

GROUP SPIRITUAL DIRECTION PROGRAM FOR DEPRESSED PERSONS

by

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TABLE OF CONTENTS

ABSTRACT.....	vii
ACKNOWLEDGEMENTS	viii
LIST OF ILLUSTRATIONS	ix
LIST OF TABLES.....	x
 Chapter	
1. INTRODUCTION: SURVEYING THE HORIZONS.....	1
2. SURVEYING THE LANDSCAPE: DEFINITIONS AND LITERATURE REVIEW.....	9
Ministry and Theological Perspective	
Spirituality	
Spiritual Direction	
Depression	
Group Process	
Conclusion	
3. THE FOUNDATION: THE BUILDING BLOCKS.....	31
First Building Block: The Treatment of Depression	
Second Building Block: Group Spiritual Direction	

Third Building Block: Transformative Learning

4.	SPIRITUAL MORTAR: THEOLOGICAL PERSPECTIVES.....	47
	A Biblical Connection with Depression	
	A Theological Perspective on Depression	
	Theologies Address Depression	
5.	THE BRIDGE TO NEW LIFE: THE GROUP SPIRITUAL DIRECTION PROGRAM.....	63
	Bridge Foundation Under Construction: Historical Background and Preliminary Preparation	
	Bridge Construction: The Group Spiritual Direction Program Planning	
	The Group Spiritual Direction Program	
	Bridge Construction: Outline of Methodology	
6.	TESTING THE STRUCTURE.....	83
	Qualitative Analysis by Clients and Sessions	
	Qualitative Analysis by Themes	
	Quantitative Analysis	
7.	THE BRIDGE STRONG AND SOLID: CONCLUSIONS, SUMMARY AND RECOMMENDATIONS.....	187
	Conclusions	
	Summary	
	Recommendations for Further Research in the Area of Spiritual Direction and Depression	

Appendix

1.	SPIRITUAL DIRECTION PROGRAM.....	205
2.	SAMPLE LETTER.....	206
3.	CLIENT SELECTION CRITERIA.....	207
4.	HANDOUTS.....	207
5.	PROGRAM AGENDA.....	214
6.	PROGRAM OUTLINE.....	218
7.	BECK DEPRESSION INVENTORY.....	219
8.	THE SPIRITUAL EXPERIENCE INDEX - REVISED.....	222
9.	CHECKLIST.....	224
10.	GROUP SPIRITUAL DIRECTION EVALUATION.....	224
11.	GROUP SPIRITUAL DIRECTION PROGRAM GOAL AND OBJECTIVES.....	227
12.	CLIENTS THEMES AND PROGRAM THEMES.....	228
13.	GROUP SPIRITUAL DIRECTION PROGRAM EVALUATION: SUMMARY...	231
14.	CLIENT CHECKLIST: SUMMARY.....	234
	BIBLIOGRAPHY.....	237

Abstract

Spiritual direction is a very old term used to describe the practice of spiritual guidance given to a directee by a spiritual director. The purpose of spiritual direction is to enable a directee to explore and enhance their understanding and relationship with their God. In group spiritual direction the group leader facilitates the participants to provide spiritual guidance. The group is empowered to care for one another. In each session one group member claims the session and becomes the directee, while the others provide the spiritual guidance. The group spiritual direction program endeavors to meet the spiritual needs of the specific group members.

Group spiritual direction is relatively new and there is nothing written on its use with people with mental health problems. This thesis is prophetic in that it is the sharing of research that proves the value of group spiritual direction in helping the healing process of people diagnosed with mild to moderate depression.

The preferred treatment of depressed persons is cognitive therapy and change is accomplished through adult learning. In this thesis project the group members were coached in the use of cognitive therapy to address the spiritual needs of the member who chose to be the directee in any given session. The model of learning is an adult model and learning was facilitated through the practice of reflection, and is known as Transformative Learning. This research, through qualitative and quantitative methodology, has shown that group spiritual direction improves the mood of the clients who are mildly to moderately depressed.

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In the early stages of the research an advisory group consisting of Sr. Marie Ryan, Bert Fowlow, Bette Davis, Neil Quigley, and Sr. Diane Smyth met to assist with the formulation of the goals and objectives. Also Dr. Penny Allderdice provided assistance with the literature search and facilitated the acquisition of numerous articles, as well as being of great encouragement in the process.

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Rev. Peter Barnes
St. John's, NF., July 1998

LIST OF ILLUSTRATIONS

Figure		Page
1.	Mean Beck Depression Inventory (BDI) Scores	175
2.	Spiritual Experience Index - Revised (Support)	179
3.	Spiritual Experience Index - Revised (Openness)	183
4.	Mean Spiritual Experience Index-Revised Ratings	185

LIST OF TABLES

Table		Page
1.	Mean Beck Depression Inventory Scores...	173
2.	T-Test Summary for Beck Depression Inventory (BDI) Scores	174
3.	Mean Spiritual Experience Index-Revised (Support) Scores	177
4.	T-Test Summary for Spiritual Experience Index - Revised (Support) Scores	178
5.	Mean Spiritual Experience Index (Openness) Scores	181
6.	T-Test Summary for Spiritual Experience Index - Revised (Openness) Scores	182
7.	Mean Spiritual Experience Index- Revised Scores	184

CHAPTER ONE**INTRODUCTION: SURVEYING THE HORIZONS**

Pastoral Care in the mental health field presents a challenge because people with mental illnesses often feel alienated from society. The challenge is also true of the traditional instrument of pastoral care, the Church, who often hesitate to access assistance when the mentally ill have spiritual needs. People with mental illness resist seeking external help including help from God, because they generally have low self-esteem and consider themselves unworthy of assistance. Thinking in absolutes, they see themselves negatively which affects their spirituality. This negativity may be evident in their lack of focus or feelings of hopelessness. Those who suffer from depression as an illness may prefer to condemn themselves and their God, rather than considering the possibility of being cared for by a loving God. Self confidence is impaired by their condition and consequently the lack of energy or motivation necessary to address spiritual issues confronting them is also frustrating. The combination of these factors regarding the mentally ill contribute to making ministry to the mentally ill a unique one requiring special skills. I have endeavored to prepare myself personally and professionally for the challenges of this special ministry. Early in my years of ministry in the health care field I realized that if I could respond appropriately to the spiritual needs of the mentally ill, then I would also respond effectively to the spiritual needs of those who are well.

The challenge of assessing spiritual needs of the mentally ill and endeavoring to respond with effective treatment or programs became my goal. I felt it was inappropriate to settle for the traditional pastoral care, ministry of visitation. Much more is needed. While psychiatric care is, in essence, the care of the psyche, and necessary for the mentally

ill, invariably these people require a greater care, one that is spiritual, and gives special attention to the soul. My desire to take on the spiritual care of the mentally ill inspired my research for this project. Appropriate pastoral care delivered by capable and caring people can make a significant contribution to the healing process of those who are mentally ill. This is the broad theme that I address in this thesis.

The broad theme having been identified, I now focus on depression as the specific illness to be considered. Society is generally aware that depression is a common illness today. Often a feeling of helplessness hovers when dealing with these people as we seek a cure for their illness. For those in ministry, similar feelings of helplessness often occur when dealing with the spiritual needs of these people because great energy is required to support and encourage them. This goal of devising an appropriate means of treatment for people encouraged me to make it the focus of my research. My thesis is to demonstrate that a well constructed program for group spiritual direction can assist the healing process for people who are diagnosed as mildly to moderately depressed.

In the mid nineteen seventies as a newly ordained minister I knew intuitively that I needed spiritual direction as I explored religious life through the Third Order Franciscans. At that time I met with little success in my endeavors to learn the practice of spiritual direction because I was not totally clear on what I wanted or needed, and no one in the rural area in which I lived seemed to understand or have the time to assist me. The searching was a lonely exploration in the desert, accompanied by books by Thomas Merton, Brother Roger of Taize, and other spiritual guides. This exploration has

remained relatively dormant for the past twenty years as I was busy “working” at ministry, with little time for reflection and meditation. I feel like I have neglected my soul in favor of doing rather than being. Recently the hunger for deeper awareness of myself and God has returned. Consequently, I began to explore the topic of spiritual direction as a specific response to people who require guidance and companionship in their spiritual journey, specifically the people with the diagnosis of depression. The experience has been like visiting and getting to know an old friend whom I saw for the first time in twenty years. Therefore I chose spiritual direction as the response to approach the treatment of people with depression. It offered me a renewed challenge and seemed to fit as an appropriate approach to the empowerment of those suffering from the illness, depression. The strong motivation I have and have had for this topic is an important factor in the choice of spiritual direction as the means of spiritual guidance of depressed persons. The quest for meaning, the help of spiritual companions, even though limited, and the awareness of my own hopelessness or depression at times made me think that spiritual direction could help relieve depression.

As a teaching supervisor in the Clinical Pastoral Education Programs, group work has become an important means of assisting people in their growth and their healing process. The knowledge of the value of group therapy inspired me to put group work and spiritual direction together, and to study the method of group spiritual direction as a possible treatment for the mental illness, depression.

Therefore the specific focus of this research project is to demonstrate that the mood of mildly to moderately depressed persons is helped through a program of group spiritual direction. In order to undertake this project, it was necessary to do an in-depth study of depression, group theory, spiritual direction, and to reflect theologically on the situation of people with mental illness, specifically depression. This analysis was required prior to the formulation of a program appropriate for a group of depressed persons. Because this is a research project, I had to also devise a methodology to measure the change in mood of the depressed persons who took part in the group spiritual direction program. I chose a qualitative research project with support from some quantitative methods. The quantitative aspect required that I involve an additional eight people with the diagnosis of depression, in addition to those of the spiritual direction group. These depressed people were placed on a waiting-list for the next time I would offer this spiritual direction program, and would participate in the project by agreeing to answer the same tests as those in the group spiritual direction program.

The study of group spiritual direction of persons with depression is a work in progress because it endeavors to deepen the understanding of a topic that is relevant to a large number of people, considering the frequency of people with the diagnosis of depression and also considering the number of people interested in spiritual direction. Yet literature and internet searches have derived a relatively small amount of material indicating that the topic remains relatively under-researched. The searches have revealed that the study of group spiritual direction is minimal and the study of the group spiritual direction of people with mental disorders is non-existent. This represents a gap in

research that is addressed in this research project. The study is a quest to develop understanding and knowledge for the use of spiritual direction with depressed persons for the purpose of evaluating the impact on their mental health.

We seem to be most aware of our spiritual needs when we experience a crisis. The expectation is that in acute care situations assistance is sought from people of a specific religion or from friends and family who endeavor to help the person in crisis to find a meaningful way through the event. In the event of the death of a loved one assistance is sought from a clergy or a funeral home representative to provide a ceremony or a process that helps facilitate our return to normal living. The ceremony or funeral service is usually predetermined by the clergy providing the service. There is little or no attention paid to the unique needs of the person in crisis unless the person exhibits specific symptoms that require medical attention. The expectation is that the ceremony suits everyone's spiritual needs. I argue that this is indeed not the case and that people have unique spiritual needs that need to be identified and responded to with appropriate spiritual guidance in order to facilitate the return to good mental health.

The combination of personal experience of spiritual needs and ministry experience is the context that has inspired the formulation of this research project. Because I have felt that my unique spiritual needs have not always been adequately served I can only assume that others experience the same dilemma. When I have felt discouraged or depressed the experience of someone helping me to make sense of my struggles has enabled me to move out of my negative feelings. The best gift I have been given in the "down times" has been

someone who has listened attentively and provided objective feedback regarding the specific concerns I have raised.

Based on my intuition and my experience I have set out on a process of discovery to gain an informed understanding of what is necessary to provide appropriate spiritual guidance to those who experience the mental illness, depression. I have learned that many spiritually oriented people have themselves experienced depression and have discovered that it has also been a pathway to a deeper understanding or has given deeper meaning in their lives. I am also aware that I, like others experience fear or resistance to change when I feel down and that this tends to prohibit my growth. Being alone in the state of depression without the assistance of others can lead to a worsening of the depressed condition, including difficulty making decisions. However, when appropriate concern or assistance is provided the depressed person may gain new understanding that leads to more contented feelings and to a greater ability of managing life in the future.

The energy available for coping with living is reduced when one is depressed. The energy level is like the water level in a well that rises and falls. Just as a well may require a rainfall to raise the water level, so too depressed people may need the infusion of new energy available through the companionship of a spiritual mentor. The mentor listens and facilitates the person to gain insight into his or her life experience. Life may be compared to a puzzle in which the mentor helps the person to work towards the completion of the picture that is his or her life story.

This thesis project is one particular section of my life. In the development of this project I received assistance from an individual mentor as well as from a support group who I called together to provide guidance, in effect modeling the process of group spiritual direction. Therefore I equate my experience of this project to an inner spiritual journey. The process of the project is grounded or rooted in my basic philosophy that influences my ministry in life; that I can learn from a variety of people or situations including those who are considered to be marginalized by our society. This belief is rooted in the scripture reference in which Jesus says that when we neglect the least of his friends we neglect him (Matthew 25:40), and the reference in which Jesus calls the little children to him and beckons the disciples to be like the children (Luke 18:16). I have been continually challenged to learn from my life experience and have found that some of my most meaningful learning has been in the least expected life experiences. I have felt depressed and have learned from it that one needs assistance in these times because of the acute immobilized state of being that is prevalent in the midst of feeling depressed.

I have identified in this introduction the ministry context out of which this thesis project has grown. As has been stated, the research methodology is primarily qualitative. The personal bias is factored into the research and an effort has been made to provide objective analysis both of the process notes and the test results of the program. I have found it helpful to use a construction metaphor to assist me in the creation of this thesis. I identify in the second chapter the survey of the landscape since it includes mapping out the necessary limits for the study, that is, the definitions and the literature review. I name

in the third chapter the foundations made up of building blocks, since it is an overview of the theories that have informed this study. I illustrate in the fourth chapter the mortar that holds together the building blocks of the foundation. This chapter focuses specifically on the theological underpinnings of the study addressing both the topic in general and the specific issues of depressed persons. Chapter five illustrates the commencement of the construction of the superstructure, specifically a bridge. I chose to use this illustration because of the need for a connection between depressed persons and others who hopefully become for the former a bridge to good health or a new life. This chapter on research methodology includes an outline of the details of the study program as well as the specific qualitative and quantitative methodologies.

Prior to the opening of any bridge, there must be a series of tests or an analysis of the standard of the construction so as to confirm the quality of the structure. This is contained in the sixth chapter where the analysis of the results of the study, including the recommendations for the delivery of future programs, is presented and verifies the validity of the research. The final chapter illustrates the official opening of the bridge which represents the conclusion and the summary of the thesis project.

CHAPTER TWO**SURVEYING THE LANDSCAPE:****DEFINITIONS AND LITERATURE REVIEW**

The use of the metaphor, “surveying the landscape,” is an effort to explore the meaning of the terms that are the background for this research project. This chapter provides an overview of the topic so as to provide the basis necessary to understand the research.

Ministry and Theological Perspective

Ministry in this study focuses on the healing of people with mental health problems, specifically depression. Ministry to the mentally ill is a specialized ministry requiring understanding of mental health problems. It also requires an understanding of spiritual formation that is applicable to people with mental illness, taking into consideration the specific stage of their illness and their stage of spiritual development.

The method of ministry being researched in this study is the use of group spiritual direction by the researcher. The challenge is the effective use of group spiritual direction to prove that the facilitation of a spiritual direction group program contributes to the healing of depressed people. Healing in this context refers to a holistic approach to improved health and well being, but it is not necessarily a cure for a specific illness. A person may continue to have some of the symptoms of depression, but may also be more peaceful or content with his or her life. People who experience isolation may become depressed because of a loss of purpose. Fostering a sense of belonging to community through a group experience may alleviate the loneliness and help the healing process. A

change in the situational perspective of clients may reduce stress enough to raise their sense of well-being, thus facilitating healing.

The book Ministry to Theology: Pastoral Action and Reflection by John Patton defines pastoral theology as one that focuses on data from the practice of ministry. He goes on to claim that God's creativity stirs human creativity and imagination and empowers action in ministry, relationship in community, and interpretation of meaning.¹ The specific ministry of this study is the spiritual care that addresses the needs of people who are often isolated and ignored because of their illness. The power or energy of this ministry is consistent with theology of liberation. The needs of depressed persons are so intense that it inspires ministry which has to be creative and liberating. The awareness of the unique needs of the marginalized of our society, specifically the mentally depressed, motivates or energizes this research project to discover the appropriate spiritual care that aids or facilitates their healing process. Therefore this study is energized by the paramount needs of depressed persons and the potential for accessing the grace of God in group spiritual direction.

The perspective one has on depression seems to be critical in determining its treatment. In the book Shadows of the Heart: A Spirituality of the Negative Emotions by Evelyn and James Whitehead, a reference is made to healthy and unhealthy depression.

¹ John Patton, From Ministry to Theology: Pastoral Action and Reflection (Nashville: Abingdon Press, 1990), 18.

In healthy depression our despondency comes and goes, leaving us still able to function. But by denying these painful signals or refusing to respond we risk our depression deepening into an unhealthy mood disorder.²

This leads to the importance of the theological reflection necessary for this study since the use of therapy such as religious cognitive therapy may prevent the healthy depression from moving to being an unhealthy depression. Persons with healthy depression who believe in God may have their negative thought pattern challenged by the question “did God abandon the Israelites in the Old Testament, or Matthew the tax collector or Mary Magdalene in the New Testament?” Therefore the next approach is for the depressed persons to consider what makes them think God will abandon them. This is a disputation of the person’s tendency to overgeneralize, and based on the theory of cognitive therapy helps the person to experience a mood change and feel better.

In the book Care of the Soul: A Guide for Cultivating Depth and Sacredness in Everyday Life, Thomas Moore refers to depression as a gift. He says that “care of the soul doesn’t mean wallowing in the symptom, but it does mean trying to learn from depression what qualities the soul needs.”³ Gerald May in Care of the Mind, Care of the Spirit⁴ stresses the importance of discernment of the depression as to whether it may be a natural and graced event in one’s spiritual growth, in which case one would do well to

² James D. Whitehead and Evelyn E. Whitehead, Shadows of the Heart: A Spirituality of the Negative Emotions (New York: Crossroad Publishing Company, 1995), 165.

³ Thomas Moore, Care of the Soul: A Guide for Cultivating Depth and Sacredness in Everyday Life (New York: HarperPerennial, 1994), 153.

⁴ May, Care of the Mind, Care of the Spirit: A Psychiatrist Explores Spiritual Direction (San Francisco: HarperSanFrancisco, 1992), 102.

let it happen. Thomas Moore and Gerald May reflect on depression from a hopeful, faith perspective, looking for the possibility of spiritual growth in spite of, and even through the negative experience of depression. Undoubtedly in a group of eight people there are some who are inspired to have hope. When group cohesion is encouraged the clients who are hopeful impact upon the others in a positive way so that all the participants gain a new perspective.

Joann Conn uses Robert Kegan's development phases to explain the potential depression has in one's maturation, which is an addition to the theory that depression may be seen as an opportunity to grow. She says:

From Kegan's constructive-developmental perspective, the anger and loss which are common features of depression in most theories are viewed as developmental phases within depression itself.⁵

The group experience allows the clients to share their stories and by supporting one another they come to terms with their anger and loss. Surely this helps them claim the reality of their pain and hopefully learn to move out of it.

These theories of the potential of spirituality impacting upon depression connects very well with the theology of suffering. In fact Thomas Hart in his book Hidden Springs: the Spiritual Dimension of Therapy emphasizes that God does not send us pain and

⁵ Joann W. Conn, Spirituality and Personal Maturity (Lanham, Maryland: University Press of America, Inc., 1989, 146.

suffering, but works with us in them for good. ⁶ Hart quotes Philippians 2:13, “For God is at work in you,” to illustrate the importance of faith that sufferings and struggles are meaningful. It is indeed of great value when clients can discover that their suffering has not been in vain. This is a spiritual journey as they encounter the meaning of their lives including their darkest moments.

Other theological considerations for this study are addressed in articles by VandeCreek, Nye, and Herth, and by Hauser. Richard Hauser has a similar perspective to Thomas Moore and contends that God is present in the suffering, which is of course relevant to the topic of depression since it is considered a source of great suffering. ⁷ The article by Larry VandeCreek, Christine Nye, and Kaye Herth addresses the need for development of hopefulness through bolstering self-esteem, which effects a positive mood change. ⁸ Self-esteem is undoubtedly nurtured in an atmosphere where people listen and nurture one another, which is the plan in the facilitation of this program.

Spirituality

Ministry in any context requires an understanding of the meaning of spirituality. This is especially so in this ministry of group spiritual direction. The facing of obstacles in

⁶ Thomas Hart, Hidden Spring: The Spiritual Dimension of Therapy (New York: Paulist Press, 1994), 42.

⁷ Richard J. Hauser, “Where is God in Suffering?” Creighton University Window, (fall 1994), 17.

⁸ Larry VandeCreek, Christine Nye, and Kaye Herth, “Where There’s Life, There’s Home, and Where There is Hope, There Is.....,” Journal of Religion and Health, Vol. 33, No. 1, (Spring 1994), 51.

life such as mental illness includes a dimension of holistic health that tends to be ignored because of its abstract nature, that is, the dimension called “spirituality.” Joann Conn in her book Spirituality and Personal Maturity defines spirituality first from a philosophical perspective, and secondly from a religious perspective illustrating humanity’s movement towards a theistic perspective of life:

Spirituality (philosophical meaning) is based on a distinction between the material and the spiritual, the spiritual being understood as the capacity for self-transcendence through knowledge of love which characterizes the human being as a person. Thus in the philosophical sense of the term, all humans are essentially “spiritual” and actualize that dimension of selfhood through the establishment of human relationships. Spirituality (religious meaning) is based on the conception of what constitutes the proper and highest actualization of the human capacity for self-transcendence in personal relationships, namely, relationship with God.⁹

A development of life that is healthy requires a person to practice love or to practice being in relationship. It is in this context that one finds purpose and meaning, and that one is energized to strive for a quality of life over and above what is considered a mere existence.

Based on Conn’s definition of spirituality, one can see that the development of the person through the drive for human relationships is consistent with Toews’s understanding of mental health. Toews refers to Freud’s definition of mental health and says:

to be mentally healthy we must be capable of meaningful activities that sustain us and we must be in loving relationships with others.¹⁰

People need to work and play, and also need to be in meaningful relationships at the same

⁹ Conn, 29.

¹⁰ John Toews, No Longer Alone: Mental Health and the Church (Waterloo: Herald Press, 1995), 25.

time as exploring and reflecting upon the significance of their lives. Spirituality is critical in the quest for wholeness because it enhances the activities of living. As spirituality fosters good mental health, it obviously emphasizes the importance of the ministry to those who experience mental ill-health.

Spirituality is more than human relationships in that it inspires people to think and act beyond the immediate circumstances. As seen in the following quote from Kenneth Leech:

Spirituality is the specifically human capacity to experience, be conscious of, and relate to a dimension of power and meaning transcendent to the world of sensory reality experienced in the particularities of a given historical and social context, and leads towards action congruent with its meaning.¹¹

The spiritual emphasis represents a quest to find meaning, and to develop the inner essence of the person. Therefore spirituality might be best summarized by Gerald May in Will and Spirit: A Contemplative Psychology, who says “Spirituality consists of an experience and interpreted relationship among human beings and the mystery of creation.”¹² Ministry acknowledges the spiritual dimension of life and encourages people to make sense of their experiences, relationships and creation in general. Making sense of life is especially important when one is experiencing mental health problems. This is because depressed persons tend to despair or lack purpose when contemplating their

¹¹ Kenneth Leech, Spirituality and Pastoral Care (Cambridge, MA: Cowley Publications, 1989), 55.

¹² Gerald May, Will and the Spirit: A Contemplative Psychology (New York: Harper & Row, Publishers, Inc., 1982), 23.

future.

Spiritual Direction

Prior to the rise of science, illness was considered God, self, or demon inflicted and therefore healing was considered to be of a spiritual nature. People sought the help of medicine men and women, shamans, people with the God-given gift to heal, holy people, in order to be healed. The entire spectrum of the spiritual was accessed for healing purposes including the use of dreams and visions, conversed with the gods and spirits, they used animals, drums, rattles to ward off spirits, and they utilized natural potent and drugs to induce ecstatic states as well as using dance and chants to connect their inner and outer worlds.¹³

In the western world even scientific healing had religious roots, originating with Galen and Hippocrates who were Greek doctors of the cult of Asklepios. In fact Asklepios had two sons one who did the first known surgery and the other who was known to have healed invisible ills, including those of the soul. In the fifth century B.C. Hippocrates has an esclapeion, a place of healing as well as a place of medicine, in Kos with some 6,000 medical herbs. It had religious as well as medical significance in that each esclapeion was dedicated to the god Escalapus.¹⁴

¹³ Dolores Hall, "Communities of Justice and Compassion," Paper presented at conference entitled, "Hurting, Healing, Hoping: Transforming our Communities," St. John's, NF., 1995.

¹⁴ Henryk Skolimowski, "Wholeness, Hippocrates, and Ancient Philosophy," in Spiritual Aspects of the Healing Arts, ed. Dora Kunz (London: The Theosophical Publishing House, 1985),15.

It is clear from the study of medical history that modern medicine is firmly rooted in the spiritual center of the person indicated in the connection with the religious practices of our earliest ancestors. Bruce G. Epperly reports,

The National Institute of Healthcare Research (NIHR) has recently compiled a four-volume study of medical research relating to the “faith factor,” or the role of spirituality, faith, and religious commitment in promoting good health.¹⁵

Gerald May supports this by pointing out that from the time of Christ to well after the Reformation, there was little differentiation made between psychological and spiritual disorder, indicating the relatively short time that the two have been clinically separated.¹⁶

May’s combination of psychotherapy and spiritual direction is evidence of his perspective being grounded in history. His book, Care of the Mind, Care of the Spirit, is especially helpful because of his ability to combine the psychiatric with the spiritual. Joann Conn complements this work in her book Spirituality and Personal Maturity in which she has a detailed historic perspective on spiritual direction. In her reference to the work of St. John of the Cross she refers to the dark night of the soul which is equivalent to a spiritual perspective of depression.

This historic background is a prerequisite for understanding spiritual development, which is an important factor in determining what is the appropriate care necessary in the

¹⁵ Bruce G. Epperly, Spirituality and Health, Health and Spirituality: A New Journey of Spirit, Mind, and Body (Mystic: Twenty-Third Publications, 1997), 74.

¹⁶ Gerald G. May, Care of Mind, Care of Spirit, 2.

facilitation of spiritual direction. Sarah Taggart in her book Living As If: Belief Systems in Mental Health Practice stresses the necessity for people to have spiritual quests in their lives, indicating the very important ingredient of personal motivation in the process of spiritual development.¹⁷ Helminiak in his book Spiritual Development: An Interdisciplinary Study as well as Conn in her book Spirituality and Personal Maturity complement Taggart with reference to the developmental stages of Fowler, Kohlberg, Erikson, and Kegan, and consequently emphasize spirituality as the essential ingredient in human growth towards wholeness. An expansion of the value of spiritual development is found in Morton Kelsey's book Companions on the Inner Way where he identifies and explains seven stages of spiritual development. Kelsey says that people who are in stage five, "Mid-life Crisis," are prone to depression because it is the confronting of our inner depth or meaning. Kelsey addresses the struggle of mid-life crisis in the following quote:

Behind much of the mid-life crisis lied the problem of meaning, for which our secular society on the whole simply has no answer of experiencing that meaning or purpose, we are left with two unsatisfactory alternatives. Either we remain in our chaos or we accept some sectarian religion that requires giving up our independence and our critical capacities.¹⁸

The relevance of this theory for this research is that a concerted effort is made to provide a spiritual direction program that is suited for the needs of the individuals in the group, individuals who may indeed be struggling with mid-life crisis. The struggle with mid-life

¹⁷ Sarah R. Taggart, Living As If: Belief Systems in Mental Health Practice (San Francisco: Jossey-Bass Publications, 1994), 9.

¹⁸ Morton T. Kelsey, Companions on the Inner Way: The Art of Spiritual Guidance (New York: Crossroad Publishing Co, 1991), 189.

issues may contribute to the depression and therefore require attention in the facilitation of the group of depressed persons.

Another consideration in the study of spiritual direction is the theological perspective of the ministry of spiritual direction. William Barry in his book Spiritual Direction and the Encounter with God¹⁹ sees spiritual mentoring as discernment of God's spirit in the heart. The grace of God influences both the relationship of God with the individual and with groups of people or community. Barry sees the importance of community in the quest for knowledge and awareness of God's spirit active in the heart. This too is significant to the study as it places emphasis upon the impact of group dynamics on the healing of the depressed individuals. An example of the benefit of group dynamics would be in the practice of clients forgiving one another and thereby giving one another a positive point of reference for future relationships. For the participants to discover meaning in the connections they make such as in the case of forgiving or being forgiven, it is necessary for them to understand the changes they experience. The positive experience of being forgiven when it is not one's usual experience may significantly impact upon one's sense of self and therefore improve his or her mood.

In addition to the benefit of the experience of spiritual direction, consideration is given to the specific role of myself as group spiritual director in this ministry. The role of the facilitator is similar to the role of a person providing individual spiritual direction,

¹⁹ William A. Barry, Spiritual Direction and the Encounter with God: A Theological Inquiry (New York: Paulist Press, 1992), 95.

which is to encourage a person to deepen their spirituality by showing compassion through active listening and the use of knowledge of developmental psychology. Spiritual direction requires an understanding of the spiritual growth and development of the human person. In the words of Carolyn Gratton: "the aim of spiritual guidance becomes that of helping persons get the various parts of their life in tune with the larger Mystery as it flows throughout the whole."²⁰ In addition the spiritual director of a group must know the theory of group dynamics so as to maximize the benefit of group interaction for the purpose of the spiritual growth of individuals.

Depression

This study illustrates an effective use of the ministry of spiritual direction for the treatment of those who are mentally ill, specifically the depressed. Depression is considered a mood disorder and is characterized by a distinct quality of mood, a feeling of sadness, which runs on a continuum from mild/inconvenient to severe/incapacitating.²¹ The preferred treatment for people with depression may include either one or a combination of psychotherapy and medication. Alternative treatments include electro convulsive therapy and self-help support groups. The Agency for Health Care Policy and Research (AHCPR) defines *mild depression* as that present when a person has some of the symptoms of depression and it takes extra effort to do the things they need to do. Whereas *moderate depression* is present when persons have many of the symptoms of

²⁰ Carolyn Gratton, The Art of Spiritual Guidance (New York: Crossroad, 1995), 5.

²¹ Joseph W. Ciarrocchi, A Minister's Handbook of Mental Disorders (New York: Integration Books, Paulist Press, 1993), 80.

depression that often keep them from doing things that they need to do.²²

Mental illnesses like depression are specifically diagnosed according to the Diagnostic and Statistical Manual (DSM-IV) of the American Psychiatric Association (APA). This association defines mental disorder as

a clinically significant behavioral or psychological syndrome or pattern that occurs in a person and that is associated with present distress (a painful symptom) or disability (impairment in one or more important areas of functioning) or with a significantly increased risk of suffering, death, pain, disability, or an important loss of freedom.²³

Mental illness may be seen as an impairment to wholeness or wellness and to spiritual growth. The ministry of caring for the person with mental health problems in a spiritual way facilitates the journey back to mental health because of the connection with the person's inner need for meaning and purpose.

This thesis focuses on how this ministry, with a spiritual emphasis in the use of group therapy facilitates the healing of depressed persons. Daniel Benor, a psychiatrist in London, combines orthodox psychotherapy with spiritual healing in his practice. He defines spiritual healing as, "capitalizing the improvement in body, emotions, mind or spirit of another living organism without intervention through physical means [that is, drugs, mechanical devices, or surgery]."²⁴ Gerald May, a psychiatrist at the Shalem Institute for

²² Phillip W. Long, Consumer Guide 5: Depression (Internet Mental Health, 1995), 12.

²³ Ciarocchi, 5.

²⁴ Tom Harpur, The Uncommon Touch: An Investigation of Spiritual Healing (Toronto: McClland & Stewart Inc., 1994), 120.

Spiritual Formation in Washington, D.C., contends that physicians and psychotherapists foster the natural healing process in the human mind. He describes therapy as the bringing of the diseased part into a more natural state. Therapy that eradicates irrational fears, obsessions and worries, amounts to purification and cleansing of the person's mind.²⁵

The emphasis of the thesis is the use of group spiritual direction to foster the healing process. Points made in the article by Robert Struminski is that spiritual direction is "the release of the client's own spiritual dynamism for maximum growth as a person and especially as a Christian," and that in spiritual direction "the point of emphasis will vary, sometimes more spiritual, other times more psychological/physical, but never one to the exclusion of the other."²⁶ The accessing of a person's own resources within themselves and the use of proven therapies while at the same time drawing on the potential benefit of a caring community can contribute greatly to alleviating the depressed mood.

I feel that spiritual direction done in the group context allows for people to assist one another in their process towards health and wholeness since relationships are an important consideration in spirituality. Spiritual direction traditionally has meant a one-on-one experience of a director facilitating a directee. This is limited in comparison to the potential for individuals assisting one another with the facilitation of a group director.

²⁵ Gerald May, Simply Sane: The Spirituality of Mental Health (New York: Crossroad Publishing Co., 1993), 75.

²⁶ Robert Struminski, "Conversion, Pastoral Counseling, and Spiritual Direction," in The Christian Ministry of Spiritual Direction, ed. David L. Fleming (St. Louis: Review for Religious, 1988), 372.

This thesis focuses specifically on group spiritual direction for mildly to moderately depressed people who are joined together in a group of eight, which became six, for a period of twelve weeks. This study naturally requires an understanding of *depression*. The Clinical Handbook of Pastoral Counseling, Volume 2, is an adequate resource for the purpose of this study, since it specifically mentions the designation of mild to moderate depression.²⁷ In the Minister's Handbook of Mental Disorders, Ciarrocchi supports the emphasis on the spiritual or pastoral as being as effective as traditional cognitive-behavioral therapy in the treatment of moderately depressed people.²⁸ In the book No Longer Alone: Mental Health and the Church, John Toews emphasizes the importance of loss as a factor to be considered in the care of persons who are predisposed to depression. He also stresses the importance of loneliness or social isolation as a factor that perpetuates the vicious cycle of depression.²⁹ Consequently a group of people with similar depressed moods should through their empathy for one another help each other to find new meaning and purpose through this group spiritual direction experience. The spiritual direction program is intended to facilitate spiritual growth and to encourage the quest for new meaning in the lives of the clients.

An extensive library search of journals has produced significant literature on the

²⁷ Howard Stone, "Depression," in Clinical Handbook of Pastoral Counseling, Volume Two, ed. Robert J. Weeks and Richard D. Parsons (New York: Integration Books, Paulist Press, 1993), 422.

²⁸ Ciarrocchi, 9.

²⁹ Toews, 113,115.

subject of spiritual direction in relation to depression. An historic perspective that compares melancholy and depression from a Judaic perspective is found in an article entitled "Melancholy or Depression, Sacred or Secular?" by Michael Dudley.³⁰ Another valuable article entitled "Depth Psychotherapy and Spiritual Direction" by Eugene Geromel recognizes eight of Yalom's eleven curative factors as significant in group spiritual direction.³¹ Susan and David Larson write about research in the area of spirituality and mental health in an article in the journal Second Opinion entitled "Religious Commitment and Health: Valuing the Relationship."³² A very creative article entitled "Soul-Dye and Salt: Integrating Spiritual and Medical Understanding of Depression" by Mary Louise Bringle was first given as the key-note address at the conference on "Depression and the Soul," Chicago, October 1994. One of the creative aspects of the article is the suggestion that there be a sixth axis in the evaluation of psychiatric illness according to DSM (Diagnostic and Statistical Manual of Mental Disorders), for the assessment of the person's spirituality.³³ These articles illustrate the current budding interest in the development of spiritual direction in the treatment of mental illnesses, specifically depression. They are helpful in gaining an understanding of depression and its treatment from both a secular and religious or sacred perspective.

³⁰ Michael Dudley, "Melancholy or Depression, Sacred or Secular?" The International Journal for the Psychology of Religion, Vol. 2, No. 2 (1992), 87.

³¹ Geromel, 148.

³² David Larson and Susan Larson, "Religious Commitment and Health: Valuing the Relationship," Second Opinion, Vol. 17, No. 1 (July 1991), 38.

³³ Mary Louise Bringle, "Soul-Dye and Salt: Integrating Spiritual and Medical Understanding of Depression," Journal of Pastoral Care, Vol. 50, No. 4, (Winter 1996), 332.

The study and treatment of depression has been a relevant dimension of the literature search for this thesis. The study recognizes the importance of cognition in the treatment of depression. Stone says that,

the depressed evaluate their own selves lower or of less value than when they are not depressed (lowered self-esteem). They commonly indulge in blame (of self or other) and self-criticism.³⁴

Beck devised the very successful treatment of depression known as cognitive therapy. He contends the value of cognitive therapy with depressed persons on an underlying rationale that an individual's affect and behavior are largely determined by the way in which he or she structures the world.³⁵ A colleague of Beck, David Burns, has developed programs based on cognitive therapy for use with depressed persons. One such program focuses on self-esteem in which Burns contends the following: "Participants learn specific skills to overcome depression and develop greater joy in daily living."³⁶ The integration of the learning gained through the practice of cognitive therapy may be described through the use of transformative learning. This adult education model is defined as follows:

the development of revised assumptions, premises, ways of interpreting experience, or perspectives on the world by means of critical self-reflection.³⁷

³⁴ Howard W. Stone, "Depression," in Clinical Handbook of Pastoral Counseling, Vol. 2, ed. Robert J. Wicks and Richard D. Parsons (New York: Integration Books, Paulist Press, 1993), 421-422.

³⁵ Aaron Beck, A. Rush, Brian Shaw, Gary Emery, Cognitive Therapy of Depression (New York: The Guildford Press, 1979), 3.

³⁶ David D. Burns, Ten Days to Self Esteem: The Leader's Manual (New York: Quill William Marrow, 1993), 13.

³⁷ Patricia Cranton, Understanding and Promoting Transformative Learning (San Francisco: Jossey-Bass Publishers, 1994), xii.

The use of self-reflection is common to transformative learning as well as cognitive therapy, and both are helpful for personal growth and development. Cognitive therapy and transformative learning foster adult learning because they place the responsibility for change and development upon the client or learner. Transformative learning is relatively new since Jack Mezirow only began developing its theory in 1975. The resource book that I found helpful for understanding transformative learning has been Understanding and Promoting Transformative Learning by Patricia Cranton.

L. Rebecca Propst, Richard Ostrom, Philip Watkins, Terri Dean, and David Mashburn expanded cognitive therapy to give it a new focus. Their scientific study has reported

that religious individuals receiving a religious cognitive therapy reported more reduction in depression, as measured by the BDI (Beck Depression Inventory) and the HRSD (Hamilton Rating Scale for Depression) and greater improvement in social adjustment and general symptomatology, as measured by the SAS (Social Adjustment Scale) and the GST (Global Severity Index), than did patients in the standard CBT (Cognitive Behavioral Therapy).³⁸

This literature is supportive of the use of cognitive therapy, including group cognitive therapy, in the treatment of depression, and therefore is of value in this thesis. The support for the use of cognitive therapy, however, is only one aspect of spiritual direction

³⁸ L. Rebecca Propst, Richard Ostrom, Philip Watkins, Terri Dean, David Mashburn, "Comparative Efficacy of Religious and Nonreligious Cognitive Behavioral Therapy for the Treatment of Clinical Depression in Religious Individuals," Journal of Consulting and Clinical Psychology, Vol. 60, No. 1, (1992), 101.

that is used in this program. Cognitive therapy is presented as a method of “self talk” to aid each individual in his or her effort to gain a more positive outlook and thereby lift him or her from their depressed mood.

Group Process

The group process itself fosters healing of depression since it is similar to the group dynamics experienced in a self-help group. Kaplan and Saddock in Comprehensive Group Psychotherapy contend that in the group experience members receive support and useful input, feel potent and useful when they can offer help, and are reassured to discover that others are suffering similar ailments.³⁹ Goals with these benefits in mind were developed as well as a basic group structure that fostered the development of group cohesiveness. In essence a spiritual community was developed in which there was a bonding that went beyond human expectations, a product of the group energy which exceeds the sum total of the individual’s energy. Dougherty says,

that at times the strength of spiritual community lies in the love of people who refrain from getting caught in the trap of trying to fix everything for us, who pray for us and allow us the pain of our wilderness, our wants, so that we might become more deeply grounded in God.⁴⁰

The group contracted to support one another and build cohesiveness which facilitated human wellness or improved mental health.

³⁹ Harold I. Kaplan and Benjamin J. Saddock, Comprehensive Group Psychotherapy (Baltimore, Maryland: Williams and Wilkins, 1993), 185.

⁴⁰ Rose Mary Dougherty, Group Spiritual Direction: Community for Discernment (New York: Paulist Press, 1995), 13.

The value of the group process in helping with the healing of mildly to moderately depressed people is especially well put forward by Irvin Yalom in his book The Theory and Practice of Group Psychotherapy. He lists eleven curative factors evident in group psychotherapy, eight of which are specifically related to spiritual direction according to Eugene Geromel in “Depth Psychotherapy and Spiritual Direction,” an essay found in The Christian Ministry of Spiritual Direction.⁴¹ One of these curative factors is the instillation of hope, which is quite a challenge for a group of depressed people. It’s necessary to consider the potential for the group experience and myself as spiritual director, to encourage this hope.

Two other books, namely Group Spiritual Direction: Community for Discernment by Rose Mary Dougherty and Spiritual Friend: Reclaiming the Gift of Spiritual Direction by Tilden Edwards, both emphasize the value of group spiritual direction. These books stress the importance of building a caring community focused on God-seeking, which is certainly an important factor to be considered in the healing process of depressed persons. The choice of clients for the group who have named their spiritual inclination and who are free of religious ideation, becomes an important factor in this research. It is also important to note that rarely is this spiritual focus given consideration in the treatment of depressed clients. In spite of the wealth of experience of these spiritual directors, Rosemary

⁴¹ Eugene Geromel, “Depth Psychotherapy and Spiritual Direction”, in The Christian Ministry of Spiritual Direction, ed. David L. Fleming (St. Louis: Review for Religious, 1988), 149.

Dougherty, Tilden Edwards, and Gerald May, all of whom are associated with the Shalem Institute for Spiritual Formation, neither one seems to have addressed the topic of group spiritual direction for depressed persons. Consequently this thesis endeavors to address what is perceived to be a gap in the research of both spiritual direction and the healing of depressed persons.

The importance of group work in this thesis is supported in three articles, including one by Donna Lord, one by Richard Gallagher, Amy Manierre, and Carolyn Castelli, and one by Ronald Sandison. Donna Lord contends that the group members become spiritual directors for one another, thus illustrating the significance of the group in the healing process.⁴² Lord's article like Geromel's first appeared in the journal Review for Religious. Richard Gallagher et al. further supports the group approach in the following quote:

personal acceptance and encouragement by others in the group and the recognition that others have struggled with similar fears and self-doubts are critical in reinforcing the individual insights and preventing the experience from being sterile and intellectualized.⁴³

Sandison promotes healing in group work and contends that the healing is attributable to

⁴² Donna Lord, "An Experience of Group Spiritual Direction", The Christian Ministry of Spiritual Direction, ed. David L. Fleming (St. Louis: Review for Religious, 1988), 446-437.

⁴³ Richard E. Gallager, Amy Manierre, Carolyn Castelli, "From the Valley of the Shadow of Death: A Group Model for Borderline Patients," Journal of Pastoral Care, Vol.48, No. 1 (Spring 1994), 51.

the presence of God in the group process.⁴⁴ His article is from Group Analysis (March 1993), and is entitled “The Presence of God in the Group: A Neglected Dimension,” the title of which reflects the potential of the importance of the grace of God in a group process.

Conclusion

The headings selected in this chapter are intended to provide a thumb-nail-sketch perspective that is necessary in order to gain an appreciation for the theoretical foundation of this research project. These key words or topics lead now into the focus on the foundation of the project which I call the building blocks.

⁴⁴ Ronald Sandison, “The Presence of God in the Group: A Neglected Dimension,” Group Analysis, Vol. 26, No. 1 (March 1993), 55.

CHAPTER THREE THE FOUNDATION: THE BUILDING BLOCKS

Introduction

The structure of this thesis required the systematic study of various topics that combined together make up a foundation for the research project. I refer to the topics as building blocks. The first topic or building block is the identified treatment of depression. The next one is the theory of group spiritual direction, which is the specific group method chosen for the program. The final one is transformative learning, which is a theory of adult learning that assists with the understanding of how this program has assisted the clients to integrate into practice their self-care learned in the group spiritual direction experience.

First Building Block: The Treatment of Depression

The theoretical approach to the treatment of depression requires a multi-dimensional or holistic perspective. For instance the recognized preferred medical treatment of clinical depression is drug therapy, and for some clinicians this is the uni-dimensional or the only recognized treatment. However, when one thinks multi-dimensionally, one must consider the psychotherapeutic and spiritual treatments. The preferred psychotherapeutic treatment for depression is cognitive therapy. The spiritual treatment in this program is the use of group spiritual direction as one specific element in the delivery of pastoral care.

In order to create the foundation for this research it is necessary to consider depression and its treatment. The intention of this research is to approach the need to treat

depressed persons from a holistic perspective. The truly multidimensional or holistic perspective addresses spiritual needs as well as cognitive, physical, and emotional needs. Because of the intention to approach the treatment of depression from a holistic perspective I have decided to provide the care of the spirit as an additional and essential treatment to the previously identified preferred treatments of drug and cognitive therapies.

This part of the chapter is a review of the various therapies that I have drawn on to assist with the study of the holistic treatment of persons with depression. These therapies I refer to as parts of the one building block, and they consist of the following: drug therapy, cognitive therapy, and group therapy.

No one of these therapies is sufficient for the healing or understanding of depression, but rather it is the combination of them, woven together as a tapestry by the depressed person with the help of the community of clinicians and friends. As St. Paul says we see in a mirror dimly implying that through faith someday we will see more clearly. I acknowledge that this perspective may still only be partial while claiming to be a holistic approach. Other possible considerations may be referred to as the unknown or mystery that awaits discovery as a person's life unfolds or evolves. The process is similar to peeling an onion with each of the foundation blocks as a layer of the onion. The reality is that the onion is multi-layered and the layers of depression may be infinite because of the complex nature of the illness and the uniqueness of each individual. Depression has been compared to the common cold for which no cure has been found. One complicated factor in the consideration of depression is that the experience as an adolescent may be

completely different from that experienced at mid-life and may require a completely different combination of therapies. The complexity of the illness and the person is one dimension of this study that remains inconclusive as it awaits further exploration beyond this research project. It is however important to recognize the need for the multidimensional approach to this subject in order to provide a more thorough approach to the care of people with depression. Just as a depressed person tends to limit his or her perspective to one dimension which fosters a feeling of despair, so too the uni-dimensional treatment of depression is narrow and subject to less than adequate results or changes.

This first building block in the foundation of this project is to have an overview of the illness that is targeted in this study so as to explore the three significant treatments addressed in this study. Depression is a mental disorder affecting a significant portion of the population of North America. There are three degrees of depression noted in this study: mild, moderate, and severe. Mild depression includes people who experience the blues or are described as feeling down. Mild depression if not attended to may worsen and become clinical depression that has specific and clear diagnostic symptoms. Everyone is at risk for depression. The circumstances of life may have an adverse effect on anyone and people are at risk to become depressed depending upon their ability to cope with the unwelcome stress. Persons in some families, however, are more at risk of becoming depressed because of genetic factors. In some of these cases there may be mood changes without any apparent situational cause. The latter cases are especially difficult for people to cope with because of families, and society in general, tends to expect these people to snap out of their low mood, which is impossible. Another important factor to consider is

the expectation that the depressed person may have for themselves to be able to fight the depression without any external assistance. This expectation is totally unrealistic as can be seen from the analysis of depression found in the next paragraph.

An historic approach to understanding the types of depression is based on the source of the illness. This typology is as follows:

1. endogenous (originating from within) depression; 2. bipolar (two poles) or manic-depressive syndrome; and 3. exogenous (originating from outside the person) depression.⁴⁵

The more recent and preferred typology is based on the course of the illness. This classification of the different forms of depressive disorders, based on the symptoms of the illness are as follows: 1. Major depression; 2. dysthymia (long term, chronic symptoms); and 3. bipolar disorder.⁴⁶ The determination of the symptoms of the specific depression helps with the determination of the appropriate intervention or treatment. Some of the specific depressions require drug interventions and/or electro convulsive therapy, and may benefit from the use of other interventions such as psychotherapy and life-style change, which may include the focus on spirituality. Whereas other depressions such as the mild to moderate depressions may require drug therapy, but definitely require psychotherapy and intentional action by the person such as attention to one's spiritual formation.

⁴⁵ Gilbert W. Binford, The Pastoral Care of Depression: A Guidebook (New York: The Haworth Press, Inc., 1998), 18-21.

⁴⁶ Marilyn Sargent, Plain Talk Series, Plain Talk About...Depression, National Institutes of Mental Health, Printed 1994, NIH Publication no. 94-3561. Available gopher:// ptadep at zippy.nimh.nih.gov. 1-2. (10pages)

Treatment A: Drug Therapy

The first part in the foundation of this research project is the preferred treatment for depression, drug therapy. The use of drugs to treat depression is relatively new, that is, having been introduced in the latter half of this century. They are known as antidepressants and there are four groups: 1. tricyclics; 2. monoamine oxidase inhibitors; 3. lithium; and 4. selective serotonin reuptake inhibitors (SSRI's).⁴⁷ Lithium continues to be the drug of choice for the treatment of bipolar and some major depressions. Drug therapy directly addresses the need for a change in the person's chemistry specifically in acute or severe depression. Antidepressants, however, are just one piece of the puzzle necessary to effect change in the depressed person's mood.

Treatment B: Cognitive Therapy

Drug therapy is only one of the treatments of depression. Psychotherapy, another treatment of depression, is seen as an important treatment necessary for the long term management of depression. For some people depression is accepted or tolerated as a condition of life just the same as diabetes or asthma. Therefore people who have depression need to be helped to cope when life becomes stressful or their body chemistry changes affecting their mood.

The preferred psychotherapy for the treatment of depression is cognitive therapy.

⁴⁷ Jerrold S. Maxmen and Nicholas G. Ward, Essential Psychopathology and Its Treatment, Second Edition (New York: W.W. Norton and Co., 1995), 235.

Cognitive therapy was developed by Aaron Beck and it has its roots in behavioral therapy and rational-emotive therapy (Albert Ellis). Behavioral psychologists contend that if you change the stimulus you change the response, that is, when a person is made aware of the consequences he or she may be motivated to change his or her response in a given situation. In the case of rational-emotive therapy Albert Ellis' thesis is that irrational ideas may cause and prolong emotional upsets. Cognitive therapy is both behavior change and rational thinking which when used together changes the way we feel. The depressed persons are helped to use self-talk to challenge or refute their assumptions, ideas, and attitudes.⁴⁸ These irrational thoughts are automatic, consistent and unconscious, and if accepted may severely hurt or even lead to the self-destruction of the person by suicide.

David Burns is a renowned cognitive therapist who has produced some excellent resources to help people better cope with depression. His self-help book The Feeling Good Handbook, teaches that changing the way we think will change the way we feel. Burns states: "Cognitive therapists believe that these negative thinking patterns actually cause you to feel depressed and anxious."⁴⁹ Depressed persons in effect distort the way they perceive the world. Consequently when a cognitive therapist, friend, or the depressed persons refutes their pessimistic ideas they are helped to feel better. This may be described as a shift in their feeling which gives them energy to cope more effectively.

⁴⁸ Gilbert, 42.

⁴⁹ David D. Burns, The Feeling Good Handbook (New York: Plume/Penguin Books, 1990), 5.

Cognitive therapy empowers depressed persons because they are taught to accept challenge or to challenge their thinking. The integration of the learning equips these people to withstand the potential for a relapse in their negative thinking and the return of negative feelings. Just as people with a chronic heart condition are subject to a relapse if they don't take their medication, so too people who have experienced depression are subject to a relapse if they don't practice the coping skills taught in cognitive therapy.

The use of cognitive therapy in conjunction with religious teachings is known as religious cognitive therapy. This is the effective use of the teachings of a person's faith to challenge negative thinking. For instance if a Christian says I'm no good, he or she may be challenged to consider referring to the great commandments and reminding himself or herself that the Christian faith teaches that one is to love oneself.

Treatment C: Group Therapy

The last part of the first building block in the foundation for this research project is the value of group therapy in aiding individual development, since low self-esteem is a characteristic of depressed persons. The value of group therapy as compared to individual, one-on-one therapy, is that the people in the group help one another as well as receive assistance from the therapist or group facilitator. Some individual issues may be missed because of time restrictions and some individuals may be neglected because of their quiet nature. However, it is also known that people learn indirectly from hearing about other's issues because they are close to their own.

The group energy is also an important factor when considering the value of group therapy. The sum total of the potential value or energy of the individuals in the group is less than the group energy, that is, to say that group potential and group energy exceeds the sum total of the potential energy of individuals.

Another important value of the group approach to therapy is the importance of empowering and equipping the individuals to help one another. Depressed persons may come to a group meeting feeling useless. In the session they are challenged to support and encourage one another which undoubtedly helps the person to feel more useful and is a reminder that he or she is of value.

Group therapy is relatively new having been developed since World War II in response to the need for the psychological care of persons affected by the trauma of experiencing war. Group therapy can be used effectively to address the needs of a group of individuals through the sharing of common problems. One of the concerns in the past of using group therapy in the treatment of depressed persons has been the fear that depression will be compounded by hearing the negative stories of other depressed persons. This does not have to be the case when people are challenged to address their issues with cognitive therapy and a caring attitude.

Second Building Block: Group Spiritual Direction

This primary theory, group spiritual direction, supports the organization and practice of this research project because it places the responsibility for healing upon clients. Spiritual direction is a very old term used to describe a relationship between a spiritual director or guide and a directee. The spiritual director listens, prays, and strives to discern the presence or action of God in the life of the directee. This discernment requires the development of a deep trust between the director and the directee that is fostered by the promise of confidentiality on the part of the director towards the directee. The spiritual director needs to be a person of faith and have adequate listening and interpersonal skills to facilitate the personal sharing and spiritual searching by the directee. The spiritual director must also care for the directee and communicate this concern in a caring and direct manner.

This spiritual practice by the directee combined with the support and encouragement of the spiritual director helps the directee to trust this process of spiritual direction as the movement of God's spirit. Carolyn Gratton stresses that there exists in each person the inner Mystery that needs to be made real through a process of reflection and discussion, or in Gratton's term, through the process of *appraisal*. By taking this approach, Gratton makes this applicable to a wider circle of people beyond those who are identified as specifically religious oriented. She confirms the presence of Mystery, and invites all people to undertake a journey to make discoveries while being companioned by a fellow traveler who is also aware of the journey. The purpose being to assist the directee in discerning or appraising his or her life's process especially as it relates to the

meaning or purpose of life and to the relationship with the transcendent or life beyond oneself. “The aim of spiritual guidance becomes that of helping persons get the various parts of their life in tune with the larger Mystery as it flows throughout the whole.”⁵⁰ The spiritual guide needs also to be cognizant of the discernment of the larger Mystery or God, through the use of his or her knowledge of specific faith traditions. This knowledge enables the spiritual director to practice guiding the directee, or as Gratton says:

It means being responsible to point beyond oneself to the coherence (doctrinally and devotionally) of a trustworthy tradition, whether it be Catholic or Methodist, Buddhist or Hindu.⁵¹

The danger in this practice of spiritual direction is for the spiritual director to confuse his or her own issues with those of the directee, which is identified as countertransference. The spiritual director is strongly encouraged to participate in a support group of spiritual directors as a means of reducing the possibility of mistaking his or her own spiritual issues with those of the directee’s.

Spiritual direction is both an art and a craft because it is a blend of the giftedness of the spiritual director and the directee, and the learned skills of spiritual direction or discernment. This artistic practice and craft is truly a creative process that is used to guide people into a deeper relationship with their God, their self, their community and all

⁵⁰ Carolyn Gratton, The Art of Spiritual Guidance (New York: Crossroad, 1995), 5.

⁵¹ Gratton, 112.

creation so that they may experience growth in prayer, justice and charity. Spiritual direction may also be considered artistic because it focuses on the potential of human development rather than addressing specific human problems. It is a craft that involves a cooperative effort, requiring the directee to learn the craft or the practical skills in order to achieve his or her goals in spiritual direction. Through this symbiotic process the directee becomes a spiritual resource to others. Therefore spiritual direction lends itself to a group approach as well as to a one-on-one arrangement. This group approach is called *group spiritual direction*.

While they are essentially the same, the difference between group spiritual direction and individual spiritual direction is that in the former it is set in a group context with a leader. In this model of spiritual direction the leader facilitates the group process and all the group members function as spiritual directors of the others when they are not the one who is the directee. Rose Mary Dougherty describes group spiritual direction as spiritual community and she contends there is strength in the spiritual community that is beneficial to the participants. As previously quoted in Chapter Two, Dougherty says:

At times the strength of spiritual community lies in the love of people who refrain from getting caught in the trap of trying to fix everything for us, who pray for us and allow us the pain of our wilderness, our wants, so that we might become more deeply grounded in God.⁵²

Group spiritual direction is a difficult balance to maintain in order to avoid the temptation

⁵² Dougherty, 13.

of feeling the group has to fix things for the directee. This is especially true when the group members lack initiative or energy, times when group member's tolerance is low. This is sometimes the case for people with depression. The best approach may be to wait on the directee to make his or her own spiritual appraisal so as to empower the person through the decision making process strengthening his or her self-esteem. Other times a person may be immobilized and may require specific direction in order to make a necessary shift or connection. Therefore it is essential that the spiritual director or spiritual directors, in the case of group spiritual direction, be flexible in their approach to the directee, especially if the directee is depressed.

Robert Schmitt's article, "The Spiritual Director as Life Servant," refers specifically to spiritual directors who try to fix things for the directees. The role of fixer is one of the two distinct approaches to spiritual direction named by Schmitt. The first is the spiritual director who is in a life-servant role, facilitating the directee in contemplation and discernment of God's actions in life as a whole. The second is the spiritual director in a life-fixer role; this is more diagnostic, functioning in assessment and intervention, which is a more medical or scientific approach. Schmitt sees these two approaches in relationship to one another as both exist in each spiritual director. I prefer Schmitt's analogy of the two as circles in a Venn Diagram so that there is an area distinct to each and an area common to both.⁵³ The more desirable tendency is for spiritual directors to be life-servants and not life-fixers. However, there are times when the spiritual director slips into

⁵³ Robert Schmitt, "The Spiritual Director as Life Servant," Presence: An International Journal of Spiritual Direction, Vol. 1, No. 2 (May 1995), 28.

a fixer mode such as when he or she is experiencing countertransference and believes that he or she knows what is best for the directee. There are other times when being the life-fixer is necessary and appropriate such as when the directee's beliefs produce violent or offensive actions against themselves or others. In these cases the spiritual director must practice intervention and become directive in his or her approach to discernment. However, most times the director will be facilitative and practice a life-servant approach. The important word here is "adaptability" because the spiritual director needs to know when to change his or her emphasis in the practice of spiritual direction so as to avoid the possibility of controlling the directee. This is especially important when working with a group who may be vulnerable and with specific needs such as those with depression.

Group spiritual direction is a relatively new term, having only arisen in the nineties. This change to the group approach is partly due to a greater sense of value for group experiences such as self-help groups. Business especially has come to recognize that the energy generated through a group effort has benefits that far exceed the individual experiences. People who gather for group spiritual experience also benefit from the variety of experiences of the participants and therefore are not limited to the experience and guidance of one spiritual director. Group spiritual direction like group therapy is seen as having the potential of meeting the individual need for spiritual guidance of many people who are unable to access competent spiritual directors. Group work is becoming popular because the demand for spiritual guidance presently exceeds the client capacity of the number of qualified spiritual directors.

The comparison of spiritual direction to group spiritual direction must factor in some of the same benefits and some of the same disadvantages as the comparison of individual and group therapies. In a spiritual direction group experience all of the participants learn some spiritual direction skills. In addition the individuals have the benefit of knowing they are being helped and prayed for by a small community. This is especially important to people with depression who often experience loneliness. When people are helped to feel they belong to a group or a community, it likely helps improve their feelings of self-worth or self-esteem, which is important in the treatment of depression.

Third Building Block: Transformative Learning

The building block, transformative learning, in the structure of this research project is important because it emphasizes the clients integration of learning gained through group psychotherapy. It is a theory of adult learning that enhances the value of cognitive therapy as the preferred treatment of depressed persons. In transformative learning people are taught to revise their previous views through the practice of reflection. Patricia Cranton in her book about Mezirow's transformative learning refers to the need to dispute the depressed person's negative mind-set as she says the following:

Learning occurs when an individual enters a process of reconciling newly communicated ideas with the presuppositions of prior learning..... "Reflective learning involves assessment or reassessment of assumptions," and "reflective learning becomes transformative whenever assumptions or premises are found to be distorting,

inauthentic, or otherwise invalid” (Mezirow, 1991, p.6)⁵⁴

Cognitive Therapy fits well with the transformative learning because it too is the practice of changing one’s negative thinking. The common goal of both cognitive therapy and transformative learning is to transform the negative thinking of depressed persons so as to effect a positive change in their mood. A person who has been sexually abused as a child may be prone to depression because of their low self-esteem. The cognitive therapist would strive to remind the person of their positive qualities. The transformative learning would be the practice of the person reaching new conclusions or perspectives as he or she reassesses their assumptions that they are no good or worthless to society.

Transformative learning is an adult learning theory that represents how learning or treatment happens in cognitive therapy. Cranton contends for instance that “self-concept or self-esteem may be the most common psychologically distorted assumptions that the adult educator encounters.”⁵⁵ Cognitive therapy on the other hand is a treatment that specifically refutes the same psychologically distorted assumptions.

The theories that have been addressed as building blocks in the structure of this research are important contributors to support the need to address the spiritual care of people with depression. The way the building blocks are connected is vital to the desired effect of this research. The treatments for depression fit together as one building block,

⁵⁴ Cranton, 27.

⁵⁵ Ibid. 40.

and the theories, group spiritual direction and transformative learning, interconnect with one another and with the first building block. In addition transformative learning is used in this structure to emphasize the necessity for the learning derived by the clients in the group experience to be integrated through practice of sharing. The cognitive therapy part of the treatments building block interconnects with the transformative learning building block because both practice the disputation of assumptions in order to facilitate a change or a learning. This interconnectedness of the building blocks is crucial, but for long lasting structural soundness it is necessary also for the blocks to be secured with a mortar that is binding and resistant to external forces. This mortar I represent as the theological supports for this research.

CHAPTER FOUR SPIRITUAL MORTAR: THEOLOGICAL PERSPECTIVES

Theology or God theory shapes spirituality, a point which appears to be supported by Abbe Pourrat's division of theology into three branches - dogmatic, moral, and - above them but based on them - spiritual.⁵⁶ The interfacing of theology and spirituality is to assist people's understanding so that they may experience the exploration of faith and the development of a spiritual life. Theology is indeed the study of God, and Christian Spirituality is

the lived experience of Christian belief in both its general and more specialized forms out of one's faith in God. Therefore theology directly impacts upon spirituality and thereby on the whole of life. It is possible to distinguish spirituality from doctrine in that it concentrates not on faith itself but on the reaction that faith arouses on religious consciousness and practice.⁵⁷

Christian Spirituality is the dimension of theology in relation to life that is defined as follows:

It embraces the whole human person (body, soul, spirit), who is part of a constantly changing material created order (physical, plant, animal), who is symbolizing, ritualizing being, who learns and uses language for communication and self-expression; a person who is both an individual and a member of society, who is inculturated in place and time and so is affected by his or her social and personal history; a person, finally, who is called to serve others in the social, political, and economic orders.⁵⁸

⁵⁶ Gordon S. Wakefield (ed.), A Dictionary of Christian Spirituality (London: SCM Press Ltd., 1983), 361.

⁵⁷ Bernard McGinn and J. Meyendorff (ed.), Christian Spirituality I (New York: Crossroad, 1987), xvi.

⁵⁸ Michael Downey (ed.), The New Dictionary of Catholic Spirituality (Collegeville, MN.: The Liturgical Press, 1993), 932.

Therefore theology directly impacts upon spirituality and thereby on the whole of life. As theology connects with life in its entirety, it thereby impacts the ultimate meaning of life.

I consider the spiritual focus or the theology that informs this study to be the mortar that holds the building-block-foundation or the study together. This study has been approached from a faith perspective, that is, faith that God makes a difference in the lives of depressed persons, and faith that spiritual themes in the lives of depressed persons helps inspire wellness.

The mortar of the research structure is held together by the spiritual focus or the quest for meaning in the face of a potentially life-destroying illness, *depression*. The search for meaning and purpose in life is helped by the writings, discoveries, and beliefs of spiritual people from the past. Christians for instance are inspired to faith by reading the stories of Biblical characters and by the writings of saints, theologians, and scholars. This study therefore requires an understanding of a variety of theories including understanding depression, personality theories, education theories, and group dynamics in order to have a holistic perspective to life and specifically to healing humanity's brokenness. These theories are influenced and held together by the uniqueness of this project which is the spiritual perspective.

Spirituality is the living out of theology. The intention in this chapter is to connect spirituality to the theologies that relate to the life issues which are especially relevant to depressed persons. A depressed person may feel lonely and unloved, having low self-

regard. When persons are helped to recognize the love of God in their lives and to respond affirmatively to God's love then likely they are helped to feel less lonely, more loved, and have more regard for themselves. The impact of spirituality and theology upon the treatment of depression is therefore determined by the client's awareness, understanding, and response to spiritual themes. The client's struggle with spiritual issues such as faith in God may be considered evidence of the grace of God communicated through the Spirit operative in life.

A Biblical Connection with Depression

The Judeo-Christian scriptures, for instance, speak directly to the needs of people who are considered to be weak in our society, certainly this is the reality for people with mental disorders such as depression. One example is from the Old Testament, Isaiah 63:7-10:

I will recount the gracious deeds of the Lord, the praiseworthy acts of the Lord, because of all that the Lord has done for us, and the great favor to the house of Israel that he has shown them according to his mercy, according to the abundance of his steadfast love. For he said, "surely they are my people, children who will not deal falsely"; and he became their savior in all their distress. It was no messenger or angel by his presence that saved them; in his love and in his pity he redeemed them; he lifted them up and carried them all the days of old. But they rebelled and grieved his holy spirit; therefore he became their enemy; he himself fought against them.⁵⁹

In this passage it is the suffering of the Hebrew people as they returned from exile that is the impetus or inspiration to be able to see God as a source of blessing. God was seen as an

⁵⁹ NRSV, Isaiah 63:7-10.

antagonist, since God who had not rescued the chosen people was now perceived as their only hope as a potential source of blessing. The Israelites were challenged to reflect on their struggle and through faith to find purpose and meaning in the suffering. The challenge is to have the faith to believe in God, even when God is perceived to be an antagonist or is believed to have abandoned the chosen people. This is truly a struggle to find hope for deliverance when one is in the midst of the suffering such as having feelings of despair which may be the case for a person who is depressed.

The focus of the passage, Isaiah 63:7-10, is visionary in that it encourages gratitude for the past, and inspires hope in that it nurtures faith in order to proceed with confidence. It was indeed this tremendous attitude of hope in the face of despair that enabled the Hebrew people to rebuild their lives and their holy city, Jerusalem. This same need for hope may be applied to people with depression since they too need to be inspired to have faith, beginning with faith in themselves or self-confidence. When depressed persons are reminded that they are loved they are helped to have faith.

The Prophet Isaiah was endeavouring to inspire the people of Israel to have faith, and I compare this to Jesus' words in Mark 10:52:

Jesus said to him, "Go, your faith has made you well." Immediately he regained his sight and followed him on the way.⁶⁰

⁶⁰ NRSV, Mark 10:52.

This is where Jesus says that it is one's faith that helps the healing process. I compared this to awareness or acknowledgement of the presence of God saving the people of Israel. This message of faith inspires those who feel abandoned and isolated, which is often the case of depressed people. This was similarly true for the Israelite people, since they too were prone to similar feelings of hopelessness and discouragement having to endure the hardship of their years in slavery and exile.

A Theological Perspective on Depression

The understanding of spirituality in today's society is of great importance as it is held together by the quest for meaning in life and the quest to know one's God through faith. Consequently, this illustrates the relevance of the title of this chapter, "Spiritual Mortar," in that it represents a bonding force in relation to other dimensions of life including the physical, emotional, and intellectual. The binding force of spirituality implies that it applies to all people, individually, and all groups of people. Consistent with this perspective is the fact that this research supports inclusion rather than exclusion, that is, it supports a truly holistic approach to the treatment of depressed persons. Therefore an appropriate place to begin the theological focus is with a look at "liberation theology," since it represents freedom and liberation.

In a sense "liberation theology" represents what it says, "liberation", and implies the liberation of people, especially groups of marginalized people: third world people, Black people, women, and the depressed. Liberation theology is thought to have had its

source as a reaction against the intellectualism of traditional and modern theology.⁶¹ It may also be seen as a reaction against the more transcendent focus on God in much of twentieth-century theology, and the need to balance it with the immanent focus. The truth is that people who are marginalized need attention and this movement towards inclusion is manifesting itself in the rise of consumer, self-help, self-advocate groups. This whole new emphasis on the development of an ethical culture is encouraging our health care system to behave more responsibly, so as to empower the client rather than patronize them.

This project of group spiritual direction is grounded in a theology of liberation. The foundation of which consists of compassion and justice based on the two great commandments.(Luke 10:27) It is an invitation to love God, to love others, and especially in this context to love oneself, since low self-esteem and hopelessness are common characteristics of depressed persons. The benefit of group process further offers liberation as a positive group experience counteracts the individual's history of the negative family and social experiences.

Leonardo Boff, a liberation theologian, stresses the balance between the transcendent and immanent nature of God. In fact he believes

the mutual transparency joins them together without destroying their particularity, just as the divine and human nature of Jesus are joined without any confusion and separation.⁶²

⁶¹ Stanley J. Grenz and Roger E. Olson, 20th Century Theology (Downers Grove, Illinois: Inter Varsity Press, 1992), 201.

⁶² Leonardo Boff, New Evangelism: Good News to the Poor (Maryknoll, N.Y.:

This concept is an inclusive "both/and concept", rather than an "either/or concept," that is exclusive. The both/and concept is appropriate in relation to the marginalized because they frequently experience exclusion from mainstream society, and especially from their families in the case of depressed persons. As a consequence the transcendent image of God becomes immanent for depressed persons.

A further indication of this mutual transparency is evident in the theology of the later portion of Karl Barth's life. He began his theological career as a liberal theologian, but was soon shocked by the shallowness of his counterparts in the face of German imperialism. His reaction was to swing to the right which manifested itself in his new emphasis on the transcendent God. Through the development, or evolution of his theology, he seemed to mesh the two, that is, the liberal and the dialectical theologies, which seems to be reflected in his last and unfinished volume of Church Dogmatics, volume four. The most notable revision of his earlier, more definitive theology, is their "increasingly interactive account of the relationship of God and the natural order".⁶³

The strength of Barth's theology is of course his theocentricity, and specifically his Christocentric theology, which is the central Christian paradigm, giving transcendent balance to the immanent nature of God which is a definite shift away from liberal theology.

Orbis Books, 1991), 72.

⁶³ Sinclair B. Ferguson and David F. Wright (eds), New Dictionary of Theology (Leicester, England: Inter Varsity Press, 1988), 79.

Green writes about Barth's Christocentric theology:

being-in-Christ is inseparable from being-in-the-community of Jesus. And this community is God's promise of community to the broken and suffering world.⁶⁴

Thus we see balance, unlike his more liberal counterparts such as Paul Tillich, balance that indicated greater attention on belief in the person of God. This lends itself to concern for the common person as evident in Barth's support for the establishment of unions and translates into support for the marginalized of our society.

Another emphasis of Barth's theology that deserves attention is his communal theology. This is evident in the early years of his career and is noted by his involvement with unions. He considered the Christian community, the church, to be a fellowship, a koinoia, which lived out its faith in practice. This surely challenges today's society to embrace the marginalized and to explore the living out of the faith in terms of communal theology. Support for people who are depressed in the context of a caring community is surely evidence of living out the Christian faith.

Side by side with Barth in his theocentricity and his communal theology, is Jurgen Moltmann. It appears that Moltmann has done more than anyone else since Barth to revitalize the doctrine of the Trinity in contemporary theology.⁶⁵ He appears, however, to

⁶⁴ Clifford Green, Karl Barth: Theologian of Freedom (Glasgow: Collins Publishers, 1989), 30.

⁶⁵ Grenz and Olson, 185.

be more Trinitarian than Barth, giving more attention to the Holy Spirit as evident in the book, The Church in the Power of the Spirit: "In the power of the Holy Spirit the church experiences itself as the messianic fellowship of service for the kingdom of God in the world".⁶⁶ In addition to the theocentric emphasis, Moltmann takes the community emphasis to new and exciting dimensions of the church and specifically in ecumenical relations, similar to Barth in the later stages of his life. This emphasis is applicable to the plight of the depressed because of their need for a common approach to their spirituality, rather than a divisive approach. Divisions or separation encourage alienation, when the depressed person needs integration.

Moltmann has a strong emphasis on Christian community, as does John Cobb Jr., whose hope is strongly set in the potential of the church. Cobb's emphasis is rather on the "thinking church", that is, the church claiming its prophetic role and its working to overcome the emphasis on "institutionalism." He feels the church is being held back in terms of its creativity by the traditional doctrines and images, which are retained and used for limited purposes.⁶⁷ This strong support for change is a further indication that the church can embrace the depressed, emphasizing commitment to the unique needs of the person over against the emphasis on the perpetuation of the institution.

Hans Kung in the forward to his book, Theology of the Third Millennium,

⁶⁶ Jurgen Moltmann, The Church in the Power of the Holy Spirit (Minneapolis: Fortress Press, 1993), 298.

⁶⁷ John B. Cobb Jr., Can Christ Become Good News Again? (St. Louis: Chalice Press, 1991), 63.

indicates his intention to lay an ecumenical theological foundation for the third millennium. Kung contends: "Peace among the religions is the prerequisite for peace among the nations".⁶⁸ This reflects his switch in focus from his original inner-Christian ecumenism towards a global ecumenism. In addition Kung reiterates that "Christian theology today can be carried on adequately only against the horizon of the world religions".⁶⁹ He addresses paradigm changes in world religions that are shaping everyday existence especially in regard to the search for ultimate truth.

In association with ecumenical theology is the perspective of universalism. Moltmann and Kung, as well as Barth less specifically, all adhere to God's salvation of all people. Kung in particular stresses the global dimension of truth, reflected in his understanding of God's call in Christ that all people are called to relate to God without intermediary institutions.⁷⁰ Universalism is especially applicable to the depressed since society tends to see them as a burden or as unmotivated persons, and consequently they need to be seen as having been blessed by God in their struggle with depression.

People with depression often feel alienated. Society tends to isolate the depressed and the depressed isolate themselves. The need is for inclusivity and compassion for those who suffer from depression. The new inclusive nature of contemporary theology owes a

⁶⁸ Hans Kung, Theology for the Third Millennium (New York: Anchor Books, 1990), 209.

⁶⁹ Kung, xiv.

⁷⁰ David F. Ford (ed.), The Modern Theologians (Oxford: Basil Blackwell Ltd., 1989), 178.

great debt to Feminist theology. The strong reaction against the patriarchal emphasis of Christian theology has been an instrument to facilitate the paradigm change in theology to a more practical and less intellectual emphasis. Since the new emphasis appears to be on coming down on the side of discussion and reconciliation, as indicated by Rosemary Radford Ruether's emphasis on the shalom of God over against oppression, one might ask: 'Had there been the feminist emphasis of today years ago, would there have been holy wars and would there have been the burning of witches?' She also sees the necessity for conversion to a non-hierarchical system of interconnectedness of all parts of the creation.⁷¹ This of course goes hand in hand with the previously stated theologies, that is, liberation theology, communal theology, and the emphasis on universalism, as all are other-centered rather than self-centered. This other-centered emphasis encourages regard for the whole of society and encourages the liberation of the depressed from inferiority as is the case with the patriarchal emphasis of our society.

In conclusion it is important to stress the need for emphasis on both faith and reason, that is, practical theology. The truth is that humanity is comprised of men and women, extroverts and introverts, thinkers and feelers, intuiters and sensors, mainstream society as well as the marginalized. Therefore the theological background necessary to facilitate a healthy, progressive spirituality must be inclusive rather than restrictive. The price that has been paid for the separation of faith and reason has been the segregation of religion in general and Christian faith in particular to a corner which modern secular

⁷¹ Rosemary Radford Ruether, To Change the World: Christology and Cultural Criticism (London: SCM Press Ltd., 1981), 67.

culture has provided for it. Pannenberg refers to this corner as a separation from modern secular culture, and attributes it to the Protestant pietism and revivalism emphasis on the importance of personal conviction over against the general culture.⁷²

These theologies emphasize inclusion of the depressed into society. The inclusion of the depressed allows for a better chance to effect a spiritual and emotional shift in the lives of the depressed so as to influence their health and well being. Thus the facilitation of the church to live out its' theology of love and nurture in community will undoubtedly improve the lives of the depressed.

Theologies Address Depression

The approach to theology thus far is a more general approach supporting the need for society to practice more understanding of depressed persons. In regard to the depressed clients in this research project the challenge has been to facilitate the development of client's relationships with God and to facilitate the acknowledgment of God active in their lives. The ministry of group spiritual direction was to aid the clients in their desire to grow towards wellness, and in this experience to identify God's presence as a resource who desires wellness or wholeness for each person. In the case of depressed clients the challenge is compounded by the despair or the resistance that is evident in their depression. However, for a person of faith the reminder of the love of God can be a resource to the spiritual director and to the group in their effort to communicate hope

⁷² Wolfhart Pannenberg, Christian Spirituality (Philadelphia: The Westminster Press, 1983), 77.

where there is despair. I see this theologically as the exercise of developing an experience of the God incarnate which is supported by incarnational theology, that is, God's presence in everyday life. Many who are depressed feel judged negatively by God, which reinforces their low self-esteem. The combination of spiritual direction and group work provides help so that clients experience being cared for and affirmed by others, which I believe is an experience of God through the Holy Spirit, and the incarnate nature God.

Depression is often rooted in loss. Naming the loss and understanding it from a theological perspective is a process. In the case of grieving, the loss of a significant person in one's life can generate a wide range of emotions such as anger, abandonment, remorse, and emptiness. These emotions stimulate questions such as "why me?" and "what now?" They focus one's attention towards the meaning of life and searching for discoveries that point persons towards grappling with their beliefs including their belief in God. The feelings evoked because of loss may also include anger turned in on oneself. The person may be inhibited from expressing this anger appropriately because it may be aimed at a loved one who has died or towards God whom the person is told they must love. This process of coming to terms with the loss may be termed "reconciliation." It may also include the act of forgiving another, forgiving oneself, or even forgiving God. The experience may also involve seeking forgiveness from God or others so as to gain peace and self-respect. This experience may also be considered a redemptive experience and provide the client with the experience of feeling renewed or restored to a previous state of well-being.

Robert Kegan and Thomas Moore have an interesting perspective on depression, seeing it as a pathway to personal development and healing. It may be compared to the Old Testament reference to peering into the face of God and surviving, to the new testament reference to Jesus in the desert confronting the devil, and to John of the Cross' reference to dark night of the soul as a path to spiritual maturity. In some ways it might be compared to a theology of death and resurrection representing a pathway to new life or a rite of passage. This insight undoubtedly provides some who are depressed with the inspiration, hope, and faith to persevere. Thomas Moore says: "we might also discover that depression has its remote places where it finds unique insight and enjoys a special vision."⁷³ His challenge to care rather than cure has practical implications for this process such as an awareness of the presence of our loving God in the midst of the depression. It is this companionship of God that enabled individuals like Dietrich Bonhoeffer, Eric Fromm, Anne Frank, Elie Wiesel, Etty Hillesun, and others to survive the horrors of concentration camps in Nazi Germany.

One of the expectations of this project was to acknowledge and facilitate the action of God's grace in the healing of depression. The goal was to help clients to become more aware of the strength of God's spirit operative in their lives in the small group experience. This is, in a real sense, a liberation of captives. People who are depressed are their own captives. Moltmann says "working for liberation means taking sides with

⁷³ Moore, 154.

the oppressed and the humiliated,”⁷⁴ which is a need that is evident throughout this entire study. God’s grace is evident as the strength of solidarity found in a cohesive group. Faith that is nurtured in a cohesive group experience becomes a vehicle of liberation, the hope for a new tomorrow.

The intentional spiritual direction of a group of depressed people is intended to be a healing, liberating, experience, grounded in the basic spiritual beliefs of loving God, oneself and others. This is supported by the words of Dr. Eric Ram who says,

whenever we offer acceptance, love, forgiveness, or a quiet word of hope, we offer health. When we share each other’s burdens and joys, we become channels of healing.⁷⁵

Health is truly a community responsibility to be worked out in a faith context.

In reference to the natural healing process one may assume one means *cure*.

The reality for many who have mental health problems is that they are never cured of their illness. However their quality of life may be improved and in spiritual terms their life may indeed become a blessing even though they may continue to be prone to the reoccurrence of the illness. A broader definition of *healing* seems more appropriate and would take into account spirituality: health as the state of complete physical, emotional,

⁷⁴ Jurgen Moltmann, The Church in the Power of the Spirit (Minneapolis: Fortress Press, 1993), 17.

⁷⁵ Karin Granberg-Michaelson, Healing Community (Geneva: World Council of Churches Publications, 1991), 7.

social, and spiritual well-being, which takes into account the wholeness of the person and the complex workings of body, mind, and soul.

As previously noted, healing may be facilitated by the use of a variety of methods of care. These include the conventional western medical care such as drug therapy, and the relatively new alternative medicines which assist people in their process towards an improved quality of life. Healing is meant to embrace the whole person, unlike the recent past when healing was often limited to the treatment of the disease sometimes neglecting the person's will to live. S. Levine is quoted in Spirituality and Health:

If healing was as it seemed, the harmonizing of the disquieted, a balancing of the energies to bring about peace where before there had been war, then healing clearly was not limited to the body, or even the visible. It includes the possibility of quieting even the deepest, unseen wounds -- the discomforts which make death seem a respite.⁷⁶

Therefore *healing* is used to describe the process used to restore our bonds with the deepest parts of ourselves and to experience harmony within ourselves, with society and the earth.⁷⁷ This definition lends itself to the healing of mental health problems, because one may in fact gain a sense of peace and acceptance of oneself without ever being free of the mental health problems.

⁷⁶ Catholic Health Association of Canada, Spirituality and Health: What's Good for the Soul Can Be Good for the Body, Too (Ottawa: Catholic Health Association of Canada, 1996), 20.

⁷⁷ Ibid.

CHAPTER FIVE**THE BRIDGE TO NEW LIFE: THE GROUP****SPIRITUAL DIRECTION PROGRAM****Bridge Foundation Under Construction: Historical Background and Preliminary Preparation**

The theoretical foundation that has been established for this thesis is contained in the previous three chapters. I have compared it to a construction project including various building blocks, interlocked and held together by mortar. I now represent the actual group spiritual direction program as a bridge which I use to facilitate the healing process of mildly to moderately depressed persons.

This program was in the process of creation for about one year. However, my desire to provide appropriate, professional, spiritual direction to people to whom I minister has been my goal for twenty-five years. In fact, I sought spiritual direction in the mid-seventies when I didn't know what it was I wanted. Therefore the basis for this thesis is grounded deeply in the roots of my ministry formation.

The specific idea for the program evolved out of meetings with my ministry supervisor. I felt I was making connections with the foundation of my ministry formation and out of this process came the idea to focus my learning on this desire that had been with me for over twenty years of ministry. As the idea of learning spiritual direction took shape I negotiated to do a course on this topic, which eventually became an accredited course with twenty-two participants. The work for the course evolved into my thesis. Initially it was a product of my reflection on my work in the mental health setting and my

one-on-one supervisory sessions. Part way through the Spiritual Direction Course I recognized the need to have my ideas for the program critiqued by a variety of professionals. I requested the assistance of a nurse clinician, a high school religious education teacher, a psychologist, a teacher working on her Ph.D., and a pastoral care manager/spiritual director, as well as the ministry supervisor. We met once per week for five weeks at which time I formulated the program goals and objectives and had the specifics of the program critiqued.

The initial program was further developed in the study undertaken for the writing of my thesis proposal. This proposal phase initially produced a very detailed and lengthy program, but was subsequently scaled down for final submission. The program outline was formulated for submission to the Human Investigation Committee (HIC) of the Memorial University of Newfoundland, School of Medicine (see Appendix One, "Spiritual Direction Program"). This was the basis of the planning for the program that was eventually offered to my clients.

Bridge Construction: The Group Spiritual Direction Program Planning

The foundation had to be securely in place before the program could begin, that is, approval had to be granted by Acadia Divinity College faculty, the Human Investigation Committee of the Memorial University School of Medicine, and the Research Proposal Approval Committee and the Community Mental Health Assessment and Treatment Division of the Mental Health Program of the Health Care Corporation of St. John's. This process was finally completed in early October, 1997, clearing the way for the program to

begin group sessions on October 22nd, 1997.

The recruitment and selection of clients of the Health Care Corporation of St. John's was done through written and telephone contact with various clinicians in the Mental Health Program. The initial contact was by letter (see Appendix Two), taken from the Human Investigation Committee (HIC) Application. The clinicians were asked to refer clients who were mildly to moderately depressed and who were interested in being apart of a spirituality group. The criteria that was followed for the final selection of the clients may be found in Appendix Three, taken again from the HIC Application. I initially received fourteen referrals, when I had hoped to have thirty. This presented a problem because of the low number.

At the initial introductory meeting held on October 20th, some of the referrals I had chosen for the group didn't show up, which meant that I had to ask if any of those who I had randomly designated to the proposed waiting-list if they would be willing to do the program commencing October 22nd rather than wait until the second time I'd run it. A result of these changes was that the treatment group became an all female group. This uni-gender group composition was better than if there had been just one or two males with six or seven females since the imbalance would have altered the group dynamics, possibly resulting in the women having greater difficulty discussing their issues of victimization by men. I had intended to have a gender balanced treatment group, four males and four females, but because of the low number of referrals and the no-shows to the introductory session the best option was to go with an all-women's group. There were, however, two

men at the introductory session and they agreed to be on the waiting-list and to participate in the testing program.

The waiting-list participants continued receiving their individual therapy including their drug therapy for the duration of the treatment program, as did the treatment group. They never met as a group, but rather met with myself, the researcher, or with their clinician to answer the respective tests on two occasions after the initial testing that took place at the introductory session.

Bridge Construction: Program Description

The Group Spiritual Direction Program

This project consists of twelve, two hour, weekly sessions of group spiritual direction for clients with mild to moderate depression. The goal and objectives of the program are as follows:

Program Goal and Objectives

Goal: To enhance the clients' awareness of their spiritual strengths and to provide them with an understanding of their God or higher power operative in their life in order to improve their well being.

Objectives:

After completion of this program clients should:

1. Experience reduced depression as shown by responses on the post-test in comparison to the pre-test using the Beck Depression Inventory(BDI).
2. Demonstrate an *understanding of spiritual development* which should be reflected in the researcher's process notes using a checklist of spiritual direction themes, and through a check for the spiritual themes in both the researcher's process notes and in the client's journals.
3. Receive support and feel a *benefit from the group experience* as shown by participation in the group which will be evaluated by reviewing the researcher's process notes using Irvin Yalom's curative factors as a checklist of group characteristics, and client's participation as indicated in the researcher's process notes and in the client's personal

journals.

4. Have gained *knowledge of how to assist others as well as themselves* in the identification of their personal and relational (self and God) needs, which may be evaluated by reviewing the researcher's process notes as well as the client's personal journals for themes which reflect personal and relational growth.

Program Components

Twelve to twenty sessions are suggested for group cognitive therapy, indicating twelve as a reasonable number for the effective use of group cognitive therapy.⁷⁸ The program consists of twelve sessions.

The initial action of the group process was the selection of the eight spiritual direction group members and the eight wait-list participants according to the following criteria:

1. client designation of mild to moderately depressed according to the Beck Depression Inventory (BDI)⁷⁹ pretest.
2. age range of twenty years and older, so that they have the potential for spiritual growth.
3. gender balance of equal numbers of male and female participants so as to avoid negative group dynamics that may be caused by gender imbalance.
4. a willingness to commit to a contract to participate in the research project and

⁷⁸ Beck, 339.

⁷⁹ Beck, 398.

to sign a research consent form.

Each participant was given a detailed explanation of the program, the purpose of the research, and relevant information such as a guide to journal keeping, included in Appendix Four. At the sixth week and after the completion of the program the BDI was again administered to both the group and the wait-list participants.

Program Outline and Content

The outline of the Group Spiritual Direction Program was formulated prior to the commencement of the program and was submitted with the thesis proposal and the submission to the Human Investigation Committee. This outline is included in Appendix Six.

The specific objectives and the content of the program were formulated in accordance with the outline in Appendix Six. A detailed description of the program, outlining each of the twelve session and the introductory session is as follows:

Introductory Session, The Group Spiritual Direction Program - October 20th, 1997

Objective:

The objectives were: to explore the impact of a group spiritual direction program on the mood of clients who were identified to be mildly to moderately depressed; to endeavor to improve the quality of life for the group participants so that they had realistic hope to face the future; to foster good mental health by promoting a sense of purpose or

meaning by fostering loving relationships, and by fostering a search for meaning in life.

- Summary**
1. Purpose of research
 2. Theory of spiritual direction
 3. Testing
 4. Experience group spiritual direction

Presentation Outline:

1. What is expected of the treatment group and the wait-list clients.
2. Group sessions outline: meditation
 - theme presentation
 - group spiritual direction
 - personal reflection
 - prayer
3. Importance of confidentiality and explanation of contract and consent forms
4. Explanation of group spiritual direction
5. The benefit of the group experience
6. The benefit of spiritual direction

At this introductory session I distributed two handouts, one listing the agenda for the session, (see Appendix Four, Handout One), and the guide for story telling, (see Appendix Four, Handout Two).

Session One, Introduction to Group Spiritual Direction and Getting Acquainted:

October 22nd, 1997

Objective:

The proposed objective was to begin community building and group spiritual direction, including instruction in journal keeping and meditation. The group gathered at 7:00 at LeMarchant House. Seven of the eight clients showed up. I welcomed people and facilitated a getting-acquainted activity, "speed introductions." I next introduced the session by outlining the agenda and the objectives for the evening. In my presentation I reviewed the explanation of group spiritual direction. I then explained journal keeping giving out a page description on the purposes of journal keeping and the three step description of the format I suggest, (see Appendix Four, Handout Three). I followed this with an introduction to meditation, focusing on the story of the woman who touched Jesus garment and was made well. I asked what they thought when I told this story and asked them to share their interpretation. During the second half of the evening I facilitated personal story telling, beginning with myself.

Session Two, Program Review and Community Building: October 28th, 1997

Objective:

My next step was to review the program and to continue building community through the use of group spiritual direction. The group started with music and scripture (Psalm 88 and Ecclesiastes 4:9-10). This was followed by a Transfer In, "Sharing Memories" which brought home the reality of the condition of these people. I addressed Group Spiritual Direction again and referred to a hand-out I had given them, entitled "Group Spiritual Direction", (Appendix Four, Handout Four). I also spoke about

Journaling and the value of it in this program, specifically as regards their relationship to God. I then referred to a guide for reflection and faith sharing which would make up the frame work of the group spiritual direction session, (Appendix Four, Handout Five).

Session Three, Knowing Self Through Personal Suffering: November 4th, 1997

Objective:

In this session I introduced program section, "Knowing Self", and to explore the specific theme, "recognizing one's brokenness so as to gain a perspective on the place of suffering in relation to one's depression." I started with soft music, a candle on the table and a prayer. I showed them broken pieces of glass for the Transfer In. They each took a piece of broken glass and I asked them to identify how this piece of glass was like their brokenness. Following this discussion I spoke about suffering, introducing three quotations: one from each of Helen Keller, a Buddhist, and Mother Theresa, (see Appendix Four, Handout Six).

**Session Four, Knowing Self Through Personal Strengths and Weaknesses:
November 12th, 1997**

Objective:

Our next session focused on recognizing one's personal strengths and weaknesses in relation to one's purpose in life. I began this session with music, scripture and prayer. The Transfer In was for each client to name one of their strengths, and to give thanks for them, to name one weakness, and to pray for a blessing. The readings I used were from 2 Corinthians 4:7-10 and 12:7-11, which basically say in our weakness is our strength. I

connected this with the reading I gave them on “Where is God in Suffering?” by Richard J. Hauser. I then had them list what they liked and disliked about themselves. Also in this session I introduced them to the beach rocks as a representation of hardness or a closed attitude. I shared a prayer as I distributed the beach rocks, (see Appendix Four, Handout Eight). Following the presentation on suffering I laid down some guidelines in regard to the group spiritual direction part of each session. The guidelines had been named in the written material and I reinforced it, pointing out that in the group spiritual direction time I would like for one client to share an issue, followed by silence, and then discussion. This was explained more fully in a handout I gave them, (see Appendix Four, Handout Seven, entitled “Guidelines for Group Spiritual Direction”).

Session Five, Knowing Self Through Inner Healing: November 18th, 1997

Objective:

This session explored what one needs for Inner Healing. I began with music and read Psalm 127:3 (children a gift) and John 4:1-12 (woman at well and water life giving). I asked them to remember their strong hearts represented by the beach rock and to surrender their hard hearts as they placed their stones in the water. This was done while saying another prayer, (see Appendix Four, Handout Eight). I then moved into my presentation on healing the inner child. I spoke about myself as the example and my own journey to nurture my inner child. I then led a guided imagery and invited them to identify a time of pain, hurt, grief, or bitterness from their past. I asked them to image God present in the incident and to ask God to help them make sense of their pain. I concluded this by suggesting that they return to this exercise, continuing it until they felt at peace

with the incident. For their self-help regarding inner healing I suggested they read chapter one of The Feeling Good Handbook by David Burns, entitled “You Can Change the Way You Feel.” This was an introduction to the use of cognitive therapy. I also gave them a quotation from the book Sadhana, (see Appendix Four, Handout Eight), that reinforced that they, like Job, are exonerated for the suffering they have endured, which was positive reinforcement. Included in Handout 8 is a prayer that was shared with the group by one of the clients. This was an indication of the investment they began to take in the spiritual direction process.

Session Six, Knowing God Through Recognizing God in Life: November 25th, 1997

Objective:

In this session the attempt was to recognize the movement/presence of God in one’s life. I started by administering the Beck Depression Inventory (BDI) and the Spiritual Experience Index - Revised (SEI-R)⁸⁰. I then used music, scripture, and prayer. The scripture I used made reference to Emmanuel, God with us, and Matthew 28:9-10 “return to Galilee” to emphasize our need to return to the ordinary experiences we have of the presence of God. For the Transfer-In I had them brainstorm their ordinary experiences so as to acknowledge God in the ordinary events of their lives. In my presentation I talked about the positive presence of God in our lives. I told of how I had connected my memory of Dad with the goodness of God, and that it made me feel that he would have been proud of me.

⁸⁰ Vickie Genia, “The Spiritual Experience Index: Revised and Reformulation,” Review of Religious Research, Vol. 38, No. 4 (June 1997), 361.

Session Seven, Knowing God Through Appreciating God's Spirit in Life:**December 2nd, 1997****Objective:**

The theme of this session was to appreciate God's spirit in our lives. I started the session with prayer and read from Psalm 130: 5-6 and Psalm 33:20-22 which focus on "waiting". I then read a prayer on waiting and emphasized that we wait on God's revealing himself in our lives. I facilitated a fantasy or active imagination on the "book of life" which had them identify chapters of their lives.

Session Eight, Knowing God Through Prayer: Dec. 9th., 1997**Objective:**

This next session explored how we experience the consolations of God in our lives - God with us and the effectiveness of Prayer. I started by reading Exodus 1:15-2:10, Psalm 39-72 and Psalm 139 to illustrate praying scripture and recognizing the gifts or the consultations of God. I emphasized the need to deepen their journaling and I passed out a format sheet, see Appendix Four, Handout 9. I then went on to talk about God's presence, our response and our resistance. I concluded with a guided imagery of the "woman at the well." I had planned to use a story from the book Woman at the Well, but chose to go with the guided imagery instead.

Session Nine, Knowing God Through Acknowledging and Celebrating God's Presence:**Dec. 16th. 1997**

Objective:

This was to acknowledge and celebrate God's Presence, I began the session with a reflection exercise on Psalm 23. They were asked to respond with descriptive words that came to their minds as this was read. The agenda was to emphasize God's gifts in our lives, but because of the bad news that one of the group had just received the session instead focused on support for her through her distress.

Session Ten, Knowing Self and God Through Life Learning: December 30th, 1997

Objective:

This session was to explore the learning of "Knowing Self" and "Knowing God". I started with Isaiah 49:15b-16, "I will not forget you", which was to illustrate that God loves each of us. I asked how that made them feel. I moved onto the presentation part using Luke 12:22-34. I read it and asked for a key word or phrase. I read it again and asked them to apply this reading to themselves. I read it a third time and invited them to pray, which they did in silence.

I next moved to a guided imagery to get them to think of a time they felt loved. I then explained how important it is to return to these times in fantasy in order to cherish the full joy of that moment.

Session Eleven, Review and Preparing for Closure: January 6th, 1998

Objective:

This was the beginning of the closure process, and we did so by reviewing the past ten sessions. I reviewed what we had done, the journey or the process, moving from the introduction into the community building, onto the “knowing self” theme, then to the “knowing God” theme, and finally to the closure or conclusions. I encouraged them to identify what they had learned. I began by reading John 5, the woman at the well passage, and emphasized that her bucket was full of baggage which Jesus invited her to throw out and fill with life-giving water or new life. After she left for the town the disciples insisted Jesus eat but he wasn’t hungry because he had been fed by the spirit, indicating the meaningful encounter he had had with the woman at the well.

Session Twelve, Closure Through An Act of Thanksgiving: January 13th, 1998

Objective:

This was to recognize the contribution each of the participants in the group had made to this group experience, we affirmed one another and the process through an act of thanksgiving. As people arrived some shared gifts. One brought crosses that she had made, one for each person. She said the cross now represents the hope, compared to having previously meant fear and suffering. This began the ritual of closure. Another client bought a card with a pin especially suited for each person. Then I handed out a bulletin to commemorate the closing session. I said a prayer and then read Isaiah 61, comparing depressed persons to those whom God praised, the Israelites, who had been oppressed. I praised people who are surviving depression. A sharing session was then begun. I also encouraged them to access community resources for individual direction and group activities, giving them the name of one local center that was willing to assist them.

We moved onto offering God thanks for blessings which was our thanksgiving prayers. As a closing I invited them to form a circle, hold hands, and say the Lord's Prayer, followed by a prayer of blessing. We moved to a time of fellowship, including tea, coffee, donuts and sandwiches. The program evolved as I endeavored to respond to the groups needs in addition to staying as close as possible to the planned program themes.

Bridge Construction: Outline of Methodology

Project Design:

This project is a process and therefore required primarily qualitative research. I wrote group process notes and made audio tapes of the group sessions. I instructed the members in journaling and requested them to maintain their personal journals. I required access to their personal journals as I deemed necessary so as to assist with the facilitation with the group process.

This project initially involved a combination of two types of research. The initial research included the creation of the spiritual direction program as outlined above which is identified as *transformational research* since it included the design and the evaluation of the program. In preparation for the project an historical analysis of the topic was also undertaken, which included some research on spiritual direction.

Subjects:

“Denise” This client is a thirty-six year old female client who lives in St. John's with her family. She is married with four sons, the oldest being thirteen and all of whom live at

home. Up until three years ago she worked outside the home, but is now on a disability pension. Denise is very involved in her local community organization and is on the executive of a branch of a political party riding association. Her psychiatric diagnosis is depression.

“Hilda” This client is a forty year old woman presently living in St. John’s. Her psychiatric diagnosis is depression, but she is also being treated for asthma. She is divorced and lives in a bed-sitter. Hilda has been seeing a counselor at LeMarchant House, the mental health clinic and the meeting place for the spiritual direction group.

“Ruth” This client is a woman in her forties who was married for about twenty years and is now divorced. She previously lived in a small rural community near St. John’s, and moved into St. John’s when she separated from her ex-husband. Ruth has four children, two girls and two boys. Two of the girls continue to live with her. She is employed as a child-care worker, taking care of one small child in the daytime. She has regularly attended Al-anon for many years, as her ex-husband is an alcoholic. Ruth has been seeing a counselor at LeMarchant House for depression.

“Linda” This client is a woman in her mid-forties who was married and whose husband died about ten years ago. She receives a disability as she is unable to work because of her psychiatric illness. She also lives in St. John’s, but previously lived in a small community near St. John’s.

“Beatrice” This is a forty-seven year old female client who is the mother of two daughters. She has been divorced from her husband for many years. She has a diagnosis of major depression. She lives in Mount Pearl, and is also off work due to her disability caused by her psychiatric illness. Her mother lives with her as well as her youngest daughter.

“Ida” This client is a forty-four year old woman who is the mother of two, one male and one female. Her daughter is married with one child, and her son is young man who has recently finished high school. She has been divorced for many years. Her ex-husband is an alcoholic and she suffered from family violence while she was married to him. Ida’s diagnosis is depression, anxiety disorder, and obsessive compulsive disorder.

Research Measurements and Evaluation:

The qualitative research of this project noted changes in the depressed mood and the changes in spiritual maturity of the treatment group clients . The source for this material was the researcher’s process notes, the client’s journals, and the audio tapes of the sessions. This material was studied and the themes relating to mood and spirituality were noted for future reference in the analysis. The change in the mood of the clients was especially important since the goal of the project was to record the effects of the group spiritual direction program on the client’s mental health. The spiritual changes of the clients were noted by monitoring how the clients approached various spiritual themes and the impact of these themes on their overall spiritual maturity.

The benefit of the group experience for the treatment group was noted by evaluating participation and the degree of community or group cohesiveness achieved in the process. This was reflected in the recorded observations of both the researcher and the clients. The group members assisted each other in the identification of personal and relational needs that they shared in group discussion as they practiced group spiritual direction.

The quantitative research was in addition to the qualitative one and consisted of testing clients of the waiting-list as well as the treatment group using two specific tests. In addition a checklist and a final program evaluation were used with the treatment group to provide an additional objective analysis of the group spiritual direction experience.

The first test was the Beck Depression Inventory(BDI), (see Appendix Seven), which was used to keep a record of the specific level of depression of all the clients. The second test was the Spiritual Experience Index - Revised(SEI-R), (see Appendix Eight), which kept a record of the change in the client's spiritual maturity through the twelve week process. Both the BDI and the SEI-R were administered at three designated times in the program, that is, pre-test, mid-test, and post-test, to both the treatment group and to the waiting-list participants. The comparison of the test results of the treatment group and the waiting-list clients was to provide an additional indicator of the value of the group spiritual direction program on the depressed mood of the clients as well as the changes in their spiritual maturity.

The quantitative analysis also included the use of two other instruments with only the treatment group clients. First there was the Checklist, (see Appendix Nine), which consisted of nine characteristics of depressed clients, and was used by the Researcher to note changes in the treatment group client's state of being from week to week. The second one was the Group Spiritual Direction Evaluation, (see Appendix Ten), which recorded the clients assessment of their experience in the program and indicated the value of this experience in terms of their mental and spiritual health.

In summary, the qualitative and quantitative research combined to present a comprehensive picture of the changes experienced by the treatment group clients as a result of having participated in the group spiritual direction program.

CHAPTER SIX**TESTING THE STRUCTURE**

The construction of a bridge is a work of art, a complicated and intricate piece of work, a long and involved process. So too was this research project. The complicated mathematics that are required to get the pieces of the bridge to connect exactly, combined with the intricacies of having the numerous pieces placed in the right place in order to bear the huge load of traffic traveling over the bridge, make it a major work project. The exactness of the bridge design and construction make it truly a work of art. In addition to the actual construction there is the testing of the bridge in order to insure the safety of people who will use the bridge. The safety check involves a variety of tests including approval by committees, stress tests, construction checks, as well as the requirement that it has to be functional and appropriately suited to the landscape. Similarly, in this thesis project, approval had to be obtained from the Faculty Committee of the Acadia Divinity College, from the Human Investigation Committee, and from the Health Care Corporation of St. John's prior to the commencement of the group spiritual direction program so as to insure the safety of the clients who were to be involved in the thesis project. Just as tests must all be verified prior to the bridge being approved for use by the public, verification is also needed here. The bridge testing may be woven together into a report that represents confirmation that all is secured prior to the operating agency taking over responsibility or ownership from the builders. This thesis requires a similar kind of weaving, as it too is the coming together of the various checks into a completed project ready for public scrutiny. Even the specific kinds of testing required by the thesis is similar to the testing that is done in the process of a bridge construction project. The qualitative research is similar to the aesthetic tests that are done to make sure that the bridge suits the immediate environment,

in terms of both the view from the water and from the land. This may be complicated because it is difficult to satisfy environmentalists, naturalists, and community planners, as well as the general public, while having to keep the construction costs within budget.

The quantitative research is similar to the structural tests that are necessary to confirm the safety of the bridge for use by the general public. In this research project the multiple components included themes from a variety of theoretical sources such as spirituality, theology, depression, and group process. The program addressed a variety of themes that were thought to be meaningful to people suffering from depression such as suffering, self-esteem, memories, and awareness of God. The outline of the specific sessions is found in the Group Spiritual Direction Program Outline, (see Appendix Six), with the specifics of the program in the Agenda, (see Appendix Five). The two composite themes for the sessions were “knowing Self” and “knowing God,” out of which the specific session themes were developed. The combination of “knowing self” and “knowing God” is suited to the spiritual focus of this program, since spirituality is the focus of finding meaning in life through oneself and beyond oneself to the transcendent dimension or being. The program’s suitability for this project was demonstrated to be appropriate both in the conclusions of the qualitative research as well as through the final evaluation completed by the six clients in the treatment group, the results of which are summarized in the Group Spiritual Direction Program Evaluation: Summary, (see Appendix Thirteen).

The group spiritual direction program also included a variety of biblical themes such as suffering, community, love of self, love of God, waiting on God, reassurance, reconciliation, and forgiveness. These too were checked to determine their impact upon the client's spirituality and mood. The analysis of the biblical themes was one part of the coding of the audio tapes, process notes, and the client's journals. The impact upon the client's spirituality and mood was also tested quantitatively using the Beck Depression Inventory(BDI) and the Spiritual Experience Index - Revised(SEI-R).

There was also group themes, such as relationships in the group and group cohesiveness, which were somewhat hidden, but equally important as they impacted upon the feelings of the clients. These themes also rose to the surface through the review of the audio tapes, process notes, and the client's journals. The clients ability to change or be changed is crucial in the treatment of depression and therefore learning themes, specifically transformative learning, that considered how the clients learned, were important in this analysis. Again the coding of the process notes, the audio tapes, and the journals identified the experiences of the clients as they learned and grew through transformative learning, as they practiced reflection on their experience in the group spiritual direction program.

Because the overall treatment approach was group spiritual direction to impact positively upon depression, it was crucial to focus on the personal themes of the clients who claimed the second half or the group spiritual direction portion of each session. There were some of the personal themes that were evident in more than one client, which

indicates the overall importance of these more common themes in the healing process for depressed persons. Also in regards to personal themes the impact was both direct upon the client who chose to be the directee, and also upon the others who were impacted indirectly by learning from the struggle of the directee in regard to the specific theme. This indirect learning through observing and coaching another client in her issue became evident through the review of the client's journals. The combination of these various themes identified from the clients make up the core material for the qualitative analysis of this research project.

The completion of the report of the analysis requires a further support for the qualitative analysis in this project. This is provided by quantitative analysis. This is similar to the structural tests in the bridge inspection process. This quantitative analysis, as previously mentioned, includes the tests administered to the treatment group and to the wait-list clients, the checklist used to record nine depression related characteristics of each client after each session, and the compilation of the results of the program evaluation completed by the clients after the completion of the group spiritual direction program. This analysis is presented in graphs in order to illustrate the comparison of the results between the treatment group and the waiting-list, the representation of the mood changes experienced by the clients, and the client's impressions of the program.

The themes identified in the coding process arose primarily from five categories: the depression checklist, Biblical topics, personal feelings, the concept of God and relationship with God, and program and group experiences. These identified themes

provide the intricate infrastructure of this research analysis, that is, the material that is woven together to make up the conclusive results in the qualitative analysis.

QUALITATIVE ANALYSIS BY CLIENTS AND SESSIONS

Group spiritual direction is equivalent to one of the major components of the bridge construction. Therefore the evaluation of the effectiveness of the group spiritual direction program using qualitative analysis is of great importance to the proving of my thesis.

The group spiritual direction experience involved having a group member, in this case a client, who volunteered to receive spiritual guidance from the remainder of the group members. This client became the directee for part of or the total session which lasted for about forty-five minutes. The other clients and the researcher or group spiritual direction facilitator became the spiritual directors. In any one session therefore the participants were receiving spiritual direction either directly or indirectly. The indirect spiritual direction became evident as I listened to the audio tapes and I observed the clients connecting the directee's experiences to their own, and was also evident in the client's journals as the clients reflected upon their experience and recognized how they were learning from the other client's experiences.

The qualitative analysis is first approached from a client perspective, followed by a thematic and chronological perspective, reporting on the specific clients who became the directees in the respective group spiritual direction sessions. The clients are identified by

pseudonyms to protect their identity and insure confidentiality. The personal issues or themes of the respective clients and the group issues or themes are bolded for easier identification. This was a new process for the clients as no one had ever experienced formal spiritual direction, neither one-on-one nor the group spiritual direction. Therefore they had to learn a process in which they would identify their intention to be the directee, and, at the same time, to create the group standards or norms in order for the group to function in its role of spiritual direction. The frequency of the client's attendance is recorded in the Client Checklist, (see Appendix Fourteen).

Analysis of the Respective Clients

“Denise” As was previously stated, this client is a thirty-six year old female, married, with four sons, all living at home. She has had two significant losses over the past five years: one being the loss of employment because of a disability, and the second being the death of her sister who had cancer. She has been receiving treatment for moderate depression, panic disorder, and fibromyalgia. The therapy has included both drug therapy and individual psychotherapy by her psychiatrist. The prescription drugs she was on for the period of this study included: 1. zoloft(200mg, 1/day); 2. xanax(0.5mg, 4/day); and 3. restoril(30mg, at night as needed). The only one of these that would have had a direct effect upon her depressed mood was the zoloft. She had only three psychotherapy sessions during the twelve week period. The stressors she encountered in this period included a motor vehicle accident, the suicide of her friend's son, a conflict with her neighbor, and the experience of having her husband on strike for two weeks. Comments in the clinical chart indicated that she felt the spiritual direction group helped

tremendously, that she thinks of her deceased sister, that she feels more capable of dealing with her problems, and that she is coping well.

Denise claimed Session Four, and parts of Sessions Two, Six, Eight, Nine, Ten, as well as sharing in the closure in Sessions Eleven and Twelve. In the early sessions Denise focused on her themes of separation and loss, as well as a negative understanding of God, i.e. she had been punished by God. The opportunity to face up to her suffering brought on by her multiple losses, gave her the opportunity to gain strength and to see her situation in a different perspective. The group helped Denise by listening and by refuting her claims that her misfortunes had been punishment by God. She was helped to think more positively, to face her fears, and to let go of that which weighed her down. All of these changes contributed to her management of stress and prevented her from allowing situations to bring her back down into depression. For instance, instead of perceiving God as condemning her, she now perceived God as assisting her in her struggles. The facing of her fear of cancer in Session Eight was facilitated by Linda's sharing about how her faith had helped her through her bout of cancer. Sharing her feelings that she was scared brought her relief and comfort, giving her a sense of peace. In Session Nine, Denise indicated how she now recognized how God supported her. This positive attitude enabled her to feel accepted and loved by God on the second anniversary of her sister's death, a day she ordinarily would have been very bitter. A sign of her more hopeful attitude and improved mood was that she identified recent struggles she had encountered, and that she had not allowed them to drag her down as far as usual. The opportunity to claim emotional progress and a renewed faith, with a group she knew cared for her was a further

inspiration towards feeling more courageous in terms of facing her struggles and challenging her old negative patterns.

Denise's improved mood identified by her improved attitude and self-esteem was attributable to the group spiritual direction program. The identified stressors could have negatively affected her mood causing a deterioration, which situation should have required an increase in her medication. Instead of a deterioration, there was an improvement, although the drug therapy and the one-on-one psychotherapy remained constant over the twelve week period. The drug therapy and the psychotherapy were expected to have contributed to an improvement of her depression, but not to this extent considering the major stressors she encountered.

"Hilda" As was previously stated, this client is a forty year old, single, woman who is presently living in downtown St. John's. She has been seeing a counselor at LeMarchant House, a mental health clinic and her diagnosis is depression and asthma. The clinical chart indicated that she had completed step ten of the twelve step program and that she was working on co-dependency issues. Hilda saw her counselor seven times during the group spiritual direction program. She has attended a women's employment group, an assertiveness group, and a swimming program. Her long term goal is to train to be a nursing assistant, in preparation for which she attended and completed an employment preparation course. The prescription drugs she was taking during this program was paxil (20mg, once/day), and ventilin(as required for asthma), of which paxil would be the only one to have affected her mood as it is an anti-depressant. She was back with her boy

friend at the beginning of the program, but separated shortly afterward. She had no further contact with him. The chart noted that she was bright, cheerful and positive.

Hilda claimed the first part of Sessions Six, and Nine, as well as being the first to share in the first closure session, Session Eleven. The mere two part sessions claimed by Hilda reflects the role Hilda had in this process, that is, the role of catalyst for others to share. She regularly encouraged and inspired others to have faith through her sharing of her own story of survival. Her stories included themes such as grief, loneliness, separation, inferiority, and low self-esteem. The opportunity to care for others and for herself gave her strength and made a difference in her mood, as she felt more loved and connected to the group, to family and to God. The improvement in her mood is partially attributable to the group spiritual direction experience, since her drug therapy was constant and her experience of separating from her boy friend would have been expected to have had a negative impact on her mood.

“Ruth” As previously noted, this client is a woman in her forties who was married for about twenty years and is now divorced. She continues to have her two daughters living with her in St. John’s. She is employed as a child-care worker, taking care of one small child in the daytime. She attended Al-anon, and has attended groups as well as seeing a counselor at LeMarchant House for depression. The clinical chart indicated she had agreed to work on the issues of drug abuse and the recovery of memories. She is a survivor of childhood sexual abuse and is now referred to a survivor’s group. The prescription drugs she took while in the group spiritual direction program were as follows:

1. apo-zopiclone(7.5mg, once at bedtime); 2. paxil (20mg, once in AM and one half at bedtime); 3. and apo-buspirone (10mg, twice/day), of which paxil is the only one that would have affected her mood. The most significant event for Ruth during the time of this program was a positive one. Ruth took a Christmas vacation of about three weeks and visited one of her sons who is married with one child and living in Edmonton.

Ruth claimed part of Sessions Six and Eight, as well as sharing her conclusions about the group experience in Session Eleven and Twelve. She, like Hilda, used her own story to help others. Ruth shared her story of loss, abandonment, troubled childhood, shame, hopelessness, abuse, and powerlessness to encourage others to have hope and courage. In Session Six she brought her feelings of anger towards her ex-husband and was helped to recognized how she was being drawn back into old scenarios by a chance meeting with his brother. The group reminded her that she had a choice and that she could view the situation from another perspective. This was enough to stop the downward trend and to inspire her faith in herself, in her daughter, and in God. In Session Eight Ruth was honest with her feelings of guilt and looked to the group for support in regard to a decision that she had made to say “no” to a New Year’s Eve date with a male whose wife had recently died. The group supported her and helped her to see that she was practicing self-care or love of self, and that this was essential in order to refrain from reverting to a victim position. In the first of the two closure sessions Ruth indicated a new found strength in her relationship with God, i.e. a mutual relationship, or in her words on “an even keel.” In the second closure session, Session Twelve, the close relationship with God was evident in the discussion about her ability to pray spontaneously. The relaxed

nature of the Ruth's expression in prayer to God, the ultimate authority, was an indication of her improved self-confidence. This improvement in her self-confidence was exceptional considering the emotional damage people ordinarily experience as a result of childhood and adult abuse experienced by Ruth. The time spent planning for her vacation and the time taken for her holiday obviously improved her mood. In addition addressing some of her unresolved issues such as guilt and low self-esteem through the group spiritual direction program must have also made a difference in her mood considering the relative consistency of the other therapies she received.

“Linda” As was previously mentioned in Chapter Four, this client is a woman in her mid-forties who was married and whose husband died about ten years ago. She has had multi-losses over the past ten years, but especially the past three years. The losses included loss of work because of disability, the death of her father, the death of her sister, and the loss of a breast to cancer. She has a diagnosis of major depression. She has been receiving both drug therapy and psychotherapy for the past few years. The prescription drug she has been taking during the duration of the group spiritual direction program was prozac (10mg, once/day), which is an anti-depressant. The clinical chart indicates that she was pleased to deal with spiritual issues that have constantly plagued her. The significance of this commitment to facing these spiritual issues was evident by the consistency of her attendance at the sessions. She attended every session including the one that had to be canceled because she was the only one who attended. The significant events that Linda had to face during the group spiritual direction program were the on-going recovery from cancer and being alone at Christmas.

Linda was very intentional about what she wanted in this program. She had decided to trust the group after the First Session. As a result she claimed Session Two, and latter claimed Sessions Seven, part of Session Eight, and Ten, as well as sharing in the closure session, Session Eleven and Twelve. The trust that was generated in Session One seemed to give Linda the confidence to be honest with the group about her harsh upbringing, her legalistic perspective of a punishing God, and her low self-esteem. This risk-taking paid off as she gained the respect and appreciation of the other clients. Because of her loneliness and lack of self-confidence she may have expected to be rejected by the group. She wasn't rejected, but to the contrary began a process of drawing closer to the others, inspiring them by her depth of sharing. During the ensuing weeks she listened intently and obviously formulated a new concept of a loving God. In Session Seven she worked hard at her issues of unresolved grief, of loving herself, and of being loved by God. This stepping out in faith required Linda to accept her losses, and to put aside her tendencies of self-blame, guilt trips, self-judgments, as well as concepts of a punishing and condemning God. In Session Eight Linda claimed the feeling of having experienced a miracle in which she had felt her fear disappear and a new feeling of the "glow of God." The growth in her self-confidence and her spiritual growth culminated in the closure when she shared her feelings of contentment and peace, as well as her new concept of a loving God who fostered her love of herself instead of self-hate. She was no longer muddled and confused but rather was now able to practice self-care and to allow herself to feel connected, since she now recognized that she belonged in this group, in her church, and in her family. A dream she had complimented her experience and she could

now recognize God as more than an authoritarian old man, but rather as “gift” and as “life-giving energy.” These experiences made her feel overwhelmed and she was amazed that she had reached a new plateau in her spiritual life. As in the case of the previous clients, Linda’s meds remained the same and her one-on-one psychotherapy was also constant from well before the beginning of the group spiritual direction program. In addition there was no additional major stress, yet her mood improved. This is attributable to the effect of the group spiritual direction program, considering her diagnosis was one of major depression and all other treatments remained constant.

“Beatrice” As stated in Chapter Four, this client is a forty-seven year old female who is the mother of two adult daughters, one of whom lives at home. She has been divorced from her husband for many years. She has a diagnosis of major depression. During the group spiritual direction program she encountered a set back when she learned her boyfriend had lied to her about his health, and had led her to believe he was dying. This stressed her to the point that she had to be hospitalized for the period November 12th to December 10th, approximately four weeks because of suicidal ideation. The meds Beatrice received during this twelve week period varied because of the change in her condition. At the beginning of the program she was on the following drugs: 1. dalmane (30mg, at night); and 2. prozac (30mg, once/day), of which prozac is the anti-depressant. When she was admitted the prozac was increased to 40mg, once/day, and she also received nozinan (50mg, at night), which is a neuroleptic, anti-psychotic, used to support the anti-depressant. The meds she was on at discharge included the following drugs: 1. luvox (50mg, once in AM, and 100mg, at night); 2. clonazepam (0.5mg, three/day, and

1mg, at night); 3. imovane (7.5mg, at night when necessary), and 4. rhinocort (spray, two puffs), of which luvox is the only anti-depressant. A couple of weeks after discharge the clinical chart indicated that the luvox had improved her depression and that rivotril (0.5mg, three/day and at night) was prescribed. In addition to her four weeks of hospitalization, Beatrice saw her psychiatrist on four occasions for psychotherapy, and was also seeing a psychologist for individual therapy. The clinical note on November 12th indicated that she found the group spiritual direction program depressing because of the family problems in the group. However in the note of January 8th it was indicated that the group spiritual direction program had helped her a lot. A note was made that she was beginning dance classes and that she was working on crafts, which reflected the improvement in her depression.

Beatrice claimed Session Five, and part of Session Ten, as well as participating in one of the closure sessions, Session Eleven. Beatrice experienced a major set-back early in the program when she learned that her boy friend had lied to her. This worsened her depression, as was evident by her quietness in the group. She shared all of the typical feelings of one who was suffering from a major depression: indecision, guilt, anger, vulnerability, low self-esteem, despair, loneliness, grief, abuse, betrayal and worry. The acknowledgment and letting go of these feelings helped Beatrice gain strength and hope. Also the group members affirmed Beatrice and reinforced that she was not a failure, but that there had been some good come from her relationship with her boy friend. Beatrice also acknowledged that she felt she had been prayed for. The importance of prayer and the reference in Session Ten to her feeling connected to people at the Waterford Chapel

helped her to feel that she belonged and that she was valued. This emphasizes the need for Beatrice to continue to value herself and to gain self-confidence. Her own initiative to take control was to let God into her life and to practice journaling as her prayer. This meant letting go of a childhood belief that God cared for others and had forgotten her. The group helped Beatrice feel more connected by visiting her while she was in hospital, and praying for her throughout this program, and she appreciated their concern. The concern of the group and the efforts to make her feel that she belonged were the evidence that she was loved by the group. Love and connectedness were comforting to Beatrice in her depression and seemed to help her feel, in her words, fifty percent better than she had felt when she started the program.

The actual improvement in her mood supports my thesis that the group spiritual direction program helps in the healing of depression. The clear distinction of the actual affect of the group spiritual direction program is difficult because of the complexity of the drug therapy and the trauma of her difficulty with her boy friend. The regularity of her attendance and her positive evaluation is surely a clear indication of how much she felt the program contributed to her improved mood.

“Ida” As stated earlier, this client is a forty-four year old woman, mother of two. Her daughter is married with one child, and her son is young man who has recently finished high school. Ida is a divorcee and a survivor of abuse, having been married to a violent husband. Ida’s diagnosis is depression, anxiety disorder, and obsessive compulsive disorder. Early in the group spiritual direction program the clinical chart indicated the on-

set of family problems as it was reported that her teenage son was taunting her about her mental illness. This escalated and she had to have the police remove him from her home because of his verbal abuse. She then enjoyed her solitude, but was bothered by guilty feelings for having to have her son removed from the home, and was also worried about his welfare. During the period of the group spiritual direction program Ida saw her psychiatrist on six occasions for psychotherapy, and also received drug therapy. The prescription drugs she was on changed because of the family problems she encountered. In late October she was on the following drugs: 1. ativan (1mg, three/day); and 2. zoloft (50mg, once/day), of which zoloft is the anti-depressant. In November the zoloft was increased to 100mg. In December the zoloft was increased to 150mg, and the ativan was increased to 1mg, three times/day. The chart also indicated that she was plagued by feelings of failure, indicating low self-esteem. However, it also said that she was coping well. The note in early January indicated that she had had a rough Christmas, that her mood was depressed, that she slept poorly, that she was anxious, and her appetite was poor. The note also indicated that she had managed to get through Christmas, that she was not fearful, and that she no longer felt guilty or bad, but that she was low and anxious regarding an upcoming event.

Ida claimed Session Three, part of Session Nine, as well as participating in both of the closure sessions, Sessions Eleven and Twelve. The primary issue that distressed Ida throughout this program was the loss of relationship with her son who she had to have removed from her home early in the program. This obviously trigger old feelings of failure and loss. The group endeavored to reassure Ida of their concern for her. In Session Nine

Ida was especially upset, as she had just learned about her son's departure for the mainland without having called her. This precipitated heightened feelings of anger and despair. The group persevered with their efforts to stress Ida's worth through all of the tragedies in her life. As Ida dredged up all of her failures, including her abusive marriage, her contemplation of an abortion, and her perceived failure regarding her children, the group affirmed Ida's decisions, her determination, and her emotional strength through the suffering, reminding her of the presence of God. Ida was helped to find comfort in Psalm Twenty-three and was encouraged to practice positive thinking in order to cope with this latest set-back. There was an indication that Ida was considering and practicing this shift to the positive. The indication was that she took control of negative thinking, as indicated when she compared herself to a grain of seed, indicating her recognition of her potential regardless of how far down she felt. Throughout the depth of suffering Ida experienced during the twelve weeks of the program, a major theme was the acknowledgment of God's presence and the sense of feeling connected and affirmed. Ida was able to thank God and gained a hopeful perspective on the future which helped her to cope with the immediate pain of separation and loneliness that were so paramount in the present. She indicated her reliance on Bible reading and meditation that worked hand in hand with the group support. Her knowledge of the value of concern for the spiritual dimension of life was reinforced through her participation and growth in this spiritual direction program. The piece she wrote for the final session reflected the depth of her feelings of appreciation for the program, including statements such as a positive influence, offered stability, nearness to God, a time of renewal, a freshness and energy, a celebration of God's

presence, and the desire to give back to others the benefits she has received. For one who was experiencing such despair and rejection, the experience of one positive aspect brought a glimmer of light in the midst of extreme darkness.

The extent to which group spiritual direction contributed to her recovery from depression is, like Beatrice, more difficult compared to the other clients. The increase of her meds were as a direct result of her increased stress caused by her problems with her son. Her positive attitude towards the program and how it helped her must be acknowledged as some evidence towards the benefit of group spiritual direction in Ida's improved mood.

Group Facilitator/ Researcher

“Peter” The spiritual direction program reflected my philosophy that one may find God and discover hope in the suffering. My strong desire to find even a flicker of light seemed to inspire the group to believe in the process and to discover hope and faith in their lives. I don't believe in false hope and I don't feel that at any time did the clients deny or ignore the seriousness of one another's ill-feelings. To the contrary, they worked with the sad feelings to look for and affirm God's presence as evident in their concern for one another. I truly believe the group became a cohesive group that respected and loved one another, offering one another support and encouragement.

The group spiritual direction of six, depressed women, some of whom were more depressed than I had asked for, was truly a challenge. I soon learned that most of these

women had had negative experiences with men and that I could be at a serious disadvantage being a male. Consequently I was aware of their vulnerability. I respected their fragility and set about to present a positive role model, secure in myself and very aware of my professional boundaries. The extensive preparations for this program, having had to meet the stringent research requirements of the Acadia Divinity College, the Human Investigations Committee, and the Health Care Corporation of St. John's, contributed significantly to the quality of the program and my readiness to facilitate the group process. I was determined to create as safe a space as possible. The spiritual music, the circle of chairs, the flip-charts with the agenda and objectives, the hand-outs on journaling and group spiritual direction, and the candle burning at the beginning of each session emphasized the importance of respect and honor for the process and for the clients. I believed and communicated that I was an instrument of God, who sought God's direction throughout this process, and that I was prepared to wait and listen and learn through the process.

The group learned from my example of how to offer positive support and how to bring the spiritual dimension into the discussion. Denise especially incorporated my example of shifting the focus to the spiritual by asking questions that invited reflection on God's presence in the situation regardless of whether it was positive or negative. They also learned from the education sessions to acknowledge and appreciate God as a living, positive energy that makes a difference in their lives. Not only did they get to know themselves and one another at a deeper level, they also deepened their relationship with God so that the relationship became more significant. This was indicated by Ruth and

Hilda who both expressed that they no longer felt alone when they were by themselves, because they felt close to God. This was an important learning for these two people who seemed to have been drawn into relationships with men who were abusive. They acknowledged that they were no longer desperate for relationships, but could feel secure while alone because they were aware of the spirit of God in their lives.

The group trust and confidence was built by my guidance of the process. I used stories to convey the meaning and purpose of the program. I started the storytelling by being honest and sincere. I was quiet when I had nothing to say, which I feel allowed the leadership in the group to grow. I believe they were empowered to help one another as well as themselves. An indication of this was the group's initiative to show affection towards one another, by holding hands for the closing prayers, by connecting with one another between sessions, and by their spontaneous hugging in the last session.

Group Spiritual Direction, Introductory Sessions, One and Two

Sessions one and two introduced the program to the group members, so that they had the opportunity to get to know one another and become familiar with the program. Guidance was given on the basic rules for the group to follow, so that they maintained respect for one another and were made aware of the need to observe confidentiality.

In Session One, the first storytelling session, six of the seven clients present had the opportunity to tell their stories after I had told them about myself. This laid the ground work for the future sessions, as they risked telling about themselves and built a mutual

trust by their personal sharing. The spiritual direction in this session was primarily indirect in that the clients concluded that they were not alone in their suffering, but that others had similar experiences. The similar experiences specifically addressed the themes of **loneliness** and **separation**, both common characteristic feelings amongst those who are depressed. The major theme of **loss** was obvious as five of the six clients shared their stories of broken relationships through divorce, and one client, Linda, shared her feelings regarding the loss of her husband. The remaining one client, Denise, also identified with the theme of loss as she identified her communication problems in marriage, her disability which keeps her from working, and the loss of a sister who died two years ago. Clients benefited from sharing their stories as this too is spiritual guidance through the practice of reflecting on their experience. Sometimes storytelling can be a cathartic experience as participants recognize something about themselves that they were previously not aware of, or as they share something they have possibly been keeping to themselves.

The sharing in the first session touched on some potentially important themes that would emerge in the weeks to come. One of the obvious themes was **concern** and **worry** for their children as five of the seven were mothers. They shared how they had all accepted the responsibility for raising their children. Ida shared that she felt it was unfair that fathers divorce their children as well as their wives. This indicated a strong feeling of having been **abandoned**, accentuating their feelings of **anger** and **bitterness** towards their ex-husbands. Another theme was the feeling of being **unloved**. Because of the feeling of being unlovable the resulting damage to their personality is low **self-esteem**. Clients in their struggles and weaknesses seemed to accept the responsibility for their troubled lives

and therefore had a sense of **failure**, resulting in **self-blame**.

In summary the first session was to facilitate group building through storytelling. This objective was accomplished as evident by the degree to which the clients entered into this experience. They shared their feelings/thoughts at a meaningful level, as is indicated by their willingness to trust each other with personal matters such as their family problems.

In the second session the remaining one client Linda who in fact had **resisted** sharing in the first session because of **fear** of the process, both shared her story and then she volunteered to be the first directee for the group spiritual direction session. She had **reflected** extensively upon the experience of the first week and in her journal indicated that she realized that there are others worse off than herself. The recognition that she was not alone in her suffering obviously **comforted** her and **inspired** her to **trust** and to have **confidence** in the process of healing. As has been previously stated the theology of suffering includes the potential that through suffering a person can gain strength and can draw closer to God through the experience.

The context for the final storytelling was further set by the education half of the second session. I directed the group in a **guided imagery** exercise called **sharing memories** in which they were asked to imagine themselves at ten years of age and to recall one positive memory. In this experience Beatrice, Linda, and Ruth recalled having had a **troubled childhood**. In addition Ruth remembered being made to feel inferior, indicating the beginnings of **low self-esteem**, which I attribute to the impairment to her

personal development. The **shame** or **hopelessness** indicated by the three who each had a troubled childhood seemed to worry the group, causing the group mood to be heavy. But it is as if the identification of the whole group with the three, Beatrice, Linda, and Ruth, facilitated the communication of the feeling of empathy, which undoubtedly helped the clients to build their group connectedness.

The intensity of the group atmosphere also contributed to the depth of the sharing as they recognized their need, in turn, to be the directee. The clients knew that the sharing of their stories, including their recognition of their issues, was a spiritual experience. They listened reverently, offering support and encouragement for support. Denise shared that she felt a closeness to Linda which was a further indication of the **bonding** that had begun in the group. Additional proof of the benefit of group support was when Ruth **affirmed** Linda by saying, "you're opening yourself up."

Denise also claimed some time as directee as she shared that she hadn't spoken to her husband for two weeks, indicating a sense of **isolation**, consistent with the theme of **separation**, identified in session one. An indication of their efforts to keep the program focused on concrete spiritual issues was that Denise told the group that she always felt that she had to gain God's love and that when anything went wrong she would blame God. The theme that emerged here was again **separation**, that is, separation from God, and the image of a **punishing God**. The tendency to blame others, specifically God, for her suffering may also indicate the theme of **unresolved grief** and **anger** projected onto God. Denise also shared that her faith kept going down since 1992, presumably when her

chain of misfortunes began. This loss of faith may be interpreted as rejection of God, for having brought the many misfortunes upon her. Even though she named having **lost faith**, she continued to engage God, referring to her journaling as prayer, which indicated her **indecision** as regards her relationship with God.

The directee who claimed the greatest amount of time in this session was Linda who had been reluctant to share in the first session, but after hearing the other's stories reflected and learned from them. She claimed that she had begun to realize that talking to others helped her even though it was difficult for her. I consider this an example of **transformative learning**, previously defined as the practice of critical self-reflection for the purpose of interpreting life's experiences. This is supported by a quotation in which she practiced learning through reflection taken from her journal: "So I tried to get pleasure out of what I could do rather than focus on what I couldn't do," in which she indicated her recognition that she needed to have a more **positive attitude**. She shared that she had come from an **abusive family**, which she claimed contributes to her feelings of **hopelessness** and **uselessness**. She indicated that when a person is depressed, the family forsakes you. This was her way of identifying that she felt she had been **rejected** or **isolated** by her family. Her religious beliefs were **legalistic** indicated by her perspective that people who did wrong went to hell and people who did right went to heaven. She recognized this as indicated in her journal of Oct. 28th when she wrote that the do's and don'ts learned as a child were too narrow. She even wondered why children are taught false teaching. This narrow or legalistic perspective seemed to have contributed to her self put-down or **low self-esteem** and her **fear of God** because she said, "I've done all the

wrong things and I'm going to hell." The saving grace in all this was her statement "so hopefully this week will comfort me and reassure me to show that I'm not the bad person that I am. That's funny because I understand that God can forgive you." This indicated that she had some belief in **forgiveness**. And she went on to say, "I'm trying to change my thinking to look for the good things," which indicated her sense of **hopefulness**. I contend that as Linda shared these deep hurts and was not rejected by the group, she was able to identify her own hopefulness and began to **forgive herself**. This undoubtedly contributed to a rise in her self-esteem and subsequently improved her mood.

The depth of the sharing by Linda seemed to have inspired others to deepen their sharing. Beatrice said very little but obviously listened intently to the others. Twice she shared, once to say in a low voice that she was **angry**, and once to indicate her sense of **hopelessness** when she said "I don't feel anything." Her journaling for this period indicated that she felt apart of the group, or in her words, "not alone." She also indicated that she appreciated that she was being "prayed for", but that she wondered where God was or questioned **God's presence** in her suffering. She expressed her **faith** and **hope** when she said she knew these sessions would make her stronger. Ruth indicated that she too was from an **abusive family** and that her marriage was **abusive**. Her sense of being put down continued after she left her marriage because she was made to feel **ashamed** for having taken her family to a shelter. It was said that she had **embarrassed** her family. This likely triggered her low self-esteem and further enhanced her **powerlessness**, which reinforced her position as a **victim**. In her journaling for this period she indicated she felt she had found a new family, making her feel **connected**, thus contributing to the

development of group cohesiveness.

In summary, the purpose of this session was in fact to continue the storytelling and to foster trust in order to build the **group's cohesiveness**. The indication of the willingness of the clients to be open and **honest** with one another, and that they supported one another was evidence in their commitment to this healing process. There was every indication that they believed the practice of supporting and encouraging one another through sharing their stories would help them feel better, and would contribute to their spiritual growth.

Group Spiritual Direction, Session Three

The education portion of session three focused on clients knowing themselves through their sufferings. This began with clients picking up a piece of broken glass and sharing how this glass was like their own brokenness. This helped the clients to connect with their suffering, inviting them to acknowledge it as a part of themselves. Ida chose an immediate situation that had recently happened involving **separation** from her eighteen year old son. Beatrice shared that the glass reminded her of a close friend's sickness, indicating her **concern** or **worry** about her friend. Hilda was reminded of her pending fortieth birthday and also of how she had missed her deceased mother who was abused by her alcoholic father. This indicated her **unresolved grief** and **loneliness**. Ruth recalled her abuse as a child, but added that the leaf on the glass represented her **new life**, or the theme of **hope**.

The group spiritual direction focused on Ida who was very **“distressed”** by the conflict with her eighteen year old son whom she had to have removed from her home by the police. Ida was able to share her pain including her questioning **God’s presence** with comments like “sometimes I wonder if God is listening,” and questioning her future with “sometimes I wonder if there is a reason to begin again.” This was consistent with the theme for the evening, “Knowing Self Through Personal Suffering.” It provided the group with the challenge to **support and encourage** Ida in her immediate circumstance of suffering. I facilitated the response to Ida by inviting the group to share where they get their answers in the midst of their sufferings. Asking for the groups support for Ida was a witness that I had **faith** that there were answers that would help her find a way through the suffering. The question also invited Ida to reflect and discover her own answers. It also invited the participants to acknowledge their experience of having faith, and that they received help to manage their lives through their experience of suffering.

Ruth **empathized** with Ida by saying “I know what you are going through.” Ida felt **comforted** by the support as indicated in her journal note of November 4th, in which she wrote that she was “thankful to God for **acceptance and understanding** in Group.” Ruth further supported her by sharing her faith and her confidence by quoting herself praying to God for help with her daughter when she had no strength left, “Dear God take her and hold onto her.” She went on to offer **reassurance** “they come around and realize what you have done for them.” I too offered **reassurance** by supporting her having called the police: “you had to take care of yourself,” and by pointing out that we were listening

to her. Sally further supported this effort with the comment to Ida: “you don’t know what strength you have until you have to use it.” The group continued to identify with Ida by using their own examples, such as Hilda’s referring to how she had been adrift from her family and how she had returned. Ruth referred to the **isolation** she felt from her oldest son when she left him with his father, but that he had come round to appreciate that she had to leave to survive. This seemed to connect with the theme of “abandonment”, as Ruth was reaffirming that Ida had to do this in order to take **care of herself**.

Hilda recognized that she could support Ida because she has found **strength**. This is reflected in her comment to Ida referring to the wild lifestyle she had as a teenager, “I had a mouth on me,” which implied that she used foul language. She shared that she had finally realized she needed people and her family, and that it is never too late. The following comment is an indication that she believed Ida’s son would someday find an experience like this group that would help him discover what he needed: “I’m nearly forty before I could come to something like this.” In Hilda’s journaling she recognized her pain and suffering in reference to her soon being forty and not having her mother to share with, but she recognized that her mother was now free from the abuse of her father and that Hilda was **free** too. This seemed to have been the basis for the inspiration Hilda had in order to speak with confidence to **reassure** Ida that there is **hope** for her son.

Beatrice was again quiet in the group, but her body language indicated her non-verbal support for Ida, as well as the occasional question such as “is his father around?” One of the connections Beatrice made with a spiritual reading in reference to prayer being

answered, was noted in her journal: "I think someone **prayed for** me last night and God rewarded my tired body with a perfect night's sleep." This is an indication of how she was feeling **connected**, that she belonged to the group and to God. To have had a perfect nights rest was significant for Beatrice who was more depressed than the others in the group. Since loneliness is a major contributor to depression, it's significant that Beatrice felt she was **connected and not alone** in her suffering. The reminder that she belonged to someone or some group such as this group was a sign that there was help for her in her depression.

In summary, this session was an invitation to the clients to learn more about themselves through reflecting upon their sufferings or their brokenness. The underlying theory was that if they learned more about themselves in their experience of suffering, then they would be in a better position to refute their negative self-image, characteristic of depressed persons. Based on cognitive therapy theory in which they learned to practice **positive talk** to one another and to themselves they would be helped to feel better about themselves. It was difficult in this session to tell if Ida was helped to feel better about herself, considering the severity of her problems and her depression. There was evidence, however, that the group was helped to enhance their feeling of group cohesiveness, indicated by the intensity of their care for one another.

Group Spiritual Direction, Session Four

The forth session was a continuation of the previous week's theme of "Knowing Self." This focused on "knowing self" in relation to knowing one's strengths and one's

weaknesses. The education portion of the session first identified that people are resistant to change, and this was illustrated with the use of beach rocks representing hardness or a closed attitude. They were asked to claim their strengths and to accept their weaknesses. The session challenged clients to **accept themselves** for who they are at this time.

One of the themes named in their strengths and weaknesses was **forgiveness**. In the case of Linda, she named her inability to **forgive** herself as one of her weaknesses; whereas, Ruth named her ability to forgive herself as one of her strengths. In the case of Denise, she named her difficulty being **understanding** as one of her weaknesses. Denise and Linda were close in the naming of their strengths, naming **concern for others** and **compassion** respectfully. A sign of their improved mood or mental health was that all clients named more strengths than weaknesses, indicating improved self-esteem.

In the group spiritual direction portion of the session, Denise claimed the time to be the directee. She took the time to share what she has suffered in her life since 1992, wondering why God does this to her. This was her way of identifying God as a harsh judge or a **punishing God**. As this was being processed by Denise and the group she was helped to acknowledge how she had in fact found **strength** to survive the suffering. This was an example of the use of cognitive therapy, as the group **challenged the assumptions** that Denise had made. These assumptions were contributing to a negative self-concept and a negative impression of God. In Denise journal she indicated how **facing her fear** of cancer by talking about it had given her **strength**. Throughout her journaling she further indicated that she was aware of **God's presence** in spite of the fear

she had experienced in the years of suffering. It's as if the discussions and the journaling helped her to acknowledge and subsequently integrate the positive experience of God's presence as a new learning. This experience is **transformative learning**, as she became aware of having made connections and was helped to become aware of her own abilities and aware of God's caring presence.

Through the experience of this group spiritual direction session, Linda was able to identify that she was learning that **God loves her**. This was a tremendous break through for Linda who previously had a poor self-concept, indicative of her depression. Another sign of an improved self-concept was at the end of the session when both Ruth and Linda brought a **reading** to share with the group. This represented their pride in themselves that they had something to **teach others**. The teaching of others is also an indication that they, like Denise, were integrating what they were learning as they could now influence and encourage the client who had volunteered to be the directee, in this case Denise.

In summary, this session enabled the clients to know themselves better through claiming their strengths and acknowledging their weaknesses. They stood together to defy my expectation that their emphasis would be on their weaknesses. This assertive action was an indication of their determination to claim positive self-esteem and to rise out of their depressed mood. The group experience set in the context that affirmed faith in a loving God seemed to enhance their personal healing as evident in the case of Linda.

Group Spiritual Direction, Session Five

The fifth session began with readings from scripture, one from the Psalms, referring to God's children being a gift, and the other from the Gospel of John, the story of the woman at the well and life giving water. These stories were meant to set the stage for the education session because both the scripture and the teaching were to convey the message that everyone has potential even when they have been hurt or victimized, or even when they have felt they hurt others. The Biblical introduction to the session followed up on the identified need to affirm the clients, all of whom were experiencing some degree of **low self-esteem** due to their depressed feelings. The scripture was to help them recognize that they, like all God's people, are **special**, and even if they had been hardened by their **suffering**, they too could change. They were asked to symbolically experience the letting go of their hardened hearts or **resistance** to change by placing the beach rocks, received in session four, into water.

The education session then explored the need for **inner healing**, referring specifically to the hurts of the past. This connected with the theme of "knowing self" by focusing on the challenge to face one's hurts and weaknesses in order to experience inner healing. One of the self-help tools introduced in this session was cognitive therapy. I encouraged the group to use it with one another and in their own self-talk. I believe this set the stage for the in-depth sharing in the group spiritual direction session. By encouraging the exploration of their past I was inviting them to spend time with their pain. This enabled them to embrace it rather than feeling alienated from this important part of their lives. The ultimate goal was to reconcile themselves with the hurts of their past,

which is the inner healing to which I have referred.

Beatrice, who had been hospitalized on November 12th with a diagnosis of major depression, claimed the session. Her voice was very low and it was obvious that it was difficult for her to be present, let alone ask for this time to focus on herself. The act of asking for spiritual direction was a clear request for support from people she trusted. This action was in itself a sign of growth in comparison with her reserved nature in the previous sessions. Claiming the group spiritual direction session was an indication of her desire to rid herself of her **indecision** as regards a boy friend who had hurt her deeply by lying to her about his poor health. She realized she had been used and that she did not want it to continue. This connected with **grief** carried over from previous relationships in which she had been used. The dilemma in her life involved a split between feeling “betrayed” and **angry**, and at the same time feeling **guilty** that she was betraying her male friend. One example of this was that she had accused him of lying to her and abusing her by taking money from her. At the same time she felt guilty for having hurt him by breaking her promise that she would never turn him down. However, she was able to share that she didn’t **trust** him which was one indication of her acceptance of the truth. This **confusion** and **indecision** was evidence of her **vulnerability** and **low self-esteem** as she was unable to claim her self respect. In the depths of her **despair** and **loneliness**, which was a major part of her illness, she had gotten involved emotionally with a fellow client. She was unwilling to give over to her friend the full responsibility for what he had done to her by lying about his health and causing her **great grief** and **worry**. The **anger** towards this friend was turned in as she blamed herself, causing further pain and a worsening of her

depression.

The group responded with **empathy and concern**. For example, Ruth affirmed Beatrice for trying to help herself by getting out from under this problem with this male friend, and by disputing that she was not betraying him. I pointed out how she was in fact hurting herself by **blaming** herself. Ruth followed up by encouraging her to **love her self**.

Beatrice was helped by the group, primarily Ruth, who made comments like, “you feel you’re betraying him,” and Denise who said, “so you feel a lot for him,” in order to help Beatrice to “identify her feelings”. As has been previously stated she felt **betrayed, worried, guilty, and abused**. She also felt **sad** because she could no longer **trust** her friend. The goal of the group was to help Beatrice feel better about herself by listening and responding to her so as to ease her **guilt** and her feelings of having been **betrayed**. At one point Denise tried to raise Beatrice’s spirit by encouraging her with the words, “she(referring to Beatrice) is the one who is being beaten down. Not anymore, hey Beatrice?” In addition Beatrice identified how she was helping herself spiritually when she referred to a book she was reading that was helping her to identify her **fear** and that was giving her **hope**. She felt the book was written especially for her. This gave her encouragement to feel better about herself, and this she felt her **strength**. There was a time when her voice got louder and more confident in response to my saying that she was **worried** sick, and Ruth’s statement that she was trying to make a **decision** and that she was working towards resolving the issue. Beatrice’s response was: “that’s right. It’s so **hard**. I don’t know what to do.” The opportunity to hear the reality of the inner conflict

from concerned persons, reinforcing that she was **not alone**, seems to have helped her shift her feelings from that of “inner turmoil” to the **strength** of knowing that she could indeed **resolve** this situation. She was receiving a vote of **confidence** from the group that she could indeed overcome this temporary set-back, and in fact learn from the experience. Denise summarized this when she said, “they say you take it, accept it, and you move ahead. Like more or less let it go.” She was **encouraging** Beatrice to **process** this situation or work it through to a reasonable conclusion. She also encouraged Beatrice to have **faith** which would overcome her **fear of failure**. Ida who is also experiencing major depression offered comfort when she quoted from the Bible, specifically the passage, “I will not leave you comfortless, I will send you a comforter.”

The group began the session with **affirmative statements about prayer**. Denise was especially positive and commented in regard to the previous week that she had never **felt so good**. This was an indication of the **positive energy** that was evident amongst three of the clients in the group. The strength was also evident in their ability to **laugh** together on a couple of occasions throughout the session. Hilda was very **honest** in her sharing that as a child she had not felt that God heard her, which possibly contributed to and was in keeping with her **low self-esteem** and feelings of **inferiority**.

In conclusion, the group “**affirmed**” the positive dimension of Beatrice’s relationship with her friend. This seemed to be important as it discouraged her from thinking in **absolutes** such as that this relationship had been all bad. This affirmed Beatrice’s ability to **love and be loved**, which was difficult for Beatrice to accept

considering her **low self-confidence**. I was encouraging her to consider the positive by pointing out that the relationship had been a blessing in a time when she was very **alone** and **hopeless**. Beatrice confirmed this affirmation by acknowledging the support and confidence she felt after having **shared her burden** in this session.

This session was the final one in the series of "Knowing Self." To summarize, the session was to move the clients to an even greater depth of sharing than the previous four sessions. That is why the specific topic was "inner healing." It was significant that one of the clients who was severely depressed claimed this session to receive spiritual direction, since she was one of the ones in most need of inner healing.

Group Spiritual Direction, Session Six

The sixth session began with scripture that focused on the new overall theme of "Knowing God." The Bible passage that was used specifically made reference to Emmanuel, meaning God with us. The passage also made reference to the need for the Jewish people to return to Galilee, which represented the need to return to the ordinary experiences in which they encountered God. After using this scripture and trying to start discussion I realized it was too abstract. I consequently changed my plan to emphasize their need to return to God, and instead had them brainstorm what they understood to be their ordinary experiences of God or their identification of **God's presence**. In response to this Hilda identified her feelings of **unresolved grief** by naming that today was the birthday of her deceased mother and that she identified that God's blessing or presence was that she felt close to her mother. The feeling of closeness had inspired her to go out

and buy a gift for herself, symbolic of her growth to higher self-esteem and of the **good memory** she had of her mother. Denise shared that she had experienced a shift and that she felt that this was evidence of the **presence of God**. The situation was that she had been involved in a conflict and also had attended the wake for her friend's son who had suicided, but that she had not allowed these potentially aggravating events to cause her stress. Neither did she find herself **blaming God** which was her usual practice. Instead she was able to identify that "God is present" in the new ways she was managing her **conflict and pain**. I attribute this to a new dimension to her relationship with God.

Ida made reference to a reading on a prayer from Kahill Gibran's, The Prophet. To illustrate the meaning of the reading she spoke of how she experienced **God in nature**, specifically in the waving branches, as she walked in the park. Ruth identified her **anger** towards her ex-husband who had been spreading rumors about her that directly impacted upon her fifteen year old daughter who was present in the room at the time. It was obviously necessary for Ruth to get this off her chest before she could begin to consider how God was present in this situation. The positive aspect of the ordeal was that she could recognize that she and her daughter trust and love one another. She realized the **presence of God** in the reality that their **mother-daughter love** for one another is far greater than any destructive rumors spread by her ex-husband. Linda concluded this sharing by referring to a near accident she had had the previous week. This was especially significant because of the importance of car accidents in her life. She had had three major accidents which had contributed to her having been laid off from work with a disability pension. She felt that **God had intervened** and saved her from this accident. For the first

time in her life she identified **God's positive influence, God's presence**, in an event as it was happening. This meant that she felt **connected to God** in a meaningful way, or **loved by God**, and that she was special. I believe this contributed to her **improved self-esteem**, which undoubtedly would contribute to an improvement in her feelings and her mood.

The first person to take some time in group spiritual direction in this sixth session was Hilda. She continued to speak about her mother and that today was her mother's birthday. She was asked by Ida if she was close to her siblings, and indicated that she is not very close, but that she does visit her sister sometimes. She indicated that she is more **connected** to her niece, her sister's daughter, because she is only a couple of years younger than Hilda. It was also important that she shared she had bought a birthday present, as she was used to doing when her mother was alive. In this case she kept it for herself, indicating her **self-love**, which is significant for a person who has been depressed. This is an indication that she is practicing **self-care**, which undoubtedly assists in the improvement of her **self-esteem**.

The group spiritual direction session was then claimed by Ruth, who continued with her exploration of the difficulty she was having with an offensive comment made by her ex-husband. It is interesting that she was able to bring this to the group for guidance. She knew she needed assistance to come to terms with her **anger** towards her ex-husband. She also seemed to know that she was being drawn back into old patterns which would have seen her in direct conflict with her husband and with her daughter in the middle. In her words she said, "I could rave on and on, on and on, and bitch about it, and everything

else, but I was there for a nice meal. God was present there. Cause before I would have cut someone's throat." The group had in fact invited her to consider **God present** in the situation, which was the theme for this session. She agreed that the group had helped her to recognize that God is present in her **faith**, in her daughter, and in herself. And that the focus on **love and faith** had helped her to manage this conflict differently, in a more **peaceful and self-caring** way. She had risen above the former **victim** stance to a position of **power** over the temptation to react and be drawn into a conflict that she did not want to be involved in. Ruth went on to share that she had avoided another potential conflict situation with an ex-sister-in-law, who inferred that she was not being fair to her daughters and son who live in Newfoundland, when she was planning to go off to visit her son in Alberta for Christmas. The new way of **coping** was to change the subject. She shared that she felt annoyed, but that she was not going to let her "stinking thinking" take **control** of her and be drawn into a conflict in which she would be guaranteed to feel bad. Instead she chose to talk it out objectively in group. She realized she thought a lot about her children and that is why she was going to visit the one who would have been away from family for Christmas. This positive self-talk is evidence of how she has learned to **care for herself** more creatively or constructively, and has learned to practice **cognitive therapy** in order to help her feel better.

After Ruth finished sharing Denise claimed the session and carried on with the theme of **positive thinking**, and **letting go** so as to avoid being drawn into no-win situations. The major theme in Denise's case was **self-care** as she not only avoided escalating conflict with a neighbor, but also was aware of her own **grief** as she set limits in

relation to how she supported her friend whose son committed suicide. In her words she said, “she’s my friend, yes, but it didn’t happen to me. It was her son. Yes I’m **sad** over it but I can’t take it on, you know I mean the **burden** of it.” In summary she claimed that being aware of **God’s presence**, rather than focusing on the absence of God, seems to have helped her to **cope** with the stress she was experiencing. In reference to the neighbor with whom she was in **conflict** she said, “we’re stronger than him. That’s the way I look at it. One time I’d probably sit in the corner and cry. It’s all over you know. I’d go hysterical. But not no more. But **God** is there, really **present**, right? So it’s good to get that off my chest. Really good.” Here she acknowledged the value of the **group support**, and how she had made good use of being able to share her struggles at this time. She went on to say, “you’re not alone either. You’re not the only one in this world who is going through it.” This is confirmation that she feels **connected**, in her words that she is **not alone**.

As previously noted Beatrice was in hospital for this session. Beatrice’s journal reflects the depth of her depression. On November 7th her entry, “life seems so worthless...lie down and die,” indicated suicidal ideation, and the feeling of **hopelessness**. On the same date she recorded that she felt that God was far away, and she wished someone could help her, indicating her feeling of **separation** from God and people. The next entry was November 30th, which reflected a significant change in her mood. She wrote the following: “last meeting (referring to November 18th) when we prayed I felt such strength go through me. I was **light-hearted**. I know God was there.” This is an indication that she had become more **hopeful** and that she could feel and that she valued

God's presence. A further sign of her **faith** at this time was her entry, "I've been praying and I know God answers some of my prayers." This was a significant shift from her despondency evident on November 7th, which resulted in her admission to hospital on November 12th. Also on November 30th there was a prayer that indicated her **fear**, but also her **trust** in God. The prayer was as follows: "Don't let my girls end up like me." The journal and prayer seems to have provided a means for Beatrice to stay connected. In addition myself and some of the group visited her while she was in hospital, which helped to maintain Beatrice's **connection** with the group.

Ida's depressed feelings were also evident in her journal entries for November 27th. Her desire to be **connected** in the group is reflected in her intention to call Ruth and to be her friend. The feeling reflected in the entry was both **hopeful** and **hopeless**. She shared that she was feeling like a **total failure** and that she questioned why God ever put her on earth. In the same entry she wrote that if she ever becomes well she will return to university, indicating some sense of **hope**.

In addition I told the group that Sally had decided to withdraw, which was understandable considering that she had missed the past three sessions. Ida seemed to be the one most impacted by Sally's decision not to come back. The entry in Ida's journal of November 27th was as follows: "sorry to hear Sally not coming back to group," indicating her sense of **grief** or **loss**.

I recognize, in this session, the comfort level of the group with one another

became evident, with the indication of how the individuals had **connected** with one another outside of the sessions. One example of this was that Linda connected with Beatrice while she was in hospital. In addition the group initiated holding hands for a closing prayer. This was evidence to me of the development of **group cohesiveness**.

Group Spiritual Direction, Session Seven

This seventh session carried on with the second major theme of “knowing God.” The change from session six was that it had focused on recognizing God’s presence in our lives, whereas this session focused on appreciating God’s spirit in life. I facilitated this theme by using an exercise I called “recalling your **book of life**.” In this I asked the participants to identify special events or chapters of their lives, and from these to share the most important one with the group. The purpose of this was to encourage the recalling of positive experiences and to have them affirm one another’s experience so as to enhance their self-esteem. The spiritual dimension was significant because not only did they feel valued by one another, but also were helped to feel valued and loved by their God.

The atmosphere was relaxed and light as Ruth savored the thought of going to Edmonton for Christmas. This was a major undertaking for her because she had never gone that far nor had she ever flown before. Her important chapter in her book of life was the time she made cookies with her mother on Saturday evenings in preparation for Sunday dinner, and savoring her **connection** with her nine siblings. She also used to look forward to Sunday Mass and singing in the choir, a sign of how **special** she used to feel as a child.

Hilda followed with a similar memory of having made cookies with her mother and going to church on Sundays, which further reiterated her strong **connection** with her mother. Beatrice then shared that her significant chapter was the birth of her first child. Her face seemed to beam as she told the group about her **birthing** experience, indicating her **pride** in herself as a mother. In her sharing she also said that she was **afraid** she might drop her daughter, and that she wanted the child to have been a boy rather than a girl. The latter has continued to be a contentious issue as she has experienced **unresolved guilt** for having wanted her first child to have been a boy.

This exercise seems to have been important to Linda as she joyfully identified the importance of having been helped to forgive her father who had emotionally and physically **abused** her. There was a sense of relief for Linda to have forgiven her father prior to his death. This represented **resolution** and **reconciliation**, which were very significant themes in Linda's healing process, addressing specifically the **unresolved pain** of her childhood. She went on to share that she now identifies the **presence of God** in her life, but that she is not ready to see God in her past. This was meaningful because of the honesty of the sharing, a true indication of how Linda **trusted the group** and **trusted the process**.

There was a momentum established for Linda as she continued by claiming the spiritual direction session. She used the time to address her **unresolved grief** in regard to the loss of her father and her sister. It was significant that she could now claim that she

feels **loved by God**, which is an indication that she has begun to value and **love herself**. Her depression seems to be strongly grounded in the pain of her past, which was projected on to God as she felt that God was always there for others, but never there to support her. In fact she felt she was being **punished by God**, especially through her illnesses. She was helped to see that she punishes herself through **self-blame** for her inadequacies such as judging herself for not having spent enough time with her sister as she was dying. In reality she spent as much time as possible considering the need for her to maintain her own mental health. She admitted that she **knocks herself** for every little thing. Linda shared that when she feels either bit good she then feels a **guilt trip** come on, as she said, "like I'm not suppose to feel good." In response to this Ruth said, "oh, you're hard on yourself," and Linda agreed. She recognizes that if she knew of anyone of us who had gone through what she has gone through this past couple of years she would pat them on the back, but she cannot pat herself on the back. She went on to describe it as being **stuck**. But she also recognizes that her counseling and her group therapy has helped her to practice being a more positive thinker. For instance, when she began to feel down she went and said a **prayer** such as, "oh Lord lead me." She agreed this was new because she would never have relied on God before now, previously she felt she was judged harshly and **condemned by God**. Her harsh **self-judgment** seems to be rooted in her childhood where she was criticized if she left one peck of dirt on the floor after she scrubbed it on a Saturday afternoon. Linda figures that her parents thought she was perfect and they did not want her to be so good, in other words they were jealous of her abilities. She recalled that if her father caught her studying instead of weeding in the garden he would say,

“where is that God damn nun? She’s up saying the Rosary again, I suppose.” This was said to get at her mother as well as Linda since her mother had been Roman Catholic, whereas her father was Salvation Army. There is no doubt that Linda was a childhood **victim of abuse**, which Linda figures has held her back from achieving or being who she could have been. This is an indication of the sense of loss that Linda feels in her life, further indication of **unresolved grief**.

The biggest loss in Linda’s life seems to be the love from her parents and family that she never got. She shared that love is all she ever wanted from anybody. To hear Linda share this seemed to help Beatrice who was able to say, “I was going to say the same thing. Something (love) I never got in my life.” This indicated the willingness to share their **pain** with one another and the depth of their sharing.

This concern of the group for one another is a strong indication of the **group cohesiveness**. This was evident in this session when Hilda offered Linda **encouragement** when she said, “it’s hard to change, but you will. I changed it.” Hilda went on to tell the group how she had changed with the help of counseling and support at the Catherine Booth House. She had previously felt very **alone**, but after her experience there said, “I never felt alone again.” Hilda realized she needed to improve her **self-esteem**. One thing she could do was to ask for help, and she recognized she needed **God’s help** and the **help of the counselors** at LeMarchant House. Linda’s response to this **encouragement** was to share that since beginning this program she now sees that everyone’s story is different, “but when it all boils down, they’re all the same.”

The group also showed Linda **empathy and understanding**. Ruth encouraged Linda to cry and said it was all right to cry over what she had lost because her parents had discouraged her from getting more education. I encouraged her to **forgive** herself for having condemned herself. Hilda said to her, “but you are a good girl,” in response to Linda’s statement that she, “got to work at being a good girl for me to get to heaven,” so that she would see her mother again. Hilda went onto offer further **affirmation** by saying, “you’re a great person, you got a great personality.” Beatrice, who was very quiet in this session, joined in the **affirmation** of Linda by saying, “so glad that I met you. You’re a great person.” Ruth further **affirmed** Linda by saying, “you really touched me what you said, that you got a chance to tell your Mom that you love her.” This inspired Ruth to share at length about her mother’s inability to give and receive hugs. In response to this Linda shared with **confidence** how she has helped her family to learn to hug, saying, “at least they aren’t pulling away,” and “I make the effort (to hug), even if they don’t return it, I don’t feel bad.”

Linda was also inspired to share her **hope** and her **self-confidence** in speaking in support of Beatrice who shared that she felt **no one loved** her only her two daughters. Linda said, “And when I get down I’ll try and reflect on something that you (referring to me) said or something that the group said.” In other words she practices **cognitive therapy** and **positive self-talk** to bring herself out of the pit of depression. The depth of her awareness that she is capable of coping with her illness is reflected in the next statement, “Like I realized I’m always going to have my moments, right? But if you don’t

let them defeat you, take over.” The opportunity to support another person who appears to be more depressed than Linda helped her to **recognize and confirm her growth and her healing.**

There is no wonder that the **resolution** of some of the issues concerned with Linda’s childhood, specifically in relation to her father and her family, has allowed her to begin to **love herself.** Towards the end of the session she shared, “but I’ve come such a long way.” She has begun to see her own **beauty** in the porcelain doll she bought for herself out of some money her father left her in his will.

There is a sense of **peace** as she shared that she no longer feels so lonely because she is aware that God is present with her, comforting, supporting, and reassuring her of his **love** for her. One of the signs she sees as an indication of **God’s love** for her is the awareness that she is making a difference in her family in that she now asks for hugs and gives her family love. There is a strong sense in this sharing of the feeling of **belonging,** which Linda seems to have felt she had missed out on in her childhood.

The value of the group process is evident in this session as they risked sharing their feelings for one another. I also note how they practiced giving one another **spiritual direction,** both through their **care and encouragement** for one another, and also in their guidance for one another. Hilda encouraged the group to **read something in the Bible,** “that would make you happy for that moment.” This was said after she had said how much she was helped by the caring people at Catherine Booth House and by having been

given a Bible there. Hilda went on to say that going to church, no matter what one wears, might not solve one's problems, but as she says, "it sure helps us get through that path along the way." I stressed the need to raise their self-esteem by practicing **loving themselves** and **loving others**, as well as **loving their God**. I also emphasized **God's presence** in the chapters of their book of life, and asked them regularly to reflect on how God is present in their lives. Linda shared how I had encouraged her to forgive her father before he died, which she said, "I think this is one of the most amazing things that there ever is." She went on to tell the group that after he died there were a few dollars left to her from her father's estate. She did not need it and she said she could have given it to her sisters. Instead she took a hundred dollars and bought a china doll and now sees herself in that doll. This was her way of saying that she has experienced **reconciliation** with her father, which I feel was only possible because she has been helped to learn to **love herself**. The sharing of this story has helped her. Now when she looks at the doll she remembers her father in a positive light. It is as if she has intentionally replaced the negative memories with positive ones, and this makes her feel good and helps her self-esteem.

In the journal entries following this session Hilda shared some deep feelings. On December 2nd, Hilda reflected on the need to give God space to get into our lives, saying, "by sharing our experience with God and others we can then realize how God is actually in our lives." Further indication of her **faith** was evident in her entry of December 5th when she wrote, "it's a lot to keep up my self-esteem...I know God will help me." Her **happiness** was evident in her entry of December 3rd when she referred to Ruth having given her a Christmas tree, "she made my evening with Christmas things she gave me."

This was also evidence that Hilda is feeling very **connected** as she shared how Ruth had given her a little Christmas tree, with some decorations, and a Santa. The positive mood that Hilda was further indicated in her sense of **hope** as she referred to her life-time goal to work as a nurse. The thoughts of preparing for Christmas also caused her some **worry** as she felt lonely. The feeling of closeness to the group was present in her entry of December 7th, "I sure could use a group hug right now." She addressed her down feeling on December 8th with the use of **positive self-talk, or cognitive therapy**, "I have no presents to give which brings me down. I guess I have to give myself as a present."

The entries in Beatrice's journal again reflected her major depression or despondency. On December 2nd she indicated that she had finally cut her ties with her friend who had lied to her. This was not easy and her **self-doubt** was present in her identification of her feeling of **fear**. This carried over in her entry of December 3rd when she indicated her **confusion**. On December 6th she shared that she had visited the cemetery, to see the grave of her sister-in-law, with whom she had been close. This was her effort to bring closure to her **unresolved grief**. It was also significant that she admitted to herself that she tends to leave chapters of her life open, **unwilling to let go**, and that she needs help dealing with losses. In her last entry of December 6th she shared that Ruth had visited her which seems to have **comforted** her and helped her to feel **connected**.

This focus of "knowing God," with emphasis on recognizing God's spirit in life fitted perfectly with this session. I think specifically of Linda who claimed this session and

how she used it to recognize her new awareness of God's love operative in her life. Her experience of feeling forgiven and loved has lifted her spirit and helped her to recognize that **God is love**. The positive witness of faith in God by Hilda was a further indication of the **God's spirit** positively impacting this group experience. In this session analysis I have identified ways that the clients helped one another spiritually, especially helping Linda, the directee for this session. I also acknowledge the group spirit of caring which was evident in the strong sense of positive energy in this session.

Group Spiritual Direction, Session Eight

This session was a further development of the theme, "knowing God." The previous sessions have strongly emphasized the practice of recognizing the presence of God in our lives. This one focused specifically on prayer, representing response to God, such as recognizing God's gifts or the consolations of God. The presentation stressed the use of journaling to record our thoughts about God, especially our response to God and our resistance to recognizing God in the events of our lives. I used the Bible story of the woman at the well to help the group recognize that Jesus cared about women who had troubles.

This session was claimed initially by Ruth who shared a struggle with the **guilt** she was feeling for having said "no" to a man who had asked her out for New Year's Eve. The group **supported** her decision to say "no" to him. Declining the invitation represented the practice of good **self-care**, since in the past she would have been inclined to say "yes" because she would have been trying to please people. Another situation to

which she referred was when she was expected to move up the southern shore and take care of her sick parents. Again she had to say “no” because she knew it would be too much for her and the three children she had at home. This was a further sign of her **belief in herself**, a positive sign that she was no longer prepared to be a victim.

This session was next taken by Linda who explored a positive shift in her feelings, claiming to have come a long way, saying, “I know and like I say it’s got to do with coming here (to group spiritual direction), and listening.” Initially she shared that she was **muddled or confused** in regard to making sense of her life. She is aware that she feels differently, but knows that she is a person who has to question and ultimately make sense of the change she has experienced. Her negative thinking made her feel **discouraged** as she thought about the number of times she had climbed the mountain of life and then had been knocked down. This is why even though she recognized that she was doing well, she was also **scared** of being knocked down. In response to an old friend who told her she looked the best she had seen her in years, she said that she now looks out for number one, that is, herself. A sign of her strength in the midst of her **confusion** was that she claimed that she is a **miracle**. She said, “for me to be feeling this well when I’ve just come through so much, like in this short a span.” She went on to tell the group that we might never fully understand, but that she sees the benefit. She described herself as having the “**glow of God**,” and having zest and spirit, referring to her friend’s statement that she looked better than she had in years. Linda identified that her friend was not referring to her looks, but rather to how she was feeling inside, saying, “she could see the energy in me.” One of the things to which she attributed this change was that she had learned to

pray and ask for what she needed. The opportunity to claim a positive image undoubtedly greatly enhanced her **self-esteem**, and indicated a major shift in her concept of God, from a **punishing God** to a **God of love**.

The group continued to practice **encouraging** one another, especially in the spiritual direction session. There is a special bond between Linda and Denise, and it seems to be connected to the fact that they both have had a sister die recently of cancer. Evidence of Linda's improved **self-confidence** and her feeling of **connectedness** to Denise was when Linda **asserted** herself with Denise in this session. She told her that she had to take care of herself and watch out for breast cancer by having regular breast examinations. I referred to Linda as an example of a person whose faith development was impaired because of the lack of **love** received as a child in her family, emphasizing that she is now **growing spiritually** as she addresses the **suffering** of her past.

The final focus of the session was on Denise **fear** of cancer, that is, her fear of death. It seemed that because of the depth of Linda's sharing, Denise was inspired to share that ever since she turned thirty-six years old she was reminded that her sister was first diagnosed with cancer at that same age thirty-six. She had been unable to share this **fear** with anyone, including her husband. Linda recognized that she might be **an inspiration** to Denise, so that she would make the effort to get a breast examination. Denise concluded the session by sharing a prayer that she had brought along, and the **prayer** spoke directly to the theme. This is further evidence of the responsibility the clients took for giving one another spiritual guidance that was an effort to enhance each other's lives in these spiritual

direction sessions.

In Denise's journal entry for December 9th she wrote that she had talked about breast cancer. She identified that she had been **scared** to go for a mammogram and that she had been unable to talk about her **fear** until that night. The note said that she felt a **release** after she **shared her feelings**. This sharing in the group had brought her **relief** and **comfort** which contributed to a sense of **peace** that inspired her concluding prayer.

The theme of "knowing God," through one's prayerful response to God, was lived out in this session. The **depth of sharing** and the sense of **intimacy** with one another was an expression of their prayerful, God-centered, concern for one another. The interaction between Linda and Denise was sister-like, as they **adopted** one another to replace the one sister that each had lost because of death as a result of cancer. Their **encouragement** for one another from what they had learned from their experience of their own **suffering** because of cancer was very intimate sharing. I believe the **presence of God** was evident in the inspiration that Linda and Denise had for one another, and was shared by the rest of the group.

Group Spiritual Direction, Session Nine

This ninth session was a continuation of the theme of "knowing God," and was meant to focus specifically on "acknowledging and celebrating God's presence." My education session was put side as the group jumped into group spiritual direction when they had to address the needs of one of the clients, Ida. She had just learned that her

eighteen year old son had gone away to live, without having contacted her to say he was moving away. Denise, who had told Ida this news, tried especially hard to **console** her. **Ida blamed** herself and was very **critical of herself**. The initial part of the session was like crisis care, because Ida was deeply into herself, and she had difficulty listening to the **concern** expressed for her by the group. We were successful at convincing her that it was better to stay for this session than to go home to be **alone**. This critical situation connected directly to the theme, providing a real live example of the effort to acknowledge **God's presence** in the midst of their brokenness. The spiritual resources of the group were called upon to speak supportively to Ida's situation and she responded by staying for the whole session.

At the beginning of the group spiritual direction session, Hilda shared her **good news** that she was to get a job. She referred to this as an answer to **prayer**. Needless to say, she was celebrating and she felt she had been **rewarded** for having given of her time to be a volunteer. She laughed as she spoke with **energy** and with **joy** as she described how she had gone screaming down the street after getting the news of the job.

The session moved from the joy and celebration expressed by Hilda to the **anger** and **despair** expressed by Ida. In her words she described her feelings towards life as "tough to survive in this world," and "the meek shall get shat upon." She continued to claim the session sharing her hopelessness, her despair, her anxiety, and all the while the group was **empathizing** and sharing her experience by **connecting** with their own experiences. For example, Hilda shared that she used to get overwhelmed, which she felt

made her more upset.

There was then a shift from the present to Ida's past life as she shared how she was **physically abused** in her marriage and how she had struggled with whether she should keep her second child or have an abortion. Through this sharing she was reminded of the **prayer** said at the time of her decision regarding the abortion, and the subsequent **peace** she felt after her decision. I suggested she recall the peace she felt and to hold onto it as a reminder of one time that she had felt the **presence of God**, as it seemed important to recall it in the midst of this present **suffering**. I affirmed her for **choosing life**, when she had faced death, a death that she said would have given her greater **emotional grief**. Denise **affirmed** Ida for having gotten out of the marriage and away from the abuse. Ida shared that she recites the Serenity Prayer for **comfort** in times like the one she was experiencing.

Hilda tried to **comfort** Ida by sharing how she had had a struggle with her mother when she was a young person. She told of how her mother had pictures of her everywhere, and that she had felt smothered by her mother. Hilda was helped to recognize that she probably signified the most important aspect of her mother's life, recognizing her mother's life was miserable because of Hilda's father's alcoholism. This was shared after Ida had spoken about how she had done her best for her son, Sam, but that it seemed like it was all in vain now that he had left. Hilda told Ida, "you're a nice person," as an effort to restore Ida's **self-worth**. Denise, who knows Ida's family, **assured** her that Sam would be fine, and that she had raised two good kids. And Linda

assured Ida that Sam will eventually realize how hard Ida has worked to care for him.

After the intense sharing by Ida and Hilda, there was a shift towards what this spirituality group process was doing for them. I consider this to have been a move towards integration of their learning and a preparation for closure. This is consistent with **transformative learning** as they have been **practicing reflection** and now the integration of the learning they have experienced. I had invited them to share any awareness they felt they were gaining through this or other sessions. Hilda shared that she felt **respected** and **listened to**. She expressed this in her words, "it's nice to know you can speak to somebody, they don't answer you back and they don't give you a hard time." She went on to emphasize how she now looks at the positive, illustrating how she uses cognitive therapy to help herself out of the rut she sometimes gets herself into, and how she **reads the Bible** to find "some kind of **comfort** within it." Further illustration of Hilda's guidance to others is found in the following quotation where she expressed how **much faith** plays apart in her coping with depression and suffering: "He(God) accepts us for not either bit of change that happens within us just the way we are. So we've got to learn to accept us and others that way. That's the way I saw all this."

Hilda seemed to have **inspired** Denise to share that she had received **strength** and **courage** from this group process. This helped her connect with the fact that her sister had been dead two years. She went on to speak about an instance with her niece, her deceased sister's young daughter, at a Christmas party where Denise was reminded of her sister. Denise prayed silently that God would help her and she remembered my words, "Where's

God?" which made her aware of **God's presence** at that moment, aware of **God's support** for her. Subsequently Hilda was reminded of **God's acceptance** and **God's unconditional love**. Hilda was also reminded of the fact this date was the seventeenth anniversary of her mother's death. The session had begun with Psalm Twenty-three, which reminded the group of God's presence through hell, through suffering, as well as in heaven. Hilda shared, "that's the way I felt about my mother's death. I said at least, no matter where I go, where I live, what I do, she's always with me. And that was the only comfort I ever got." This **support and inspiration** for one another is evidence of their having learned to give each other spiritual direction, which they also recognized was applicable in their relationships outside the group.

One example of the client's ability to help others was when Linda affirmed Denise's change in **attitude** towards her brother-in-law since first having come to this group. Denise agreed and said, "this group has done(a lot), even my husband said to me that I'm a different person since I started coming here." Denise further summarized how she thinks differently, "so you have to let go of a lot of things, and put God in that situation and put it on the shelf and let it go. That's what I have learned from this group. Like I can't go back and change the past, the life I had. I can't change the fact that I had a nervous breakdown. I can't change the fact that I have arthritis, you know I'm learning to deal with it. Yes, God is there cause he has made me stronger, both mentally and physically, He has made me stronger." This is further reflected in her statement to Ida, "stop and look at the positive things, instead of the negative. You might feel ten times better, you know. It will come in time, and as Peter says, 'find God there.' 'Put God in

the situation.” This is evidence of how Denise has used cognitive therapy to change her thinking which has helped to change her feelings, and which is reflected in her words.

The journaling that followed this session indicated the sense of connectedness felt by the clients in the group, which was especially important considering the closeness of Christmas. Hilda for instance wrote, “God is all around us unknowingly.” She was especially appreciative of **God’s presence** on December 17th, the anniversary of her mother’s death. She acknowledged her **sadness** and that she missed her mother, but she was also aware that she was not alone, finding comfort in knowing **God was with her** and also feeling her **mother’s presence**. On a similar theme of **grief**, Denise wrote in her journal on December 19th that it was the second anniversary of her sister’s death and that it was a hard day. After acknowledging the difficulty of that day, she was able to acknowledge that God was giving her **strength** to deal with her sister’s death, that is, working through her **unresolved grief**.

As Christmas drew near the journaling moved to issues related to coping with Christmas. Because Denise is married with four children, the tone of her journaling was recognizing God’s presence in the **excitement** and the **peaceful** feelings of Christmas. Hilda was uncertain how she was going to be feeling over Christmas. In response to her uncertainty she **read her Bible for support**. She used self-talk, **cognitive therapy**, to avoid feeling down or unloved. Then on December 20th she did volunteer work, and much to her surprise was offered a job. She felt this was an answer to **prayer**. Her **faith** was expressed in her entry on December 21st, “I thought about Him(God) and the

comfort He gives me. On Christmas Eve she shared that she felt at **peace**. Because of having been able to spend time with family and an old friend she felt **connected**. In her words, “**God present** by showing how much I’m loved by all.”

The tone of Ida’s journal reflected her struggle that was evident in this session. She identified that Christmas would be **lonely**. However, she shifted her thinking by recognizing how much she loves to read, and that reading would divert her attention away from her problems, and that **God was with her**. Christmas Eve was especially **lonely** as she missed her children, thinking of past Christmases when they were younger. On Christmas Day she cried and noted that she was **sad and lonely**. Then she thanked God for her friend who had invited her to join them for Christmas dinner. In the midst of her despair she continued to find some **hope**, an indication of the spiritual direction practiced in the group sessions.

The overall theme for the this session was the continuation of “knowing God,” with the special emphasis on being thankful for God’s presence amongst us. By this time, the ninth session, the group was sharing at a very in-depth level, sharing their hurts, their fears, their joy and their hopes. The recognition of their suffering was especially evident at the beginning of this session when the group helped bear Ida’s sorrow caused by her son’s leaving town. The group seems to have developed an ability to recognize the value of suffering, which enabled them to process their feelings of suffering and to move on. This was evident in that they were able to move out of their empathy for Ida in her hopelessness into sharing a **thankful attitude**, sharing Hilda’s joy for having been offered

a job. The group showed that in both their joy and their sorrow they were now able to recognize the presence of God, or as the theme says, their ability of “knowing God.”

Group Spiritual Direction, Session Ten

This was the final session on the themes of “knowing Self” and “knowing God.” This exploration began with scripture, Isaiah 49: 15b - 16, which I used to reinforce that everyone is loved by God and that God does not forget us. I followed this with an exercise called “collatio” in which the scripture is read three times, followed each time by instruction to recall a word, how it speaks to each person, and a prayer response. The passage was to convey the message that God **cares** for us. After the first reading both Denise and Beatrice shared that the word that stuck out to them was “**worry.**” Beatrice shared that she worries a lot but that she feels a new inner feeling this past two weeks. Denise shared that she was worried about the bills in the new year, but that she felt **reassured** that things would be all right. Linda indicated that she used to worry herself silly thinking about what might come in the future. Linda shared that she now lives today and recognizes this as real progress of which she is very proud. She was able to recognize that the worry was making her feel depressed and that if she thought less about what could happen and concentrate on what was happening she would feel better. This sharing was very positive and indicated their good feelings about their progress.

The conclusion of the education part was a guided imagery in which I helped them to return to a time in which they felt **loved**. This was again to connect them to a positive experience that they could recall when necessary for the purpose of helping them feel

good about themselves.

The sharing in the first part of the session seemed to lead into the spiritual direction session, in which they each talked about how they feel they have grown spiritually. The common voice of appreciation for spiritual growth was an indication of the group's sense of **cohesiveness** especially in the role of spiritual directors for one another, evident by the way they had helped each other grow spiritually. The sharing in the group spiritual direction sessions seems to have given them opportunity to be an **inspiration** to one another. For example, Denise shared that there was a time recently that she felt she was **reassured** by God that he was watching out for her and that she can **share her load** of struggles with God, illustrated by her statement, "the last couple of days yes I have fallen back into the barrel, but I didn't fall back as far as I was when I started. I wasn't at the bottom anymore, I was kind of half way. So then tonight with this scripture it just brought me up that little bit more. I can almost see out of the barrel now. Just a little bit and I'll climb out." She now sees that she has the ability to climb out of her barrel or pit, that she is not **alone**, that she is **hopeful**. This was a **comfort** to her since she thought previously that she was alone and hopeless, in fact that she had to fight God. Denise is committed to continuing this growth as indicated by her intention in the new year to once again volunteer to be a eucharistic minister in her parish.

The group spiritual direction continued with Beatrice having recognized that she felt very **alone**, and that she had let **God into her life** in order to help her through her depression. She identified that she missed worship at the Waterford Chapel, and that

being with people at the chapel gave her a feeling of being **connected** to a community, the feeling of **belonging**. The need for Beatrice to feel she belongs is evident in the following quotation: “When I was in the Waterford there were times when I felt so sick that I’d never wish myself back from the dead, but I found on Sunday morning I miss chapel. I really do. I don’t go to church the same. It’s a commitment...it’s so strange....I guess it’s almost like a family. Such a small group, and I felt really comfortable there...and I felt so much apart of it. I don’t feel that comfortable in church. Out here more like I’m a stranger.”

Linda’s spiritual awareness also focused on community and a sense of belonging. She shared that she too had been feeling that she was **connected** to a faith community, evident in the fact that she had been welcomed back by people at her church after her surgery and treatment for cancer. Linda shared that she used to feel like “the one lost soul” that was in the church. In reference to Beatrice’s sense of aloneness in the church, Linda said, “I can see where she is coming from...whereas you go in that big church and you’re just one person. Make no wonder that people feel **angry** and so.” Linda went on to share that a church member had stopped her in the mall recently and invited her to drop by on New Year’s Eve, which confirmed her feeling of **connectedness** to the church community. In summary the theme of needing to feel **connected** in a faith community became evident in all three, Denise, Linda and Beatrice, who were present.

This session had a sense of togetherness to it as the clients shared with **honesty** how they felt and shared **laughter** together. Denise was able to tell Linda how she had

perceived her when she was first in the group, “the person inside of you waiting to get out.” Denise **affirmed** how Linda had grown through these sessions, “all of a sudden you started to open up, you started to change. You smile a lot more, and it looks so good.” Denise also complimented Linda as she described her as a “good hearted person, good-natured.” Linda was able to laugh about having told her doctor what the group had said about her. She also laughed as she admitted that it was hard to get through to her because she feels it takes a while for people to get to know her. She also laughed when she shared she had had every intention to have all her hair shaved off prior to her chemotherapy treatments for cancer. The ability to laugh at herself was an indication of her **comfort level** in the group and her sense of **self-confidence**.

At the very end of the session the clients talked about the need for **affection** and how important it is to give and receive hugs. Denise commented that it was strange that we were talking about this when she had recently had thought about her feelings about her sons, aged thirteen, eleven, nine, and four, and how she appreciates hugging them. She had asked God why she had not hugged and been hugged years ago, and felt that God had answered her with the awareness that she had not been ready for it. She said, “it was like God was telling me that I wasn’t ready until now. Now is the time for it.” This was a powerful **spiritual moment** for Denise, and it was significant that she felt confident to share it with the group, offering it as **inspiration** to the others.

The spiritual significance of the group to the clients continued in the journal keeping for this week. This included entries by Beatrice that indicated her **loneliness**,

reflected in the continuation of the **pain of separation** from her friend and the **grief** she experienced. However, in the midst of this she was able to have **hope and faith**, as she expressed her desire to be **renewed** and to find her **way back to God**. In her reflection on how the group had helped her feel better, she wrote, “each time I went I felt a little stronger. Finally I could feel the **presence of God** through our **prayer**.” She indicated that she found the group giving each other spiritual guidance to be most helpful, as she felt she was being challenged to have faith in God. A summary she wrote of the group interaction included, “feel our inner most feelings, and each person helping by **giving their heart**.” This was an indication of the depth of the impact of the experience on Beatrice.

In Ida’s journal entry for December 30th she **thanked God** for the beauty of the millions of ice crystals. Then on December 31st she wrote down a reading she found in the newspaper. As she reflected on the reading she compared herself to Prince Rama, and claimed that she, like him, needed to be able to laugh. These entries indicate a sense of **hopefulness** in the midst of her major depression.

Denise wrote in her journal on December 31st that she felt **God’s presence**, and that she believed that her **faith** was stronger than her **fear**. This was important in light of the **conflict** that she was having with her neighbor. She indicated the importance of being with friends, of being **connected**, which helped her think **positive thoughts** or enjoy herself on New Year’s Eve. She felt that God had helped her to cope with her **anger** at the neighbor for his harassment, because she **tolerated** it rather than having been drawn into the dispute and engaging in a battle in which there could be no winners. Eventually

her entry on January 3rd indicated her **confidence** in herself and her **faith** in God when she made a decision to register a complaint with the housing authority.

These entries indicate the client's ability to process their thoughts, practicing cognitive therapy which helped them feel more **hopeful and confident**. This was evident in Hilda's entry for December 30th in which she indicated that she was feeling **lonely**. Her response to this was to remind herself that she was not alone, that God was with her, and that she looked around and saw all the good people and the things that she had going on. Her final entry on January 2nd said that she had dinner with friends which made her realize that she was **loved** and that **God loved her**. This was another indication of her feeling **connected** and a greater sense of **self-worth**.

The final session of the themes, "knowing self" and "knowing God," focused on the sub-theme of **love**. The group needed to express their **love for one another** and their feelings of being **loved by God**. This was especially significant for these clients, since they like all depressed persons often feel insecure, rejected and unloved. The program achieved what it had set out to do. The group spiritual direction program created a **caring atmosphere** that raised their self-esteem and facilitated love for one another, while helping them to acknowledge that they were also loved by God. The group's experience of feeling loved by God helped to make the experience long-lasting because it connected this positive experience of feeling cared for by a community of people with a desire to have faith in God. The connection of love in community and love by God was made in this experience.

Group Spiritual Direction, Session Eleven

The eleventh session was the first of two sessions that focused on closure. The objective was to facilitate the group in the review of the previous ten session and to maximize the best possible individual and collective learning from this experience of group spiritual direction.

The entire group was present for this session. I began the session with a reflection on the Bible passage, John's gospel, chapter four, the story of the woman at the well. I used it to illustrate how the woman had approached Jesus with a load of personal baggage and that Jesus had taken it from her by listening to her story, and had given her new life in the form of **life giving water**. This was used to help the group to recognize what they had let go of in this group, and what they had taken on that was life-giving. They had previously stated that the stories were important to their learning and therefore it seemed important to use a story that had been previously used and with which they were familiar.

In the education portion of the session I reviewed the program touching on the various themes for the purpose of helping their recall. I wanted them to identify how they had experienced shifts or changes in their understandings and feelings. Their tendency was to speak in generalities, as all indicated that the program had made a **difference** in their lives. I wanted them to be specific for my benefit of evaluation, but also for the potential impact they could have on one another's spiritual direction. The session was to help them claim their growth and development, to cherish their experience, and to bring

the process to an appropriate conclusion or closure.

Both Hilda and Ruth indicated that they now felt **connected to God**, that they could feel the **presence of God**. They both felt that they no longer needed to feel alone, since they could now feel the presence of God. Hilda shared that she no longer felt **empty and alone**, but that she now felt **loved**. This also indicated a new-found sense of **self-reliance** as indicated in this quote: "I don't have anybody what you call in relationship wise in my life. I always felt like before I needed that other person to fulfill me, whereas now I don't." In direct reference to God, Hilda indicated that she now experienced God as a **forgiving God**. This awareness was important to Hilda because she previously saw herself as a bad person with low self-esteem. She was now able to say, "I'm a good person." I believe it was the influence of **cognitive therapy and spiritual direction** that helped her to understand the need for a forgiving God. The following quote supports the change Hilda has experienced: "Hey, he's(referring to God) here to forgive us and maybe you mighten all that bad actions that we are taking, but we were reacting to the thing at that moment." The meaning of this is that she now understood that no matter even when she is bad she is reacting to something at the time rather than intentionally hurting someone, and that God understands this and forgives her. This represents **empowerment** as she previously was drawn into **self-abuse** and **blame** that was destructive and contributed to her depression. She summarized her experience by saying, "it made me feel more **fulfilled, less empty**," and "I feel right different, I don't know **fulfilled** I guess is the word."

Ruth agreed with Hilda, "I'm like Hilda that I'm not alone anymore, whereas I used to before I had a companion to fill the void. Now I have God to fill the void... I say God you're in control, you're in the pilot seat." And in reference to her trip to Edmonton and the fear of flying for the first time she said, "I didn't ask him(God), I said you get me there," indicating a new sense of **assertiveness** with God, a new **mutuality** to the relationship. This mutuality is reflected in these words, "For me personally I think...it's getting to know God on a level with us instead of above or below us. I always thought he(God) was up there above us...in school that is. Now I find he's on an **even keel** with me." I would go so far as to say there is a new intimacy with God in the sense of trust, respect and appreciation. She referred to her change as an **awakening**. Ruth also shared that the change she feels was confirmed by people who have seen a difference in her: "people say to me, 'what are you into, what are you doing now that's making you so jolly and so alive?'" The impact of this awakening on her tendency towards worry and depression is reflected in the following quote regarding her house having been broken into and her car having been stolen when she was away in Edmonton: "And I know for a fact when I found out my car was gone, and the girls were all right, I said the hell with it as long as the girls were OK. But I needed to have my car back. Come on, I pray to you God, and I let it go. Right there and then I just let it go. I enjoyed my holiday, I didn't worry about the girls...God any other year I'd be there, 'I have to be here, I have to be there, all over the place, and where am I? Too tired to be got.'" Here she indicated her new way of coping was by using **self-talk**, **the teachings of cognitive therapy**, and **drawing on her personal faith** which had been inspired through this group spiritual

direction experience.

Ida's depression was more severe than some of the others, and her ability to have coped through a very lonely Christmas was commendable. She shared that through this experience she has identified with the mustard seed in scripture and that she sees that she has potential to grow. The following quote is an indication of the change she felt she experienced: "I think I've changed my outlook too because I always felt that I was always kind of a '**non-person.**' Like I didn't have any kind of concept of self sort of thing you know. And now I realize that this may mean **I'm worth something.** Maybe I am, you know like the seed, like you(referring to me) say the mustard seed. The grain has been planted there, down through these sessions. I think, I can feel that that it's been planted there now...it will grow." This is an indication of her **hopefulness**, and her **confidence** in herself. Ida shared that she had felt **comforted** by my calls over Christmas to see how she was doing. She then commended the group, "That's.. we're about in this group, it's so **comforting, solace**, that's what I'm think of." The themes of **comfort, God's presence, and the reassurance of God's support for humanity**, were all included in a reflective reading based on John 13:18, that Ida brought and read to the group at the end of this session.

Ida summarized the impact of the program by saying, "it(referring to her loneliness over Christmas) was bad, but it, you know what I mean. Having come here I feel sort of **connectedness.** Now I believe now that, I've always kind of believed that, God is in all of us, as well. You know I mean God works through us all in..." Her testimony of how she

got through Christmas is as follows: “And ah it was hell, (sniffles) and then I have a girl friend, Sue, and so I got through it with the **help of God**, and with the **help of some of my friends** and every thing. I got through it and you know I thank God I did and every thing and it was, anyway it’s all in my notes.” Ida’s appreciation for the group spiritual direction program was further reflected in her statement at the end of the discussion on her lonely Christmas: “I’ve come to realize how important **spiritual...is**. I’ve always kind of sensed it, but now it’s struck home, you know how important it is to me. (sniffles) It’s like an integral part of you know, and I think this has done it.”

Beatrice continued to be quiet as in most previous sessions, an indication of the depth of her depression. Beatrice like Ida was more severely depressed than the others. The impact of this program on Beatrice has been greatly reflected in her journal keeping. She did share in this session how she felt she had been helped to change. Even though she didn’t say much, nevertheless she felt **connected** to the group, especially through **prayer**. Beatrice spoke quietly and there are gaps in the following quote that supports her feelings about how she had changed through this group spiritual direction program: “I feel I should say because I’ve come a long way since this started. When I came here first I thought to myself **I didn’t know God...I knew he was there somewhere**, but it’s like I had been **forgotten.....Somewhere along the way I took strength...and I just, I feel fifty percent better**, and I can’t explain it.” The sense of feeling she was forgotten by God was consistent with her **low self-esteem** and her **loneliness**, a strong indication of the depth of her severe depression. The change in her feelings towards God are attributable to her having had the opportunity to listen to others’ experiences of God and the support the

group offered her. Members of the group visited Beatrice when she was in hospital and Linda had gone and signed her out on a couple of occasions so that she could attend the group session. This undoubtedly contributed to her feeling of **belonging** to the group, and made her feel **loved**.

Linda had also been severely depressed. She unlike Beatrice and Ida didn't experience anything traumatic through the twelve weeks of this program, which may have helped her to attend all the sessions and to make full use of the program. In the discussion about Christmas, Linda said that she was **thankful** that she was as well as she was, and especially that she was above ground and not below it, referring to the possibility that she could have been dead because of her cancer. She said that it was her choice to have spent Christmas Day alone, and that she had felt **peace and contentment**. Linda expressed great pride when she shared about her celebration of New Year's Eve: "The first New Year's I've celebrated since 85-86." Hilda and Denise responded to this significant statement by affirming how Linda had changed since she had begun this program. Hilda said, "I'd say(meaning she couldn't believe) believe the changes from the start," followed by Denise, who said, "it's amazing what you can learn."

Denise had previously expressed her appreciation for this program and in this session she shared that she now looked at things differently, as indicated in the following quote: "It's always a struggle which way you turn. Then again it's how you deal with it too. And coming to these meetings, I've learned how to deal with it. You know I don't get so hysterical anymore.....I'm glad that I came and found all these things to look at

things in a different way than I did before....I would never look at anything positively.” The affirmation of herself and her ability to cope with things differently helped her heal her depression, as indicated by her more **positive attitude** about herself, her marriage, and her life in general. The impact of positive thinking was further enhanced by the change in Denise’s perception of God. She recognized that she now tries to find God everywhere; that God hasn’t abandoned her. This is especially significant in Denise’s life because of her need to have a strong religious faith. The negative impression of God may very well have been contributing to her depression, because of the sense of **alienation** she was feeling from this significant spirit in her life. Denise summarized it in the following quote: “This group has helped me to **find my faith** again, cause I certainly had lost it. And like I said earlier one time I would give up so quick on something and I’d go to bed and say to hell with it. Now I don’t give up. I fight it back. And it’s a good feeling, really good. The strength of her new-found faith inspires Denise to have determination to persevere in the face of adversity.

This session focused on the benefit of the program for the individuals, but also touched on the **collective good** that they felt in this group. The clients were **proud** and **thankful** for having been **chosen** to be in this first group spiritual direction program. Ruth expressed herself in the following quote: “I feel like one of the chosen few to be in this group, because I mean there is so many people I’ve talked to, ‘how did you get into that? I want to get into that. How do you go about it?’” Denise also felt chosen and reiterated what Ruth had said with this comment in reference to herself having been chosen for this program, “one of the blessed ones.” Denise went on to emphasize the

cohesiveness of this group: “I feel too that we were all chosen for this group in particular like all of us for a real reason. Because there is a **connection** between us all. There is something there to **share with each other.**” Hilda felt it was the “caring” that existed within the group. Hilda expressed her pride in the group as follows: “we’re going to look back at this and say we were the first group, Peter’s group, right? We were the beginning.”

The group also emphasized the value of **prayer** in this program, as one of the ways they facilitated the depth of their **connectedness**. Ruth mentioned that she had prayed for the group while she was away, emphasizing that she would have prayed harder had she known what Ida was going through with her son. Denise also shared how much she valued being prayed for, “it’s so nice to know that somebody else has prayed for you. That it’s not just you praying to God for yourself, somebody else is doing it for you and it’s....freely.” Hilda said that it made her feel “**complete**” to **be prayed for**. In terms of non-verbal contact it was the context of prayer that facilitated the first expression of **touch** within this group when they requested that we **hold hands** for our closing prayer.

This was a closure session and it was important for the group to look forward as well as to look back in order to gain an objective appreciation for what they had accomplished together. One of the ways they looked forward was to see themselves as ones who would **outreach** to others. After they had talked about themselves feeling they were the chosen ones for having been apart of this group, Ruth said, “I mean God sent the help to the least.” Hilda commented on this in terms of feeling a call, “maybe that’s why

we were sent we were the first. To spread the news,” and went on to say, “maybe we’re all **apostles**.” This is an indication of the depth of the integration of their personal learning as well as their learning to give spiritual direction to others. They felt equipped to share what they had learned with others in order to help others grow spiritually. Their learning has also inspired them with a sense of spirit that has **empowered** them to want to outreach to others in need. Hilda gave an excellent example when her neighbor asked her what she was doing with a piece of broken glass on her window sill: “So I explained it to her. I said I was broken, now I’m not. I’m better. I’m all fixed.” She spoke with confidence and understanding in order to help her neighbor appreciate how she has grown, which surely indicates her positive mood.

The group as a whole spoke with confidence about their determination to make a difference in their lives, using what they had learned from this experience. Ida spoke about the determination of going forward instead of lying down or giving up, referring to a quote she once read she said, “he became a little bit assertive and he called it to go forward in ‘holy boldness.’...in a positive, and sacred, positive sense, holy.” This further reiterated how the group valued the spiritual dimension of this group experience.

In summary the ambiance of the eleventh session was very positive, as they affirmed their experience of being with one another. Hilda summed it up when she spoke about how this group was a culmination of the groups she had done, and referred to it as the “icing on the cake.” The positive, light hearted, good-natured atmosphere was felt in Denise’s comment on Hilda’s illustration: “was it a good cake?” The group joined in the

fun with joyous laughter.

Group Spiritual Direction, Session Twelve

This final session was for closure. I had invited the group to consider how they might ritualize the closure. The group responded by bringing gifts for each other and a lunch, which indicated to me that they were taking responsibility for the closure, a sure sign of group maturity and group cohesiveness. The leadership had certainly shifted to the clients taking responsibility for their own direction. The gift that Linda brought for everyone was a hand made **white cross**. She explained that the cross no longer represented **fear and suffering** for her, but that because of this group experience she now saw the cross as a sign of **hope**, and she wanted to share this hope she felt with the group. Denise presented each person with a card and a lapel pin, each one specially selected to suite the person she presented it to. Some others brought a lunch as a sign that they wanted to celebrate having been apart of the group experience. After they shared their gifts and I passed out a commemorative bulletin I read Isaiah 61, making reference to how they as a group of depressed persons were like the Israelites who had been oppressed. I spoke of how God praised the Israelites for their determination to survive and to move out of bondage, and that God praised this group for their determination to survive depression.

I invited the group to again share any closing thoughts of their experience in this group spiritual direction program. Ruth was the first to respond and she shared how she feels a closeness to the people in this group, affirming how the group had **shared** with one another and **trusted** one another. She said she was especially **appreciative** of the

scripture readings, referring specifically to my reference to Joseph. In this reference, Ruth indicated that she was **proud** that she too has carried her cross: “and it’s nice to know that through all the **suffering**, like you said about Joseph, it’s really nice to know that we are more or less **carrying our cross**, as everybody has to.”

Ida followed Ruth and shared what she had written in response to the questions I had passed out as a guide for discussion in the final session. The impact of this reading was two-fold, an affirmation of the group and the process, and an indication of Ida’s literary abilities. Ida said that this group experience was has had a **positive influence** on her life. One of the positive influences Ida referred to was that the group represented **stability** during a time of Ida’s life that has been turbulent. Another positive influence was that through the spiritual experience she felt a **nearness to God**, for which she will always be thankful. It was beautiful the way she summarized how this experience had a profound impact upon her: “A testament to **God’s benevolence and love**. In years to come as a I reflect back I will hopefully see this group experience as a **renewal** that has bestowed on us all the capacity to experience a **freshness and energy** that will sustain us throughout old age. We have celebrated **His presence** together.” She seemed to have captured how the group was feeling, as they were highly commendatory of Ida’s statement, and they affirmed Ida’s contribution to the group. In spite of the depth of Ida’s suffering through this experience of severe depression she still looked to the needs of others. As an expression of her gratitude for her life, she shared how she hopes to **give back** by helping others do literacy skills or teaching. Again the group **affirmed** Ida’s goal to get well and to upgrade her education to achieve her goal to be a teacher again.

She recognized that there are times when she is tempted to give up, and to deal with that she needs to have a **change of attitude**, one that is more positive and accepting of herself.

The next to share was Linda who was the only one to have attended all the sessions. Linda used the experience of having had a dream this past week to share the impact this program has had on her well being. The sharing of the dream was a **risk-taking**, since Linda identified herself as a private person. She connected the dream with the guided imagery I had done in Session Eleven that used the Bible story of “the woman at the well.” In the dream she could see the water and there was a maze she felt she had to go through. Upon reflection she identified that the maze represented her **experience of life**, and the water was indeed **living water** which she felt represented God. The profound impact of this **dream** and the subsequent connections she was able to make are expressed in this quote: “that’s the way that I when I talked about it that water was what I didn’t see before, before I came here, was God. Like I always thought God was that person way out there, but when you talked about that water and God, that was a my there coming and drinking of the living water. right? I finally come full circle to be able to see **God**.” She was moved to tears and shared she felt she had finally experienced the **depth of her own soul**, and that she had been **overwhelmed** by the experience. She was so **amazed** she said, “I thought this day would never come.” Her conclusion from this experience was, “you know how come God, I **felt God** was there for everybody else but I never see him there for me. But now I can, right?” The group thanked and commended Linda for her sharing. Denise referred to Linda as, “a whole new person,” and said, “she’s come such a long ways, excellent.” Ruth also commended her, “she’s got so much out of

it.”

Linda continued to share as she spoke about an experience she had when she was sick, that she felt the presence of her deceased sister. She said, “like I knew she was there.” This too was a profound experience because it illustrates her new-found ability to accept the spiritual. In Linda’s words: “I was so **afraid** all my life and this is the root of the problem.” She went onto say, “I had this barrier around me, I mean like don’t approach me,” and she felt she had no one in her life that she could trust. After she was helped by this group experience to realize that in order to love God she had to love herself, she said, “And I want to love God, so I got to **love myself**.” Loving oneself is a new record that Linda thinks everyone in the group should be playing in their heads, in essence reflecting back the teaching of **cognitive therapy**. The experience of **fear** had prevented her from risking, and especially from loving herself and God. This work she concluded was work on herself, on her self-image. The self-work, such as **forgiving herself**, undoubtedly has improved her **self-esteem** as evident in the brightness in her eyes, as referenced by Denise who said, “she has a special sparkle in her eyes, too.” Even her family doctor has noticed a change in Linda and said, “but you’ve come with such a **positive attitude**,” when previously the doctor had hated to have Linda calling her. I encouraged her by referring to these experiences as **gift**, and that **God is gift**, in order to help her to take pride in her progress.

Denise was quieter in this session than in previous sessions. She said, “I’m lost for words. It’s only the second time in my life I’m lost for words.” I attribute this to the

sadness she felt because this was the last session in this program, since she said, “there is no way you can just sum it up.” I started her off by reminding her about an earlier reference she made to the **change in her marriage**, and she reiterated, “oh quite a difference in my marriage...things go a lot easier now with us(referring to she and her husband), we’re a lot closer, and even with the kids like a different atmosphere.” The learning that helped Denise the most was the value of **positive self-talk**. She referred to negative situations, when normally she would blame someone or God, she now reminds herself of something positive that I said or one of the group said, and then as she said, “I just go for it.” She felt she had learned quite a bit from the group. An example of her learning is that she is not as easily discouraged and she is more determined, as expressed in her words, “you know I don’t, I don’t give up as easy as I used to.” The impact has been significant, so much so that she has tried to tell her mother the things she learned from the group, and she now switches the conversation to the positive whenever anyone says anything negative towards her. She was thankful for the experience of group spiritual direction. She has contended that it has been good for her, and has supported this by a quote from her husband who showed his appreciation for the change in Denise by saying, “what a difference.”

The improvement in Denise’s attitude is consistent with her shift in **faith**. She had previously tried to forget God, blocking him out because she had had so much suffering in recent years, and she had viewed God as a **punishing God**. Denise recognizes that God had in fact helped her through her pain and suffering. She now feels she has felt **God’s positive intervention** in her life, referring specifically to the coincidence that her sister, J,

had a dream about her deceased sister, and two days later happened by chance to be offered the house next door to the deceased sister's family. She is now **comforted** by feeling her deceased sister's presence, when previously she would have blamed someone or blamed God for driving her crazy. Denise shared that she had felt **oppressed** as a child because they had not been allowed to see God as a **loving God**, but rather was taught that God was a **punishing God**. In reference to those who taught her religion she said, "I don't think they allowed us to be ready. That's how I felt because it was like God will get you, God is watching you." Denise summarized her feelings by saying, "I thank God that I found my faith again."

The group affirmed one another and affirmed the group experience. The positive nature of the group is reflected in their new understanding of **prayer**. Ruth shared that prayer had become so easy, so spontaneous, and she no longer feels guilty when she is too tired to say her formal prayers, but instead throws God a kiss. Linda described prayer as **freeing**, expressed in this example of prayer, "one night I just said, 'I love you.'" Denise took the description of prayer even further by saying the day will come when, "there won't be a need for words." These clients were always prayerful people, but the shift in their understanding of prayer, combined with the development of their understanding of God, they now have a positive skill that is used to help them cope differently with their depression. Their final expression of gratitude to one another, after sharing in fellowship, was to hug one another and then to initiate a group hug.

Qualitative Analysis by Themes

The tests done on the completed bridge prior to its being approved for use by the public requires testing the major components. The analysis thus far has amounted to a review of the actual committee work, verification of the thoroughness of the work done by the numerous teams involved in the construction of the bridge. The review of the clients and the review of the twelve sessions has amounted to a guarantee that the teams were capable of quality work and that all is now ready for the check of the major components prior to the structural tests, or the quantitative analysis.

The tests of the major components would be to check such things as the quality of the materials used in the components. The final section of this qualitative analysis is the testing of the major components in this thesis. This is a summary of the client's themes that are related to the five areas that were identified as important for this study: spiritual direction themes, Biblical and theological themes, group themes, depression themes, and learning themes. These themes were identified from the twelve sessions and a record was kept of the number of times the themes reoccurred. The themes that were most frequent are designated as major themes or those of most importance in this specific study.

Spiritual Direction Themes

The group learned the method of group spiritual direction, which amounted to being helped to identify issues that impacted upon their spirituality. I taught the clients, primarily by modeling for them, the practice of listening, respecting, reflecting back, focusing on the directee, empathizing, and recognizing God's love and presence. The

most important client themes identified in the group spiritual direction process were “hopefulness” and “recognizing God’s presence.” These were the ones the clients mentioned the most which indicated to me that they were identifying these as the ones most important to their spiritual growth. The fact that hopefulness and recognizing God’s presence were the most important is a strong indication of the client’s need or desire to trust and to have faith in powers beyond themselves, which in essence is the definition of spirituality. The other major themes that were identified and worked with included the following: unresolved grief, a punishing God, being prayed for, love of self, Bible reading, and inspiration. These client themes indicate a willingness to revisit issues that had obviously been left unresolved. This further reflects that they wanted to confront their images of God that were hurting or not helping them, that they wanted to nurture one another in prayer, concern, and encouragement, that they wanted to practice personal spiritual reflection, and that they intended to inspire one another to have faith and trust. Other interesting spiritual themes that were significant in facing their spiritual ill-health included addressing issues like lost faith, legalism, fear of God, forgiving themselves and others, and addressing faith questions. Through the facing of these issues and the care of one another they also helped each other by praying for each other, reading prayers, presenting a forgiving and loving God, and encouraging mutual respect and sharing with each other and with God. The experience became one that cleansed them and built a new spiritual foundation and maturity for their future.

Biblical/Theological Themes

In addition to the spiritual direction themes the opening devotions or “transfer-in,” the education sessions, and the group sharing also presented various Biblical and theological themes that assisted with the spiritual direction emphasis. The most significant themes were faith, hope, strength in adversity, trust, connected to God, loved by God, peace, and prayer, both the practice of praying for others and feeling prayers were answered. In essence the practice of group spiritual direction also encouraged the group to reflect on God active in their lives. The connection is that the clients were encouraged to understand the situation of the directee, to reflect on the situation objectively, and then to consider how God was present and could be present in the healing of the situation. In addition I used Bible passages such as the story of the woman at the well and the story of the people of Israel to emphasize that people with depression who suffer are loved by God, and that there is hope for renewal and spiritual health. Through the group process they identified and worked through themes such as community, forgiveness, to love and be loved, God in nature, God’s intervention, acknowledging burdens, reconciliation, God’s help, God is love, miracles, the glow or spirit of God, joy, choosing life, God’s reassurance, thanking God, spiritual awakening, God as living water and God as gift. This was an intensive review of Biblical and theological themes that spoke to where the clients were at in their depression. The addressing of these themes provided an opportunity to resolve their misunderstandings and their need to grow spiritually, so as to allow God to enhance their lives through the experience.

Group Themes

One of the theories that influenced the choice of the use of group work in this research project was Irvin Yalom's Curative Factors. As was previously quoted, eight of the Curative Factors are specifically spiritual in nature. I believed the group process would foster spiritual development in such areas as instilling hope in the clients. The mere sharing of common problems was to help these depressed clients to realize that they weren't alone. In Session Two, Linda shared that she had been inspired to share her story when she became aware that her story was basically the same as those of the other clients. This basic human awareness is very important to depressed clients who suffer from loneliness and low self-esteem, two of the common indicators of depression.

In facilitating this group spiritual direction program I was very aware of the importance of fostering group cohesiveness so that the clients would encourage one another to reflect and grow. I was also familiar with the stages of group development which enabled me to trust the process and allow the group to grow together and form itself into a cohesive unit. Because of this need for group cohesiveness and my awareness of the required process, I was able to offer a structured program at the beginning, and then to trust the process so as to foster leadership and initiative amongst the clients. This was essential in order to encourage the clients to increase their depth of sharing, and in order to encourage more acceptance of responsibility for providing spiritual direction for one another. This giving over of responsibility also addressed their need to improve their sense of self-worth as they became instruments of healing for one another.

The major theme in terms of the group process was the sense of connectedness which addressed the issue of the clients feeling alone. The need to feel connected spoke directly to the fostering of group cohesiveness, since without a sense of bonding the clients could not be expected to help one another in their spiritual growth and development. Also without honesty and openness the clients could not be expected to learn their value in relation to the others in the group and in relation to their value in their communities, and in society in general.

The other major themes in relation to the facilitation of group process focused on effective communication. These major themes included the fostering of trust, deep sharing, honesty, support, encouragement, empathy, comfort, concern, laughter, positive energy, family connections, coping, relief, and a thankful attitude. The group was encouraged to engage one another, and to sit back and reflect individually using journaling and prayer. The combination of these practices encouraged effective communication for the purpose of fostering the group process in order to be of assistance in the healing of depression of the clients involved in this group experience. This quality communication helped them to believe in one another and undoubtedly fostered their own self-confidence because they felt cared for and loved by the others.

Other themes that I have identified in the group process that were relevant to encouragement of effective and healthy group dynamics included the following practices both in the planned program and in the group participation: storytelling, decision making, talking-out problems, listening, understanding, and prayer. The group experience also

fostered the following: compassion, self-love, confidence building, trust in the process and group stability, emotional expression including sharing hugs and tears, respect for each another, outreach to one another, love for each other, and a positive influence on one another. I observed the group share the following that also contributed to the group process: good memories and good news, each other's pain, a sense of belonging, happiness, awareness of God's spirit, and concern for one another. The positive group experience, as indicated by this varied and in-depth experience, had a positive influence on the client's attitude and contributed to the easing of their depression because of the change from the typical negative perspective of a depressed person to the positive perspective.

Depression Themes

The focus now shifts to the analysis of the themes connected with the diagnosis of the clients, depression. In this analysis I have identified themes that were addressed that identified characteristics of depressed persons and also positive attributes identified in the group experience that help to alleviate depression.

The major themes characteristic of depressed persons that were evident in the group experience included the following: loneliness, separation, abandonment, anger, unloved, low self-esteem, failure, self-blame, hopelessness and despair, abuse or victimization, powerlessness, fear or scared, isolation, grief, guilt, confusion, sadness, conflict, pain, judgment, and worry. Other depression themes that were identified as experienced by the clients through this study included the following: bitterness, rejection, resistance, distressed, indecision, betrayed, vulnerability, inferiority, thinking in absolutes,

low self-confidence, burdened, stuck, self-doubt, unwillingness to let go, discouraged, suffering, self-criticism, tolerated, non-person, alienated from God, and overwhelmed. These feelings were addressed objectively in order to foster the clients to face their suffering and to encourage healing.

The second focus in this section is the positive attributes that I have identified in the group process as contributors to the healing of depression in this group process. The major ones are as follows: affirmation, positive attitude and thinking, reassurance, expressing love and receiving love, and self-confidence. The other positive attributes experienced by the clients included the following: self-forgiveness, understanding, self-care, self-understanding, inner healing, self-love, control, letting go, assertiveness, courage, self-reliance, fulfillment, self-worth, contentment, and risk-taking. This program encouraged the clients to experience positive feelings and to accept them as possible in their life experience.

Learning Themes

In this group spiritual direction experience the clients were helped to learn in a variety of ways. This section identifies the various ways I observed learning taking place. The recognition of the learning experiences is an important dimension of understanding group spiritual direction in the healing process. The primary learning theme that I have identified was cognitive therapy and the practice of self-talk. The clients were encouraged to share their stories, to face and resolve their issues, to challenge their assumptions, to process their thoughts, and then to experience a shift in their feelings. This change in

thinking is considered to be most important in the treatment of depressed persons because it contributes to a change in their feelings. The positive feedback to each other in the group and the positive self-talk were meant to complement one another in the group process.

The group also helped each other to identify their feelings and to affirm them as acceptable considering their respective situations, especially through acknowledging their suffering as an integral part of their past. The group experience empowered the clients to feel better about themselves for having acknowledged these experiences to others, for having recognized the beauty in their lives, and for having realized that they aren't alone in their suffering. This fostered a greater sense of self-acceptance for who they are in their woundedness. In addition the group encouraged each other to let go of their fear and their inclination to resist change. Depressed persons need to feel cared for in order to be secure enough to make changes, and the community atmosphere of this group experience contributed to their improved feelings.

The clients were encouraged to learn individually in the group experience, but also in the time between group sessions through the practice of reflection. I facilitated journal keeping as a medium to encourage the practice of reflection. This method of learning seemed to be especially important to those who were most depressed, namely Ida and Beatrice. Journaling for some of the clients became an expression of their prayer life, as they felt that they were writing their reflections to God.

In the education sessions use was made of the practice of guided imagery to help the clients move deeper into their feelings. The reason for this was to acknowledge that in the case of depression the negative thinking can sometimes be a severe barrier to positive feelings about themselves. The use of guided imagery allowed the clients to experience positive feelings about themselves which further contributed to their better sense of a positive self-image. Also in an education session the clients were asked to identify their strengths and their weaknesses. This assisted them in accepting the whole of themselves as valuable. Another tool used to help with the learning in the group process was to have the clients recall their life experiences as chapters of their book of life, focusing on the one they identified as the most important chapter. This was a way of affirming their experience and helping them to feel good about themselves.

Quantitative Analysis

Results

The intention of the quantitative analysis using the Beck Depression Inventory (BDI) and the Spiritual Experience Index - Revised (SEI-R), including both sections, the SEI-R Support and the SEI-R Openness, was to compare the Treatment and Control Groups at the pre and post intervals.

The mean BDI scores for the Treatment Group at the Pre-Test, Mid-Test, and Post-Test assessment intervals was 28.27, 18.17, and 7.17 respectively. The mean BDI scores for the Control Group at the same intervals were 26.29, 18.57, and 14.29. See

Table 1. At post test the Treatment Group showed a lower mean BDI score which was the only datapoint in the above group which was in the non-depressed range (below the 10 point cut-off). See Figure 1.

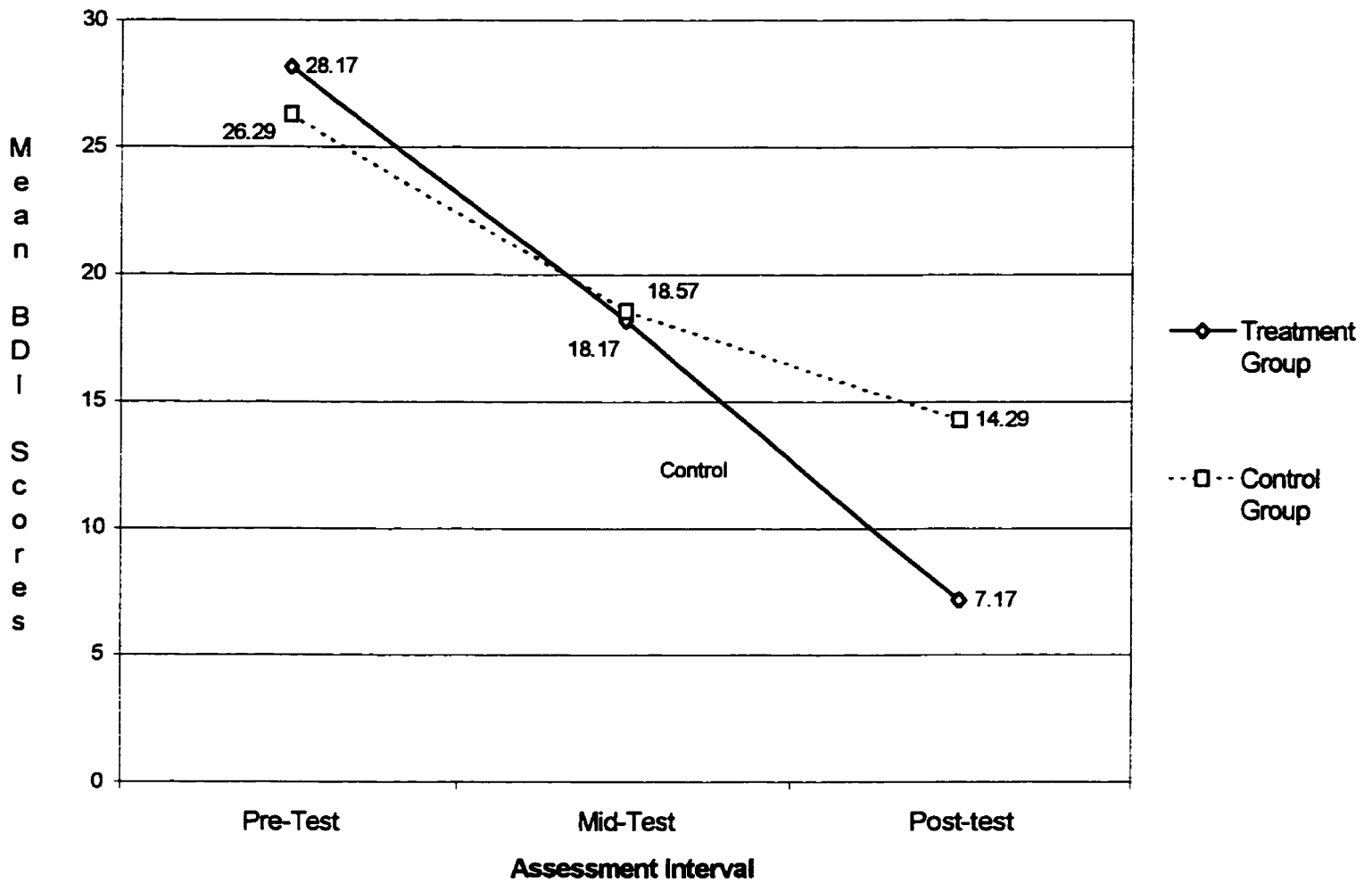
A t-test was carried out on pre-test scores that showed the treatment and control groups did not differ significantly on the BDI scores ($t(11)=0.28$, $P>0.05$). See Table 2. The post-test treatment BDI scores were lower than the control BDI scores. Although the scores were different the result was not significant ($t(11)=-1.09$, $P>0.05$). As previously stated the treatment post-test score was the only datapoint that was not in the clinical range. Even though the statistical analysis on the BDI was not significant the pattern revealed that the results moved in the direction towards a significant result. It's therefore likely that statistical significance could have been achieved with a greater number of subjects tested.

Group	Pre-Test		Mid-Test		Post-test	
	Mean	SD	Mean	SD	Mean	SD
Treatment	28.17	8.84	18.17	6.74	7.17	3.54
Control	26.29	14.33	18.57	13.76	14.29	15.49

Table 1 : Mean Beck Depression Inventory Scores

Source	Treatment vs. Control t-test	Significance Level
Pre-Test	0.28	not significant (P>.05)
Post-Test	-1.09	not significant (P>.05)

Table 2: T-Test Summary for Beck Depression Inventory (BDI) Scores

Figure 1: Mean Beck Depression Inventory (BDI) Scores

The mean Spiritual Experience Index-Revised (Support) ratings for the Treatment Group over the Pre/Mid/Post-Tests were 2.99, 3.1, and 3.35 respectively. The mean SEI-R (Support) ratings for the Control Group for the same intervals were 3.31, 3.22, and 3.16. See Table 3. See Figure 2 which illustrates how the mean rating for the Treatment Group, SEI-R (Support), increased, whereas there was little change or a decrease for the Control Group.

A t-test was carried out on pre-test scores that showed the treatment and control groups did not differ significantly on the SEI-R (Support) scores ($t(11)=-0.89$, $P>0.05$). See Table 4. The post-test treatment SEI-R (Support) scores were lower than the control SEI-R (Support) scores. Although the scores were different the result was not significant ($t(11)=0.76$, $P>0.05$). As with the BDI the statistical analysis on the SEI-R (Support) was not significant, but the pattern revealed that the results moved in the direction towards a significant result. An increase in the number of clients would likely have provided a result that would be statistically significant.

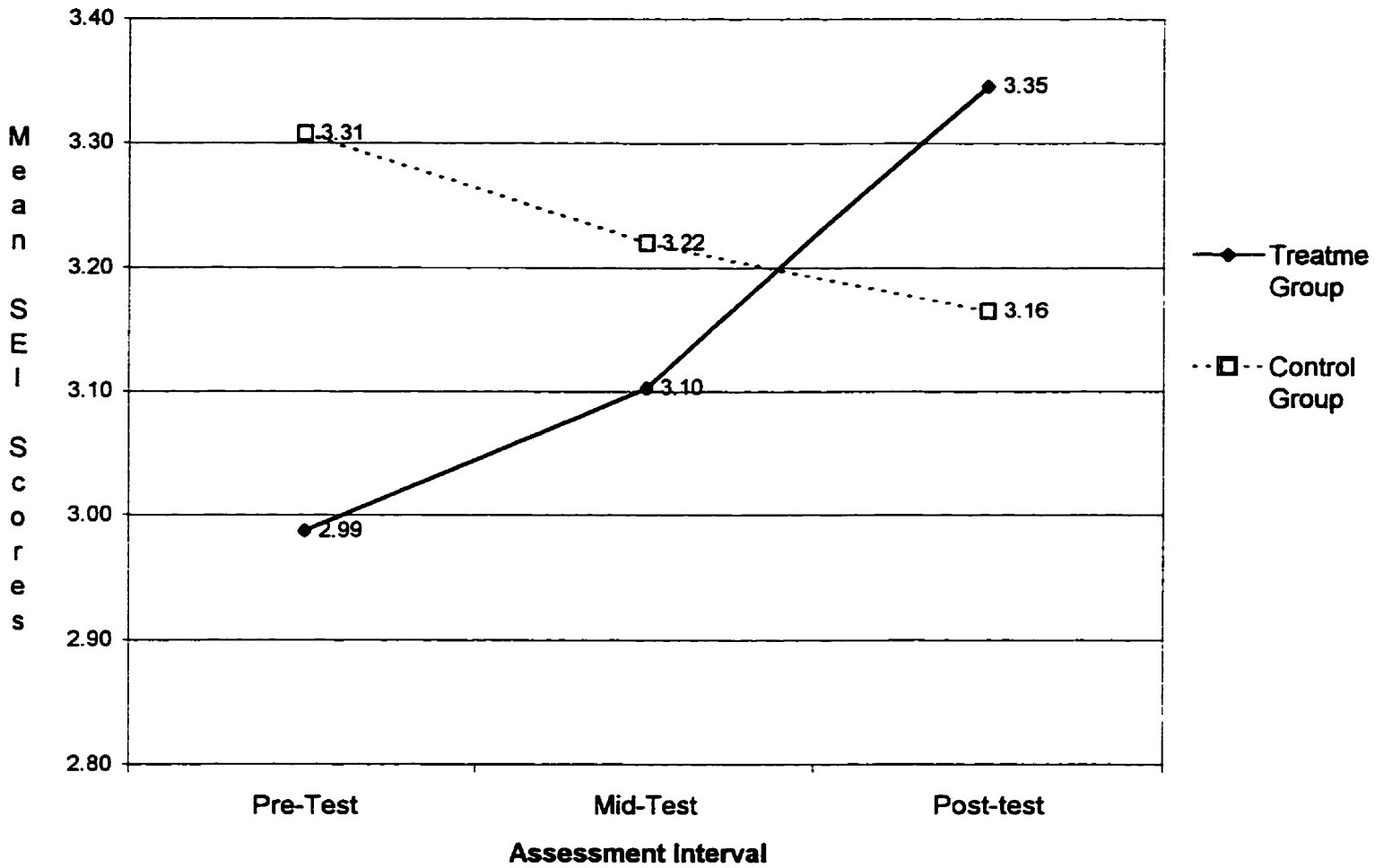
Group	Pre-Test		Mid-Test		Post-test	
	Mean	SD	Mean	SD	Mean	SD
Treatment	2.99	0.79	3.10	0.67	3.35	0.55
Control	3.31	0.49	3.22	0.50	3.16	0.35

Table 3 : Mean Spiritual Experience Index-Revised (Support) Scores

Source	Treatment vs. Control t-test	Significance Level
Pre-Test	-0.89	not significant ($P > .05$)
Post-Test	0.76	not significant ($P > .05$)

Table 4: T-Test Summary for Spiritual Experience Index - Revised (Support) Scores

Figure 2: Spiritual Experience Index - Revised (Support)



The mean Spiritual Experience Index-Revised (Openness) ratings for the Treatment Group over the Pre/Mid/Post-Tests were 2.92, 3.0, and 3.22 respectively. The mean SEI-R (Openness) ratings for the Control Group for the same intervals were 2.84, 2.93, and 2.84. See Table 5. See Figure 3 which illustrates how the mean rating for the Treatment Group SEI-R (Openness) increased, whereas there was little change with the Control Group.

A t-test was carried out on pre-test scores that showed the treatment and control groups did not differ significantly on the SEI-R (Openness) scores ($t(11)=-0.62, P>0.05$). See Table 6. The fact that the t-test is not significant indicates that the two groups of clients were similar when the pre-test was conducted. The post-test treatment SEI-R (Openness) scores, however, were higher than the control SEI-R (Openness) scores. In this case the t-test result was in fact significant ($t(11)=1.9, P<0.05$), indicating the spiritual maturity as relates to openness to other faiths was significantly improved in the treatment group clients.

Group	Pre-Test		Mid-Test		Post-test	
	Mean	SD	Mean	SD	Mean	SD
Treatment	2.92	0.17	3.0	0.06	3.22	0.32
Control	2.84	0.28	2.93	0.37	2.84	0.39

Table 5: Mean Spiritual Experience Index (Openness) Scores

Source	Treatment vs. Control t-test	Significance Level
Pre-Test	0.62	not significant ($P > .05$)
Post-Test	1.9	significant ($P < .05$)

Table 6: T-Test Summary for Spiritual Experience Index - Revised (Openness) Scores

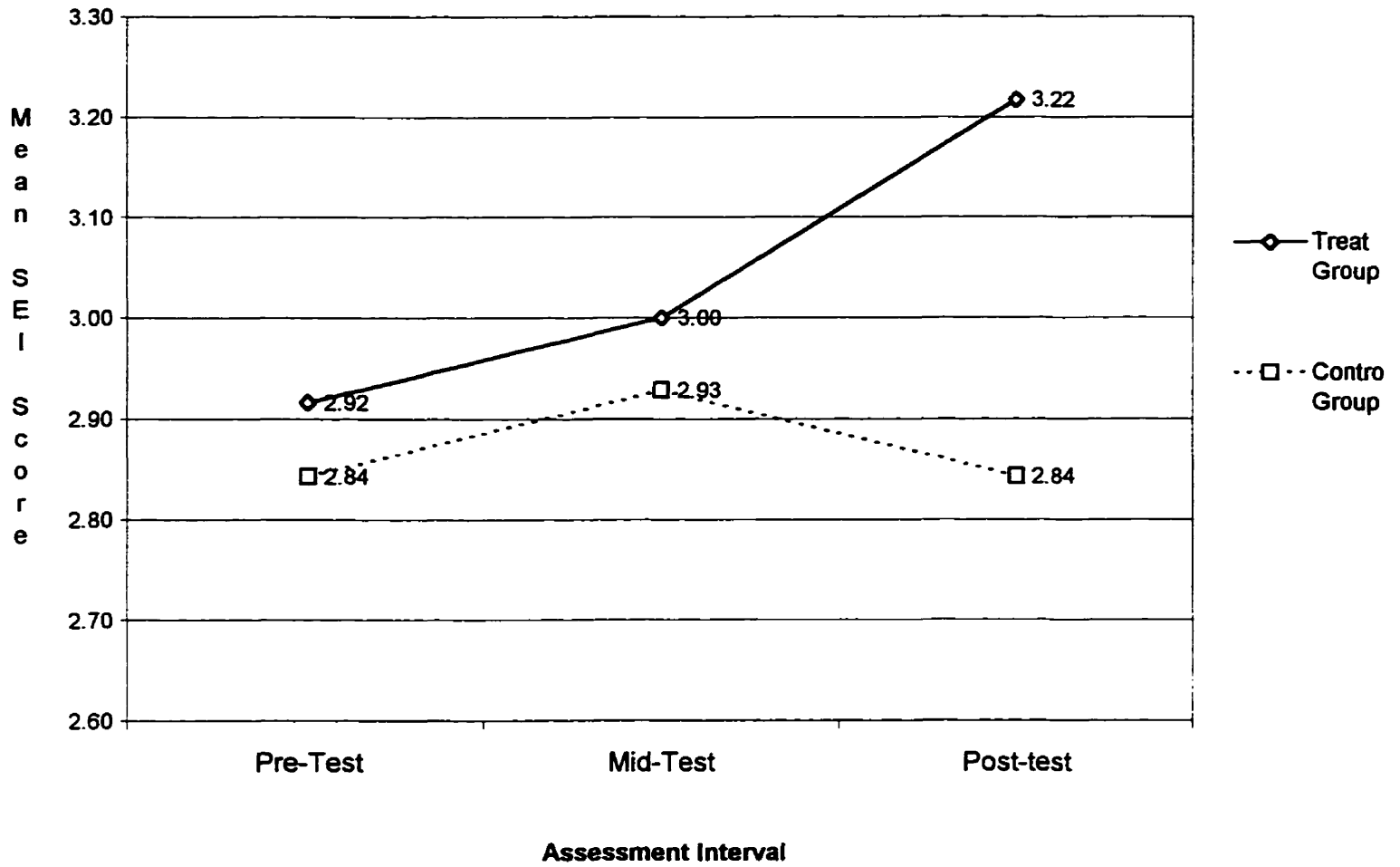
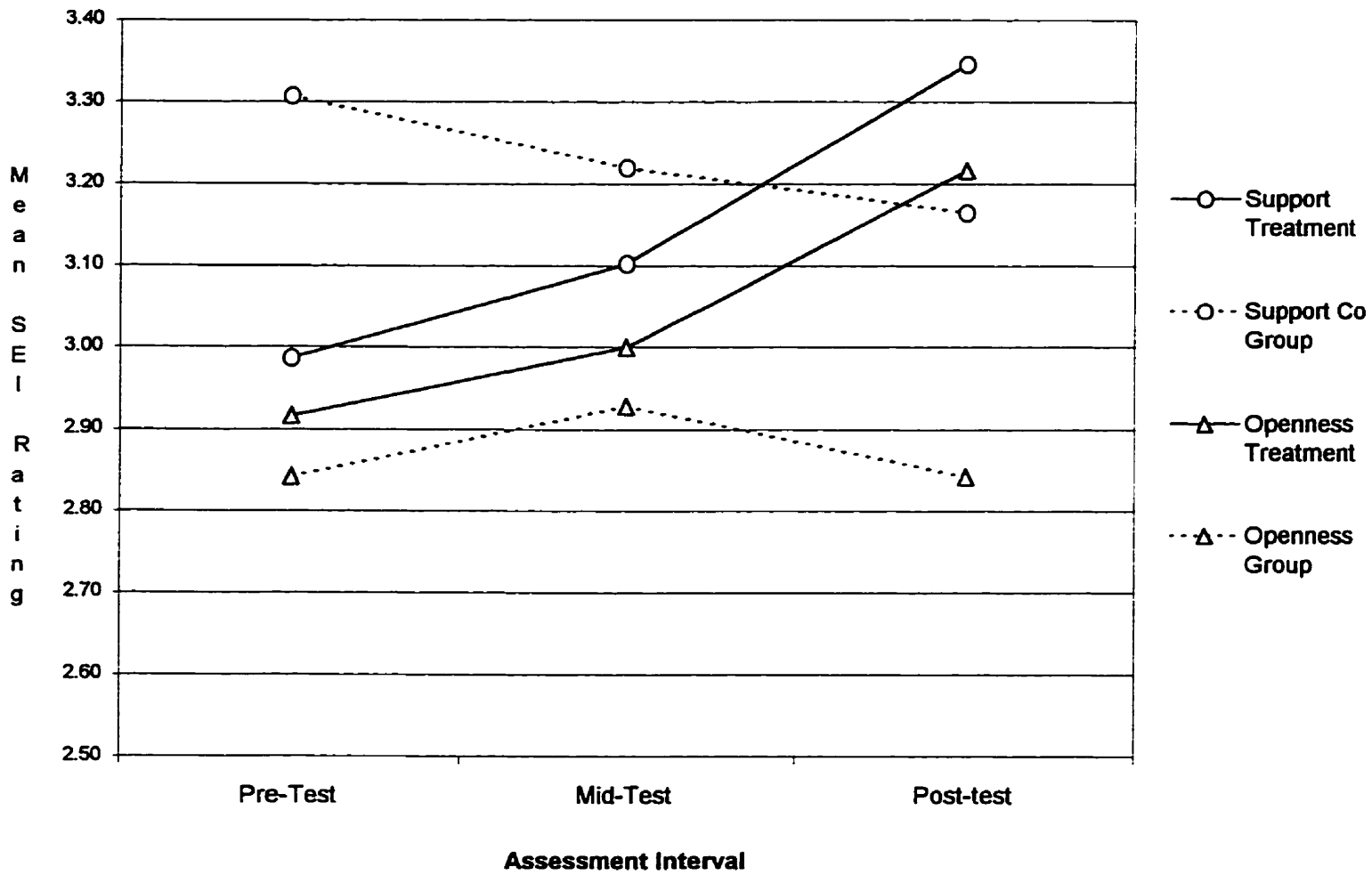
Figure 3: Spiritual Experience Index - Revised (Openness)

Table 7 shows the mean ratings for both parts of the SEI-R; for both Treatment and Control Groups, over the three assessment intervals. This pattern is illustrated in Figure 4.

Group	SEI-R : Support			SEI-R: Openness		
	Pre-Test	Mid-Test	Post-test	Pre-Test	Mid-Test	Post-test
Treatment	2.99	3.10	3.35	2.92	3	3.22
Control	3.31	3.22	3.16	2.84	2.93	2.84

Table 7: Mean Spiritual Experience Index-Revised Scores

Figure 4: Mean Spiritual Experience Index-Revised Ratings

Appendix 13 shows the collective data for the Group Spiritual Program Evaluation; an evaluation administered at the end of the last Treatment Group Session.

Appendix 14 shows the recorded clinical impressions by myself, the group leader, of participants from session to session on selected characteristics of depressed persons, as previously referenced in Appendix 9 , the Checklist.

This completes the quantitative analysis, which has been used to support the more extensive qualitative analysis. The conclusion that is to follow draws together the qualitative and quantitative analysis making connections that support the intended objective of this thesis.

CHAPTER SEVEN THE BRIDGE STRONG AND SOLID:**CONCLUSIONS, SUMMARY AND RECOMMENDATIONS**

The bridge analogy continues to be applicable at the conclusion of this thesis project. While the analysis itself is complete, all that remains is to ceremonialize the accomplishment, to connect together the remaining loose ends prior to the bridge official opening. This is the stage at which I proclaim the thesis project's beauty and soundness. The bridge is a very important structure that depends on thorough safety inspections so as to prevent unnecessary accidents. Similarly the conclusions drawn together in this last chapter are of equal importance to its final approval. This chapter is very important because the depth and thoroughness of these conclusions both reflects the quality of the work that has gone into this project, and also lays the ground work for future research into the area of spirituality and mental health. This chapter endeavors to do justice to this important topic of study and to proclaim the potential for future research and holistic treatment of mental illness, including the spiritual component of care and treatment.

Conclusions

My purpose here is to connect the analysis found in Chapter Six, together with the theory presented in Chapter Two. The conclusion addresses the main topics that have consistently been addressed in this study: theological/Biblical, spirituality, spiritual direction, depression, group process, and learning/integration.

The first of the **theological themes** deserving of attention is the **person of God**. The specific topic is to address the question of who was and who is God for people with

depression. The scriptural references refer to a loving, caring God, who shows deep regard for those who are marginalized, such as the Israelites of the Old Testament, and people like the woman at the well in the New Testament. In the early sessions of the group spiritual direction program some of the clients referred to a punishing God, whom they blamed for their miserable lives. Their anger towards God and others was turned in on themselves by denying any potential for feeling that God or anyone really cared for them.

The group experience of **spiritual direction** refuted this negative image of the person of God. The program was a process that reminded the group of their own blessings and evidence of a loving God, using the sessions that focused on “knowing self,” and “knowing God.” The drawing together of theory and personal experience enabled the clients to support one another in their faith development. They consequently experienced a shift from the concept of a “punishing God” to acknowledging and feeling the presence of a “loving God.” This is supported by the qualitative analysis, specifically in reference to Denise and Linda who both blamed God for their losses, and gradually grew to acknowledge a “loving God.” In the results of the quantitative analysis, specifically the results of the SEI-R, tables 3 and 5, and figures 2 and 3, there is a difference that demonstrates that the people in the Treatment Group grew more spiritual at a better rate than the clients on the waiting-list. The growth in spiritual maturity on the part of the Treatment Group clients represents the resolution of unresolved childhood issues and an important aspect of their personal growth and maturity.

The second significant theme, a **group process theme** and a **spiritual direction theme**, that is used to prove this thesis is the theme of **community**, and related to it, **group cohesion**. The theory has shown that loneliness and isolation are characteristics of depression. This thesis project addressed this by endeavoring to build a cohesive group and the sense of belonging to a caring community. The theme of community is consistent with giving and receiving love, or loving and being loved. The group experienced growth together which resulted in a cohesiveness that helped them to feel that they were connected together, that they belonged to a community that cared for one another. The qualitative analysis showed how the group, especially those who were divorced, and specifically Ida, moved from feelings of abandonment and isolation to feelings of connection and love. This was further supported in the improvement in their mood as illustrated in the BDI results, table 1 and figure 1, and in the checklist reports, Appendix 14. The results of the BDI for the Treatment Group compared to the waiting-list, although not a significant difference as found in table 2, does illustrate that if there had been a greater number of clients tested that the difference may have been significant. The change in the mood of the clients in the Treatment Group is undoubtedly partially attributable to the impact of the group spiritual direction because of the arguments put forward in the qualitative analysis.

The group spiritual direction experience provided the positive reinforcement that each person is deserving of love regardless of the negative messages they had previously received. Again the Biblical messages refuted their negative self images which made them

think they were not entitled to love because their parents and/or their ex-husbands had never loved them or never had said they loved them. And the theological reflection practiced in the group experience challenged them to consider the question, “does God love you?” The combination of the affirmation they gave one another and the positive image of God loving them contributed to the formation of community, and contributed to their feeling connected to one another, thus subsequently impacting their mood positively.

Related to the theme of community is the theme **group cohesion**. The effectiveness of a group is measured by the degree that they were of assistance to the individuals in the group. The positive results in both the qualitative analysis and the quantitative analysis demonstrates the effectiveness of the group experience for the clients in the group spiritual direction program. The analysis of the Twelfth Session is an illustration of the high degree of regard the group had for one another, indicated by the specially chosen and specially crafted gifts they gave one another. The Openness Sub-scale of the SEI-R showed significant improvement for the Treatment Group, which indicates an improvement in acceptance and appreciation for other group members. The BDI results for the treatment also showed some improvement for the Treatment Group, and this at least partially is attributable to the quality of the group experience.

The focus of this group was on the spirituality of the clients. The effective spiritual direction offered in the group resulted in significant difference as indicated in the SEI-R (Openness) results, and the trend towards a significant difference in the SEI-R (Support). The group provided effective spiritual direction for one another, which also indicates there

was a positive group experience and a high quality of group cohesion, because of the positive results.

A spirituality theme as identified in a previous reference in Chapter One to Kelsey's seven stages of spiritual development, is the fact that people who are in stage five, "Mid-life Crisis," are prone to depression. Kelsey says that it is important for depressed people in mid-life to discover meaning. Stone says the use of spiritual direction with depressed persons allows clients to develop and extend their relationship to God so as to focus on what is ultimate or beyond themselves.⁸¹ This is felt to be of great importance because it is the inclination of depressed persons to be very self absorbed. The clients in the Treatment Group, all needed coaching or spiritual direction to find new meaning and purpose in their lives. For instance Ida struggled to find meaning after her children had left home. Beatrice struggled to find a new direction after the break-up with her boy friend. Linda and Denise struggled with life after their multiple losses including for Linda her mastectomy and cancer treatments, and for Denise the death of her sister. Ruth and Hilda both struggled with life without having to be dependent upon male companions to have meaning and purpose. The qualitative analysis has shown that each of these clients faced their "Mid-life Crisis" and have grown through it to be less depressed. This is consistent with the theology of suffering mentioned in Chapter One, because it represents hope and significant change coming out of the suffering.

⁸¹ Stone, 443.

A **depression theme** deserving of attention in this conclusion is the theme of “**self-image.**” One of the primary characteristics of depressed persons is low self-esteem. The theory, as referenced in Chapter Two, says that building up of self-esteem engenders hope in depressed persons. This program endeavored to improve the quality of life for depressed persons so that they have hope to face the future. VandeCreek et al. claim that bolstering self-esteem and giving attention to depressive symptoms encourages hopefulness.⁸² This improvement in mood and spiritual strength created a spiritually reinforced foundation on which the clients may now approach the remainder of their lives. The clients in this program had low self-esteem and were typical of depressed persons at the beginning of the program. Ida and Beatrice were especially down on themselves, representing themselves as undeserving, non-persons, and as failures. The group’s practice of using cognitive therapy, positive talk, and encouragement for each other as group members to practice positive self-talk, helped them to slowly replace the negative feelings with more positive ones, and to slowly gain hope for themselves. This is supported in the qualitative analysis in the evidence that the clients were empowered to take better care of themselves. I think specifically of Ruth and Hilda, who both indicated that they were content with being alone with themselves, and Linda, who chose to spend Christmas Day alone and said she felt at peace. Beatrice persevered and survived the separation from her boy friend, and at the end said she felt fifty percent better. The quantitative analysis indicated that according to the BDI there was an improvement in the clients’ moods, representing an improvement in their self-image. This improvement in the

⁸² VandeCreek, et al.. 51.

Treatment Group clients is attributable to the group spiritual direction program since the same improvement was not as great for the waiting-list clients.

Ruth and Hilda, in particular, stressed to the others the necessity that they love themselves and learn to say “no,” in order to practice good self-care. This too was supported theologically, as consistent with God’s will for humanity. The total group spiritual direction experience was gentle and positive, and encouraged the clients to improve the impression they had of themselves. The gentleness was in contradiction to the violence most had experienced, especially in relationships with men. The encouragement to be positive was also in contradiction to the negative impression that had been instilled in them since birth.

Another **depression theme** that deserves attention is the place of depression in the maturation process. As previously referenced to Kegan in Chapter Two, anger and loss are viewed as developmental phases within depression itself. As the clients vented their hostility towards God, and shared their losses, especially as regards their childhood and their marriages, they began to gain a new perspective. This illustrates how they processed their feelings and began to experience an improvement in their mood. This supports the need that some of them had to have the opportunity to express their anger at God. The spiritual emphasis of this program encouraged this expression and therefore brought resolution to the angry feelings.

The next theme to be addressed in this conclusion is a **spiritual direction theme**.

The shift in the appreciation for God and for themselves reflects the positive change in their spirituality. This shift is a direct result of the quality of the spiritual direction that each of the clients availed of in the group experience. The shift also indicates the quality of the spiritual direction provided by each of the clients in the group experience. The clients had a variety of ways of individually processing that experience, some choosing to talk out their feelings and faith experience in the group, for example Denise and Linda; others choosing to practice reflection and journaling between sessions, for example Beatrice and Ida.

The quality of the spiritual direction experienced by the group is further supported by the positive results of the SEI-R. The improvement in both the Support Sub-scale and the Openness Sub-scale, indicates an improvement in the spiritual maturity of the clients in the Treatment Group. In the group spiritual direction program the oneness is on the clients to provide spiritual direction for one another. The positive results are attributable to the clients ability to support and encourage one another in the spiritual direction experience.

The **learning/integration theme** is best addressed by looking at the two major themes of “knowing self,” and “knowing God.” These were specifically chosen because of the inherent lack of self-esteem in clients with depression, and because of the impression of feeling unloved and alienated by God that is evident in depressed clients. The sub-themes of the two major themes moved through a series of topics that focused the clients attention on their experience and their needs in their experience of group spiritual

direction. Sub-themes, like “inner healing,” indicated the need to resolve hurts of the past such as loss issues and guilt. Attention was given in this experience to **spiritual themes** that previously had gone unattended in the lives of these clients. Education in methods of learning and therapies provided opportunities to integrate their learning through the practice of reflection and through supporting and encouraging one another. The positive results indicated in the analysis indicates the clients experience transformation of their mood and their spiritual maturity, indicating a positive result in transformative learning.

In addition to addressing the important core themes of this study it is also important to recall the original goal and objective of this thesis project. A review of the goal and objectives, (see Appendix Eleven), presents further proof of the success of this group spiritual direction program. The goal of this program was as follows: To enhance the clients’ awareness of their spiritual strengths and to provide them with an understanding of their God or higher power operative in their life in order to improve their well being. This goal was operationalized and measured in the degree of success of the objectives.

The first objective was to enhance their well being by improving their mood or reducing their depression. As indicated in the quantitative analysis, the BDI provided positive results for the Treatment Group in comparison to the control group. Even though the difference was not significant, according to statistical analysis using the t-test, the goal of improving their mood was achieved. There were other treatments that also affected the client’s potential for improved mood, including the drug therapy and the individual

psychotherapy, which undoubtedly contributed to the improved mood of the control group as well as the Treatment Group clients. However, the Treatment Group did show greater improvement in mood than the control group, and according to the quantitative analysis this difference would have been significant had the number of subjects tested been greater. The improvement in mood of the treatment group demonstrates the positive effect the group spiritual direction experience had on them as other therapies had remained constant for all the subjects, both those in the Treatment Group and the Control Group.

The second objective focused on spiritual development. The results of coding of the twelve sessions is a list of the themes in chronological order found in columns one and two of the Program Themes, entitled Spiritual Direction and Biblical/Theological, (see Appendix Twelve). A close look at the themes, comparing the ones at the top of the columns to the ones farther down indicate that the clients showed a greater appreciation or reliance upon their faith in God towards the end of the program. One example in column one was the comparison of “punishing God,” at the top compared to “forgiving God,” towards the end of the column, illustrating the change from fear of God to faith in God. Also “lost faith” and “legalistic” towards the top of the column, compared to “prayer as freeing,” and “mutuality,” at the end, illustrating the change from a narrow perspective on spirituality to a broader, more open perspective. This change indicates that the clients grew into having a greater comfort with accepting themselves, their confidence in their judgment, and their confidence and faith in God as a person in whom they could now trust for support in their darkest times.

The third objective referred to the benefit of the group experience using Irvin Yalom's curative factors as a check. Earlier in the conclusions mention was made of the value of the group having gained cohesiveness, which according to Yalom is the key curative factor to successful group work.⁸³ Evidence of the practice of sharing "unconditional positive regard" in this group experience is one further indication of the group cohesiveness. Another curative factor is the "instillation of hope," and this has been mentioned in the qualitative analysis, Chapter Six, as one of the primary spiritual themes of this group experience. The curative factor of "universality," arose early in the program and continued to be evident as an important characteristic of this group. I refer to a quote from Linda in the qualitative analysis in which she shared that she was inspired to share after she had realized her story was in essence the same as everyone else's. The curative factor, "imparting of information," was also evident in the group sharing and in the education sessions. The group learned to listen attentively, practicing holy, reverend listening, and giving affirming and challenging feedback to one another. The clients continually referred to previous sessions and the learning they were experiencing. Hilda in particular referred to her appreciation for having learned cognitive therapy; and Denise often asked others the theological reflection question of "how was God present in that situation?" The next curative factor, "altruism," refers to the importance of how well the clients performed as spiritual directors for the others in the group. The effectiveness of the group in the practice of group spiritual direction is evidence of the successful

⁸³ Geromel, 153.

development of the clients as spiritual directors. They continually called each other to have faith, including faith in themselves, asking facilitative questions of one another and supporting the questions that I addressed to them. Another curative factor is “interpersonal learning,” referring to the exposure of clients to a review of their past in order to gain insight and appreciation of themselves for themselves. I think of the use I made of the theme of brokenness, using pieces of broken glass as an illustration. The group successfully shared their brokenness and gained a greater appreciation for who they were and what they had come through in order to be who they are today. Hilda was one example who told a friend about her piece of glass and how it represented her suffering and her healing. “Catharsis,” refers to the sharing of feelings in the group. Again the group became very expressive of their feelings, through expressions of concern and of touch. The final curative factor to which I refer is “existential factors,” referring specifically to how this group helped one another to find new meaning and purpose in their lives. This was especially well expressed by Denise who shared that she no longer had to blame God, but could now turn to God in her suffering for support and encouragement. She spoke of how the changes she had experienced were helping her in her communication especially in regard to the way she would handle conflict, indicating an improvement in the quality of her life. This review of some of Yalom’s curative factors that are specifically relevant to this thesis project, supports the benefit and the quality of the group experience for the clients in this group spiritual direction program.

The fourth objective looked specifically for personal and relational growth of the clients in this group experience. The Qualitative Analysis By Clients and Sessions,

Chapter Six, presented evidence of the proof of this using themes from the twelve sessions. This was further supported in the quantitative analysis, Chapter Six, where it was shown that the Treatment Group experienced improvement in spiritual maturity, according to the SEI-R, and improvement in mood, according to the BDI.

These four objectives were met, supporting the success of the stated goal for this group spiritual direction program, and further proving the thesis project that group spiritual direction in fact improves the mood of clients with mild to moderate depression.

Summary

I have compared the development of this thesis project to the construction of a bridge. I did this to illustrate that the project development has been a process that has unfolded gradually. The culmination of the project is found in the conclusions that have represented the completion of the whole picture, and the proof of the thesis.

The basis of the thesis project was represented in the planning for the bridge construction. This planning phase is comparable to an introduction such as in St. John's Gospel: "And the Word became flesh and lived among us, and we have seen his glory, the glory as of a father's only son, full of grace and truth."⁸⁴ Just as the foundation of the whole Gospel is here, so too out of the sound foundation of theory and practice came a program that was to breathe new life into clients who were depressed. The planned

⁸⁴ NRSV, John 1: 14.

program had energy that was inspired by a wide variety of secular and religious literature, and the expertise of a support group, my ministry supervisor, Acadia Divinity College Faculty, and the Human Investigation Committee. I believe the foundation was a “sure foundation,” and not a “foundation of sand,” as referenced in Matthew 7:26. As Jesus saw the vastness of the world from his desert-temptation experience, so I believe I had a glimpse of an unknown that I approached from a faith perspective. My faith perspective was based on belief in my God, Jesus Christ, that this project would unfold with God’s guidance. This was done with the awareness that God would work through my family, my colleagues, the clients, and myself to enable this thesis project to unfold in a way that would prove that effective group spiritual direction affects a positive change in the mood of depressed persons.

The first phase inspired me to begin the construction from an informed perspective. The foundation was represented in building blocks made up of the various segments of the treatment that I believed would assist with the healing of depression, focusing specifically on spirituality in conjunction with various therapies. The building blocks united together in a sure foundation were to represent a complete foundation because the foundation included the spiritual focus.

The emphasis on the importance of spirituality in this thesis project was best represented by referring to the theological perspective of the thesis project as the mortar. Just as I believed the project went forward in faith, so I believed the essential ingredient in the program that would make a difference in the lives of the depressed clients was the

spiritual focus.

As the foundation was secured and subsequently affirmed by outside agencies, including the colleagues who made referrals to the program, I facilitated the project to move into the next phase. I called this next phase, using the analogy of bridge construction, the “Bridge to New Life: The Group Spiritual Direction Program.” The reference to “New Life,” is an indication of my faith in this project. I truly believed this spiritual direction program could make a difference in the lives of depressed persons and be for them a “New Life” experience.

A study of this complexity as with the case of major bridge construction required in-depth and recognized testing in order to be acceptable to the various stakeholders. These stakeholders included first and foremost the clients, as well as the academic, scientific, medical, psychological, and theological communities. The study had to bridge or speak to a wide variety of people in order for it to have a significant impact, considering the relatively low number of pastoral care research projects. The testing as reported in the qualitative and quantitative analysis in Chapter Six, together with the conclusions at the beginning of this chapter, supports this thesis as originally identified in the Introduction, Chapter One.

The real evidence of the success of this thesis project is found in the six clients of the Treatment Group, whom I interviewed two months after the completion of the program. I met them to obtain their consent to the inclusion of specifics about them

contained in the qualitative analysis, Chapter Six. In my meeting with Linda I learned that she was going to visit her only brother in Ontario, and to reconcile herself to him as she has held a grudge against him for twenty-seven years. She attributed this decision to the spiritual direction she received in the group spiritual direction program. Denise shared with me that she had followed through and had a mammogram. This decision to have the mammogram was a result of her involvement in the group spiritual direction program, and a result of her having learned from the experience to face her fears instead of avoiding them. Ruth shared that she had met a beautiful man and was feeling very confident about this new relationship. The indication is that for the first time she has chosen a male companion who is without the major problems her previous companions have had. Again this is attributable to her improved attitude and pride she has for herself, after indicating in the group that she no longer felt she had to find a man to feel good about herself. Beatrice asked to be referred to a church community so that she could get herself connected, which indicates the new found strength of character and improvement in her mood. Ida is now working part-time and proud that she is getting out around and no longer dwelling on her problems. And Hilda is also working part-time and has bought herself her first new bed. This is an indication of her feeling of pride in herself and her positive attitude towards the future. The clients indicated that they had been connecting with one another and they reiterated their desire to meet together for mutual support on a monthly basis.

I have felt this study has been a valuable learning experience for me. I have stated previously that spiritual direction has been of interest to me for almost twenty-five years. At that time I was late adolescent age, and now I'm in mid-life, both of which are known

to be the most critical times for spiritual development in the average person's life. Therefore some of my interest in spiritual direction, specifically group spiritual direction, is about my personal spiritual quest for understanding the meaning of life and about the benefit of being apart of a spiritual community. I have been able to utilize my strong motivation or interest in this area of study to learn more about helping others in their spiritual development.

In addition my own struggle with managing time and energy has strongly influenced my interest in helping others who are depressed. As I have practiced prayer, participated in support groups, and kept a journal, I have learned the value of being intentional about managing my life. I have become aware of emotional thresholds and I have realized the importance of maintaining balance in my life. This personal focus, along with my keen professional interest in group spiritual direction and the spiritual treatment of depression, provided the motivation for this research project.

In summary, I reiterate the potential there is to use group spiritual direction to assist with the care of depressed clients, to assist them in their recovery, and to help them find meaning and purpose in order to reclaim their life and grow to new levels of spiritual maturity.

Recommendations for Further Research in the Area of Spiritual Direction and Depression

The bridge construction is completed and it's time to look towards the next project. Likewise the thesis project is completed and it is time to look towards further research into spiritual direction and depression, and how they may be improved based upon my experience and what I have learned from having completed this research project.

1. To use critical incident reports rather than journal keeping to facilitate the client's personal reflection.
2. To insure that the group composition is no more than two severely depressed clients.
3. To increase the number of sessions to fourteen.
4. To increase the group size to ten.
5. To offer the program at a time other than over Christmas.
6. To continue to use the group spiritual direction program with depressed people.

APPENDICES

APPENDIX ONE

SPIRITUAL DIRECTION PROGRAM

The Outline of Program is as follows:

Pre-Sessions: Participant's selection using screening process

Pretest to measure depression (Beck Depression Inventory) and spiritual maturity (The Spiritual Experience Index)

Sessions (1-2) "Initial Sessions"

Themes:

1. Getting acquainted
2. Setting agenda
3. Introduction of therapeutic rationale
4. Discuss individual client's concerns
5. Sharing client's personal story and faith journey

Sessions (3-5) "Knowing Self"

Themes:

1. Recognizing one's brokenness
2. Taking personal inventory of strengths and weaknesses
3. Healing of memories (inner healing)

Mid-test to measure depression (BDI) and spiritual maturity (SEI)

Sessions (6-10) "Knowing God"

Themes:

1. Individual and group discernment (Jesus' brokenness)
2. Appreciation for movement of Spirit in one's life
3. Experiencing consolations of God (God with us)
4. Celebrating God's presence within and amongst us
5. Acknowledgment of the need to know oneself and one's God

Sessions (11-12) "Termination Sessions"

Themes:

1. Discussion of progress
2. Discussion of expectations regarding termination
3. Evaluation

Post-test to measure depression (BDI) and spiritual maturity (SEI)

The format for each two hour session will keep to the same basic format, thereby freeing the clients from needing to be concerned about the process. Each of the sessions will follow basically the same format, which will be the following combination:

1. meditation
2. theme presentation
3. group spiritual direction
4. personal reflection
5. prayer

APPENDIX TWO: SAMPLE LETTER

Clinician

Terrace Clinic or LeMarchant House

Dear _____ : Re: Spiritual Direction Program for depressed clients

I write to request that you consider referring clients to this new program. It is the first time this is being offered and it is a research project for my Doctor of Ministry Program at Acadia Divinity College. This program is approved by the faculty at Acadia, by the Human Investigation Committee, and by the Community Mental Health Assessment and Treatment Division of the Mental Health Program, HCCSJ.

This program is meant to be in addition to the individual therapy they are presently receiving or have received from you. It is specifically designed for clients who are mildly to moderately depressed. It will consist of twelve sessions, one night per weeks for twelve weeks commencing in the week of Sept. 22nd, 1997.

I am recruiting thirty clients, eight of whom I will assign to the program group and eight to the waiting-list, control group. I am enclosing a copy of the criteria I will use when selecting the sixteen clients for the project.

The program will use Group Spiritual Direction. This experience will hopefully enrich the lives of the clients through the group experience and through the specific attention to their spiritual issues. The program will include some education using the Judeo-Christian Tradition to assist clients in ways they can address their spiritual issues and will allow opportunities for them to address these issues in the group setting. It will not include proselytising, neither will it favour any one religion. In fact it should be of assistance to anyone regardless of their religious affiliation since it is meant to address spiritual issues.

I will call you within five days of your receipt of this request and will require the names and phone numbers of the clients you wish to refer to the program.

I would be pleased to discuss this further with you if you require additional information.

Thank you for considering this request and I look forward to speaking with you.

Sincerely,

Rev. Peter Barnes

Manager, Pastoral Care, Mental Health Program and the Waterford Site

cc. Dr. Rick Singleton

Ms. Judy Power

APPENDIX THREE: CLIENT SELECTION CRITERIA

1. client designation of mild to moderately depressed according to the Beck Depression Inventory (BDI) pretest.
2. age range of twenty years and older so that they have the potential for spiritual growth and with the ability to read and write.
3. gender balance of equal numbers of male and female participants so as to avoid negative group dynamics that may be caused by gender imbalance.
4. a willingness to commit to a contract to participate in the research project and to sign a research consent form.
5. preference will be given to clients with a background in a Judeo-Christian tradition.

APPENDIX FOUR: HANDOUTS**Handout 1. INTRODUCTION TO GROUP SPIRITUAL DIRECTION****Objective:**

to explore the impact of a group spiritual direction program on the mood of clients who are identified to be mildly to moderately depressed
 to endeavor to improve the quality of life for the group participants so that they have realistic hope to face the future
 to foster good mental health by promoting a sense of purpose or meaning by fostering loving relationships, and by fostering a search for meaning in life

Presentation Outline:

1. what is expected of the Treatment Group and the Wait-List Participants
2. group Sessions Outline: meditation
 - theme presentation
 - group spiritual direction
 - personal reflection
 - prayer
3. importance of Confidentiality and Explanation of Contract and Consent Forms
4. explanation of Group Spiritual Direction
5. the Benefit of the Group Experience
6. the Benefit of Spiritual Direction

Handout 2. STORY TELLING**Rules:**

1. preserve a non-judgmental attitude
2. refrain from giving advice and problem solving
3. what is shared in group should stay within the group

Story Telling Process:

1. suggestions for points of entry into telling your life story:
 - a. the most important experiences of my life that best tell me who I am
 - b. the key transitions or passages in my life
 - c. the most important images in my spiritual life

- d. works of art or stories in which I find myself or which capture moments of my life for me
2. the story of my relationship with God:
 - a. what God once was for me
 - b. what God is for me now
 - c. what I hope for from God's future
 3. my story and cultural stories
 - a. how my story relates to those groups and institutions to which I belong

Handout 3. JOURNAL KEEPING NOTES

Purposes

1. first purpose is to record things so we don't forget them
2. second is that it gives a concrete and creative way of talking to an unseen friend
3. third is that it gives us a place in which the creative fancy can be let free
4. fourth is that the blank sheet of paper may stimulate the imagination
5. fifth is that the journal expresses our inner being, so it is an opportunity to release our emotions and feelings
6. sixth is that it offers objectivity about our feelings, which may be ready to burst out of us
7. seventh is that it gives us space to deal with our inner turmoil, because it encourages us to express our sorrows and inner struggles
8. eighth is that it is one of the best tools and aids in the process of inner development, in increasing inner development, in increasing self-knowledge and in spurring us on to fulfilling our maximum potential
9. ninth is to deepen the one's relationship with the center of spiritual reality of which the great religions of humankind speak
10. tenth is an opportunity to stop and reflect and then record the reflections
The journal is a place for thinking and waiting upon the insights given by God, insights that show us how all these diverse aspects of our lives fit together.

JOURNAL KEEPING QUESTIONS

1. name the event or issue
2. how does this make you feel or what do you think about
3. what have you learned from this event or issue

Handout 4. Group Spiritual Direction

Spiritual direction occurs when one person helps another be aware of the way God is moving in his/her life and in his/her prayer, and make choices that will lead closer to God rather than farther away. Although spiritual direction most often takes place between two individuals, another possibility is group spiritual direction. Here a person shares with the group some aspects of his/her life with God. All listen prayerfully and reverently. There is a time of silence. Then any who are moved to speak encouraging or helpful words to the person do so. Finally, the person reflects on what has been said, holding on

to what seems sound and helpful, and letting go of what does not help.

Directees (the ones directed)

The directees may choose to share with the group:

1. what is happening in their life
2. what inner movements they are experiencing in their life and in their prayer: joy, peace, anger, fear, sadness, excitement, and so forth
3. what is happening in prayer
4. spiritual experiences they have had
5. how they feel led or where they feel confused and need direction, or what decisions they need to make
6. how God seems to them right now
7. how is their work (inside and outside the home), how are their relationships, what spiritual disciplines are they incorporating into their week

Directors (everyone in the group)

The director may respond in these ways:

1. listen Reflect back what you heard. Ask for more clarification
2. resonate with the feelings. Draw the feelings out more
3. encourage the person to take the feelings to God in prayer and deal with God directly
4. see if the person has a sense of what God may be calling him/her to do
5. if the person's discernment sounds good, affirm it; if not, gently question it
6. if the person has practical questions (e.g., what time of day to pray), help them find their own answer
7. once you understand their particular needs, offer a suggestion as to a way they may pray or how they may use the journal or what they may read
8. share your own experience when helpful

Don'ts for the Director

1. don't get hooked on problem-solving
2. don't tell the person what to do
3. don't moralize (shoulds), judge, or preach
4. don't impose your own experience. God works with each of us uniquely
5. don't make light of what is said, or , on the other hand exaggerate its importance

Handout 5. Questions for Reflection Exercises and Faith Sharing Guide

QUESTIONS FOR REFLECTION EXERCISES (Donna Lord, p.431)

1. How can I understand the way God is moving in my life?
2. How is God leading me, drawing me, calling me, and reassuring me?
3. How do I deal with suffering in my life?
4. Is it time for me to change my way of prayer, or how do I pray at this time in my life?

5. How do I handle conflict in relationships?

FAITH SHARING GUIDE (Donna Lord, p. 436)

You are asked to share your experiences simply and to receive the sharing of others without judgment or without attempts to change the experience.

1. Share experiences concerning your relationship with God.
2. Share your awareness of God's Presence in the events of your life.
3. Share your struggles to believe in God's Presence.
4. Share the ways in which you have **responded to** or **resisted** God's Presence in your life.
5. Share the places of suffering, confusion, or joy that have been the entry point for your prayer.

After the faith sharing by yourself or another person, there is usually a time of quiet and then discussion in which the group helps you or the person who has shared further clarify his/her experiences.

Towards the end of the hour there is time for spontaneous prayer of petition, which is meant to broaden our awareness beyond ourselves and to remember the needs of others of our society and of the world.

Handout 6.

The Meaning of Suffering

Session Three: November 4th, 1997

Helen Keller:

"Although the World is full of suffering, it is full also of the overcoming of it."

Buddhist saying:

"Suffering is clinging to that which changes".

Mother Theresa:

"Suffering, if it is accepted together, borne together, is joy".

Handout 7. GUIDELINES FOR GROUP SPIRITUAL DIRECTION

November 12th, 1997

1. pray for others in the group between sessions in whatever way is right for you
2. be consistent in whatever practice seems best to reflect and honor your unique relationship with God at this time, perhaps journaling about what you perceive, sense, or want concerning your attention to God and the way God seems to be dealing with you in all facets of your life. It could be helpful to notice things such as:
 - your desire for God, your desire to desire God,
 - the persons and circumstances that seem to draw you to God/ connect you to God or to the meaning or the hope fro your life,
 - the way you sense God involved in your life, your resistance to God or areas where you shut out God, etc.
3. before coming to the group, spend time in prayer, reflecting on your prayer and your journaling since the last meeting, asking for a sense of what is to be shared. Allow for the

possibility that something entirely different may show itself in the actual moment of your sharing.

4. come as early for the group as you wish, but be prepared to start on time

5. during the time of group spiritual direction session/discussion, continue in the prayerful presence, simply trying to be available to God in whatever way seems good for you. Try to be considerate of others in the group by confining your sharing to the allotted time, about twenty-five minutes per person, including what you share about yourself and the group's response. Look upon your time of sharing as a time for you to talk about your God-relationship as you are experiencing it in all areas of your life.

6. Hold in reverence and confidence what you hear in the group.

7. If you know you are going to be absent, let someone in the group know. If it is possible and you are comfortable doing so, send a note to one of the group describing as well as you can what seemed to be going on between you and God during the past week. Hopefully this will ease your sharing at the next meeting; it may also give a focus for our time of prayer for you during the session and during the rest of the week.

Note: It is well to remember that these are only guidelines to assist you in your common purpose. The most important components of Group Spiritual direction are our willingness to be intentional about our spiritual journeys in what ever way is most authentic for us now, our prayerful presence/openness to God for one another, and our willingness to share our spiritual journeys with one another.

Handout 8.

SPIRITUAL DIRECTION PROGRAM

Session 4

Prayer used with stone:

“Lord God forgive our faults. Take away my heart of stone and give me a new heart”.

A Parent's Prayer:

My God, make my home a happy home, dedicated to You and founded on your principles of unselfish love and sacrifice.

Grant me prudence in judgment, perseverance in effort, and humility and strength in the performance of all my duties.

Help me appreciate more fully the importance of “eternal values” and the joy in accepting “Thy will be done”.

Give me courage to say “No” to them when I should regardless of their pleading and temporary sadness.

Increase my patience in correcting misbehavior and settling quarrels calmly and fairly.

Thus, O God, let my children see in me some faint glimmer of Your virtue and goodness.

May my conduct and speech inspire and encourage them in their steps toward You.

And one day, in Your mercy and love, may all of my family be united in Your eternal home, to live with You in perfect happiness and peace.

Amen

Session 5

Prayer used with stone placed in water:

“I surrender that which makes my heart strong”.

Reflection on speaking to the Lord in prayer:

The Lord knows what is in your heart and nothing is achieved by hiding it. On the contrary, a frank expression of what you are feeling - even if you have to use bitter and hard words to express those feelings-will help to clear the atmosphere and will bring you closer to the Lord. It is wonderful that you should trust him so much, be so sure of his unconditional love for you that you can say hard things to him too! It is significant that Job in his sufferings said some very hard things to the Lord while his scandalized companions chided him and urged him to blame himself and not speak harshly about the Lord; but when the Lord finally appeared, he exonerated Job and expressed displeasure with his well-meaning but insincere friends!

(Sadhana by Anthony De Mello, p. 75)

Handout 9

EVENTS

FAITH JOURNAL
MY FEELINGS & THOUGHTS

HOW GOD IS PRESENT

APPENDIX FIVE: PROGRAM AGENDA**Introductory Session, The Group Spiritual Direction Program - October 20th, 1997****Agenda**

- 7:30 Introductions and purpose
- 7:45 Spiritual Direction Activity
- 8:00 Presentation and Consent Forms
- 8:30 Testing - Beck Depression Inventory
- Spiritual Experience Index

**Session One, Introduction to Group Spiritual Direction and Getting Acquainted:
October 22nd, 1997****Agenda**

- 7:00 Welcome
- 7:05 Transfer In
- 7:15 Purpose / Agenda
- 7:20 Presentation
- 7:45 Break
- 8:00 Personal Story Telling
- 9:00 Closing Prayer

**Session Two, Program Review and Community Building:
October 28th, 1997****Agenda**

- 7:00 Music and scripture
Welcome - check in
- 7:05 Transfer In - fantasy
- 7:15 Purpose and agenda
- 7:20 Group Spiritual Direction
Journaling and Practice
Faith Sharing - Reflection
- 7:45 Break
- 8:00 Group Spiritual Direction
- 8:50 Reflection - Journaling
- 9:10 Prayer and Conclusion

**Session Three, Knowing Self Through Personal Suffering:
November 4th, 1997****Agenda**

- 7:00 Music, Scripture, Prayer and Check In
- 7:10 Transfer In - Sharing hurts
- 7:15 Agenda and Purpose
- 7:20 Theme presentation "What is Suffering?"
- 7:45 Break
- 8:00 Group Spiritual Direction - "recognizing one's suffering"
- 8:50 Reflection, Quiet Time, and Journaling

- 9:05 Prayer and Music
 9:10 Conclusion and next week

**Session Four, Knowing Self Through Personal Strengths and Weaknesses:
 November 12th, 1997**

Agenda

- 7:30 Music, scripture and prayer - transfer in (name one strength, give thanks, and name one weakness, pray for blessing)
 7:40 Purpose of session and Agenda
 7:45 Theme presentation - exploration of purpose in life as related to personal strengths and weaknesses
 8:15 Break
 8:30 Group Spiritual Direction Session - strengths and weaknesses in relation to depression
 9:15 Reflection and Journaling
 9:25 Prayer and music (ritual: rocks like stony heart) Ezekiel 36:24-29
 9:30 Conclusion - outline for next week

Session Five, Knowing Self Through Inner Healing: November 18th, 1997

Agenda

- 7:30 Music, scripture (Psalm 127:3; John 4) and prayer- transfer in (stones in water)
 7:40 Purpose of session and Agenda
 7:45 Theme presentation - exploration of the need to acknowledge one's past and to bring resolution to inner conflict
 8:15 Break
 8:30 Group Spiritual Direction Session - recognition of value of sharing our past in relation to sharing in reconciliation
 9:15 Reflection and Journaling
 9:25 Prayer and music
 9:30 Conclusion - looking to next section: "Knowing God"

Session Six, Knowing God Through Recognizing God in Life: November 25th, 1997

Agenda

- 7:30 Music, scripture (return to Galilee) and prayer- transfer in (acknowledging God in the ordinary)
 7:40 Purpose of session and Agenda
 7:45 Theme presentation - noticing God (Sadhana p.46 and 70)
 8:15 Break
 8:30 Group Spiritual Direction Session - assisting one another to recognize God's presence even in the midst of depression
 9:15 Reflection and Journaling
 9:25 Prayer (autumn Rituals and Icebreakers p.69-70) and music
 9:30 Conclusion - outline for next week

**Session Seven, Knowing God Through Appreciating God's Spirit in Life:
December 2nd, 1997**

Agenda

7:30	Prayer, scripture, and transfer - in
7:40	Purpose and agenda
7:45	Presentation: "Knowing God: Recognizing God's Spirit"
8:15	Break
8:30	Spiritual Direction Session
9:15	Reflection
9:25	Prayer
9:30	Conclusion

Session Eight, Knowing God Through Prayer: Dec. 9th., 1997

Agenda

7:30	Prayer, Reading, Transfer In (naming God's Gifts in our lives)
7:40	Purpose and Agenda
7:45	Theme Presentation: God's Gifts in Journaling God's Gift in Life Book Prayer - relationship with God
8:15	Break
8:30	Spiritual Direction Group
9:15	Reflection time
9:25	Prayer
9:30	Conclusion

**Session Nine, Knowing God Through Acknowledging and Celebrating God's
Presence: Dec. 16th. 1997**

Agenda

7:30	Prayer, Reading, Transfer In (naming God's Gifts in our lives)
7:40	Purpose and Agenda
7:45	Theme Presentation: God's Gifts in Journaling God's Gift in Life Book Prayer - relationship with God
8:15	Break
8:30	Spiritual Direction Group
9:15	Reflection time
9:25	Prayer
9:30	Conclusion

Session Ten, Knowing Self and God Through Life Learning: December 30th, 1997**Agenda**

7:30	Prayer / Scripture / Transfer In
7:40	Purpose and Agenda
7:45	Presentation : "Loving Self and Loving God"
8:15	Break
8:30	Group Spiritual Direction Discussion
9:20	Reflection
9:30	Conclusion

Session Eleven, Review and Preparing for Closure: January 6th, 1998**Agenda**

7:30	Prayer / Scripture / Transfer In
7:40	Purpose and Agenda
7:45	Presentation: review of the themes and the process
8:15	Break
8:30	Group Spiritual Direction Discussion
9:20	Reflection
9:30	Conclusion

Session Twelve, Closure Through An Act of Thanksgiving: January 13th, 1998**Agenda**

7:30	Prayer/ Scripture (Isaiah 61)
7:45	Group sharing (symbol and/or word)
8:15	Closing ritual using broken glass
8:30	Thanksgiving Prayer and Closing
8:45	Fellowship (food and drink)
9:00	Post-test (BDI and SEI-R)

APPENDIX SIX: PROGRAM OUTLINE

Pre-Sessions: Participants selection using screening process

**Pretest to measure Depression using the Beck Depression Inventory and
Spiritual Experience using the Spiritual Experience Index - Revised (SEI-R)**

Sessions (1-2) “Initial Sessions”

Themes: 1. Getting acquainted

2. Setting agenda

3. Introduction of therapeutic rationale

4. Discuss individual client concerns

5. Sharing client’s personal story and faith journey

Sessions (3-5) “Knowing Self”

Themes: 1. Recognizing one’s brokenness

2. Taking personal inventory of strengths and weaknesses

3. Healing of memories (inner healing)

Mid-test (6th Session) using BDI and SEI-R

Sessions (6-10) “Knowing God”

Themes: 1. Individual and group discernment (Jesus’ brokenness)

2. Appreciation for movement of Spirit in one’s life

3. Experiencing consolations of God (God with us)

4. Celebrating God’s presence within and amongst us

5. Acknowledgment of the need to know oneself and one’s God

Sessions (11-12) “Termination Sessions”

Themes: 1. Discussion of progress

2. Discussion of expectations regarding termination

3. Evaluation

Post-test(12th Session) using BDI and SEI-R

The format for each two hour session kept to the same basic format, thereby freeing the clients from needing to be concerned about the process. Each of the sessions followed basically the same format, which was the following combination:

1. meditation

2. theme presentation

3. group spiritual direction

4. personal reflection

5. prayer

APPENDIX SEVEN: BECK DEPRESSION INVENTORY

Name: _____

Place chosen number into brackets. Example "A (2)"

Date: _____

- A () 0 I do not feel sad.
 1 I feel sad.
 2 I am sad all the time and I can't get out of it.
 3 I am so sad or unhappy that I can't stand it.
- B () 0 I am not particularly discouraged about the future
 1 I feel discouraged about the future.
 2 I feel I have nothing to look forward to.
 3 I feel I am a complete failure as a person.
- C () 0 I do not feel like a failure
 1 I feel I have failed more than the average person.
 2 As I look back on my life, all I can see is a lot of failures.
 3 I feel I am a complete failure a person.
- D () 0 I get as much satisfaction out of things as I used to.
 1 I don't enjoy things the way I used to.
 2 I don't get real satisfaction out of anything anymore.
 3 I am dissatisfied or bored with everything.
- E () 0 I don't feel particularly guilty.
 1 I feel guilty a good part of the time.
 2 I feel quite guilty most of the time.
 3 I feel guilty all of the time.
- F () 0 I don't feel I am being punished.
 1 I feel I may be punished.
 2 I expect to be punished
 3 I feel I am being punished
- G () 0 I don't feel disappointed in myself.
 1 I am disappointed in myself.
 2 I am disgusted with myself.
 3 I hate myself.
- H () 0 I don't feel I am any worse than anybody else.
 1 I am critical of myself for my weaknesses or mistakes.
 2 I blame myself all the time for my faults
 3 I blame myself for everything bad that happens.
- I () 0 I don't have any thoughts of killing myself.
 1 I have thoughts of killing myself, but I would not carry them out.
 2 I would like to kill myself.
 3 I would kill myself if I had the chance.

- J () 0 I don't cry anymore than usual.
1 I cry more than I used to.
2 I cry all the time now.
3 I used to be able to cry, but now I can't cry even though I want to.
- K () 0 I am no more irritated now than I ever am.
1 I get annoyed or irritated more easily than I used to.
2 I feel irritated all the time now.
3 I don't get irritated at all by the things that used to irritate me.
- L () 0 I have not lost interest in other people.
1 I am less interested in other people than I used to be.
2 I have lost most of my interest in other people.
3 I have lost all of my interest in other people.
- M () 0 I make decisions about as well as I ever could.
1 I put off making decisions more than I used to.
2 I have greater difficulty in making decisions than before.
3 I can't make decisions at all anymore.
- N () 0 I don't feel I look any worse than I used to.
1 I am worried that I am looking old or unattractive .
2 I feel that there are permanent changes in my appearance that makes me look unattractive.
3 I believe that I look ugly.
- O () 0 I can work about as well as before.
1 It takes an extra effort to get started at doing something.
2 I have to push myself very hard to do anything.
3 I can't do any work at all.
- P () 0 I can sleep as well as usual.
1 I don't sleep as well as I used to.
2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
3 I wake up several hours earlier than I used to and cannot get back to sleep.
- Q () 0 I don't get more tired than usual.
1 I get tired more easily than I used to.
2 I get tired from doing almost anything.
3 I am too tired to do anything.
- R () 0 My appetite is no worse than usual.
1 My appetite is not as good as it used to be.
2 My appetite is much worse now.
3 I have no appetite at all anymore.
- S () 0 I haven't lost much weight, if any, lately.
1 I have lost more than 5 pounds.

- 2 I have lost more than 10 pounds.
- 3 I have lost more than 15 pounds.

T () 0 I am no more worried about my health than usual.

- 1 I am worried about physical problems such as aches and pains; or upset stomach; or constipation.
- 2 I am very worried about physical problems and it's hard to think or much else.
- 3 I am so worried about my physical problems, that I cannot think about anything else.

U () 0 I have not noticed any recent change in my interest in sex.

- 1 I am less interested in sex than I used to be.
- 2 I am much less interested in sex now.
- 3 I have lost interest in sex completely.

APPENDIX NINE: CHECKLIST

						Name: _____	
						Date: _____	
Hope	hopeless	1	2	3	4	5	hopeful
Self-esteem	low	1	2	3	4	5	high
Mood	sad	1	2	3	4	5	happy
Interest	low	1	2	3	4	5	high
Decision Making	confused	1	2	3	4	5	decisive
Tiredness	lethargic	1	2	3	4	5	active
Anxiety	worried	1	2	3	4	5	calm
Attitude	pessimistic	1	2	3	4	5	optimistic
Resentment	low	1	2	3	4	5	high

APPENDIX TEN: GROUP SPIRITUAL DIRECTION EVALUATION

(circle the number you want indicating #1 as least helpful and #6 as most helpful)

1. Evaluation each part of the weekly program:

a. Opening prayer, scripture, transfer-in	1.	2.	3.	4.	5.	6.
b. Presentation on theme	1.	2.	3.	4.	5.	6.
c. Break	1.	2.	3.	4.	5.	6.
d. Group Spiritual Direction	1.	2.	3.	4.	5.	6.
e. Silent Reflection Time	1.	2.	3.	4.	5.	6.
f. Concluding Prayer	1.	2.	3.	4.	5.	6.

2. Evaluate these items:

a. Personal story telling	1.	2.	3.	4.	5.	6.
b. Stories (e.g. woman who God forgave)	1.	2.	3.	4.	5.	6.
c. Article: What we think affects how we feel	1.	2.	3.	4.	5.	6.
d. Articles on Journal Keeping	1.	2.	3.	4.	5.	6.
e. Article on Group Spiritual Direction	1.	2.	3.	4.	5.	6.
f. Guided imagery stories	1.	2.	3.	4.	5.	6.
g. Reflection on scripture (Woman at Well)	1.	2.	3.	4.	5.	6.
h. The atmosphere (candle, music, circle)	1.	2.	3.	4.	5.	6.
I. Use of objects (stones, broken glass)	1.	2.	3.	4.	5.	6.

3. Evaluate each week or session:

Session 1. Getting acquainted/group building	1.	2.	3.	4.	5.	6.
Session 2. Story telling	1.	2.	3.	4.	5.	6.
Session 3. Knowing Self: suffering (glass)	1.	2.	3.	4.	5.	6.
Session 4. Knowing Self: strengths/weaknesses	1.	2.	3.	4.	5.	6.
Session 5. Knowing Self: inner healing	1.	2.	3.	4.	5.	6.
Session 6. Knowing God: recognizing God's presence	1.	2.	3.	4.	5.	6.
Session 7. Knowing God: appreciation of God's Spirit	1.	2.	3.	4.	5.	6.
Session 8. Knowing God: the consolations of God	1.	2.	3.	4.	5.	6.

Session 9. Knowing God: celebrating God's presence	1.	2.	3.	4.	5.	6.
Session 10. Loving self and God's love	1.	2.	3.	4.	5.	6.
Session 11. Preparing for closing	1.	2.	3.	4.	5.	6.
Session 12. Conclusion: saying good buy	1.	2.	3.	4.	5.	6.

4. What would you recommend to be changed or added to the program?

5. Were you satisfied with the group leadership? Yes No

6. Did the group have structure and direction? Yes No

7. Were you happy with your participation? Yes No

How could you have improved? _____

8. Did you feel cared for by others in the group? Yes No

9. Did you experience fun and sharing? Yes No

10. Did these sessions helped your feelings about yourself? Yes No

How have you been helped? _____

Have these sessions helped your feelings about God? Yes No

How have they helped you? _____

- 11. Were you satisfied with the confidentiality in the group? Yes No
- 12. Did you feel cared by others in the group? Yes No
- 13. In your opinion was their trust developed in the group? Yes No

PROBLEMS / ISSUES (please tick)

- 14. What personal problems / issues were addressed for you?
 - a. grief _____
 - b. guilt _____
 - c. loneliness _____
 - d. fear _____
 - e. love of God _____
 - f. others (please name) _____
 - _____
 - _____
 - _____

FUTURE PROGRAMS

- 15. Would you recommend this program to others who are depressed? Yes No

APPENDIX ELEVEN GROUP SPIRITUAL DIRECTION PROGRAM
GOAL AND OBJECTIVES

Goal: To enhance the clients' awareness of their spiritual strengths and to provide them with an understanding of their God or higher power operative in their life in order to improve their well being.

Objectives:

After completion of this program the client will

1. Experience reduced depression as shown by responses on the post-test in comparison to the pre-test using the Beck Depression Inventory(BDI).
2. Demonstrate an understanding of spiritual development which will be reflected in the researcher's process notes using a checklist of spiritual direction themes, and through a check for the spiritual themes in both the researcher's process notes and in the client's journals.
3. Receive support and feel a benefit from the group experience as shown by participation in the group which may be evaluated by reviewing the researcher's process notes using Irvin Yalom's curative factors as a checklist of group characteristics, and client's participation as indicated in the researcher's process notes and in the client's personal journals.
4. Have gained knowledge of how to assist others as well as themselves in the identification of their personal and relational (self and God) needs, which may be evaluated by reviewing the researcher's process notes as well as the client's personal journals for themes which reflect personal and relational growth.

APPENDIX TWELVE: CLIENTS THEMES AND PROGRAM THEMES

CLIENT'S THEMES

Denise	Hilda	Ruth	Linda	Beatrice	Ida
isolation	loss	loss	loss	loss	loss
self-understand	abandonment	abandonment	resistance(shar	abandonment	abandonment 2
felt punished	unresol grief 2	trouble childho	fear	trouble childho	separation
strength 3	loneliness	low self-esteem	reflective learn	shame	distressed
facing fear 2	separation	shame	comforted	hopelessness 2	conflict
God's presenc5	strength	hopelessness	inspired	concern/worry	God's presenc3
pos.thinking 3	free	abused	trust	prayed for	comforted 3
letting go	hope 2	powerlessness	confidence 4	connected 5	acceptance
self-care	unhear by God	victim 2	trouble childho	not alone 2	understanding
grief 2	inferiority	connected	shame	trusted gp	reassurance 3
sad 2	low self esteem	new life	hopelessness	indecision	reading
burden	good memories	hope	affirmed 2	grief 4	connected 2
coping	connected2fa 2	empathized	more pos.attitu	betrayed	hopeful 4
conflict 2	self love	isolation	hopelessness 2	angry	hopeless
relief 2	cognit therapy	anger 2	uselessness	guilty 2	failure
connected 4	alone/lonely 2	mothe-dau love	rejection(fam)	confusion 2	grief/loss
inspired 3	reading Bible 2	God's presenc2	fear of God	vulnerable	self-blame
reading prayer	faith 2	peaceful	legalistic	despair	self criticism
scared	connected 2 gp	self-caring 2	low self-esteem	loneliness 4	concern
peace 2	happiness	power	forgiveness	worry 2	anger
courage	worry	coping	not alone	abused	despair
God's unco lov	hugs	control	abused 3	sad	physical abuse
God's accept	good news	self-talk 2	forgive herself	hope/hopeful 3	peace
changed attitud	prayer answer	felt special	God's intervent	encouragement	suffering
reading Bible	energy	guilt	connectdtoGod	strength 2	chose life
cognitive thera	joy	supported	loved by God 4	inner turmoil	affirmed 2
prayer answer	respected	self-care	improvd self-es	confidence	lonely
faith 3	listened to	self-confidence	resolution	affirmed by gp	sad
worry	God's presence	connectdtoGod	reconciliatio 2	love & be love	prayer
reassured	sad	assertive withG	presenc of God	alone	thanked God
hopeful	loved 2	awakening	unresolve grief	hopeless	non-person
affection	loved by God	faith	self-love 2	sepa fmG&peo	self-worth
tolerated	connectdtoGod	cognitive thera	punishe byGod	God's presenc3	confidence
confidence	self-reliant		self blame	journal/prayer	spirituality
alienated frGod	aforgiving God		guilt	fear 2	stability
pos.self-talk	empowered		stuck	trust	
	fulfilled		condemne by G	birthing	
	complete		prayer 2	pride	
	prayed for		self-judgment	afraid	
			pain	unloved 2	
			unloved	growth	
			empathy	healing	
			understanding	self-doubt	
			cried	unwillin2let go	
			forgive self	comforted	
			beauty	faith	
			belonging	depth sharing	
			self-love	prayer	
			muddled/confu	low self-esteem	

discouraged
scared
self-care

miracle
glow of God
connected 2
assertive
growing spiritu
suffering
thankful
peace
contentment
risk-taking
living water
overwhelmed
God is gift
prayer as
freeing

PROGRAM THEMES

SPIRIT DIRECT

punishing God -3
unresolved grief 3
lost faith - D -S2
journaling prayerD
legalistic L -S2
fear of God
hopefulness 6
being prayed for 3
God's presence 15
faith questions S3
love self 4
reading 2
forgive self
reading Bible 3
growing spiritually
inspiration 5
reading prayer
a forgiving God
assertive with God
(mutuality)
spirituality
prayer as freeing

BIBLICAL/THE

community
faith 7
hope 5
forgiveness
strengt in advers 3
love, be loved
God in nature
God's intervention
Connectd to God 3
loved by God 6
peaceful 5
burden
trust 3
reconciliation 2
God's help
God is love
miracle
glow of God
prayer 3
prayer answered 2
joy
chose life
reassured by God
thanked God
awakening
living water
God is gift

GROUP

storytelling
trust 2
bonding - DS/LM
depth sharing 2
connected/nt alo 12
cohesiveness 2
honesty 3
support 4
encouraging 4
empathy 4
comforted 4
concern fo others 2
compassion
love self
decision making
confidence
laughter 3
positive energy 2
sharing burdens
sharin good memo
connected to fam 2
coping 2
talk it out
relief 2
gp cohesiveness
trusted process
prayer
sharing pain
understanding

DEPRESSION

loneliness 6
separation 3
abandonment 5
anger- 6
bitterness-exhusba
unloved 3
low selfesteem 6
failure 2
self-blame - 3
affirmed 5
pos.attitude 3
rejection
self forgiveness
hopelessness/desp 6
abuse 4
powerless/pow 2
victim 2
fear 5
resistance
distressed
acceptance
understanding
reassurance 3
isolation 2
self-care 6
self-understanding
inner healing
indecision
grief 9

LEARNING

reflective - 2
guide imagery - S2
acknowle suffering
self-acceptance S4
naming stre & wea
challenge assumpt
lettin go resista S5
cognitive therapy 7
reflectin feelings 2
self-talk 6
journaling prayer
recalling bk.of life
resolutio of issue 2
recognizing beauty
stories
empowerment 2

cried	betrayed
belonging	guilt 5
happiness	confuse/muddled 2
hugs	vulnerable
God's spirit	love self
group concern	sad 5
good news	inferiority
respected	thinking absolutes
listened to	love & be loved 2
thankful attitude 2	low self-confidenc
affection	alone 3
caring	conflict 3
loved by group	pain 2
outreach to others	control
stability	pos.thinking 2
pos.influence	letting go
	burden self
	judgment 2
	stuck
	unloved
	worry 3
	self-doubt
	unwilling to let go
	self-confidence 3
	discouraged
	scared 2
	assertive
	suffering
	self-criticism
	suffering
	courage
	tolerated
	self-reliant
	fulfilled
	non-person
	self-worth
	contented
	alienatedfrom God
	risk-taking
	overwhelmed

**APPENDIX THIRTEEN: SPIRITUAL DIRECTION PROGRAM EVALUATION:
SUMMARY**

Instructions given: (circle the number you want indicating #1 as least helpful and #6 as most helpful)

Program	number of patients endorsing each rating					
	1	2	3	4	5	6
1. Evaluate each part of the weekly program:						
a. Opening prayer, scripture, transfer in						6
b. Presentation on theme				1		5
c. Break		1			2	3
d. Group spiritual Direction					1	5
e. Silent Reflection Time				1		5
f. Concluding Prayer.						6
2. Evaluate these items:						
a. Personal story telling					1	5
b. Stories (ex. woman who god forgave)						6
c. Article: What we think affects how we feel			1			4
d. Article on Journal Keeping			1			5
e. Article on Group Spiritual Direction					1	4
f. Guided imagery stories					1	5
g. Reflection on scripture (Woman at Well)						5
h. The atmosphere (candle, music, circle)						5
i. Use of objects (stones, broken glass)						6
3. Evaluate each week or session:						
1. Getting acquainted/group building					2	4
2. Story telling						6
3. Knowing Self: suffering (glass)						5
4. Knowing Self: strengths/weaknesses						4
5. Knowing Self: inner healing						4
6. Knowing God: recognizing God's presence						5
7. Knowing God: the appreciation of God's Spirit						5

- 8. Knowing God: the consolations of God
- 9. Knowing God: celebrating God's presence
- 10. Loving self and God's love
- 11. Preparing for closing
- 12. Conclusion: saying good-bye

					5
					4
					4
				1	4
				1	3

4. What would you recommend to be added or changed to the program?

- more time for talking to each other out loud

Group Experience

5. Were you satisfied with the group leadership?

Yes:	6	No:
Yes:	6	No:
Yes:	6	No:

6. Did the group have structure and direction?

7. Were you happy with your participation?

How could you have improved?

- missed meetings..felt depressed..should have gone
- more journaling..attendance...interacting

8. Did you feel cared for by other members in the group?

Yes:	6	No:
Yes:	6	No:
Yes:	6	No:

9. Did you experience fun and sharing?

10. Did these sessions help your feelings about yourself?

How have they been helped?

- made me feel a part of the group.
- can now appreciate..God is not a punishing God..He loves me
- knowing..I am loved..that God doesn't judge us
- knowing that God and others really care about me.
- see God as a close friend..can talk to him more easily
- mentally, spiritually more stronger..more happy days..feel closer to God.

Have these sessions helped your
about God?

feelings

Yes:	6	No:
------	---	-----

How have they helped you?

-Know God is always there..not to shut him out or blame for misfortunes..place him in my life all the time.

- God..talks to me in ways that I didn't realize before.
- God doesn't ever abandon us.
- came to realize God was a spirit..loving me just as I am.

11. Were you satisfied with the confidentiality in the group

Yes:	6	No:
Yes:	6	No:
Yes:	6	No:

12. Did you feel cared for by others in the group?

13. Was there trust developed in the group?

Problems/Issues

14. What personal problems/issues were addressed for you?

a. grief

b. guilt

c. loneliness

d. fear

e. love of God

f. others (as below)

- understanding life

- jealousy

- learned that to be in "fear of the Lord" is to be in "awe"..not afraid

- going forward in my life

Yes:	6
Yes:	6
Yes:	6
Yes:	6
Yes:	6

15. Would you recommend this program to others who are depressed?

Yes:	6	No:
------	---	-----

APPENDIX FOURTEEN:**CLIENT CHECKLIST: SUMMARY**

Client "Ida"	Oct. 22	Oct. 28	Nov. 4	Nov. 12	Nov. 18	Nov. 25	Dec. 2	Dec. 9	Dec. 16	Dec. 30	Jan 6	Jan 13
Hopeful	3		2		3	3			1	1	4	5
Self-Esteem	2		1		2	2			1	1	4	4
Mood (happy)	2		1		3	3			1	1	4	4
Interest (high)	3		3		4	3			3	2	5	5
Decision Making (decisive)	3		2		3	3			2	1	4	4
Tiredness (active)	3		2		3	3			3	1	5	5
Anxiety (calm)	3		1		2	2			2	1	5	4
Attitude (optimistic)	3		3		2	3			3	1	5	5
Resentment (high)	4		3		3	2			4	2	1	1

Client "Ruth"

Hopeful	4	4	4	4	4	2	4	4			5	5
Self-Esteem	4	4	4	4	4	2	4	4			5	4
Mood (happy)	3	3	3	4	4	2	5	5			5	4
Interest (high)	3	4	4	4	4	3	5	5			5	5
Decision Making (decisive)	3	4	4	4	4	3	5	5			5	4
Tiredness (active)	4	4	3	4	4	2	5	5			5	5
Anxiety (calm)	4	4	3	4	4	2	4	4			5	4
Attitude (optimistic)	4	4	3	4	4	2	5	5			5	5
Resentment (high)	3	2	4	2	2	5	2	1			2	2

Client "Beatrice"

Hopeful	3	3	2		4		3			4	5	
Self-Esteem	2	2	3		3		3			4	5	
Mood (happy)	2	3	2		2		2			4	5	
Interest (high)	2	3	3		4		3			4	5	
Decision Making (decisive)	2	3	3		3		3			4	5	
Tiredness (active)	1	3	3		2		2			4	4	
Anxiety (calm)	2	2	2		2		2			4	5	

Attitude (optimistic)	2	2	3		3		4			4	5	
Resentment (high)	1	1	4		4		3			1	1	
Client "Linda"	Oct. 22	Oct. 28	Nov. 4	Nov. 12	Nov. 18	Nov. 25	Dec. 2	Dec. 9	Dec. 16	Dec. 30	Jan 6	Jan 13
Hopeful	3	4	2	4	3	4	4	4	4	5	4	5
Self-Esteem	3	4	3	3	3	4	4	4	4	4	5	5
Mood (happy)	3	3	2	3	3	4	4	4	4	5	4	5
Interest (high)	2	4	2	4	3	4	5	5	4	5	4	5
Decision Making (decisive)	2	4	3	4	3	4	5	4	4	5	4	5
Tiredness (active)	2	4	2	4	3	4	5	4	3	5	4	5
Anxiety (calm)	2	3	2	4	3	4	5	4	4	4	4	5
Attitude (optimistic)	2	3	2	4	3	4	5	4	4	5	4	5
Resentment (high)	2	2	4	2	2	2	2	1	2	1	1	1

Client "Hilda"

Hopeful	4		4		4	4	5		5		5	
Self-Esteem	4		4		5	4	5		4		5	
Mood (happy)	4		4		4	3	5		5		5	
Interest (high)	4		4		4	3	5		5		5	
Decision Making (decisive)	4		4		4	4	5		5		5	
Tiredness (active)	4		3		4	3	5		5		5	
Anxiety (calm)	3		3		4	4	4		5		5	
Attitude (optimistic)	3		4		4	4	4		5		5	
Resentment (high)	3		1		1	2	2		1		1	

Client "Denise"

Hopeful	2	3		3	4	4		4	5	5	5	5
Self-Esteem	2	3		4	4	4		4	5	4	5	5
Mood (happy)	2	3		3	3	4		5	5	5	5	5
Interest (high)	3	4		4	4	4		5	5	5	5	5
Decision Making (decisive)	2	3		4	4	4		4	5	5	5	5
Tiredness (active)	2	4		3	4	5		4	5	4	5	5
Anxiety (calm)	2	4		3	4	2		4	4	5	5	5

Attitude (optimistic)	2	4		3	4	4		4	5	5	5	5
Resentment (high)	3	3		3	2	1		2	1	1	1	1

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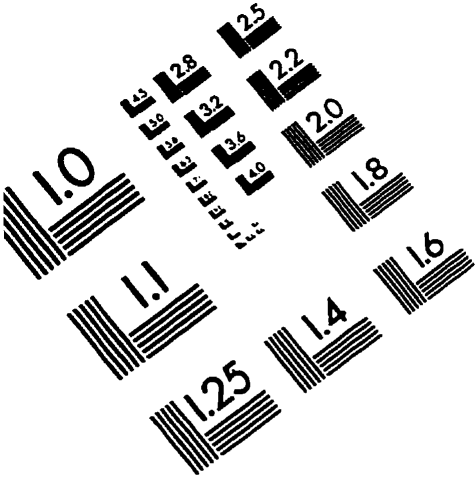
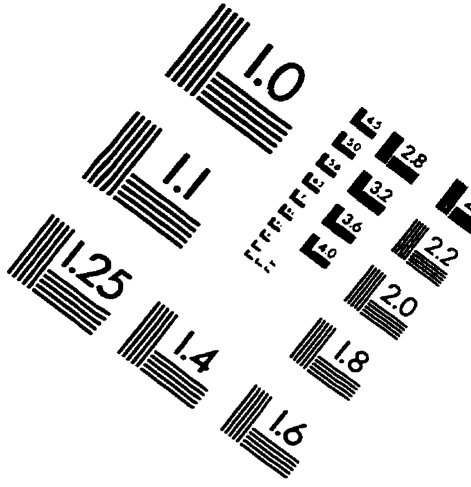
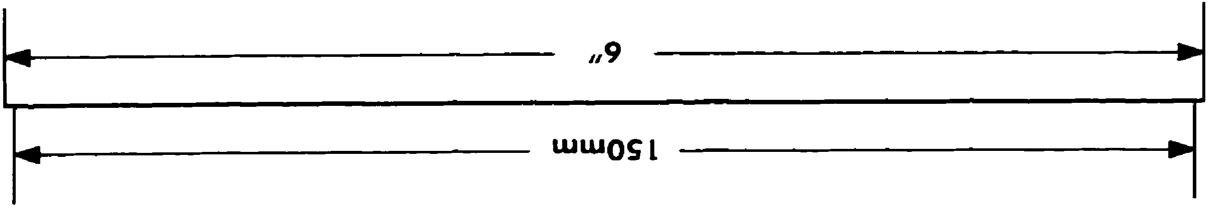
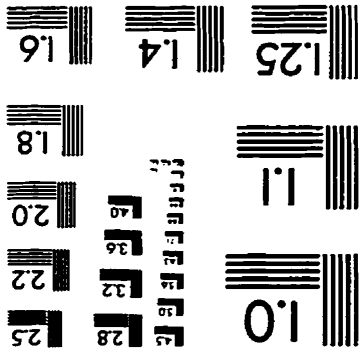
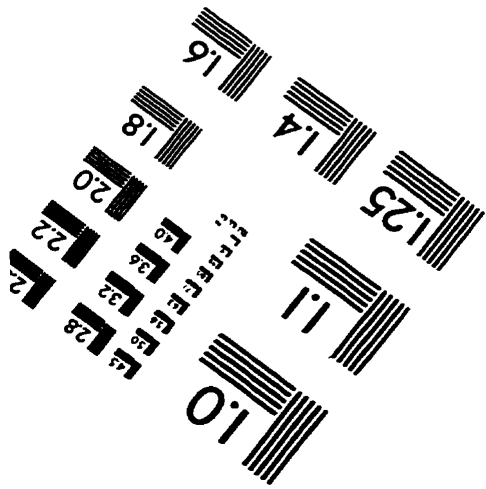
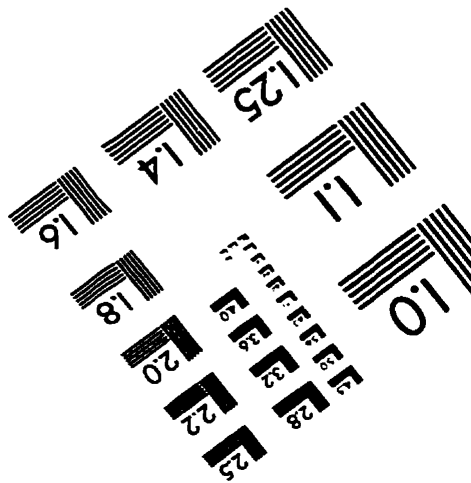
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