life opportunities of those experiencing mental distress. Marks (1999: 612) argues that a critical study of disability needs to not only examine disabling policies and structures, as it has historically focused upon, but it should examine how disability is subjectively experienced, both at a conscious and unconscious level. Focus, suggests Marks (1999: 615) ought to be given to the subjective experiences of disabled people within a disablist society, and whilst some experiences are so difficult and fragile that they cannot be consciously acknowledged, they 'continue to affect self-esteem, and shape thoughts and actions, even when the person has no conscious awareness of them'. Watermeyer and Swartz (2008: 601) also talk about 'a layer of experience' which remains undisclosed in most relationships. This, suggests Watermeyer and Swartz (2008: 601), is due to:

the apprehension of a subtle, yet clear message from the social world that observers will struggle to manage, tolerate or accept descriptions of such experiences, due to its evocative, threatening or disturbing nature.

Reeve (2002: 501) talks about internalised oppression as the ways in which disabled people internalise the prejudices and assumptions held by non-disabled people about them. In this role, suggests Reeve (2002: 501), disabled people may attempt to make themselves acceptable by conforming to the behaviours expected of them by non-disabled people. In terms of this present study internalised oppression is

drawn upon to examine how religion and spirituality as an aspect of experiencing mental distress is engaged with in the mental health social worker / service user relationship. It prompts questions about whether the subject is deemed appropriate within the public domain of mental health social work practice, or that it may be perceived as an uncomfortable aspect of mental ill health thereby relegating it to a cultural taboo. It also prompts consideration around whether mental health service users perceive a subtle but clear message, as highlighted by Watermeyer and Swartz's (2008: 601) quote above, about how the subject might be perceived within mental health services.

I hasten to add that internalised oppression is not drawn upon in a fatalistic way in which mental health service users are weak and passive recipients of services. Indeed, Reeve (2002: 501) discusses how disabled people challenge these dimensions of disability. In mental health these challenges include "mad pride", suggests Farber (2012), where those experiencing mental distress resist societal pressure to conform to be "normal" and instead celebrate their identity inclusive of their mental health diagnosis.

4. Recovery and mental distress in Northern Ireland: the role of religion, spirituality

The strategic framework (DHSSPS, 2005) underpinning Bamford (DHSSPS, 2005:2) outlines ten Framework Standards, one of which is that, 'services must promote recovery'. The term "recovery" has become increasingly popular in recent years and it is identified as a central feature of Bamford and the vision of future mental health services. "Recovery" marks a step away from professional and biomedical understandings of mental illness and moves towards identifying what recovery looks and feels like 'from the inside', as Donnelly *et al* (2011: 21), refer to it. The Northern Ireland Executive's (2009: 50) response to Bamford emphasises the central place of recovery and this, according to Leamey *et al* (2011: 445), is typical of the current approach to mental health policy in most Anglophone countries. However, Bradstreet (2004: 4) and Leamy *et al* (2011: 445) suggest that whilst the increased reference to recovery is positive, there is ambiguity regarding what recovery means, how it may assist those experiencing mental distress and the implications of recovery orientated approaches for working practice are unclear. These shortcomings are evident in Donnelly *et al*'s (2011) report about methods for

measuring recovery from mental illness and capturing patient feedback to inform service improvement, carried out under The Bamford Implementation Rapid Review Scheme. Whilst the review identifies various factors which influence recovery, one of which is spirituality, further exploration about how this might be addressed within the context of Northern Ireland, is absent.

A further Northern Ireland government department document (DHSSPS, 2006: 39) expanded upon spirituality and mental health, and focuses upon 'what works' to assess and address spiritual need. Faith communities are identified as having a foundational role in addressing spiritual need in mental health care (DHSSPS, 2006: 58-59). In terms of this present study the document raised the following concerns. Firstly, that a faith community is able to support those experiencing mental distress. Secondly, it is assumed that the mental health service user will be connected with a faith community. Whilst it is important that the role of faith communities within mental health is recognised, research suggests there are many challenges around addressing mental health needs within faith communities, as discussed by Leavey *et al* (2007), Guthrie and Stickley (2008) and Leavey (2008). Crucially, Leavey *et al* (2007: 558) and Leavey (2008) state that whilst the role of the clergy and representatives from non-denominational groups are important and valuable in the lives of people with mental health problems, careful consideration, based on experience and research, should be made by mental health services and religious organisations regarding their role. Furthermore, it wrongly assumes that the mental health service user will be connected to a faith community, or that its leaders will be aware of the service user's mental health needs. This raises questions over the Northern Ireland Executive's emphasis upon faith based communities to take a lead role in supporting the needs of those who are experiencing mental distress for whom religion and / or spirituality are relevant.

The Northern Ireland Association of Mental Health carried out a Day Services Review (DSR) (Hughes *et al*, 2012), within which day service members were asked about religion, spirituality and mental well-being (Hughes *et al* (2012: 48). The DSR findings build upon existing research, but for the first time explored the subject within the context of Northern Ireland. Up to this point religion and, by association, spirituality has been avoided due to the civil conflict in Northern Ireland. The following findings are of interest to this study. Regarding the importance of religiosity

and spirituality within their lives: 40.8% of members stated 'very' and 20.1% stated 'somewhat'. Regarding whether their religious or spiritual beliefs helped them cope with their mental health problems, 41% of members said 'quite a lot' or 'very much', and a further 14.8% said their beliefs helped them cope 'somewhat'. These are the religious activities which members found helpful: praying or meditating (59.3%) and attending religious services (21.8%). A significant majority reported discussing their beliefs with others (formally or informally) (21.8%) or with religious or spiritual leaders (21.8%) as helpful whilst 29.1% found reading religious texts of benefit. A key message from the DSR is the importance of religion and spirituality in the lives of mental health service users, and the way in which their beliefs influence how they live and help them cope with their mental illness (Hughes *et al*, 2012: 49). Therefore this study is well placed to explore how religion and spirituality are engaged within the mental health service user and social worker relationship.

4.1. Mental health service user involvement in Northern Ireland

According to Heenan (2009: 451) the principle of increased service user involvement has become an established feature in legislation, policy and practice in the UK since late 1990s. The first two of thirteen principles from Bamford (DHSSPS, 2005: 11) place emphasis upon partnerships with service users. Wilson and Daly (2007) explore the complex interrelationship between service user and professional social work discourses and critically discuss their respective contributions to Bamford (DHSSPS, 2005). Two questions thus emerge: the development of 'control' and coercion within mental health social work practice and; the underdeveloped nature of mental health service user involvement in Northern Ireland.

It is apparent that the raised profile of spirituality, religion and mental healthcare in other UK regions owes much to the recognition of service user voice (Mental Health Foundation, 2002; Gilbert, 2010). It is relevant therefore to consider discussion around the under developed character of service user involvement in Northern Ireland, as indicated in *Report 18* (Duffy, 2008). Indeed, Heenan (2009: 459) is critical of mental health service users' limited involvement in Bamford (DHSSPS, 2005). This study considers whether the lack of discussion about spirituality and religion in mental health care in Northern Ireland may be informed, in part, by the under developed nature of service user involvement.

Whilst clinical research debates the positive or negative role of religion and spirituality, mental health service user literature and research appears to articulate the value and importance of this subject for some people experiencing mental distress. The present study shifts focus away from whether or not religion and spirituality are positive or negative, towards the need to explore the lived experience of mental distress, and to engage with the potential role of religion and spirituality as an element within that. If spiritual and religious needs are going to be acknowledged in mental health service delivery in Northern Ireland, responsibility cannot be tendered out to the faith communities as experts in the field. Whilst knowledge and expertise about religion and spirituality may be drawn from the various denominational, non-denominational, and non-religious spiritual communities, further work is needed to explore the complexities of this subject. In addition, consideration is also given to the voice of mental health service users' regarding the role of religion and spirituality within recovery and the manner in which their voices have been "heard" within Bamford. It is therefore suggested that this present study is well placed to explore, in depth, if and how mental health service users in Northern Ireland identify issues of religion and spirituality within their experience of mental distress.

5. Conclusion

In this chapter I considered debate about the role of religion and spirituality within mental distress and the research base which suggests some mental health service users, in the UK, place value upon this as an element of their experience of mental distress. I also considered the role of religion and spirituality as an aspect of recovery and the manner in which this is recognised within Northern Ireland. Underpinning all of these overarching questions is the Northern Ireland context and the manner in which religion and spirituality is conceptualised within society, broadly speaking, and more specifically, within mental health services. I suggest that although it has been acknowledged within Bamford (DHSSPS, 2005) it has not been examined further in terms of policy development or research. Furthermore, the manner in which it is conceptualised within Bamford and the related documentation raises concerns about how it may be translated into policy and practice. In the following chapter I build upon existing discussion and consider religion and spirituality within social work practice in Northern Ireland.

Chapter four: Social work practice, religion and spirituality

1. Introduction

In chapter one I considered that whilst the secularisation thesis explored religion and spirituality at a macro level, it had limited application when examining religion and spirituality at the micro level of an individual's everyday life. I thus proposed Wood's (2010) theory of social fields which promotes spirituality and religion as co-dependent and semi-autonomous terms. Furthermore, this approach also enables recognition of the individual's account within the wider social field. In chapter three I drew upon a wide range of literature and established the role of religion and spirituality within mental health. I then considered that current conceptualisations of spirituality within the Northern Ireland Executive's (2006) responses to Bamford (DHSSPS, 2005) are problematic. In the preceding chapters I have established the key concepts informing this thesis and these are built upon further in this final literature review chapter.

There is a well-established existing knowledge base about social work practice in Northern Ireland, within which the role of the conflict, and its impact upon how the profession has developed, is explored. However, I suggest that within this literature religion is conceptualised at a cultural level, in terms of politics, conflict, division, and sectarianism, and there is a significant lack of exploration about religion and spirituality as aspect of identity and meaning - making. Consequently, in this chapter I will explore religion and spirituality within mental distress as an aspect of individual meaning - making within the service user / social worker relationship. This relationship is closely examined as this is the basis for intervention. Therefore, I discuss literature which suggests that the bounds of the service user / social worker relationship need to be re-framed to accommodate socio-political and cultural differences. I use this literature to suggest that some of the controversy around religion and spirituality within the relationship may be addressed by re-framing the boundaries of the relationship. I suggest that this may be particularly beneficial when exploring religion, spirituality and mental distress in social work practice in Northern Ireland as it prompts explicit exploration about the wider social field and the sensitivities around religion, spirituality and mental distress – all of which are present

within the relationship. Significantly, although interest about social work, religion and spirituality is developing there is a lack of exploration about the role of religion in political conflict (Holloway and Moss, 2010: 21). This thesis marks a step towards addressing this knowledge gap.

2. Conceptualising religion and spirituality in social work practice

2.1. The question of definition

Earlier in the literature review I highlighted that research on religion and spirituality is marked with disagreement and tension. In social work discourse this is evident in the spirituality / religion binary. According to Henery (2003: 1109), this binary is ‘a defining characteristic’ of social work literature, and produces a greater acceptance of spirituality whilst, ‘remaining highly sceptical of the customs and dogma of religion’. Its consequences are twofold. Firstly, it makes invisible some important social and political issues regarding spirituality and religion. Henery (2003: 1112) suggests that the binary limits the critical examination of religious and scientific responses to issues of personal meaning, death and suffering. These explorations are important to promote the effective responses of social work services to the lives of service users. A core principle of the social work profession is its willingness to highlight issues of inequality, oppression and marginalisation. The continued support of the binary hides some socio-political issues about how spirituality and religion are conceptualised in social work practice, and how this may negatively impact some individuals. This echoes earlier discussion in chapter two about ‘secularisation and spirituality reshaping religion’, where I established that secularisation and the individualisation of religion does not enable exploration of socio-political issues around religion and spirituality nor the lived experience of religion and spirituality in an individual’s everyday life (Carrette and King, 2005; Wood, 2010).

Secondly, a point which Henery (2003) does not discuss, the continued association of spirituality with minority ethnic groups and multiculturalism discriminates those from such groups who may be wrongly presumed to be ‘more spiritual’. Discrimination is also foreseeable as those who do not come from a minority ethnic group are viewed as being “non - spiritual”, therefore their spiritual and / or religious needs may be overlooked. This discussion highlights one of the key issues in social work, spirituality and religion discourse identified by Holloway (2009): the complexity

of defining spirituality and religion, both as separate and distinct, but interrelated terms. These definitions, may invoke actions which the service user and social worker themselves may not ascribe to, understand, or may find offensive to have imputed upon them.

Contributing to this discussion Wong and Vinsky (2009) conceptualise the binary as 'the spiritual –but- not – religious' discourse. Wong and Vinsky (2009: 1345 -1347) support Henery's (2003) discussion by evidencing the separation of spirituality from religion in social work research. Wong and Vinsky (2009: 1348) cite Carette and King's (2005: 30) proposal that the term 'spirituality', functions in different ways at different times and reflects a specific ordering of social relations. It is on the basis of the changing function of "spirituality", that Wong and Vinsky (2009: 1348) advocate the importance of unpacking the specific ordering of social relations embedded in the contemporary distinction between spirituality and religion in contemporary social work.

In this chapter I establish the need to need to examine religion, spirituality and mental health practice in a manner that takes cognisance of the surrounding socio-political context of practice. It is suggested that doing so may enable greater understanding about the context specific issues around this subject in Northern Ireland mental health social work practice. Whilst spirituality and religion in Western society are conceptualised as individualised and private, this may be in opposition to the way some people and groups experience religion and / or spirituality. Wong and Vinsky (2009: 1356) cite the experiences of people of minority groups where their experiences of spirituality and religion are grafted into the history of their community, in the face of oppression. However, I suggest that this is not only a concern for minority groups as the recognition of spirituality and religion within a community's history is paramount in contemporary Northern Irish society in light of "the Troubles", and the divided character of contemporary society. If issues of religious division are prevalent in Northern Ireland in light of its socio-political history, do they impact how, if at all, religion and spirituality are engaged with in mental health social work practice?

3. Religion and spirituality within person centred and recovery orientated care

Whilst the role of religion and spirituality within recovery orientated mental health services is acknowledged, its promotion within mental health social work practice appears to be problematic. In fact studies suggest that within UK social work, spirituality and religion are given minimal recognition when working with people who are experiencing mental distress. In a UK study Furman *et al* (2004; 779) found that of the eleven topic examples given of when it is appropriate to raise the topic of religion, with number one being at the top of the scale, suffering from a mental disorder was joint eight and nine with involvement in the criminal justice system. In the same scale, raising the topic of spirituality with regard to a client suffering from a chronic mental disorder was deemed ninth place (Furman *et al*, 2004: 779). In a comparative study of UK and Aotearoa New Zealand social workers, Stirling *et al* (2010: table 3: 611) indicate that for UK respondents, “suffering from chronic mental disorder” was eighth out of eleven proposed situations viewed as appropriate to raise the topic of religion and spirituality. Parkes and Gilbert (2011: 8) argue that this is a critical failing, as research indicates that mental health service users place importance upon the role of spiritual and religious beliefs and activity in their lives, as discussed in the previous chapter. In keeping with the importance of the recovery model and mental health as previously discussed, it is important to examine holistically and in depth the role of religion and spirituality within the experience of mental distress (Furness and Gilligan, 2010: 107, cited Pargament, 1997:372).

Use of the recovery model is favoured by health and social work intervention teams where they work with the service user, exploring their belief systems, to support them to build a sense of resilience (Furness and Gilligan, 2010: 108). Starnino *et al*'s study highlights that even when religion and spirituality are explicitly promoted in mental health social work practice, significant challenges persist around the subject. Starnino *et al* (2014) conducted a study in the United States of America about spirituality strengths assessment in mental health practice. Spiritual strengths assessment aims to assist the worker and the service user to work collaboratively to explore and develop the service user's various strengths and resources (based within their spiritual and religious beliefs and practices). Starnino *et al* (2014) found that whilst spirituality can be a recovery-related resource for people experiencing

mental distress, some service users and providers experience significant challenges related to spiritual strengths assessment including: discomfort about the topic; uncertainty related to defining spirituality and; setting relevant case management goals. Starnino *et al* (2014: 851) state that whilst the strengths model and the recovery paradigm recognise the importance of spirituality, mental health social workers (and allied health professionals) 'remain sceptical and uniformed about its potential value for service users'. Furthermore, suggest Starnino *et al* (2014: 851), there is little guidance for providers about how to assess spirituality with people who are experiencing severe and enduring mental distress.

Furness and Gilligan (2010) suggest that the inclusion of spirituality and religion in social work (in the UK) offers a framework for assessment and recovery in mental healthcare, which may be suitable for some individuals. Spirituality promotes the idea of multiple truths, thus promoting acceptance within diversity. In order to promote person centred and recovery orientated mental health social work practice, the acknowledgement of spirituality and religion in the lives of service users, is required. However, such acknowledgement must avoid the promotion of what Barker and Buchanan-Barker (2008:68) call:

[a] Mickey Mouse form of spirituality in which it is reduced to a tick box exercise in order to evidence the delivery of holistic, person centred mental healthcare.

In this way the acknowledgement of religion and spirituality within mental distress cannot be a tokenistic gesture, but requires a re-engagement with the lived experiences of those experiencing mental distress as suggested by Starnino *et al* (2014).

3.1. The fellow traveller model of spiritual care

In Holloway and Moss's (2010: 114) 'fellow traveller model for spiritual care', the model comprises four stages: joining, listening, understanding and interpreting. The first two stages are appropriate for every social worker, whilst the third is only appropriate for workers with understanding of their own spirituality and the final stage only for those with specialist training and in conjunction with a religious professional / spiritual care advisor. Holloway and Moss (2010: 114) state that 'every social worker engages with the spiritual issues sufficient to acknowledge their significance and to recognise the way in which the spiritual dimension is affecting the service users at

this point'. However, according to Holloway and Moss (2010: 114), the worker does not need to disclose their spirituality and / or religious beliefs. In the 'understanding' stage of the fellow traveller model, Holloway and Moss (2010: 114), state that this is not possible for 'any social worker...without having, or having had in the past, an active spiritual life'. The worker needs to have an awareness of their own spiritual identity and journey, but this does not necessarily have to be through a particular religious faith. At this stage, if the practitioner feels that it is appropriate to share something about the role of religion and spirituality in their own lives this determination will be made on the basis of any self-disclosure decision – what is the purpose of my disclosing this information and what impact will it have? The practitioner may talk about the meaning and purpose they get from their religious and / or spiritual beliefs, perhaps in times of crisis, without necessarily divulging what denomination they are, or even that they do not belong to any religion.

Although Holloway and Moss (2010: 9) acknowledge that the role of religion and political conflict may shape how religion and spirituality are engaged within in social work practice is understood, they do not examine this further. In this study I draw upon the fellow traveller model in a discrete way to consider how it may enhance exploration of this subject in contexts where religion has been, and may continue to be, a site of conflict in a society, such as Northern Ireland. The following discussion about professional boundary making leads on from Holloway and Moss's (2010) model, and specifically examines how exploring religion and spirituality, within the mental health service user / social worker relationship, may challenge existing ideas about how this subject is engaged with mental health social work practice in Northern Ireland.

4. Professional boundary making

This study focuses upon how religion and spirituality within mental distress is managed within the mental health service user / social worker relationship. It is therefore appropriate to examine the nature and purpose of professional boundaries within this relationship, and how these may inform how the subject is, or is not, engaged with. I suggest that this examination is all-the-more necessary in light of the comments made by Penny Thompson, chief executive of the General Social Care Council (GSCC), about professional boundaries. *The Guardian* (Brindle, 2011) newspaper reported that she said, 'social workers should always note and report

situations that could be misconstrued, such as having a coffee with a client in a café or finding themselves discussing spiritual or faith matters'. The General Social Care Council (GSCC, 2011: 15) guidance justifiably highlights harm caused to service users when professional boundaries are violated, however, I question whether it may be beneficial to focus upon the nature and purpose of professional boundaries, rather than rejecting the place of religion and spirituality within the service user / social worker relationship outright.

The service user / social worker relationship is a foundational aspect of social work intervention, thus the purpose and nature of the boundaries between the service user and the social worker is significant. Crisp (2010: 27) suggests that having an understanding of one's own spirituality is important as social workers need to ensure that they do not project their own views and ideas onto service users. This is perhaps particularly significant, Crisp (2010: 27) suggests, as social workers are not representative of the populations with whom they work in regard to spiritual and religious beliefs and practices. Hodge (2003) suggested that not only are social workers less likely to identify with a religious tradition, but among North American social workers, very few of those who do identify with a religious tradition are from the religious tradition from which the service users tend to identify with. Hodge (2003: 354) therefore asserts the importance of social workers being cautious of reasoning from their own religious and spiritual viewpoints, theistic or secular, and making assumptions which have little, or perhaps damaging application in the lives of service users. Within the UK social work population, Stirling *et al* (2010) found 53% identified as Christian; 15 % identified as atheists and agnostics represented 15%; 5% indicated that had a religious affiliation plus at least one other spiritual orientation; 5% selected multiple non-religious affiliations; 36% described themselves as atheists, agnostics, non-affiliated Jewish, existentialist, no affiliation or a combination of these. Within mental health, Starnino *et al* (2014: 863) discussed the possible 'disconnect' between helping professionals and service users' views of spirituality and religion. Starnino *et al's* (2014: 863) study offered new insight about challenges that mental health care provider's experience around addressing spirituality in practice. In particular, Starnino *et al* (2014: 856) discussed

professionals stating that service users may perceive exploring spirituality with the professional as 'too personal', especially if a trusting relationship has not developed.

Green *et al* (2006) explores the idea of flexible elastic boundaries within the social worker/ service user relationship, in which attention is given to context-specific partnerships between each party. According to Green *et al* (2006: 450) the social worker will 'professionally distance' themselves from 'subjective feeling, attitudes and beliefs', in order to make objective and rational decisions. Whilst objectivity is a key element of professional decision-making, there is concern that this approach ignores the context – specific nature of the relationship. Doel *et al* (2010: 1872) highlighted the way in which a social worker's boundaries are shaped by: their personal morality; the service user; agency policies and; professional codes. These are all located within the cultural context and multiple ideologies. Doel *et al* (2010) thus advanced 'ethical engagement' in which professionals exercise their ethical senses through clear regular discussion of professional boundary dilemmas. In a similar manner O'Leary *et al* (2013: 136) suggested that the bounds of the service user / social worker relationship need to be reframed to accommodate, 'the wide range of geographical, socio-political, economic and cultural differences'. This is particularly needful, suggests O'Leary *et al* (2013: 136), in non-Western societies where professional socialisation may create barriers to social work practice. O'Leary *et al* (2013) also advocate for a more 'connected, inclusive, reflective and participatory approach' to the social worker/ service user relationship which addresses the particular contexts of the relationship.

I suggest this is necessary in a society such as Northern Ireland that has been shaped by political conflict in order to examine how this has explicitly impacted social work practice. Professional distancing and the context specific nature of boundaries are useful ideas to consider when exploring how religion, spirituality and mental distress are viewed within the mental health service user / social worker relationship. The call to re-examine professional social worker boundaries and the possible role of self-disclosure is particularly challenging when applied to exploring religion and spirituality in mental health social work practice in Northern Ireland, as it may challenge the sensitivities which persist around this subject. I suggest that this subject may evoke some emotional responses amongst social worker participants,

and may prompt consideration about how the personal and professional intersect along the boundaries of the mental health service user / social worker relationship.

5. Mental health social work practice integration with health

Heenan and Birrell (2011: 55-72) provide an in depth discussion about the integration of health and social work to which I refer the reader for further detail. For the purposes of this thesis I focus upon how integration with health may impact the mental health social worker role and the acknowledgement of religion and spirituality within mental distress. Heenan (2013: 16) states there is broad agreement in Northern Ireland amongst health and social care professions that, 'integration has not been a marriage of equal partners'. The health agenda has dominated integration since its inception in 1973 and this disparity persists with significant consequences. One consequence is the medical model of need identification and response is highly influential. Heenan (2013:17) outlines various performance targets set by the Department of Health all of which relate almost entirely to health. Within this system, suggests Heenan (2013: 17), social care values and priorities are, 'overshadowed by a dominant health agenda, with social care relegated to the role of poor relation'. This may impact firstly, the acknowledgement of religion, spirituality and mental distress within a system dominated by the medical model. Secondly, this may impact how religion and spirituality are conceptualised by mental health social workers vis-à-vis their health colleagues.

5.1. Supervision

A key element of professional social work practice is the primacy it gives to supervision where social workers can engage in what Tsui (2005: xiv) refers to as a, 'rational, affective, and interactive process focusing on the whole person of the social worker'. Social work supervision is subject to external pressures, and there are ongoing debates about how supervision has changed from addressing the points raised by Tsui (2005) above, to becoming case management focused which addresses issues of risk (BASW, 2012b and Carpenter *et al*, 2012). It is therefore important to consider how social work supervision may reflect the cultural and political backdrop in which practice occurs. Adamson (2012: 185) suggests there are multiple and diverse roles within supervision, and argues that by becoming aware of its 'contextual location' in practice and organisational environments, supervision practice cannot remain 'politically innocent'.

These ideas raise particular questions in this thesis regarding if and how social workers are supported to engage with religion, spirituality and mental distress in supervision, both in terms of their own personal reflections and in relation to issues of risk that are present within mental health. Adamson (2012: 186) asserts that, 'supervision never happens in a vacuum', and this prompts questions about how supervision may mirror the unease and sensitivity present within Northern Ireland regarding religion, alongside the existing knowledge base which suggests its role in some mental health service users' identities. I suggest that some attention to the supervisory relationship may offer insight into how religion and spirituality are engaged with in mental health social work practice in Northern Ireland.

6. Religion and spirituality as 'troublesome knowledge' in social work practice in NI

According to Campbell and McCrystal (2005: 174) the responses of statutory social workers to the circumstances of the political conflict tended, 'to produce a culture of silence and adherence to technocratic approaches to service delivery'. Heenan and Birrell (2011: 35) suggest this culture has continued as the majority of social workers and managers in Northern Ireland may be seen as not adopting, 'a radical, critical or political approach'. Furthermore, according to Pinkerton and Campbell (2002: 730) new managerialism resulted in the further technocratic expansion of social work and led to, 'a narrowing of the occupational space for social work' as aspects of professional life became 'displaced and subsumed into various levels and forms of "managerialism"'. Ramon *et al* (2006) conducted a qualitative study investigating the impact of political conflict on social workers and service users in three countries: Northern Ireland, Israel and Palestine. Ramon *et al* (2006: 445) support Pinkerton and Campbell's (2002) observations stating that respondents tended to view themselves as delivering a value-free technocratic service in the midst of conflict. With the establishment of new structures of state and the emergence of a human rights culture the social work profession (in the North of Ireland), according to Pinkerton and Campbell (2002: 730), can 'reconsider its relationship with civil society as a way of regaining strength and confidence'. I suggest that within this outlook, there is place for religion and spirituality as a legitimate aspect of both an individual's, and a community's identity. This however may be very challenging

given the pervasive nature of sectarianism and that “religion” is perceived as part of the problem of conflict.

Wilson and McCrystal (2007: 44) conducted a study about the motivation and career aspirations of social work masters students in Northern Ireland. Interestingly they found, ‘acute sensitivities and anxieties’ amongst students around discussing religious issues during their training. The following comment was typical, according to Wilson and McCrystal (2007: 44):

religion should not come into it...it is an uncool thing to talk about...it has such bad connotations, just keep it out of the whole discussion, particularly because of Northern Ireland over the past 30 years.

Although Wilson and McCrystal’s (2007) study acknowledges that religion is a problematic and controversial area within social work practice, it does not explore this in depth, nor how this tension has impacted how practitioners, both individually and collectively, engage with the issue in practice. “Troublesome knowledge” is a concept originally used within education and is used in conjunction with threshold concepts (Meyer and Land, 2003). Meyer and Land (2003: 1) make a distinction between *core concepts*- the foundational elements of a subject that need to be consolidated to enable the progressive building of that subject – and *threshold concepts*, which lead to ‘new and previously inaccessible ways of thinking about something’. Perkins (1999) considers the idea of ‘troublesome knowledge’ - knowledge that is conceptually difficult, counter-intuitive or ‘alien’. Referring to teaching the social model of disability in social work education Morgan (2012: 215) suggests that a body of research and theorising may challenge a student’s taken-for-granted assumptions about social work practice. This may be developed in this study in two ways. Firstly, that the recognition and exploration of religion and spirituality in mental distress and the social worker role therein, offers practitioners opportunity to consider religion beyond established political and culturally based ways of understanding, and to examine what spirituality and / or religion may mean on a personal meaning - making basis. Secondly, it may also be developed further to consider recognition of religion and spirituality in an individual’s experience of mental distress and offer service users permission to explore the subject, should they wish to do so. In this study I draw upon the idea of troublesome knowledge to

explore how religion and spirituality are drawn upon in mental health social work practice in Northern Ireland. If the acknowledgment of religion and by association, spirituality, within social work practice is viewed as being within the realm of sectarianism, as Wilson and McCrystal's (2007: 44) quote above suggests, then this raises particular questions about how religion and spirituality are engaged with in practice. I suggest that troublesome knowledge and anti - sectarianism may be used to re-engage with religion in socially unfamiliar ways within mental health social work practice.

6.1. Anti-sectarianism and the role of religion and spirituality

One of the distinctive features of social work practice in Northern Ireland is sectarianism (Heenan and Birrell, 2011: 1) and due to its presence across all aspects of life it underpins any prospective change here (Pinkerton and Campbell, 2002: 731). Heenan and Birrell (2011: 23) describe sectarianism as being expressed as 'religious bigotry, meaning antagonism and hostility by members of one community in Northern Ireland towards another community'. Perceptions of religious identity and nationality are still the defining characteristics of many relationships in civil society. Sectarianism influences practitioners on both a personal and professional basis as they, suggests Traynor (1998: 30), have been socialised, educated, and also work in 'a largely divided society where the outcomes of disrespect, mistrust, discrimination and violence, on the basis of perceived religion, are every day and often unpredictable'.

As sectarianism is based in societal meanings and values, Heenan and Birrell (2011: 23-24) suggest its influence in social work practice is present in a number of different contexts: general sectarian views of clients / service users; sectarian hostility towards social work staff; sectarian relationships between social workers in the workplace and; the possible sectarian attitudes of social workers. The Northern Ireland Social Care Council (NISCC) regulates social work training and practice in Northern Ireland. The "Framework Specification" details the skills ("B" statements) and knowledge ("C" statements) required for professional practice. The following statements mention sectarianism alongside other forms of oppression (NISCC, 2003):

(C7,page 14) the nature of social work services in a diverse society with particular reference to concepts such as prejudice, inter-personal, institutional

and structural discrimination including sectarianism, disempowerment and anti-oppressive practices.

(B8, page 14) engage with a range of people from different communities and backgrounds.

(C28, page 18) the community context of social work practice and its potential contribution to address assessed need and the broader equality agenda.

(B35, page 20) act effectively with others to promote social justice by identifying and responding to prejudice, institutional and other forms of discrimination including sectarianism and structural inequality.

These statements suggest the social work profession's responsibility, both individually and collectively, to practice in an anti-oppressive way, and the place of sectarianism within an equality based outlook. In response to sectarianism and concerns about social work in Northern Ireland, the profession has sought to be neutral / non-sectarian. According to Traynor (1998: 40), social workers often adopted a non-confrontational and non-political approach, as doing otherwise may have placed the worker, client or agency at risk. For example, existing literature about social work practice in Northern Ireland highlights the way in which practitioners will conceal their identity to avoid being affiliated with politics and national identity (Smyth and Campbell, 1996; Campbell and McCrystal, 2005; Wilson and McCrystal, 2007: 48). Social workers developed ways to ensure services were delivered in spite of the surrounding violence in some areas and overall political circumstances (Heenan and Birrell, 2011: 35). In addition, according to Ramon *et al* (2002) and Pinkerton and Campbell (2002), social workers are very unlikely to challenge the causes and manifestations of sectarian violence because it is safer to adopt a 'technocratic' neutral stance. I suggest that in light of the conflict's impact upon social work practice, and the importance of sectarianism within an anti-oppressive outlook, further exploration is needed regarding how religion and spirituality are engaged with in practice.

The main issues covered in the questionnaire and interviews of Ramon *et al*'s (2006) comparative study were outlined, none of which explicitly identified religion and or spirituality. It is necessary to question the absence of any discussion about religion and / or spirituality given that according to the 2011 Northern Ireland Census, published by the Northern Ireland Statistics and Research Agency (NIRSA), a total of

83.6 per cent of the population of Northern Ireland identify themselves as having a religious belief (NISRA, 2012:1.11). 16.4 % of the population recorded no religion or no religion stated (NISRA, 2012: 1.11). Whilst these figures are five years after Ramon *et al's* (2006) study was conducted, it is reasonable to consider that they would be broadly similar. These figures however do not reveal what religion and / or spirituality might mean in the lives of those who do affiliate with a religion and those who do not. Ramon *et al* (2006: 446) identified evidence which suggests social work values have been consistently tested in Northern Ireland in times of conflict and sectarian tension, but are not given sufficient attention in training. Whilst the study did not seek to explore issues of religion in social work practice, I suggest that in areas experiencing political conflict it is necessary to take these issues into account given the role of religion within the conflict. Smyth and Campbell (1996) explore the importance of anti-racist and anti-discriminatory practice to promote anti-sectarian practice in social work in Northern Ireland. Although this paper was written fifteen years ago some of its assertions bear relevance. An anti-oppressive approach, suggests Smyth and Campbell (1996: 79), offers social workers opportunity to take account of dominant cultural and social powers, and to discuss relationships of power between social workers and their clients. The anti-oppressive approach and cultural competence approach are key ideas within the exploration of religion and spirituality in social work practice. Before exploring the anti-oppressive approach in relation to this study it is necessary to examine the cultural competence.

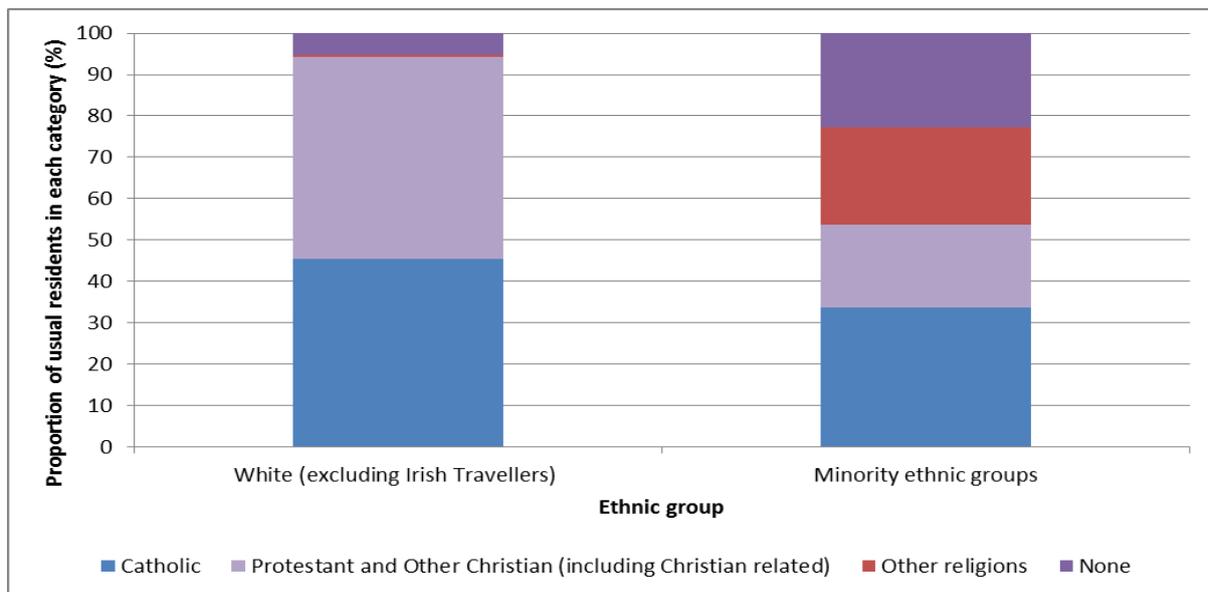
6.2. The problem with culturally competent practice

Culturally competent practice refers to the appreciation and understanding of professionals, in responding to a diverse range of experiences and aspects within a service user's identity. Coulter (in press: 92) states that a practitioner's ability to practice in a culturally competent manner does not depend on their having first-hand experience of the service user's situation. Instead, suggests Coulter (in press: 92), it is based on the practitioner's self – awareness and both an appreciation and knowledge of the service user's culture. Holloway (2007: 276) suggests the growing attention being given to spirituality and religion in social work discourse is a reflection of the increased cultural diversity in society and the multiple philosophies and religions that are represented in our society.

An important issue around cultural diversity and mental health is that different cultures may hold varying perspectives about the causes and courses of mental illness. Thus Furness and Gilligan (2010: 110) state it is imperative to find ways of acknowledging and including cross-cultural approaches in mental health care, to the benefit of those accessing and working in mental health services. One of the implications of increased diversity, according to Clifford and Burke (2009: 9), 'has been an acceptance that differences in religious cultures need to be respected whatever the religion, and that differences between secular and religious values have also to be recognised and accommodated'. Furness and Gilligan (2010: 117) also share this view, stating that religious affiliation in itself is not a barrier to accessing mental health services, rather, there is a need to develop, first 'mental health literacy' within minority ethnic cultures (including religious cultures) and, second, cultural and religious literacy among mental health professionals.

I would like to remind the reader of earlier discussion about the continued association between spirituality, religion and minority ethnic groups. Henery (2003: 1111) identifies the spirituality / religion binary as making, 'ethnic minorities the custodians of religion for western-style life projects' consequently, 'rather than redress Western racism, the spirituality project may provide for a new expression of it'. Whilst further awareness raising is required regarding spirituality, religion and mental distress, drawing exclusive links to minority ethnic populations fails to acknowledge that this subject is an issue of identity and is not restricted to minority ethnicity. In a Day Services Review (DSR) carried out in a Northern Ireland mental health organisation, Hughes *et al* (2012: 48) indicated that 40.8% of service users placed value upon their spiritual and or religious identity however, only 1% was from a minority ethnic group. Furthermore, The Northern Ireland Census highlights this point. The chart below depicts white and minority ethnic groups by religion or religion brought up in (Northern Ireland Statistics and Research Agency, 2012: 22). This chart indicates that a greater proportion of minority ethnic groups than of the 'white' population were of 'no religion. This suggests that there is a very real danger of wrongly over emphasising religion and spirituality amongst minority ethnic groups. In addition, these figures do not give insight to the meaning of religion and spirituality within the population.

Figure 1.7: White and minority ethnic groups by religion or religion brought up in (Northern Ireland Statistics and Research Agency, 2012: 22).



6.3. Anti-oppressive practice: a more inclusive approach?

A more inclusive approach therefore may be found in anti-oppressive practice. Although the social work profession seeks to promote human rights, Furness and Gilligan (2010: 1) suggest there is a reluctance and ambivalence to engage with issues of spirituality and religion on a practice basis. The conceptualisation of religion and spirituality within social work practice as a rights based issue, and not exclusively an issue of cultural competence, enables its recognition as an issue of identity and personhood over and above ethnicity.

In October 2004 the International Federation of Social Workers (IFSW) and the International Association of Schools of Social Work (IASSW) held a joint conference in Adelaide during which a major stream of papers focused on spirituality in practice (Holloway and Moss, 2010: 18). Following the conference the IFSW in its revised statement of principles affirmed that social workers should uphold each person's 'spiritual integrity and wellbeing' (Holloway and Moss, 2010: 19 cited IFSW, 2004). Within a discussion about global standards of social work this is now included under, "Principles: Social justice" within the current statement of ethical principles and practices (IFSW 2014). In North America the National Association of Social Workers' Code of Ethics (NASW, 1996) highlights the practitioner's responsibility to be aware of the individual's religious beliefs and practices. The British Association of

Social Workers' Code of Practice (BASW, 2012a: 9) under the value of 'social justice', also refers to social workers having a responsibility to:

challenge discrimination on the basis of characteristics such as ability, age, culture ... or other physical characteristics, sexual orientation or spiritual beliefs [and] recognise and respect the diversity of the societies in which they practice, taking into account individual, family, group and community differences.

The inclusion of spirituality and religion in the human rights and social equality agenda on the international social work stage (IFSW, 2004) indicates that this subject goes hand-in-hand with human rights. Stirling *et al* (2010: 615) found UK and New Zealand respondents displayed relatively low levels of integrating spirituality (and lower still, religion) in practice. Stirling *et al* (2010: 615-616) support Holloway's (2007) observation that the recognition of spirituality in UK social work is limited by its association with ethnic minority cultures. Moss and Thompson (2007) explore the interrelationship between spirituality (inclusive of religion) and equality, and use Thompson's (2003) personal, cultural and structural (PCS) analysis as a framework to connect the two fields. In Thompson's (2003) PCS model, the cultural and structural contexts enrich and develop our understanding of the personal, and the manner in which an individual may be oppressed at three separate, but connected, sites. Moss and Thompson (2007) use the PCS model to highlight the significance of the spiritual at the personal, cultural and structural levels. By applying the PCS model in this way Moss and Thompson (2007: 6) suggest that a full understanding of religion and spirituality needs the cultural and structural perspectives to complement the personal. Within this model, the role of spirituality and / or religiously within an individual's sense of identity, connectedness and direction is informed by structural factors.

Moss (2012: 595) suggests that although recent contributions to social work literature have deepened and widened our understanding of religion and spirituality in social work practice, practitioners still remain 'ambivalent' about its usefulness and value. Moss (2012) employed a 'co-creative approach' with academics, service users and carers, students and practitioners to enable spirituality and religion to be explored holistically. A key concern about spirituality and religion is that its

relevance is not universally recognised. A co-creative approach, suggests Moss (2012), recognises that one –size does not fit all and that a framework is required that enables practitioners to locate their everyday practice within the broader terms of reference. This approach avoids the ‘expert knowledge’ approach as all persons are involved, thus the framework is co-produced where individual dignity, partnership and journey, are recognised, and promoted. This approach does not seek to answer all the questions, but creates a forum whereby all represented parties may come together and discuss religion, spirituality and social work practice in an open and transparent way.

If the social work profession seeks to promote human rights and social equality within an anti-oppressive approach, then it appears that being aware of the potential relevance of spirituality and religion in mental distress within the individual’s identity, is in keeping with this outlook. I have established that a culturally competent framework may restrict explorations of religion, spirituality and mental distress in mental health social work practice in Northern Ireland, and that an anti-oppressive framework may be more appropriate. Within the anti-oppressive framework I have suggested a co-creative approach may enable a more inclusive and dynamic exploration about religion, spirituality and mental distress within social work practice in Northern Ireland.

7. Conclusion

Current social work research and practice around religion and spirituality in the United Kingdom is criticised for lagging behind other Western democratic nations. However, whilst developments are being made in England, Scotland and Wales, the knowledge base in Northern Ireland is significantly lacking. This study begins to unpick some of the issues which shape how religion and spirituality are engaged within mental health social work practice in Northern Ireland.

In the same way that religion and spirituality are viewed as hard to define concepts within sociology, the problem of definition was explored within social work. This has resulted in the spirituality / religion binary. The binary is criticised for failing to take account of the social and political processes which persist around religion and spirituality in mental health social work practice. Whilst religion and spirituality are recognised as important elements of person centred care and recovery orientated

practice within mental health, it appears that this subject remains problematic within social work practice, and particularly within Northern Ireland.

The importance of boundary making is identified as key to social work practice. Therefore, consideration is given to how these boundaries are conceptualised, and how this may impact if and how religion and spirituality are engaged within mental health social work practice in Northern Ireland. Whilst a culturally competent approach to religion and spirituality in social work practice has much to offer, a more inclusive approach may be found within an anti-oppressive and rights based perspective. This approach would locate the subject within an aspect of an individual's identity and personhood, and not only as an aspect of ethnicity. Furthermore, it would also allow exploration of the socio-political context of practice in Northern Ireland, particularly the role of sectarianism in shaping how mental health social workers view religion and spirituality within their practice. It is suggested that the association of religion with sectarianism hinders exploration of religion and spirituality as an aspect of meaning - making within the experience of mental distress. Other features of social work practice are also explored. Practice in Northern Ireland is criticised for being technocratic and questions are also raised about the under developed nature of service user involvement. Both of these aspects are explored in relation to the subject of the thesis.

8. Study's rationale and research questions

The literature review identified four key areas of discussion. Firstly, although society is becoming more secularised, there is also growing interest in spirituality, thus questions are raised about the suitability of the secularisation thesis to explore religion and spirituality within society. In addition, as the secularisation thesis focuses upon the macro, concern was raised about its suitability to examine the role, if any, of religion and spirituality as an aspect of meaning - making in everyday life for both mental health service users and social workers. Thus Wood's (2010) idea of secularisation reshaping religion and spirituality was drawn upon as this recognises the ongoing, but changing, role of religion within society, and the growing interest in spirituality. Furthermore, it enables exploration of the individual's account of religion and spirituality within their lives, and to examine the wider social field around the account.

Secondly, research within the UK suggests the value which some mental health service users place upon religion and spirituality within their experience of mental distress (Mental Health Foundation, 2002; Cornah, 2006; Hughes *et al*, 2012). Whilst recognition is given to controversy which surrounds whether religion and spirituality are beneficial to an individual's mental health (King *et al*, 2006; King *et al*, 2013; Cook and Powell, 2013), the mental health service user movement has articulated its relevance within mental distress and recovery (Hughes *et al*, 2012). Despite the role of religion and spirituality within Bamford (DHSSPS, 2005), criticisms have been made about service user involvement. Consequently, I question whether the lack of discussion about spirituality and religion in mental health care in Northern Ireland is in part due to the under developed character of service user involvement in Northern Ireland. I also consider the way in which religion and spirituality are engaged with in the mental health service user / mental health social worker relationship.

Thirdly, the social work profession has been criticised for supporting the spirituality / religion binary and that doing so makes some important social and political issues invisible (Henery, 2003; Wong and Vinsky, 2009). Furthermore, although the social work profession seeks to deliver person centred care and to be anti-oppressive, questions and challenges remain about exploring religion and spirituality within the service user /social worker relationship (Gilligan and Furness, 2007; Holloway and Moss, 2010; Furness and Gilligan, 2010; Gilbert, 2010).

Fourthly, underpinning all of these questions is the context of Northern Ireland and that due to the political conflict religion has become closely linked with sectarianism, conflict, division, oppression and political division. There appears to be a lack of debate about what religion and spirituality means in the North of Ireland thus our understanding of it continues to be restricted to these cultural, political boundaries, and an exploration of it in terms of meaning - making, is missing (Mitchell, 2005; Brewer *et al*, 2010; Hayes and Dowds, 2010; Brewer 2011; Brewer *et al*, 2011). In addition, the conflict has significantly shaped social work practice and it has been accused of being technocratic and of not addressing anti-sectarianism.

Therefore the literature review gestures to the following key research question:

What, if any, is the mental health social worker role in exploring spirituality, religion and mental distress in Northern Ireland?

The exploration that follows in the thesis considers the following questions:

- In what ways, if any, do mental health service users identify issues of spirituality and / or religion as being relevant to their experience of mental distress?
- What are the views and experiences of those experiencing mental distress of the role / place of spirituality and / or religion in mental health social work practice?
- In what ways, if any, do mental health social workers in Northern Ireland identify issues of spirituality and / or religion in their work with service users experiencing mental distress?

Chapter five: Methodology

1. Introduction

Methodology is described as defining how one will go about studying any phenomenon (Silverman, 2000:79). Robson (2002: 4) suggests that in order to study a phenomenon in 'the real world', the researcher seeks 'to say something sensible about a complex, relatively poorly controlled and generally "messy" situation'. This study was qualitative, small scale and drew upon, in specific ways, both narrative inquiry and grounded theory. The study comprised two parts. Part one: an individual interview with twelve mental health service user participants and twelve mental health social worker participants. All participants were asked to bring an object or photograph which reflects what spirituality and/or religion meant to them. The interview was audio recorded and the object / photograph photographed. Part two: six participants from each sample were selected to participate in a telephone interview. The aim of this chapter is to discuss the methodological underpinnings of the study and how these informed the study design. The details about fieldwork are discussed in the proceeding chapter.

2. Researching meaning in social context

Joanne Coyle (2002: 591) provides three approaches within which research on spirituality and health can be examined and explored. She describes these approaches as: the transcendent approach; the value guidance approach and; the structural behavioural approach (Coyle, 2002: 591). In the transcendent approach some form of transcendence is seen as an essential feature of spirituality. Transcendence is sub-divided into transpersonal and intrapersonal. The transpersonal emphasises connectedness to God / higher power / consciousness/ the universe, for example. The intrapersonal focuses on the potentialities of self. In the second approach, the value guidance approach, spirituality resides in any firmly held value which produces meaning and purpose. Thus, rather than being connected to a higher being, power, or to self, emphasis is placed upon values, principles, ideals and beliefs. The third approach is termed the structural behaviourist approach, and focuses upon reproduced actions and behaviours associated with organised religion, such as church attendance, religious affiliation, prayer and social networks within the religious community. Coyle (2002: 592)

suggests that whilst these three approaches constitute different ways of viewing spirituality (both inclusive and exclusive of religion) they are not mutually distinct.

John Swinton (2007; 2009) uses this framework to discuss and reflect upon the differences in the ways spirituality and mental health is researched in the United States of America (USA) and the UK. The UK research approach is described as adopting a value guidance approach, whilst the USA approach is based upon a structural behavioural model (Swinton, 2007: 301; 2009). For the purposes of this discussion it is important to note that UK research, according to Swinton (2007: 301), focuses upon how spirituality is defined, the personal meaning of spirituality for the service user and upon ways in which practitioners engage with beliefs. In this study emphasis is placed upon meaning - making around spirituality, religion and mental health, thus it is appropriate to draw upon the interpretative paradigm as this is concerned with interpretation, as well as observation, in understanding the social world (Snape and Spencer, 2003: 7).

Interpretivism recognises the interconnectedness of different aspects of people's lives and is therefore viewed as an integral approach in the qualitative research tradition (Snape and Spencer, 2003: 7). Earlier in the literature review I discussed that whilst the secularisation thesis addressed religion and spirituality on a macro level, it did not enable its exploration within the lived experiences of individuals. Throughout the literature review I have asserted the importance of exploring religion and spirituality as an aspect of meaning - making for those experiencing mental distress. As interpretative approaches focus on the micro, they see people, and their interpretations, perceptions, meanings and understandings as the primary source of data. Consequently, an interpretivist approach was favoured in this study as this focused on the individual's perceptions, and meaning - making is treated as "the insider view", rather than the researcher imposing an "outsider view" upon them. Whilst all forms of information are viewed as data they must be approached with the aim of finding out what they say about, or how they are ascribed individual or collective meanings (Mason, 2002: 56). May (2011: 40) suggests that in interpretivism we should not presuppose that there are shared meanings in the social world through which people interact with each other. Furthermore, we should cease to try and uncover meanings behind what is presented, and instead take those presentations at face value (May, 2011: 40). The purpose of this approach,

suggests May (2011: 40) is not to find the 'motives' behind people's actions but to explore how people view society and how they make sense of it.

Stanworth (2004) conducted a three year qualitative study about how terminally ill people express their spiritual concerns when they don't use religious language. In a discussion about the study, Stanworth (2005: 20) states that she wanted, 'to provide a group of vulnerable people with an opportunity to tell their story'. It is Stanworth's (2005) focus on creating space and seeking meaning that this study sought to promote, thus a value guidance approach based within interpretivism (Swinton, 2007, 2009) lends itself to such an exploration. Whilst also exploring individual meaning - making this study also seeks to acknowledge and explore the wider social field in which individuals are placed, and which inform their meaning - making. According to Wood (2010:267), there is too much focus in the sociology of spirituality upon subjective individualistic accounts without due attention being given to address social practice, social interaction and the wider contexts of people's lived experiences. Wood (2010) does not suggest that the subjective experience is irrelevant, but that the account should be firmly rooted in the social context. As narrative inquiry locates the individual experience within the wider social field, this methodology was used in this study to enable exploration of the wider social field within the participants' subjective account.

3. Understanding narrative

In the discussion above I have referred to the central importance of the participants' account in the study. Whilst the majority of qualitative studies in social science use participant interviews as a main source of data, the methodological reasons for doing so are diverse and these inform the structure and style of the interview. Up unto this point I have referred to the participant's presentation of their views and experiences as an "account", as I wanted to carefully consider the use of the term "narrative".

When considering the most appropriate methodological approach to this study I was drawn to narrative inquiry because it gives primacy to the study of experiences told, which Clandinin and Connelly (2000: 17) refer to as, 'storied moments of time [and] space' that are 'reflected upon and understood'. Although narrative research has many forms, uses various analytic practices, and is based upon a wide range of disciplines, Creswell (2013: 70) suggests that there are specific features which

define narrative studies. Catherine Kohler Riessman (2008: 3), a key contributor to narrative research, states story telling is a defining feature of narrative inquiry. According to Riessman (2008: 3), in storytelling the speaker connects events into a sequence that shapes later action and the meanings that the speaker wants listeners to 'take away from the story'. Through interviews, documents, photographs and much more, narrative researchers gather stories from individuals about their lived and told experiences. Riessman (1993: 2) proposes that all social interaction is based on storytelling, thus narrative may easily be extended to the research interview, although doing so has to be carefully thought through and managed. Indeed, Riessman (2008: 4) later asserts that whilst stories are everywhere and narrative has been interpreted in various disciplines, boundaries are still required around the approach. Therefore, when I first explored narrative inquiry I was cautious not to over claim its role in the study.

According to Riessman (1993: 5) there is no one method or approach to narrative inquiry, but there are core principles underpinning its application. Firstly, that events disclosed are not random, but are linked in a meaningful way through causality and plot. Secondly, that there is some form of chronology and movement through time. In determining what narrative is and what is not, Paley and Eva (2005: 83) propose degrees of narrativity, where the elements of narrative can be arranged roughly on a continuum. At one end are studies which elicit lengthy and in depth accounts about the individual. These interviews are usually carried out over several sittings where the interviewer does not ask many questions, but simply listens to the participant's account. At the other end are studies which have more structure in the interview but ongoing focus is given to sequencing events and the claimed causal links between them. Underpinning the continuum of narrativity is the idea that narrative inquiry is based upon storytelling and evoking memory and emotion of events. Squire (2008: 9) offers an additional perspective and identifies three main types of narrative research: (1) focused on narrative syntax and structure; (2) focused on narrative semantics or content – specifically exploring a large number of semantic / content based narrative approaches that assume a link between narrative and experience and; (3) focused on narrative pragmatics, or context – specifically looking at narrative and culture.

I am reminded at this point of Mason and Dale's (2011: 3) assertion to maintain a 'mobile view' to using theory to frame the study, and to not become rigidly aligned to it, at the expense of the study's interests. Both Paley and Eva's (2005) and Squire's (2008) contributions highlight that narrative inquiry is a diverse and flexible approach. In particular, the ideas of context and continuum of narrativity are useful when considering the degree to which narrative method and analysis informed this study. The interview was semi structured and the participant was interviewed once, if they only participated in the main interview, or twice if they participated in the telephone interview, and not over lengthy sittings (ordinarily typical of a narrative study). In light of the discussion above the interviews in this study drew upon narrative inquiry but were not narrative events. The research tools drew upon narrative approaches, but there was a degree of structure to the research tools that is not ordinarily typical in narrative inquiry studies. Consequently, participants' accounts will be referred to as "stories".

I have drawn upon dimensions of grounded theory in terms of the way it seeks to make sense of people's views and experiences. Grounded theory was originally proposed by Glaser and Strauss (1967) and it has become one of the most influential approaches to collecting and analysing qualitative data (Dey, 2004: 81). There is no single grounded theory (Dey, 2004: 80; Charmaz, 2006:9), however, for the purposes of this discussion, Bryman's (2012b: 387) description of its key features provide a useful overview. Strauss and Corbin (1998: 12) define grounded theory as 'theory that was derived from data, systematically gathered and analysed through the research process. In this method, data collection, analysis, and eventual theory stand in close relationship to one another'. Two central features thus emerge: the development of theory out of data and that the approach is iterative as data collection and analysis proceed in tandem. In this process, according to Bryman (2012b:574), grounded theory advocates that researchers, 'suspend their awareness of relevant theories and concepts' until later in the research. However, as this study focused upon locating the individual's account within the wider social field, prior awareness and sensitivity to the wider social field was important. Context awareness was also necessary in terms of the genesis of the study and the development of the research questions. Nevertheless, I have drawn on a key aspect

of grounded theory which is its approach to theory development and working up from the data. I discuss this in chapter six.

4. Searching for personal meaning and the 'truth'

In the literature review I indicated that spirituality and religion are often contested terms. Spiritual and religious beliefs have an intangible quality, they are elusive, and are often regarded as indescribable. Discussion about religion and spirituality is often marked with questions about what is a legitimate expression of these beliefs and whether there any that are not legitimate. These questions are perhaps made more challenging when the participant experiences mental distress, in which the nature of reality may be perceived as altered. The academic study of spirituality, suggests MacKian (2011: 66), is regarded with suspicion and curiosity underpinned by a concern with whether the experiences of those adhering to spiritual practices are "real" or "true". In fact, the "truth" of the participant's beliefs and experiences is not the researcher's concern. Rather, according to MacKian (2011: 66), she should be focused on exploring the participant's experience as a legitimate part of their world, regardless of how plausible it appears. The very essence of spirituality, religion and mental distress is the question of moving beyond the tangible realm into a world of multiple, diverse and changing meanings, which are incompatible with positivistic understandings of knowledge. A consequence of setting aside judgements of what is "truth" in this study, is the willingness to allow the account (both service user and social worker) to 'hit' (Mason, 2011: 9; MacKian, 2011:61) my own inner world, to engage with the multi-sensory and extra sensory dimensions of the account. This suggests that I should adopt a mind-set that is not focused on *believing* the account, but is focused on *hearing and digesting* the experience being told. This is an important issue in terms of my reflexive account of each interview as I did not enter the interview as an objective observer, but I brought my own beliefs and world views to the interaction.

4.1. Sensory awareness and researching the intangible

In their study about family resemblances Mason and Davies (2009: 595) highlighted the value of talking about the sensory. Pink (2009) promotes sensory research by examining participant's discussion about the senses. Sensory awareness may also be included in research about otherwise sensitive topics (Harris and Guillemin, 2012: 689). Crucially, Mason and Davies (2009: 595) challenge the idea that to do sensory

research the researcher must literally see, hear, touch or smell the phenomena being studied, with the participant. Instead, Mason and Davies (2009: 595) argue that talking about, and describing sensory things is part of everyday intercourse, and as there is 'much evocative vocabulary available', sensory awareness may be used within research to explore a given subject. When the participant is prompted to draw upon their sensory experience this can assist them to recall and articulate their experiences and perceptions.

MacKian (2012: 260) suggests that in order to touch, or be touched, by spirit, it is necessary to establish some tangible way of initiating that contact. Although MacKian is referring specifically to her study about alternative spiritual practitioners, her research gives prominence to the role of objects in how the individual expresses their spirituality. Objects used in spiritual and / or religious meaning - making are not simply representations of belief; they also induce complex relations that extend beyond the event itself (Espirito Santo, 2010: 65). MacKian (2011) suggests that those practicing spirituality incorporate material objects that form part of the individual's spiritual (and / or religious) expression, into their everyday lives. These objects may be examined as a means to better understand how the individual makes sense of the material and immaterial worlds. By inviting the participant to bring an object/ photograph from their life, I prompted them to discuss what spirituality and / or religion means in his/her life – the concept is taken from being an abstract “out there” idea, to becoming a tangible presence that can be articulated. The object was not simply viewed as a stimulant for interview dialogue, but dialogue was sought about how the individual uses the object, and how the meaning ascribed to it impacts both the individual, and their interaction with the wider social field.

5. Reflexivities

In its most simple form reflexivity means thinking about what you are doing and why you are doing it (White, 2009: 162). The meaning that a researcher gives to reflexivity, and the degree of emphasis placed upon it in the research process, is variable (Corbin and Strauss, 2008: 31). However, Corbin and Strauss (2008: 31) suggest each researcher must consider how much reflexivity to engage in, when, how, and what types of reflexivity are relevant. Reflexivity may be realised by different actors in the research process for different purposes. For example, as the researcher I may be reflexive about my emotions in the research experience, and

how the study has informed my world view and my beliefs. The participant may be reflexive about his or her emotions, about their multiple roles as a service user, as a social worker, as a participant, and how they relate to the researcher. Maton (2003: 54) states that whilst there are many different types of reflexivity with differing emphasis and purposes, they share the common outlook that the author should explicitly acknowledge their position relative to the participant. This allows the researcher's knowledge claims to be assessed in terms of how that knowledge is informed by the researcher's values, assumptions, and biography which are often undisclosed.

Reflexivity is in keeping with the influence of narrative inquiry and grounded theory upon the study design. It is also in keeping with its role in social work practice (England, 1986: 40; Thompson, 2009: 65). In this way meaning is not fixed, rather it is ambiguous because it is borne out of a process of interaction between people: self, teller, listener and recorder, analyst, and reader (Riessman, 1993: 15). The interview is a conversation in which the participant *and* the researcher develop meaning together. There were multiple researcher reflexivities in this study: my role as listener, transcribe, analyst and as writer. There were also my various "other" identities which do not explicitly relate to the research process but inform the iterative process between self and the study, including, my identity: as a woman in my early thirties, a social worker, a Christian, and many more. These multiple representations required that I was reflexive throughout the research process. Reflexivity allowed me to critically explore how my thinking about the subject developed through the course of the study across multiple sites: on a personal basis, as a qualified social worker and as an early career researcher.

Reflexivity also involves 'emotional relations' as the individual seeks to find their role and identity in relation to those around them (Holmes, 2010: 143). Emotion, according to Burkitt (2012: 459), is central to the way people in *all* social situations relate to one another, it is embedded into the interactions we have and is therefore foundational to the way we relate to ourselves and to others. Brownlie (2011: 472) uses the researchers' field notes and follow up telephone interviews with research participants to gain insight to what researchers and participants *choose* to tell, and the complex emotions present in the interview encounter. Her interview accounts

demonstrated how participants and the researcher are involved in identity work together (Brownlie, 2011: 472). This suggests that the interview is co-constructed and that reflexivity may be described as social and emotional (Holmes, 2010; Burkitt, 2012). Of interest to this study is the manner in which the emotions, identified by researchers and participants post interview, mirrored each other. Furthermore, the idea of negotiating what is appropriate, or inappropriate to discuss, is of interest in this study due to the way religion and or spirituality are contested and complex topics in Northern Ireland (Campbell, 2010). The semi structured telephone interview was conducted with half of the participants from each sample to address reflexivities within the interview experience.

6. Conclusion

In this chapter I have discussed the methodological approach used in this qualitative study. Throughout the study design process I was aware of the need to locate the study within existing methodological approaches, but to do so in a manner that was congruent with the overall epistemological outlook of the study. With this in mind, I explored the suitability of grounded theory and narrative inquiry, whilst also being critically aware of how these approaches sat alongside the literature review and the research question. I turned to narrative inquiry because it enables exploration of the individual's account within the wider social field. Grounded theory was drawn upon in terms of its approach to analysis and theory development. Within this chapter I have identified the boundaries of how narrative inquiry and grounded theory have been drawn upon. The following chapter will develop some of this exploration further as I discuss how the fieldwork and analysis were carried out.

Chapter six: Methods

1. Introduction

The preceding chapter discussed the methodology informing the study, whilst this chapter focuses on how the study was carried out. When designing the study I was aware of the importance of creating harmony between the methodology and the methods. The aim of this chapter is not only to inform the reader about how I carried out the study, but also to highlight occasions when creating harmony between methodology and method was challenging. It is interesting, I think, to transition from the theory of research to the reality of carrying it out. Whilst text books and commentary about methodology and methods may be drawn upon, it is only by experiencing fieldwork and addressing the challenges that arise, that the practicalities of research are fully apparent. In this chapter I consider the sampling approach used and the importance of being aware of additional factors such as time, ethics and capacity when determining sample size. Although the interviews were a primary source of data these were significantly enriched by the object/ photograph, referred to as the “object”. Whilst the object was incorporated into the study design, its full potential in enabling participants to explore religion and spirituality within their identity was only fully realised within fieldwork. Reflexivities were an important element of this study, thus I discuss how they were examined through both types of interviews and the field work diary. The other sections of the chapter discuss the analytical approach used to make sense of the data generated not only to address the research questions, but also to represent the participants’ diverse voices in an authentic way.

This empirical study was based on one-to-one single interviews with twelve mental health service users, recruited through a voluntary mental health organisation across multiple sites, and twelve mental health social workers, recruited through a local statutory health and social care trust, across multiple sites. All of the participants were invited to bring an object which expressed what religion and / or spirituality meant to them, if anything, to the interview. Half of the participants from each participant group were invited to take part in a follow up telephone interview.

2. Access and recruitment

Access and recruitment are critical aspects of a study in order to carry out fieldwork. To recruit mental health service users I first contacted the head office of a regional voluntary mental health organisation, to discuss the study and receive permission, in principle, to carry out the study. I then secured ethical approval with the University Ethics Committee and the Regional Ethics Committee (REC) in Northern Ireland. This process is detailed in chapter seven. Having received ethical approval, I then contacted the local centres of the voluntary organisation and met the various centre managers, individually, to discuss the study and to present the risk management plan (appendix 6) and the flow chart of service user selection criteria and review (this is a flow chart of the risk management plan). I purposefully did not engage with the statutory health and social care trust regarding participant recruitment as I was concerned that participants would be reluctant to explore their relationship with their social worker (and/ or CPN) if a distinct link were drawn between the study, the participant and the mental health professional. The manager then brought the study to a meeting of service user representatives to receive their consent for the centre to participate. All of the three centres I approached gave consent. I then presented the study at a staff meeting in each centre and focused upon the selection criteria and my ongoing contact with staff throughout fieldwork. These processes were emphasised to ensure that staff identified those individuals who were cognitively able to understand what the study was about, and that they were currently in a period of stability, to minimise the possibility of inappropriately recruiting a service user.

The epistemological outlook of the study focuses upon the individual's experience and enabling them to articulate that experience. Whilst recognition is given to the needs and risks which are present for participants with a mental health diagnosis, these perhaps should be addressed in a proportionate manner that upholds their autonomy. Once staff identified a potential participant he/she was given an information sheet and if they were still interested in taking part, staff arranged for me to meet them at the centre. Although twelve service user participants took part in the study a further three expressed interest in taking part, however, after further discussion between the staff member, the service user and me, it was agreed that due to their fluctuating mental health needs it would not be suitable for them to participate.

Access and recruitment with social worker participants was significantly more challenging. Following a meeting with the regional Trust's Head of Mental Health and Learning Disabilities Service during which I presented the study, I received agreement, in principal, to carry out the study. Once University and REC ethical approval was granted I contacted managers of five Integrated Community Mental Health Teams (ICMHT) to seek access to mental health social workers. Despite my having secured approval from the Head of Service three managers refused my access to social workers, with only one stating that they were too busy. This raised questions about the power of gatekeepers to govern access to social worker participants and the lack of autonomy the social workers had to exercise their own choice about participation. Eventually, I accessed three ICMHTs, and although I would have preferred to present the study to the multidisciplinary team, or to the social workers, this was not possible, thus I telephoned mental health social workers individually to ascertain their interest in taking part. Initially I secured and conducted four interviews from which participants provided me with contact details of colleagues who may be interested in taking part, or passed my details on to others who then contacted me directly. At this stage sampling moved from being purposive to snowballing, as detailed later in this chapter. Whilst purposive sampling recruited a few social workers interested in religion and spirituality, I found that the remaining social workers participated based on their interest in research and of my being "recommended" by a colleague. Thus the snowballing method actually enabled me to recruit participants who expressed an apparent lack of interest in religion and spirituality, but were willing to participate.

3. Sampling

Flick (2014: 167) suggests that questions about sampling relate to how to select cases from a wider population, so that the research can make statements that apply not just to the individual participants, but also to the wider population. Sampling may be formal or substantive, and in qualitative studies the latter is usually employed. In substantive, also known as purposive sampling, criteria specific features of an individual or a group are relevant for deciding to select the individual for participation.

The issue of sample size is addressed by Baker and Edwards (2012) with a simple, 'it depends', and critically examining what it depends upon. Sample size, according to Adler and Adler (2012: 8), is 'the epistemology of numbers', and reflects concerns about the purpose of the research, the type of research question being asked, and the methodology used to explore that question. In this study, primary focus is given to producing rich and in-depth material rather than to making findings with statistical inference, as in quantitative studies, thus a qualitative approach is most appropriate. Bryman (2012a: 19) identifies a contradiction, on one hand there are expectations about minimum sample size in order to publish a study's results yet conversely, there is very little agreement about what that minimum size is. The researcher must be able to justify the sample size used in the study. In the present study, sample size depended upon capturing a range of responses that provided rich and thick accounts, within a manageable number to allow in depth mining.

3.1. 'Saturation'

'Saturation point' goes hand in hand with grounded theory's theoretical sampling approach in which themes, rather than people, are sampled. Traditionally, it is understood as a fixed point in data collection and analysis when all understanding and "truth", for the purposes of the research question, has been extracted from the data. Sufficient sampling, according to Corbin and Strauss (2008: 148), occurs when the major categories 'show depth and variation in terms of their development'. Furthermore, Corbin and Strauss (2008: 149) suggest sufficient sampling has occurred when a category offers considerable depth and breadth of understanding about a phenomenon, and relationships to other categories have been made clear. Charmaz (2006:113), a second generation grounded theorist, questions how 'saturation' has been understood and states that categories are saturated, 'when gathering fresh data no longer sparks new theoretical insights, nor reveals new properties of these core theoretical categories'. Charmaz (2006) criticises that grounded theorists often proclaim 'saturation' without proving that they have achieved it. There is a danger in grounded theory, as in other qualitative approaches, of assuming that categories are saturated when they may not be. In addition, saturation is not a fixed measure as it may be reached to varying degrees across the categories.

The idea of “saturation” prompted me to consider the extent to which the data addressed the research question. Becker (2012: 15) suggests that whilst there is no defined “right place” to stop data collection, the researcher should be confident that the data collected supports the conclusions being made, and that the conclusions being made do not go beyond what the data can support. This approach was favoured in this study as it required that the research tools were designed specifically for the research question, and that I critically reflected on how the data being generated addressed the research question. I was able to make an informed decision which took account not only of the quality of the data being generated relative to the research question, but also within the limits of time, recruitment, and other contributing factors.

3.2. Purposive and snowball sampling

In this study both purposive sampling and snowball sampling were used. Purposive sampling is described as targeting a particular group of people, particularly when the desired population is rare or very difficult to recruit for the study (Denscombe, 2010: 35). In this type of sampling proportionality is not the primary concern, instead focus is upon gathering rich and thick data. This is in keeping with the exploratory outlook of this study and was therefore the appropriate approach. Although the study information documents did not state that the participant must have an interest in religion and / or spirituality, by virtue of the study title and the information sheet it is reasonable to suggest that participants self-selected, based on their own views and experiences regarding spirituality and /or religion. Sampling was initially purposive and successfully recruited some social worker participants and all of the service user participants. However, as some team managers declined access to social workers, snowball sampling developed from the first handful of social worker participants.

The sampling approach aimed to recruit between ten to twelve individuals for each sample group. It was determined that this was a reasonable number to interview in depth, and then to interview half of the participants in a follow up telephone interview. The sample was achieved and twelve participants were recruited for each sample. A total of twenty four in depth interviews lasting, on average, one hour, and twelve telephone interviews lasting between fifteen to twenty five minutes, were completed.

3.3. Participant criteria

I established the following participation criteria for each participant:

Service user participant: aged between 18-65 years; diagnosed with a present mental health problem; capacity to give informed and on-going consent; currently stable mental wellbeing; currently has a mental health social worker, or had one within the past year; known to the voluntary agency for at least three months.

Social worker participant: experience of being a social worker in adult mental health; interested in discussing the role, if any, of spirituality / religion in social work practice; capacity to give informed and on-going consent.

It is important to note that three of the twelve service user participants had a social worker whilst the remaining nine had a community psychiatric nurse (CPN). Some of these participants had had a social worker in the past, whilst others had not. The selection criteria included “has / or had a social worker” in order that they could refer to their experiences of having a social worker. Through discussion with both mental health social workers and with staff in the voluntary agency it became apparent that because health and social work services in Northern Ireland are integrated, mental health service users are more likely to have a CPN on a long term basis, and will often only have a social worker for specific periods of time. This is usually due to the requirements of medication management. Although most of the participants’ accounts refer to their experiences of CPNs, in cases where they had both a social worker and a CPN analysis did not suggest that they identified any role difference between their experience of a social worker, and their experience of CPN. The participant did not focus upon distinct professional roles, but upon their relationship with the professional individually. Furthermore, when I discussed, informally, with some social workers about whether they thought service users identified differences between the CPN role and the social worker role, they stated that they did not.

4. Validity and reliability

Morse *et al* (2002: 2) assert the importance of establishing reliability and validity in qualitative research, stating that without it, ‘research is worthless, becomes fiction, and loses its utility’. Morse *et al* (2002: 12) provide five verification strategies that ensure both reliability and validity of data: methodological coherence, sampling sufficiency, developing a dynamic relationship between sampling, data collection and

analysis, thinking theoretically, and theory development. Richards and Morse (2013: 94) discuss validity under the heading 'designing for validity', and this captures the idea that validity is not an afterthought when the findings are being written up. Instead, it should be threaded into the study at the design stage. Although presented in a slightly different way, Richards and Morse (2013: 95) echo Morse *et al's* five verification strategies through their two general rules for validity in qualitative research. Firstly, that the research question, data, and method, fit together as this will ensure that data generated are appropriate for the research question, and that they are being handled properly to address the research question. The second rule, according to Richards and Morse (2013: 94), is that you can properly account for each step of your analysis.

Richards and Morse's (2013: 95) first rule captures Morse *et al's* (2002: 12) first three verification strategies. In my own study I have articulated the extent to which I used both grounded theory and narrative inquiry in the study design, and during field work. I also presented my planned sampling approach and how I changed this during field work when I was unable to speak to potential social worker participants. These changes were congruent with the overall study design. I have also described my approach to collecting and analysing service user and social worker participant data concurrently in a manner that promoted the, 'iterative interaction between data and analysis' as discussed by Morse *et al* (2002: 12). Furthermore, drawing upon Richards' (2009: 185- 186) discussion about validation, my use of field notes, the telephone interview and an overall attention to reflexivities, may be viewed as a form of 'respondent validation' and enabled me to account for, and validate, 'my way of seeing'.

Morse *et al's* (2002: 13) fourth and fifth verification strategy may be addressed in Richards and Morse's (2013: 95) second rule. Not only did I develop field notes during data collection, I also maintained these within analysis using NVivo, version ten (a computer aided qualitative data management system). This enabled me to keep track of how I was engaging with and thinking theoretically about data, whilst also promoting theory development as I moved between, suggests Morse *et al* (2002: 13), 'a micro perspective of the data and a macro conceptual/theoretical understanding'. This stage may also be tied into my later discussion about analysis

and thematic coding and what Richards and Morse (2013: 158) refer to as 'taking off from the data'.

1. Part one

1.1. Interview

A semi-structured interview schedule was developed for both interview types and for both sample groups. Please see appendix 3 for service user semi structured interview schedule and appendix 4 for social worker semi structured interview schedule. The semi structured interview approach provided some structure to ensure the data generated addressed the research questions, whilst also allowing the participant freedom and flexibility to share their experiences and views, as discussed in the previous chapter. The interview questions were based on time, experience and recollection and these prompted the participant to story-tell. The interviews were designed around themes with each building upon the former, to add flow and depth to the interview. The themes identified were based on the literature review and the research questions being posed in the study. It is important to note that the interviews were not designed with an expectation of being adhered to rigidly. Rather, the schedule was a stimulant to generate data that best addressed the research question. Consequently, I used the schedule to ensure all the questions were covered. However, the number of questions directly asked from the schedule varied depending on the flow of the interview and the depth of material offered. Furthermore, the schedule was used in a manner that allowed the participant and researcher to explore relevant issues that arose that were not covered in the schedule.

I did consider interviewing mental health service users first and using the categories developed to inform interviews with the mental health social workers. However, as this subject has not been examined with either participant group within Northern Ireland it was important to seek their views and experiences as distinct groups. Furthermore, I wanted to treat both participant groups on equal terms. Thus, all of the interviews occurred in the same time period and did not inform the interview schedule of the other participant group.

1.2. The object

I invited all participants to bring an object / photograph which reflected what spirituality and / or religion meant to them to the interview. The object/ photograph is referred to as the “object”. Not only did the object prompt dialogue about religion and spirituality, but it also prompted exploration about how it was engaged with on a sensory basis. In chapter eight, the first of three service user findings chapters, I explore how participants engaged with the object. As more social worker participants did not bring an object to the interview I discuss how the object was engaged with even when participants did not bring one to the interview. For example, examining the reasons why the participant did not bring an object and, if appropriate, exploring what object they might have brought. This is explored in chapter eleven, the first of three social worker participant findings chapters. Six social worker participants and three service user participants did not bring an object. When the participant did not bring an object I explored with them why, and invited them to consider what they may have brought. The responses given by the participants were rich, in- depth, and made an equally valuable contribution to the study as those participants who did bring an object.

As the analysis process developed and I critically reflected upon the interviews and the emerging analysis, it became apparent that the object was adding significant value to the study, and that I had perhaps underestimated its use during the study design stage. When designing the study I viewed the object as a means to encourage the participant to discuss a very personal and sensitive subject. I considered that talking about religion and spirituality may be difficult due to it being quite an abstract, ‘out there’ concept and that the personal object may offer something tangible upon which to stimulate their storytelling. This is reflected in the participant’s semi-structured interview schedules where only one question refers to the object. However during the interview it became apparent that the object could be developed from being an interview stimulant to becoming a tool in its own right.

According to Harris and Guillemin (2012: 695), the analysis process cannot be devoid of sensory experience. As the interviews developed I became more aware of the sensory within participants’ stories in two ways. Firstly in terms of how they engaged with the object during the interview, how they held it in their hands and how they looked at it. For example one participant brought a Saint Brigid’s cross that she

had made and which she keeps on the wall in her home. She talked about being taught how to make these crosses by her mother and that she has taught her children. During the interview she kept the cross on her lap and continually touched it throughout the interview, even when it was not being referred to specifically. Another participant brought a prayer card and placed it on the table near her seat. During the interview she often looked at it and occasionally nodded towards it, even though she was not speaking about it. The second way in which the object was explored is discussion about where it was kept, why it was kept in that place and how and why it may be moved. For example one participant talked about keeping a prayer card in a glass cabinet in her home and that when she left the house she would transfer it to her handbag. The participant talked about keeping the prayer card in the glass cabinet because it was personally valuable to her and moved it to her handbag when she was going out because she wanted it with her at all times.

As already indicated there were more participants from a Roman Catholic background than any other Christian denomination. I have already indicated that the object could have been engaged with in a more in depth way in the data collection, as discussed above. Thus richer data and analysis may be gained through considering how objects may be used differently across the different Christian denominations. For example one participant from a Protestant background talked about objects not really being prominent within her beliefs. This idea of objects being used differently across different denominations, religions and within secular spiritualities is also relevant within the sampling process. These more in depth questions about the object developed as I became aware of the valuable data they were providing and of the need to explore the object in this way. It is also interesting to highlight that during the telephone interview some participants talked about valuing bringing something from 'their own world' to the interview. It appeared that they enjoyed framing the discussion around their personal object. Upon reflection I do not think that the interviews would have provided such rich data without the object as it enabled access to what is clearly a very sensitive and personal subject. Not only did the object support participants to talk about the subject, but through explicitly talking about the object and how participants engaged with it, it offered a richer exploration about the role of religion and spirituality within participants' lives.

2. Part two

1.1. Telephone interview

In the previous chapter I discussed reflexivities and Brownlie's (2011) use of the telephone interview to explore reflexivity. As religion and spirituality are sensitive subjects in Northern Ireland, that sensitivity is also present in the interview event. With this in mind, I focused upon emotions in the interview. I used my field work diary alongside the main interview transcript and the telephone interview transcript to explore: at what points in the main interview was I congruent with the participant and when did our emotions appear to differ? What were the possible reasons for this and what impact did it have on the interview? I also explored the participant's research experience and how it may have impacted their ideas about religion, spirituality, mental distress and social work practice in Northern Ireland.

The telephone interview was conducted with half of the participants from each sample. I purposively selected these individuals based on seeking a diversity of beliefs and experiences. The sample aimed to capture a broad range of accounts about participating in the study. For service user participants diversity focused on their views about including religion and spirituality in a mental health professional's practice. For social workers diversity focused on whether the practitioner incorporated religion and spirituality into their practice. All of the service user participants whom I contacted were willing to take part in the telephone interview. However, one social worker participant did not respond to my invitations to participate. Please see appendix 5 for the service user and social worker semi-structured telephone interview schedule.

2. Field notes

In this study I was focused upon the participant story, not only that which is offered verbally, but also in the atmosphere of the interview, the participant's body language and their demeanour throughout, and my own thoughts, feelings and emotions throughout and following the interview. Mason and Dale (2011: 19) state that the fieldwork experiences of the researcher, and their understandings of what is going on around, and I would suggest, through them, are central in the analytic endeavour. Within ethnographic approaches knowledge is enriched and developed as a result of the researcher's engagement and interpretation throughout the reflexivity process. Harvey and Knox (2011: 112) suggest field notes are viewed not simply as a record

of what happened in the interview but they may also be viewed as shaping the 'trajectory of the research'. Plummer (2001: 152) refers to them as a 'personal log'. Field notes were maintained for the duration of data collection and enabled me to explore my role within the interview, the presence of emotion within the interview exchange, and an overall exploration of the interview as a co-produced event. Field notes were maintained throughout as they offered opportunity to reflect upon fieldwork and analysis and they offered a rich data source of these processes.

In order to make the most of the data and to draw linkages between each data source, once all the interviews were transcribed, and the field notes typed up, I noted cross references. For example when a participant appeared to find talking about a subject difficult I noted this in the field notes and then referred to it in telephone interview. This ongoing cross reference between the main interview, field notes and telephone interview (when conducted), produced an in depth analysis about not only what was said in the interview, but also the emotions surrounding it.

3. Transcription

In the previous chapter I identified three different types of narrative research: narrative syntax; narrative semantics and; narrative context (Squire, 2008: 2 and 9). Squire (2008: 33) states that different transcription approaches produce differences in interpretations. Narrative inquiry is wide and varied in its application, thus it is common for researchers not to include detailed speech elements on the premise that they are less concerned with *how* things were said, as with *what* is said. In this study I was primarily interested in using the individual's account to explore meaning - making, and its location in the wider social field. Whilst I recognise the importance of language within narrative studies, analysis in this study was focused on what the participant said. Therefore, during the transcription process data was "cleaned" using the following conventions (Plummer, 2001: 150, cited Finnegan, 1992):

- 1) Leave out 'uhs' and other hesitations...like 'you know' or 'I mean'
- 2) Repair false starts and corrections
- 3) Omit interviewer responses like 'I see' or 'yeah'
- 4) Use standard spellings, not dialect
- 5) Do not use 'eye spellings' ('enuff' for 'enough')
- 6) Use punctuation as for normal written prose

7) Subject to the provisos above, do not correct or interpret

When cleaning up the data I paid careful attention to ensure the overall meaning of the participant's speech remained. Therefore, where additional explanation is needed this is provided in []. Furthermore, where portions of speech are being quoted ... is used to identify a break in the speech whilst maintaining its overall flow for the reader.

4. The analysis

By paying attention to analysis from the genesis of the study, Mason (2002: 37) suggests, it may be developed in a manner that is, 'consistent with the ontological and epistemological positions and perspectives which are embedded' in the study. As I grappled with analysis I was drawn to Mason and Dale's (2011: 3) advice to retain 'a mobile view' to theory, as discussed earlier. This encouraged me to engage with analysis in a more free flowing way and to have confidence both in my skills as a researcher and in my knowledge of the data. Consequently, the analysis process and articulating that process became a more manageable endeavour.

All narrative inquiry is concerned with content – "what" is said, written or visually shown (Riessman, 2008: 53). Thematic narrative analysis focuses exclusively upon the content of data, which in this case refers to interview transcriptions. The process of coding is well established in qualitative social science research (Bryman, 2012b: 576). According to Bryman (2012b: 575), Coffey and Atkinson (1996) and Riessman (1993), narrative analysts are critical of grounded theory thematic coding as portions of text are extracted out of the data, resulting in a loss of participant narrative flow. This criticism is part of an overall concern that grounded theory, in its various forms, fails to contextualise. Riessman (2008) discusses selected exemplars, within narrative inquiry, that use oral and written data and makes explicit how these scholars thematically analysed narrative materials.

Whilst Charmaz (2006: 130) acknowledges that grounded theorists have been criticised for failing to contextualise, she suggests that a constructivist grounded theory approach means exploring to what extent the studied experience is 'embedded in larger, and often hidden positions, networks, situations and relationships'. This may be understood as context, and indeed, Corbin and Strauss (2008: 88) assert the importance of recognising context to identify the conditions in

which situations arise, and how people respond to them through action/interaction and emotion. Thus, I do not wholly align to the polarisation of narrative analysis and grounded theory as suggested by Riessman (1993).

Riessman (2008) referred to Gareth Williams' (1984) approach to thematic narrative analysis on chronic illness. Williams (1984: 177) asserted that people's beliefs about the cause of their illness needed to be understood as part of the larger interpretive process. Williams (1984) moved back and forth between his respondents' theorising about inequality and broader social structures that impact their lives (Riessman, 2008: 58). Williams' (1984) focus on the individual account in the broader social context resonated with my own study. A key aspect of Williams' (1984) analytical method, according to Riessman (2008: 57), is the way he does not 'fracture' the biographical account into thematic categories as grounded theory coding can do, but he interpreted it as a whole. When I initially attempted analysis I thematically coded portions of speech but felt that the participant's identity and their history were being lost. To address this I wrote a summary of each participant, and the overall themes and impressions from the interview. Through this exercise I gained a sense of the participant and it prompted me to critique the quotes selected, the inferences drawn and their place in the overall interview. I also approached analysis in a layered way: I began by developing codes relating to individual biography and then building outwards as I identified elements of the participants' stories which referred to the wider social field. By layering the analysis and presentation of findings I sought to inform the reader of the participants' identity, and the diverse ways they conceptualised religion and spirituality within their experience of mental distress (service user participants), and within their practice, (social worker participants) and how these experiences are located in the broader social field.

4.1. Working within and across the data

According to Bryman (2012b:578), one of the main advantages of thematic coding is that it allows the analyst to develop a theme across all data, to demonstrate the diversity and complexity within the theme, and how it relates to other themes. Riessman (2008: 74) identified key differences between narrative thematic coding analysis and grounded theory thematic coding. Grounded theory aims to generate concepts inductively within the data that can be used to theorise *across* cases. By

contrast narrative analysis, according to Riessman (2008: 74), is *case centred* thus, concepts are not theorised across data.

Although this study gave primacy to locating the individual's account within the wider social field, as narrative analysis does, attention has also been given to exploring these themes across the data, as grounded theory does. Grounded theory is an explicit theory generation strategy (Punch, 2014: 21) and is particularly useful when exploring new areas of research, as this study does. Charmaz (2006: 12) states that grounded theory enables you to develop theory up from the data. Throughout the methodology and methods chapter I have discussed points when I have drawn upon narrative inquiry and when I have drawn upon grounded theory, thus there is some flexibility within analysis to draw upon both approaches in a manner that is in keeping with the study design. I suggest that although the themes have been developed across the data the sense of the individual case has not been lost, as discussed earlier in reference to Williams (1984). Furthermore, my approach to thematic coding drew heavily upon Richards (2009) and Richards and Morse (2013) which is informed by grounded theory which aims to develop theory from data and analysis (Richards, 2009).

The telephone interviews were also thematically coded and the themes developed related specifically to participants' interview experience and reflexivities, as outlined below. Themes were explored within each case and across the data.

4.2. Thematic coding

Although I was aware of the analytical approach used in the study theoretically, as discussed above, the actual task of coding required some practical consideration. Analysis was not a neat and tidy process, instead, it involved many attempts to explore and organise the data in a manner that both produced an authentic representation of the subjects discussed and addressed the research question. This process was not suddenly "arrived at", but required I "get to know" the data and "test out" analysis, with a view to developing an approach that created a best fit between the data, the methodological approach, and the research questions.

Lyn Richards (2009: 96) provides some practical guidance about how to analyse qualitative data, and suggests that there are three types of coding in qualitative research which require very different processes: descriptive, topic and analytical.

Richards and Morse (2013: 154 - 159) discuss these more in depth. Firstly, descriptive coding is used to store information about the speaker. This information requires little interpretation and is used for asking questions about the data. In this study I coded descriptive information such as: sex, age, religion brought up in, religion and / or spirituality practiced (if any), mental health diagnosis, how long practising as a social worker and more. The second type of coding, topic coding, asks what topics are being discussed in the data? Richards and Morse (2013: 156) suggest this is the most common and the most challenging sort of coding done in qualitative research. Topic coding is a two staged process. Firstly, you create a category, or recognise one from earlier, and determine where it belongs among the developing analysis. You then reflect on the data you are referring to and the position of the coded data relative to other data coded there (Richards and Morse, 2013: 156). Earlier in the discussion I talked about the concern, in narrative analysis, of fracturing the data and of concerns about coding data out of context. Within this study the two stages of topic coding were important as they sought to ensure that the codes were used appropriately and that they were congruent with neighbouring codes. Richards and Morse (2013: 156) describe topic coding as, 'coding up from the data' and that it, 'becomes analytical because you can review data coded for a topic in terms of dimensions or patterns, coding on from there to new, finer categories'. In this way, topic coding is not static but shifts and changes as the analysis develops. In my own study there were several occasions when a new code was identified after several interviews had been analysed, thus, I went back to the first interview and repeated the coding process. This time consuming process produced an in depth analysis that recognised participants' diverse experiences and views. In this way, the participants' accounts were not homogenised, instead, the complexities and nuances around the subject were identified and explored.

According to Richards and Morse (2013: 158) the third type of coding, analytical coding is used to 'make, celebrate, illustrate, and develop categories theoretically'. This type of coding focuses upon questioning the data about the ideas developing from the codes. Richards and Morse (2013: 158) describe this as 'taking off from the data'. Earlier I referred to the importance of field notes within data collection. It was also important to take cognisance of how I engaged with the analysis process, not

only in terms of how it was organised but also how it developed. Therefore, analytical notes were maintained throughout analysis with a view to 'taking off' from the data (Richards and Morse, 2013: 158).

Richards and Morse (2013) assert that grounded theory has significantly informed analytical thematic coding and most qualitative researchers, including those who are not using grounded theory, will do analytical coding in order to develop theory. Richards and Morse (2013: 159) emphasise that as methods differ, so too will the processes, therefore they advise the researcher to seek understanding of the purposiveness of thematic coding and 'get a sense of what it can do to data'. Richards (2009: 111) suggests that as qualitative research is highly personal, 'agency and ownership of the data are critical factors' in the study. I found that analysis becomes something which not only fits with the study and the data, but will also fit with the researcher as it is something I have come to own and live with. In this way analysis is an iterative process. Overall this approach has produced a rich and sensitive exploration and presentation of the data.

5. Using NVivo

I used computer aided qualitative data management system (CAQDMS), QSR NVivo version ten to facilitate the indexing and retrieving of text for this study. Mason (2002: 151) states that such programmes both facilitate and enhance the indexing and retrieval process, by allowing the researcher to organise a large number of categories more efficiently than is possible by hand. It is important to state that QSR NVivo was simply a tool for managing and sorting the analysis process, and did not negate the importance of conducting the analysis in a thorough and robust manner. Furthermore, throughout the analysis process I was aware of not using the programme in a burdensome way, but to apply it thoughtfully and effectively in order to enable me to produce a rich and in depth analysis of the multiple sources of data generated by the study.

6. Conclusion

This chapter built upon the previous methodology chapter and explored how the study was carried out. Whilst attention was given to informing the reader about the study design, consideration was also given to articulate the lived experience of research and the messy reality of transforming theory into practice. Fieldwork was

carried out in two stages and comprised various forms of data collection. Throughout the study design process and conducting fieldwork careful consideration was given to ensure that these methods were congruent with the study methodology, that they complemented each other, and that they made a purposeful contribution to the whole data collection process. In this chapter I sought to present a transparent account of analysis: as a demanding but rewarding process. The following chapter will discuss the ethical issues the study presented.

Chapter seven: Ethics

1. Introduction

Research ethics are intertwined with the methodological framework employed and in the epistemological position that is taken in a study. Consequently, research ethics should not be viewed as an 'add on' to any study, but should instead be treated as an integral element of the project. Obtaining ethical approval from the University ethics board and the regional Research Ethics Committee (REC) in Northern Ireland were significant milestones in the study's timeline. However, ethics was not limited to committee approval as my role as a researcher demanded that I critically reflected on ethics during, and after fieldwork was conducted. Drawing upon this research experience the following discussion explores the way in which ethics were engaged with throughout the study. The experience brought into focus "the lived experience" of ethics, and the need to be critically reflexive about how decisions about ethics are made and the impact these have, both positive and negative, upon the overall integrity of the study.

In order to conduct this study I sought and was granted ethical approval first from the University of Stirling Ethics Committee and then by the regional REC. The REC rejected the first application and following a new application with additional amendments, the study was granted approval. In conjunction with the REC application I was also required to apply for research governance approval from the Health and Social Care Trust in which data were collected. In the same way that this study sought to locate the interview in the wider social field, the ethical approval process was also located in a broader context. Ethics is a very broad topic of exploration and most concerns about ethics revolve around issues of informed consent, deception, privacy and confidentiality and accuracy (Christians, 2011: 65 - 66). Ryen (2011: 418) identifies three frequently raised concerns, which I will examine in relation to this study: codes and consent; confidentiality; and trust. The discussion will also consider the REC ethical approval process and the questions this experience raised regarding how people experiencing mental distress are conceptualised in research, particularly when examining sensitive subjects.

2. Informed consent

As part of the ethical approval process I had to demonstrate how I would maintain strict research protocols and adhere to ethical principles as outlined in: the Statement of Ethical Practice for the British Sociological Association (March 2002); the Northern Ireland Social Care Council's Code of Practice (2002) and the University of Stirling Code of Good Research Practice (2009). Informed consent is a key aspect of these various codes. Informed consent means that the participant is aware of what the study is about, what their role is in it, their right to withdraw at any time, and what purpose the research serves. When thinking about informed consent I was challenged to consider to what degree does a participant need to be *informed* to make a decision regarding his/her participation? How far can a participant be informed before the information becomes overwhelming for the purpose in hand? Furthermore, can a participant's decision ever be truly informed? Mason (2002: 81) provides some insight to these questions, and states that there are limits to how adequately one can inform all participants about all aspects of the research and their participation. The National Patient Safety Agency's (NPSA) also provides useful guidance about developing participant information sheets and informed consent (NRES 2011). When considering what information to put onto the information sheets and the informed consent forms I reflected upon presenting the appropriate level of information in a balanced and non-persuasive way, that would best equip the reader to determine his/her interest in taking part. I discussed the information sheet and the informed consent form with the individual and encouraged them to take time to determine whether or not he/she wanted to take part. The participant information document may be found in appendix 1 (service user). The informed consent form may be found in appendix 2 (service user). The social worker participant informed consent form is the same as the service user version except that any concerns would be reported to the team manager or senior social worker in the first instance.

Mason (2002: 80-81) suggests informed consent is an on-going question, not just a one-off event, and one which is applicable to all stages of the research process. I developed strategies to seek on-going informed consent such as: identifying its importance in the information document, advising the participant of informed consent at the initial meeting, signing the consent form prior to commencing the interview and telephone interview and, I reminded the participant of their right to withdraw from the

study at any time (University of Stirling 2009: 172 section 6.3.1). Consent was also sought for audio recording the interviews, and photographing the object.

Whilst informed consent and the various codes of practice are relevant for both participant samples, these issues were more accentuated when applied to the mental health service user sample. According to the University of Stirling (2009: 164) participants must be able to provide informed consent, and this relates particularly to the service user participants as questions of vulnerability and exploitation are present. The service user participants in this study were considered 'vulnerable' in The Mental Health (Northern Ireland) Order 1986 (HMSO, 1986) and in various associated policy documents. With this in mind the service user selection criteria stated:

aged between 18-65 years; diagnosed with a present mental health problem; capacity to give informed and on-going consent; currently stable mental wellbeing; currently has a mental health social worker, or had one within the past year; known to the voluntary agency for at least three months.

These criteria were used throughout the access and recruitment process.

3. Confidentiality

Confidentiality is usually understood as the researcher's obligation to protect the participants' identity, the place and location of the research. Ryen (2011: 419) however challenges this by asking if we know whether all participants want to be treated anonymously? This question is based on the issue of power and who possesses it in the researcher / participant relationship. This issue could be discussed from varying perspectives. On the one hand there is the idea that participant anonymity allows him / her to talk more freely and openly without concern of being linked to what he/she says. This is particularly needful when dealing with very personal and sensitive issues, as this study does, or when management or services are being criticised, which this study gives potential scope to do so. It also brings in the idea of informed consent and that if someone was capable of giving informed consent, he/she should be able to determine whether or not to be anonymous. In response to these issues I suggest that if participants were able to choose to be identifiable in the study, once that decision is made there are no means to take back any damage or regret that occurs in the aftermath of their opinions and experiences being made public. A participant may choose to be identifiable and

once the findings are published and their opinions and very personal experiences are made public, he/she may feel embarrassed and regretful about declining anonymity. Furthermore, there is concern that the participant could use the study as a means to air their views publically. In effect, the study could be used by the participant to voice his/her views in a political manner. There are other research methods that are best suited to promoting change in this manner, such as social action or service user lead research. This study was exploratory and I was mindful of presenting the findings and discussion in a tempered and cautious manner. In summary I opted to make all participants anonymous in this study, both to provide some form of trust between myself and the participant, but also to ensure that the motivations and agenda of the research are maintained in a balanced way, insofar as is possible.

The confidentiality and privacy of all participants were maintained throughout by not sharing information with other participants or third parties, except the researcher's supervisors, and only when appropriate. All identifying information was removed from transcripts, photographs of third objects and any associated material, thus making the participant (and any other party) anonymous. Prosser *et al's* (2008) discussion about ethics and visual research refers to visual data that is produced with participants, and it raised some interesting issues around informed consent, anonymity and confidentiality. Informed consent is addressed in the informed consent form. However, this only related to the participant and did not cover any third party present in the photograph as he/she has not consented to being "brought into" the research study. As consent only covers the participant if she / he brought a photograph to the interview the third party was omitted by placing a small piece of paper over their face, and if necessary, any identifiable information.

3.1. Breaking confidentiality

Confidentiality and anonymity may be broken when any information given by the participant (service user and social worker) that raises concern for the safety, welfare or professional practice of an individual. The concern will be raised with the appropriate individual or organisation. This was discussed with the voluntary organisation staff in a presentation about the study (appendix 6). Service users were also advised about it in the information document (appendix 1) and during the initial

meeting, during which informed consent was discussed (appendix 2). At no point in the study was breaking confidentiality considered necessary however the procedures were in place to address this. Earlier I discussed the importance of employing an “appropriate and proportionate” response to risk management. Therefore the risk management plan documents (appendix 6) detail that health and social care services would be contacted at the relevant point, and that the service user would be involved in this process, insofar as is possible.

In the social worker participant information document I indicated that confidentiality may be broken, and the action that may be taken, if the worker disclosed anything that raised concerns about their practice. This is also discussed in the risk management plan for social worker participants. Not only was this good researcher practice (University of Stirling, 2009; British Sociological Association, March 2002), but it was also necessary in relation to my registration on the social worker register (NISCC, 2002). Prior to commencing the social worker interviews I discussed the informed consent form (appendix 2), and several participants expressed discomfort that their practice might be open to scrutiny. This was a very interesting aspect of the interview as it highlighted the importance of advising participants about the limits of confidentiality, and the impact that these limits may have upon recruitment. One social worker participant stated that at least one of her colleagues expressed significant concern about this, and although the participant highlighted that this was required within good research practice the colleague was still resistant to it, and therefore did not express interest in participation. This level of concern about onward reporting is perhaps suggestive about the level of morale amongst some social workers regarding their practice, and perhaps their awareness of their practice being scrutinised.

4. Locating the interview in the broader social context

If the interview is co-constructed, as suggested in this study, then the story told is shaped by the participant / researcher relationship. The interview dialogue does not occur in a vacuum of neutrality, but is informed by the context in which it is being told (Andrews and Squire, 2012). One motivation for the study was the desire to explore a significantly under-researched topic in this area of the UK. I reflected therefore that I should be prepared for a participant asking me about my personal beliefs.

Consequently, I determined that it would be poor research practice not to answer the question for two reasons. Firstly, it would be rude and such action could prompt the participant to withdraw. Secondly, in the literature review I considered the highly emotive quality of religion and spirituality in the North of Ireland and questioned whether this may contribute to its apparent lack of exploration as an aspect of mental distress here. Therefore, it would be hypocritical of me not to answer the question based on any personal ideas around privacy and awkwardness about a subject that I am trying to explore within mental health social work practice. This refers to both service user and social worker participants.

In light of this contextual background it is interesting that in response to a service user participant asking me about my beliefs, the REC voiced concern that I would disclose my beliefs, albeit on a minimal basis, to them. The committee were concerned that doing so would “cloud their judgement”, and would negatively impact “the objectivity” of the study. The committee’s concern about “clouding” the participant’s judgement highlighted the naïve objectivity of the medical model and raised questions about the suitability of this approach to ethical governance of social science research. Dyer and Demeritt (2009) suggest that the medical model of research governance is unsuited to human geography and, by extension, to other social sciences. Reynolds and Burr (2010: 128) and Sikes and Piper (2010:207) also question whether the dominance of the bio-medical model within ethical review, is compatible with social science research. Not only is there concern that research which does not draw upon the medical model and instead uses an “alternative approach”, may face significant opposition, but demands may be made to alter the design in order to seek approval. These alterations may be incongruent with the epistemological and ethical outlook of the study.

Furthermore, can, and should, social science strive to be “objective” in the same way that positivistic research does? Drawing upon this experience of the REC it appeared that the biomedical approach, which is governed by principles of scientific, objective and experimental inquiry, had influenced the committee’s judgements. I do not approach this study in a positivistic, entirely objective manner. Instead, I come to it as a social scientist, with particular interests and motivations which are not located within a bio-medical perspective. Yet, despite my acknowledging my role as a

researcher, the importance of reflexivity and the importance of carrying out the research in a manner that was congruent with its overall outlook, the REC held very firmly held beliefs about my disclosing beliefs. I hasten to add that I had discussed this with my supervisors and we agreed that any disclosure would be minimal.

Upon reflection the REC's response to the possibility of my discussing beliefs with the participant is suggestive of the wider social field about how religion and spirituality are engaged with in the North of Ireland. It appears that there is, perhaps, a hyper-vigilance about this subject which inhibits it being explored in a manner that might contribute to better social relations, and enable a whole person understanding of those experiencing mental distress. After the interview was finished and the audio recorder was turned off many participants, both service user and social worker, asked me about my beliefs. Drawing upon my experience of REC approval, of supervisory discussion and upon the ethical integrity of the study I briefly replied that I practice a Christian faith and have an interest in professional social work practice. This response often prompted a brief participant response. I greatly valued all of the participants' willingness to share so much of their personal meaning - making with me. I do not think that my minimal level of personal disclosure harmed the ethical integrity of the study, nor did it "cloud" the participants' judgement. In many ways I believe that not addressing the question could potentially have 'spoiled' (Ryen, 2011: 419) possible research in this area in the future, and that by addressing the question in a considered way I have positively contributed to opening up discussion about this subject.

5. Conclusion

The discussion above has highlighted that the ethical considerations pertaining to this study, as with most studies, were not limited to the processes of seeking ethical approval, but extended into conducting field work and in the presentation of findings. The discussion was divided into three key aspects of ethics: codes and informed consent, confidentiality, and trust. By exploring ethics in this way, and across various periods in the study, I have suggested the importance of critically engaging with ethics from the initial genesis of the research idea, through fieldwork, analysis, the presentation of findings and the discussion. I also discussed the particular issues raised when seeking REC approval. My reflexivity throughout sought to

ensure that the study was carried out and presented in a manner that was congruent with the study's epistemological and ontological outlook.

Part two: Introduction to findings

The following six chapters present my analysis of the data for mental health service user and mental health social worker participants. In this study I was particularly aware of the political and ethical implications of how participants' accounts were presented. Robson (2011: 224) suggests that real world research is 'inevitably political'. In the introduction to the ethics chapter I indicated that questions about ethics also extend to after the fieldwork has been carried out. Therefore, it is necessary to provide an overview of how the findings are presented.

In order to protect their identity it is usual, in most qualitative studies, to use participant pseudonyms. I thought about using this approach however I determined not to do so for various reasons that I will now discuss. As will be indicated in the presentation of findings, there are more participants from a Catholic background than a Protestant one. Therefore, I was firstly concerned about using names that were culturally Protestant or Catholic. Secondly, I was concerned that some participants might not necessarily want to be given a "Catholic" or a "Protestant" name and that I was imposing that value upon their story. Thirdly, I was also aware that since more participants came from a Catholic background, the study may be perceived as only being relevant to that population of social workers and service users, and that the key messages of the study would not be heard. In order to address these various concerns, and to lessen the potential for the study to be perceived in this way, I chose to identify each participant by a number. There are occasions when I do not identify the participant's number due to concerns about anonymity. Although using a pseudonym would arguably have made the excerpts more real, and would have been more in keeping with the study's focus upon the participant's account, it was necessary to address the concerns discussed above.

Through the analysis I was aware that the data generated was rich and thick, and offered deep insight into how both mental health service users and social workers engaged with religion, spirituality and mental distress. The analysis is presented over six chapters and is subdivided into three chapters for both service user and social worker participants. This detailed presentation enables the reader to hear the participants' voices and to become immersed in their diverse views and experiences,

before returning to discuss the literature in chapter fourteen. The analysis sought to present participants' shared sites of experience and views, and to do so in a manner that communicated the complexity of this subject. As this is an empirical study it is appropriate and necessary that focus is given to analytical description, as doing so enables the reader to gain an understanding of these sites of experience, and creates a strong platform from which to highlight how the study has addressed the identified knowledge gaps.

The presentation of analysis mirrors the format of the interview schedule and is in keeping with Wood's (2010) theory of social fields in which the individual story is located within the wider social field. Therefore, the analysis presentation begins by exploring religion and spirituality within the participants' meaning - making (chapter eight for service users, and chapter eleven for social workers). The second aspect of analysis presentation builds upon the individual, and considers religion and spirituality within service provision (for mental health service users, chapter nine) and professional social work practice (for social workers, chapter twelve). The third aspect of analysis presentation builds further upon the preceding chapters and examines the wider social field: service users are presented in chapter ten, whilst social workers are presented in chapter thirteen. The third aspect of analysis presentation explores certain aspects of the wider social field. For service users these include, but are not limited to: dialogue with other mental health service users, stigmatisation and determining what is "normal" within religion, spirituality and mental distress. For social workers these include, but are not limited to: religion at a cultural level and how this impacts understandings of religion and spirituality within mental health social work practice, intra- and inter professional dialogue, and the health and social care trust's approach to the subject.

Chapter eight: Service user findings (1)

Individual meaning - making

This chapter examines the role of religion and / or spirituality in the participants' experience of mental distress. All of the participants talked about religion being present in their childhoods and that it was often experienced, in what appeared to be, quite a strict way. However, as adults the participants had developed their own sense of religion and / or spirituality that often reflected a more eclectic and informal approach than that of their childhoods. Analysis of participants' stories examined how religion and / or spirituality were used within their experience of mental distress. Participants talked about their mental distress and the seemingly important role of religion and / or spirituality within that. Particular focus is given to the various activities and network which the participant engaged in regarding religion and spirituality. The idea of there being negative aspects to religion, spirituality and mental distress is examined and critiqued. The invitation to bring an object of meaning to the individual's religion, spirituality and mental distress, was a very effective bridging tool to support the participants in articulating meaning - making around religion, spirituality and mental distress. Attention was also given to how the object was used in the participant's life. Not only is the interview a shared experience in terms of dialogue, but the object also became a site of shared interaction. Consequently, participant and researcher interaction with the object is explored.

1. Spirituality, religion and identity

1.1. Religion and upbringing

Of the twelve participants eight were female and four were male. All the participants described their ethnicity as white. Eleven of the participants were brought up in Catholicism and one was brought up in a Protestant denomination. Whilst it is clear that there are overwhelming more people from a Catholic background than any other Christian denomination, throughout all the service user interviews there is a strong sense of the importance of religious and spiritual beliefs out with religious or denominational perspectives. Crucially, the participants' accounts did not focus on expressing how "Catholic" they were, but through their stories they expressed the importance of their beliefs and practices within their experience of mental distress,

on a day-to-day basis. Indeed, all the participants stated that religion was important in their childhood and this was usually marked by observing religious rituals and practices. For example, regular attendance at a place of worship and being engaged in various religious practices at home, such as reciting prayers. Throughout the interviews there were indicators of the high priority religion, and being seen to practice religion, was given in the participant's families and communities. Religion was an important aspect of the participants' lives not only in relation to their familial life but also within education and community life.

1.2. Personal meaning - making

Analysis suggested that whilst religion, and strictly observing it, was important in the participants' childhoods, this has changed through adulthood and a more relaxed and informal approach to religious and spiritual practices developed. Of the eleven participants from a Catholic background nine continued to practice, one was a born again Christian and one expressed rejecting Catholicism and now believes in angels, and engaged in practices associated with it. Whilst both of these latter participants have stepped away from the denomination of their childhood, analysis suggested they continued to draw upon it within their current expressions of religion and spirituality. The participant from a Protestant denomination expressed continuing to believe in God but rejected "being a Protestant", and preferred to talk about himself as a Christian. This was also apparent for many of the nine participants who continue practicing Catholicism. Whilst the participants varied in both their expression and degree of spiritual and religious beliefs, their accounts appeared to suggest that they have developed a more eclectic approach based upon their individual values and needs. It is important to highlight that this does not mean the individual divorces themselves from the religion they were brought up with, as threads of their childhood religion were woven into current expressions of religious and spiritual belief.

Whilst all the participants expressed religion and spirituality as an important aspect of their life, participants varied in their expression of this. Some of the participants stated that regularly attending their place of worship, perhaps more than once a week or fortnightly, is an important aspect of their religious beliefs, as indicated in the following excerpt.

008, male:

It's important [to go to place of worship] to me because I have a X [religious leader] who tells me that the more often we would practice going to X [place of worship] it's a better chance for us in the next world.

Analysis suggested other participants had developed a more informal approach to their spiritual and religious beliefs. One participant defined himself as no longer being a Catholic, and described himself as being a born again Christian. Within this account he described moving from Catholicism into being "born again". Crucially, he then described no longer regularly attending his place of worship but continuing to have religious and spiritual beliefs which are separate from, but linked to, the religion he was brought up in.

Unidentified male:

I'm more an independent Christian now ... I try and do two good deeds every day and read from scriptures, from wee booklets about religion, anything like that there...The first thing I do when I wake up each morning is offer it up to God and say some Christian prayers. I would say the Catholic prayers but when they say "we believe in one holy catholic apostolic church" I say "we believe in one holy Christian and apostolic church". But most of my prayers are virtually the same as the Catholic Church.

Another participant described separating religion and spirituality in her own life.

010, female:

I suppose Patricia the difference between spirituality and religion. Religion is more a concrete thing; it's more of a normalized thing. When you think of about going to chapel and going to mass and saying your prayers and things like that. But spirituality is more like a purpose in life or to find out where you're going or what interests you have.

Analysis of these stories offered insight into how service users have developed their own religion and spirituality from childhood into adulthood. Crucially, attendance at a place of worship or even being linked to a religious community is not necessarily an indicator of the importance of religion and / or spirituality in a service user's life. It is only by exploring this topic with the individual that he/she is afforded the opportunity, and choice, to explore if and how religion and / or spirituality are relevant within their lives.

2. Spirituality and religion within mental distress

2.1. Religion, spirituality and mental distress- personal insight

The service user sample comprises four male and eight female participants. There was a range of mental health conditions in the sample, based upon participants' self-disclosure: four with delusions (two of whom stated schizophrenia); the remaining eight either stated having chronic anxiety, chronic depression or a combination of these.

The participants confidently talked about their spiritual and / or religious beliefs, the practices associated with these, and how these beliefs were held within their experience of mental distress. The participants described using various practices that are based within their practiced religion and / or spiritual beliefs, and that these impacted their mental well-being. Analysis suggested that participants drew a strong link between their spiritual and/ or religious beliefs, the practices they engage with, and their experience of mental distress. Eleven of the twelve participants described being engaged in activities associated with religion and / or spirituality and their importance within their experience of mental distress. These are discussed below.

2.1.1. Religious pilgrimage and observing ritual

Two participants described going on a religious pilgrimage in response to their mental illness.

005, male:

I've been to X [name of place of pilgrimage in mainland Europe]...I thought it helped. I found it wakens up [and gives] great peace of mind.

These accounts highlighted not only the benefit which participants experienced in response to going on pilgrimage, but also the way in which they actively chose to engage with the activity. The participant is aware of their mental distress and is engaged in an activity which he/she perceived as making a positive contribution to their mental wellbeing.

Service users also talked about the importance of observing rituals and practices. Some service users sought to uphold these rituals in an effort to avoid punishment from God. Others may continue to observe the rituals, albeit to a lesser extent, but rejected the sense of fear which they associated with it. One participant talked about the importance of regularly attending mass. Later he described attending additional

masses when his mood was low, as he believed this was important and that he experienced relief from doing so. In a similar manner, another participant discussed the need to perform religious rituals in the hope that she will get to heaven.

Other participants actively rejected the idea of ritual due to its association with fear, and these participants distanced themselves from this approach to religion. This participant attended mass on a regular basis and prayer was a valued part of her daily life. However, she expressed that she was not being “religious” or fear-filled.

003, female:

I'm not a holy Joe. I wouldn't be kneeling praying all day and going to [mass]. If I miss mass I don't feel guilty. I believe in all different faiths. I wouldn't be up eating the altar rails. I just believe in talking to the holy spirit like a friend and our lady. I believe everybody's gifted in some way and just respecting and lov[ing] and forgiving that's my motto...All I know is I need it and it's helping me to be able to cope with every day. And if people think I'm a holy Joe let them think it. I know I'm not a holy Joe by any means but I'm just doing what keeps me sane.

Five participants explicitly discussed the importance of receiving communion and this could also be viewed as an element of ritual. This was important, not only in relation to them maintaining religious practices, but this also appeared to impact their mental well-being. In the following excerpt the participant described being unable to leave his home due to his mental health and that a leader from his place of worship gave him communion at home. The participant described the joy he experienced upon receiving communion. Although the benefit was temporary, communion was important within his experience of mental distress.

009, male:

But I've always taken it because I get a great joy out of getting it. I feel relieved for that short period of time. I suppose I'm pure again. (Pause) Until when you lose it again you're new. You haven't sworn you haven't done this you haven't done that or you know nothing bad has happened to you. ...Until I get my holy communion again I feel (pause) almost dirty again.

Analysis of the participants' stories suggested the importance of being able to engage in rituals and pilgrimage that are part of their religious and / or spiritual identity. It appeared that being able to access these practices was an important element of their experience of mental distress and of their maintaining mental health.

2.1.2. Prayer

All of the twelve participants discussed using prayer, both religious and secular. The participants' stories suggested that they engaged with prayer as a way of dealing with their experience of mental distress on a daily basis. Whilst the participants varied in whom they prayed to, and whether the prayer was secular and / or religious, they all discussed prayer as something which they readily engaged with throughout their day. The following participant described how she used prayer and different types of prayer.

010, female:

I sometimes come across a psalm [book in the bible] that's just the way I'm feeling ... And I'd pray that really well. I might pray it two or three times to take it in and I feel that it's helping me to identify how I feel ... It would help me to cope with my feelings.

In a similar manner another participant described praying to angels and the support this gave her.

Unidentified female:

Any time that I feel really bad if I'm really down I will always say to the angels, "Look you know better than anybody what I've been through you have always been there for me help me"...I always get an odd feeling that they are beside me because as much as my mental health does make me really bad whenever I feel like that I can feel a warm presence around me.

Analysis of the participants' stories suggested the importance of prayer, both secular and religious not only as an aspect of the participant expressing their religious and / or spiritual beliefs, but also as a means to cope with their experience of mental distress. Thus it appeared that participants were self-aware of their mental distress, and were actively engaged in developing strategies, based within religion and / or spirituality, to enhance their mental health.

2.2. "Negative" aspects of religion and / or spirituality and its impact upon experiencing mental distress

Service users were very positive about the role of spirituality and religion in their experience of mental distress, and therefore did not explicitly acknowledge any negative aspects. Although the participant who believes in angels described a negative aspect of her beliefs, she turned this into a positive experience. In the midst of a difficult circumstance, which the angels appeared not to be positively

changing and the participant was suffering, she chose to perceive the angels' lack of action in a positive way. In this situation the participant has perceived that the angels are teaching her a life lesson, trying to show her how much she could cope with. Another participant described praying, and although God did not relieve his pain he was given courage to cope with the situation.

001, male:

At a time when I was feeling low and I didn't feel any way out and I just prayed to God to help me. He doesn't always help me but he gives me the courage to fight against things with the depression and the downers. The bad things. God never seemed to help me through my physical pain but he gave me the courage to fight against...It was like a spiritual thing.

It would appear that the participants do not perceive these aspects of religion and / or spirituality within their experience of mental distress as "negative". These aspects are accepted as part of their beliefs and their experience of mental distress. Therefore, it appeared that there is an ongoing relationship between using their religious and/ or spiritual beliefs to help make sense of their mental distress and vice versa. Consequently, it is questionable whether there is a "negative" experience, and it may be more accurate to consider, a "lived experience".

3. Network

A common thread throughout the service user stories was their network and its role in supporting their spiritual and /or religious beliefs, which in turn appeared to positively impact their mental wellbeing. It is equally important to suggest that a lack of network may have a negative impact upon the participants' experience of mental distress. The network comprises various parts such as: family; engaging in congregational activity such as attending a place of worship and group card reading and; religious leader / spiritual advisors.

3.1.1. Family

Several participants talked about the importance of their family, both in terms of their mental distress, and in relation to their spiritual and / or religious beliefs. One participant described being able to talk to his brother about religion, spirituality and mental distress. The participant described that because his brother was "spiritual" and that he was being treated for post-traumatic stress disorder, they shared common experiences. Another participant described being unable to pray when she

was experiencing a period of mental distress and was in psychiatric hospital. During this time she relied upon family members to say prayers for her.

006, female:

When I wasn't well mentally I wouldn't have prayed. I lost my way of it altogether I couldn't have meditated on my prayers...I used to tell other people, "Say a prayer for me", 'because I couldn't do it myself... I had belief that they were praying for me and that would help me along the way to recovery... It's good that they do it because I believe that it does help...I think I wouldn't have got well as quick, I think prayer did do it for me.

In a similar manner another participant described trying to read the bible and trying to recite the rosary when in psychiatric hospital, but struggled to do so. Then a relative was also admitted and they recited the rosary together and this became a source of comfort for her. Analysis of these stories suggested the importance of family to firstly, understand that religion and / or spirituality was an important element of the participants' identity and secondly, to support them in this area when they were unable to fully practice this due to experiencing mental distress. Analysis suggested that this support was perceived as an element in the participant's recovery.

3.1.2. Congregational activity

Analysis suggested that some participants could actively choose whether or not to attend their place of worship or to attend group card readings, in the case of the participant who believes in angels. However, due to their mental health needs some participants described being unable to exercise this choice and expressed feeling isolated and lonely. This is articulated by the following participant.

011, female:

My beliefs mean a lot to me. We were brought up to have a Christian life and we were brought up to go to X [place of worship] as often as you could. But unfortunately I can't go as often now as I'd like to go ...Because [sighs] for starters I'm on my own, there's nobody there in the house anymore to come with me. And another thing, it's just getting that push to go back where I was.

Another participant described attending a house meeting where a specialist read her cards. The specialist read the participant's cards and advised her that a blue feather would be near her and this would be a sign of the angel being beside her. The participant discovered a blue feather and took great comfort during a difficult life

circumstance. In this account the participant perceived attending the card reading and finding the feather as reassurance that the angels were looking after her.

Whilst religion and spirituality is a participant's personal interest, analysis suggested that having access to group and congregational activity, that gives expression to their religion and / or spirituality, is a facet of that personal interest. Thus, it would appear that the role of religion and spirituality in the participants' experience of mental distress cannot solely be viewed as an individualised activity.

3.1.3. Religious leaders / spiritual advisors

Whilst all of the participants stated that their mental health professional is aware of, or probably aware of, their religious identity, none of the participants expressed talking in depth about religion and / or spirituality with their mental health worker, based in either the statutory or voluntary services. In contrast, six participants stated that they have discussed their mental health needs with their religious / spiritual advisor. The following participant described that although she did not have a particularly close relationship with her religious leader; she told him about her mental distress and described the benefit she experienced from telling him.

006, female:

He understood, saying, "When you're not well sometimes you don't feel like praying". And he said "It's no harm when you don't feel like it. When you're well again you'll be fit to do it again"... It was a load off my mind.

One participant described valuing being visited by their religious leader when he was in psychiatric hospital. He viewed the visit as recognition of his level of devotion and he appeared to take great comfort and meaning from the visit. However, another participant described that despite writing to her religious leader to inform him that she was in hospital, and although she felt she had "a good relationship" with him he did not come to visit her. She reasoned this by stating, "He just didn't want to infringe on my recovery".

Although six participants discussed the importance of being able to talk to their religious leader, some discussed that the leader might be moved to another area and that this can be difficult. In particular, participants talked about telling the leader about their mental health needs, and then the loss of that relationship when they

moved to another area. One participant described knowing a religious leader and how she felt when she was told the person was leaving.

010, female:

I'd be friendly with X [name of religious leader]...so I just went to meet her in E [local town] and hasn't she left. And that's a big blow for me because she used to take me out for a cup of tea and I discuss all these things that I'm discussing with you. I was really floored; I couldn't believe it that she was gone.

Another participant highlighted that whilst the religious leader visited him in psychiatric hospital, and was aware of his mental health needs, the leader has since left and the current leader is not aware of his mental health needs.

Analysis of participants' stories suggested that participants were more willing to discuss the role of religion, spirituality and mental distress with their religious leader / spiritual advisor, than a mental health professional. It also appeared that the participant may receive varying levels of support and interaction from the religious leader / spiritual advisor which may, or may not, be beneficial to their mental health.

4. The object

4.1. The object as a bridging tool

The invitation to participants to bring an object to the interview was a very effective method to enable participants to articulate if, and how, spirituality and/ or religion is incorporated into their experience of mental distress. Of the twelve participants nine brought an object. The remaining three participants expressed having forgotten to bring an object and were able to talk about an object that they would have brought to the interview. All the participants, bar two, brought or described, a religious based object: cross or miraculous medal necklace, communion set item, prayer cards, copy of the New Testament and rosary prayer beads. The non- religious objects were: photographs of deceased children and an item with an angel on it.

4.2. How the object was used in life

All of the participants described using these objects within their spiritual and religious beliefs. As the interviews progressed it became apparent that the objects should not simply be treated as a talking tool, but that further insight might be gained by exploring how the objects were used and where they were kept. When asked to

describe how the objects were used, the participants disclosed where they were kept and why they were kept in these places.

For example, participants described carrying prayer cards in their wallets or handbags, which they could use at any point during the day, should they feel the need to do so. Other participants also described keeping their object in a designated place in their home, for example at their bed side or in a glass cabinet. Although the participants described keeping their objects in various places analysis suggested that the participants kept them in places which signified their importance in their lives. In the following excerpt the participant described being unable to leave his home due to his experience of mental distress. His religious leader visits at significant times of the year, Easter, Christmas and usually two additional visits. Through these visits the participant's relationship with the leader developed and he was given a copy of the New Testament. Despite not being able to read, the participant gained comfort and strength from simply holding the bible. Analysis of this story suggested the significance and power of investing in a religious and / or spiritual belief despite not being able to read about it, and the significance of the object in representing his spirituality and religious beliefs.

009, male:

Even though I can't actually read the bible I actually find sitting holding it... I actually feel peaceful, it brings me closer [to God], I feel comfortable [and] relaxed.

By exploring how the participants used the object in relation to their religion, spirituality and experience of mental distress, further insight was gained around the subject. On the one hand the object supported the service user to articulate the intangible and abstract. However, it also offered further exploration into the participant's personal life. As the participant described where the object was stored or how it was used, I began to visualise and connect with their stories in a more in-depth way.

4.3. Participant interaction with object

Through the progression of the interviews it became apparent that because the object held significance for the participant, they often engaged with it through the course of the interview. Some participants did not present their object until invited to

do so during the interview, whilst others placed their object within their close proximity at the start of the interview. If the object was present at the start of the interview it was quite challenging to balance the need to acknowledge the personal artefact, whilst also being mindful not to discuss it too much prior to asking the initial warm up questions, as doing so would interrupt the progression and flow of the interview. The importance of this balance was particularly apparent when one participant brought her deceased adult children's photographic identification cards. This dilemma occurred in all six occasions when the object was presented prior to the recording commencing, and on each occasion the participant was guided to temporarily stop their discussion. At this point I mentally noted what the participant was expressing, started the interview, and when the question about the object occurred in the interview schedule I prompted the participant about what they had been saying.

The way participants psychically engaged with their object was also relevant within analysis. During the discussion about the object, most of the participants picked the object up, rolled it between their hands or rubbed and stroked it. For example, one participant brought a cross from a communion set. This was quite a substantial object. He gently held it in his hands in a manner that suggested that he valued it and what it symbolised to him. Other participants did not pick the object up whilst discussing it, but gazed at it in a sort of longing way, and gestured towards it using their hands, or nodding with their head. One participant was quite withdrawn and seemed emotionally disengaged during the interview. However, as she discussed the object her composure visibly changed and she began smiling and became more expressive. Although the object was placed on a table nearby she did not lift it, rather she stared at it in a way that expressed fondness and affection. The participant brought a prayer card with a saint on it and she described how she engaged with the saint and what he meant to her.

Seeing the participants engage with their object in these ways not only illustrated its role in their spiritual and / or religious beliefs but also offered a richer and more intimate understanding of the participants' beliefs and their experience of mental distress. These demonstrations were very natural and communicated a depth of relationship, and meaning - making, which perhaps the participant's words alone could not articulate.

4.4. Researcher interaction with the object

Not only was dialogue a defining feature of the shared interview experience between the researcher and the participant, the object also becomes a site of shared experience. Irrespective of whether or not I held the object during the interview I did hold it in order to photograph it. Holding the object gave me a sense of what it meant to the participant. These objects were private artefacts that were used, often on a daily basis, to assist the owner to express their spiritual and / or religious beliefs within their experience of mental distress. By holding the object and feeling the creases in the prayer card, the warm smooth curves of the prayer beads or the stark faces of the identity cards held within aging plastic wallets, I was able to draw lines of understanding between the participants words, their interaction with the object during the interview and finally, how they used it in their lives.

5. Conclusion

This chapter has focused upon the depth of meaning which the mental health service user participants expressed regarding religion and spirituality within their experience of mental distress. Through the interview exchange there was a sense that the participants were exploring their views and experiences in an unfamiliar way, and forging new ideas. The interview was a site of permission giving and the participant was able to give voice to thoughts, emotions and experiences which they often stated they had not disclosed before. Whilst the analysis suggested that religion, spirituality and mental distress are individually experienced, this experience is located within a wider social context in which network appears to be important. In addition, analysis suggested that the participant embraced the whole process of their beliefs, therefore, when challenging periods occurred the participant's religious and / or spiritual beliefs were present, albeit in perhaps a different form. Consequently, "negative beliefs" may be reframed to shift away from perceived damaging aspects of religion and spirituality within mental distress, towards recognising the importance of engaging with the whole process of religious and / or spiritual meaning - making in mental distress. The object was engaged with in a very powerful manner, and provided experiences and views which may ordinarily be difficult to access. It is apparent that the object enriched the data collection process and both the participants' and the researcher's fieldwork experience. Building upon exploration of religion and spirituality within the individual's experience of mental distress, the following chapter shall explore if, and how, it is engaged with in service provision.

This chapter will focus on how religion, spirituality and mental distress are engaged with in the service user / mental health professional relationship.

Chapter nine: Service user findings (2)

Service provision

This chapter will examine how religion, spirituality and mental distress are managed within the service user / mental health worker relationship. Analysis of the service user participants' stories suggested that whilst their mental health worker, statutory or voluntary, may be aware that they have religious and/ or spiritual beliefs, the subject is not discussed as an aspect of their mental distress. Of the twelve participants who took part in the study, six stated that they would like to be able to talk to their mental health worker about religion, spirituality and mental distress. Although the remaining six stated that they did not want to, the context of these decisions is complex, and therefore these require further exploration. As the interview progressed participants began to question the role and acknowledgement of, religion and spirituality in mental distress in mental health services. Analysis suggested participants considered whether religion and spirituality was within the mental health professional's job remit. Furthermore, how might a disclosure of religion and / or spirituality within mental distress be viewed? The importance of the service user / professional relationship was also identified within analysis. Service user participants considered whether the worker would understand the meaning and value which the service user ascribed to religion and / or spirituality. Participants also talked about using phrases which have a religious and / or spiritual content when talking to their mental health worker, and that the worker did not explore these cues further. These issues are discussed more fully in this chapter.

1. Religion and spirituality is out with the mental professional's job remit

A core thread running through the mental health service user participant stories was their consideration about whether religion and spirituality are legitimate subjects for the mental health professional to explore. There was an overall sense that service users believed that discussing religion and spirituality, in relation to mental distress, is not within the mental health professional's job remit. In the following excerpt the participant made very clear distinctions about what the professionals focused upon, namely, mental and physical health, and this did not include "spiritual health".

001, male:

I have never really approached it with them or spoken to them about it because any groups or discussions with them are all about mental health, physical health. I don't think you've ever mixed with the spiritual health ...I think it's their job [to] look after my mental health. It's not in the programme, spirituality.

Similarly, in the following excerpt the participant made a clear distinction that the professionals only look at her mental health, and this did not include "spiritual stuff".

004, female:

[Referring to the conversations she has with her CPN]
Just how I feel about my health there's no such a thing about spiritual stuff coming into it at all...I didn't think it was her duty to do so

Throughout the interviews there was a sense that despite service users expressing that religion and / or spirituality were relevant to their experience of mental distress, this was not included within the mental health professional's job. Analysis suggested that service user participants perceived that their relationship with the mental health professional focused upon medical aspects of their care, for example physical health and medication management, with no scope to explore religion, spirituality and mental distress. Participants discussed the importance of medication within the professional's role, and other issues within the experience of mental distress appeared secondary to that. In the following excerpts the participants discussed that mental health professionals focus upon medication, and there did not appear to be scope for exploring other related issues.

005, male:

I don't speak to her about it [religion, spirituality and mental distress]...she [CPN] gives me my injection and that's it.

008, male:

I'd always take that wee book with of prayers with me... [The nursing staff] would have seen me do it; they wouldn't have taken notice of me. But they didn't take notice, that wouldn't be their duty. They're there to treat you medically and that's [prayer] up to yourself.

These various excerpts communicate the strong emphasis upon medication within the participants' experiences of mental distress. It appeared that service users'

perceive that there was no apparent scope for additional perspectives, which include spirituality and religion, to be included within the mental health professional's job.

2. How might disclosure of religion and / or spirituality within mental distress be viewed?

Not only were participants reluctant to discuss religion and / or spirituality and mental distress as they perceived it as not being within the mental health professional's job remit, but participants also expressed concern about how any disclosure would be regarded by the worker. Analysis suggested that participants were primarily concerned that disclosure would be viewed as indicative of mental illness and risk. Participants were also concerned that the mental health professional would lack understanding about religion and spirituality within mental distress.

2.1. Risk, dangerousness and stigma

Five participants' stories drew attention to their concern that disclosure of religion and spirituality within mental distress may be viewed as a symptom of mental illness, and this carried stigma around dangerousness. One participant talked about experiencing hallucinations which had a religious content, and how staff in the psychiatric hospital not only disregarded these, but also ridiculed him for them.

001, male:

[Referring to his experience of being in psychiatric hospital and how staff treated him]

They were all laughing and joking you know making fun of my religion they were sort of they knew something I didn't you know that there was no God they don't believe in God to believe if you're hearing voices you're schizophrenic or something

He then talked about the subject within the context of the voluntary organisation.

I feel like people 'cause of my spirituality I'm a danger to other people telling them you hear voices that's strange to them they just don't understand where those voices could come from. How it could have some basis in reality.

The following participant also made a link between risk, religion and / or spirituality, mental distress and the perceived stigma surrounding this. Although this participant did not refer specifically to this issue in the main interview, she did refer to it in the telephone interview.

002, female, telephone interview:

Just to let other people know that even if you have mental health problems being spiritually aware doesn't mean you're mad or you're going mad. It is just something that is there and spirituality can help you through your mental health needs if you have something you can focus on.

Overall, analysis suggested that participants were concerned about how disclosing religion and / or spirituality within the context of mental distress will be perceived. It appeared that participants were concerned that disclosure would be viewed as an indicator of mental illness. Furthermore, there appeared to be stigma associated with religion, spirituality and mental distress in terms of risk and dangerousness. It is apparent that participants viewed discussing this aspect of their identity with mental health professionals with uncertainty and suspicion. Interestingly, at no point did participants express greater willingness or comfort to discuss religion, spirituality and mental distress with staff from the voluntary sector. Furthermore, the issues which participants identified as preventing them from discussing religion, spirituality and mental distress were universally applied between statutory and voluntary sector mental health professionals.

2.2. Perceived lack of understanding

The discussion has already touched upon the belief by service users that mental health workers are primarily focused upon medication management, and addressing mental and physical health issues. Spirituality and religion are not perceived as relevant topics within mental health, thus they are not discussed. Although participants expressed the importance of their relationship with their CPN, social worker or voluntary organisation mental health workers, religion, spirituality and mental distress are still not discussed in an in depth manner. Eight of the twelve participants expressed concern that their mental health worker would not understand their religious and / or spiritual beliefs in relation to their experience of mental distress. In the following excerpt the participant talked about sensing whether the professional would support such a discussion.

004, female:

I think the person [the professional] has to come into it. I'm not just saying to you but I believe I think you, what's coming across to me from you, there's you know there's something.

The participant in the following excerpt discussed her experience in psychiatric hospital. Analysis suggested that religious and spiritual beliefs were an important facet of her experience of mental distress. Whilst in hospital she felt it was important to tell a particular nurse, whom she trusted, about her religious and spiritual background.

010, female:

I told that male nurse that I'd been x [details importance of religion and spirituality in background] 'cause I felt it was important. Because that factor that was a very big influence on me you know.

Despite telling the nurse that this was an important element of her life she stated that she was not able to go into detail about it.

I just told him. He was always in a hurry as usual, these people are always in a hurry busy busy. It was on night duty he was coming round with the tablets. He seemed to want to get away when I was telling him; he'd a whole lot of people to see at that time [referring to his duties to other patients].

Another participant talked about going on annual pilgrimage organised by her social worker. This is a significant event for the participant as she finds the brief trip uplifting. Although the worker is aware of the role of religion and spirituality within the service user's life and her experience of mental distress, they have not discussed it with her. The participant also stated that she would find it difficult to describe the importance of her beliefs to her mental health social worker.

Analysis of participants' stories suggested they were concerned their mental health worker would not understand the role of religion and spirituality within their experience of mental distress.

3. Professionals' responses to cues given by service users

As already discussed, analysis suggested that none of the participants talked to their mental health worker explicitly, or in depth, about religion, spirituality and mental distress. However, analysis also suggested that there was tacit knowledge about the subject between the service user and the worker. Throughout the interviews

participants told stories about giving professionals cues about their religion and /or spirituality. Analysis of service user stories suggested that despite the participant giving cues, these were not explored further by the professionals. The following participant had been attending counselling and she talked about giving the professional a cue about her beliefs.

004, female:

[Referring to the counsellor] They're good and grand and "how was your day", this and that and my conversation with the counsellor. [I] would say "well you know fucking God should not have done that to me". But that's life.

Int: And they don't pick up on that? They don't run with that?

No.

In the following excerpt the participant discussed that a casual turn of phrase, which refers to religion, is a natural expression of what he values in his life. Analysis suggested that the phrase is indicative of a core strand of the participant's identity, namely, religion and spirituality. However, according to the participant's story, this was not explored further by the mental health worker.

009, male:

I can't say that I ever have [talked to his CPN about religion, spirituality and mental distress]. You know I've obviously said things like "god willing" I say that if something's going on and, it'll come out because it's obviously in my head. The thoughts are there.

Cues may not only be verbal as the mental health professional may also have observed the role of religion and / or spirituality within a mental health service setting. I have already referred to one participant who talked about experiencing hallucinations which had a religious content, and how staff in the psychiatric hospital not only disregarded these, but also ridiculed the service user for them. During the interview the participant described how he kept on praying whilst in hospital and that the staff, in the ward, would have seen him doing this, but at no point during the admission, or thereafter, was the role of religion and / or spirituality within his mental distress explored. Earlier in the discussion I referred to a participant who told a specific nurse about her religious and spiritual background, as she felt this was an informative experience in her life. Not only did the participant tell the nurse about her background, but she also continued engaging in religious practices throughout her

admission in psychiatric hospital. During this time the role of religion and spirituality within her experience of mental distress was not explored further, or within community services upon discharge. Analysis of the participant's story suggested that the service user shared a valued part of her identity with the nurse, and although he heard her, and was aware of what she said, he did not appear to respond to this expressed facet of her being.

010, female:

I mentioned to him that I'd been x [history of religion and spirituality] and he could see that I had books on the table. And he could see that but I don't think I told him too much. But he said to me one day, "I will always remember you saying your prayers in the morning".

Analysis of the participants' stories suggested that they expressed the role of religion and spirituality within their identity through informal phrases, within their everyday life. It appeared that the participants also used these phrases in the service user / mental health professional relationship. However, the cues were not explored further by the mental health professional. Analysis suggested that the participant may use the phrase as a culturally appropriate, and therefore safe, way to express the role of religion and spirituality within their lives. A cue may not only be verbal, but the mental health professional may have observed that religion and / or spirituality are relevant aspects of the person's identity. Analysis suggested that despite these cues (verbal or observed practices) it may be viewed as an invitation by the service user to the mental health worker to explore the role of religion and spirituality in mental distress with them. Yet, analysis suggested the opportunity may be overlooked or actively rejected by the various mental health professionals, including the mental health social worker.

4. Privacy

I have already talked about participants not wanting to talk to mental health workers about religion, spirituality and mental distress, due to concerns about their perceived lack of understanding and about how it would be engaged with. Analysis also suggested that some participants viewed their religion and / or spirituality as a private matter, and therefore expressed caution or refusal to talk about it with a mental health professional. The participant in the following excerpt had been talking about exploring religion, spirituality and mental distress with his CPN. The

participant identified that there are certain topics that are private and are therefore not discussed with the CPN, whilst there are others that are appropriate to discuss with them.

007, male:

I always thought maybe it was a private thing for the person. That's the way I thought about it. It was just up to you.

This is an interesting idea as mental health professionals are public agents, yet they are very much engaged in the service user's private world. It appeared that these participants do not talk about religion, spirituality and mental distress with the mental health professional because they view it as being so personal and private that they do not want to discuss it with the mental health professional.

Another participant stated that she would not talk to a mental health professional about religion, spirituality and mental distress because she would not want to share any rewards she was due. This view was based strongly in the participant's denominational beliefs, and suggested something around her beliefs being a private matter. Although this participant was the only one to express these views they offer further understanding about the context of her views and experiences. It was only by seeking these views and experiences, about how the service users conceptualise religion and spirituality, that further understanding was gained about how the subject is drawn upon within her experience of mental distress.

Whilst there was a sense throughout all the interviews that an individual's religious and / or spiritual beliefs were a private issue, three participants also expressed actively choosing not to discuss it, because they wanted to retain a part of their identity and personhood out with the mental health service. In the following excerpt the participant described that he would give some indication to his key worker about the role of religion and spirituality within his life, but that he did not want to explore it in depth. He stated, "It's mine".

009, male:

Well I mean like I would say things to you know "god willing" things like that there that would pop out if I was. But no I find it quite. You know it's almost. I want it to be mine. I know it's everybody's but it's mine. And I want to believe

and I know everybody believes their own...It's the only thing, it's hard to describe.

The following participant also shared his desire to keep religion, spirituality and mental distress out-with the mental health service.

001, male:

Int: Would you want to talk about it with your social worker?

Not really. No. It's just a wee thing going outside mental health, would keep me in the community. Keeps me going you know. It's a private thing.

Through the course of the interviews it became apparent that the idea of privacy and service user choice was important around the subject of religion, spirituality and mental distress. During two interviews, conducted towards the end of field work, the participants expressed uncertainty about discussing their beliefs and mental distress with a mental health professional. At this time the idea of service users actively choosing to with - hold talking about religion, spirituality and mental distress, in order to retain elements of their identity out - with the mental health service, was developing. Therefore, I asked these two participants if their lack of certainty about talking to mental health professionals about religion, spirituality and mental distress may be shaped, in part, by a desire to separate their religion and spirituality from mental health services. Both participants agreed with this idea and also referred to separating the people in their spiritual and/ or religious network from the network of professionals in the mental health service.

Despite the participants' confidence of their religious and / or spiritual beliefs, and their place within their experience of mental distress, analysis suggested ambiguity amongst mental health service user participants about if and how these translated into the service user /mental health professional relationship. Furthermore, all of the service user participants stated they had never talked about this subject, in depth, with a mental health professional, thereby suggesting that the acknowledgement of this subject within the relationship is unfamiliar ground. Throughout the interviews there was a sense that the interview was the first time many of the participants had given voice to this aspect of their identity within their experience of mental distress. Analysis of the participants' stories suggested that "privacy" around religion, spirituality and mental distress, was perceived and experienced in diverse ways.

5. Conclusion

This chapter has focused on the views and experiences of mental health service users regarding if, and how, religion and spirituality are engaged with in mental health services. Analysis of participants' stories suggested that they placed importance upon their relationship with their mental health worker. Despite many of the participants expressing that they had supportive relationships with their mental health worker, religion, spirituality and mental distress was not explored. Analysis suggested additional factors informed its apparent lack of discussion in mental health service provision. Service user participants expressed uncertainty about whether exploring religion, spirituality and mental distress was within the mental health professionals' job remit. Analysis suggested that service users perceived mental health workers being primarily concerned with medication management and their physical and mental health, and this did not include religion and / or spirituality. Service users also expressed concern about how disclosure of religion and spirituality would be viewed. In particular, analysis suggested that participants were concerned that it would be viewed as indicative of mental illness and that associations would be made with risk and dangerousness, thereby contributing to their experience of stigmatisation.

The mental health service user / mental health professional relationship was further explored as participants talked about the perceived lack of understanding by professionals regarding religion, spirituality and mental distress. It appeared that because talking about religion and spirituality was quite an emotionally demanding subject, participants were reluctant to explore this with the worker in the knowledge that they might leave. Participants talked about giving cues to professionals about the role of religion and spirituality within their identity, and the corresponding lack of discussion offered to them by professionals regarding its role within their mental distress. This lack of exploration is perhaps indicative of the discomfort which many of the social worker participants expressed around the subject (as discussed in chapter twelve). The mental health service user participants also explored the idea of privacy. Whilst participants perceived this and responded to it in diverse ways, analysis suggested that the importance of choice and autonomy were important issues to consider. The factors which impact how this subject is engaged with in mental health services are complex and interrelated and include not only individual

biography, as discussed in the previous chapter, and the service user / professional relationship, but these are also informed by the wider social field. Although the wider social field has been referred to throughout the preceding chapters, the following chapter explores this in greater depth.

Chapter ten: Service user findings (3)

Wider social field

The final chapter of the presentation of mental health service user participant findings examines the wider social field of religion, spirituality and mental distress in Northern Ireland. The analysis suggested two specific aspects of how the wider social field shaped how religion, spirituality and mental distress were conceptualised by mental health service users in Northern Ireland: mental health service user identity and the legacy of the conflict. As indicated in the introduction to part two of the thesis, at the beginning of the analysis presentation, there are specific limits to my exploration of the wider social field that were informed by the service user participants' stories and this is reflected in how this present chapter is divided and its overall content. This chapter is divided into two parts: part one, mental health service user identity and whether, and in what ways, religion and spirituality are perceived as relevant aspects of their identity and; part two, the legacy of political conflict informed by religion and how this shaped mental health service users' perception of religion and spirituality within their experience of mental distress.

Part one: Mental health service user identity

Analysis suggested that mental health service user identity was a relevant aspect of the wider social field. It appeared that mental health service user participants were concerned about the legitimacy of religion and spirituality within mental distress, and the various aspects related to this.

1. Stigma and mental distress

When asked about what it is like being a mental health service user in Northern Ireland participants were generally very positive about the service they received, and they were reluctant to offer any criticism of it. Participants did however readily refer to the civil conflict, known as "The troubles" and this will be discussed later. As the interview developed participants identified and discussed their experiences of stigma in relation to mental distress. The following participant talked about how she perceived experiencing mental distress was understood by her family and by mental health professionals. Her comments suggested the stigmatisation which surrounds this experience.

002, female:

My family's attitude [to] my mental health is that [it is] me looking for attention...There is so much stigma about mental health. If you say you have mental health I find especially with the medical professional because I have been there that long with them I sort of [know]. "Oh she's mental health you don't need to talk to her". As soon as that's told to the doctors I am invisible.

Another participant shared her experience of stigma.

011, female:

Well I feel that having mental health in Northern Ireland here I've noticed people seem to think, they would tell you to pick yourself up and do something. That there's nothing really wrong with you, it's all in your mind. I suppose they just say to pick your [self] up, [that] it's not really an illness.

Analysis suggested that whilst participants were not critical of the mental health services they received, they were critical of the stigma around experiencing mental distress. Throughout analysis of the participant's stories there was a sense of stigma being pervasive in mental distress, and a sense of it being an expected element of the overall experience. However, that is not to say that participants assumed a "victim" status, or that they necessarily accepted the stigma, but simply that it was an aspect of their experience of mental distress.

1.1. Exploring "normal" and "excessive" spirituality and / or religion in mental distress

Analysis of the interviews suggested that participants drew a distinction between "normal" and "excessive" expressions of religion and / or spirituality.

003, female:

I've never really told him [Doctor] about my faith but sometimes I thought should I tell him you know because sometimes I think am I weird like or you know am I going over the top of the faith? But I'm not because I'm not a holy Joe.

Later she expressed uncertainty about seeking mental health professionals' opinion of her religious and spiritual beliefs relative to her experience of mental distress. Although she desires to know if her beliefs are "appropriate", she equally does not want to be perceived in an inaccurate way, what she calls "a holy Joe". She resolves this uncertainty by asserting her ongoing need to draw upon religion and spirituality within her experience of mental distress. Another participant also considered the

idea of appropriate and inappropriate expressions of religion and spirituality, and the negative impact upon mental well-being. Crucially, as discussed earlier, the participant is quick to distance himself from the “extremist” category.

008, male:

Patricia, the fact is you get some people over conscientious or they get too religious I suppose you could call it...I mean that would affect you mentally certainly that would affect not very much me but it could affect. And they'd go to somebody and ask questions, priests or clergy. I mean they're going to extreme. These people are called extremists of their faith. But the whole thing [referring to faith] as we know is, it's something we can't understand. It's a mystery.

Analysis of mental health service user participants' stories suggested that they were aware of the stigma surrounding religion, spirituality and mental distress. In particular, the historical link between religion and mental illness and the idea of risk and dangerousness were emphasised. Consequently, analysis suggested that participants were aware of this context and expressed ambivalence and uncertainty about what may be perceived as an appropriate or inappropriate expression of religion and / or spirituality within mental distress. Through analysis of these stories there was a sense of tension within the participants' stories as they explored questions of legitimacy within religion, spirituality and mental distress: seeking to know what was ok and what was not, but then rejecting the need for professional reassurance on the basis that it was their experience, therefore, they did not need professional approval.

1.2. 'Othering' within mental distress

Building upon prior discussion, participants described how religion and spirituality can become entwined with the experience of mental distress. The following quote addresses the anxiety and fear participants' experienced regarding the way in which religion, spirituality and mental distress may be viewed in a very negative manner. What is very interesting about this quote is the way the participant distances her own experiences of religion, spirituality and mental distress from service users with schizophrenia, who may also draw upon these beliefs.

003, female:

Down in the [psychiatric] hospital I was visiting and people were schizophrenic but I'm not schiz [ophrenic]. I'm suffering from chronic anxiety and depression

but am no I'm definitely not a paranoid schizophrenic and I can see how people with illness would believe that and they believe the TV's talking to them. But I'm not like that and people feel like they have to get down and say the rosary all day long I'm just normal.

Another participant drew attention to the additional stigma around expressing religious and / or spiritual beliefs.

002, female, telephone interview:

I really did feel at ease talking about my thoughts and beliefs and stuff like that because I find there are not a lot of people. When you start talking about X [her beliefs and practices] I think a lot of people look at you weird.

Analysis suggested that participants perceived there being a line between “normal” and “excessive” expressions of religion and spirituality in mental distress. Interestingly the mental health service user participant stories suggested that some positioned themselves on the “normal” side of the line, and defended their position relative to those on the “excessive” side. Other participants perceived that they would be regarded as being on the “excessive” side and articulated why they should not be regarded in this way. Whilst analysis of the stories suggested cohesion and solidarity around stigma, when participants talked about “normal” and “excessive” expressions of religion and spirituality within mental distress, it appeared that division and hierarchy emerged.

2. Gauging other service users' interest in religion and / or spirituality and mental distress

Whilst participants stated that they are told not to talk about religion within mental health services (particularly within the group settings of the voluntary service), as discussed later, seven participants discussed talking about religion, spirituality and mental distress with other service users. The participants' stories revealed a process of gauging other service users' receptivity to talking about religion and spirituality. Crucially, this process was not strictly defined by denominational boundaries, as found in the legacy of the conflict which will be discussed later, but it drew upon shared meaning and shared experience. One participant shared the following story which suggested that through sharing their spirituality during difficult life circumstances, two service users developed a supportive relationship.

Unidentified female:

[Referring to another service user] she said to me “I don’t think I’m ever going to leave the house unless I leave it in a box” and I said, “Don’t be silly, don’t talk like that there ask your guardian angel to help you” and she said “Not somebody else that believes in angels. I believe in angels, but I’m having it hard”. And I said, “Well wait ‘til I tell you something, you couldn’t have it harder than I’ve had, and they’ve got me through it”.

Another participant shared a similar story, to that above, of finding mutual support from another service user. The participant is a practicing Catholic and his friend is from a Protestant denomination. Analysis suggested that he valued talking to another service user about their religious and / or spiritual beliefs within mental distress. He stated that he had known his friend for over thirty years and they take the same medication. Another participant stated that she was willing to discuss her beliefs with other mental health service users in the voluntary organisation, but also respects that others may not want to. Analysis of participants’ stories suggested that mental health service users’ may seek shared meaning and experience over and above the sectarian boundaries of the conflict.

Analysis of the interviews suggested that although service users did not discuss religion, spirituality and mental distress with their mental health professional they may seek out support from other service users. It appeared that support from other service users was sought quite cautiously and when it was found participants found it a positive experience.

3. The interview journey

On one level the interview may be viewed as the researcher asking the participant questions about a subject he/she is interested in. Whilst this is an accurate description, analysis and field work experience suggested that not only is the interview event a journey of discovery for the researcher, but perhaps more importantly, it is also one for the participant. The interview presented the participant with new questions about self and supported them to explore what is a familiar subject, in a very unfamiliar way. Throughout conducting and analysing both types of interviews there was a sense of the participants’ thinking developing, that the participants posed questions about self and sought answers on their own terms.

Like all the participants in the study the following mental health service user participant drew upon his religious and / or spiritual practices and beliefs within his experience of mental distress. Analysis suggested that despite this being a core element of his experience of mental distress he stated that he had never talked about it in depth with anyone. Towards the end of the interview the participant stated that taking part in the interview prompted him to think about this aspect of his identity and that he was considering whether he could discuss it with his CPN.

008, male:

Being here today I've learned a lot [from you] that I wouldn't have learned before. You haven't said much but I've said a lot. From this today I could discuss these things with other people...Which I thought maybe, "Oh I shouldn't do that I shouldn't ask them people , nurses them things" [referring to religion and spirituality]. That's what I'd be thinking [referring to the past].

Another participant shared that she enjoyed being able to share her experiences as she has been thinking about the subject for a long time, but did not share it with anyone.

003, female, telephone interview:

Int: You were saying there about sharing [with others about taking part]. What did you enjoy about taking part?

Just to let people know where I'm coming from you know. Just the research and you know to let people understand my side of it...It's always been on the back of my mind you know I'd like to express it. I was glad it came up.

At the beginning of the interview the following participant seemed quite nervous and anxious. Analysis suggested that as the interview progressed she relaxed, and began to engage with the subject in a more personal way. In another excerpt the participant stated that she enjoyed being able to talk about her experiences. The participant discussed that taking part in the study prompted her to consider talking to the psychiatric nurse, with whom she has a supportive relationship, about religion, spirituality and mental distress.

Analysis of the participants' stories suggested that participants experienced their involvement in the study in a positive way. Although the subject was familiar to the participants they were given the opportunity, many for the first time, to explore religion, spirituality and mental distress in a non-threatening and non-judgmental

manner. The comments made throughout the fieldwork suggested that participation prompted individuals to question how religion, spirituality and mental distress are conceptualized in their own lives as mental health service users.

Part two: The legacy of political conflict

Through analysis it appeared that not only did the conflict shape participants' experiences of mental distress but it also impacted how they conceptualised that experience. In particular, it appeared that the conflict prompted service users to question the legitimacy of exploring religion, spirituality within their experience of mental distress.

1. Conflict related events

Four of the twelve participants were directly involved in a conflict related event: caught in crossfire between the British army and Nationalist Republicans; involved in a Nationalist Republican group; injured during a bomb blast and; living in an area of high conflict. Analysis of the following participant's story suggested that she integrated her religious and / or spiritual beliefs with conflict related experiences.

Unidentified female:

I was caught in cross fire and I was shot in the leg. But this calm came over me and this voice said to me "X [participant's name] you're going to be alright". And I was thinking I felt grand. I said, "Why am I saying you're going to be alright for?" But I was calm and everybody was running mad around me.

The following participant talked about her experience as a mother during the conflict, and trying to look after her children. Analysis of her story suggested that she drew a link between her experience of the conflict and her mental well-being.

Unidentified female:

The troubles played a big part too 'cause you were on edge all the time with the wanes [children]. When they were young they were out playing, then you were pulling them in. X [name of conflict related event] that was the worst time I can recall. All the men went out to march on X and I'd the wanes in the house and I could hear the blasters of shooting. And the wanes and us went in behind the sofa to protect ourselves. God that was an awful day. It was a tough game bringing them all up.

Later in the interview she described how living in an area with a lot of conflict related events continued to negatively impact her life today. For example, she had vivid

dreams based on the events. Another participant talked about being at home during a bomb and the impact this had upon her mental health.

Unidentified female:

The bomb in X [local town] smashed through the window and all I know the window smashed through I was seconds away from it. And then I was cleaning up afterwards and I was walking about in my bare feet and there was glass in my feet so that's what put me off again.

Analysis suggested that being directly involved in the conflict impacted participants' experience of mental distress. During fieldwork I was struck by the violence and pain of these events, and whilst the participants were clearly impacted by them they told them in a seemingly distanced manner. This is something I could relate to in my own life growing up in "the Troubles". The conflict was normalised yet it appeared to frame many life experiences.

1.1. The legacy of conflict

The remaining eight participants did not refer to being directly involved in any conflict related events. However, analysis suggested an ongoing awareness of the conflict. Although the scale of violent conflict has declined in recent years its legacy lives on, particularly as people become more aware of the impact of living in such a situation.

004, female:

Well I've had tough times living in Northern Ireland particularly when I got married and had a family and lived through the troubles. 'Cause when I look back now I don't know how I managed and I do believe it was part of my depression too because you don't realise when you're young how much trauma you go through living in the areas where the troubles was.

The following participant talked about the tension which still exists around division. Analysis suggested that whilst the participant has rejected the division, he is still aware of it and still impacted by it.

Unidentified male:

I don't dislike living in Northern Ireland but there's a lot of tension. If you're seen going into this place or you're not going to that place. A lot of it's I suppose in my upbringing because my Dad was a real Orange man, he made us all join when we were eighteen. But as soon as Dad passed away we all resigned.

The following participant referred to her experience of life during the troubles compared to life today.

012, female:

It's more peaceful that it used to be. It [the troubles] was while [really] scary. Especially after the X [name of town] bomb. And just looking over my shoulder all the time no matter where I was.

All participants referred to the conflict, the boundaries of which are shaped by religion, and its present day impact upon their mental wellbeing. Analysis of the participants' stories suggested that whilst an individual may not have directly experienced a conflict related event they are still impacted not only by specific events, but also by the division and tension that surrounded it. It is within this context that participants frame the interview discussion about religion, spirituality and mental distress.

1.2. We don't talk about religion around here

Through the course of the interviews participants discussed if and how religion and / or spirituality are discussed within mental health services. The participants explicitly stated that religion is not discussed within the voluntary organisation. Analysis suggested that the political conflict and the role of religion within it appeared to inform why, "We don't talk about religion around here". The following participant stated that religion is not discussed in the voluntary organisation due to concern of offending someone which may result in their choosing not to access the service.

001, male:

Well in here in the day centre you're not allowed to talk about politics or religion because you could offend some people. They mightn't come back again 'cause they're scared or something. Intimidated. It's just the rules of mental health.

Another participant expressed a similar view that religion is not discussed due to concern about respecting other service users. Analysis suggested that the participant perceived it was appropriate to discuss religion, spirituality and mental distress if the other person introduced the topic. However, who initiates the dialogue and how do service users know that the other person might be interested in this dialogue? Later the participant talked about being a service user in a society marked

by political conflict and the importance of moving beyond division to acknowledge their shared experience of mental distress. She stated:

003, female:

I am in a group that works in both communities and you know they're the same as me. It's the same thoughts, the same feelings, and same [experience of mental distress]. They just want a normal, peaceful life and we can communicate and have a laugh. But people don't see that side of it unless people go across the X [physical landmark which separates the two communities].

One participant described that when she first meets someone she wants to know whether they are Protestant or Catholic as she is concerned about saying something which may offend them.

010, female:

The first thing I do when I meet somebody is I wonder, "Are they Protestant or a Catholic". Well you don't want to speak out of turn you know and say something that'd maybe is not agreeable to them you know.

Analysis of participants' stories suggested that the divisions and tensions which exist in society around religion and spirituality are also present amongst those experiencing mental distress. It appeared that service users are acutely aware of these divisions and this appeared to inform why religion, and perhaps by association spirituality, were not discussed within mental distress. Although religion and spirituality may not be explicitly discussed within the service users / service user relationship, analysis suggested that it is present as participant's expressed awareness of it in their daily life.

1.3. Sussing professionals out

Analysis of participant's stories suggested that they place high priority on knowing whether their mental health worker is Protestant or Catholic. Four participants described working out whether their mental health worker was Protestant or Catholic. At no point did any of the participants describe asking their mental health worker what religion or denomination he or she was. Instead, it appeared that the participant determined what they were, and perhaps more importantly, what they were not, based on their own assumptions and ideas. The following participant stated that he knows he and his CPN share the same denomination, therefore he

does not feel any need to explore religion and mental distress with her. He also stated that if the worker was not the same denomination he would not discuss it with them because the worker would not understand. Therefore, the participant would not discuss the subject with the worker from either perspective.

005, male:

Well people wouldn't understand you now. If they didn't come from the same background as me.

Another participant described a previous CPN, whom he had determined not to be the same denomination as he was. As the CPN was a different denomination this would prevent him talking to them about religion, spirituality and mental distress.

008, male:

Well I knew who the last man was it was a man I can't name his name but I wouldn't have discussed religion with him because he wasn't my religion. And the fella mightn't have time and he mightn't be interested. I don't know if they do or not but he mightn't be interested.

Later he stated:

Like if I knew her name [referring to his CPN] which I know her name and I know then what religion she is. Or if it was any other person that I didn't know what she was that's why I wouldn't mention it. That would be a barrier.

In the following excerpt the participant described how she worked out the nurse's religious denomination, and since it was the same as hers, she felt she could share that information with him.

010, female:

Well I knew this nurse from X [her local area] his mother was a carer in the C [name of mental health organisation] in X. I didn't know him [the nurse] but I knew of him, so I knew he was a Catholic and that's why I told him. And that's why I maybe wouldn't tell one of the Protestant nurses.

Although the following participant stated that he did not mind whether his mental health worker was from a Protestant or Catholic background, analysis suggested he placed value on gauging the worker's knowledge of the bible. It appeared that he was dismissive that the workers did not know a specific aspect of the bible.

001, male:

I don't know what religious background they come from whether they are Protestant or Catholic and I don't care.

Later he stated:

I mess with them that they don't even know X [key piece of Christian bible]. I just asked them you know people with mental health you know nurses in here, they don't even know X.

Analysis of the mental health service user participants' stories suggested they place high priority on knowing what denomination the mental health worker belonged to, and this would apparently enable them to determine whether the worker would understand their religion and / or spirituality within their experience of mental distress. However, despite knowing that the worker was from the same denomination analysis suggested that the service user would not talk to their mental health worker about religion, spirituality and mental distress. Whilst this cannot be linked exclusively to the political conflict, it appeared that this may be a significant factor within the context of how religion, spirituality and mental distress are conceptualised within contemporary Northern Irish society. It appeared that there is an ongoing sense of religion and spirituality being an absent present within the mental health social worker / service user relationship and that the legacy of the conflict significantly hinders exploration of the subject.

2. Conclusion

The overall aim of this chapter was to explore the wider social field of religion, spirituality and mental distress in the North of Ireland, based on mental health service users' stories. Analysis suggested that mental health service user identity and the conflict were relevant aspects of the wider social field. During the interviews there was a constant sense of the participants giving voice to and exploring a familiar subject, namely their experiences of religion and / or spirituality within mental distress, but doing so in an unfamiliar way. The mental health service user identity discussion explored the stigma which service users experience and that religion and spirituality may be an additional facet of that experience. Within this discussion there was a sense of service user's being actively aware of the controversy around religion and spirituality within mental distress. It appeared that religion and spirituality are relevant aspects of mental distress for some service users, and in the face of controversy they have developed ways to engage in the subject with other service

users. However, it appeared that these may not necessarily enable exploration of the subject within mental health services.

Analysis also suggested that although conflict related activities have significantly reduced, their impact lives on as participants' stories suggested a culture of, "We don't talk about religion around here". It appeared that whilst religion is a dominant aspect of the wider social field, and although religion and spirituality may be relevant to the service user's experience of mental distress, the conflict and its legacy dominates how service users engaged with religion, spirituality and mental distress. This study suggests that the ongoing legacy of the conflict over shadows participants' conceptualisation of the appropriateness and legitimacy of exploring religion, spirituality and mental distress within the mental health professional / service user relationship. This conflict based conceptualisation significantly curtails service user participants' willingness to explore this subject in mental health services. Analysis suggested that it may be beneficial to further explore religion, spirituality and mental distress in relation to the legacy of the political conflict, as this appeared to underpin much of the participants' framing of the subject.

Chapter eleven: Social worker findings (1)

Individual meaning - making

This first of three chapters on social worker findings presents the role, if any, of religion and spirituality in social worker participants' lives. The focus at this point is upon the participants' identity and meaning - making, and not upon their professional practice. It was interesting within analysis how mental health social worker participants readily acknowledged religion as an aspect culture in Northern Ireland, starting in their childhood and even now as adults, yet exploring what, if anything, religion and / or spirituality might mean to them as individuals, appeared to be much more hesitant. Through the course of the interview participants gradually explored personal meaning - making around spirituality and / or religion. Although participants acknowledged the role of religion and / or spirituality in mental distress, there was ambiguity around how this translated into practice. As the discussion developed exploration was given to the participants' social work practice and the interface between the personal and the professional. The object was a key aspect of exploring individual meaning - making around religion and spirituality, therefore discussion considers how participants engaged with it.

1. Exploring religion and spirituality

1.1. The cultural significance of religion

Of the twelve social worker participants ten grew up in Northern Ireland, one grew up in the South of Ireland, and the remaining participant grew up out with The United Kingdom and Ireland. The participants were asked to self-define their background; eight came from a Catholic background, one Protestant, one Christian, one born again Christian, and one came from a mixed background (Protestant and Catholic). Interestingly, two of the participants have a theological training background. All the participants' stated their ethnicity was white. All bar one of the participants talked about the importance practicing their religion was given in their childhood. The one participant for whom spirituality and / or religion was not included in their upbringing came from a communist country, where practicing religion and spirituality was not permitted.

007, male:

I would come from X [denomination] background and there would have been certainly a religious element within that. Growing up we would have regularly went to X [place of worship], knelt down on certain nights to say the X [prayer]. So we were always very much aware of religion and the importance of religion growing up.

Throughout the interviews there was a strong indication of the cultural importance given to practising religion, and in particular either the Protestant or Catholic denominations, in Northern Ireland.

005, female:

I suppose it was strict but I don't think it was them [parents] putting pressure. I think it was more the school. Looking back on it now I feel it was a bit much but then we were all doing the same thing and I didn't know any different. It's only now when I look back and think ohh god almighty.

Analysis suggested that all of the participants experienced and explored religion as an element of cultural identity in Northern Ireland. The stories were told with confidence and certainty, and suggested that religion is strongly associated with the North of Ireland. Interestingly, whilst the participants readily identified with the cultural aspects of religion most of them were much more hesitant and unfamiliar with exploring the meaning, if any, of religion and spirituality in their own lives.

1.2. Exploring spiritual and / or religious and meaning - making

During the initial stages of the interview it appeared that religion and spirituality remained quite removed from the participant, the participants discussed the subject at a cultural level and did not disclose their own values and beliefs. This appears to be a core strand in the thesis, that to date, the subject has been limited to cultural understandings of religion with limited consideration of the subject, on an individual meaning - making basis. Participants initially identified their cultural background as being either Protestant; Catholic or mixed, whilst the remainder of the interview explored what religion and / or spirituality meant to them personally, if anything at all.

Of the twelve participants two actively rejected the religion that they were brought up with. However, it was only by exploring the presence of religion and / or spirituality within their biography that insight was gained into their own sense of spirituality. Whilst these participants stated they had rejected religion, and in communications to

arrange the interview they expressed that they weren't "religious or spiritual", there were hints throughout the interview of their engagement with religion and / or spirituality as an aspect of identity. One participant discussed a recent bereavement and that he would like to think there is a god of some sort. Analysis of his story suggested that he viewed spirituality as something beyond oneself, coupled with looking at 'rational evidence' that a god does not exist, and the ongoing conflict between these.

As indicated earlier, when I initially contacted the participants about taking part, three stated they were not spiritual or religious and that the interview would be very brief. Of these three, during the interview one described drawing upon religion whilst the remaining two maintained their adamant rejection of it. In order to further explore these participants' spiritual and / or religious beliefs it was beneficial to refer to the follow up telephone interviews, as these contained powerful reflections about their interview experience and their views around religion and spirituality. The following excerpt from a telephone interview suggested a shift in perception to seeming more open to the ideas and concepts the terms promoted. Furthermore, the analysis suggested that participation in the interview seemed to enable him to gain greater insight about his own spirituality.

007, male:

It [the interview] helped me to clarify a little bit but I still think there's an on-going sort of mystical bit to it that you're never quite sure of. But when you get time to time and space to think that's when you can think more deeply about what it means to be spiritual. It [the study] was brought up in a conversation, I don't think I initiated it but someone else had taken part and had said it was worthwhile and so we were trying to encourage others. I thought it was good.

This suggested that whilst these participants were adamant of the lack of relevance of religion and spirituality in their lives, through the interview experience they appeared to critically reflect on what these concepts meant within their lives. It also suggests that whilst an individual may adamantly assert having no interest in spirituality and religion, through dialogue and exploration further insight is gained around this subject. I hasten to state that this is not about persuading the participant of their having spiritual and / or religious beliefs, but of examining the concepts and ideas around the subject.

1.3. Difficult life circumstances

I have already mentioned one participant who associated religion and spirituality with death. In a similar manner another participant discussed her spiritual and religious beliefs in reference to the death of a family member and a client, and of being diagnosed with a serious illness. Another participant talked about his increased awareness of religion and spirituality following the death of a family member. Another participant talked about knowing individuals who have expressed benefit and support from talking about spirituality in an addictions group they attend. In the following quote the participant talked about being diagnosed with a serious illness, and their ongoing search for meaning within that experience, which they framed within spirituality. There was a rawness and tangible emotion within this participant's story as she sought spiritual meaning during this very challenging situation.

Unidentified female:

I have been diagnosed with X [serious illness]. Once I got through the treatment and the medical aspect of it I've been trying to work on the psychological aspect of it all. I am always searching for something I haven't quite found. Or I haven't quite got total comfort with. Just making sense of it.

These stories suggested the rich and diverse ways which participants drew upon religion and spirituality to make sense of various life situations they were experiencing. These stories were explored during the middle portion of the interview where participants were invited to explore what religion and or spirituality meant to them within their everyday lives. During this middle phase of the interview participants were guided to move beyond the culturally familiar ways of understanding religion, in terms of political and sectarian division, and were encouraged to engage with their own personal meaning - making around the subject. Although the participants expressed differing views about religion and spirituality and some quickly denounced any association with either concept, analysis of the stories suggested that they drew upon concepts within spirituality and religion, such as meaning - making, purpose and searching, within their lives, but may not attach these to the terms religion or spirituality.

2. Cultural expectations and individual identity

2.1. Being seen to “belong” to something

Whilst talking about attending their local place of worship, the following participants also shared stories which suggested they experienced societal pressure to identify with the denomination. The following participants expressed the importance, for their children, of being seen to be aligned to either the Protestant or Catholic denomination.

009, female:

I take my children to Sunday school and that and I feel that's important for them to be able to develop moral[s] and to learn about god, because I do believe there is a god out there.

Later she stated:

[Referring to how much she is involved in her place of worship] I would help out at different events or whatever and my children go to Sunday school. I don't attend every week. I would try when the kids are doing something at Sunday school. When there is a break in summer we are usually in X [holiday location] anyway [so] we don't usually attend.

Analysis of other participants' stories suggested that some participants' association with religion is influenced, in part, by a sense of societal expectation not only for them, but perhaps even more so for their children. The meaning which an individual ascribes to religion is linked to the wider social field. However, this should be viewed as one element of the individual's story as these participants also described the role of religion and spirituality within their own meaning - making. The individuals' stories about religion and spirituality cannot be viewed in isolation from processes and influences within the societal context.

2.2. Fear and religion

Analysis suggests that fear as an aspect of religion was an element of three of the participants' stories regarding religion and spirituality in their own lives. In these interviews participants shared their rejection of religion in their late teens / early adulthood, but an on-going tie to it throughout their adult life. This tie is due to both a personal interest and curiosity about religion, which stemmed back to their childhood, but also an awareness of the cultural expectations which surround religion and their discomfort regarding these.

005, female:

Responding to a question about identifying with a particular religion she replies

Probably a very poor X [denomination]. I would say poor in that I would see myself probably more like a Christian type, respectful and respecting people. There's good and bad no matter what religion you are I think. That's what I would aspire to but I will go to X [place of worship] every now and again if I feel guilty about something.

This participant's sense of religion is based upon fear and obligation, rooted in her childhood experience and maintained through family members' religious practices. Whilst at no point in the interview was it necessary to stop or pause, it was apparent that the subject was evoking some emotion for the participant, and she reflected upon this during the telephone interview.

005, female, telephone interview:

I didn't feel stressed about it [the interview]. I felt that I could've talked probably for hours about it. It kind of triggered off (sighs) a lot of uneasiness. I thought it was very good it was very relaxed and I felt actually quite good after it. I think it's amazing how it stirs up in you.

Another participant also identified an element of fear around religion when she was growing up. This participant expressed continuing to try and deal with this in her adult life.

2.3. Power and religion

Analysis also suggested that participants perceived that organised religion had, and still has albeit to a lesser extent perhaps, power and that this had a negative impact upon their lives. Participants drew upon their childhood experiences of organised religion and these formed their views and experiences as adults. Whilst eight of the participants talked about the power of the church they varied in how this impacted their own religious and / or spiritual views. The following excerpts offer insight into how participants first recognised this element of their own religious and / or spiritual identity, and how it informed their current views.

One participant argued that the church does not address, what he calls, "the innate spirituality" that is within each person. He suggested that this is "buried within the institutional church". The following participant considered a shift from her parents' approach to religion and being obedient to the church, and her own approach which

is perhaps more liberal. The participant mediated between the more traditional boundaries of the church, epitomised in her parents' religiosity, and her own thinking.

002, female:

My parents are very traditional, old school type of thinking, whatever the rules are in X [denomination] you abide by them, you don't question them, you just blindly follow them. Whereas there are bits of it that I question but I don't vocalise... but I suppose in a way I am a bit of a hypocrite in that I still go along to x [place of worship] and I still pray. I still have these thoughts that I don't agree with everything.

At the beginning of the interview the following participant was adamant that he had no affiliation with religion or spirituality. However, as the interview developed he explored and shared what he thought about religion and spirituality. In the following quote the participant refers to religion as a negative entity.

007, male:

Religion for me is a bit more problematic than spirituality. I'd personally be a lot more critical of organised religion. I can see spirituality being more of a unifier aspect of people's belief systems. Religion has not always been seen in that category as can be seen throughout the world.

Later in the interview he talked about the excessive trust which people invest in the church and the sudden loss people have experienced following recent abuse scandals. He stated:

It's something that they've always believed in and now suddenly, now that it's been shaken they feel let down and angry about it.

The following participant's views, about the power of the church and its impact on people's lives, offers insight into the contradictory and complex subject of religion and spirituality. The participant stated he rejected religion from a young age as he was "just a complete non-believer", and that he "resented being told about X [place of worship] and stuff", therefore he went "begrudgingly". However, he then talked about the role of the church on a societal level and in particular that when he was growing up suicide was regarded as a taboo due to the church's teaching on the subject. The participant talked about this taboo being positive as it curtailed people from attempting and completing suicide. However, the participant also stated that this taboo has weakened in contemporary society and this change was negative as citizens were more likely, he argued, to contemplate suicide. Another participant

explored the decreasing influence of organised religion upon society, and of the importance of spirituality.

012, male:

Not to be disrespectful to previous generations I think maybe they need more structure, more kind of indoctrination. I think maybe our generation, I'm putting us up on the pedestal, [is] a little more complex in our thinking and questioning ability. I don't think that organized religion fits as well in a developed society as it did in the past. I think well ok so the religion is there but it's the spirituality actually that's more important.

Analysis suggested an ongoing interaction between the participant's own spiritual and / or religious beliefs and the role of religion within contemporary society. Whilst the individual holds their own values and experiences regarding religion and / or spirituality, they also refer to how these experiences are socially based. The excerpts above suggest that this relationship is complex and may be contradictory at times.

3. The boundaries between religion and spirituality

3.1. Drawing upon religion and spirituality in practice

Whilst religion may be present within the participants' beliefs and practices that is not to say that they are exclusively informed by religion. The participants' stories suggested that whilst each of them may be aligned to a Christian denomination, it was only by exploring how they related to spirituality and / or religion that a fuller understanding was gained about this subject within their identity. These participants drew upon the religion they were brought up with and also explored ideas and practices out with these traditions. Therefore, religion and spirituality are not dichotomous concepts, but have a co-terminus relationship.

002, female:

I was born and practice and have very strong X [denomination] beliefs. [I] come from a very strong religious background; my family would be steeped in religion. I suppose in a lot of ways that has changed for me over the years. For me spirituality and religion come hand in hand yet there are some bits of it that don't tie neatly together, they don't marry well together.

Unidentified female:

I suppose I struggle at times with my beliefs. And saying "look what is this you know, what are my beliefs"? I suppose it's always in times of trouble that you turn to your beliefs, [referring to the death of a close family member], [I]

questioned it. But then it came back and then being around people who I feel are spiritual and doing things. My husband would do a lot of meditation and stuff like that. I feel being around him when he's doing that or when I get time out I think my beliefs increase...I just go to a chapel. When I get time to myself I feel that yes this is important to me. So it's just having that space to be able to do it.

Other participants drew upon religion more directly. For these participants their belief in and relationship with God appeared to be an integral part of their daily lives.

010, female:

I suppose I would use the reading of the bible and I would use prayer as a comfort. I would use what is in the bible as a guide in my everyday life so I suppose it would be something that's a constant thread throughout my day. Our faith would believe that you can talk to God at any time it doesn't have to be a formal thing so certainly I would look to God for guidance.

006, female:

Referring to her belief in God.

Ahh it feels like if I use the analogy of growing again it feels like I have spiritual roots. It feels like it gives added stability in my life to have a personal religious beliefs system.

Although three participants stated they were not religious or spiritual, through the course of the interview they engaged with what these terms might mean for them. Analysis of their stories suggested that spirituality was an aspect of their identity, although they may not necessarily use that term. Furthermore, although they clearly had no interest in religion, analysis of their stories suggested that their understanding of "spirituality" was linked to religion. Whilst the remaining participants drew upon the religion they were brought up with, they also distinguished between religion and spirituality and thus developed their own sense of meaning - making from this exploration.

4. The object

2.1. The object as a gateway tool

Of the twelve social worker participants six brought an object to the interview and of the remaining six who did not, one participant forgot to bring the object that she had thought about, one participant felt limited to only bringing one object therefore he did not bring any, and one actively chose not to bring one. Of the three remaining participants who did not bring an object, two disclosed not practicing any religion

and/ or spiritual beliefs, whilst the third was ambivalent about religion and spirituality. Of the six participants who brought an object to the interview three actively drew upon religion. Furthermore, all the objects brought by these three participants were based in religion. The three remaining participants who brought an object did not disclose drawing on religion in a very strong manner, although it was still present within their stories. Two participants brought objects that are non-religious but are significant to their spirituality: a book and; a photograph of her children. The remaining participant brought a religious object, a miraculous medal, which he strongly associated with the death of a close family member.

The way the object was engaged with in the mental health service user interviews, as discussed in chapter eight, was similar to how it was engaged with in the mental health social worker interviews. However, more social worker participants did not bring an object to the interview thus the following discussion focuses upon this aspect of the social worker interviews.

2.2. Not bringing an object

The social worker participants who did not bring an object expressed their reasons for not doing so and these were based within their apparent lack of association with religion and / or spirituality, rather than having forgotten to bring one, as the service users did. I asked the social worker participants what they might have brought hypothetically. Drawing upon one example, by talking about the object she may have brought the participant discussed the role of religion in her life. Interestingly the participant valued being invited to bring an object and articulated why she did not bring one.

Unidentified female:

I chose not to bring something specific I suppose that's quite personal. But objects personally wouldn't be a priority for me in my own religious background. The flag is an inflaming emblem. And we are very focused around emblems that identify people into specific groups. And I don't think that is always where people are at individually. I think there are sometimes pressures [to put people] into groupings. Emblems identify groupings in Northern Ireland and I think that's difficult and I didn't want to be limited by an emblem.

The participant then went on to describe that she might have brought a photograph of a rainbow because it is not affiliated with any particular group in Northern Ireland.

During the time the interview was carried out, loyalist demonstrators protested about a decision to limit the number of days the union flag flies over Belfast City Hall. Not only was this participant the only one who actively declined to bring an object, but she was the only one who interpreted the invitation in political and cultural terms. All other participants treated the invitation in a distinctly personal manner, as being about their meaning - making, whilst this participant drew upon cultural and political understandings, and therefore considered the tensions within Northern Ireland about symbols. The discussion with this participant was powerful and brought into sharp focus the constant relationship between the individual, their wider social context and their skill in navigating the complex terrain of identity making around religion and spirituality in Northern Ireland. As a researcher this incident was also a stark reminder of the importance of being sensitive to the broader social field in which the research is being carried out, particularly when engaging with sensitive issues. In particular, of being aware of how objects and symbols are regarded as an element of that sensitivity subject and thus how an invitation to bring an object, within fieldwork, may be interpreted.

The remaining three participants who did not bring an object stated that they forgot to do so. This may have been due to a lack of interest in the subject as they also expressed not being religious or spiritual. Despite these assertions, they continued to engage with the method and hypothesised about what they might have brought. The following participant was unsure about what she might have brought to the interview and this reflected her ambivalence about religion and spirituality and how she understood them in her own life. This ambivalence continued in the telephone interview where she joked that she might have brought something religious.

005, female, telephone interview:

I still haven't really thought about it [the object]. I mean it's interesting too 'cause you have your wee prayers. Not so much prayers but the wee things that I would have at the side of the bed that I would read at night. I read them but I was actually quite conscious reading that night after I left you.

Although some social worker participants did not bring an object to the interview, further exploration of why they did not bring one, and perhaps what they might have brought, transformed the object from being a physical entity to become something which had meaning and purpose despite its absence. By continuing to use the

object as an integral part of the interview it enabled further exploration of religion, spirituality and meaning - making.

3. Conclusion

Analysis of these accounts suggested that whilst these mental health social workers may associate, however loosely, to a culturally based label of “Protestant” or “Catholic”, it was only by exploring the role of spirituality and / or religion in terms of identity and meaning - making, that more in depth understandings about the complexities of this subject were achieved. A core element in all the stories was the individual’s relationship with religion (from childhood into adulthood), and how that relationship has shaped their current understandings of religion and spirituality in their own lives. Whilst social worker participants may have rejected religion, their relationship with it serves as a starting point to examine their meaning - making.

It is interesting at this point to introduce the idea that tension exists around religion and spirituality in practice. Although practitioners recognise religion and spirituality as potentially relevant for some service users’ experience of mental distress, bringing this into practice is marked with ambiguity. The discussion thus far suggests that this ambiguity and hesitancy may only be explored by locating the individual’s story within the wider social field and includes: the presence of religion as an element of culture in Northern Ireland, the blurred boundary between religion and spirituality, and negative associations of religion with fear and power. This chapter has focused upon the role of religion and spirituality within the individual’s identity, and the following chapter explores if, and how, it is engaged within professional practice.

Chapter twelve: Social worker findings (2)

Professional social work practice

Analysis of social worker participants' stories suggested a contradiction: although participants acknowledged the role of religion and spirituality in some individuals' experience of mental distress tension and ambiguity surrounds exploring it in practice. To examine this further a useful starting point was to explore if practitioners asked service users the question about religion and / or spirituality on the assessment form. The discussion around this indicated the various, and at times contradictory, practice approaches and attitudes regarding this aspect of the form. Religion is a defining element of culture in Northern Ireland, and analysis suggested it is highly emotive for practitioners personally and professionally. The idea of the personal and the professional is developed in relation to boundaries between the service user and social worker, and how the practitioner manages their personal identity within their professional identity. The value of supervision was discussed in relation to this and participants' stories again suggested that assumptions and ideas persist around this subject which in turn shaped if, and how, it was explored in practice. It appeared that professional identity and multidisciplinary working was a concern for many of the participants. Participants' stories suggested that social workers may act as a buffer between those medical staff who appear dismissive of exploring religion and spirituality in mental distress, and service users who have expressed this element of their identity.

1. The relevance of religion and spirituality within mental health social work practice

1.1. Asking service users about religion and spirituality in mental distress

All twelve mental health social worker participants referred to a range of mental health service users who expressed beliefs as part of their experience of mental distress, including those with a delusional-type disorder and those with depression and / or anxiety. Analysis of these stories suggested that religion, spirituality and mental distress was relevant across the range of mental distress experiences and not limited to only one type.

Although all the mental health social worker participants provided stories of the presence of religion and spirituality within some service users' experience of mental distress, six of the practitioners explored in depth the role of religion and spirituality within users' experience of mental distress. Through the course of the interviews all of the social worker participants acknowledged the inclusion of religious and spiritual beliefs within the Health and Social Care Trust's (statutory provider of health and social care) assessment form, but there was variation in whether the social worker participant directly asked service users' about their religious and / or spiritual beliefs. Out of the twelve participants seven stated they did ask; three said they did not and; the remaining two varied in the practice of asking. The stories told by the social worker participants also indicated whether they engaged in exploring religion and spirituality beyond the tick box exercise. Some social worker participants directly asked the service user about their religious and / or spirituality beliefs. However, that exploration may be limited to a tick box exercise or may include further in depth work around religion, spirituality and mental distress.

010, female:

I'm thinking in our new patient assessments you've got a lot about family background about growing up...and that tends to bring in [religion]. For example someone who was brought up in a strict home and that was sent to mass everyday then you would say "what is that like for you now is that still something that you've interest in or not". So it does more often than not come up ...I haven't really thought about initiating conversations with clients. I would like to hope I am fairly reasonable at doing that and opening that conversation. But as I said earlier do I explicitly ask all the time? I probably don't.

The three participants who stated they did not ask about religion and spirituality did not do so for a variety of reasons including: concern for respecting the service users' privacy, the level of sensitivity around the subject in Northern Ireland and an acknowledgement of their self-disclosed lack of religious or spiritual beliefs. Therefore, they stated that they could not engage with this aspect of the mental health service user's identity.

004, male:

I wouldn't bring it up I wouldn't ask them about it...like all the different areas of their lives need to be addressed but I'm not sure it [religion and / or spirituality] would be broached with people.

005, female:

In our assessment sheets it says at the top about religion. I never asked anybody about their religion. Never. I'm aware of that and I thought "who needs to know" it's their choice whatever they want to be and only maybe if it comes up in conversation.

Analysis suggested that although practitioners acknowledged that religion and spirituality may be relevant for some people experiencing mental distress, there are many factors which influenced if and how this was explored in practice. It appeared that the idea of privacy informed how many of the participants engaged with, or in many cases did not engage with, religion, spirituality and mental distress in practice. This is explored later in this chapter.

1.2. The importance of service user disclosure

Analysis suggested that another assumption around religion, spirituality and mental distress, is the expectation that a service user will disclose this aspect of their identity. Whilst all twelve practitioners acknowledged the potential relevance of religion and spirituality within the lives of those experiencing mental distress, analysis suggested that its presence in practice is determined by the service user disclosing it. This is demonstrated by the following quotes from two social worker participants. The first integrates religion and spirituality within his personal identity and his social work practice, whilst the second has rejected religion and does not talk about it within practice.

001, male, telephone interview:

I think again my experience is when I have engaged in this sort of level of conversation [about religion, spirituality and mental distress] with clients my universal experience is that most people are quite relieved that you can move it on to that level ...open those things out and almost give them permission.

004, male:

[Responding to a question about whether religion and spirituality has come up in his practice]

Not a lot. No. I've come across the odd person who would have faith but not as much as you would think. Looking on the outside you'd think Northern Ireland is supposedly this religious society but not that many people would say their faith is something that gives them great support.

These quotes suggest the range of social worker participants' perspectives regarding religion and spirituality in mental health social work practice. It appeared that in the former quote the participant has engaged with the subject as an aspect of the individual's identity and meaning - making. Whilst in the latter quote the participant appeared to have rejected the relevance of the subject in practice on the basis of secularism. Whilst of course it would be unethical to force service users to explore religion, spirituality and mental distress when they do not want to, or perhaps don't have an interest in the subject, it is questionable whether the acknowledgement and exploration of the subject ought to be solely lead by service user disclosure. There is a question of whether the service user knows or detects that it is a legitimate subject to bring into their interaction with their mental health social worker.

1.3. Relationship and privacy

Relationship is an important aspect for those practitioners who do not ask service users about their beliefs. It appeared that practitioners are concerned about how asking a service user about their beliefs may impact their relationship with the service user. Analysis suggested that social worker participants are continually negotiating the space between self and the service user, in relation to exploring religion, spirituality and mental distress in their practice. Some social worker participants expressed anxiety about asking service users about their religion, and any perceptions of their being judged by the social worker this may evoke. Furthermore, throughout all of the interviews participants expressed religion, and by association spirituality, are very sensitive subjects in Northern Ireland. The three practitioners who did not ask about beliefs cited privacy as a reason for not asking.

007, male:

You are only meeting the person. In our society asking the other person [about] their religion nearly within three or four questions is very off putting for a lot of people. [Especially] when you are trying to connect and make them comfortable so that they do answer questions and do trust you.

The telephone interview with one of the participants highlighted the ongoing difficulty many social worker participants expressed around the idea of privacy. The participant shared how taking part in the interview had prompted her to critically reflect upon her practice. The following quote suggested the tug-of-war she experienced regarding the exploration of religion and spirituality in practice, and the dominant idea of privacy and offence.

005, female, telephone interview:

You know it [the interview] made me aware of the fact I'm not asking it [religion and / or spirituality]. I felt a bit guilty about that too. Then I thought but how could I? How can I go about starting to ask this question? And I think it still goes back to people maybe feeling a bit offended that you do ask.

Analysis suggested that the remaining practitioners explored religion, spirituality and mental distress with the service user in a manner that took account of the sensitive and private nature, of the subject.

1.4. Being sussed out

Throughout the stories participants also discussed service users seeking to determine what religion the social worker was, and the impact this had upon practice. Nine out of the twelve participants talked explicitly about being aware of service users asking questions which would lead to a determination.

003, male:

I don't think anyone in Northern Ireland is aware of it [sussing out]. I don't think there is anyone who doesn't ask themselves if the person I am talking to is a Catholic or a Protestant. That's always there in the background.

Another participant talked about the service user being aware that they came from a different denomination. However despite this, the role of religion and spirituality within the service user's experience of mental distress is still explored.

006, female:

I have one lady who is psychotic and who has religious delusions. I can't ignore those religious delusions. I would talk about those to her, I would facilitate her going to her local chapel...I am aware of her religious background and that's very important to her ... and she is very aware I'm from a different religious background than her [not by being told directly but by working it out].

Another social worker participant who does explore religion and / or spirituality with the service user told a moving, and humorous, story about a service user whom she had been working with.

Unidentified female:

...this lady she had very intrinsic beliefs, both religious beliefs and political beliefs. I would have visited her along with my colleagues and then on my own as well. She brought out a set of rosary beads one day and she wanted

me to take them and I said “no they’re yours you use them you get comfort”. And then she said “hmm I can’t quite make up my mind what you are” and I said “I’m a dolly mixture” [mixed Protestant and Catholic background] ... She thought about it and she just wasn’t quite sure and then she went into hospital... then my colleague had been on the phone a few times and we knew that she wasn’t going to make it. She [the colleague] says “the lady before she went unconscious she asked me what religion you were”.

Analyses of these stories were suggestive of the strength of feeling amongst social worker participants regarding discussing religion and spirituality. It appeared there is a complex interaction of factors being negotiated between the social worker and the service user, regarding religion, spirituality and mental distress. These include: whether it is explicitly incorporated into practice; how disclosure of religion and / or spirituality are engaged with; whether space is given within the relationship to examine these in depth; the notion of privacy and sensitivity and how this informs practice; and the priority some service users place upon knowing their practitioners religious identity and the impact this has upon their relationship. These factors relate specifically to the Northern Ireland context and highlight the need to unpick these in relation to exploring religion, spirituality and mental distress.

2. Professional and personal boundaries

2.1. Religion and spirituality informs practice

There was a lot of variation amongst participants about professional and personal boundaries within the context of religion and spirituality. Four workers emphasised the importance of integrating their personal beliefs into their practice. In essence, spirituality and/ or religion were an important foundational aspect to these practitioners’ personhood, and they were both aware of it and incorporated it into their practice.

001, male:

I think because you know good social work. You don’t come in here at nine in the morning and park your personality and your experience at the door. Obviously there are personal and professional boundaries, clearly there are, but you think that as far as this end of things goes this is very much about a way of practice [and] how you approach things.

011, female:

Obviously who we are is a reflection of all of that [referring to spiritual and / or religious beliefs] and yet it’s more indirect in the majority of service users. There are individuals who have maybe lots of particular questions. Or people

who are searching. Rather than imposing who I am or what my beliefs or practices are.

Whilst some of the dialogue in the previous chapter was marked with hesitancy, these social worker participants spoke confidently about their own beliefs and how they informed their practice. A key message from these participants' stories is the manner in which they have engaged with spirituality and religion in their own lives, and how those processes have informed its inclusion in their practice with mental health service users. Crucially, this was not about the form of their spiritual and /or religious beliefs but about the social workers engaging with the processes of meaning - making in their own lives and giving the service user permission to explore it, if it was relevant to their experience of mental distress.

As indicated in the previous chapter, two participants had theological training. One participant draws explicitly upon his theological training in order to discuss religion and spirituality within a specific group work programme. What is interesting about this use of theology in social work practice is that it is done in an explicit manner with practical application. The participant described enabling service users to explore what spirituality (inclusive of religion) might mean to them and to use this knowledge - of - self to support change within their lives.

Unidentified male:

Well because I've studied theology for X years and I've had that background I'm able at least to dispel very distorted notions. When people have [beliefs] that are completely off the wall, I've been able to say, "That's just not quite accurate in terms of notions of fear or punishment", and that sort of thing. At least trying to get them to think differently, you get them to have an open mind to explore the possibility of whatever.

Another social worker participant gave a contrasting opinion regarding exploring religious and / or spiritual beliefs in practice. The participant was adamant that the inclusion of religious and / or spiritual beliefs in practice is a very difficult subject. In the previous chapter I indicated that two social worker participants had actively rejected the religion they were brought up with. Interestingly, this participant immediately connects exploring religion and / or spirituality in social work to proselytising. One of these participants talked at length about the religious fervour of a social worker colleague and what he, and his colleagues, perceived as the unprofessional practice of proselytising. The legacy of proselytising and the subject

of spirituality and religion in social work practice can also be seen in less acute forms when discussing the use of self within practice. Two participants, who self-defined as practicing religion, talked about being aware of not imposing their own beliefs on the mental health service user, and one stated that she would not offer any discussion about this subject on the basis that it might disclose her religious background.

010, female:

At the end of the day I don't believe clients need to know anything about me. Their sessions are for them and so clients wouldn't know my background, wouldn't know my faith beliefs and stuff. I'm trying to think would there be any instance where it would come up very explicitly. I don't think so.

These mental health social worker participants drew very different, and at times contrasting, lines between personal and professional roles around the subject of spirituality and religion in practice. These contrasting positions bring into sharp focus the social worker's professional knowledge, skills and values, coupled with the coming together of personal and professional identities. Analysis suggested there may be tension regarding this interface.

2.2. The professional and the personal intersect

Throughout the interviews all of the participants talked about the use of self as a skill within social work practice, in order to establish a positive working relationship with the service user. One participant discussed her own exploration into spirituality in response to an illness, and that this ran concurrently with a service user's spiritual journey. The social worker participant's account was very powerful and suggested the tension between the professional and the personal, and the balance of identifying needs with the service user, drawing upon your own life experiences, whilst also being mindful of not imposing your own beliefs, all within the context of creating a positive working relationship. Analysis suggested these are highly sophisticated processes which demand the application of social work principles and ethics, whilst also being aware that a one-size-fits-all approach is unlikely to be appropriate.

009, female:

I suppose it was a similar time when I was searching more and I had to be careful that I didn't. That I acted appropriately and didn't give too much basically away of my own view. So I would have listened to him more as supposed to giving my own viewpoints. He picked up I had some sort of an

interest in it [spirituality] [pause] and he had known that I had been unwell in the past. I was careful not to instil my [beliefs], not to influence him in any way. I learnt so much from him on my visits. I think there should be guidance on self-disclosure and the appropriateness of [it].

Another social worker participant shared a powerful example of her work with a service user. The worker discussed a practice dilemma she encountered around suggesting to the service user about going on a retreat to a place of worship, which she had been to, and which she felt the service user may benefit from. The participant discussed that she was concerned that the suggestion might be perceived by the service user as an instruction to attend. Respite refers to a service paid for and arranged by health and social care services whereby the service user goes on a break in a residential setting, perhaps a care home, or a specialist setting or on a day trip to a place of interest. It aims to give the service user a break from their usual surroundings and perhaps stressful life circumstances. The social worker participant engaged with this practice issue and talked about it with the service user. The data indicated that this created space for the service user to discuss the role of religion and spirituality in her mental health.

It appeared that some practitioners had difficulty considering how they might discuss religion and spirituality with a service user, vis-à-vis the role of religion and / or spirituality in their own identity. In the following excerpt whilst the participant had previously talked about the role of religion and / or spirituality for some people experiencing mental distress, she then focused on the role of religion and / or spirituality in her own life. Interestingly, the focus shifted from the service user to herself, and the difficulty she had in consolidating the contrasting views and needs arising.

005, female:

Absolutely I don't know if I could sit and talk about what a lapsed x [denomination] I am to somebody who's a really strong X [denomination]. I've met them and I nearly feel judged sitting beside them. [I] would nearly try and not broach the subject.

Another one of the three participants discussed his discomfort about talking about religion and spirituality with a service user, because he was concerned about being in genuine as he did not have the same beliefs as the service user. He hypothesised

that if the discussion ever did occur, which to date it had not; it would only be a “listening exercise”.

Analysis suggested that the exploration of religion and spirituality with mental health service users prompted uncertainty for some mental health social worker participants. It appeared that the subject evoked tension between the worker’s own spiritual and / or religious beliefs, or lack thereof, and the service user’s expression of this aspect of their identity. The data indicated that the subject brought into focus the perceived tension between the personal and the professional, and its management within the service user / social worker relationship.

2.3. Supervision

Five of the twelve participants explicitly talked about supervision in relation to religion and spirituality in practice. Of these five participants, two are senior social workers and thus provided supervision to other social workers. The two seniors engaged with religion and spirituality in their personal lives. In relation to practice: one included it within his practice explicitly, whilst the other drew upon it in a less explicit way. Both seniors identified barriers regarding this aspect of practice. For one participant, despite incorporating spiritual practices and beliefs into his life, and explicitly integrating spirituality and religion into practice, it is not discussed in supervision due to it not being a focus of the supervisee’s social work practice.

003, male:

Yeah I would say that people aren’t really into the spirituality... I suppose people associate it so much with religion and it is very hard. They don’t want to slip or stray into the whole area of religion so it’s difficult.

The other senior social worker acknowledged that it is not discussed in supervision, and although he expressed that it may be an important element, it is unlikely that it will be introduced to supervision due to the risk of causing offence. Interestingly, two of the three remaining participants talked in depth about the value of being able to talk about spirituality and / or religion within the supervision context. One participant not only discussed the importance of being able to talk about this aspect of her practice and her own beliefs in one-to-one supervision, but she also described the peer supervision context. Within the participant’s description of using peer supervision she offered insight into the complex relational dynamics present in the group setting. Firstly, the importance of relationship is highlighted and analysis

suggested this is applicable to both the group and the one-to-one supervisory context. One participant talked about feeling “safe” within supervision and that they could talk about religion, spirituality and practice.

It also appeared that relationship is also an important element of peer supervision. The participant described how she would assess her colleagues’ receptiveness to talking about religion and spirituality, by talking to them individually. Whilst most peer supervision group members were respectful of talking about the subject, the participant described one colleague’s behaviour as curtailing her willingness to talk about this aspect of her identity and practice.

002, female:

I think it is a matter of sussing out, talking to some of them on an individual basis about other things and being able to figure out from their responses ...you’ll do that quite subtly and maybe that’s why I would be guarded in terms of peer supervision with one person who I believe hasn’t reached the maturity of being able to take it on board. They would laugh and go “tut” and “auch” and “that auwl mumbo jumbo it’s a load of old nonsense”.

The analysis suggested difficulty about religion and spirituality within supervision. Even though a senior may include spirituality and religion as an element of their practice, it may not necessarily be included within supervision. Thus it appeared that the subject remains ring-fenced to the practitioner’s practice and is not acknowledged within the professional context. This raises questions about the nature of social work supervision. In particular it brings into focus the subjects that are explored in supervision and whether it offers both an in depth exploration about both social work values and case management.

3. Exploring religion, spirituality and mental distress inter-professionally

3.1. Social work professional identity in multidisciplinary setting

Throughout the stories and views expressed by the social worker participants there appeared to be a strong sense of their asserting their professional social work identity vis-à-vis health colleagues within the multidisciplinary setting. Within these stories participants referred to the importance of distinguishing social work values, skills and role, from those of allied health professionals. The following excerpt captured the strength of feeling expressed by many of the social worker participants about their professional identity in a multidisciplinary setting.

002, female:

We as social workers are very tuned into the identity of the mental health social worker which has been eroded with the whole thinking around mental health practitioners. In one way I am quite resistant to that as we work quite differently from our nurse colleagues. [But] in another way I don't have any issue, it's only a title...It is the whole ethos of the social work way of working with people I don't want to see eroded, 'cause that is sacred.

Analysis suggested the social worker participants were emphatic about their distinct professional identity within mental health, and referred to the ongoing challenges of multidisciplinary working in relation to this.

3.2. Identifying religion, spirituality and mental distress with health colleagues

Analysis suggested that social workers' sense of professional identity within the multidisciplinary setting may impact if and how religion and spirituality are discussed within this setting. Social worker participants gave varying responses about if religion and spirituality, in relation to mental health service users, was discussed with health colleagues. Only one participant disclosed explicitly discussing a service user's expressed spiritual and / or religious beliefs with CPN colleagues. Two social worker participants talked about discussing the concepts around religion and spirituality with CPN colleagues, but did not explicitly identify "spirituality" within the discussion.

002, female:

Not spirituality no. I think it comes across in other ways...I'm just thinking about conversations with nurses we have talked [but] not labelled it spirituality. What their thought processes are or why they are there at that point in time and trying to understand the client. So I can't think of examples where we have done that knowing [we were] talking about spirituality.

Another participant, who does include religion and spirituality within her practice, stated that she would explore it with CPN colleagues. However it was unclear whether she was speaking hypothetically, and that she does not do this in her practice, or that she does explore it if needed. Another participant stated that exploring religion and spirituality was part of the programme his service worked to. The participant described that nursing colleagues, and those accessing the service, gave positive feedback about this aspect of his practice and the service.

The seven remaining participants stated that religion and / or spirituality was not discussed with health colleagues. However, this group can be divided into two parts.

At first glance it would appear that this is reflective of whether it was an aspect of their own practice, that if a social worker does not incorporate religion and spirituality within their practice then they are not going to raise it with their health colleagues, because it is a non-issue. However, this does not account for those practitioners who do include religion and spirituality within their practice but do not discuss it in the multi-disciplinary setting. For example, one participant discussed including religion and spirituality within a group work programme but that the consultant psychiatrist, who oversees the service users' psychiatric care, was opposed to acknowledging this aspect of the service user's identity.

The range of stories offered by the social worker participants suggested that social workers may occupy a distinct role between the consultant psychiatrist or the general practitioner and the service user, and their expressed spiritual and / or religious beliefs. Analysis suggested that the social worker assessed the service users' expressed beliefs and its relevance to their experience of mental distress. The social worker determined whether these were problematic and perhaps indicative of mental ill-health and therefore informed the medical professional, or that the beliefs may be explored as a supportive facet of their mental health within the social worker relationship. In the latter option the social worker provided minimal information to the medical professional in an effort, it appeared, to avoid the service user's beliefs being medicalised.

009, female:

I had mentioned to the doctor that he [the service user] is interested in meditation and that he would have passed books to me to read...and [the said] "oh we have to be careful". So he asked me a couple of times "Is he still giving you books"? And I said, "Well I get the odd meditation cd but it's nothing, I'm not concerned". I didn't go into any great detail with him, I didn't talk about the conversations we had... I couldn't really talk about what he [the service user] did talk about without some assumptions being made that he was manic.

These stories suggested that where social workers do explore religion, spirituality and mental distress with the service user the social worker may act as a buffer between the service user and the consultant. In these instances, the social worker participant appeared to be concerned that talking about the service user's expressions of religion and spirituality may be viewed as a symptom of mental illness, without

consideration also being given to how this might be used to enhance the service user's mental wellbeing.

4. Conclusion

Although mental health social worker participants were clear about the relevance of religion and / or spirituality for some individuals experiencing mental distress, it appeared that hesitancy and ambiguity exist about this aspect of practice. The reality of translating religion, spirituality and mental distress into practice was marked with a myriad of factors, which significantly informed how it was engaged with. It appeared that the question of what it means to be "professional", and the "personal within the professional", contributes to this exploration. The social worker participant stories suggested that religion and spirituality is an emotive subject within Northern Ireland and for social worker participants personally. The social worker's experiences and emotions around the subject informed whether they acknowledge this subject within the service user / social worker relationship. Furthermore, analysis suggested that the sensitivity which persists around the subject resulted in assumptions being made that service users would not want to discuss it. Therefore, the subject was not explored with them. It also appeared that the impact of multidisciplinary working, with health informed how social workers may engage with the subject in practice. This is interesting given social worker participants' views about the importance of the social worker's professional identity. Throughout the discussion over the two preceding chapters reference has been made to the wider social field. The following chapter shall examine this in greater depth.

Chapter thirteen: Social worker findings (3)

Wider social field

The previous chapters have referred to the wider social field thus the following discussion builds upon the points raised earlier. In the same way that mental health social worker participants identified the importance of religion when growing up, its presence at a cultural level in the North of Ireland is identified and it appeared that this significantly informed practice around religion, spirituality and mental distress. The analysis suggested that the legacy of conflict and the continued spectre of division, significantly informed, but not exclusively, how social work participants conceptualised religion, spirituality and mental distress in practice. Ironically, whilst social worker participants expressed awareness of the potential relevance of religion and spirituality within a service users' experience of mental distress there appeared to be an overarching ambivalence to identify it within the social worker / service user relationship. This ambivalence is due to the interrelationship of personal and professional factors underscored by the legacy of conflict in Northern Ireland and its association with religion. As indicated in "Part two: Introduction to findings" at the beginning of the analysis presentation there are specific limits to my exploration of the wider social field that were informed by the social worker participants' stories.

1. Cultural identity and religion

1.1. Moving towards individual meaning - making

In earlier chapters the idea of moving beyond cultural understandings of religion, into more individualized explorations of meaning - making was introduced. Of the eleven participants who were brought up in a religion, seven continued to have some linkage to it, although to varying degrees. One participant had rejected institutional religion, in terms of attending church, and had developed a broad spirituality based upon Christianity whilst also drawing upon Eastern religions and other spiritualities. Three participants stated that they had rejected religion completely, although one of these participants continued to have an ambivalent relationship with institutional religion. Analysis of all these participants' stories, including those who have rejected religion, suggested that there was a cultural dimension of religion within their lives. In the following excerpt the social worker participant described engaging with religion

in a “come and go” way and its relevance on both a personal meaning - making basis and on a cultural level, regarding her children.

008, female:

I think yes I am Catholic like and I believe in the Catholic faith and sometimes I stray from it but then ahem I can go and go to mass and I can get ahem I suppose re-energized from it and then I do think yes this is important to me and then there are times I do fall away you know and I’m doing it because...all the girls [referring to her children] are in Catholic school and we just have to be seen to be doing it.

Similarly another participant talked about her son’s first communion and the need for her and her son to attend their place of worship, even though she had decided to distance herself from the religion she was brought up in. Analysis of the participant’s story suggested that although she described having a turbulent relationship with institutional religion, she also discussed its ongoing presence in her life.

005, female:

...but you see it’s never away from you

This was an interesting aspect of many of the participants’ stories. It appeared that although the participants may initially have described rejecting religion and not being spiritual, as the interview progressed their stories suggested they continued to have some relationship with religion albeit tenuous, strained or ambivalent. Furthermore, by exploring this relationship, the foundation was laid to consider religion and / or spirituality within their lives.

1.2. Cultural religion shapes practice

Analysis suggested that although social worker participants acknowledged the role of religion within Northern Irish society, there was considerable variation about how this shaped the participants’ practice. Some participants discussed drawing upon religion and / or spirituality to inform their practice. These social worker participants discussed the importance of recognizing the cultural context of religion in Northern Ireland, and of de-constructing what religion and / or spirituality meant to the mental health service user.

003, male:

A lot of people say they were dragged to mass or dragged out to church and then they have just rebelled against all of that. I would try and get them to distinguish between beliefs and practices or what they believe in is separate to whether they go to church or not or whether they practice. They start exploring that and get rid of all the baggage and start to look at the thing in its essence. You find that many do have spiritual beliefs of some kind...there is a very real awareness of something beyond [self]. So I get them to explore that...and people just love it. It is amazing the reaction from the clients.

In a similar manner, another participant described what she perceived as a general lack of awareness of spirituality within Northern Ireland.

004, female:

I think that in general people aren't that conscious of their spirituality. It is not a general topic of conversation unless that you're meditative and conscious of your own spirituality.

Analysis suggested that whilst religion is firmly located in the cultural fabric of the North of Ireland, the personal meaning of it, and spirituality, remains under acknowledged. As the above quotes suggest, it appeared that many of the social worker participants were unsure about the legitimacy of examining what, if anything, religion and spirituality may mean to them beyond their experiences of religion at a cultural level.

2. Culture of conflict / division

2.1. Religion, spirituality and division

It appeared that social worker participants associated religion and spirituality with the conflict and division, and this shaped how religion and spirituality are engaged with in mental health social work practice. Analysis of the participant's stories offered insight into how social work practitioners engage with and manage the conflict situation and its legacy. In the following excerpt the participant discussed the perceived role of religion and spirituality in practice in two ways.

001, male:

You could make the argument day by day [in social work practice] that most people's experience is about surviving at that micro level and that occupies them. That is a very sort of universal experience for most of us. But then against that backdrop we still live in a divided community...and obviously in mental health we have a huge legacy...So I think there is at one level yes there is that backdrop difference and on another there is at the micro level you don't pick it up so it depends what level you are on.

In the following excerpt the participant discussed being aware of the relationship between religion and conflict. It is interesting how she discussed determining whether to challenge sectarian comments made by a service user, and the potential negative impact this may have upon their relationship.

009, female:

It depends on the person they are on whether I correct them. I know it'll affect our relationship. For instance one man [service user] he can be very derogatory towards Protestants and I am X [name of Protestant denomination]. And I can find that difficult at times but I know if I challenged him in any way that he probably wouldn't allow me in [his home].

Whilst analysis suggested all the social worker participants were aware of the legacy of conflict, there was variation about how this may impact the manner in which religion and spirituality informed their practice. This discussion is also related to an earlier discussion about religion being a sensitive subject in Northern Ireland, and as such is often marked with privacy. Consequently, some participants did not ask service users their religion out of concern for the service user's privacy, whilst other participants did explore it, but did so in what appeared to be a very measured way. Similarly, the interviews highlighted that the conflict was a contributing factor in the participants' decision of whether or not to ask a service user about their religion, and as such contributed to whether any in-depth exploration about religion and spirituality was undertaken.

2.2. Asking service users about religion and spirituality

Through the progress of the interviews it became apparent that participants varied in their practice about asking service users about the role of religion, if any, in their lives. In response to being asked if they ask service users about religion the sample comprised:

Group A: five explicitly ask service users and did not refer to the conflict as the basis for their practice;

Group B: two participants ask service users and referred to the high relevance of religion within society (church going society);

Group C: three participants explicitly do not ask service users and did refer to the conflict as a basis for their practice, and;

Group D: Two participants varied in their practice in asking service users and they did refer to the conflict as a factor within their practice in this area.

Analysis suggested that these various approaches to practice highlights that this is not a clear cause-effect relationship: those participants who do not ask service users about their beliefs refer to the conflict as the reason for not doing so whilst those who do ask, highlighted the need to recognise the socio-political context within their social work practice. Rather, analysis suggested a much more complex and intricate picture. Turning to group A social worker participants, who did ask service users and did not refer to the conflict as a basis for their practice. Although these social worker participants discussed the conflict, they explored service users' beliefs as an element of gaining further insight into their sense of identity.

003, male:

I think there is place for [religion and spirituality in practice] 'cause a huge number of people we work with spirituality is important for them probably much more important than the professionals. And we say the form a psychosis might take has often a religious aspect to it. Or it [religion and spirituality] might be the origins of some of the mental health to do with guilt and distorted spirituality that they grew up with. So a better understanding of that might be helpful in trying to help people.

Analysis suggested that group B social worker participants placed importance upon both recognising the idea of cultural religion but also exploring what, if any, meaning this has for a mental health service users' experience of mental distress. These social workers also recognised that the subject may not be relevant for some mental health service users.

Group C social worker participants explicitly do not ask service users and did refer to the conflict as a basis for their practice. Analysis of these social worker participant's stories suggested that religion is perceived in a cultural way and, due to the legacy of the conflict and the relationship between the conflict and religion, these participants do not ask service users about religion and / or spirituality.

Group D social worker participants varied in their practice of asking service users about religion and / or spirituality and referred to the conflict as the reason for not

doing so. In the following quote the participant discussed the legacy of the conflict in terms of ensuring service users were treated fairly and equally in her practice.

010, female:

I suppose that specifically from the “Troubles” point of view we would get quite a lot of trauma stuff from in inverted commas “victims” stroke “perpetrators” whatever way you want to look at that...I think for clients they’re coming in well number one they’re expecting a good service but they’re also coming in and you can tell that they’re quite defensive because they’re waiting for people to pick up on their past and be discriminatory in some way. Because a lot of people would say, “I’ve been to such and such and they didn’t take me on I believe it’s because of what I did”.

Another mental health social worker participant referred to the conflict as an element of his practice around discussing beliefs with service users. In a similar manner to other participants he stated that he presents himself as someone who does believe in something, but that these beliefs are not particularly strong. In essence, he presented himself as neutral and thus sought to be more easily accepted by the service user. Not only does the social worker participant include other religions in an effort to broaden the service users’ perspective, but he hopes that this will prevent him from being accused of imposing his denomination upon the service user.

Analysis suggested that whilst practitioners are aware of the conflict in Northern Ireland and its legacy, participants varied in how it impacted the manner in which religion and spirituality were addressed or not, in their practice. It appeared that some practitioners conceptualised religion and spirituality as an aspect of the service user’s identity and thus were willing to explore it on that basis, whilst also being aware of but not over shadowed by the legacy of the conflict. However, other social worker participants reasoned that they do not explore religion and spirituality with service users because the topic is too sensitive in light of the conflict. The disparities in these practices, and the seemingly contradictory reasons for each approach, suggests that religion and spirituality within mental health social work practice is marked with uncertainty and confusion.

3. Discussions with social worker colleagues

3.1. Sussing out intra-professionally

In the previous chapter attention was given to social worker participants’ stories of how service users would often seek to determine the practitioner’s cultural identity,

whether they were Protestant or Catholic. Analysis suggested that this same “sussing out” process occurs intra-professionally with social worker colleagues. Whilst the interview sought wide explorations of religion and spirituality, when talking about discussing personal beliefs with colleagues, rather than in terms of case work, overwhelmingly the participants focused upon discussing religion with only a few participants referring to spirituality. Nine out of the twelve participants explicitly stated knowing their colleagues’ religious denomination (including non-religious beliefs). Three participants did not refer to either knowing or not knowing their colleagues’ religion. Analysis suggested that this knowledge was obtained through a mixture of either explicitly talking about religion with colleagues, or through picking up things that they said in conversation.

When asked if they talked to colleagues about their religious and / or spiritual beliefs the responses were mixed and complex. Analysis of social worker participants’ stories suggested that they were able to identify what denominational and cultural label their colleagues’ belong to, but are unlikely to know what meaning and / or purpose religion and / or spirituality has within their life. As I have already discussed, it appeared that religion is perceived in terms of cultural labels, and exploration of its role within meaning - making and identity is limited. In response to being asked if they discuss religion and / or spirituality with colleagues:

Three participants’ discussed it within their practice and within this discussion their own beliefs are discussed subtly with colleagues.

Nine participants stated that it is not discussed with colleagues. Of these nine participants:

Two stated that they are willing to talk about it, if the subject comes up but will not initiate the discussion.

One stated that she is aware of workers’ trying to work out what denomination she is;

Two stated that they avoid talking about the subject with most colleagues but will talk about spirituality with a specific colleague.

In addition, seven participants referred to the need to be cautious when discussing beliefs with colleagues. Analysis suggested this was closely related to concerns about being perceived as imposing their beliefs, and of causing offense.

004, male:

The team here's mixed religiously so I think people generally skirt around it or avoid that sort of discussion. Not that there'd be any heated arguments but you never know you're never too sure about people's sensibilities.

012, male:

The social workers I supervise, there's a mixture of religion there as well. There is a sense of tenuousness of your position [as a senior] of professional [and] even just personal. That sense of don't offend somebody on their religion, don't bring up their religion in case they're going to be offended. So unless it came to me [I'd] probably just let it sit.

Analysis suggested practitioners have developed skills to negotiate around the subject of religion with colleagues. These skills include: awareness of colleagues' religious denomination; cautious when discussing religion and / or spirituality (either personally or casework based); importance of trust and relationship with colleague; fear of offending colleague by discussing subject; discuss colleagues being subjected to sectarianism by service users and; use of humour about beliefs within team context.

3.2. The importance of trust

Social worker participants indicated that relationship and trust were foundational to discussing, or not discussing, religion and / or spirituality either on a practice basis or on a personal basis with colleagues. One participant gave a contradictory opinion - on one hand she stated that religion and spirituality are talked about quite freely amongst colleagues, but then on the other hand she expressed discomfort about initiating conversation with colleagues about it.

010, female:

I think it is a legitimate thing to talk about I would like to have been open with people about it. But how much I initiate like especially with for example colleagues I would be quite wary so maybe I wouldn't.

Another participant shared a story about attending a course with her manager, which they travelled to together, and she shared her belief in an alternative non-Western

spirituality. Whilst travelling together an event occurred which both persons witnessed and significantly affirmed the participant's beliefs.

Unidentified female:

[Recalling the incident that occurred whilst travelling together]

My manager was in the car with me and I had spoken to him before about going to this guy [expert guide in the spiritual practice] and what he had seen and I didn't say anything. I think, "Oh fuck" [whispered] and actually "oh my god what have I just seen?" And he says, "That's a sign, that's a message to you".

Analysis suggested that trusting colleagues was an important factor in determining whether religion and spirituality are discussed as an aspect of practice. It appeared that even though social worker participants talked about the importance of trust inter and intra professionally, this did not necessarily result in religion and spirituality being discussed as an aspect of professional practice. This suggests that the barriers to exploring this subject are perhaps more than relational deep and that the wider social context significantly shapes exploration of, or lack thereof, the subject.

3.3. Humourising religion and spirituality

Social worker participants also told stories about how religion and spirituality within practice was sometimes treated in a way that prompted ridicule and laughter from colleagues. Whilst only four participants explicitly referred to this aspect of the subject, analysis suggested two important issues. Firstly, what impact might humourising religion and spirituality have upon the participants' willingness to discuss the subject intra and inter- professionally? Secondly, is this treatment suggestive of the discomfort which some health and social care professionals experience around discussing religion, spirituality and mental distress? Two participants discussed that because religious beliefs were treated in a humorous way this actively discouraged them from talking about the subject in a group setting with both health and social worker colleagues.

008, female:

We would have a lady in the team [a service user] who is a very devout Catholic and attends mass daily, rosary beads. Every one [staff who visit her] gets shook with holy water. She's very unwell. And when some of the members of the team go out they would come back joking, "Oh I'm blessed". And I just find that really really difficult. I find that difficult to listen to.

Analysis of participants' stories suggested humour may be used, in the multidisciplinary team setting, to cope with how they may perceive religion as being a difficult and controversial subject. In this example humour is shared with colleagues, including the person whom the participant perceived as "difficult". The issue is acknowledged amongst the various parties and humour, it appears, is used to cope with the tension.

005, female:

[Referring to colleague whom she perceived as religiously devout thus she expressed discomfort about working around him]

...because he [whispering] oh he's really holy and you can't say this and you can't do that. And so I would have a good sense of humour [and] I would use that to get round it. But it's not to dispel ever being rude. But humour does get us over some difficult things in a way but it's having that insight really.

The social worker participant reflected that whilst she was aware that this may seem like an appropriate and legitimate coping mechanism for the various parties to employ, during the telephone interview she discussed that this strategy may not be appropriate. This reflection is all the more significant in light of the stories shared by the other participants on the other side of same issue.

005, female, telephone interview:

You know and it's a put down. A bit of banter and people feel they can get away with saying things and it is not acceptable most of the time.

Analysis of these stories suggested that discussing religion and spirituality is not only a sensitive and hard to reach subject between service user and social worker, but this difficulty also extends intra and inter professionally. The social worker participant stories suggested religion and spirituality may be treated with humour inter and intra-professionally, in order to manage its almost taboo status.

4. Organisational approach towards religion and spirituality

4.1. Religion and spirituality within the Health and Social Care Trust's policy

Mental health social worker participants' stories regarding the Trust's approach towards religion and spirituality were mixed. Six participants stated explicitly that the Trust does not address religion and spirituality, and none of the participants

disclosed the Trust actively exploring religion and spirituality in any policies over and above those which promote respect and equality. Three participants talked about mindfulness training provided by the Trust and of these, two talked about having attended this training. The participants did not give any detail about the mindfulness training but did identify it as being the closest they have had to training on exploring religion and / or spirituality in practice. Whilst these participants stated that they did not incorporate religion and / or spirituality into their practice, they did disclose having incorporated principles of mindfulness. However, despite this training they did not ask service users about religion and / or spirituality within their experience of mental distress.

007, male:

The type of work that we do it's trying to be intuitive about how people are [and] getting a sense of them. And sometimes that's not always about verbal communication and mindfulness it speaks to me about awareness, about things, situations, people, places and being able to focus on things that are out there.

Another participant, who does not ask service users about religion and / or spirituality, also talked about mindfulness and spirituality as overlapping concepts but that mindfulness had greater resonance and application for him personally, than religion and / or spirituality. Although only three participants talked about mindfulness it is interesting that despite this training none of these participants asked mental health service users about the role of religion and / or spirituality within their experiences of mental distress.

Analysis prompted consideration about whether the terms religion and spirituality are baggage terms in Northern Ireland. Do the terms carry negative permutations and inferences which prevent mental health social workers from exploring the subject in their practice with mental health service users? Whilst the Trusts' provision of mindfulness training is a step towards addressing religion and spirituality in practice, analysis suggested ongoing controversy regarding the recognition and exploration of religion and spirituality in mental health social work practice. Therefore, it may be necessary to consider an additional or alternative approach.

4.2. The need for training on religion and spirituality specifically

Six participants expressed a need for further training in social work practice on religion and spirituality. The expressed need for training centred on the controversial nature of, and the unacknowledged importance of, religion and spirituality in the lives not only of those experiencing mental distress but also as an issue for social work practice in the North of Ireland. Analysis of mental health social worker participants stories revealed the difficulties which some participants experienced around the subject including, self-disclosure, person centred practice, the medical model, social worker values, team discussions, supervision and the controversial yet relevant nature of the subject within social work practice. Participants expressed the need for training to address these issues. In the following excerpt the participant responded to a question about training on religion and spirituality in social work practice.

009, female:

I think because of where we live everyone has shied away from talking about spirituality but I feel it's such a part of our lives that it can't be ignored.

In a previous chapter I discussed the inclusion of religion and spirituality within the mental health service user assessment and that social worker participants varied in their practice of asking service users about this. This suggests that whilst the Trust may attempt to address religion and spirituality it is up to the individual social worker to carry out the assessment, and to ask the service user that question. It appears that the inclusion of religion and spirituality in mental health social work practice varies between social worker participants and remains quite controversial and sensitive.

5. Conclusion

This discussion located the mental health social workers' stories within the wider social field regarding religion, spirituality, mental distress and social work practice. By taking cognisance of the wider social context this discussion has highlighted the absent presence of religion and spirituality in mental health social work practice in Northern Ireland. Analysis suggested that although social worker participants acknowledged religion on a cultural level in Northern Ireland, overall they appeared uncomfortable engaging with this as an aspect of meaning - making within their practice with mental health service users. Analysis suggested that religion and spirituality may be engaged with in three ways: 1) the practitioner may not actively

seek information on it at all, 2) as only as an equal opportunities exercise without further exploration, or 3) it may be explored in depth as an aspect of the service user's identity and meaning - making.

Furthermore, it appeared that this discomfort and uncertainty extended to intra and inter-professional relationships, as social worker participants discussed sussing colleagues out and the importance of trust. This was particularly apparent when participants discussed religion and spirituality being humourised in the multidisciplinary context, and that this is perhaps suggestive of the discomfort this subject evokes amongst mental health care professionals. One social worker participant talked about religion and spirituality as being "the elephant in the room" which no one talked about. The participants' stories suggested that whilst there is training about mindfulness social worker participants continued to express uncertainty about exploring religion and spirituality within their practice.

Chapter fourteen: Discussion of findings

1. Introduction

The literature review identified four key areas of discussion. Firstly, Wood's (2010) discussion about secularisation reshaping religion and spirituality was highlighted as this recognises reduced church memberships alongside growing interest in theistic and secular spiritualities. Secondly, research within the UK suggests the value which some mental health service users place upon religion and spirituality within their experience of mental distress (Mental Health Foundation, 2002; Cornah, 2006). Research in Northern Ireland (Hughes *et al*, 2012) supports this existing UK research. However, there remains a lack of exploration about if and how this is translated into mental health services in Northern Ireland where religion is a site of division and conflict. Thirdly, it appears that the UK social work profession has been reluctant to engage with religion and spirituality within practice. This is particularly apparent within social work practice in Northern Ireland. Fourthly, underpinning all of these questions is the context of Northern Ireland, and that due to the political conflict religion has become associated with sectarianism, conflict, division, oppression and political division (Mitchell, 2005; Brewer *et al*, 2010; Brewer *et al*, 2011; Hayes and Dowds, 2010). Thus a key focus of the discussion is to explore whether, and in what ways, the conflict has shaped how religion and spirituality are engaged with in mental health social work practice.

This chapter draws together the service user and social worker findings, whilst also referring to the research and theories discussed in the literature review. This discussion readily acknowledges the difficult emotions which this complex and multifaceted subject evokes for mental health service users and mental health social workers alike. It is not offered as a criticism of service users and social workers, but drawing upon participants' diverse views and experiences, this study seeks to offer insight about this area of service user experience and social worker professional practice. It is hoped that these issues will be critiqued and developed by further research in the field of social work practice, other helping professions and in mental health. The study is also relevant within peace and conflict studies regarding how religion and spirituality are engaged with in post conflict societies.

2. Key contribution to knowledge

Participants' stories suggest the importance of looking first at how religion and spirituality are understood and experienced by both mental health service users and mental health social workers. This is an important foundation as it highlights how religion and spirituality are understood differently by each participant group. This study suggests significant gaps between how social worker and service user participants engage with, and understand religion and spirituality. Whilst some of these gaps are not solely conflict related, as discussed below, it is apparent that the legacy of the conflict dominates both service user and social worker participants' storytelling around this subject.

Throughout analysis there was an ongoing sense of the absent presence of religion and spirituality within the social worker / service user relationship. Despite social workers acknowledging its relevance for some service users and although service users were articulate regarding its importance within their experience of mental distress, its exploration within the service user / social worker relationship was marked with questions of legitimacy. Two key findings are of particular note. Firstly that service user participants had their own 'hierarchy' of religious and spiritual expression, which on occasion appeared to result in their being critical of other service users' expressions. Secondly, some service users preferred to keep their spirituality to themselves as a strategy of empowerment. The latter finding contrasts with the dominant view that people with mental health problems want a focus on their spirituality within their treatment and support. In addition the study also found that service users viewed the mental health professional relationship as focusing upon physical and mental health in which medication management was central, with no apparent scope to explore religion, spirituality and mental distress. Thus questions of legitimacy focused around the notion of privacy and whether talking about religion and spirituality within the mental health service user and social worker relationship was too sensitive, given its association with the conflict and in particular with sectarianism. Furthermore, mental health service users were concerned about how a disclosure of religion and / or spirituality within mental distress would be viewed by the mental health professional. For example, would it be viewed as indicative of deteriorating mental health?

3. Service users choose not to discuss religion, spirituality and mental distress:

Both groups of participants highlighted the importance of privacy around religion, spirituality and mental distress. However, the reasons underpinning the views about privacy are diverse and perhaps contradictory. My study suggested that whilst all of the service user participants expressed being aware of the role of religion and spirituality within their experience of mental distress, some actively chose not to raise it with the mental health professional because they wanted to keep part of their identity out-with the mental health service. This suggested that service users had actively exercised their autonomy and self-efficacy within their care. The service user is not a passive subject having professional intervention “done onto” them; they are active agents in choosing what information to disclose to the professional. It appeared that they did not want this aspect of their identity being perceived as indicative of mental ill health, or that it was something they wanted to keep private. This challenges existing literature which states that service users want religion and spirituality included within their mental health care. For example in chapter three I discussed the Mental Health Foundation (1997) national (England) user-led survey which highlighted the overwhelming frustration of service users of their not being ‘taken seriously’, including the role of religion and spirituality within mental distress (Mental Health Foundation, 2002).

The study also identified a gap between how service user and social worker participants’ conceptualised religion and spirituality within their lives. Analysis suggested that service users make an explicit link between their beliefs and their lived experience of mental distress. Within the service user stories there was an overall sense of their drawing upon religion and spirituality on a daily basis to help them cope with mental distress. The service user participants were not concerned with defining what the terms meant or of making fine distinctions between religion and spirituality, rather their storytelling focused upon its role within their experience of mental distress and its role within their recovery and well-being. On the other hand social worker participants were much more hesitant about discussing religion and spirituality within both their personal life and their practice. Social worker participants discussed religion and spirituality in seemingly more distant and measured ways, even for those whom it was relevant within their lives. Most of the social worker

participant stories focused on defining religion and spirituality and articulating its presence at a cultural level – in being seen going to church / mass and of the power of the religion. Therefore, I suggest that this gap in experience limits mental health social workers' engagement with religion and spirituality in practice. Starnino *et al* (2014: 863) discussed the possible 'disconnect' between helping professionals' and service users' views of spirituality and religion. In addition Crisp (2010) suggests an overall tendency amongst social workers to distance themselves from religion and perhaps even spirituality, particularly within UK based social work practice (Holloway and Moss, 2010). This 'disconnect' may heighten service users' reluctance to discuss this aspect of their experience of mental distress within the service user / social worker relationship.

Crucially, this study has not found that service user participants did not want to discuss religion and spirituality within their mental distress, but that some participants actively decided not to discuss this with the mental health professional. Conversely, other participants stated that they would like to discuss this aspect of their mental health. A key contribution to knowledge this study makes is to recognise the difficulty of this subject within social work practice in Northern Ireland. The study highlights the discomfort many social worker participants voiced in discussing religion, spirituality and mental distress and the lack of service user choice to explore it as an aspect of their experience of mental distress, should they wish to do so.

4. 'Hierarchy' of expressed beliefs: service users' understanding of spirituality, religion and mental distress

Many of the service user participants expressed uncertainty about the legitimacy of exploring religion, spirituality and mental distress within the mental health service user / mental health social worker relationship. Not only was this related to concerns about its perceived appropriateness but it was also linked to the service user wanting to know if their experiences of religion and / or spirituality and mental distress were "ok". This raised questions about the perceived legitimacy of this subject amongst mental health service users.

It is interesting to note that whilst discussing whether their experience of religion and / or spirituality was "normal", some of the participants referred to those who experienced delusions about God and quickly asserted that they weren't like that.

These service users distanced themselves from and “othered” those who were perceived as “abnormal” and created a hierarchy of religious and / or spiritual expression. The service user participants who did experience delusional disorders, such as schizophrenia, expressed concern about how their religious and / or spiritual beliefs would be regarded, and one in particular was keen to assert that they were not a danger to anybody. It is interesting at this stage to highlight service user participants’ perception of how society regarded people experiencing mental distress, the way in which religion and spirituality may be an additional element to experiencing stigma, and that service users may be keen to present their experience of religion and spirituality as “normal” and not “disrupted” despite their experiencing mental distress. Analysis suggested that service users were uncertain about voicing religion and / or spirituality as an element of their identity even although it may be relevant to their experience of mental distress.

In the literature review I discussed internalised oppression (Marks, 1999; Reeve, 2002 and Watermeyer and Swartz, 2008). This study develops this further by examining the way in which people experiencing mental distress have internalised the stigma around religion, spirituality and mental distress. Analysis suggested that mental health service user participants sometimes assessed their own experience of religion and / or spirituality against what they perceived to be “appropriate” or “normal” expressions, and also against other service users’ expressions of religion and / or spirituality. It appeared that this created a hierarchy of appropriate and inappropriate expressions of religion and spirituality within the experience of mental distress. In this way the service user participants are perhaps picking up what Watermeyer and Swartz (2008: 601) refer to as, a ‘clear message from the social world’ regarding the perceived acceptance around talking about religion and spirituality within mental distress and that doing so may be on the boundaries of ‘evocative, threatening or disturbing’. I suggest that many of the mental health service user participants have internalised this oppression, evident in their uncertainty about the legitimacy of the subject and their dismissing others’ experiences as “madness” whilst theirs are “normal”. My study suggests that the internalisation of oppression has given rise to service user participants creating a hierarchy of spiritual and religious expression.

5. Social workers do not ask: Assumed privacy and individualism

Earlier in the literature review I discussed the problem of individualism and the secularisation thesis, and the way in which they fail to take account of how religion and spirituality are drawn upon within an individual's life. The problem with individualism and privacy, argue Carrette and King (2007: 57), is that it constructs a person as a singular unit, 'a kind of hermeneutically sealed and isolated self' that does not recognise the 'relational and interdependent self'. This study develops this further and suggests that this may have contributed to how the mental health social worker participants engaged with religion and spirituality within their practice.

The social worker participants stated that they were reluctant to ask service users about religion, spirituality and mental distress as they perceived this to be a very private topic and that they would wait for the service user to express this subject, rather than introduce it themselves. Furthermore, social worker participants described being willing to discuss the subject with service users, but because it is a private matter it rarely arose in practice. This is echoed in Starnino *et al's* (2014: 863) study as discussed in chapter four. Starnino *et al* (2014: 856) discussed professionals stating that service users may perceive exploring spirituality with the professional as 'too personal', especially if a trusting relationship has not developed. Similarly in this study service user participants stated that the subject may be 'a private matter' for some individuals, and therefore they may not want to discuss it with a mental health professional. These various reasons highlight both the 'privatization' of religion as an aspect of the secularization thesis (Henery, 2003; Wong and Vinsky, 2009), and the idea of assumed privacy, that religion and spirituality within mental distress is a private matter for the service user, as some service user participants in this study expressed. The following discussion explores these aspects.

Secularization proposes a weakening of religion in modern societies where religion is not entirely 'abandoned', but is privatized. This perspective suggests that religion may weaken as a public institution, but retains a presence in people's private beliefs and day-to-day practices (Hayes and Dowds, 2010). Hayes and Dowds (2010:4) suggest that whilst there are 'creeping signs' of secularization in Northern Ireland, it is only 'lukewarm' and points to the 'privatization of religion' rather than a complete shift to secularisation. My study develops this further by examining whether religion

and spirituality is understood as exclusively private within the social work profession, which therefore contributes to its lack of exploration within practice.

The question of 'privatization' of religion prompts consideration of the paradox that emerged in the study: as social workers employed and practicing in a secular profession, social workers also engage in people's private and personal lives. Thus, to what extent as social workers in the public sphere do social workers explore religion and spirituality as an aspect of the private sphere? Analysis suggested a separation between those areas of the service users' lives that were perceived relevant for the worker to explore, and those which were not. It appeared that social worker participants varied regarding their interpretation of religion and spirituality being a social work concern. Some social worker participants were willing to explore religion, spirituality and mental distress, on the basis that they may be an aspect of the service user's identity. On the other hand others stated that a service user's spiritual and / or religious needs will be addressed by the relevant religious leader or spiritual advisor. I suggest that this second approach is perhaps suggestive of the assumed privatization of religion and the assumed lack of appropriateness for mental health social workers to explore this area of the service user's life.

6. Professional roles

6.1. Inter and intra professional discussion

Not only was the idea of legitimacy (of religion, spirituality and mental distress) present within service user interviews, it was also present in social worker interviews. When asked whether religion and spirituality was discussed inter-professionally, social worker participants stated that because the subject was not raised in practice it was not explored in inter-professional dialogue. Analysis suggested that social worker participants were concerned about their professional identity when working in multidisciplinary team settings with health. This was discussed earlier (in the literature review) and, in particular, how social workers in Northern Ireland maintain their professional identity within health settings (Wilson and Daly, 2007; Heenan, 2009). Analysis suggested that social worker participants were aware of maintaining their professional identity whilst also carrying out duties associated with the medical and risk management models. As the interviews progressed there was a strong sense that social worker participants were concerned that if they promoted recognition and discussion of religion and spirituality within the multidisciplinary

setting, it would be dismissed within the medical and risk management models, and this would negatively impact their professional credibility.

In addition, my analysis suggested that social worker participants were also concerned that any discussion of religion and / or spirituality with a health colleague, in relation to a service user, would be viewed as symptomatic of an individual's deteriorating mental health without any apparent consideration of how it might be explored as an aspect of the individual's identity or mental well-being. Thus, on the occasions when social workers did explore religion, spirituality and mental distress with the service user they provided the health colleague with minimum information about the issue. This suggests that social workers who do explore religion, spirituality and mental distress with the service user, perceive that such discussion may be dismissed and pathologised by other professionals. Drawing upon alternative approaches to the medical model, such as the bio psychosocial approach, which are more in keeping with the holistic approach to care which social work promotes (Holloway and Moss, 2010; Gilbert, 2010), the social worker in this instance may be acting as a buffer between the service user and health professionals. In this process the social worker is defining their distinct role vis-à-vis their health colleagues.

In chapter four I discussed Adamson's (2012: 185) work about being aware of the contextual location of supervision in professional social work practice and that supervision cannot remain 'politically innocent'. These ideas resonated with this study which suggested that the sensitivities which persist about discussing religion, spirituality and mental distress within the mental health service user / social worker relationship in Northern Ireland, are also present within the supervisory relationship. For example, the sample included senior social workers who also supervise other social workers. The senior social worker participants stated that although religion and spirituality was an aspect of not only a service user's identity but also a social worker's, they did not include it in supervision as they were concerned about being accused of imposing their own beliefs upon colleagues. It appeared that they were generally concerned about how supervisees might react if the subject were introduced. It is also notable that the supervisor is the more experienced practitioner within the social worker supervisory relationship and therefore occupies a superior and more powerful position. Consequently, I suggest there may be a process of

legacy within the supervisory relationship where existing practice attitudes towards religion and spirituality prevent it being explored in supervision. I question how much scope there is for a supervisee to introduce new subjects, such as religion and spirituality, within this relationship. For example one social worker participant discussed that her supervisor would not be interested in talking about this subject therefore she would never introduce it. When asked if they discussed religion and or spirituality with social worker colleagues many of the social worker participants referred to the way in which religion may be discussed in terms of social workers experiencing sectarianism from service users. This raises the question of whether there is scope for supervisors to more fully engage with religion, spirituality and mental distress and raise its profile within supervision.

In this study I suggest that the recognition of religion, spirituality and mental distress within social work practice requires exploration of professional social work supervision, and the importance of examining the wider social field and how this impacts what is discussed within supervision. This study suggests that the role of religion and spirituality within mental health service users' lives may not be acknowledged within some mental health social worker participants' practice due, in part, to the profession's identity in relation to the health based professions. Thus there may be scope to explore how the social work profession maintains its distinct professional identity and the potential role of acknowledging religion and spirituality within that. Analysis also suggested that religion, spirituality and mental distress in social work practice remains under - explored not only in practice, but also in supervision. Supervision is an important aspect of social work practice and analysis and discussion suggests that the various issues which exist around this subject in practice have not been engaged with in the supervisory relationship. It also appears that dominant ideas about the legitimacy of religion and spirituality within social work practice may prevent the subject from being explored not only in practice, but also within supervision.

7. Professional practice relationship boundaries

7.1. Professional distancing and emotion

In the literature review I referred to O'Leary *et al's* (2013: 136) suggestion that the boundaries of the service user / social worker relationship need to be reframed to accommodate 'geographical, socio-political, economic and cultural differences'. In

this study I examined the boundaries of the mental health service user / social worker relationship in relation to how religion and spirituality are engaged with in mental health social work practice in Northern Ireland. Analysis suggested that whilst the social worker participants did not question the place of religion and / or spirituality in the lives of some mental health service users, discussion focused around the legitimacy of engaging with it in professional social work practice. Analysis suggested that discussing religion, spirituality and mental distress may test the boundaries of the mental health service user / social worker relationship in two ways. Firstly, practitioners expressed that exploring religion and spirituality with the service user would lead the service user to “know” what denomination the practitioner belonged to. This “knowledge”, according to social worker participants, would have a negative impact upon the service user relationship, particularly if they came from different denominations. Secondly, some of the social worker participants talked about the high level of emotion the subject evoked for them personally. This prompted consideration about how the practitioner’s emotions are managed within the social worker / service user relationship.

Current discussions about religion and spirituality within social work practice consider the degree to which the practitioner’s spiritual life can and should remain separate from their professional life (Crisp 2010: 27 cited Crisp 2008; Lindsay 2002). There is now a growing suggestion that social workers need to explore their own spirituality if they are going to be effective in recognising the place of spirituality and / or religion in service users’ lives, as relevant to their current life situation. This approach is based on the belief that all persons have a spirituality whether this is based in religious or secular perspectives. It is interesting to consider how this sits alongside the idea that professionalism in social work practice requires the practitioner to separate personal life from professional practice (Turney, 2010: 135). This is an approach which I suggest must be critically examined not only in relation to religion and spirituality, but as an overall consideration about what it means to be “professional”. I discuss this further in relation to Green *et al’s* (2006) work on professional distancing and O’Leary *et al’s* (2013) call to re-examine the boundaries of the service user/ social worker relationship.

Throughout the interviews there was a tangible awareness of the emotion which this subject evokes in all participants. At the outset of fieldwork I expected that as

service users talked about religion and spirituality within their experience of mental distress they could become “emotional”. However, upon reflection the subject appeared to be more emotive for some social worker participants as they talked about religion and spirituality within their personal lives and in practice. It is this idea of how the practitioner’s personal life and professional practice intersect that is of particular interest here.

Whilst all social worker participants were clear about the inappropriateness of imposing their own beliefs upon a service user, otherwise known as proselytising, there was greater ambiguity about the emotional aspect of practice in relation to religion and / or spiritual beliefs. In chapter four I discussed professional boundary making and the idea of professional distancing (Green *et al*, 2006). There was significant variation amongst social worker participants regarding how to manage self within the social worker/ service user relationship. Some social worker participants were adamant that that you “leave yourself at the door” when you meet a service user. In this approach, analysis suggested that social worker participants sought to isolate and keep distinct, their own experiences and views about religion and spirituality from their professional practice, as mentioned above. These social worker participants appeared to separate their personal experiences regarding religion and spirituality, and explorations about the subject within their practice. Other social worker participants expressed a second approach, where they were aware of their own spiritual and / or religious beliefs and the experiences and emotions which surrounded them. Interestingly, these practitioners did not isolate discussions about religion and spirituality into personal life and professional life. Instead, they discussed the personal and the professional in tandem; they allowed the professional and the personal to interrupt one another.

This study suggests therefore that the exploration of religion and spirituality within mental health social work practice in Northern Ireland challenges the boundaries of the service user / social work relationship. O’Leary *et al* (2013: 136) proposes the need to reframe the bounds of the service user / social worker relationship is particularly needful in non-Western societies where professional socialisation may create barriers to social work practice. However, this study suggests this is also necessary when exploring subjects that are culturally sensitive as the social workers have also been socialised within this context. In this study it is clear that religion and

spirituality evoked various responses amongst social worker participants. It appeared that this sensitivity significantly contributed to the subject not being explored with mental health service users in practice. Thus, the study builds upon O'Leary *et al's* (2013) call for a more 'connected, inclusive, reflective and participatory approach' to the social worker/ service user relationship which addresses the particular contexts of the relationship. I suggest that whilst a more connected approach in relation to religion, spirituality and mental distress might challenge existing approaches to the subject, it is only by addressing the particular contexts of the relationship that mental health service users and social workers are enabled to explore it in practice. This is discussed below.

8. The wider social field

As already stated, this study offers insight into how the conflict dominates the way in which social worker participants engage with religion, spirituality and mental distress and the sensitive quality of the subject in Northern Ireland. Social worker participants were concerned about issues such as offending service users, revealing their own identity and causing tension within the relationship if they explored religion and spirituality. Service user participants expressed concern about offending the mental health worker, and questioned whether the worker could relate to them if they were from a different denomination. Thus analysis suggested that the conflict and seeking to avoid any acknowledgement of it and its sectarian nature within practice, informed many of the social worker participants' decisions not to explore the subject within practice, and not to offer this choice to the service user. This lack of choice is significant given that religion is a highly sensitive issue. Whilst a service user may want to discuss religion, spirituality and mental distress with their social worker they too must navigate this complex conflict terrain and may determine that raising this subject may be too fraught. Thus this study identifies a lack of permission-giving for service users to explore religion, spirituality and mental distress in their relationship with the mental health social worker and this significantly shapes its lack of exploration within mental health services.

8.1. Anti-sectarianism and asking the mental health service user about religion and spirituality

Through the course of the interviews and analysis it became apparent that none of the service users had discussed religion, spirituality and mental distress with the

mental health professional. Interestingly, social worker participants stated that the assessment forms used in their practice included a box about the service users' religious and/ or spiritual beliefs. However, social worker participants varied in whether they asked service users about their religious and / or spiritual beliefs. In chapter four I discussed the political aspect of social work practice in Northern Ireland and drew particular attention to culturally competent practice and anti-sectarian practice. These ideas are drawn upon and developed in the following discussion.

An equal opportunities exercise

On one hand this question on the assessment form may be viewed simply as an equality monitoring exercise, used for statistical purposes in the Health and Social Care Trust. I suggest this is the acknowledgement of religion and spirituality at its most basic. It is basic because it simply acknowledges religion in a tick box manner but does not explore its meaning in any depth. Interestingly, the majority of social worker participants did not engage with religion and spirituality even in this most basic form. These social worker participants stated that they did not ask this question because it was too personal a question to ask at a first meeting, or perhaps it was too sensitive a question to ask at all. Others stated that they did not ask it but if the service user expressed it during the interview then they would fill it in. Social worker participants cited the political conflict and the continued sensitive nature of talking about religion and its link with division, as the basis for not asking service users this question.

Existing literature around sectarianism in Northern Ireland and social work practice suggests that in a climate of conflict, practitioners have sought to be 'neutral', not seeming to align themselves with either community (Traynor, 1998; Ramon *et al*, 2002; Pinkerton and Campbell, 2002; Heenan and Birrell, 2011). This was necessary not only to enable them to work with service users across community divisions but also to work alongside colleagues from "opposite" denominations. Yet avoidance of addressing the impact of sectarianism upon social work practice in Northern Ireland also presents particular challenges for individual social workers and the profession. My study suggests that the pervasiveness of sectarianism has led to the absent presence of religion and spirituality in practice.

I suggest that the reasons provided by some of the social worker participants regarding their practice around religion and spirituality are a continuation of the 'neutral' stance the profession employed, and arguably had to adopt, during the conflict. It appears that the historical link between asking a service user about their religion and of being sectarian has perhaps significantly curtailed how the profession engages with religion and spirituality as an aspect of meaning - making. This study develops existing literature around this subject and considers whether current understandings of religion and spirituality are located in cultural and political terms with little exploration as an aspect of identity and meaning - making. I suggest that because social workers in Northern Ireland have been practising in a context of political conflict for at least 30 years, where religion is a sensitive matter, practitioners have developed particular approaches to deal with conflict related subjects, including religion, in a manner that causes minimum disruption to their practice. These skills could be utilised and developed in order to discuss religion and spirituality in a manner that challenges sectarianism and enables exploration of religion and spirituality in terms of meaning - making in mental distress.

As an aspect of the service user's identity and experience of mental distress

The inclusion of religion and / or spirituality within the assessment forms may also be viewed in a second way: as an aspect of the individual's identity and their experience of mental distress, as suggested above. Those social worker participants who did ask mental health service users about religion and spirituality stated that they had to start where the service user was, and if they wanted to talk about religion and spirituality within their experience of mental distress then they were professionally required to explore this with them. Not only is this approach more in keeping with a holistic approach but it also recognises the rights and the needs of the service user, and is therefore more in keeping with an anti-discriminatory approach to practice, as outlined in the PCS analysis (Moss and Thompson, 2007) discussed in chapter four. In light of the previous discussion it is notable that these practitioners focused upon the service users' need and right to explore religion and spirituality. Although the structural and cultural barriers of sectarianism were recognised by these social worker participants, they were not identified as inhibiting this exploration. There is an impression that these social worker participants explored the subject on the basis of meaning - making beyond the confines of culturally prescribed boundaries. These

participants did recognise that some service users with whom they discussed religion and spirituality were from the “opposite” denomination. However this was not viewed as a reason for not discussing the subject, it was simply a facet of their relationship.

Moss and Thompson (2007: 10) state that a person’s spirituality will owe much to structural factors such as gender, age, ethnicity and more. For example, our sense of direction and focus in life will be informed by our education experiences and these in turn are influenced by inequalities arising from factors such as class, race and gender. One of the consequences of this, according to Moss and Thompson (2007: 11), is ‘institutional blindness’ to the ways in which oppressed and marginalised groups are being treated. In advocating one way of living that many people find satisfying, another approach to life that is equally fulfilling to others is denied. This idea is useful when exploring how contemporary social work in Northern Ireland engages with religion and spirituality within mental health service users’ experience of mental distress. Whether consciously or unconsciously, analysis suggested that many mental health social worker participants were reluctant and uncertain about asking a service user about their religion and / or spirituality, and to engage with this aspect of meaning - making in an in depth manner (if relevant to them). Whilst being non-sectarian is identified as a key aspect of social work practice in the North of Ireland (Campbell *et al*, 2013: 516), its role within how the profession engages with religion and spirituality has not been explored. This study suggests that sectarianism has shaped how social worker participants engaged with religion, spirituality and mental distress within their practice. It appeared that the profession may be in danger of being ‘institutionally blind’ to the needs and rights of mental health service users not only in terms of their individual identity but also in recognising the social and political location of that identity.

8.2. Political boundaries

Existing literature about social work practice in Northern Ireland highlights the way in which practitioners will conceal their identity to avoid being affiliated with politics and national identity (Smyth and Campbell, 1996; Campbell and McCrystal, 2005; Wilson and McCrystal, 2007: 48), as discussed in chapter four. Service user and social worker participants both talked about the idea of “sussing out” in relation to exploring religion and spirituality. Many of the social worker participants expressed reluctance to discuss religion and spirituality with service users as they were concerned that

doing so would reveal what denomination they belonged to. Social worker participants expressed concern that such information might negatively impact their relationship with the service user, thus with the intention of maintaining effective working relationships, they did not broach this subject with service users. Service user participants identified various reasons why knowing the practitioner's denomination was important: concerns about offending them if they were not the same denomination; if they were not the same denomination then they would not be able to relate to their denomination; that there might be a clash of beliefs and; a general overall tension around the subject. It is important to highlight that analysis suggested that the service user "sussed out" the mental health professional's religion as an aspect of political division and sectarianism and not in terms of making sense of mental distress.

It appeared that directly exploring religion and spirituality within a mental health service user's life, as it directly identified the elephant in the room, was too controversial and too direct. I suggest that due to the political conflict in Northern Ireland social work practice has leaned towards understanding religion in political terms, whilst under-engaging with religion and spirituality as an aspect of meaning-making and identity. Analysis suggested the riskiness of exploring religion, spirituality and mental distress within some service user / social worker relationships. Whilst the difficulty and riskiness of the subject should be acknowledged I suggest that it is also important to balance this with service user choice and practicing in an anti-oppressive way. Some of this risk may be lessened through Holloway and Moss's (2010) fellow traveller model of spiritual care, as discussed below.

Some social worker participants expressed being reluctant to ask a service user about their religion and / or spirituality as they assumed that doing so required them to share their religious practices with the service user. Not only does this point to the idea of professional boundary making, as already discussed, but it may also offer insight about how engaging with religion and spirituality in social work practice is understood. Holloway and Moss's (2010: 114) fellow traveller model for spiritual care may be usefully applied as at no point do they state that the worker should disclose their own spirituality. Instead, Holloway and Moss (2010:114) emphasise that by drawing upon their skills the social worker can travel alongside the service user up to the point that they are both comfortable, thereby recognising the riskiness

of the subject, as discussed above. I suggest that the fellow traveller model may be applied within mental health social work practice in Northern Ireland as it proposes that every social worker has the skills to address religion and spirituality at a foundational level, but that there are limits to how far a social worker and service user may feel comfortable developing the discussion. This skill based approach offers scope to challenge the assumption expressed by many social worker participants in this study that talking about religion and spirituality in practice requires self-disclosure by the worker. Within this study there was tension between the social worker participants' views and experiences regarding religion and spirituality, and their awareness of its potential role in the mental health service users' identity. This study suggests that a key issue regarding religion and spirituality and mental distress within social work practice in Northern Ireland is an awareness of the mental health service user's needs, which may include exploring religion and spirituality, and the profession's willingness to engage with this subject in practice and professional discourse.

8.3. Religion and spirituality as troublesome knowledge in social work practice in NI

In chapter four I discussed "troublesome knowledge" (Meyer and Land, 2003; Morgan, 2012) and suggested that this may be drawn upon to examine religion, spirituality and mental distress in social work practice in Northern Ireland. It is easy to assume that those social worker participants who identified religion and / or spirituality within their own identity would also include this aspect of meaning - making in their practice. In addition, those who did not express this would not include it in practice. However this assumption was ill founded. Analysis suggested that for those social worker participants who did not explore religion and / or spirituality within the service user / social worker dialogue, the conflict significantly shaped their decision. Initially I determined that this suggested practitioners lacked critical awareness and reflexivity about their own practice. However, I tempered this judgement and considered that these practitioners and service users have been socialised in a society shaped by thirty years of violent political conflict, the boundaries of which have been defined by religion. Social worker participants have developed sophisticated ways to continue engaging with service users despite the constraints, threats and continued presence of conflict.

As discussed in chapter four, referring to teaching the social model of disability in social work education, Morgan (2012: 215) suggests that a body of research and theorising may challenge a student's taken-for-granted assumptions about social work practice. Within this present study Morgan's (2012: 221) approach prompted three sites of exploration. Firstly, within the social work profession about how it engages with religion and spirituality. Secondly, within mental health service user fora to gain further insight into their views and experiences and to consult about how this may shape mental health service provision. Thirdly, exploration at a societal level to examine what religion and spirituality actually means in contemporary Northern Ireland. These sites are also supported in my discussion about Brewer *et al's* (2010) conceptual framework as discussed below.

9. Religion, spirituality and Northern Ireland: the public square

As indicated in the presentation of findings for the wider social field in both participant groups, my discussion about the wider social field is inevitably limited. Campbell *et al* (2013: 510) states that greater understanding is needed surrounding how social work practice is affected by the historical trajectory of violent conflicts. There is a sense of inevitability, according to Campbell *et al* (2013: 510), that as social workers are socialised and then practice in these contexts, they, like other members of society, fit their conflict histories to meet their world view. I draw upon Brewer *et al's* (2010) conceptual framework, as discussed in chapter two, to consider how the political conflict has shaped in part, how religion and spirituality are engaged with in mental health social work practice, and how the profession may contribute to peace building by engaging with the subject more explicitly in practice.

Brewer (2011: 2) suggests greater understanding of religion and spirituality in Northern Ireland would be achieved if the concepts were moved from being 'private troubles into public issues' by not 'rendering this activity [of spirituality and religion] into pastoral care dealt with only in individual congregations'. Brewer (2011) advocates for religion and spirituality to return to the public square where the role of religion and spirituality in contemporary Northern Ireland can be explored. This appears to be a key issue for developing greater understanding of what religion and spirituality means in Northern Ireland, and a point that I have made throughout this thesis: that current understandings of religion and spirituality in Northern Ireland are restricted to politics and their holistic and person centred understanding is lost. I

suggest that in Northern Ireland the former cultural identifier has been over emphasised at the expense of the latter meaning - making. Consequently, our understanding of what religion and spirituality may mean in the lives of not only mental health service users but also in society more generally, is impoverished.

This study suggests at present the role of religion and spirituality within mental distress is deemed a private trouble, thus it appears that attention is not given to its exploration as an aspect of mental distress. This approach may be located within the first two of *Brewer et al's* (2010) four strategic social spaces: intellectual spaces and institutional spaces. In intellectual spaces alternative ideas and peace are envisioned. The private troubles of people are reflected upon and emerging policy that relates to these issues is considered. This study suggests that the present lack of recognition may be based upon the negative association of religion with the political conflict. The lack of follow up research or policy around religion and spirituality within recovery orientated mental health services recommended in Bamford (DHSSPS, 2005), is perhaps indicative of the difficulty which we in Northern Ireland have about exploring religion within our multiple histories.

This study acknowledges the role of religion and spirituality within service user participants' experiences of mental distress. It also highlighted that whilst social worker participants recognised the role of religion and spirituality within mental distress, its translation into practice was marked with difficulty. *Brewer et al* (2010:1034) state that groups can help to rethink the terms of the conflict so that it becomes easier to intellectually contemplate its transcending or ending, and through their championing of alternative visions, come to identify the range of issues that need to be explored. This relates specifically to mental health service user groups and advocating for the recognition of religion and spirituality as a legitimate aspect of their experience of mental distress. Interestingly, whilst religion, spirituality and mental distress are promoted in mental health service user groups and professional fora in other areas of the United Kingdom, there is a significant lack of exploration given to it by mental health service users groups in Northern Ireland. This is highlighted as both an anomaly and a contradiction: that in a society where religion is deeply embedded (*Brewer et al*, 2013) it is not explored within the experience of mental distress or professional social work practice.

In the second strategic social space, institutional space, groups enact and practice these alternatives on local and global stages. In this way society, suggests Brewer *et al* (2010: 1024), 'lives out' other visions of peace and 'transgresses, in its own practice, the borders that usually keep people apart'. Institutions practice non-racialism or non-sectarianism 'well in advance' of general society (Brewer *et al*, 2010: 1024). This study has raised questions, for the first time, within mental health social work practice in Northern Ireland about if and how practitioners address religion, spirituality and mental distress in practice. The study suggests that the lack of exploration within social work discourse about this subject may be associated with the legacy of conflict and the pervasive nature of sectarianism. It appears that many social worker participants continued to associate talking about religion with being sectarian, whilst seemingly overlooking its value as a site of meaning - making and recovery. This raises the question of whether awareness of religion and spirituality within mental distress not only recognises its role within meaning - making, but also offers the social work profession opportunity to explicitly address issues of sectarianism amongst service users and colleagues. These explorations may be difficult for service users and mental health social workers alike. However, I suggest these explorations may be needful in this post conflict transition.

10. Conclusion

Drawing upon existing research and theory the literature review and study design chapters established the apparent lack of exploration about religion, spirituality and mental distress in mental health social work practice in Northern Ireland. In this chapter I have drawn upon the previous six analysis chapters and referred back to the theories and research identified in the literature review to address the key research question. Throughout the discussion there was an overall sense of both groups of participants exploring the legitimacy of religion, spirituality and mental distress. Whilst all participants expressed the importance of this aspect of a mental health service user's identity, its translation into mental health social work practice was marked with controversy and ambivalence. It is clear that religion, spirituality and mental distress are complex subjects in mental health social work practice in Northern Ireland and this chapter has focused upon un-picking the multiple sites of

this difficult aspect of practice, and of mental health service users' personal meaning - making journey.

I would like to draw the reader's attention to several key points presented in this chapter. Wood's (2010) theory of social fields enabled exploration of both the participants' individual stories and the wider social field surrounding that experience. This approach complemented my focus upon the social worker / service user relationship. I have established a gap in experience between how mental health service users and mental health social workers draw upon religion and spirituality within their own lives, and I suggest that this gap forms the basis for mental health social worker participants not exploring this subject within their practice. This is the result of both the social workers' histories and the wider social context within which the service user / social worker relationship occurs. Furthermore, some service users actively chose not to explore this subject within statutory and non-statutory mental health services. The study suggests that this decision centred around two issues. Firstly, that service user participants were unsure about the legitimacy of discussing religion, spirituality and mental distress with the mental health worker. Secondly, that the service user may want to retain religion and spirituality as a private aspect of their experience of mental distress.

As this subject is quite sensitive, both within mental health social work practice in Northern Ireland and within society more widely, I explored professional boundary making, professional distancing and O'Leary *et al's* (2013: 136) call to reframe the bounds of the service user / social worker relationship to accommodate 'the wide range of geographical, socio-political, economic and cultural differences'. I considered that current conceptualisations of religion and spirituality within mental health social work practice and the nature of professional boundaries may not be conducive to addressing this aspect of a service user's experience of mental distress, and its potential role within their recovery. I drew upon Brewer *et al's* (2010) conceptual framework for theorising the relationship between religion and peace-making where religion is perceived part of the problem. Two of Brewer *et al's* (2010) four socially strategic spaces were discussed and I considered that by explicitly creating space for mental health service users to discuss religion and spirituality within their experience of mental distress, should they wish to do so, the social work profession could challenge sectarianism in their practice. This study

suggests that religion, and by association spirituality, has become marked with conflict and violence, and therefore the social work profession has responded to this in a problematic way. Drawing upon social worker participants' stories, it appears that religion, within the Northern Ireland mental health social work profession, is largely understood as an aspect of cultural competency and equity of service within anti-sectarian practice, as discussed in chapter four. However, understanding religion (and spirituality) as a site of meaning - making for mental health service users, appears to be lacking. Furthermore, it would appear that the exploration of religion within the service user / social worker relationship has been viewed as being "off limits" within anti-sectarianism. Therefore, social worker and service user participants have not conceived its relevance within mental health social work practice specifically and within mental health service provision, more generally. This study suggests it is timely and necessary for the social work profession in Northern Ireland to engage with religion and spirituality in a new way. This begins within the area of mental health by directly challenging the pervasive nature of sectarianism and enabling exploration of religion and spirituality beyond the established political and sectarian markers, towards its acknowledgement as a site of meaning - making within mental health recovery. In this chapter I have brought the discussion back to the literature review. The next chapter marks the end of this study and identifies some limitations of the study before proposing some recommendations for practice and future research.

Chapter fifteen: Conclusion, recommendations for practice and directions for future research

1. Overview of the study

Whilst this study supports existing literature about the role of religion and spirituality in mental distress it also makes particular contributions to knowledge which have implications within social work education and post-qualifying training and future research about social work and mental health. Two key findings are of particular note. Firstly that service user participants had their own 'hierarchy' of religious and spiritual expression, which on occasion devalued other people's experiences. Secondly, some service users preferred to keep their spirituality to themselves as a strategy of empowerment. This latter finding contrasts with the dominant view that people with mental health problems want a focus on their spirituality within their treatment and support. In addition the study also found that service users viewed the mental health professional relationship as focusing upon physical and mental health in which medication management was central, with no apparent scope to explore religion, spirituality and mental distress. Thus questions of legitimacy focused around the notion of privacy and whether talking about religion and spirituality within the mental health service user and social worker relationship was too sensitive, given its association with sectarianism and conflict. Furthermore, mental health service users were concerned about how a disclosure of religion and / or spirituality within mental distress would be viewed by the mental health professional.

Whilst mental health social workers acknowledge the importance of religion and spirituality for some people experiencing mental distress, it appears that its translation into mental health social work practice is marked with uncertainty. This uncertainty was multifaceted and included both the workers' own sense of spirituality coupled with their navigating of the social context in which religion is a sensitive subject. Whilst the social context included issues of proselytising and secularisation it was dominated by the 'Northern Ireland context' in which religion has become linked with sectarianism. This study suggests that the conceptualisation of religion within the conflict and the impact of the conflict upon the social work profession have

produced an ambivalent approach to religion, spirituality and mental distress within social work practice in Northern Ireland. This study provides insight into how these various issues come together within the service user / social worker relationship and highlights the various practice approaches around this subject.

Drawing upon the findings and discussion this chapter will focus upon recommendations for further research in mental health and in social work, and implications for social work education and post-qualifying training. Underpinning these policy, practice and research implications is awareness of the emotion this subject evokes, and of the need to create legitimacy around this subject for both mental health service users and social workers. I suggest the overarching idea of developing “safe places” for social workers to explore this subject and for mental health service users to “give voice to”, this aspect of their lives, should they wish to do so. Prior to outlining these recommendations it is important to acknowledge the study’s limitations.

2. Limitations of study

Throughout the analysis and discussion I have been mindful not only of what has been found in the study, but also of the boundaries of those knowledge claims. The identification of the study’s limitations is the acknowledgement of those boundaries.

As the study is small scale, exploratory and qualitative, in which representative sampling was not used, population wide generalisations cannot be made. However, the findings and discussion offer tentative insights into the wider populations of both social workers and mental health service users in Northern Ireland and in other areas of the UK and Ireland. Furthermore, inferences may also be drawn to social work practice in other areas where religion is a defining feature of conflict.

There are several sampling issues which require discussion in relation to the limitations of the study. As already indicated, the sample was dominated by participants from a Roman Catholic background. Future studies should employ sampling strategies that take cognisance of this. Whilst some of the participants talked about non-Christian and secular forms of religion and spirituality, because Northern Ireland is mainly a Christian based society, the majority of participants drew upon this world view. The findings and discussion would have been further enriched if non-Christian and secular expressions of religion and spirituality were represented

in the sample. The same is also true in terms of ethnic diversity as all participants were white, and only two were not from Northern Ireland, with one of those participants having been brought up in the South of Ireland. This limitation was recognised at the sampling stage however, the choice was made to continue with the sampling method in the interests of addressing the research question. These issues may be addressed in future research.

Although service users and social workers were recruited from one Health and Social Care Trust area in Northern Ireland their accounts did not suggest anything specific or unique to that geographic area. Therefore, inferences may be drawn to the whole of Northern Ireland.

3. Religion, spirituality and mental distress in Northern Ireland: Key directions for further research

Whilst the Bamford Review (DHSSPS, 2005) acknowledges the role of spirituality (inclusive of religion) in creating recovery orientated mental health services, there is a considerable lack of research or policy guidance which explores how this may be realised within the context of Northern Ireland. This study makes an initial contribution to this knowledge gap and seven key issues are identified below to explore in future research, and social work education and post-qualifying training.

3.1. Service user 'hierarchy' of religious and spiritual expression

As already discussed, service user participants had their own 'hierarchy' of religious and spiritual expression, which on occasion devalued other people's belief. This is particularly interesting as it suggests that service users are aware that there are 'normal' expressions of beliefs and by virtue of their having a mental health diagnosis their religious and spiritual beliefs may be viewed as indicative of mental illness. This awareness gives rise to their comparing their expressed beliefs with other service users and may result in their 'othering' them. This highlights service users' awareness of the context in which they live and of seeking to minimise the stigma they might experience by positioning their own expression of spiritual beliefs as 'normal' compared to other service users' expressions. This idea of 'hierarchy' and 'othering' challenges the homogenising of mental health service users and highlights the need to listen to their individual stories and explore the complexity of specific aspects of their stories. Within this study service user participants discussed their network around religion, spirituality and mental distress and, for some, this included

other service users. This finding might be developed in future mental health research both within and outwith Northern Ireland and future research about religion, spirituality and mental distress could explore the service user / service user relationship, or perhaps include it as one aspect of a study. The fieldwork could incorporate in - depth questions about how religion, spirituality and mental distress are explored within the relationship, what are 'normal' or 'abnormal' expressions of beliefs and how service users determine these assessments.

3.2. Religion and spirituality as a strategy of empowerment

Another significant finding in the study is that some service users preferred to keep their spirituality to themselves as a strategy of empowerment. This finding contrasts with the dominant view that people with mental health problems want a focus on their spirituality within their treatment and support. This finding is linked to the previous discussion and again highlights the importance of not homogenising people experiencing mental distress. It also highlights the importance of choice and whether presently, both within Northern Ireland and more widely, mental health service users are given the choice of exploring the role of religion and spirituality within their experience of mental distress both as a 'positive' factor, but also as contributing to negative aspects of their experience of mental distress. It is interesting to note that within this study participants did not talk about 'negative' aspects of their beliefs but appeared to accept the 'ups and downs' within the whole experience. The key aspect here is whether service users currently have the choice to give voice to religion, spirituality and mental distress within the service users / social worker relationship, should they wish to. This study suggests that a service user's reluctance to discuss this subject may be a strategy of empowerment within the relationship. Future research around the inclusion of religion, spirituality and mental distress within mental health services may incorporate questions around service user choice to discuss the subject and their reluctance to engage with the subject with their mental health professional as a strategy of empowerment.

3.3. Sectarianism

The study found that participants discussed religion as related to sectarianism and division within Northern Ireland. Analysis of service users' stories suggested that although religion and spirituality were relevant aspects of their experience of mental distress, its exploration within mental health services was significantly more hesitant,

ambivalent and less familiar. In addition, social worker participants raised concern that talking about religion and spirituality with service users could be perceived as being sectarian and therefore appeared to regard this subject as being quite controversial. As the interviews progressed and through the telephone interviews, it became apparent that social worker participants valued having time and space to critically explore this subject both in terms of their own spirituality, or lack thereof, and of how they engage with this subject in practice. A key message from this study is the importance and value of encouraging social workers to critically reflect upon their own values and experiences in relation to religion and spirituality, and to consider their own practice around this subject. Further research might focus upon addressing the sensitivities and assumptions which characterise how contemporary social work in Northern Ireland engages with the subject. This research could offer directions in both policy and practice guidance for better equipping social workers to address it in practice, as the need becomes apparent.

The study suggests our understanding, in Northern Ireland, of what religion and spirituality may mean not only in the lives of mental health service users, but also in society more generally, is impoverished. It appeared that participants were familiar with exploring religion in cultural and political terms. However the exploration of the role of spirituality in an individual's life was much more unfamiliar and hesitant. Therefore, further research could focus upon examining how religion and spirituality are understood within contemporary Northern Ireland. This research would offer exciting opportunities to engage a cross section of society. Research methods could be developed with a view to offering participants the opportunity to explore this subject in in-depth and creative ways, for example, developing online discussion fora, workshops, and the use of objects, as discussed below.

The Northern Ireland Social Care Council (NISCC) is the social care regulatory body in Northern Ireland. The NISCC social worker codes of practice, Codes of Practice for Social Care Workers and Employers of Social Care Workers (2002), details the conduct that is expected of social care workers and is based on five sets of standards relating to social care workers (including social workers) and social care employers. Of particular interest is that the codes detail the importance, when working with service users, of: promoting their right to control their own lives,

respecting and maintaining their dignity and privacy, promoting equal opportunities and, respecting diversity and different culture and values (NISCC, 2002: 6). These may be understood as promoting an anti-oppressive practice agenda where diversity is acknowledged and responded to positively. The importance of addressing the role of spirituality and religion within some mental health service users' lives is supported in these codes. Therefore, I suggest that this study could be developed by NISCC to create its own policy and guidance regarding religion and spirituality in social work practice.

Furthermore, as NISCC inspects individual social work practice and oversees the training and development of all social workers pre and post qualifying, it has significant influence in raising the profile of religion and spirituality in social work practice. I suggest that by articulating the role of religion and spirituality within service users' lives NISCC may positively contribute towards creating a culture of legitimacy, which this study suggests is currently lacking, around mental health social workers engaging with this subject in their practice.

3.4. Intra- and inter- professional relations

As Northern Ireland continues to work through this post - conflict phase it is appropriate to explore the role of religion and spirituality in mental distress and to examine how the subject is conceptualised within mental health social work practice, but also more widely within health and social care. The study suggests that the historical link between religion and sectarianism may hinder a holistic exploration of religion and spirituality within a mental health service user's life. In chapter fourteen I discussed the way in which religion, spirituality and mental distress are engaged with inter- and intra- professionally. As social work practice is often multidisciplinary it might be appropriate to examine how this subject is engaged with in multidisciplinary team settings. It may be useful to develop a case study approach or focus groups with various professionals in the multidisciplinary team to explore this subject.

Throughout the social worker interviews in this study, there was a sense of their exploring firstly what religion and spirituality meant to them and secondly, its role within mental distress and how it is engaged with in practice. In short, the interview provided practitioners space and opportunity to critically explore a familiar subject in unfamiliar ways. It appeared that social worker practitioners were articulating their

views and experiences about a familiar subject that is not ordinarily explored in practice. Within the telephone interviews, analysis suggested that practitioners enjoyed having the space to critically reflect upon their practice and it prompted reflection about their practice after the interview had finished. In the previous chapter I discussed the role of supervision and social worker participants' comments about discussing religion, spirituality and mental distress in supervision. The study suggests that supervision is an important space in which social workers can critically examine their practice. Therefore, I suggest that it would be appropriate to promote this subject within supervision. This may be addressed within training, in professional fora, in the working group and workshops. These discussions could help to legitimise exploration of spirituality as a part of social work practice. Furthermore, future research could focus upon developing the exploration of religion, spirituality and mental distress within supervision with a view to promoting "safe places", for practitioners to explore this subject in a professionally transparent and accountable way. This would challenge the ongoing association of religion with sectarianism and proselytising, as found in this study, and enable its acknowledgement as an aspect of identity and meaning - making for mental health service users.

3.5. Fellow traveller model of spiritual care

In chapter four I discussed Holloway and Moss's (2010) fellow traveller model of spiritual care. In this study, Holloway and Moss's model challenged some social worker participants' assumptions that talking about religion, spirituality and mental distress in practice required worker's to self-disclose their own beliefs and to be engaged in spiritual and / or religious practices. In chapter fourteen I discussed professional boundary making and the need to re-examine this in terms of how religion and spirituality are engaged with in mental health social work practice in Northern Ireland. Whilst mental health social workers' concerns about self-disclosure and of professional boundaries are acknowledged in relation to spirituality and religion, further discussion is needed to consider the importance of critically reflecting upon how these choices may affect professional practice.

A future study could explore how this model might be used within Northern Ireland. A pilot study could be developed in which social workers would be trained in using the model and following a period of using the model, service users and social

workers would provide feedback on its use. In this way practitioners would be supported to explicitly consider how they might discuss religion and spirituality with mental health service users within stages one and two of the four staged model – joining and listening, and acknowledge their personal limits in doing so. It would also invite exploration about stages three and four, understanding and interpreting, where the worker needs to have considered their own beliefs and to be comfortable in exploring religion and spirituality further with the service user.

In chapter four, section 6.1, I discussed anti-sectarian practice and that this may shape how the social work profession engages with religion and spirituality within mental health service users' lives. This study suggests that the historical link between religion and sectarianism may hinder a holistic exploration of religion and spirituality within a mental health service user's life. Social work education providers, both qualifying and post-qualifying, could usefully review how sectarianism is addressed. Holloway and Moss's (2010) fellow traveller model of spiritual care might support students to explicitly consider how they might discuss religion and spirituality with mental health service users and acknowledge their personal limits in doing so. This might address some of the issues around professional boundary making I discussed in chapter fourteen and more generally how religion has become associated with conflict and violence.

3.6. Use of third object as a research tool

As already indicated in chapter six, the object was a significant aspect of the research methods as not only did it enrich the participants' story telling but further insight, about religion and spirituality, was also gained by exploring how the object was used and where it was kept. I have already indicated that the object's usefulness was perhaps under estimated at the research design stage. Future research about religion, spirituality and mental distress, could develop more in- depth questions and data about the object than was realised in this study. Drawing upon the fieldwork experience, and my previous discussions in chapters six, eight and eleven, these questions could focus upon how the object was used in the participants' religion and spirituality, where it was stored and why was it kept in that place. Furthermore, explicit attention could also be paid to sensory aspects of the object, for example, how it was physically engaged with in the interview and exploring with the participant how they felt when holding the object. Although some

of these questions were already asked during fieldwork, this was not a deliberate aspect of the study design and its importance developed through critical reflection of the data collection process. As already indicated, there were more participants from a Roman Catholic background than any other Christian denomination, thus it would be interesting to consider how objects may be used differently across the different Christian denominations, different religions and within secular spiritualities. Therefore, the findings highlight the need to explicitly develop questions around this data collection tool in the interview schedule in order to explore the object in a more in-depth and dynamic way.

As the object was an integral part of the data collection process and future research may use it to support participants' storytelling and to explore its use more in-depth, it is also necessary to consider how participants in future research might be encouraged to bring an object to the interview. Drawing upon participants' feedback it might be beneficial in future research to explain to the participant more in-depth why they are being invited to bring an object and to support them to think widely about what they might bring, particularly those participants who do not view themselves as being religious or spiritual. For example it may be useful to talk about how objects are used in our lives to remember people or events, and that we might carry these objects on our person, or keep them in places which suggest their value to us e.g. the car, handbag, wallet, or, in the case of jewellery, on us physically.

3.7. A co-creative approach

The research methods in this study sought to engage both service users and social workers about religion, spirituality and mental distress. Although the participants did not meet each other, the methods used sought to establish a sort of conversation between them in which they explored this subject within the service user / social worker relationship. Throughout the analysis process there has been a sense of the service user not being given the choice to explore this aspect of their identity and its presence within their experience of mental distress and of the assumptions made by social workers around how service users would engage with this subject in practice. In chapter four I discussed Moss's (2012) work on using a co-creative approach (based within co-production research), and this could be drawn upon to further explore religion and spirituality in social work practice in Northern Ireland. This

approach could be used both to develop practice and policy guidance, and as a research methodology. A co-creative approach with mental health service users, mental health social workers and relevant mental health professionals may enable practitioners to gain understanding about how service users draw upon religion and spirituality within mental distress and to critically reflect upon the gap in experience identified in this study. A co-creative approach would also provide scope for a wider participation agenda and would also offer an emancipatory outlook for both service users and health and social care professionals.

4. A final word

In the introduction I referred to Mills (2000:5) and stated that social enquiry often begins with an observation, a reflection, which stirs the sociological imagination to question the observed situation. My PhD. research experience has been immensely challenging and rewarding. Not only have I challenged existing boundaries about mental distress and social work practice, in terms of religion and spirituality, but I have also been challenged in terms of my professional identity about what social work practice is, and personally about how people engage, if at all, with something beyond the physical and material world. In one way my sociological imagination has been satisfied through this experience. However, it has also been stirred to look onwards and to further explore this subject in greater detail.

Appendix 1: Service User Information Sheet

Spirituality, religion and mental distress in Northern Ireland: Exploring mental health service users' and social workers' views and experiences.

What is the purpose of this study?

The study is being conducted as part of my PhD at the University of Stirling. It explores the views and experiences of mental health service users and of social workers about spirituality, religion, mental distress and the social worker role through one- to one interviews.

Spirituality and or religion?

Spirituality is about what gives your life meaning. It can include religion but it can also be totally separate from religion. The way you experience spirituality and / or religion is personal to you.

What does taking part involve?

The research interview will be informal last about an hour. If it turns out there was not enough time to cover everything we wanted in the first interview, we can, if you agree, meet again to complete the interview. In the interview I will ask you about your experience of mental distress, your spiritual and / or religious beliefs and how these relate to your experience of mental distress. I will also ask you about your experience of social work, whether you talked to your social worker about your beliefs and your experience of mental distress. You will be invited to bring an object or photograph to the interview that reflects what spirituality and / or religion means to you as this might help you talk about this. With your permission I will photograph the object / photograph.

You may be invited to a brief 15 to 30 minute follow up telephone interview with me about two weeks after the interview. This will focus on your thoughts and feelings about taking part in the study. Both interviews will take place in the X (voluntary mental health organisation). With your permission both interviews will be audio recorded.

It is very important that being involved in this study does not negatively affect your mental or emotional well-being. Talking about very personal topics can be difficult and may bring some emotions to the fore. Therefore at the end of the interview we will discuss how generally you are feeling and whether we should share this with the day workers on duty so they might further support you. I will then let the day centre staff the interview is finished and say how you are feeling generally.

What will happen to the information I give to you?

All information about you will be kept confidential and secure. Only I will be able to access the information. I will share parts of what you tell me with my supervisors. Your name and anything that identifies you will be changed in the study. Your identity therefore will be protected throughout the study, both when talking to my supervisors and when writing up the study. Following the University of Stirling's research and data policy the information you give me will be kept in a secure way for ten years.

Will what I tell you be kept confidential?

In general yes. Unless I have any particular concerns, I will not talk about the details of our interview, only how generally you were feeling. There are two exceptions to this where I have significant concerns about your mental well-being or about you, or someone you talk about, being at risk of abuse or harm. In these instances I would discuss these with the day centre staff and the manager. A decision will be made to contact your social worker or another social or health care worker. I will also need to contact Y (senior social worker), the local collaborator for the study to keep her informed. The Z (Health and Social Care Trust) have arranged for Y to oversee the study. I will talk to you about my concerns and the actions taken.

What are the possible disadvantages and risks of taking part?

Talking about mental distress and your beliefs can be difficult but the interview will be sensitively carried out and you can, of course, stop the interview at any time. Your support worker or another member of staff will be available to offer you support. There is a growing interest in spirituality, religion, mental distress and social work, it is hoped this study will add to how we understand this subject in Northern Ireland.

If you do not wish to take part... that is absolutely fine, involvement is voluntary and you are under no obligation to participate.

If you wish to take part or have some questions... If you are interested in taking part you can call me to arrange a time to talk about the study- either over the phone or in the organisation. If you are still interested we would arrange to meet with your key worker to discuss your involvement. At some point in the study you may change your mind after agreeing to take part. You do not have to tell me why you no longer want to take part but you are welcome to discuss this with me should you wish to do so.

Please contact: Patricia Carlisle by telephone (028 71 675193) or email: p.a.carlisle@stir.ac.uk

If you have any concerns during the study...You can talk to me about these or my supervisors, Kathryn Mackay (01786 467714 or k.j.mackay@stir.ac.uk) and Professor Alison Bowes (01786 467709 or a.m.bowes@stir.ac.uk). If for any reason during the research you need to make a complaint please contact the Deputy Head of the Applied Social Science School, Professor Bridgid Daniel, telephone: 01786 467726. Email: b.m.daniel@stir.ac.uk. You may also speak to your key worker about any issues. You may also contact Z (local collaborator), if you have any queries or concerns: Telephone: ?????

***Please note that the social worker version of this is available on request. The content is similar except for specific features, for example, onward reporting.

Appendix 2: Service User Consent Form

Spirituality, religion and mental distress in Northern Ireland: Exploring mental health service users' and social workers' views and experiences.

I have read and understood the information sheet for the study.

I give permission for my interview to be audio recorded.

I allow the object / photograph I bring to the interview to be photographed and for an anonymised version of it to be used in the thesis.

I allow anonymised quotations from the interview to be used in the thesis and any other writing based on the thesis.

If invited I am willing to participate in the telephone interview and allow it to be audio recorded.

At the end of the interview (s) the researcher and I will discuss how I am feeling. The researcher will share this with my key worker / member of staff.

As stated in the information document I understand that if the researcher has significant concerns about me or another person in relation to significant harm and/or; abuse and /or; vulnerability, she will speak to X (voluntary mental health organisation) staff and the manager. A decision will be made to contact health and social care services and or the police. The researcher will also inform Z (local collaborator) in the Y (Health and Social Care Trust), of the action taken.

Following the University of Stirling's research and data policy the information I give to the researcher will be stored in a secure manner for ten years.

I agree to take part in the study.

.....

Name and signature of participant

Date

.....

Name and signature of researcher

1 copy for participant 1 for researcher

***Please note that the social worker version of this is available on request. The content is similar except for specific features, for example, onward reporting.

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Appendix 3: Service User Semi Structured Interview Schedule

Spirituality, religion and mental distress in Northern Ireland: Exploring mental health service users' and social workers' views and experiences.

Background: about the individual and their experience of mental distress

Can you tell me a bit about yourself?

Cover issues such as age, family history and circumstances, work, ethnicity etc.

Could you tell me a bit about what it is like living in NI?

Can you tell me what feeling well means to you?

Cover issues such as how do you know you are feeling well, what do you look out for as a sign of feeling unwell?

Thinking about the last time you were distressed:

What/who helped you get through? What made it harder?

Is there anyone else you talk to about these experiences?

[Prompt: your social worker, someone in your family; a nurse; a doctor; someone else who experiences mental distress or someone in your community?]

Could you tell me what it is like being a mental health service user in Northern Ireland?

Do you think it is the same as or different from other places? Why? In what ways?

The place, if any, of spirituality and or religion in their lives in general and their experience of mental distress

I see you have / not brought an object with you to the interview, would you mind telling me a bit more about that?

I have been talking to people about beliefs they might have that help them make sense of their life, that give their life a sense of meaning [prompt: or which help them get through/cope with life].

Do you hold any beliefs like these? Can you tell me a bit about them?

Sometimes these beliefs affect a person's experience of mental distress. This could be in both helpful and / or unhelpful ways. Have you had times like these?

Can you tell me a bit about those times? How did these beliefs help/or not help

[If not covered above] Would you mind telling me about your experience of mental distress?

Do you talk to other people about your spiritual beliefs?

If no, why not?

If yes, who?

Why? [Prompt: your social worker? Why?/Why not?]

How do you decide who to talk to them about?

You've been talking about your beliefs.

What is it like having these beliefs in NI?

Do you think it is the same as or different from other places? In what ways

Their experience of social work

[If not covered in previous section]

Can you tell me a bit more about your experiences of social work?

When did you last have a social worker? How long have you had a social worker?

How would you describe your relationship with your social worker?

[If not covered in previous section] Thinking again about times of distress what role if any did your social worker have?

What do you remember most about your social worker during times of distress?

Was there anything she/he did that helped you through the experience?

Did he/she do anything that made it harder to get through?

We talked earlier about whether or not you would talk to your social worker about your spiritual/religious beliefs.

Can you remember if you or your social worker ever talked about spiritual or religious beliefs during times of distress? If not, why not? If yes, what do you remember? Can you tell me about a specific time you remember? What happened? What did you think of this?

Is there anything else you would like to add?

Appendix 4: Social Worker Semi Structured Interview Schedule

Spirituality, religion and mental distress in Northern Ireland: Exploring mental health service users' and social workers' views and experiences.

Background: about the individual and why they became a social worker

Can you tell me a bit about yourself?

Cover issues such as age, family history and circumstances, work, ethnicity etc.

How long have you been practicing as a social worker?

Could you tell me a bit about why you became a social worker?

What motivated you to work in mental health specifically?

Could you tell me a bit about what it is like being a social worker in Northern Ireland?

Are there any issues that are particular to Northern Ireland?

Could you tell me a bit more about that?

Spiritual and or religious beliefs and their practice

I see you have / not brought an object with you to the interview, would you mind telling me a bit more about that?

We've been talking to people about beliefs they might have that help them make sense of their life, that give their life a sense of meaning [prompt: or which help them get through/cope with life].

Do you hold any beliefs like these? Can you tell me a bit about these?

Do these beliefs or worldviews shape your own life?

In what ways?

What about in your practice as social worker in mental health? Do these beliefs shape your practice?

In what ways?

Who, if anybody, do you discuss these beliefs with? [Colleagues? Service users? How do you decide who to discuss them with?]

Thinking about your practice have you come across spiritual and or religious beliefs and practices in your work with people experiencing mental distress?

Can you tell me about what ways you have come across it?

Can you tell me more about one of these times?

What do you remember most about it?

How did the issue come up?

Can you describe how it felt talking about this issue?

What do you think the service user felt?

Looking back would you have done anything differently? Why?

The organisation and the social work profession

Can you remember a time when spirituality and/or religion have been discussed with your colleagues – perhaps with another social worker or someone within the Integrated Community Mental Health Team? [If never discussed, why not?]

Were there any challenges

Were there any benefits?

In general terms what do you think about social workers talking about such issues say with colleagues?

And what about those experiencing mental distress?

Could you tell me a bit about if and how your organisation addresses spirituality and or religion? [[Prompt: Perhaps in training, policies or approaches to working with particular service users?]

What are your thoughts about that?

Northern Ireland

[If not covered]

Finally, can you tell me about being a social worker in Northern Ireland? Could you describe to me in relation to spirituality and or religion how you think it compares with practice elsewhere? Similarities? Differences?

Is there anything else you would like to add?

Appendix 5: Service User & Social Worker Semi- Structured Telephone Interview Schedule

Spirituality, religion and mental distress in Northern Ireland: Exploring mental health service users' and social workers' views and experiences.

Can I just begin by asking what if anything you remember about the interview?

Can you tell me what you thought about the experience of taking part?

Is it what you expected? In what ways?

Talking about spirituality, religion and your experience of mental distress can be difficult to put into words. How did you feel when talking to me about this?

Did you feel able to put your experiences and views into words?

Is there anything that might have made it easier to share your experiences?
[Prompt: might other methods have been more useful]

How did you feel after the interview? [Different participants have mentioned different feelings, I'm just wondering what you felt?

Without feeling you need to go into detail about it again was there anything in the interview that was difficult to talk about?

Was there anything you enjoyed telling me about?

Did you tell anyone about taking part in the study?

Why did you choose to tell them?

Why did you not talk about it?

Some people brought an object / photograph to the interview, others did not.

What about you?

What did you think about this part of the interview?

Is there anything about how the research was carried out that you would change?

[Prompt: For example you may have preferred a younger or older man or woman; or you may have preferred being interviewed somewhere else.

Is there anything else you would like to say?

Appendix 6: Risk management plan with service user participants

Risk Management with service user participants:

The following measures are in place to manage any participant distress experienced during the period of the study, after the initial selection process. This also addresses procedures that will be followed in the event of disclosure of harm, abuse or vulnerability.

On-going checking: Throughout the study the researcher will be mindful of the participant's mental well-being and how this may impact their involvement. X (voluntary mental health organisation) staff are available throughout to provide support. Without breaching confidentiality X staff will advise the researcher of any participant change which may impact on their involvement. If there are concerns at any stage of the study the key worker and the researcher will discuss these with the participant and a decision will be made as to their continuation in the study.

Debriefing: After every interview the researcher will engage the participant in a "de-briefing" exercise. Not only does this exercise draw the participant out of interview mode, it also gives the researcher some time to gauge the participant's emotional and mental well-being. Examples of areas addressed will include: What are your plans for the rest of the day? What activities do you like doing in the centre? Is there anything in particular you would like me to raise with your key worker? At the end of each interview and de-brief the researcher will update the key worker of the participant's presentation.

Throughout the interview and de-brief the researcher will be mindful of participant disclosure of: significant harm; abuse; vulnerability and their; mental, emotional and physical well-being. Consideration will be made whether any of these should be raised with the key worker, and manager. At this point participant confidentiality may be breached if significant concern (defined in next section) is present.

These processes will have been discussed during informed consent and revisited at the beginning of each interview. The researcher will remind the participant that their key worker/ staff member is available to provide support.

Onward reporting: If the researcher has any concerns about significant harm, abuse or mental well-being at any stage in the research these will be discussed with the participant's key worker and manager. At this discussion meeting consideration will be given as to whether health and social care services and or the police should be contacted. The Local Collaborator, Z, will be kept apprised by the researcher of any necessary action on the day of undertaking. The participant will have been previously advised of action undertaken. During this period the participant will be supported by an X member of staff.

Concerns which may prompt onward reporting include: a marked deterioration in the participant's mental well-being; disclosure of abuse (financial/sexual/psychological/material/physical/neglect and acts of omission/ institutional and / discriminatory); disclosure of vulnerability and or; disclosure of significant harm. These concerns apply to the participant and or another.

Risk management with researcher:

Interview timetable: The researcher will supply the Lead Supervisor, Mrs Kathryn Mackay, with an interview timetable which includes details of interview location, date and time, name of centre manager. This will inform my lead supervisor of my schedule and location. The interview times and expected duration will be arranged locally with X staff.

Interview arrangements: Interviews with service users will be conducted in the offices of the participating X centres. In relation to service user interviews the researcher will check in and out with the key worker / nominated staff member to ensure staff are aware of her presence and absence. Staff will also be informed of the interview start and end time. If the interview goes beyond the end time the staff member will knock on the door seeking a new finish time. If the researcher is not in the interview room and cannot be located in the building, or by mobile phone staff will contact the police immediately.

Sharing contact details: The researcher will provide each X manager, each key worker contact details for: Mrs Kathryn Mackay (Lead Supervisor), Professor Alison Bowes (Second Supervisor) and Professor Kirsten Rummery (Director of Postgraduate Research, School of Applied Social Science, University of Stirling). The researcher's contact details will also be included.

Mrs Kathryn Mackay and Prof. Bowes will also be given contact details of each X. Professor Kirsten Rummery as director of research for SASS will be the contact person in the unlikely event that neither supervisor can be contacted by student or X staff. The researcher's contact details will also be included. The researcher's contact details will also be included.

Personal alarm: A personal alarm will be carried by the researcher at all times during data collection. This is for both personal safety and in the event of a participant emergency. The researcher will advise X staff of alarm usage. A mobile phone will also be carried by the researcher at all times.

X centre staff and their concerns about the researcher's practice: X managers and key workers will have contact details for the researcher's supervisors. Key workers will be advised in the initial information meeting that concerns about the researcher may be raised with an X manager who will then discuss these with Ms Kathryn Mackay.

In an emergency: Following an unforeseen event which causes injury or distress to the researcher X staff will contact the researcher's supervisors. The researcher's supervisors will contact family members.

Supervision: At the end of each day of fieldwork the researcher will contact Ms Kathryn Mackay by phone to debrief and discuss any presented issues. The timing of this call will be agreed in advance. The researcher will continue to have six weekly supervision, alternating between using the internet based SKYPE service and visiting Stirling University. In addition to these established supervision times the researcher will continue to contact her supervisors via telephone, SKYPE and email and receive prompt responses.

Roles of all relevant persons:

Lead Supervisor, Ms Kathryn Mackay: Ms Mackay is Lead Supervisor and Chief Investigator. She is ultimately responsible for the conduct of the study and will ensure that all stages of the study adhere to the original and approved design. During the fieldwork stage Ms Mackay will have details of when and where the researcher is conducting interviews and will be available by mobile phone during the day. Arrangements will be in place for the researcher and Ms Mackay to have an end of day de-brief call. Ms Mackay may be contacted if there are any concerns about the researcher's conduct or practice.

Second Supervisor, Professor Alison Bowes: Professor Bowes as second PhD supervisor, in the absence of Ms Mackay will undertake Ms Mackay's role.

Research Postgraduate Director, Professor Kirsten Rummery: In the highly unlikely situation that neither Ms Mackay nor Prof. Bowes can be contacted Prof. Rummery will respond to any urgent queries.

Assistant Director of X, V (name): Following approval by V, Director of X, the researcher has been in on-going discussion with V. This discussion has been primarily in relation to accessing service user participants and their safety and well-being. V is contactable in relation to the study.

Manager of X: The manager's roles include: involvement in recruitment of participants; and the on-going monitoring and management of participant well-being. Managers or their nominated deputy will be available to the researcher and staff members in relation to interview scheduling and any concerns about safety and well-being. Managers or the nominated deputy will also have the timetable of fieldwork, knowing when and where the researcher will be using their facilities.

Key workers: Day centre workers play a pivotal role during service user field work. The researcher will work closely with them in relation to selection criteria, participation, the scheduling of research visits, interviews and the de-briefing process. After each interview the researcher will report to the key worker to update them about the general tone of the interview and any concerns relating to the participant.

Local collaborator: Z (name) has been identified by the Y (Health and Social Care Trust) as the Local Collaborator for the study. Her primary role relates to accessing social worker participants for the study. In the event of onward reporting being necessary for both service user and social worker participants, Z will be apprised immediately of any onward reporting action undertaken.

***Please note that the social worker version of this is available on request. The content is similar except for specific features, for example, onward reporting.

References

Adamson, C. (2012) 'Supervision is Not Politically Innocent', *Australian Social Work* 65 (2): 185 - 196.

Adler, P. and Adler, P. (2012) 'Expert voices', in Baker, S.E. and Edwards, R. (eds) *How many qualitative interviews is enough: Expert voices and early career reflections on sampling and cases in qualitative research?*, Southampton: National Centre for Research Methods, pp. 8 -11.

Andrews, M. and Squire, C. (2012) 'Ethical consideration in Narrative Research' in *Narrative Ethics Workshop 19.3.2012*, London: National Centre for Research Methods.

Accessed 6.12.2012

http://eprints.ncrm.ac.uk/2298/4/Ethical_considerations_in_Narrative_Research-1.pdf

Awara, M. and Fasey, C. (2008) 'Is spirituality worth exploring in psychiatric out-patient clinics?', *Journal of Mental Health* 17 (2): 183 -191.

Baker S. E. and Edwards, R. (2012) 'Introduction', in Baker, S. E. and Edwards, R. (eds) *How many qualitative interviews is enough: Expert voices and early career reflections on sampling and cases in qualitative research?*, Southampton: National Centre for Research Methods, pp. 3 - 6.

Bamford (2007) A Comprehensive Legislative Framework

Accessed 15.09.2014

www.rmhdni.gov.uk/legal-issue-comprehensive-framework.pdf

Barker, P. and Buchanan-Barker, P. (2008) 'Spirituality', in Tummey, R. and Turner, T. (eds) *Critical issues in mental health*. Basingstoke: Palgrave Macmillan, pp. 58 - 71.

Barnes, C. (1991) *Disabled People in Britain and Discrimination: A Case for Anti-Discrimination Legislation*, London: Hurst and Co in Association with the British Council of Organisations of Disabled People.

Becker, H.S. (2012) 'Expert voices', in Baker, S.E. and Edwards, R. (eds) *How many qualitative interviews is enough: Expert voices and early career reflections on sampling and cases in qualitative research?*, Southampton: National Centre for Research Methods, pp. 15 - 15.

Bentall, R. P. (2003) *Madness explained : psychosis and human nature*, London: Penguin Books.

Blass, D. M. (2001) 'A conceptual framework for the interaction between psychiatry and religion', *International Review of Psychiatry* 13 (2): 79- 85.

Bradstreet, S. (2004) 'Elements of Recovery: International learning and the Scottish context', in Bradstreet, S. and Brown, W. (eds.), *Scottish Recovery Network Discussion Paper Series. Report No.1*, Glasgow: Scottish Recovery Network, pp. 1 - 12.

Brewer, J. (2011) 'Spiritual capital and the role of religion in the public domain', at Trauma & Spirituality: An International Dialogue 9-13th March, Journey Towards Healing: Belfast.

Accessed 31.8.2012

http://www.journeytowardshealing.org/links/pdfs/John_Brewer_11March2011.pdf

Brewer, J., Higgins, G., and Teeney, F. (2010) 'Religion and Peacemaking: A Conceptualisation', *Sociology* 44 (6): 1019 -1037.

Brewer, J., Higgins, G., and Teeney, F. (2011) *Religion, Civil Society and Peace in Northern Ireland*, Oxford: Oxford University Press.

Brewer-Smyth, K and Koenig, H.G. (2014) 'Could Spirituality and Religion Promote Stress Resilience in Survivors of Childhood Trauma?', *Issues in Mental Health Nursing* 35 (4): 251 - 156.

Brindle, D. (2011) 'Social workers given guidance on inappropriate relationships with clients', *The Guardian newspaper* (21.11.2011).

Accessed 7.5.2014

<http://www.theguardian.com/society/2011/nov/21/social-workers-guidance-inappropriate-relationships>

British Association of Social Workers. (2012a) *The Code of Ethics for Social Work*, Birmingham: BASW.

British Association of Social Workers. (2012b) *The State of Social Work 2012: what social workers think about the state of their profession in 2012*. Birmingham: BASW.

British Sociological Association. (2002) *Statement of Ethical Practice for the British Sociological Association. March 2002, updated 2004*.

Accessed 16.7.2012

<http://www.britsoc.co.uk/media/27107/StatementofEthicalPractice.pdf>

Brownlie, J. (2011) "'Being there": multidimensionality, reflexivity and the study of emotional lives', *The British Journal of Sociology* 62 (3): 462 - 48.

Bryman, A. (2012a) 'Expert voices: Alan Bryman', in Baker, S.E. and Edwards, R. (eds) *How many qualitative interviews is enough: Expert voices and early career reflections on sampling and cases in qualitative research?*, Southampton: National Centre for Research Methods, pp 18 - 20.

Bryman, A. (2012b) *Social Research Methods: 4th Edition*, Oxford: Oxford University Press.

Burkitt, I. (2012) 'Emotional Reflexivity: Feeling, Emotion and Imagination in Reflexive Dialogues', *Sociology* 46 (3): 458 - 472.

Campbell, J. (2010) *Reflecting upon the past and looking to the future: The role of social workers in dealing with the legacy of the conflict in Northern Ireland*, Glasgow: Glasgow School of Social Work.

Accessed 8.11.2011

<http://www.iriss.org.uk/resources/reflecting-past-and-looking-future-role-social-workers-dealing-legacy-conflict-northern-ir>

Campbell, J. and McCrystal, P. (2005) 'Mental Health Social Work and the Troubles in Northern Ireland. A Study of Practitioner Experiences', *Journal of Social Work* 5 (2): 173 - 190.

Campbell, J., Duffy, J., Traynor, C., Reilly, I. and Pinkerton, J. (2013) 'Social work education and political conflict: preparing students to address the needs of victims and survivors of the Troubles in Northern Ireland', *European Journal of Social Work* 16 (4): 506 - 520.

Carpenter, J., Webb, C., Bostock, L. and Coomber, C. (2012) *Effective supervision in social work and social care: Research briefing 43*, London: Social Care Institute for Excellence.

Carrette, J.R. and King, R. (2005) *Selling spirituality: the silent takeover of religion*, London: Routledge.

Chambers, P. (2010) 'Contentious Headscarves: Spirituality and the State in the Twenty-First Century', in Flanagan, K. and Jupp, P.C. (eds) *A Sociology of Spirituality*, Farnham: Ashgate, pp. 127 - 144.

Charmaz, K. (2006) *Constructing Grounded Theory: A Practical Guide Through Qualitative Analysis*, London: Sage Publications.

Christians, C.G. (2011) 'Ethics and Politics in Qualitative Research', in Denzin, N.K. and Lincoln, Y.S. (eds) *The SAGE Handbook of Qualitative Research, 4th Edition*, Thousand Oaks: Sage Publications, pp. 61 - 80.

Clandinin, D.J. and Connelly, F.M. (2000) *Narrative Inquiry: Experience and Story in Qualitative Research*, San Francisco: Jossey-Bass.

Clifford, D. and Burke, B. (2009) *Anti-oppressive ethics and values in social work*, Basingstoke: Palgrave Macmillan.

Cmyru. (2012) *Together for Mental Health A Strategy for Mental Health and Wellbeing in Wales*.

Accessed 13.5.2014

<http://wales.gov.uk/docs/dhss/publications/121031tmhfinalen.pdf>

Coffey, A. and Atkinson, P. (1996) *Making Sense of Qualitative Data*. London: Sage.

Cook, C. H. and Powell, A. (2013) 'Spirituality is not bad for your health', *The British Journal of Psychiatry* 202(5): 385 - 386.

Corbin, J. and Strauss, A. (2008) *Basics of Qualitative Research, 3rd Edition*, Thousand Oaks: Sage Publications.

Cornah, D. (2006) *The impact of spirituality on mental health: a review of the literature*, London: Mental Health Foundation.

Coulter, S. (in press) '(Re) – Introducing Themes of Religion and Spirituality to Professional Social Work Training in the Land of "Saints and Scholars"', in Readdick, C (ed) *Irish Families and Globalization: Conversations about Belonging and Identity across Space and Time*, Ann Arbor, Michigan: MPublishing, University of Michigan Library, pp. 85 -109.

Coyle, J. (2002) 'Spirituality and health: towards a framework for exploring the relationship between spirituality and health', *Journal of Advanced Nursing* 37(6): 589 - 597.

Creswell, J.W. (2013) *Qualitative Inquiry and Research Design: Choosing among five approaches, 3rd Edition*, Los Angeles: Sage Publications.

Crisp, B. (2010) *Spirituality and Social Work*, Farnham: Ashgate Publishing.

Denscombe, M. (2010) *The Good Research Guide: For small-scale social research projects, 4th Edition*, Maidenhead: Open University Press.

Department of Health, Social Services and Public Safety. (2005) *The Bamford Review of Mental Health and Learning Disability (Northern Ireland): A Strategic Framework for Adult Mental Health Services*, Belfast: DHSSPS.

Department of Health, Social Services and Public Safety. (2006) *The Bamford Review of Mental Health and Learning Disabilities (Northern Ireland): Mental Health Improvement and Well Being - A Personal, Public and Political Issue*, Belfast: DHSPSS.

Department of Health, Social Services and Public Safety. (2009) *Delivering the Bamford Vision: The response of the Northern Ireland Executive to the Bamford Review of Mental Health and Learning Disability Action Plan 2009 - 2011*, Belfast: DHSSPS.

Department of Health, Social Services and Public Safety. (2014) *Mental Capacity (Health, Welfare and Finance) Bill Equality Impact Assessment*

Accessed 15.09.2014

<http://www.dhsspsni.gov.uk/equality-impact-assessment-for-new-mental-capacity-legislation.pdf>

Dewsbury, J.D. and Cloke, P. (2009) 'Spiritual landscapes: existence, performance and immanence', *Social & Cultural Geography* 10(6): 695 - 711.

Dey, I. (2004) 'Grounded theory', in Seale, C., Gobo, G., Gubrium, J.F., and Silverman, D. (eds) *Qualitative Research Practice*, London: Sage, pp. 80 - 93.

Doel, M., Allmark, P., Conway, P., Cowburn, M., Flynn, M., Nelson, P. and Tod, A. (2010) 'Professional Boundaries: Crossing a Line or Entering the Shadows?', *British Journal of Social Work* 40(6): 1866 - 1889.

Donnelly, M., Scott, D., McGilloway, S., O'Neill, T., Williams, J. and Slade M. (2011) *Patient outcomes: what are the best methods for measuring recovery from mental illness and capturing feedback from patients in order to inform service improvement? A report commissioned by the Bamford Implementation Rapid Review Scheme*. Belfast: DHSSPS.

Duffy, J. (2008) *Looking out from the middle: User involvement in health and social care in Northern Ireland, Report 18*, London: Social Care Institute for Excellence.

Dyer, S. and Demeritt, D. (2009) 'Un-ethical review? Why it is wrong to apply the medical model of research governance to human geography', *Progress in Human Geography* 33 (1): 46 - 64.

Engedal, L. (2006) 'Homar Viator. The search for identity and authentic spirituality in a postmodern context', in Tirri, K. (ed) *Religion, spirituality and identity*, Oxford / Helsinki: Peter Lang, pp. 45 - 63.

England, H. (1986) *Social Work as Art: Making Sense for Good Practice*, London: Allen and Unwin Publishers.

Espirito Santo, D. (2010) 'Spiritist boundary-work and the morality of materiality in Afro-Cuban religion', *Journal of Material Culture* 15 (1): 64 - 82.

Farber, S. (2012) *The Spiritual Gift of Madness: The Failure of Psychiatry and the Rise of the Mad Pride Movement*, Vermont: Inner Traditions / Bear & Co.

Ferry, F., Bolton, D., Bunting, B., O'Neill, S., Murphy, S. and Devine, B. (2011) *The Economic Impact of Post-Traumatic Stress Disorder in Northern Ireland*, The Lupina Foundation, The Northern Ireland Centre for Trauma and Transformation and, University of Ulster.

Finnane, M. 1991, "Part I: The formation of a profession" in G.E. Berrios & H. Freeman (eds) *150 years of British psychiatry, 1841-1991*, London: Gaskell for The Royal College of Psychiatrists, pp. 306 - 313.

Flick, U. (2014) *Introduction to Qualitative Research, 5th Edition*, London: Sage Publications.

Furman, L.D., Benson, P.W., Grimwood, C. and Canda, E. (2004) 'Religion and Spirituality in Social work education and Direct Practice at the Millennium: A Survey of UK Social Workers', *British Journal of Social Work* 34(6): 767-792.

- Furness, S. and Gilligan, P. (2010) *Religion, belief and social work: making a difference*, Bristol: Policy.
- Foucault, M. (2001) *Madness and civilization: a history of insanity in the Age of Reason*, London: Routledge.
- Fryers, T. (2007) 'Spirituality and care: a public health perspective', in Cox, J. L., Campbell, A.V. and Fulford, K.W.M. (eds) *Medicine of the person: faith, science and values in health care provision*, London: Jessica Kingsley, pp. 171 – 188.
- Garrod, J and Jones, M. (2009) *Religion and Belief*, Basingstoke: Palgrave Macmillan.
- General Social Care Council. (2011) *Professional Boundaries: Guidance for Social Workers*, London: GSCC.
- Giddens, A. (1992) *Human societies: an introductory reader in sociology*, Cambridge: Polity.
- Gilbert, P. (2010) 'Spirituality- The 'Forgotten' Dimension?', in Bates, P. and Gilbert, P. (eds) *Social work and mental health: the value of everything, 2nd Edition*, Lyme Regis: Russell House, pp. 108 – 122.
- Gilligan, P. and Furness, S. (2006) 'The Role of Religion and Spirituality in Social Work Practice: Views and Experiences of Social Workers and Students', *The British Journal of Social Work* 36(4): 617 - 637.
- Glaser, B and Strauss, A. (1967) *The discovery of grounded theory*, Chicago: Aldine.
- Glenn, C.T.B. (2014) 'A Bridge Over Troubled Waters: Spirituality and Resilience with Emerging Adult Childhood Trauma Survivors', *Journal of Spirituality in Mental Health* 16 (1): 37 - 50.
- Goffman, E. (1968) *Asylums: essays on the social situation of mental patients and other inmates*, Harmondsworth: Penguin.
- Green, R., Gregory, R. and Mason, R. (2006) 'Professional Distance and Social Work: Stretching the Elastic?', *Australian Social Work* 59(4): 449 - 461.
- Guthrie, T. and Stickley, T. (2008) 'Spiritual experience and mental distress: A clergy perspective', *Mental Health, Religion and Culture* 11(4): 387- 402.
- Harris, A. and Guillemin, M. (2012) 'Developing sensory awareness in qualitative interviewing: A portal into the otherwise unexplored', *Qualitative Health Research* 22(5): 689 - 699.
- Harvey, P. and Knox, H. (2011) 'Ethnographies of Place: Researching the Road', in Mason, J. and Dale, A. (eds) *Understanding Social Research: Thinking creatively about method*, London: Sage Publications, pp. 107 - 119.

Hay, D. (2002) 'The spirituality of adults in Britain: Recent Research', *Scottish Journal of Healthcare Chaplaincy* 5(1): 4 - 9.

Hay, D. and Morisy, A. (1985) 'Secular society/religious meanings: a contemporary paradox', *Review of Religious Research* 26(3): 213 – 277.

Hay, D, and Hunt, K. (2000) *Understanding the Spirituality of People who don't go to Church, Final Report of the Adult Spirituality Project*, Nottingham: Nottingham University.

Hay, D. and Nye, R. (2006) *The Spirit of the Child*, London: Jessica Kingsley.

Hayes, B.C. and Dowds, L. (2010) 'Vacant Seats and Empty Pews', *Research Update, Access Research Knowledge (ARK)* 65 (February): 1 - 4.

Heelas, P. and Woodhead, L. (2005) *The Spiritual Revolution: why religion is giving way to spirituality*, Oxford: Blackwell Publishing.

Heenan, D. (2009) 'Mental Health Policy in Northern Ireland: The Nature and Extent of User Involvement', *Social Policy and Society* 8(4): 451 - 462.

Heenan, D. (2013) 'Northern Ireland' in Ham, C., Heenan, D., Longley, M. and Steel, D.R. (contributors) *Integrated Care in Northern Ireland, Scotland and Wales: Lessons for England*, London: The King's Fund: 2- 24.

Heenan, D. and Birrell, D. (2011) *Social work in Northern Ireland: conflict and change*, Bristol: Policy Press.

Henery, N. (2003) 'The reality of visions: contemporary theories of spirituality in social work', *British Journal of Social Work* 33(8): 1105 - 1113.

Her Majesty's Stationery Office. (1986) *The Mental Health (Northern Ireland) Order 1986*.

Accessed 4.4.2012

<http://www.legislation.gov.uk/nisi/1986/595>

Hodge, D.R. (2003) 'The challenge of spiritual diversity: Can social work facilitate an inclusive environment?', *Families in Society* 84(3): 348 - 358.

Holloway, M. (2007) 'Spiritual Need and the Core Business of Social Work', *The British Journal of Social Work* 37(2): 265 - 280.

Holloway, M. (2009) 'Spirituality, Research and Social Work: a neglected challenge', *Seminar Series*, 5.03.2009

Accessed 2.2.2012

<http://www.iriss.org.uk/resources/spirituality-research-and-social-work-neglected-challenge-margaret-holloway>

- Holloway, M. and Moss, B. (2010) *Spirituality and social work*, Basingstoke: Palgrave Macmillan.
- Holmes, M. (2010) 'The Emotionalization of Reflexivity', *Sociology* 44(1): 139 - 154.
- Holmes, P.R. (2007) 'Spirituality: Some Disciplinary Perspectives', in Flanagan, K. and Jupp, P.C. (eds) *A Sociology of Spirituality*, Aldershot: Ashgate, pp. 23 - 42.
- Hughes, L., Leavey, G. and Rondon, J. (2012) *Day Services Review*. Belfast: Compass/ Northern Ireland Association for Mental Health.
- International Federation of Social Workers. (2004) *Ethics in Social Work, Statement of Principles*. IFSW.
 Accessed: 28.11.2014
<http://www.ifsw.org/en/p38000324.html>.
- International Federation of Social Workers. (2014) *Statement of Ethical Principles*. IFSW.
 Accessed 18.3.2014
<http://ifsw.org/policies/statement-of-ethical-principles/>
- King, M., Speck, P. and Thomas, A. (1994) 'Spiritual and religious beliefs in acute illness--is this a feasible area for study?', *Social Science and Medicine* 38(4): 631 - 636.
- King, M., Speck, P. and Thomas, A. (1999) 'The effect of spiritual beliefs on outcome from illness', *Social Science and Medicine* 48(9): 1291 - 1299.
- King, M., Weich, S., Nazroo, J. and Blizard, B. (2006) Religion, mental health and ethnicity: EMPIRIC - A national survey of England, *Journal of Mental Health* 15 (2): 153 - 162.
- King, M., Marston, L., McManus, S., Brugha, T., Meltzer, H. and Bebbington, P. (2013) 'Religion, spirituality and mental health: results from a national study of English Households', *The British Journal of Psychiatry* 202 (1): 68 - 73.
- Koenig, H. G. and Larson, D.B. (2001) 'Religion and mental health: evidence for an association', *International Review of Psychiatry* 13(2): 67 - 78.
- Laing, R. D. (1965) *The Divided Self: An Existential Study in Sanity and Madness*, London: Penguin.
- Law Centre Northern Ireland (2014) DHSSPS EQIA Consultation on the Mental Capacity (Health, Welfare & Finance) Bill
 Accessed: 15.09.2014
<http://www.lawcentreni.org/policy/consultation-responses/721.htm>
- Leamy, M., Bird, V., Le Boutillier, C., Williams, J. and Slade, M. (2011) 'Conceptual framework for personal recovery in mental health: systematic review and narrative synthesis', *The British Journal of Psychiatry*, 199 (6): 445 - 452.

Leavey, G. (2008) 'U.K. Clergy and People in Mental Distress: Community and Patterns of Pastoral Care', *Transcultural Psychiatry* 45(1): 79 - 104.

Leavey, G., Loewenthal, K. and King, M. (2007) 'Challenges to sanctuary: The clergy as a resource for mental health care in the community', *Social science & medicine* 65 (3): 548 - 559.

Luckmann, T. (1992) 'Religion and Personal Identity in Modern Society', in Giddens, A. (ed) *Human societies: an introductory reader in sociology*, Cambridge: Polity, pp. 225 - 230.

MacKian, S. (2011) 'Crossing spiritual boundaries: encountering, articulating and representing other worlds', *Methodological Innovations Online* 6(3): 61 - 74.

MacKian, S. (2012) 'Touched by spirit: sensing the material impacts of intangible encounters' in, Paterson, M. and Dodge, M. (eds) *Touching Space, Placing Touch*, Farnham: Ashgate, pp. 249 - 268.

Manning, L.K. (2012) 'Navigating Hardships in Old Age: Exploring the Relationship Between Spirituality and Resilience in Later Life', *Qualitative Health Research* 23 (4): 568 - 575.

Manning, L.K. (2014) 'Enduring as Lived Experience: Exploring the Essence of Spiritual Resilience for Women in Late Life', *Journal of Religion and Health* 53 (2): 352 - 362.

Marks, D. (1999) 'Dimensions of Oppression: theorising the embodied subject', *Disability & Society* 14 (5): 611 - 626.

Mason, J. (2002) *Qualitative Researching, 2nd Edition*, London: Sage Publications.

Mason, J. (2011) *Knowing the in/tangible*, Realities at the Morgan Centre Working Paper # 17: University of Manchester
Accessed 27.9.2012
<http://www.socialsciences.manchester.ac.uk/morgancentre/realities/wps/17-2011-11-realities-intangibles.pdf>

Mason, J and Davies, K (2009) 'Coming to our senses? A critical approach to sensory methodology', *Qualitative Research* 9 (5): 587 - 603.

Mason, J. and Dale, A. (2011) 'Creative Tension in Social Research: Questions of Method', in Mason, J. and Dale, A. (eds) *Understanding Social Research: Thinking creatively about method*, London: Sage Publications, pp. 1 - 26.

Maton, K. (2003) 'Reflexivity, Relationalism and Research: Pierre Bourdieu and the Epistemic Conditions of Social Scientific Knowledge', *Space and Culture* 6(1): 52 – 65.

May, T. (2011) *Social Research: Issues, methods and process*, Maidenhead: Open University Press.

Mental Health Foundation. (1997) *Knowing Our Own Minds*. London: Mental Health Foundation.

Mental Health Foundation. (2002) *Taken seriously: the Somerset Spirituality Project*, London: Mental Health Foundation.

Mental Health Wales. (2014) *The Whole Person Approach*.
Accessed 13.5.2014
http://www.mentalhealthwales.net/mhw/whole_social.php.

Meyer, J. and Land, R. (2003) *Threshold Concepts and Troublesome Knowledge: Linkages to Ways of Thinking and Practising within the Disciplines*. Enhancing Teaching Learning Project: Universities of Edinburgh, Coventry and Durham.

Mills, C. W. (2000) *The Sociological Imagination: With a new afterword by Todd Gitlin*, New York: Oxford University Press. (originally published in 1959).

Mitchell, C. (2005) 'Behind the Ethnic Marker: Religion and Social Identification in Northern Ireland', *Sociology of Religion* 66 (1): 3 - 21.

Morgan, H. (2012) 'The Social Model of Disability as a Threshold Concept: Troublesome Knowledge and Liminal Spaces in Social Work Education', *Social Work Education* 31 (2): 215 - 226.

Morse, J.M., Barrett, M., Mayan, M., Olson, K. and Spiers, J. (2002) 'Verification Strategies for Establishing Reliability and Validity in Qualitative Research', *International Journal of Qualitative Methods* 1 (2): 1 - 19.

Moss, B. (2012) 'The pedagogic challenge of spirituality: A 'co-creative' response', *Journal of Social Work* 12 (6): 595 - 613.

Moss, B. and Thompson, N. (2007) 'Spirituality and equality', *Social & Public Policy Review* 1 (1): 1 - 12.
Accessed 7.5.2014 http://www.uppress.co.uk/socialpolicy_pdf/Thompson.pdf

Mowat, H. and Bunniss, S. (2011) *Community chaplaincy listening: Full report on the national Scottish action research project*, Edinburgh: NHS Scotland.

Mulvany, J. (2000) 'Disability, impairment or illness? The relevance of the social model of disability to the study of mental disorder', *Sociology of Health & Illness* 22(5): 582 - 601.

National Association of Social Workers. (1996) *Code of Ethics (revised 2008)*, Washington, DC: NASW.
Accessed 18.3.2014
<https://www.socialworkers.org/pubs/code/code.asp?print=1&>

National Health Service Education for Scotland. (2009) *Spiritual Care Matters: An Introductory Resource for all NHS Scotland Staff*, Edinburgh: NHS Education for Scotland.

National Institute for Health and Clinical Excellence. (2009) *Depression: The Treatment and Management of Depression in Adults* (Clinical Guideline CG90), London: NICE.

National Research Ethics Service. (2011) *Information Sheets and Consent Forms, Guidance for Researchers and Reviewers, March 2011*. National Research Ethics Service.

Accessed 26.3.2012

<http://www.nres.npsa.nhs.uk/applications/guidance/#PIS>

Northern Ireland Social Care Council. (2002) *Codes of Practice for Social Care Workers and Employers of Social Care Workers*, Belfast: NISCC.

Accessed 17.7.2012

http://www.niscc.info/content/uploads/downloads/registration/Codes_of_Practice.pdf

Northern Ireland Social Care Council. (2003) *Northern Ireland Framework Specification for the Degree in Social Work*, Belfast: DHSSPS.

Northern Ireland Statistics and Research Agency. (2012) *Census Bulletin. Census 2011: Detailed Characteristics for Northern Ireland on Ethnicity, Country of Birth and Language*.

Accessed on 12.3.2014

http://www.nisra.gov.uk/Census/detailedcharacteristics_stats_bulletin_2_2011.pdf

O'Leary, P., Tsui, M.S. and Ruch, G. (2013) 'The Boundaries of the Social Work Relationship Revisited: Towards a Connected, Inclusive and Dynamic Conceptualisation', *British Journal of Social Work* 43(1): 135 - 153.

Oliver, M. (1990) *The Politics of Disablement*, Basingstoke: Macmillan.

Oliver, M. (1996) *Disability Politics: understanding our past, changing our future*, London: Routledge.

Oliver, M. and Barnes, C. (1998) *Disabled People and Social Policy: from Exclusion to Inclusion*, Harlow: Addison Wesley Longman Limited.

Paley, J. and Eva, G. (2005) 'Narrative vigilance: the analysis of stories in health care', *Nursing Philosophy* 6 (2): 83 - 97.

Pargament, K.I. (1997) *The Psychology of Religion and Coping*, New York: The Guilford Press.

Pargament, K.I. (2007) *Spiritually Integrated Psychotherapy: Understanding and Addressing the Sacred*, New York: The Guilford Press.

Parkes, M. and Gilbert, P. (2011) *Report on the Place of Spirituality in Mental Health*, London: The National Spiritual and Mental Health Forum.

Parr, H. and Butler, R. (1999) 'New geographies of illness, impairment and disability', in Butler, R. and Parr, H. (eds) *Mind and body spaces*, London: Routledge, pp. 1 - 24.

Pearce, M. J., Rivinoja, C.M. and Koenig, H.G. (2008) 'Spirituality and Health: Empirically Based Reflections on Recovery', *Recent Developments in Alcoholism* 18: 187 - 208.

Perkins, D. (1999). The Many Faces of Constructivism, *Educational Leadership* 57 (3): 6-11.

Pink, S. (2009) *Doing Sensory Ethnography*, London: Sage.

Pinkerton, J. and Campbell, J. (2002) 'Social Work and Social Justice in Northern Ireland: Towards a New Occupational Space', *British Journal of Social Work* 32 (6): 723 - 737.

Plumb, A. (1994) 'Distress or disability? A discussion document' first published in 1994 as an occasional paper by Greater Manchester Coalition of Disabled People and reprinted with permission in *Distress or Disability: Proceedings of a symposium held at Lancaster University 15 -16 November 2011*, Lancaster: Centre for Disability Research.

Plummer, K. (2001) *Documents to life 2: an invitation to critical humanism*, London: Sage Publications.

Porter, R. (2002) *Madness: A Brief History*, Oxford: Oxford University Press.

Premal, S. and Mountain, D. (2007) 'The medical model is dead: long live the medical model', *British Journal of Psychiatry* 191 (11): 375 - 377.

Prosser, J., Clark, A. and Wiles, R. (2008) *Visual Research at the Crossroads*, Realities at the Morgan Centre Working Paper # 10, Manchester: University of Manchester.

Accessed 19.12.2012

<http://www.socialsciences.manchester.ac.uk/morgancentre/realities/wps/10-2008-11-realities-prosseretal.pdf>

Punch, K.F. (2014) *Introduction to Social Research: Quantitative & Qualitative Approaches*, 3rd Edition, London: Sage Publications.

Ramon, S., Campbell, J., Lindsay, J., McCrystal, P. and Baidoun, N. (2006) 'The Impact of Political Conflict on Social Work: Experiences from Northern Ireland, Israel and Palestine', *The British Journal of Social Work* 36 (3): 435 - 450.

Reeve, D. (2002) 'Negotiating Psycho-emotional Dimensions of Disability and their Influence on Identity Constructions', *Disability & Society* 17 (5): 493 – 508.

Reynolds, P. and Burr, J. (2010) 'The Wrong Paradigm? Social Research and the Predicates of Ethical Scrutiny', *Research Ethics Review* 6 (4): 128-133.

Richards L. (2009) *Handling Qualitative Data: A Practical Guide, 2nd Edition*, London: Sage Publications.

Richards, L. and Morse, J.M. (2013) *Read Me First for a User's Guide to Qualitative Methods, 3rd Edition*, Thousand Islands: Sage Publications.

Riessman, C.K. (1993) *Narrative Analysis*, Thousand Oaks: Sage Publications.

Riessman C.K. (2008) *Narrative Methods for the Human Sciences*, Thousand Oaks: Sage Publications.

Robson, C. (2002) *Real World Research, 2nd Edition*, Oxford: Blackwell Publishers.

Robson, C. (2011) *Real World Research, 3rd Edition*, Chichester, Wiley Publishers.

Royal College of Psychiatrists. (2010) *Spirituality and Mental Health*, London: Royal College of Psychiatrists.

Ryen, A. (2011) 'Ethics and Qualitative Research', in Silverman, D. (ed) *Qualitative Research, 3rd Edition*, London: Sage Publications, pp. 416 – 238.

Scottish Executive (2003) *National Programme for Improving Mental Health and Well-Being: Action Plan 2003- 2006*, Edinburgh: Scottish Executive.

Scull, A. (2011) *Madness: A Very Short Introduction*, Oxford: Oxford University Press.

Shakespeare, T. and Watson, N. (2001) 'The social model of disability: An outdated ideology?', *Research in Social Science and Disability* (2): 9 - 28.

Shorter, E. (1997) *A history of psychiatry: from the era of the asylum to the age of prozac*, John Wiley: New York.

Sikes, P. & Piper, H. (2010) 'Editorial: Ethical Research, Academic Freedom and the Role of Ethics Committees and Review Procedures in Education', *International Journal of Research and Method in Education* 33 (3): 205 – 213.

Silverman, D. (2000) *Doing Qualitative Research: A Practical Handbook*, London: Sage Publications.

Sims, A. and Cook, C.H. (2009) 'Spirituality in psychiatry', in Cook, C., Powell, A. and Sims, A. (eds) *Spirituality and Psychiatry*, London: Royal College of Psychiatrists, pp. 1 - 15.

Smyth, M. and Campbell, J. (1996) 'Social Work, Sectarianism and Anti-Sectarian Practice in Northern Ireland', *British Journal of Social Work* 26 (1): 77 – 92.

- Snape, D. and Spencer, L. (2003) 'The Foundations of Qualitative Research', in Ritchie, J. and Lewis, J. (eds) *Qualitative Research Practice: A Guide for Social Science Students and Researchers*, London: Sage Publications, pp. 1 - 23.
- Spandler, H. (2011) 'Setting the scene', in *Distress or Disability: Proceedings of a symposium held at Lancaster University 15 -16 November 2011*, Lancaster: Centre for Disability Research.
- Squire, C. (2008) *Approaches to Narrative Research*, ESRC National Centre for Research Methods: University of East London.
- Stanworth, R. (2004) *Recognizing Spiritual Needs in People Who Are Dying*, Oxford: Oxford University Press.
- Stanworth, R. (2005) 'Researching 'Spirituality': Some of the pitfalls and pleasures of theological anthropology', *Scottish Journal of Healthcare Chaplaincy* 8 (1): 20 - 22.
- Starnino, V.R., Gomi, S. and Canda, E.R. (2014) 'Spiritual Strengths Assessment in Mental Health Practice', *British Journal of Social Work* 44 (3): 849 - 867.
- Stirling, B., Furman, L.D., Benson, P. W., Canda, E.R. and Grimwood, C. (2010) 'A Comparative Survey of Aotearoa New Zealand and UK Social Workers on the Role of religion and spirituality in practice', *British Journal of Social Work* 40 (2): 602 - 621.
- Strauss, A and Corbin, J. (1998) *Basics of Qualitative Research Techniques and Procedures for Developing Grounded Theory, 2nd Edition*, London: Sage Publications.
- Swinton, J. (2001) *Spirituality and mental health care: rediscovering a 'forgotten' dimension*, London: Jessica Kingsley.
- Swinton, J. (2007) 'Researching spirituality and Mental Health – A perspective from the Research', in Coyte, M.E., Gilbert, P. and Nicholls, V. (eds) *Spirituality, Values and Mental Health*, London: Jessica Kingsley Publishers, pp. 292 - 305.
- Swinton, J. (2009) 'Researching spirituality and mental health', *Australian Journal of Pastoral Care and Health* 3 (1): 1 - 14.
- Szasz, T.S. (1961) *The myth of mental illness: foundations of a theory of personal conduct*, New York: Harper and Row.
- Thomas, C. (1999) *Female Forms: Experiencing and understanding disability*, Buckingham: Open University Press.
- Thomas, C. (2004) 'How is disability understood? An examination of sociological approaches', *Disability and society* 6(19): 569 - 583.
- Thomas, C. (2007) *Sociologies of Disability and Illness. Contested ideas in disability*

studies and medical sociology, Basingstoke: Palgrave Macmillan.

Thompson, N. (2003) *Promoting Equality: Tackling Discrimination and Oppression*, 2nd Edition, Basingstoke: Palgrave Macmillan.

Thompson, N. (2009) *Practising Social Work: Meeting the professional challenge*, Basingstoke: Palgrave Macmillan.

Thompson, N. (2010) *Theorizing Social Work Practice*, Basingstoke: Palgrave / Macmillan.

Traynor, C. (1998) 'Social work in a sectarian society', in Anderson, M., Bogue, S., Campbell, J., Douglas, H. and McColgan, M. (eds) *Social Work and Social Change in Northern Ireland: Issues for Contemporary Practice*, London: Central Council for Education and Training in Social Work, pp. 30 - 47.

Tsui, M. (2005), *Social Work Supervision: Contexts and Concepts*, California: Sage.

Tuck, I and Anderon, L. (2014) 'Forgiveness, Flourishing, and Resilience: The Influences of Expressions of Spirituality on Mental Health Recovery', *Issues in Mental Health Nursing* 35 (4): 277- 282.

Turney, D. (2010) 'Sustaining relationships: Working with strong feelings. III. Love and positive feelings', in Ruch, G., Turney, D. and Ward, A. (eds) *Relationship-Based Practice: Getting to the heart of social work*, London: Jessica Kingsley, pp. 113 - 147.

University of Stirling. (2009) *Code of Good Research Practice*, Stirling: University of Stirling.

Voas, D. and Bruce, S. (2007) 'The Spiritual Revolution: Another False Dawn for the Sacred' in K. Flanagan and Jupp, P.C. (eds) *A sociology of spirituality*, Aldershot: Aldershot, pp. 43 - 62.

Watermeyer, B and Swartz, L. (2008) 'Conceptualising the psycho-emotional aspects of disability and impairment: the distortion of personal and psychic boundaries', *Disability & Society* 23 (6): 599 - 610.

Werner, E and Smith, R. (1982) *Vulnerable but invincible: A longitudinal study of resilient children and youth*, New York: McGraw-Hill.

Werner, E. (2012) 'Risk, Resilience, and Recovery: Emmy Werner, interviewed by Larry Brendtro', *Reclaiming Journal* 21 (1): 18 - 23.

White, S. (2009) 'Discourse analysis and reflexivity', in Gray, M. and Webb, S A. (eds) *Social Work Theories and Methods*, London: Sage Publications, pp. 161 - 171.

Williams, G. 1984. 'The genesis of chronic illness: narrative re-construction', *Sociology of Health and Illness* 6 (2): 175 - 200.

- Williams, R.R. (2010) 'Space for God: Lived Religion at Work, Home, and Play'. *Sociology of Religion* 71 (3): 257-279.
- Wilson, G. and Daly, M. (2007) 'Shaping the Future of Mental Health Policy and Legislation in Northern Ireland: The Impact of Service User and Professional Social Work Discourses', *The British Journal of Social Work* 37 (3): 423 - 439.
- Wilson, G. and McCrystal, P. (2007) 'Motivations and Career Aspirations of MSW Students in Northern Ireland', *Social Work Education* 26 (1): 35 - 52.
- Wong, Y. L. R. and Vinsky, J. (2009) 'Speaking from the Margins: A Critical Reflection on the "Spiritual-but-not-Religious" Discourse in Social Work', *British Journal of Social Work* 39 (7): 1343 - 1359.
- Wood, M. (2007) *Possession, Power and the New Age: Ambiguities of Authority in Neoliberal Societies*, Aldershot: Ashgate.
- Wood, M. (2009) 'The Non-formative Elements of Religious Life: Questioning the "Sociology of Spirituality" Paradigm', *Social Compass* 56 (2): 237 - 248.
- Wood, M. (2010) 'The Sociology of Spirituality: Reflections on a Problematic Endeavour', in Turner, B.B. (ed) *The New Blackwell Companion to the Sociology of Religion*, Oxford: Wiley-Blackwell, pp. 267 - 285.
- Zapf, M.K. (2005) 'The spiritual dimension of person and environment', *International Social Work* 48 (5): 633 - 642.