LIBERTY UNIVERSITY

JOHN W. RAWLINGS SCHOOL OF DIVINITY

Integrative Narrative Therapy in Counseling: Experiencing Strengthened Spiritual Resiliency: A Phenomenological Study

Submitted to Dr. Albert Sarno

In fulfillment of the requirements for the completion of

the Doctor of Ministry Degree

Department of Christian Leadership and Church Ministries

by

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October 10, 2020

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THE DOCTOR OF MINISTRY THESIS PROJECT ABSTRACT
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Date Completed August 2021
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The following DMIN action research project is a phenomenological study that evaluates the correlation between integrative Narrative Therapy approaches in non-clinical counseling and the cultivation of spiritual resilience among suffering Christians. Phenomenological data were generated from three case study subjects, who volitionally participated in interviews, questionnaires, and three, one-hour integrative Narrative Therapy intervention counseling sessions facilitated by the researcher. Each intervention session introduced the participants to specific Narrative Therapy exercises to which they had not been exposed before. All case study participants have experienced previous counseling that did not include Narrative Therapy approaches and were evaluated as ineffective by the counselee. Providing that spiritual resilience is a major component of Posttraumatic Growth, the results of this study are designed to edify, encourage, educate, and expand God's kingdom. The positive correlations of Narrative Therapy and spiritual resilience found in this study can add value to the Positive Psychology and pastoral community care programs at Oak Hills Family Center, Southbrook Christian Church, and beyond.

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Abbreviations

ACE	*Adverse Childhood Experiences*
APA	*American Psychological Association*
CT	*Complex Trauma*
DMIN	*Doctor of Ministry*
DSM-V	*Diagnostic and Statistical Manual, fifth edition*
FOO	*Family of Origin*
HIPAA	*Health Insurance Portability Accountability Act*
LMFT	*Licensed Marriage and Family Therapist*
LUSOD	*Liberty University School of Divinity*
MHCP	*Mental Health Care Provider*
NLP	*Neuro-Linguistic Programming*
NT	*Narrative Therapy*
OHFC	*Oak Hills Family Center, LLC.*
PP	*Positive Psychology*
PP 2.0	*Positive Psychology 2.0*
PTG	*Posttraumatic Growth*
PTGI	*Posttraumatic Growth Inventory*
SBCC	*Southbrook Christian Church*
SR	*Spiritual Resiliency*

CHAPTER 1: INTRODUCTION

Research, history, and human experience confirm that more than 50% of the American population will experience a traumatic event, at least once, within their lifetime.[1] This data provides a significant call to action for current and upcoming Mental Health Care Professionals (MHCP) regarding effective trauma care approaches that promote genuine healing, meaningful self-insight, and sustainable spiritual resiliency. Emphasis on the Positive Psychology (PP) approach of integrative Narrative Therapy (NT) is one viable option. Through the telling, re-telling, and refining of one's personal problematic meta-narrative according to God's more positive meanings can be extrapolated to overcome, develop healthier coping skills, and prevent future trauma.

Not only are the majority of those who encounter a trauma not prepared to overcome it, but there is also a lack of integration among the methodologies of MHCP's when assisting the traumatized, which nourishes a deficit of healing for those they serve.[2] Therefore, it is vital to understand the genuine relationship between integrative NT and gained and sustained spiritual resiliency on the PP side of mental health care. This research can benefit those traumatized and the professionals walking along the paths of healing with them.

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[1] Glenn Schiraldi, *The Resilience Workbook: Essential Skills to Recover from Stress, Trauma, and Adversity*, Oakland, CA: New Harbinger Publications, 2017, 2; Diana Sullivan Everstine and Louis Everstine, *Interventions for People in Crisis, Trauma, and Disaster*, New York, NY: Routledge Taylor & Francis Group, 2006, 175.

[2] Everstine and Everstine. *Interventions for People in Crisis*, 175.; Mark R. McMinn, *Psychology, Theology, and Spirituality in Christian Counseling*, Carol Stream, IL: Tyndale House Publishers, Inc., 2011, 9.

Ministry Context

In conjunction with the above introductive information, the ministry context of this DMIN action research project is based on the personal and professional experiences of the researcher, Marcy Hill. The harmonization of the researcher's proficiencies with the latest academic research helps demonstrate the extent problem. The following subcategories highlight the research relevance of ministry context within the scope of the researcher's personal and professional identity, her professional experience, and the demographic that the researcher serves.

The Researcher's Personal and Professional Ministry Context

Marcy Hill serves as a non-clinical trauma psychotherapist and professional life coach in private practice, working on the PP side of mental healthcare in Beavercreek, OH (Oak Hills Family Center, LLC: OHFC). Additionally, she has more than 20 years of service as a labor doula specializing in traumatic birth events. She is an active member within Southbrook Christian Church's (SBCC) Pastoral Counseling Ministry in Miamisburg, OH.[3]

In addition to the active ministerial undertakings within the helping fields and trauma-care, the researcher has the life-long experience of trauma exposure that has resulted in posttraumatic growth (PTG) and spiritual resilience (SR). Marcy was born with a congenital heart defect that required open-heart surgery at age six and was raised in the home of a firefighter. These early childhood experiences and exposures to genuine mortality and prevalent trauma promoted an experiential appreciation for the suffering of others. From a very early age,

[3] This researcher is connected to the SBCC community in various ways. She is a member of the congregation, she collaborates with the counseling Pastor to produce, present, refine, and evaluate material for the benefit of counselees, she participates in the training and continued education of SBCC's lay counselors, and she provides support to the counseling ministry through reciprocal networking and referrals.

she witnessed and experienced much complex grief/loss, repeatedly observed the implications of traumatic events, and was spiritually aware of Jesus Christ even though she was not formally introduced to Him by friends or family.

This researcher has an Adverse Child Experiences (ACE) score of 8, putting her in the top 1% of trauma survivors.[4] She was raised within a family system that included a mentally and physically ill mother, sociopathic sister, absent biological father, and passive stepfather. Thus, Marcy has had to face, endure, and process her complex trauma related to significant psychological/emotional abuse and severe neglect/poverty. These personal experiences have created a natural sensitivity, respect, and discernment regarding the suffering of others, the abstention of judgment regarding deeply personal injuries that are emotionally charged, and authentic belief in the healing opportunities that exist for all, through the work and intervention of the Holy Spirit.

The Researcher's Professional Experience(s)

Relevant to this DMIN action research project are the counseling philosophy, mission statement, and services provided within Oak Hills Family Center, LLC (OHFC), founded by the researcher and her husband in 2012. This small, referral-only practice is staffed by the researcher as the primary trauma psychotherapist/life coach and CEO, her husband (Tye) functioning as the COO/CFO, an independent contractor for office administration, and one other independent contracted male professional life coach. The vision for OHFC is rooted in Isaiah 61:1-4:

> The Spirit of the Sovereign LORD is on me, because the LORD has anointed me to proclaim good news to the poor. He has sent me to bind up the brokenhearted, to proclaim freedom for the captives and release from darkness for the prisoners, to

[4] Glenn Schiraldi, The Adverse Childhood Experiences Recovery Workbook: Healing the Hidden Wounds from Childhood Affecting Your Adult Mental and Physical Health (Oakland, CA: New Harbinger Publishers, Inc., 2020).

> proclaim the year of the LORD's favor and the day of vengeance of our God, to comfort all who mourn, and provide for those who grieve in Zion — to bestow on them a crown of beauty instead of ashes, the oil of joy instead of mourning, and a garment of praise instead of a spirit of despair. They will be called oaks of righteousness, a planting of the LORD for the display of his splendor.[5]

OHFC professionals are committed to using their God-given talents and gifts to bind up the wounds of the broken-hearted by walking down paths of healing with others in order that they are able to make room in their hearts for the Holy Spirit to have a healing effect in their lives.

This OHFC endeavor includes: Edification through the professional services of PP, faith-based counseling and life coaching; Equipping through guided introspection; Psychoeducation through workshops, seminars, and training; Empowerment through custom-tailored services that specifically pertain to the needs of the client; and Expansion through the opportunity for practical healing, forgiveness, and renewal. The OHFC team demonstrates and upholds competence in their specific fields, personal and professional integrity, the dignity of self and regarding others, respect for the suffering, and compassion for all.

Also relevant to this DMIN action research project is this researcher's role within the counseling ministry at Southbrook Christian Church (SBCC), a non-denominational teaching church with more than 1,000 congregates. This large church offers many outreach programs for trauma and addiction recovery, Bible study, spiritual growth, identity formation, divorce care, and reconciliatory family support. In addition to these ministries, SBCC has a counseling center within the church building overseen by a counseling pastor and more than 30 in-house trained lay counselors. This program has its' own reception area, receptionist, and four dedicated counseling rooms. This researcher has worked closely, for nearly seven years, in collaboration

[5] Unless otherwise noted, all biblical passages referenced are in the New Internation Version (International Bible Society, 2011).

with the overseeing counseling pastor to develop a curriculum, and train lay counselors, provide workshops for the congregation, and participate in vision casting for the care of others.

Partnership in this context has informed the experience and increased the outreach of this researcher's ministerial context. It has also provided an outlet for personal growth and professional development by being discipled and discipling a diverse quantity of others. This researcher has been able to combine her experience, talents, God-given gifting, and education to pioneer and facilitate new programs, materials, and practical advancement in the applied field of PP. This researcher observes that in every context, personal narration is prevalent, relevant, and necessary for the success of healing, growth, and sustained resiliency, which is why Narrative Therapy (NT) 's use and efficacy is the subject of this research.

Neither OHFC nor SBCC's counseling ministries require those they serve to claim the Christian faith, fostering an inclusive and equitable approach to service and healing. However, for the sake of this research, only those who have a professed and working Christian belief will be evaluated for active healing, resiliency, and the enrichment and maturity of their faith. Even though a person, no matter their belief system, participates in spiritual formation, it is essential to identify barriers to a Christian's genuine healing and thus abundant life in Christ. The Holy Spirit is the most and only true resource of healing. However, many believers do not or cannot employ or receive the comfort, grace, mercy, and or provisions of the Holy Spirit for relief, restoration, and renewal.

Those the Researcher Serves

The researcher is relevant to this DMIN action research project on both sides of trauma/complex trauma recovery. For instance, the researcher works with the traumatized and with those who help the suffering. This researcher counsels and coaches those who have

experienced physical, psychological, emotional or spiritual abuse, loss via natural disaster(s)/event(s), combat-related trauma, vocational taxation (i.e., first responders), complex trauma, grief, as well as educates, mentors, and disciples lay persons who counsel/coaches others. Those that this researcher collaborates with have a shared vision of cultivating more effective and Bible-based approaches to edifying, educating, exhorting, and expanding God's kingdom. For this reason, the demographic that the researcher counsels, coaches, and educates include:

- Men and women seeking counseling, coaching, and or psycho-education who do not yet have a clinically diagnosed mental illness
- Men and women of all socioeconomic statuses
- Predominantly, but not exclusively, Christian persons
- Individuals, couples, and families in need of urgent crisis care and or mediation
- Individuals, couples, and families in need of longer-term trauma care
- Expectant women/families facing, enduring, or recovering from a traumatic birth circumstance or event
- Lay counselors in training at SBCC
- Counseling pastors
- Other assisting ministry leaders and pastors.

Other pertinent demographic information regarding the local culture that produces both the suffering and serving people that this researcher encounters are: 1) Beavercreek and Miamisburg are suburbs of Dayton, OH, 2) Wright Pat Air Force Base is located close to Beavercreek; thus, the community has a high percentage of military families, and 3) There is diverse cultural saturation, and 4) Notably, on May 30th, 2019, nineteen tornados swept through

Beavercreek and devastated several neighborhoods and hundreds of homes, displacing families and destroying landscapes. Though there were minimal fatalities, there was mass destruction to property, communities, city landmarks, and businesses of all kinds. Thus, the community has collectively suffered and assisted in the alleviation of the suffering of others.

Problem Presented

Mental health care is a societal necessity that springs from the effects of a broken world. Those who seek counseling do so with the hope and expectation of results that add value to the quality of their multi-dimensional lives. The church is often one of the first places that traumatized believers turn to for appropriate counseling. However, not all people who engage in counseling gain greater self-insight, healing, and spiritual resiliency, because churches can be ill-equipped, underprepared, and short-staffed. On the other hand, secular counseling practitioners may not possess the proper Christian understanding, permittance, and spiritual sensitivity to holistically help the believers improve their spiritual resiliency. Thus, there may be benefits from further research on Christians who have participated in counseling and not experienced strengthened spiritual resiliency due to the lack of integrative NT approaches and exercises.

Ineffective approaches prolong suffering, demoralize people, and erode society, compounding and accruing negative effects for individuals, families, communities, church organizations, societies, and beyond. Clinical psychologist Nancy Reeves suggests that it is not uncommon for traumatized people to feel disconnected from self, others, and or God. Such feelings naturally resolve as resiliency increases through authentic healing.[6] This emphasizes the

[6] Nancy C. Reeves, "The Effects of Post-Traumatic Stress Disorder on Spirituality," *American Journal of Pastoral Counseling* 4, no. 3 (July 2010): 8.

need for an integrative approach to counseling that provides the appropriate attention to the various dimensions of the human being.

In the ministry context, OHFC has an average of an eleven-week wait time for new clients, and the SBCC counseling ministry is active, vibrant, and rarely has lulls. This exposes the need for effective, holistic, and readily available counseling approaches that enhance believers who are attempting to make sense of and reframe their traumatic and problematic life narratives. Reeves also puts forth that an individual's predisposition to strengthened faith paves the way for greater resiliency and vaster ease of renewal.[7] Suppose a Christians' predisposition to healing is affected by their relationship to God, and traumatic events can cause feelings of divine alienation, then God's story must intersect the individuals at some point for spiritual resiliency to develop so that problematic life narratives can be overcome. Therefore, the problem is that individuals who have participated in counseling may not experience strengthened spiritual resiliency (SR) for lack of integrative Narrative Therapy (NT) approaches.

Purpose Statement

This DMIN action research project aims to study how integrative NT approaches in counseling strengthen SR. Christians generally enlist faith-based counselors when faced with a crisis, trauma, or loss that exceeds their current and accessible emotional coping resources. These faith-based counselors can be found in churches such as SBCC or faith-based practices such as OHFC. The possible benefit(s) that may emerge from this DMIN research project regarding the positive effects of integrative NT for cultivating genuine healing and SR is the wider adoption of this tool by volitional counselees and caregivers.

[7] Reeves, "Effects of Post-Traumatic Stress Disorder," 2010, 4.

This research can positively impact the efficacy of Christian counseling, PP approaches to mental health care, and the overall wellbeing of individuals, families, communities, and church organizations. The implications of such research can form hedges of preparedness through the fortification of SR for the adaptive well-being of believers, who then have the prospect of appropriately reaching and being an example to the lost. Thus, the advancements of this research have long-reaching arms that extend from the practical experience(s) of an abundant life for believers to the expansion of God's kingdom through healing and helping fields.

Basic Assumptions

The ministry context of this DMIN action research project focuses on gathering information regarding the personally assessed efficacy of past counseling experiences, which did not include an integrative NT approach from the participating Christian counselees at OHFC and SBCC. This researcher assumes that counselees will be willing and responsive to the provided survey, which will include primarily multiple-choice questions.

Next, the researcher assumes that the participants have suffered a genuinely traumatic event and have sought previous counseling. An additional assumption is that the previous counseling did not include integrative NT approaches and was not optimally effective for the production of SR. Participating OHFC and SBCC counselees will likely be at a place in their healing journey to speak to what has not worked and why, what is working and why, and what they hope to continue to glean from the counseling process.

The researcher also assumes that the introduction of integrative NT will increase the spiritual resiliency of the sufferer. Though this assumption is based on the informed experience of the researcher and her personal and professional practices, the final results regarding the

participants of this project are not yet accounted for. Therefore, the research has the potential to produce a variety of distinct yet measurable results that tell a story regarding the genuine needs that believers have when it comes to well-being, resiliency, and overcoming trauma.

Definitions

The following terms have been and will be used throughout this DMIN action research project. These terms are used to create specificity and clarity when addressing the above-stated problem and the research.

Trauma

Trauma is distinct from CT in several ways. First, trauma ensues when an event or an experience presents that overwhelms and or exceeds one's ability to cope or emotionally manage.[8] Often these events or experiences pose a real or perceived threat to the life or well-being of self or loved ones. Second, many traumatic events and experiences occur once and do not threaten the emotional attachments in one's life. Lastly, these external events activate the brain's fight-flight-freeze survival instincts, which can cause acute or chronic bouts of Post-Traumatic Stress Disorder (PTSD).[9] Therefore, trauma can be defined as a threatening external event that produces levels of distress that exceed one's ability to emotionally manage and or neurologically mitigate, which ushers in the opportunity to learn and advance in emotional, cognitive, and or psychological skills.

[8] Lee Ann Hoff, *People in Crisis: Clinical and Diversity Perspectives*, New York, NY: Routledge: Taylor & Francis Group, 2009, 5.

[9] Norman T. Wright, *The Complete Guide to Crisis & Trauma Counseling: What to Do and Say When it Matters Most*, Minneapolis, MN: Bethany House Publishing Group, 2011, Chapter 11.

Note that trauma in the absence of complexity does not necessarily distort the identity or create spiritual alienation. It is normal for traumatized people to experience upheaval on all levels of existence. However, trauma often resolves those upheavals from the vantage point of interactive existence, whereas CT is resolved from the vantage point of transformative identity. Overcoming both hinges on integration and resolution with SR.

Complex Trauma (CT)

Complex trauma (CT) is defined in a variety of ways by professionals in the psychology field. However, there does seem to be an agreed-upon theme that exists in the pertinent literature. Heather Davediuk Gingrich, Ph.D.; associate professor of Counseling, Denver Seminary, and Lee Ann Hoff, Ph.D.; the founding director of the Life Crisis Institute, posits that CT results from repetitive, prolonged, interpersonal relational abuse, neglect, and or the distortion of love, which leads to a disruption in the human attachment.[10] Often, these abuses begin in childhood and can take place as physical, emotional, psychological, spiritual, and or neglect.

Just as gravity holds the corporeal object to the physical earth, attachment holds the identity and psyche to intangible survival. Repeated betrayal and distortion of love generated from a primary attachment figure can have long-term negative effects. The implications of CT differ from that of non-complex trauma. CT is characterized by affect dysregulation, impaired self-concept, dissociation, somatization, attachment disruption/distortion, and deep senses of

[10] Hoff, *People in Crisis,* 221; Gingrich, Heather Davediuk. "Complex Trauma and Dissociative Identity Disorder." In The Popular Encyclopedia of Christian Counseling: An Indispensable Tool for Helping People with Their Problems, 221-223. Eds. Tim Clinton and Ron Hawkins. Eugene, OR: Harvest House Publishers, 2011, 221; Schiraldi, Glenn. The Post-Traumatic Stress Disorder Sourcebook: A Guide to Healing, Recovery, and Growth. New York, NY: McGraw Hill Education, 2016, 50.; Bessel A.Van der Kolk, "The Complexity of Adaptation to Trauma Self-Regulation, Stimulus Discrimination, and Characterological Development," In *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society*, 182-213. Edited by Bessel A. Van der Kolk, Alexander C. McFarlane and Lars Weisaeth, New York, NY: The Guilford Press, 2007, 202.

spiritual alienation.[11] The damage from CT is woven deep into the psychological identity of a person and can be considered an extreme form of psychological violence.

Bessel Van der Kolk, MD from the Department of Psychiatry, Harvard Medical School, approaches CT from the clinical side of psychology. The fifth edition of the *Diagnostic and Statistical Manual* (DSM-V) does not specify CT as a free-standing category. Instead, CT is covered in the DSM-V under Disorders of Extreme Stress Not Otherwise Specified (DESNOS).[12] Though slightly distinct in verbiage, the implications are similar: A) Alterations in regulating affective arousal, B) Alterations in attention and consciousness, C) Somatization, D) Chronic characterological changes (self-concept, idealizing perpetrator, disrupted attachment), and E) Alterations in systems of meaning (despair, hopelessness, and loss of previously sustained beliefs).[13] Considering the literature, clinical and non-clinical threads of psychology recognize and define CT/DESNOS as a distinct category of physical, emotional, psychological, and spiritual disruption.

Integration

Mark McMinn, Ph.D., professor of psychology and director of faith integration in the Graduate Department of Clinical Psychology at George Fox University, bases his integration philosophy on Worthington's three stages of interdisciplinary integration, which blends "Psychology and theology into a framework for Christian counseling."[14] Integration can be defined, in counseling, as the wholistic approach that includes a competent and mature counselor

[11] Hof, *People in Crisis,* 221.

[12] Van der Kolk, "Complexity of Adaptation," 202-204.

[13] Ibid., 203.

[14] McMinn, *Psychology, Theology, and Spirituality*, 7.

in the areas of psychology and theology.[15] This counselor will utilize integrative approaches when working with counselees, understanding that those they serve will need to address every aspect of their existence, including their Christian spirituality, in the healing process. Integrative counselors fuse Christian theology and psychological techniques to help their clients pursue and achieve holistic growth and health.[16]

As is gleaned from above, those who encounter CT will likely have a disruption within their spiritual formation and maturation, as their experiential attachments with God can be diminished by a distorted earthly representation of attachment. Therefore, it is imperative for Christian counselors to have competence in both areas: psychology and theology. Competence stems from both academic and existential fronts. However, each of these areas that a competent integrative counselor works within is, ideally, healthy and refined.

Integration seeks to create harmonious and symmetrical opportunities within the healing journey. This cannot be done by a counselor who is incompetent in one or more areas of psychology, theology, and or counseling. McMinn agrees, "The best interdisciplinary integration work usually comes from those who have formal or informal preparation in both psychology and theology."[17] Integrative approaches to healing employ academic and applied knowledge in areas of psychology and theology to appropriately bind the wounds of trauma and CT survivors within the context of the counseling relationship.

Milacci, Lawson, Firmin, and Anderson, Liberty University Faculty, highlight how even the American Psychological Association (APA) recognizes the importance of addressing the spiritual needs of the client, "It is particularly important since Principal E in the Ethical

[15] McMinn, *Psychology, Theology, and Spirituality*, 7.

[16] Ibid., 5-6.

[17] Ibid., 9.

Principles of Psychologists and Code of Conduct places the same emphasis on the awareness of religious and spiritual needs of the client."[18] This illustrates the attention of importance that both Christian and secular constructs of counseling place on integration and the analogous ways in which they are defining it.

Dr. Ryan Steenburg's doctoral research concluded that strong fathers contributed to strong families, which ultimately contributed to strong churches.[19] This is a particularly significant finding that highlights the importance of integration. Since strength is a psychological construct that includes mental and emotional elements, integrative approaches that cultivate and sustain strong people, strong families, and strong churches are essential for the psychological and spiritual health of the body of Christ.

Narrative Therapy (NT)

Sarah Jirek, Ph.D. characterizes NT as the process of illuminating, for examination, human narratives that have been disrupted and or distorted, which requires the narrators to revisit, recreate, and reconstruct their life stories so that problematic themes can be resolved.[20] This approach emerged in the 1980s through the work of Michael White and David Epston and has its' origins in family therapy.[21]

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[18] Frederick Milacci, David Lawson, Michael Firmin and William Anderson. "Transgressing the Spiritual Boundary: Integrating the Soul into Psychology" (2005). Faculty Publications and Presentations, accessed October 29, 2020, https://digitalcommons.liberty.edu/ccfs_fac_pubs/4, 6.

[19] Wesley Ryan Steenburg, "Effective Practices for Training Parents in Family Discipleship: A Mixed Methods Study" (PhD diss., The Southern Baptist Theological Seminary, 2011), 140.

[20] Sarah L Jirek, "Narrative Reconstruction and Post-Traumatic Growth among Trauma Survivors: The Importance of Narrative in Social Work Research and Practice," *Qualitative Social Work* 16, no.2 (2017): 169, http://www.doi.org/10.1177/1473325016656046, 169.; Jared D Kass, "Person-Centered Spiritual Maturation: A Multidimensional Model" *Journal of Humanistic Psychology* 55, no.1 (2014): 67, http://www.doi.org/10.1177/0022167814525261.

[21] Mark Edwards Thomas and Michael Walker. "Enhancing Transformation: The Value of Applying Narrative Therapy Techniques When Engaging in Critical Reflection." *Journal of Transformative Education* 17, no. 4 (2019): 343, http://www/doi.org/10.1177/1541344619847142.

The approaches of Narrative Therapy focus on the verbal processing and reconstructing of life events. Verbal processing can take the form of auditory communication, written accounts (timelines and or letters), and or Neural Linguist Programing (NLP), which refers to an approach to communication and personal understanding focusing on the individual's cognitive organization of thinking, feeling, and language.[22] The basis for NT is rooted in attachment theory and posits that human beings generate and experience meaning in life through social connections with others, which forms a metanarrative of their distinct life in relation to the narratives of others.[23] This highly relational construct of psychological identify hinges on the interpersonal and interactive interpretation of value, worth, security, opportunity, and future hope.

Considering the above, in this DMIN action research project, the researcher defines NT as a counseling approach that uses appropriate and accurate verbal exercises to define, evaluate, investigate, and reframe problematic themes in one's life narrative that skew or diminish the relationship with self, others, God, and or the world.

Spiritual Resiliency (SR)

In order to understand the meaning of SR, it is important to first define what each word pertains to. For this DMIN action research project, the word spiritual relates to the spirituality of Christian maturation. Resilience, on the other hand, has a wide range of meanings in varying contexts of application. James E. Francis emphasizes his interpretation of resilience on

[22] Yasuuhiro Kotera, David Sheffield, and William Van Gordon. "The Applications of Neuro-Linguistic Programming in Organizational Settings: A Systematic Review of Psychological Outcomes." *Human Resource Development Quarterly 30*, no. (2018): 101, http://www/doi.org/10.1002/hrdq.21334, 101.

[23] Gene Combs and Jill Freedman. "Narrative Therapy's Relational Understanding of Identity." *Family Process Institute* 55, no. 2 (June, 2016): 213, http://www/doi.org/10.1111/famp.12216, 213.; Gene Combs, and Jill Freedman. "Narrative Poststructuralism, and Social Justice: Current Practices in Narrative Therapy." *The Counseling Psychologist* 40, no.7 (2012): 1034, http://www/doi.org/10.1177/0011000012460662.

persistence in healthy navigation and adaptation through life's difficulties.[24] Hoff focuses on one's ability to quickly recover from setbacks or serious upsets.[25] Hutter and Kuhlicke highlight resilience as the continual processing and reprocessing of negative events to reintegrate a positive flow of negative experiences.[26] And Shiraldi recognizes resilience as the ability to respond well to adversity by implementing healthy prevention practices through optimal mental and spiritual fitness.[27]

For the sake of this DMIN action research project, the researcher has extrapolated the following definition, based on the above information: Spiritual Resilience refers to one's ability to face adversity from a growth-focused and persevering position that includes the processing and reprocessing of personal trauma so that securely formed attachments with the one true triune God can inform, implement, and instill genuine healing and identity reclamation for the sake of overcoming, moving-on, and reducing/preventing future distress.

This definition of SR hinges on integration, as has been previously defined. Therefore, integration and SR are intra-connected and contingent. In the absence of integrative approaches that make informed and appropriate exploration and processing of one's God-attachment, SR flounders. However, in interactively vibrant counseling environments, the counselee has the opportunity to explore their attachment to God, reprocess ill earthly representations of it, and

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[24] James E. Francis, "Integrating Resilience, Reciprocating Social Relationships, and Christian Formation," *The Official Journal of the Religious Education Association* 114, no.4 (July 2019): 501, http://www/doi.org/10.1080/00344087.2019.1631948.

[25] Hoff, *People in Crisis,* 498.

[26] Gerard Hutterand Christian Kuhlicke. "Resilience, Talk and Action: Exploring the Meanings of Resilience in the Context of Planning and Institutions." *Planning Practice & Research* 28, no. 3 (2013): 302,. http://www/doi.org/10.1080/02697459.2013.787706.

[27] Glenn Schiraldi, *The Resilience Workbook: Essential Skills to Recover from Stress, Trauma, and Adversity.* Oakland, CA: New Harbinger Publications, 2017, 2.

gain greater strides in becoming a new creation.[28] Growth-focused pursuit of newness, wholeness and spiritual security can then form protective barriers around the counselee when it comes to future upsets.

Limitations

The proposed DMIN action research project may be limited in the following ways. First, the survey is limited to OHFC and SBCC counselees, which produces a small but representative sampling pool. Next, the target demographic age will be specifically 18 years or older. This will limit the application of results to exclude adolescents and children. Lastly, the limitation of participation exists. The researcher cannot determine who will elect to participate in the research, and since the project is not limited to a specific gender, the gender ratio is a limitation of the research. The limitations of this DMIN action research project are within normal parameters of other scholarly research in similar fields of study. Therefore, the researcher has academic confidence in the validity of the results.

Delimitations

The delimitations of this proposed DMIN action research project is that an anonymous, multiple-choice survey will be utilized as the primary instrument for data harvesting. This approach has been selected to create an overview of the participants' experiences with previous counseling that excluded integrative NT approaches. The participants will have the opportunity to provide feedback on their previous counseling experiences to speak to what more they feel they needed to more aptly reach their healing and SR goals.

[28] 2 Corinthians Chapter 5.

An additional delimitation is that the researcher will approach the issues from a Christian perspective, with Christian participants, which will enhance the integrative approaches of NT for a faith-based, spiritually resilient, and growth-focused perspective.

Thesis Statement

The author of this project hypothesizes that if integrative NT approaches are used effectively, then the SR of the participants will be strengthened, and Posttraumatic Growth (PTG) will be more readily achieved, discerned, and maintained. If individuals engage in counseling that includes integrative NT approaches, then stronger SR will be experienced. This hypothesis is based on the author's previous/present experience as a trauma psychotherapist, professional life coach, labor doula, and extensive academic study. Though the results are yet to be determined, the author of this DMIN project is confident that they can better the mental health care approach for those in need of non-clinical counseling.

CHAPTER 2: CONCEPTUAL FRAMEWORK

Literature Review

Even though more than half of the American population will experience a stress-related event that results in psychological trauma, very few of those individuals are prepared or able to properly cope and may require intervention or elective counseling.[29] Like many other aspects of the human experience, trauma and recovery are subjective. Some people overcome the effects of trauma and experience Posttraumatic Growth (PTG), which fosters spiritual resiliency (SR), while others have prolonged psychological disruptions, which can result in posttraumatic stress disorders (PTSD).[30] If most everyone will face a traumatic event and only some will thrive afterward, the catalyst and intervention(s) for PTG and SR may require further exploration.

PTG and SR only exist in relationship to the best-known interventions and counseling approaches used to overcome trauma and instill flourishing. One counseling approach that is highly integrative and effective for trauma processing is Narrative Therapy (NT).[31] Therefore, the following literature review presents NT and PTG as they relate to the cultivation of SR from an integrative perspective within Positive Psychology (PP).

Positive Psychology

One prevalent theme that is woven into the topics of integrative NT, PTG, and SR is *positive psychology* (PP).[32] Literature on this model posits that "The time has come for

[29] Everstine and Everstine. *Interventions for People in Crisis*, 175; Schiraldi, 2017, 2.

[30] Ibid., 177.

[31] Hoff, *People in Crisis,* 343; Thomas and Walker. "Enhancing Transformation," 1.

[32] Tim Lomas, Kate Hefferon, and Itai Ivtzan. "The LIFE Model: A Meta-Theoretical Conceptual Map for Applied Positive Psychology" *Journal of Happiness Studies*, (2015): 3, http://www.doi.org/10.1007/s10902-014-9563-y; Schiraldi, *The Resilience Workbook*, 81-85.

psychology to widen its scope to include the many ways in which human life can go right, leading to happiness and greater flourishing, and to address the question of how psychologists might contribute to this eudaimonic process."[33] PP departs from traditional, clinical mental health care methodologies, rooted in human pathology and diagnostic procedures that function on the medicalization of psychology.[34] PP upholds that not all people who need counseling have a true and genuine mental illness that requires medical or mental health care treatments.

Clinical mental health care is imperative, valid, and established. However, it is not the best or most necessary form of treatment for all and can be harmful to those who receive it in isolation from holistic, integrative, and positively aligned approaches.[35] Some believe that PP benefits humanity by "Examining topics such as positive subjective experiences that increase the enjoyment of life, positive social groups and organizations that facilitate optimal functioning, and the positive character traits (virtues) that empower the individual to live a life of flourishing and meaningful engagement."[36] This information supports the idea of thriving and pursuing living one's best life (eudaimonia).

A key defining component of PP is centered upon human psychological flourishing as described by the individual based on self-insight instead of prescribed by the Mental Health Care Provider (MHCP), which may be based on problem-focused diagnostics.[37] This positive focus

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[33] Charles H. Hackney, "Sanctification as a Source of Theological Guidance in the Construction of a Christian Positive Psychology." *The Journal of Psychology and Christianity* 29, no.3 (2010): 196, accessed September 24, 2020, http://ezproxy.liberty.edu/login?qurl=https%3A%2F%2Fwww.proquest.com%2Fdocview%2F763686278%3Faccountid%3D12085.

[34] Lomas et al., 2015, 3.

[35] Jared D Kass, "Person-Centered Spiritual Maturation: A Multidimensional Model" *Journal of Humanistic Psychology* 55, no.1 (2014): 66, http://www/doi.org/10.1177/0022167814525261.

[36] Hackney, "Sanctification as a Source," 196.

[37] Ibid. 196.

allows the individual and MHCP to become co-creators in the therapeutic process in pursuit of growth and holistic resiliency. The literature consistently reflects that psychological disruptions, which result from trauma, are normal reactions to abnormal events and should not be treated as human pathology.[38] Thus, it appears that PP produces a creative work-around in the pursuit of human thriving.

Gloria T. Christian, Department of Health Services (Hawaii Pacific University), and Mary A. Steinhardt, Department of Kinesiology (University of Texas), puts forth that human thriving and resiliency hinge on emotional adaptability: "An increase in adaptive coping in conjunction with a decrease in maladaptive coping, in turn, would consequently have a building influence on resilience."[39] Emotional adaptation is an important aspect of PP, which forms the catalyst for PTG and SR; and Glenn Schiraldi, Ph.D. (International Critical Stress Foundation), Dr. Norman T. Wright (LMFT, and trauma therapist), and Van der Kolk, Department of Psychiatry (Harvard Medical School) agree.[40] In the absence of adaptation, areas of flourishment and resiliency cannot be explored to the point of PTG and SR, which is the ultimate goal of most people who seek out counseling.

There is a PP 2.0 movement represented in the literature. Tim Lomas, Department of Psychology (University of East London) and Lecturer in PP, and Itai Ivtzan, founder and director of the School of Positive Transformation and PP researcher (University College London), assert that a reformed definition of PP that encompasses a deep understanding of context through the

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[38] Norman T. Wright, *The Complete Guide to Crisis & Trauma Counseling: What to Do and Say When it Matters Most,* 2011, 222; Everstine and Everstine. *Interventions for People in Crisis*, 180.

[39] Gloria T. Christian and Mary A. Steinhardt. "Relationships Among Positive Emotions, Coping, Resilience and Mental Health." *Stress & Health* 32, no.2 (April, 2016): 154, accessed September 2, 2020, https://doi-org.ezproxy.liberty.edu/10.1002/smi.2589.

[40] Wright, *Complete Guide to Crisis*, 225.; Schiraldi, *The Resilience Workbook*, 175.; Van der Kolk, "Complexity of Adaptation," 193.

dialectical tension of wellbeing, which refrains from categorizing an experience as positive or negative but focuses on the meaning of it all.[41] This approach in literature seems to represent a call to further refine the goal of PP as a vessel of PTG and SR.

Spiritual Resiliency and Post Traumatic Growth (PTG)

Popular culture tends to think of resiliency as having the ability to bounce back after a setback. However, in the context of PP and PP 2.0, Schiraldi states that "Resilience is about mastery and growth."[42] Thus, existing literature links resiliency with PTG, which also connects with SR when added to a holistic approach.[43] Research has demonstrated that although the majority of all people will experience a traumatic event, only a few will flourish afterward, even with intervention such as counseling.

Flourishing after a traumatic event is PTG, while SR is the idea that mastery and growth that lends to continued spiritual maturity is possible post-trauma. Many traits that lend to the overall ease of acquisition of SR and PTG have been identified in the literature. For instance, crisis induces resiliency, and components of resiliency are confidence in self and life, self-management, steadfast belief system, alignment and cooperation with social resources (i.e., churches), sustained optimistic perspectives, empowerment over the meaning in story-line constructs, reflective skill, healthy identity development, balance action and calm, secure attachments to existential human networks, altruistic love, and faith-driven motivations.[44]

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[41] Tim Lomas and Itai Ivtzan, "Second-Wave Positive Psychology: Exploring the Positive-Negative Dialects of Wellbeing" *Department of Psychology, Stanford University* 17, (2015): 1765-1768, accessed October 8, 2020, http://www/doi.org/10.1007/s10902-015-9668-y.

[42]Schiraldi, *The Resilience Workbook*, 3.

[43] Francis, "Integrating Resilience," 501.

[44] Francis, "Integrating Resilience," 507; Jirek, "Narrative Reconstruction," 65.; Van der Kolk, "Complexity of Adaptation," 193.

There are several components of SR and PTG that seem consistently represented in the literature. McMinn conveys forgiveness, redemption, spiritual formation, and confession as four important cornerstones of SR and PTG.[45] Forgiving self and others, redeeming the personal narrative, maturing in developing one's spiritual formation, and confessing hurts and mistakes afford the individual the opportunity to overcome trauma and acquire SR and PTG.

The benefits of SR and PTG are significant and well represented in the literature. SR and PTG can counter medical and functional problems, reduce overall anxiety and depression levels, increase positive emotions, adaptive coping, and emotional construct, increases freer cognitions as a result of the reciprocal nature of resilience and positive emotions, increase creativity, broaden perspectives and worldviews, improve improvisation and strategy development, and builds a higher degree on resilience into the individual.[46] With such strong correlations to holistic wellbeing, the literature suggests that SR and PTG can potentially transform lives, thus impacting society in a profoundly positive measure.

Emotional Intelligence (EQ)

Emotional Intelligence (EQ) is a highly discussed topic among diverse forums. Bradberry and Greaves, authors of, *The Emotional Intelligence Appraisal,* provide well-established research that has revolutionized the way companies build human structures that flourish, and not just in business. "Emotional intelligence is your ability to recognize and understand emotions in yourself and others, and your ability to use this awareness to manage your behavior and relationships."[47] Emotional Intelligence is broken into four components: self-awareness, self-

[45] McMinn, *Psychology, Theology, and Spirituality*, chapters 4, 6, 7 and 8.

[46] Schiraldi, *The Resilience Workbook*, 2.; Christian and Steinhardt, *Relationships Among Positive Emotions*, 145.

[47] Travis Bradberry and Jean Greaves. *Emotional Intelligence 2.0*. San Diego, CA: TalentSmart, 2009, 17.

management, social awareness, relationship management.[48] The more highly skilled a person is in each of these areas, the higher the quality of life a person will experience personally and relationally, which predisposes them to emotional adaptability.[49] These positive experiences and the correlation that they have to emotional skill highly align EQ with PP, PP 2.0, PTG, and SR.

The literature review reveals that PP and EQ have a partnership when it comes to PTG and the cultivation of SR within the counseling process. Christian and Steinhardt convey, "Positive emotions' positive relationship with adaptive coping strategies, and negative relationship with maladaptive strategies, indicated that positive emotions may have the ability to enhance adaptive coping while minimizing maladaptive coping strategies"[50] Though this is a traditional perspective of PP, the investigation and enhancement of adaptive relationships to the self and others form a self-sustaining trajectory toward PTG and SR, which is represented consistently, viably, and validly in the literature, in both PP and PP 2.0.

Hackney approaches EQ from the position that humans are determined to explore and or fixate on the teleological ideals of life, which pursue holistic well-being.[51] "The application of this approach aims at assisting people in their development toward becoming someone who more completely approaches the human teleological ideal."[52] This perspective champions the human pursuit of meaning and purpose (i.e., Be all you can be and live your best life) as EQ is enhanced, ultimately creating well-being and consistency with PP and PP 2.0.

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[48] Ibid., chapter 3.

[49] Ibid., 24.

[50] Christian and Steinhardt, *Relationships Among Positive Emotions,* 154.

[51] Hackney, "Sanctification as a Source," 197.

[52] Ibid., 195.

Whereas Hackney and Hoff highlight that it is the loss of meaning that makes an event traumatic, Van der Kolk asserts that, "The lack or loss of self-regulation is possibly the most far-reaching effect of psychological trauma in both children and adults."[53] Though distinct, each requires the refining and execution of skilled emotional intelligence to support PTG and SR. This, as previously determined, often requires a level of intervention (i.e., counseling), whether imposed or elective. Therefore, according to PP and PP 2.0, counseling strategies that support the establishment or reestablishment of overall emotional intelligence, as defined by Bradberry and Greaves, can reduce the most pervasive effects of psychological trauma and cultivate human thriving through emotional and social adaptation and regulation.[54]

When applied to PTG and the cultivation of SR, Hoff agrees that meaning is one of three ascribed skills necessary for overcoming trauma: comprehension, meaning, and healthy coping.[55] In this, the literature seems to, holistically, validate the PP 2.0 movement, based on the high degree of EQ, where the focus is not only on the categorical positive emotions and outcomes but also on the meaning derived from the entirety of event/experience. Though there are small gaps in the individual literature, there does appear to be an overall harmonization of trajectory that all points to increased EQ as an acquisitional catalyst for PTG and SR, which serve as a buffer for the debilitating effects of trauma.

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[53] Van der Kolk, ",Complexity of Adaptation," 187.

[54] Paulo N. Lopes, Marc A. Brackett, John B. Nezlek, Astrid Schutz, Ina Sellin, and Peter Salovey. "Emotional Intelligence and Social Interaction" *Personality and Social Psychology Bulletin* 30, no. 8, (2004): 1019, http://www.doi.org/10.1177/0146167204264762, 1019.

[55] Hoff, *People in Crisis*, 48

Narrative Therapy (NT)

Narrative Therapy (NT) was pioneered by Michael White and David Epston in the 1980s and sprang from family therapy.[56] White and Epston were proponents of PP, and together, they challenged the thinking of their day, which defined the client as the problem versus the problem being the problem.[57] NT separates the client from the problem so that the client can do a less threatening examination without assuming the identity of the problem. It is important to highlight that most NT literature follows the philosophical belief that human reality is a social construct.[58]

Hoff, the founding director of the Life Crisis Institute and research associate at the University of Massachusetts, conveys that human beings are distinct from the animal kingdom by the ability to produce and use symbols and communicate, verbally and non-verbally, to construct meaning and identity out of the life events, experiences, and circumstances.[59] Throughout human history, this has been and continues to be accomplished primarily through storytelling and personal narration. This personal narration through storytelling is participated in by all people throughout their entire life span and continues even after death.[60] Literature produced by Combs and Freedman validates this finding and reinforces the NT pursuit and efficacy for correcting problematic storylines, not for over-pathologizing people.[61]

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[56] Mark Edwards Thomas and Michael Walker. "Enhancing Transformation: The Value of Applying Narrative Therapy Techniques When Engaging in Critical Reflection." *Journal of Transformative Education* 17, no. 4 (2019): 343, http://www.doi.org/10.1177/1541344619847142.

[57] Thomas and Walker, "Enhancing Transformation," 343; Combs, and Freedman. "Narrative Poststructuralism," 1039.

[58] Jamieson Phillip, "Narrative Therapy," In *The Popular Encyclopedia of Christian Counseling: An Indispensable Tool for Helping People with their Problems,* 460-461. Eds. Tim Clinton and Ron Hawkins. Eugene, OR: Harvest House Publishers, 2011, 460.

[59] Hoff, *People in Crisis,* 109.

[60] George Ohlschlager and Tim Clinton. "Christian Counseling Process: Goals, Traits, Stages, and Plan." In *Caring for People God's Way: Personal and Emotional Issues, Addictions, Grief, and Trauma,* 73-93. Eds. Tim Clinton, Archibald Hart and George Ohlschlager. Nashville, TN: Thomas Nelson, Inc. 2005, 82.

[61] Combs and Freedman. "Narrative Therapy's Relational Understanding of Identity," 213.

Narrative Therapy focuses on processing the problems within such stories that cause disruptions for the client, which have become a threat to the meaning and or purpose of the self, others, or the world.[62] Thomas and Walker assert, "It is through the telling and retelling of these dominant self-stories that worldviews, concepts, and assumptions are formed for better or for worse."[63] This also means that through the telling and retelling of these same dominant stories, worldviews, concepts, and assumptions are changed. Schiraldi agrees, "We have learned from trauma that each time we bring a painful memory into complete awareness, the brain has an opportunity to change it."[64]

In order to recount, disassemble, and process dominant and or difficult stories, the components of EQ must be somewhat developed through the continuation of skill formation. Everstine and Everstine reinforce, "New, higher-level information that is needed for understanding and resolution will be smoothly folded into the experience of the traumatic event by the strategic introduction of new information via narration."[65] This new information is acquired as the skills of EQ are increased in the context of PP and or PP 2.0.

Similar to reading comprehension, clients often need to tell, re-tell, and tell again the story of their trauma.[66] Hutter and Kuhlicke add, "Sensemaking encompasses processes of invention and discovery. It encompasses attempts to actively shape the context of talk and action

[62] Thomas and Walker, "Enhancing Transformation," 343.

[63] Ibid.

[64] Schiraldi, *The Resilience Workbook*, 50.

[65] Everstine and Everstine. *Interventions for People in Crisis*, 205.

[66] Scott Floyd,. *Crisis Counseling: A Guide for Pastors and Professionals.* Grand Rapids, MI: Kregel Publications, Inc., 2008, 138.

as well as attempts to navigate around complex and uncertain context conditions."[67] This provides a psychological reckoning but also a physiological one. Combs and Freedman also point out that all forms of counseling already entail NT as clients must share the problematic story, and the counselor becomes an active observer in it.[68]

Narrative Therapy (NT) and Neuroscience

It is not enough to know how NT enhances the psychological and emotional functioning of the person. The literature demonstrates that NT has a profound impact on neuroscientific functioning, as well. Schiraldi states, "Resilience starts with the brain."[69] NT's goal is to replace traumatic disruption with SR and PTG. Comprehensive understanding of how trauma impacts the brain is necessary for MHCP's to provide holistic and effective care to their clients to rewire the brain.

Negative emotions are abundant in trauma. These intensely negative emotions get trapped in the over-active right hemisphere of the brain and become removed from the more logical left hemisphere.[70] With an over-active right hemisphere and an under-active left hemisphere, the brain is thrust out of functional balance.[71] This creates a genuine physical deficit in the ability to think through one's feelings. The right hemisphere, in separation from the left, has limited ability

[67] Gerard Hutter and Christian Kuhlicke. "Resilience, Talk and Action: Exploring the Meanings of Resilience in the Context of Planning and Institutions." *Planning Practice & Research* 28, no. 3 (2013): 304, accessed September 21, 2020, http://www/doi.org/10.1080/02697459.2013.787706.

[68] Combs and Freedman. "Narrative Therapy's Relational Understanding of Identity," 217.

[69] Schiraldi, *The Resilience Workbook*, 15.

[70] Wright, *Complete Guide to Crisis & Trauma Counseling*, 214.

[71] Van der Kolk, "Complexity of Adaptation," 193.

to reduce physiological arousal of the body, which in turn adds to overwhelming negative emotions.[72] This calls attention to the need for intervention.

It is through NT that this brain imbalance begins to regain equilibrium. Schiraldi states, "Both through artistic and verbal expression, narrative processing helps reverse the motionless and nonverbal freeze state without causing the client to experience the overwhelming arousal that blocks processing."[73] One cannot reframe the narrative if one cannot process the event and emotions attached to it. Wright suggests, "The next time you interact with a traumatized person, remember what has happened to his or her brain."[74] In the absence of understanding the neuroscience of trauma, one will have difficulty understanding how NT can help to overcome it.

Fight-Flight-Freeze (FFF) survival response is also an aspect of the neuroscience of trauma. Kass speaks to this and recognizes that traumatized people can be triggered into FFF states, which are difficult but not impossible to overcome.[75] Reconditioning the FFF survival response includes awareness of body and thoughts, appropriate appraisal, and attention.[76] Using the strategies of establishing brain balance and reconditioning the FFF response, clients have the opportunity to become passive observers of the traumatic event and can replace agitation and hyper-arousal with calmness and comfort.[77] From a calm comfort position, genuine psychological processing can begin, and true meaning can be found.

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[72] Van der Kolk, "Complexity of Adaptation," 193.

[73] Schiraldi, *The Resilience Workbook*, 309.

[74] Wright, *Complete Guide to Crisis*, 201.

[75] Kass, "Person-Centered Spiritual Maturation," 59-60.

[76] Ibid., 60; Wright, *Complete Guide to Crisis*, 222.

[77] Schiraldi, *The Resilience Workbook*, 50.

Narrative Therapy (NT) and Attachment

As discussed further in the Theoretical Foundations section, attachment is an approach to human psychology that focuses on the human need for connection and the implications of that connection's quality. Curt Thompson, M.D. of psychiatry, conveys that from the moment of birth, each infant's brain seeks connection to the brains of others for the sake of safety, security, and survival.[78] Attachment is so vastly important to human development that the quality of it has implications that span across the multi-dimensionality of human existence (physical, emotional, intellectual, social, and spiritual) and can only be processed, shared, and understood through the lens of diverse yet interconnected narratives.

Thompson states, "Healthy attachment also helps develop the fundamental matrix of the mind around which children when grown to adulthood, form a coherent narrative."[79] Thus, NT helps individuals immerse themselves in their stories from a safe distance to investigate alternative possibilities other than those that present as problematic.[80] This allows individuals to explore their attachment predispositions, the beliefs accompanying them, and the realities that have been generated from within those significant attachment relationships throughout their lifetime.

The explorative endeavor of storytelling has the potential to highlight areas of faulty thinking, validate difficult realities, and create space for appropriate grief, resolution, and reconciliation, when possible.[81] Most, if not all, complex trauma originates from problematic,

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[78] Curt Thompson, *Anatomy of the Soul: Surprising Connections Between Neuroscience and Spiritual Practices that can Transform your Life and Relationships.* Carol Stream, IL: Tyndale House Publishers, Inc., 2010, 112.

[79] Ibid. 113.

[80] Combs, and Freedman. "Narrative Poststructuralism," 1034.

[81] Floyd, *Crisis Counseling*, 133.

abused, neglected, and or exploited attachment with significant attachment figures. Therefore, investigating these attachments in the context of the metanarrative of one's personal life is a component of empowerment and identity reclamation.

Narrative Therapy (NT) and Identity

From the perspective of how the brain functions in relation to attachment, identity, and life-narratives, it is the quality of the attachment to the characters in the story that informs on the themes that are found therewithin.[82] Thus, predicting and influencing the self-perception and experience of identity. Social hierarchies and systems, including familial, relentlessly impose distorted narratives upon the identities of those that are comprised within.[83] Therefore, one's identity can easily become understood through an external locus of control, which internalizes what others think or speaks of one's identity, instead of from an internal locus of control, which externalizes, through sharing, the internally generated self-insight and self-knowledge for the sake of adding value to the meta-narrative of the system.

Integration

Spiritual integration is an important aspect to consider when looking at aspects of human functioning such as SR and PTG. From a Christian perspective, "Humanity's creation in the imago Dei (image of God) is understood through developmental teleology as relationally reciprocal rather than static, structural, and inherent in human nature."[84] From this premise, it is

[82] Thompson, *Anatomy of the Soul*, 133.

[83] Kass, "Person-Centered Spiritual Maturation," 57.

[84] Francis, "Integrating Resilience," 20.

imperative to investigate how the integration of psychology and theology works together using integrative approaches, such as NT, to enhance SR and PTG.[85]

Interdisciplinary integration aims for the harmonization of formal and informal approaches of psychology and theology. Charles DeGroat, Ph.D., states, "In today's complex ministry milieu, many pastors feel prepared to pass ordination exams but inadequately prepared for the complexities of spiritual formation, soul care, and counseling. Counselors, on the other hand, often lack adequate biblical/theological moorings."[86] This literature ushers a call to broaden and advance the typically used approaches to encompass a more integrative and effective approach that provides clients with the opportunity and means to cultivate SR and PTG.

An integrative approach must consider both scientific understandings of neuroscience, psychology, and also the biblical narrative.[87] When correlated with the other themes in this literature review, it is no surprise that PP, PP 2.0, PTG, SR, NT, and proper integration have intersection points. The very nature of integration resists the over-pathologizing of wounded people and calls into practice the holistic infrastructure of SR and PTG, using the effective and time-honored tool of NT.[88] Thompson conveys, “As followers of Jesus, we are caught up in the vast and glorious story that God is telling – but not without coauthors.”[89] It is for this reason that integration is imperative when approaching human healing of most any kind.

In order for there to be a genuine basis for integration, there must be a theological foundation for NT. Phillip states, “Story is the primary way in which the Bible imparts God’s

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[85] McMinn, *Psychology, Theology, and Spirituality*, 9.

[86] Charles R. DeGroat, “The New Exodus: A Narrative Paradigm for Understanding Soul Care.” *Journal of Psychology and Theology* 37, no.3 (2009), 186.

[87] Ibid., 188.

[88] Combs and Freedman. “Narrative Therapy’s Relational Understanding of Identity.”

[89] Thompson, *Anatomy of the Soul*, 133.

truth."[90] Ohlschlager and Clinton share this perspective, "Scripture covers all the ways that truth can be revealed – but it is primarily a book of stories."[91] This literature alone validates the integrative approach of NT. However, there are more, more specific representations of theological foundations to be reviewed in both the Old Testament and the New Testament.

When considering the OT, Phillip recognizes that "In the OT, God's redemptive work is told through the stories of the patriarchs, the Exodus, the prophets, and the kings."[92] Particularly when studying the Exodus, DeGroat asserts, "Many people, like the Israelites, want to be coddled, and do not want to face the difficult choices required to switch narratives."[93] From slave nation to the promised land, the Israelites were required by God to reframe and correct the narratives of their lives that had been faultily attached to their identity. "Egypt is hard. Sinai is worse."[94] For this reason, principles for ethical counseling practices can be extrapolated from the literature based on how God provided for the Israelites during the Exodus: 1) recognize and validate their affliction, 2) demonstrate genuine concern and discern between good/evil, and 3) using human instruments, stir their hearts toward a desire for a better life (eudaimonia).[95] This is reminiscent of the literature on PP, PP 2.0, SR, PTG, and the necessity of integrative NT.

The New Testament also has distinct theological foundations for the benefits of NT. Phillip points out that, "In the NT *(New Testament)*, the primary way that Jesus reveals God's kingdom is through the telling of stories (parables)."[96] It is also foundational that the Great

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[90] Phillip, "Narrative Therapy," 460.

[91] Ohlschlager and Clinton. "Christian Counseling Process," 82.

[92] Phillip, "Narrative Therapy," 460.

[93] DeGroat, "The New Exodus," 188.

[94] Ibid., 189.

[95] Ibid., 188.

[96] Phillip, "Narrative Therapy," 460.

Commission is ultimately God commanding His children to engage in spiritual NT by dispersing and telling the story of Jesus Christ's ministerial life and redemptive works.[97] Jesus listened to the personal life stories of those he encountered, and He shared His own for the sake of healing and growth. This forms a sound and valid theological basis for the benefits and acceptability of NT as an effective method for the transformational experiences that come with SR and PTG.

In addition to evaluating the validity of NT based on its' theological foundations, McMinn adds that speaking of one's hurts and regrets to God and or another person, their self-perceptions were permanently altered in a positive way.[98] This is consistent with what the literature conveys about NT, which happens to be a long-standing practice of believers throughout all of Scripture. Confession and NT work toward similar goals of renewal, healing, and transformation.

DeGroat links the Christian concept of spiritual transformation with the practice of NT. "As therapists invite a client to shift from one narrative (unhealthy childhood relationships), so the preacher invites her parishioner to leave his old narrative and to live into the Biblical script as a new and better narrative."[99] This is powerful and astute correlation represented in the literature makes integrative NT a valuable and validated approach for overcoming trauma and achieving SR and PTG.

Spiritual Formation

Francis states, "Spiritual formation is an attitude and posture of learning beyond mere facts that transform perspective, renews the mind, defines character, and is grounded in the heart

[97] Matthew 28:16-20.

[98] McMinn, *Psychology, Theology, and Spirituality*, 241.

[99] DeGroat, "The New Exodus," 187.

and soul. An intentional journey resulting in conformity to the image of Christ through the message of Jesus Christ."[100] This process requires the individual to align the narrative of their own life into the narrative of God's overall plan and, specifically, the story of Jesus' life and works. Thus, the principles of NT are significantly represented in Christian transformation. SR is the melody that harmonizes the abundant life for those actively participating in spiritual maturation.

Fowler's stages of faith development are as follows: 1) Intuitive – Projective Faith: Instinctual understanding of God that is concreating and experiential, rooted in their primary care-giver, 2) Mythic – Literal Faith: Experiential understanding of God that expands beyond their primary-caregiver, 3) Synthetic – Conventional Faith: Abstract thinking where the narrative of God's story can interact within the community, 4) Individuative – Reflective Faith: Maturation of pruning their faith through abstraction, reason, and ownership of an individual relationship with God, 5) Conjunctive Faith: Self-reflection and deepening of meaning, purpose, and humanity, and 6) Universalizing Faith (rare): Religious teachers/leaders who challenge the status quo and work toward humanitarian justice.[101]

Each stage builds off the next one to allow for a deeper and more meaningful spiritual connection along the way. Yet, Francis observes that Fowler's model is flexible enough to recapitulate or rework any dynamic stage.[102] The concept of recapitulation is consistent with the benchmarks of NT and supports the benefit of telling and re-telling one's story. According to the individual's natural spiritual formation development, they will partake in the telling and re-

[100] Francis, "Integrating Resilience," 502.

[101] Ibid.

[102] Ibid.

telling of their narratives, anyway, even if only to themselves. This is how one attempts to make sense of highly complex facets of life, like spirituality and trauma.

Though Fowler's stages of faith development do depict a genuine developmental phenomenon, it is recognized, by some, as falling short of biblical basis.[103] From this perspective, faith is best represented as the integration of intellectual confidence of the content of God's story as conveyed in Scripture and "Personal commitment to obedience to God's Word, perseverance in God's will, and charity toward God's people."[104] It is further asserted by Jones that "If a person's faith does not manifest itself through such a lifestyle, his or her faith is false."[105] However, traumatic events and experiences can create psychological barriers that can place a human limitation on one's ability to trust, endure, and or healthily love and serve others. In this case, the existing research supports the restorative healing endeavors due to faith, not a measure of it.[106]

In Christian spiritual formation, "The humanity of Christ provides a prototype of human flourishing."[107] The trajectory of spiritual formation is transformative sanctification, rooted in the life and works of Jesus Christ. Hackney points out two aspects of sanctification within spiritual formation: Divine Sovereignty and human responsibility.[108] Interestingly, "Since Jesus is the

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[103] Timothy Paul Jones, "An Analysis of the Relationship Between Fowlerian Stage-Development and Self-Assessed Maturity in Christian Faithfulness Among Evangelical Christians." (EdD diss., The Southern Baptist Theological Seminary, 2003), 5, ProQuest Dissertations & Theses Global.

[104] Jones, "An Analysis of the Relationship," 15.

[105] Ibid.

[106] McMinn, *Psychology, Theology, and Spirituality*, 52.; Schiraldi, *The Resilience Workbook*, 2; Wright, *Complete Guide to Crisis*, 224.

[107] Hackney, "Sanctification as a Source," 197.

[108] Philippians 1:6; 1 Thessalonians 5:23; 2 Thessalonians. 2:13Galatians 5:17; Colossians 3:5-10; Hebrews 12:1; Acts 24:16; Philippians 2:15; 2 Peter 1:3-8; 1 Timothy 4:15-16; Hackney, "Sanctification as a Source," 198.

telos of the covenant, becoming like Jesus is the *telos* of sanctification."[109] This aligns with the teleological nature of human healing in the pursuit of meaning and purpose in trauma care.

Conclusion

The literature review regarding spiritual formation presents a strong correlation to the need for integration and the importance of NT for cultivating SR and PTG. All persons, no matter what their known belief system, has a spirit. Being able to examine the complexities of the spirited self as it pertains to trauma and opportunity is the engagement in spiritual formation. The literature appears to support the validity and effectiveness of NT for the treatment of trauma, and there is strong theological evidence that NT has a long-standing and important role in the spiritual formation of wounded persons. Therefore, understanding how integrative NT approaches can better strengthen and foster SR and PTG can be investigated from an informed position of validity.

Theological Foundations

Though the pervasiveness of trauma amid humanity can be shocking, concerning, and demoralizing, Scripture is not silent on this subject. Jesus provided insight, information, and inside intelligence regarding this topic: "I have told you these things, so that in me you may have peace. In this world, you will have trouble. But take heart! I have overcome the world."[110] In light of this, the theological foundation that this DMIN action research project is built upon is being spiritually sensitive, professionally active, practically vibrant, and scripturally sound concerning the group(s) of wounded people she counsels, coaches, teaches, and supports.

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[109] Hackney, "Sanctification as a Source," 197.

[110] John 16:33.

The biblical principles that serve as the theological foundation(s) of this researcher's DMIN action research project are as follows:

A Call to Suffering

A call to suffering is a core principle for all believers. Though suffering is generated by the physical and spiritual brokenness of the world and human sin, it also serves as the discipline of the character, refinement of godly reliance, and testing of authentic faith.[111] Therefore, normalizing difficulties in the life of a believer is a critical step in the healing process, which Scripture supports. Peter conveys, "Beloved, do not be surprised at the fiery trial that has come upon you, as though something strange were happening to you. But rejoice that you share in the sufferings of Christ, so that you may be overjoyed at the revelation of His glory."[112] Believers who understand that their story and the suffering within it is intimately connected to God's story can ascribe a more transcendent meaning to and outcome of suffering.

To more deeply understand suffering in a Christ follower's life, one must recall that Scripture repeatedly reminds the Believer that suffering is eminent and not to be shocked as a result.[113] Instead, Believers are encouraged to move ever forward doing good, in full confidence of the glory to be revealed in each member of God's kingdom as they trust their souls to their faithful Creator, Who is working all things for good for those who love Him.[114]

[111] 1 Peter 1:7.

[112] 1 Peter 4:12-13.

[113] 1 John 3:13; John 15:18; Matthew 24.

[114] Romans 8:18; 1 Peter 4:19: Romans 8:28.

The Provision of Healing: Abundant Life

The second biblical principle that serves as part of the theological foundation for this DMIN action research is the biblical call to healing and the opportunity of experiencing an abundant life for all believers.[115] Posttraumatic growth is, essentially, a biblical concept that springs from the growth-focused trajectory that leads to everlasting life in full physical fellowship with the One True God, in a place that He has prepared. The biblical equivalent of PTG is *hope.*[116] Together, PTG and hope create a powerful defense and healing agent for the sufferer, who may otherwise experience unnecessary complications resulting from trauma or complex trauma.

Additionally, the biblical model of healing and abundant life affirms the modern understanding of PTG and vice versa.[117] From these perspectives, suffering creates an opportunity that leads to deeper meaning and more refined life skills. Consider Peter's conveyance, "And after you have suffered a little while, the God of all grace, Who has called you to His eternal glory in Christ, will Himself restore, confirm, strengthen, and establish you."[118] These assurances inform individual and spiritual resilience (SR). Healing and comfort in the aftermath of adversity also create opportunities for the healing of one person's life to encourage, assist, and comfort others in the face of their adversity.[119] This is a humanitarian effort that stems from the theological foundations of Christian fellowship, discipleship, and Christlikeness.

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[115] John 10:10; Jeremiah 29:11; Philippians 4:19; 1 Corinthians 2:9.

[116] 1 Peter 1:3-9.

[117] Hoff, *People in Crisis,* 8; James 1:2-4; Romans 5:3-5.

[118] 1 Peter 5:10, NIV.

[119] 1 Corinthians 1:3-7.

Renewing the Mind

Scripture is far from silent regarding the topic of healthy cognition. This is particularly salient when it comes to processing difficult and or problematic themes, events, or perspectives. Consider the call for Christians to be transformed by the renewal of the mind.[120] Thompson speaks of Romans 12:2, "When we pay attention to our minds…we can begin to stop the disintegration and embrace the acts of confession and repentance that lead to redemption. No wonder, then, that Paul links regeneration with the healing, or integration, of the mind."[121] Therefore, in the Christian's life, healing unlocks a spiritual resource that would otherwise remain buried under the weight of grief, loss, and hopelessness. Creative and meaningful healing narratives that can be experienced through communication with self, others, God, and the world is neurologically represented by the integration of the prefrontal cortex through the stimulation of neural activation and growth, which generates new life in the form of new neural networks; a literal re-wiring of the brain.[122] Therefore, the biblical principle of renewing the mind through connection with human and spiritual attachment plays a crucial role in developing and sustaining SR. Hope in and through Christ is an anchor for believers amid suffering, "I have said these things to you, that in me you may have peace. In the world you will have tribulation. But take heart; I have overcome the world."[123]

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[120] Romans 12:2; 2 Corinthians 4:16; Ephesians 4:17-32; 1 Peter 1:13; Philippians 2; Philippians 4:4-8; Colossians 3:2.

[121] Thompson, *Anatomy of the Soul*, 184.

[122] Ibid.

[123] John 16:33.

Theoretical Foundations

The primary theoretical foundations for this DMIN action research project are *Attachment Theory, Family Systems,* and *Eclecticism.* Each theoretical bend is discussed in greater detail below, and bear with them an integrative bend.

Attachment Theory

John Bowlby's attachment theory is rooted in the assumption that significant bonding relationships (or lack thereof), starting in infancy, become internalized and serve as the mental framework for constructing the sense of self and future relationships.[124] Identity assumptions of self, others, God, and the world are understood through the internal and external interruption of unification, belonging, community, and social safety (or lack thereof). Attachment Theory aligns with the tenants of NT in that it posits that all people's lives are deeply connected with other people's lives and that those connections matter.

The theoretical foundations for this DMIN action research project closely interact with its theological foundations. Attachment is reflected in the way people tell their stories and that this telling and re-telling of stories is a left-brain function of linguistic expression that has emerged from the right-brain interpretations.[125] Therefore, even neuroscience supports the construct of attachment, along with its importance and implications. Thompson sums it up, "Our attachment patterns, translated into and through our neural networks, not only affect our relationships with other people, they are one of the primary forces shaping our relationship with God. Whatever our

[124] Jess Feist, Gregory J. Feist, and Tomi-Ann Roberts, *Theories of Personality,* New York, NY: McGraw-Hill Companies, Inc., 2006, 157.; Thompson, *Anatomy of the Soul*, 109-110.

[125] Thompson, *Anatomy of the Soul*, 115.

dominant patterns tend to be, we will relate with and assume things about God through those same neural networks."[126]

Family Systems

Alfred Adler was a contemporary of Sigmund Freud who had a very distinct notion of human psychology.[127] Whereas Freud focused on the presence and influence of the unconscious drives of life that they had little to no control over, Adler honed in on the creative act of *becoming* as an individual, emerging from deeply meaningful and influential family systems.[128] Adler's approach to well-being had less to do with revealing the unconscious and more to do with exploring the positive aspects of individuality as they function in great desire to be connected with other individuals. Thus, the family system approach makes room for the positive psychology of the individual as it interacts with and within the metanarrative of social systems dependent on and driven toward attachment.

Self-consistency, unity, social interest, style of life, and creativity are aspects of an integrative identity, which relate and function under specific roles, such as birth order traits.[129] Such a theory fuses the importance of healthy attachment, the influence of social constellations, and the positive psychology of unique individuals. Thus, incorporating some PP and PP2 philosophies into the framework of the theory. Adlerian approaches to psychotherapy aim to enhance courage (develop resiliency), lessen feelings of inferiority (reclamation of identity), and encourage social interest (enhance healthy attachments).[130] The researcher of this DMIN action

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[126] Thompson, *Anatomy of the Soul*, 118.

[127] Ibid., 69.

[128] Ibid., chapter 3.

[129] Ibid. 91.

[130] Feist, et al., *Theories of Personality,* 93.

research project finds validation and consistency in the theoretical approach of family systems that span from earthly social systems to God's kingdom.

Eclecticism as Integration

Gordon Allport, Ph.D. and psychology pioneer, was a staunch advocate for the uniqueness of the individual and issued a call to approach personality and to tend to it from an eclectic approach that identified and enhanced the distinctions of each human being.[131] The eclectic approach comprises several theoretical contributions, such as Maslow, Freud, Rogers, Eysenck, Skinner, and many others, to tailor the approach to healing that best served the individual makeup of the person being served, which provided a more expressive and adaptive methodology.[132] This researcher finds eclecticism consistent with Scripture and has experientially found value in working with it on traumatized people.

Though there are some basic unifying factors of all humankind, each person is a vast combination of distinct personalities and experiences that create a body of people with notable distinctions.[133] For instance, Allport identified six criteria for a healthy and mature personality: altruism, compassion, self-acceptance, truth-based, non-hostile sense of humor, and mature religious faith.[134] This approach validates integration and individuality within the construct of community and belonging.

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[131] Feist, et al., *Theories of Personality,* 349.

[132] Ibid.; Lomas and Ivtzan, "Second-Wave Positive Psychology," 3.

[133] Feist et al., *Theories of Personality,* 352; Romans 12:4; 1 Corinthians 12: 12.

[134] Ibid., 354-355.

CHAPTER 3: METHODOLOGY

This DMIN action research project employed qualitative approaches to generate, collect, and analyze phenomenological data to better understand how integrative NT approaches in counseling correlate to SR among suffering Christians. Gough and Lyons assert, "Innovative qualitative research designs and approaches can provide different kinds of psychological knowledge. Qualitative research methodologies can more fully (and validly) investigate the complexity of human phenomena."[135] With this in mind, the researcher has structured this DMIN action research project as a case study and theorizes that there will be a positive correlation between integrative NT approaches used in counseling and increased SR.

From this framework, the results of this research can open the doors for PP, PP2, and more authentic healing to have a greater presence in church organizations, mental health care facilities, and human systems of all kinds. Stringer states, "Action research, therefore, is based on the proposition that generalized solution, plans, or programs may not fit all contexts or groups to whom they are applied and that the purpose of the inquiry is to find an appropriate solution for the particular dynamics at work in a local situation."[136] Potential is measured by progress, which is process-oriented. Thus, there are many aspects of hope that can occupy and support the methods of this research project.

Investigating the human phenomenon of SR allows the researcher to collect specific data from the actual and intact experiences of other humans who have struggled to find effective

[135] Brendan Gough and Antonia Lyons. "The Future of Qualitative Research in Psychology: Accentuating the Positive," *Journal of Integr Psychol Behav* 50, (2016): 238, http://www/doi.org/10.1007/s12124-015-9320-8.

[136] Ernest Stringer, *Action Research*, Thousand Oaks, CA: SAGE Publications, Inc., 2014, 6.

assistance pertaining to their healing journeys and the reclamation of problematic and or painful metanarratives as they interact with that of Christ's narrative. Horrigan, Millar, and Dowling state,

> This exposition of everyday ordinary existence provides the interpretive phenomenological researcher with the opportunity to inductively reveal meaning from the epic perspective. This is arguably interpretive phenomenology's greatest asset in that the opportunity to illuminate the ''. . . ordinary, taken for granted living as something more layered, more nuanced, more unexpected and as potentially transformative when something is revealed of the extra-ordinary.[137]

Ordinary lives are layered with complex stories that overlap the complex stories of other ordinary people creating the extraordinary. Within these complex layers, connections are made, and from those connections, meaning is found. Therefore, the human phenome connects horizontally (with other humans) and vertically (with the One, True, Triune God) through the capturing, understanding, and relaying of their personal stories.

Intervention Design

Qualitative phenomenological data, formal questionnaires, informal interviews, and applied integrative NT intervention(s) were used to collect and generate data to determine and establish integrative NT's implications on SR. Each aspect of this mixed-method approach has provided a glimpse into the past and present occurrences, as interpreted by the ones experiencing them, to gain insight into the effectiveness of integrative NT approaches for cultivating human thriving of the spirit in the Christian congregation at SBCC and counselees at OHFC. Thus, this 1-tailed research project is comprised of a paired sample whose population has been derived

[137] Marcella Horrigan-Kell, Michelle Millar and Maura Dowling. "Understanding the Key Tenants of Heidegger's Philosophy for Integrative Phenomenological Research." *International Journal of Qualitative Research* (2016): 7, http://www/doi.org/10.1177/1609406916680634.

from the convenience and purposive samples. The structure of the timeline for this DMIN action research project was as follows:

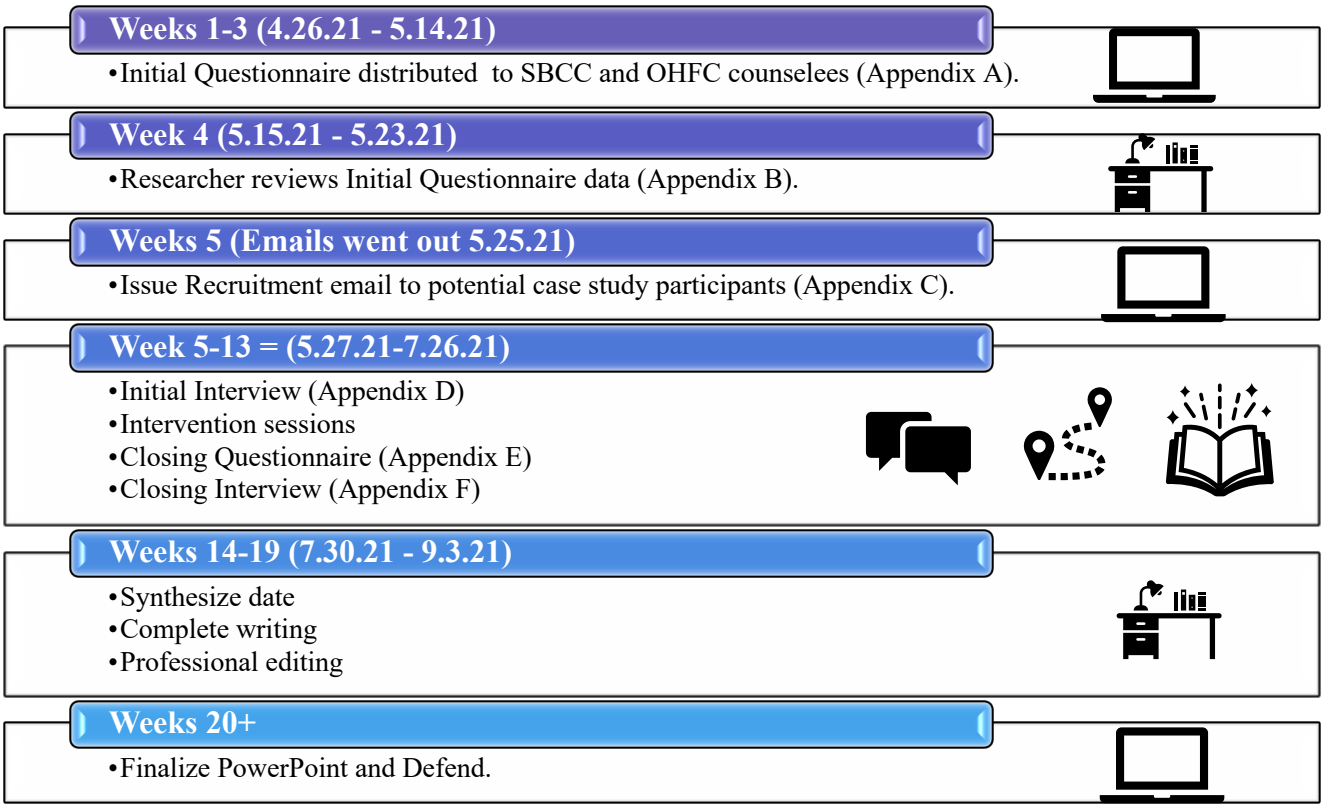


Figure 1. DMIN Timeline
(estimated to take 20 weeks)

Implementation of Intervention Design

The following section conveys, in detail, the implementation of the data collection procedures, data analysis, and ethical considerations present in this DMIN action research project. Stringer asserts, "Action plans often can be incorporated into the regular operations of organizational life, so that practitioners may work with students, clients, customers, or colleagues to devise lesson plans, care plans, case management plans, marketing plans, and so on."[138] This is

[138] Stringer, *Action Research*, 166.

precisely how the researcher approached the project, as it afforded a natural opening for a deeper dive into the already established system of client-therapist rapport.

Additionally, Stringer posits, "Recipe-based solutions often are based on the professional expertise of the practitioner and fail to take account of the deep understandings that people have of their own experiences and the underlying issues that are a central part of the problem."[139] Therefore, in keeping with the focus and spirit of qualitative phenomenological research tenants, the researcher proceeded with the research question(s) at the forefront of concentration rather than advancing a strict recipe-based approach. The main goal of this DMIN action research project was to determine, with greater accuracy, the correlation between integrative NT methods in counseling and sustainable SR in the lives of suffering Christians.

Data Collection Procedures

The following sections provide a more comprehensive and detailed glimpse into the data collection methods used to conduct the action research and collect/analyze data. Pseudonyms are used throughout this study to protect the anonymity of all participants and those they discuss.

Initial Questionnaire

The purpose of the Initial Questionnaire (Appendix A) was to collect pertinent data to begin to construct a pool for deriving compatible case study participants. The researcher used the information derived from the Initial Questionnaire to assess compatibility and volition for qualifying case study participants. Case study participants had to be 18 years of age, a professing Christian who has previously experienced counseling that was absent of integrative NT

[139] Stringer, *Action Research*, 167-168.

approaches and deemed ineffective by the client, have an established working relationship with the researcher, and not have a previously diagnosed mental illness.

Before distribution, the Initial Questionnaire was reviewed and approved by Liberty University's Institutional Review Board (IRB). After which time the Initial Questionnaire was then distributed to the researcher's 53 active clients over 18 at OHFC and SBCC. The questionnaire prompted the participants to answer close-ended questions to identify persons who met the qualifications for further participation in the case study along with volitional affirmation of continuance. It was initially created as a Word document, printed at OHFC for hardcopy distribution, and also converted to a PDF for electronic distribution via email. All Word and PDF files were created and stored on the researcher's MacBook Pro, backed up to Dropbox, and saved to an external hard drive stored in a locked file cabinet at OHFC. The researcher shredded all unused hardcopies of the Initial Questionnaires.

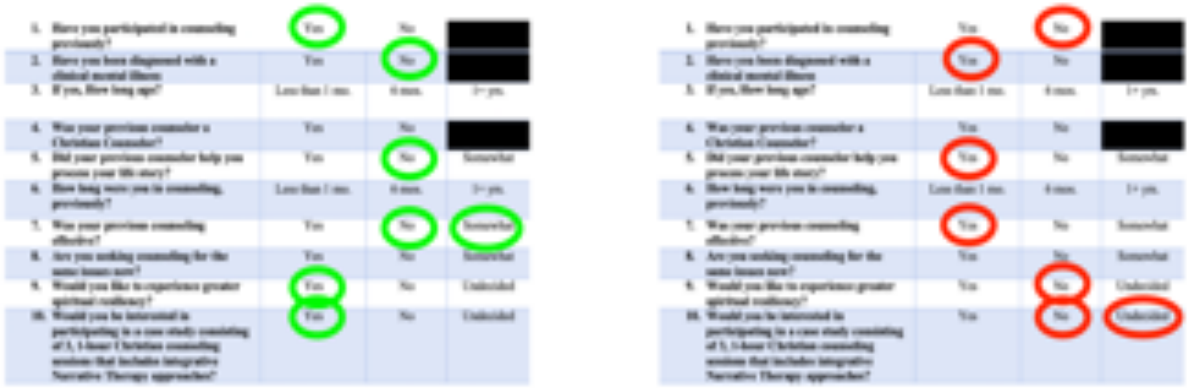


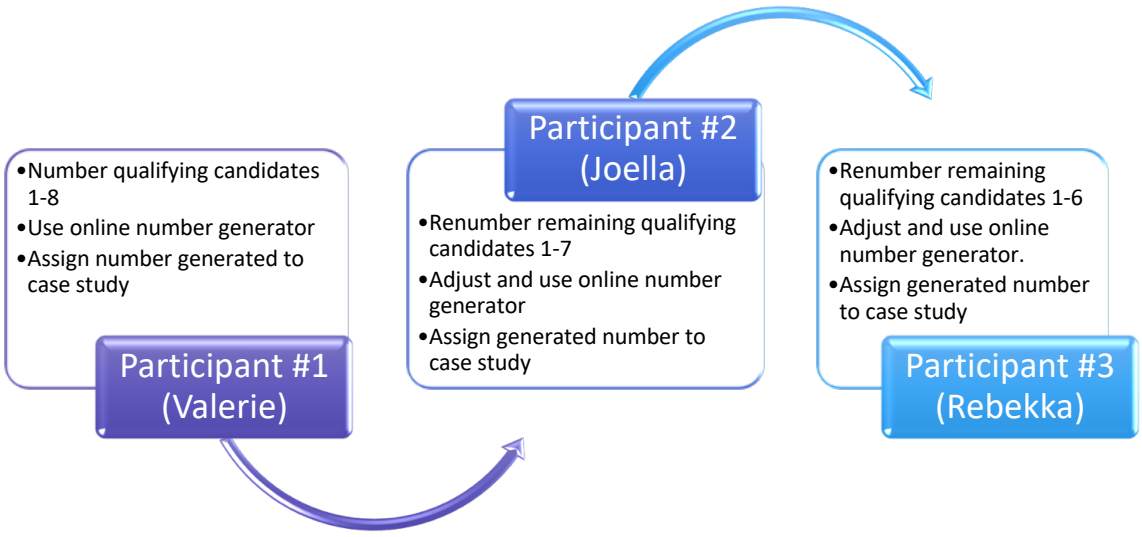
Figure 2. Initial Questionnaire Qualifications
Left Chart: an example of a qualifying questionnaire (All answers represented by the green circles must have been present for one to qualify for the case study).
Right Chart: an example of one who does not qualify for the case study (One or more answers represented by the red circles disqualified the case study candidate).

Since most OHFC and SBCC counselees attend counseling 1 to 4 times per month, a three-week distribution timeframe was used to capture as many clients, in person, as possible. At

the same time, the PDF version of the Initial Questionnaire was distributed via email. The PDF version was sent to those who did not have an in-person session during the distribution timeframe and or electively engages in telehealth sessions due to childcare deficiencies, physical limitations, or personal preference. Five questionnaires were sent via email, and five were completed and returned.

Of the initial 53 persons provided the Initial Questionnaire, 25 were completed and returned. Of the 25 Initial Questionnaires returned, 8 met the criteria mentioned above and qualified for continued involvement in the case study. Of those 8, all expressed an affirmative desire for continued participation in the case study, yet the researcher only needed three case study participants. Therefore, the researcher used an internet-based random number generator to select the three case study subjects.

To do this, the researcher assigned numbers (1 through 8) to the qualifying case study candidate's Initial Questionnaires and then used an online random number generator to arbitrarily select the 3 case study subjects. Once the first random number was generated, the researcher renumbered the remaining 7 qualifying candidates and adjusted the online random



number generator accordingly for the second selection. This process was repeated one last time to secure the third and final case study subject.

Figure 3. The Process of Selection for Case Study Subjects

The researcher then sent the Recruitment email (Appendix B) to the randomly selected 3 case study subjects (Valerie, Joella, and Rebekka). The Recruitment email included the IRB stamped Informed Consent (Appendix C) for them to review and return at their first intervention research session. Each of the first 3 case study candidates replied favorably to the Recruitment email and ultimately completed the research. Had one or more of the initial randomly selected candidates abdicated, the researcher had a pool of 5 other qualifying, willing, and able candidates to backfill with and would have moved forward with a second round of randomized selection. However, that contingency was not necessary to enact.

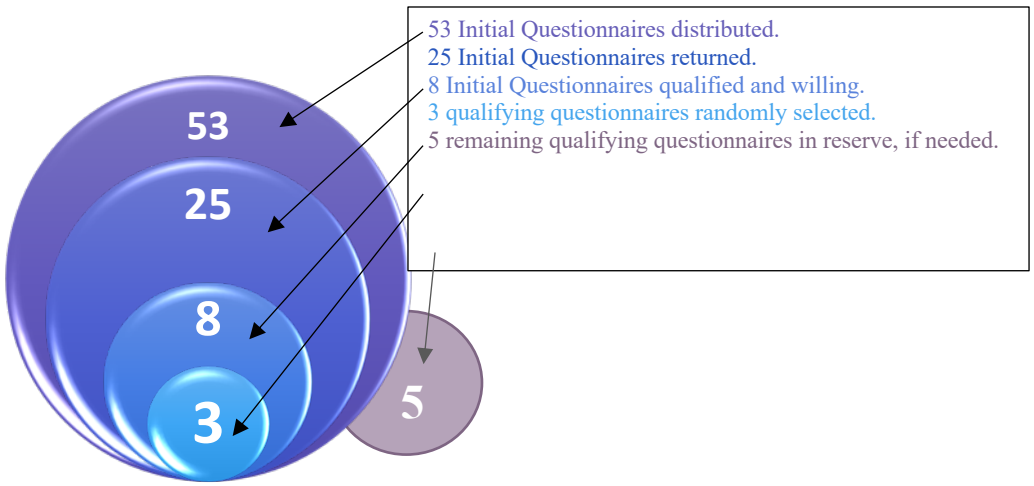


Figure 4. The Evolution of Elimination for Case Study Participants

The researcher constructed and conducted the case study participant selection process to capture qualifying individuals experiencing diminished SR, which is contrary to the abundant life available to all Christ-followers. The researcher designed three integrative NT intervention counseling sessions based on her experience and education to investigate the correlation between

integrative NT methods and the cultivation of SR. As a reminder, in order to protect the identities of the case study participants, pseudo names have been selected and used throughout the entire study.

Participants

This research project consisted of three female individuals between the ages of 35 and 54. Each participant was born female, identifies as female and is heterosexually oriented. Although gender identical, they encompass great diversity in their individual cultural backgrounds, personal trauma(s), socio-economic status, psychosocial status, and levels of identity/spiritual formation.

	Valerie	Joella	Rebekka
Age	54	40	36
Gender at Birth	Female	Female	Female
Gender Identification	Female	Female	Female
Sexual Orientation	Heterosexual	Heterosexual	Heterosexual
Marital Status	Divorced (Second Divorce)	Single (Never been married)	Married (1st Marriage)
Race	Caucasian	Caucasian	Caucasian
SES	Middle Class	Upper Class	Upper Class

Figure 5. Participant Demographics.

Valerie was a second-time divorcee (5-year first marriage and 21-year second marriage), Joella was single (never been married), and Rebekka was married (1st marriage and pregnant with her first biological child). Each case study subject had an established working relationship with the researcher of more than 1 year but less than 4 years. In that time, each of them had encountered a significantly negative transition unrelated to the initial reason for seeking

counseling. Initially, Valerie sought grief counseling pertaining to the loss of her mother and then encountered a drawn-out divorce. Joella initially sought counseling with the researcher to determine the viability of her long-term relationship and then experienced the termination of that relationship. Lastly, Rebekka initially sought began counseling with the researcher to manage anger regarding blended family issues, and then became pregnant with her first biological child and became aware of her husband's alcohol addiction. Each participant was physically, emotionally, mentally, and volitionally able to participate in the case study intervention sessions with no interruption to their counseling schedule or process that is presently in place, and they all willingly signed the DMIN action research project Informed Consent.

Participant #1: Valerie (age 54). Valerie has been a client of the researcher through OHFC since March 2018. Though she originally sought grief counseling, the ultimate focus of her case shifted to the separation and divorce from her husband of 21 years, who is a General in the United States Air Force. She was not seeking reconciliation, and her husband had already moved one thousand miles from their marital estate to support his career. This anticipated loss (imminent divorce) was compounded upon three other major losses that had occurred in the several years leading up to the marital separation: the death of her mother, the death of her father, and the betrayal of a trusted family caregiver.

Valerie spent 10 years as a Home Economics educator before she stepped away from her career to support her husband's military endeavors and care for their only child (male: age 23, currently). Upon the birth of her first child, she encountered secondary infertility resulting in no other viable pregnancies. Valerie's current spiritual understanding consists of limited exposure to southern Baptist bends with very little personal salvific understanding. She is currently in Fowlers 1st stage of spiritual formation: Intuitive-Projective. She knows who Jesus is but does

not necessarily understand who He is in relation to herself. Thus, Valerie's family of origin (FOO), specifically her mother, became her relational religion and consisted of a highly co-dependent mother, a complacent yet volatile father, and an avoidant younger brother. Valerie's identity had been established through and sustained by her mother.

Participant #2: Joella (age 40). Joella had been a client of the researcher, through OHFC, since October 2018. She originally sought couples care for herself and her male companion (Mitch) to resolve lingering trust issues before committing to marriage. Before meeting Joella, Mitch had spent two years in federal prison for white-collar crimes and had also presented as a serial infidel in his previous marriage. Though these issues were not manifesting nor present in their relationship, there were difficulties with Mitch's ex-wife and his six biological children. She and Mitch parted ways in October 2020.

Joella is an elementary school teacher at a trauma-informed school, and she has never been married. She does not have any biological children. Joella is in Fowler's 4th stage of spiritual formation: Individuate-Reflective. She accepted Christ as her personal friend and Savior in her early 20's and has worked to cultivate a more personally relational connection with God outside of the Catholic tradition(s) of her strong Italian FOO, which consists of a controlling mother, passive yet manipulative father, and abusive older sister. Joella's identity had been established through and sustained by her family unit.

Participant #3: Rebekka (age 36). Rebekka had been a client of the researcher, through OHFC, since August 2019. She originally sought care for her anger management, boundary setting, and forgiveness issues. In September 2020, she brought her husband (Lars: age 47) into the process for couples counseling regarding his alcoholism. Rebekka has been dedicated to her own individual care, while she and Lars have continued to participate in strengthening their

marriage. Lars also began individual care in October 2020 and has, in that time, celebrated recovery from alcoholism, reestablished his medical practice (Orthopedic Surgeon), and rededicated his life to the Lord. Each of these ultimately strengthening the marital bond.

Rebekka is a well-established and successful pharmaceutical representative. She was 34 weeks pregnant with her and Lars' first child. She had no other biological children, though Lars had two domestically adopted children and one biological child from a previous marriage. Rebekka had just reached Fowler's 5th stage of spiritual formation: Conjunctive. She accepted Christ as her king and Savior in her late 20's despite her FOO being anti-Christian, which includes a hostile/neglectful mother, a kind yet alcoholic father, and four more rebellious older sisters. Rebekka's identity had been established through her work.

Data Collection

All data collected (questionnaires, field notes, audio recordings, and transcriptions) was generated and kept secure on the researchers OHFC iPad and MacBook Pro, saved to Dropbox, which upholds current Health Insurance Portability Accountability Act (HIPAA) standards for privacy of information, and backed up on an external hard drive. The data pertaining to this DMIN action research project will be kept secure for one year. After that time, all data on hard copies will be shredded, and electronic data will be permanently deleted. The same coding was used for all forms of data so that it could be synthesized into Atlas.ti for analyzing and extracting themes, patterns, distinctions, and trajectories.

The researcher kept detailed field notes that captured observations of voice inflections, facial expressions, changes in breathing, pauses, unnatural body movements, verbal and non-verbal inconsistencies, revelations, covert messaging, and overt communication. A whiteboard was used, at all intervention sessions, as a visual aid to illustrate, display, and correlate session

information. Pictures of each whiteboard were taken at the close of each intervention session and saved in each field note. Additionally, within each session note, the researcher added her observations and reflections. This allowed the researcher to account for any biases, feelings, thoughts, or previous applied participants' knowledge.

Audio recordings of all intervention sessions were also taken for more accurate data cataloging. The researcher used the transcription app, Otter, to transcribe the audio recordings for immediate access to a PDF version of the transcription. This allowed the researcher to collect a higher quantity of information and then revisit it in a timelier manner for the sake of comprehensive analysis using Atlas.ti. All intervention session field notes and audio recordings were kept secure on the researcher's password-protected OHFC iPad and MacBook Pro and then backed up to Dropbox. The raw data was then entered into an Atlas.ti qualitative research computer program to synthesize data, analyze correlations, and extrapolate visually perceivable and valid results.

Initial Interview

The researcher casually and conversationally conducted the Initial Interview (Appendix D) at the beginning of the first intervention session (after collecting the signed Informed Consent). It served as a starting point for the session as the self-reported information provided a framework to build the narrative structure for each participant. The researcher used the data collected from the initial interview as a baseline for measuring change. The researcher reiterated, with each participant, that the intervention sessions would be using NT approaches that allowed processing their life in story form.

The Initial Interview was reviewed and approved by Liberty University's Institutional Review Board (IRB) and prompted the participants to answer open-ended questions pertaining to

their previous counseling experience, therapeutic goals, current emotional fortitude, and desired SR. The data from this Initial Interview was processed using the qualitative research computer program, Atlas.ti, for synthesis, analysis, and statistical comprehension using consistent coding. Since the Initial Interview took place during the first intervention session, the audio recording of the session captured it and integrated it into the intervention. Since the same codes applied to all collected data, this systematic approach integrated well and allowed the researcher to simplify the process while not compromising its integrity.

Due to the established working relationship between participants and researcher, much of what was covered in the Initial Interview was informationally common knowledge. However, the research context and focus on integrative NT methods, as they relate to SR, provided a new and open line of communication, sharing, and investigation. Lomas et al. state, "From a wider psychological perspective, the significance and desirability of emotions cannot be judged without taking context into account."[140] Rapport, trust, and a baseline of human interaction were well established between the researcher and each case study subject, which made for a natural and more authentic process. In turn, this authentic process added confidence to the soundness of the collected data.

Intervention: Case Study

The intervention phase consisted of three, 1-hour sessions for each participant that included integrative and collaborative NT approaches. Each session was facilitated by the researcher, at the OHFC Beavercreek location, in conjunction with the processes supported by her training and relevant counseling methods, experience, and scope of practice. The case study intervention produced real-time information regarding the correlation between integrative NT

[140] Lomas and Ivtzan,. "Second-Wave Positive Psychology," 6.

and SR among suffering Christians. Due to the investigative nature of qualitative research and the investigative nature of NT, there is fluency among the concepts of this action research project, which also boosted the soundness of valid results.

This phase took 8 weeks to complete, which was on target of the researcher's original projection. These intervention sessions could have been completed in a much more condensed time frame, but the researcher had to accommodate the summer travels of the case study participants. Two of the three case study subjects traveled, during this stage of the research, for two weeks each. Thus, the intervention stage took the full 8 weeks to complete.

Integrative NT Session One: Life Timeline. The first integrative NT intervention session focused on working with the participants to construct a timeline of their life. Sarno, an accomplished clinician, working with the Military and Family Life Counseling Program (MFLC), states, "Treatment for something that evades and eludes assessment is difficult to treat."[141] The goal of the first intervention was to foster the bringing forth of information so that it does not elude or evade the participant, making it difficult to treat. Once patterns, connections, and trajectories can be identified, self-insight can expand and inform healing.

Using a whiteboard, meaningful conversation, respectful questions, and clarifying curiosity, the researcher facilitated this exercise, starting with the participant's date of birth and then continuing from there to their first memory (age of first discernable memory varies from person to person). This produced a temporal, chronological visual aid of the participant's life, which was then verbally outlined to explore and investigate key characters, positive and problematic themes, repeating dilemmas, and God's presence.

[141] Albert Sarno, "Treating Veterans with Complex Traumagenic Disorders: When Childhood Traumas and current Traumas Collide" (PhD diss., Capella University, 2009), 81.

Each participant used the timeline and content generated in the first integrative NT intervention session as a launching point to complete homework for the second integrative NT intervention session. Homework from this first session was for the participant to finish their life timelines: To fill in any gaps to the best of their ability in a gentle way from the safe distance of the present and keep a life story journal: to record any connections, revelations, prayers, thoughts, and or newly detected patterns.

Integrative NT Session Two: Plot Twists. Using the timeline generated from the previous session and the homework completed in the meantime, the researcher focused the second integrative NT intervention session on defining, to a greater and more connective degree, key characters, positive and problematic themes, repeating dilemmas, and God's presence within the participant's life story. This was the primary storytelling session where the participant had the opportunity to elaborate, detail, and fill in the gaps regarding their life's key influences, premises, victories, and disappointments to genuinely and safely explore their past so that greater degrees of internal and external insights may surface.

Once the participant's stories began to flow, intersections of the improved internal self-insights (from session 1) and illuminated external environmental insights (from session 2) began to come into focus, which formed detailed content for forming a thematic outline of life in addition to the timeline. These intersections often produce the surfacing of a plot twist in the participant's story. These plot twists can change the way the entire previous story of their life is synthesized, comprehended, and internalized. Homework for this second session was for participants to take the detailed content of their known (past and current) stories and assign

chapter names to their life as if they were forming the table of contents for the book that contained their life story.

Integrative NT Session Three: Synthesize. Lastly, session 3 began with a detailed recap of the participant's timeline of life, a reiteration of key characters/influences, the highlight of the newly perceived plot twists, and recurring faithfulness of the Lord. The participants shared the chapter names of their life stories, and further investigative conversation facilitated continued growth, rewiring, and crystallization of new neural pathways. Kass states,

> Research in neuroscience and positive psychology provide additional insights into the dynamics and significance of a resilient worldview. Neurologically, this integrative process takes place in the ventromedial prefrontal cortex. In this prefrontal region, subcortical, right hemisphere, and left hemisphere processes are synthesized into coherent narratives about self, others, and life.[142]

The direction of the session was dictated by what the exercise yielded in relation to the specific needs that each participant naturally went in within the structure of the integrative NT integration.

The goal of this final integrative NT intervention session was for the participants, with the researcher's guidance, to synthesize the information that had been uncovered, discovered, or recovered regarding who they truly were in the story of their lives as it interacted with the stories of others and with that of the Lord. This threefold approach allowed the participant to identify (session 1), define (session 2), and synthesize (session 3). The researcher conversationally conducted the closing interview and provided the closing questionnaire to each participant to take home and return. Homework for session three was simply to reflect upon their experience and interaction with integrative NT, complete the Closing Questionnaire, and return it to the researcher.

[142] Kass, "Person-Centered Spiritual Maturation," 65.

Closing Interview

At the close of the last session, the researcher conducted one additional conversational Closing Interview (Appendix E) that collected qualitative phenomenological data about the participant's perceived experience(s) regarding the integrative NT case study counseling. The Closing Interview was approved by Liberty University's IRB and was initiated by the researcher at the end of the third and final integrative NT intervention session.

Based on their previous counseling experiences and the introduction of integrative NT, this Closing Interview served as the core informant for the qualitative phenomenological data that highlights a change of thinking, feeling, and or a shift in the way that each participant views and processes the narrative of their lives, from which resilience becomes a derivative.

Closing Questionnaire

To wrap up the closing interview, the researcher provided one last questionnaire (Appendix F) to add to the soundness of the phenomenological data regarding the relationship between integrative NT and increased SR. The Closing Questionnaire was approved by Liberty University's IRB and given to the participants after completing the integrative NT intervention sessions. The data collected in the closing questionnaire was used to provide an additional layer of validation to the soundness of the results.

The Closing Questionnaire is the only data collection method that used a Likert scale to gauge the participant's overall views regarding the quality of their self-reported level of SR, previous to the case study, compared to their SR after just three integrative NT counseling sessions. The usage of the Likert Scale provided a narrower margin of calibration to indicate nominal to significant changes in SR in relation to NT.

The Initial Questionnaire used closed-ended questions to determine compatibility for further participation, the Initial Interview served as a baseline for measuring all other data, the Closing Interview collected structured, yet conversational data that was the core informant of change, and the Closing Questionnaire used a Likert Scale to more distinctly observe evidence for the correlation between integrative NT and the SR of suffering Christians.

Data Analysis

The researcher followed Creswell's six-step process for analyzing and interpreting qualitative research data: 1) organize, prepare, and transcribe all research data, 2) read the data for memoing reflection, 3) code the data, in vivo, 4) identify themes and patterns based on the previous coding, 5) narrate the analysis, and 6) interpret the data.[143] The researcher implemented and maintained organization, evaluation, and connection with the data throughout this process. All interviews, field notes, audio recordings, and the Closing Questionnaire qualified as relative data for analysis. The Initial Questionnaire was not synthesized into Atlas.ti because its purpose was to generate qualifying candidates for the case study intervention(s).

Organization

Questionnaires, interviews, field notes, and audio recordings were consistently named and systematically managed using the researcher's management of information systems skills. For the transcription of the audio recordings, the researcher played the audio and followed along with her field notes while the Otter app transcribed data onto an electronic document. The

[143] J. Creswell, *Research design: Qualitative, quantitative, and mixed methods approaches.* Second edition. Thousand Oaks, CA: Sage Publications, Inc., 2003.

researcher chose the Otter app specifically because of the keyword indicator feature, which lists keywords spoken by specific speakers. By using this feature, data synthesis and consolidation were significantly expedited for the sake of accuracy.

As the audio played and the app transcribed, the researcher listened and expanded, adjusted, and elaborated upon the field notes. Once transcription was complete, the researcher read the transcriptions to make any necessary corrections needed to account for conversational punctuation missed by the app. Then hard copies were printed out to refer to while writing chapter 5. Next, the field notes were updated during the rereading of transcriptions, which were electronically backed up to Dropbox and then saved to the external hard drive. The researcher revisited the data, in its entirety, three times.

Coding

Once all field notes, audio transcriptions (along with the keywords), and Closing Questionnaire data were synthesized into a PDF form, the researcher added it to Atlas.ti (including the actual audio recordings) for qualitative trending and analysis. These PDFs and audio recordings were then coded in vivo by the researcher. Springer recommends, "To minimize the propensity to conceptualize events through their interpretive lenses, researchers should…apply the *verbatim principle,* using terms and concepts drawn from the words of the participants themselves."[144] Therefore, the researcher anchored the data coding, analysis, and result interpretation on verbatim words used specifically by the case study subjects.

Patterns

Based on the in vivo coding, the researcher then evaluated and analyzed the patterns and correlations that presented within the data provided by Atlas.ti, along with the researcher's own

[144] Stringer, *Action Research*, 140.

mnemonic recounting and documentation of the research data. The researcher assigned pseudonyms to the case study participants for the sake of protecting their identity. The results of this action research project hinge upon each participant's self-report experiences of influxes in SR, developments in identity, and the efficacy of NT counseling. Additionally, each participant's pattern is specific only to themselves in relation to their own life stories. However, the specificity of the participant's life stories can indicate the correlation between NT and SR.

Narration

To illustrate the narration of the analysis, the researcher used Atlas.ti to generate visual word clouds to conceptualize and perceive the connections, patterns, trajectories, and interpreted results of the data. These illustrations help to narrate and validate the researcher's interpretation of the results. Due to the bilateralization of the brain, this demonstration of results is vitally important for this particular research project. Any time appealing illustrations can be paired with meaningful words, both hemispheres of the brain activate and create emotional and cognitive neural pathways of healthy regulation.[145] Thus, the very nature of how the interpreted results were communicated only reinforces the premise.

Interpretation

Finally, the researcher interpreted the patterns, trajectories, and conceptualizations from Atlas.ti, along with her professional assessment, to come to a conclusion regarding the correlation between integrative NT and SR in the lives of suffering Christians. The data analysis focused on the main research question: Was there a correlation between the participant's experience in receiving integrative NT and their self-reported assessment of SR afterward. The researcher used various methods of extrapolating meaningful results.

[145] Schiraldi, *The Resilience Workbook*, 309; 50.

Stringer states, “The major task of this procedure is to identify the significant features and elements that make up the experience and perception of the people involved in the study (stakeholders).”[146] Thus, result interpretation was based on the patterns detected by Atlas.ti, the researcher’s assimilation of the research data, and the professional observation of thematic trajectories and clustering. Triangulation was used by the researcher based on the case study subject's verbatim expressions, the researcher’s intelligible observations, and the patterns that manifested in the data analysis from Atlas.ti.

Ethical Issues

Sensing states that the DMIN action research project researcher should be a co-participant among a specific community to investigate and enable transformative modes of action to be introduced to and infused into said community.[147] The researcher comprehensively adhered to this research model throughout the project. By doing so, an environment of unity was cultivated among the case study subjects and the researcher, which created a mutual understanding of contribution toward the greater good.

Given that the researcher had a previous working relationship with each of the clients, it is noteworthy to convey that all three case study subjects remained therapeutically connected to the researcher upon completion of the research. The integrative NT intervention sessions did not negatively affect or impede the established counseling relationship between the participants and the researcher. This conflict of interest was assessed by Liberty University’s IRB and was

[146] Stringer, *Action Research*, 139.

[147] Tim Sensing, *Qualitative Research: A Multi-Methods Approach to Projects for Doctor of Ministry Theses* (Eugene, OR: Wipf & Stock, 2011), 63.

approved, being deemed exempt. All clients were retained by OHFC and remained with the researcher as their non-clinical therapist.

Additionally, all three case study participants expressed gratitude for the opportunity to partake in the research project and has indicated that they would like to continue using integrative NT methods in their current and future counseling with the researcher. Based on their own counseling experiences with the researcher, PP, PP2, and now, NT methods, each case study subject indicated that they felt confident that they had made a positive contribution to and for the expansion of PP, PP2, and NT into the lives of other Christians who are suffering.

Trustworthiness Issues

The integrity of information collected is directly related to the trustworthiness of its source. The researcher's previous working relationship with the case study subjects served as an internal measure of the authenticity of the information. The case study subjects had already achieved trust with the researcher (to and from), so there was little to no existing or new barrier that may have otherwise naturally generated a compromise in the expression of information based on discomfort, embarrassment, or feelings of being unsafe. This worked in favor of the DMIN action research project as a whole. In addition to bracketing, Sensing's approach to data triangulation using distinctive perspectives: case study subject, researcher, and outside data analysis was consistently used when validating the truth value of information.[148]

Potential Threats

There was a threat of having too few qualifying participants for the case study. However, this threat was overcome by pooling all active OHFC and SBCC clients of the researcher. Deleterious effects of personal biases that may taint the research processes were mitigated by

[148] Sensing, *Qualitative Research,* 75-77.

reflexivity (self-evaluation and awareness) and bracketing, a natural skill of the researcher as a therapist. As a trauma therapist, labor doula, and trauma survivor, Bracketing is an area where the researcher thrives. The researcher kept detailed field notes, including reflective journaling, and presented research questions that the Liberty University's IRB previously approved.

CHAPTER 4: RESULTS

The focus of this study is to better understand if and or how integrative NT approaches, when used in counseling, influences SR in the lives of suffering Christians. The researcher hypothesized that the data generated from the questionnaires, interviews, and intervention sessions would highlight how integrating NT approaches in counseling will positively influence the cultivation and sustaining of SR among suffering Christians. The previous literature pertaining to integrative NT approaches and SR provide significant foundational validation for confidence regarding attaining the hypothesized results. Thus, the researcher bore a realistically optimistic approach to the entire DMIN action research project.

Cohen, Swerdlik, and Sturman, collegiate educators and research consultants remind, "No test or measurement technique is "universally valid" for all time."[149] Therefore, it is prudent to highlight the need for the results of this study to be applied within the specific context of counseling among suffering Christians who may experience an influenced SR regarding how their personal stories (once processed using integrative NT approaches) intersects with God's story (as conveyed in Scripture). This contextual application allows adaptation and theoretical flexibility within counseling to enhance the support of SR and PTG for suffering Christians. Additionally, further research can be extended by delving deeper into effective psychological approaches that cultivate and support PTG and SR.

[149] Ronald J. Cohen, Mark E. Swerdlik, and Edward D. Sturman, *Psychological Testing and Assessment: An Introduction to Tests and Measurement* (New York, NY: McGraw Hill Companies, Inc., 2013), 181.

The researcher considered Sensing's three points of perspective: the story according to the participant, the perspective according to the researcher, and the perspective according to the correlational influence of data.[150] Sensing states, "The participants in the project are often the most valuable sources of evaluation for your project…Your expertise as the minister, researcher, and active participant will be the filter of all the data."[151] It is from this vantage point that the researcher approached the triangulation of data.

Stringer adds that action research is enriched by researchers who actually add value to the lives of the participating individuals or groups.[152] This is provided that each of the three case study participants indicated that their involvement in the action research added value to their healing processes and, therefore, added value to their lives; the researcher considers the overall action research to be enriched. Throughout this chapter, the story's perspective according to the participant, the researcher, and the correlational influence of data will be discussed further.

Perspective of the Story: Participant

It has already been established that storytelling is the primary way humans co-create identity and cultivate meaning. In light of this, Hoff encourages therapists to avoid making assumptions about other people's lives, feelings, and values, which increases the opportunity, necessity, and importance for therapists to hear someone else's story using active listening and bracketing.[153] This also applies to the researcher. Therefore, the researcher of this project, as a therapist, is previously predisposed, experienced, and skilled in the practice of bracketing and

[150] Sensing, *Qualitative Research*, 83.

[151] Ibid.

[152] Stringer, *Action Research*, 95.

[153] Hoff, *People in Crisis,* 114.

therapeutic triangulation as it pertains to hearing, listening, observing, engaging in, and facilitating the NT intervention sessions with trustworthiness.

The human phenome was fostered and investigated within the generating of qualitative research that focused on the life stories of the participants in accordance with how much personal insight each case study subject possessed regarding their own stories. The researcher agrees with Sensing, who conveys that properly understood narrative data is vital to qualitative research and examines how participants impose order upon their experiences, thoughts, actions, and lives - which is being continuously written in heteroglossia (a dialogue of multiple voices).[154] Thus, connections, patterns, proper understanding of subconscious influences of thought, repeating themes, and truth-based meaning were phenomenological goals of the integrative NT intervention sessions, and the life stories (according to those who live them), served as the key source of informational data that ultimately produced interpretive results.

The phenomenological focus and the established rapport added much value to generating data from within the case study subjects. It encouraged transparency in the absence of shame, empowered the participants to detect themes in the absence of fear, and educated them in the absence of oppression. For this reason, the researcher is led to believe that the quality of data is sound, authentically represents the experiences, thoughts, and actions of the case study subjects, and provides a truth-based paradigm for answering the research questions.

Perspective of the Researcher

As one leg of the triangulation process, the researcher interpreted data based upon their epistemological (knowledge theory) understanding. Phenomenological data requires the

[154] Sensing, Qualitative Research, 157-158.

researcher to serve as more of a translator than a reporter of data. Therefore, the participants' sharing, identifying, defining, and learning required the participation, observation, investigation, and interpretation of the researcher, who did so through her epistemological premises.

This researcher's epistemological premise was as follows: 1) The case study subjects are the experts on their own life and are responsible and capable of sharing their story, 2) The researcher's purpose in the facilitation of the intervention is to guide the integrative NT sessions, not to decide, in isolation of the case study subject, relative themes, connections, and or patterns that emerge, and 3) In addition to the participant's data and the researcher's intervention(s), external qualitative research software serves to analyze, synthesize, and verify research correlations among data. Jirek estutely conveys, "A constructivist epistemology posits that individuals do not merely internalize an objective external reality, but rather subjectively construct meaning from the "raw material" of their experience."[155] It was the goal of the researcher to do just that: construct meaning from the raw material provided from the participant's life story data.

Stewart, an experienced higher education communications professor, defines communication as the co-creation of identity.[156] Compatibility between the phenomenological approach and the co-participation of participant and researcher emerges and aligns with the co-creative nature of communication, which is what the integrative NT intervention sessions require. Through communication, the researcher and participant co-created an identity that provided the environment for translatable data pertaining to the individual life stories to be produced.

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[155] Jirek, "Narrative Reconstruction," 167.

[156] John Stewart, "Communicating and Interpersonal Communicating," in *Bridges Not Walls: A Book About Interpersonal Communication,* ed. John Stewart (New York, NY: McGraw Hill, 2014), 14.

Perspective of the Correlational Influence of Data

Stringer conveys that action research may be done by organizing, analyzing, constructing (interpreting), and presenting the data.[157] The researcher did this by creating categories, discerning patterns, and coding them. By discerning patterns that emerged from the responses generated by the questionnaires, interviews, and interventions, the researcher, using the qualitative research software, Atlas.ti, ascertained trajectories indicated the propensity of healing, which produce higher levels of SR among the Body of Christ.

The researcher evaluated the data and interpreted the results with the main research question in mind: Is there a correlation between the use of integrative NT approaches in counseling and SR among suffering Christians? Mitchell, Jolley, and O'Shea, academic researchers, state, "The reason we cannot infer causation from correlation is that there are numerous explanations for a correlation between two variables."[158] For this reason, the researcher has approached the interpretation of results with a focus on specific NT methods in relation to self-reported SR. The next three sections will convey significant data generated from each intervention session that was used to determine correlation.

Session #1

The first intervention session focused on the NT exercise was the construction of a life timeline, starting with the participant's birth year, first recalled memory, and so on. Each participant produced meaningful conversation while identifying points on their timeline that demonstrated pervasive cognitive patterns throughout life up to that present time. None of the

[157] Stringer, *Action Research*, 147-1

[158] Mark L Mitchell, Janina M. Jolley, and Robert P. O'Shea, *Writing for Psychology.* (Belmont, CA: Wadsworth Cengage Learning, 2013), 185.

participants had ever constructed a life timeline previously, which afforded the researcher candid and genuine data to observe during and after the exercise.

Additionally and interestingly, during the first intervention session, all three participants had a significant revelation when recounting and conveying their first memory. This was unexpected and unanticipated by the researcher yet provided an excellent NT foundation of data to continue to build upon.

Valerie: First Memory[159]

Going into the integrative NT intervention sessions, Valerie's main struggle was rooted in her feelings of distress pertaining to the death of her mother (nearly 8 years ago) and her mental negativity bias post-secondary divorce. She expressed the experience of low self-insight, nominal resilience (in the absence of her mother), and inadequate decision-making skills. In addition to her mental negativity bias, Valerie regularly participates in self-judgment regarding her personality, likes/dislikes, and desires. She, admittedly, strives to be what she thinks others believe is a "mature" adult, even if it goes against her natural bend. In this, she pretends to be something she is not, which causes immense internal tension. Her spiritual formation is in the beginning stages. Yet, while recounting her first memory, she made a new and valuable connection:

> **M:** When you think through your childhood… what is your earliest memory?
> **V:** I was walking around a tree on some rocks at my grandparent's house. I was about…2 or 3. The rocks were smooth, like river rocks, and they formed, like, a border around the tree. I was walking around it, and I fell.
> **M:** What happened when you fell? Do you remember the feelings or thoughts you had and what the responses were of the people around you?
> **V:** I remember crying…I remember my dress… and I remember my mother. I remember being angry, like frustrated, because I was doing so good walking around, and then I just fell.
> **M:** How did your mom respond?
> **V:** She was reassuring. It was a calm reassurance that, you know…I was alright.

[159] GENV.1 (5.27.21_Transcription) 1, interview by Marcy L. Hill, May 27, 2021.

M: Did her reassurance decrease your frustration or anger?
V: Yeah, like then things became okay.
M: So, do you see any themes that live out in your daily life now?
V: Absolutely!!!
M: Which ones?
V: I go along just fine… it's still to this day… as I go along fine and then I just don't. And my mom was my anchor… she was always there to let me know I was okay - but now she's not.
M: So, the frustration of feeling like you have fallen, when you think things are going along just fine… makes you angry to this very day?
V: Yes!!!
M: What's your big takeaway today?
V: So, again, I was, I was a little shocked, you know, about the initial story (1st memory), and, like shocked by the connections that were made. Yeah… and I think because, to this day… right?... I can feel that I'm doing so well and then I fall, and it brings about the fear and the frustration and the anger.
M: Had you ever made that connection before today?
V: No…no I had not…Not at all.

The connection that Valerie made regarding her first memory and her current struggles served as a revelation that she had constructed her identity and sense of self and well-being around the opinions and affirmations of her mother as her anchor, not God. Now that her mother was no longer living, the concept of transferred attachment to God was an alternative to being void of a self-perceived identity in her mother's absence. This discovery was significant for the necessary and healthy rewiring of Valerie's sense of self and well-being.

Joella: First Memory[160]

Joella's main struggle, going into the integrative NT intervention sessions, was rooted in deep anger toward her parents for not allowing her to participate in her own life by making passive decisions, even into adulthood. Her initial recognized grief pertained to the similarities that Joella was discerning between the relationship she had with her parents and the relationship she had with Mitch (even though they were no longer together). She expressed the experience of high self-doubt, deep anger, and a negative bias toward her parents. In addition, Joella

[160] FANJ.1 (6.5.21_Transcription) 1, interview by Marcy L. Hill, June 5, 2021.

desperately desires to have a more active role in her own life while cultivating a healthy relationship with her FOO but does not know if her parents will endorse that. Joella's psychological distress was consistent with her spiritual formational phase of individuation.

Even so, while recounting her first memory, she also made a new and valuable connection:

> **M:** What's the first thing you remember?
> **J:** Well, I remember laying on my mom. I was, maybe, like, two or three… laying on my mom, like in a way whereas… I was straddling her, and my head was on her heart, and I could, just like, I can hear her voice… talking to someone else… so I can *feel* that, um… vibration. Like, literal physical vibration of her… her voice, like humming into my body… if that makes sense?
> **M:** Yeah, totally!
> **J:** Yeah, I remember that being soothing.
> **M:** Okay, go ahead and read what's on the board out loud (I wrote her timeline on the board as she spoke it, along with any keywords). What are the keywords that are most meaningful to you?
> **J:** Like… Hells yeah! I mean, "soothing", "feeling that vibration".
> **M:** What are you studying right now?
> **J:** Yeah… vibration!!
> **M:** How does it make you feel, and what do you think that your first memory is connected to that sensation of vibration?
> **J:** It's honestly comforting because I don't view my mom like that. Like, now…I don't feel held by my mom or the vibration of being soothed by her because it turned very different from that.
> **M:** So…we've been able to discover today that the very thing you are drawn to for healing and learning and deepening your self-insight… goes back to your very first memory.
> **J:** Yeah!!! That's significant!!! That is a significant connection!!!
> **M:** Had you made that connection before now?
> **J:** Shit no!!!
> **M:** What do you think about that?
> **J:** I think it's astounding and amazing!

The connection that Joella made regarding her first memory and her current struggles served as a bridge for her to traverse back through her feelings of anger and abandonment to engage with the metanarrative for the redemption of 1) memory (plot twist) pertaining to her mom, 2) trust in her intuition regarding her own needs, and 3) tapping into the "vibration" (or presence) of the Holy

Spirit as the primary source of her soothing. This discovery was significant for the necessary and healthy rewiring of Joella's sense of comfort and belonging.

Rebekka: First Memory[161]

In the integrative NT intervention sessions, Rebekka's main struggle was rooted in her feelings of anger and fear about her blended family situation and her husband's alcoholism. She also experienced the death of a close loved one (her sister) just days before her case study interventions occurred, which added an additional layer of positive depth to her grief process. She conveyed the experience of fear, concern, diminished hope, and unhealthy detachment from loved ones. Rebekka's diminished hope was compounded by her sister's untimely death, which exacerbated FOO tensions. Her spiritual formation was the most advanced of all the participants (Conjunctive).

However, still, while recounting her first memory, she, too, made a new and valuable connection:

> **M:** So, if I asked you what your very first memory was, what would that be?
> **R:** Okay. In my car seat. I'm going from A. to T. with my dad.
> **M:** What do you remember about this time… How you felt, what it was like…smells, sights, thoughts, feelings you had…?
> **R:** I really liked my dad's car. He drove a blue Mazda. I remember his seats were, like, velvety, and there was a sunroof. I thought it was a cool sports car. I loved it. Um… and I just remember I liked, I liked going with my dad… I missed my sisters, though.
> **M:** So, it was bittersweet?
> **R:** Yeah! I would go with my dad, but I always wanted my sisters to come.
> **M:** Sounds like there may have been a little turmoil - or tension between wanting to go with your dad but missing your sisters.
> **R:** Yes! But I would always choose my dad because there was a lot of fun stuff we did. I mean, he had fun stuff. My mom's house was not - It was totally chaotic.
> **M:** Was it less chaotic at your dad's?
> **R:** Yes - absolutely!
> **M:** And you enjoyed that more?
> **R:** Oh, for sure!

[161] TIGR.1a (6.12.21_Transcription) 1a, interview by Marcy L. Hill, June 12, 2021.

> **M:** Interestingly enough, that is connected to something that you and I have recently been processing, which is the possibility that you are actually an introvert.
> **R:** Yeah - so that's probably one of the reasons that that was such a powerfully positive thing - because the introvert liked having less chaos. Yeah, and we would go see people that were stable, and it was just stability. And we would play music… but yeah - just connected and loved… and just being taken care of and safe.
> **M:** How do you feel about the things that are important to you now, as an adult?
> **R:** I've never made that connection before, but I can see more of that two-year-old in myself now than any other age. That's so weird! Like, now… I like my car… I've always liked it and wanted my car to be comfortable… I've always valued that, which is weird. This is so strange… I drive a lot now and I drove a lot with my dad, then…

Rebekka's connection regarding her first memory and her current struggles served as an analogy regarding her being able to strap into God's car seat and feel safe, comfortable, loved, and protected by an unchanging, orderly, and incorruptible heavenly Father. This discovery was significant for the necessary and healthy rewiring of Rebekka's sense of security and safety.

By the close of the integrative NT intervention sessions, two of the three participants (Rebekka and Joella) were able to newly and reflectively identify points on their individual timelines where they could see God's presence in accordance with the current and proper understanding of how His story interacted with their own at that specifically recalled time. From the safe distance of the present, their adult minds and currently transforming/transformed hearts were able to look back into a painful past and perceive a broader and deeper actuality that detected God's provisions, even before their conversion. Valerie, though not able to see God at work in her life, reflectively, could not necessarily do so because of a limited understanding of Who God is in accordance with her own life. However, the concept of God being her primary attachment figure and the informant of her identity did emerge, which is a prelude to being able to reflectively see Him at work in her life.

Each participant was to take the timeline produced during the first integrative NT intervention session and fill in any gaps to the best of their ability without promoting distress. The connection that each case study subject made between their first memories and current patterns of invasive thoughts and negative feelings, along with the integration of God's metanarrative with their own, served as the foundation for the timeline continuation.

Session #2

Session two began with an ephemeral debrief of session one. This allowed each case study subject to interact more intricately with the psychological, intellectual, and emotional information from the previous session and the continuation of constructing their life timeline. Valerie and Rebekka completed their timelines; Joella attempted to complete hers but had some difficulty due to gaps in her memory from ages 8 to 13. The session followed a natural flow of building the story and identifying themes, patterns, and God's presence.

Valerie[162]

> As Valerie walked me through the rest of her timeline, a major theme presented.
> **V:** I went through my divorce (her first divorce: age 28) while I was in S., and that still was… it was traumatic.
> **M:** In what way?
> **V:** We'd had some struggles, but I thought we were on a good path. And then he came home one day and said he was not in love with me anymore. So, I gathered my stuff, and I moved to my parent's house. They had already moved to Colorado, but they kept their house to come back to when Daddy's 6-month assignment was over.
> **M:** How long had you been married?
> **V:** Five years…. And it did kind of follow the pattern of that abrupt ending. THAT was the traumatic part!

Not only had Valerie identified the nature of having put her mother in place of God, but in the second session, she also began to detect themes that presented, such as her reflective bias as

[162] GENV.2 (6.14.21_Transcription) 2, interview by Marcy L. Hill, June 14, 2021.

applied to her experiences of abrupt endings (feeling like everything was going good only to encounter an abrupt ending), deficient emotional ownership (Valerie covertly exploits the weaknesses of others as a way of expressing her anger without having to take ownership of her feelings), and possible alternatives to the specific themes. Having the ability to evaluate these storylines from a safe distance, she was able to more easily determine the context of each theme to test its truth-value and see how each storyline interacted with the others.

For instance, perhaps things with her first husband were not going along just fine, but instead, she was using denial or evasion as a coping mechanism and or her proclivity toward co-dependency veiled the reality of the relationship making it more difficult for her to accept that there were any problems at all. The addition of this evaluation created a plot twist. For Valerie, the plot twist was that perhaps things were not going along just fine. Perhaps there were clues that the marriage was suffering. Based on what Valerie has shared, her mother could take anything going on in Valerie's life and spin it into everything's okay. Even when the idea of everything being okay went against Valerie's secret instincts, she internalized her mother's reassurance as inerrant. Further investigation revealed that, in reflection, the marriage was not doing fine, but that she needed to believe that it was for her to be fine, which connected back to her first memory and her mother serving as her external locus of control regarding well-being.

Joella[163]

> **M:** So, we had talked last time about seeing some of those patterns…You've taken a couple of solo trips and continued to process your own life story?
> **J:** Oh yeah.
> **M:** Has looking at those patterns, just briefly in the first session, informed some of the way that you're looking at your life now?
> **J:** Well, I think it's just, honestly, the amount of power that I've given outwardly to others in my life, to kind of… mold what my life will look like and shaped out to be, which has ultimately landed me in a dissatisfied place, and so I'm battling my own self: One side compassion for myself because I didn't have the tools…

[163] FANJ.2 (7.16.21_Transcription) 2, interview by Marcy L. Hill, July 16, 2021.

but then I'm also, like, pissed that I felt it was okay to give that power away. You know… how I'm so codependent.
M: You didn't develop codependency without an environment. So, what made you feel like you had to give your power away?
J: Well, I think it was kinda a survival skill. I felt I had to give my power away for the sake of mom's anxiety, dad's quiet manipulation, and my sister's neglect, for sure.
M: What power did you give your mom?
J: I gave her the power to instill anxiety in me through her constant criticism.
M: Your dad?
J: I gave him the power to manipulate me into decisions that he felt would make his life easier since I wasn't married.
M: And what about your sister?
J: I gave her the power to doubt myself and question my worth

In this second session, Joella identified that she participated in giving personal and decision-making power away for the sake of an enmeshed FOO. She had been longing and trying to duplicate the comfort of acceptance and belonging that she had felt like a two-year-old on her mother's lap (her first memory). But that vibe was elusive and evasive unless Joella gave her power to her FOO, which created the codependent tendencies of peacekeeping, rescuing, and self-deprivation in her. This significant detail led Joella to a plot twist of her own.

Up to this point, Joella had been holding her parents, along with the unspoken messages of authority within the home, responsible for her choice to date a man that would reproduce similar expectations of her. But now that her four-year relationship had come to an end and she began looking at her life story and the characters within it, she realized that the pattern that had been duplicated was more reminiscent of the unhealthy configurations that had been established between her and her sister. Her sister neglected and diminished her presence and her personhood (emotionally, physically, and mentally). Mitch refused to make space in his life for her. By doing so, she also neglected and diminished her presence and personhood (emotionally, physically, and mentally). This discovery allowed her to face the genuine disappointments she had about her parents and then released her from the obligation of bearing anger toward them regarding Mitch.

Rebekka[164]

> **M:** What are some things you filled in on your timeline?
> **R:** …I did well in High School, but my parents just checked out. They were totally checked out from the time I was… once my sisters went to college, my parents were just gone. They didn't ask about my grades, they didn't ask what I was doing… They came to stuff, but they were just not involved at all… But I don't think I have any resentment.
> **M:** What did you do when they checked out?
> **R:** I look back, and I think I just kind of just started to depend on my work. I didn't look to my family for help. I didn't look to them for, like, how they did things. I kind of went away. You know, the opposite. I always love them… if there was ever an issue, I would come back and be there, but any successes of my own I had to achieve on my own. Like, I've got to figure this out on my own.

In this second session, Rebekka identified that although she did not bear resentment toward her parents for "checking out," she did feel abandoned. This feeling of abandonment set into motion a series of events in her life, along with a mindset that would present as pervasive. She identified three significant relationships before her current marriage, and in each of these three relationships, she indicated that she had "one foot in the relationship and one foot out" for the entire time. She identified herself as the abandoner, and now she had a deeper understanding of why.

Due to the fact that she genuinely did not harbor resentment toward her parents for "checking out," she had not considered that their abandonment of the relationship had any negative effect on her at all. However, as she verbally processed her timeline, she discovered that the feelings of comfort, safety, and fun also abandoned her when her parents "checked out." Rebekka was introduced to her plot twist when she began to see the effects of her parent's relational decisions regarding her, live out in her own relational decisions with others. She was also able to put this together to recognize that she gleans comfort from being in her car (as identified in her first memory).

[164] TIGR.2 (7.1.21_Transcription) 2, interview by Marcy L. Hill, July 1, 2021.

At the end of the second session, each participant was asked to take their timeline and convert it to chapter titles. For instance, if there was a book written about their life, what would the chapter titles be? This homework assignment was completed by each one and yielded the continuation of greater depth of insight.

Session #3

Session three began with a synopsis of the former two sessions. By briefly recapping the first two sessions, the participant was able to mentally and verbally synthesize the chronological and categorical data that had been previously generated. Then, each participant was able to share, discuss, and process the chapters of their life.

Valerie

Valerie had a very difficult time assigning chapter names to her life story in her mother's absence. She experienced significant self-doubt on whether or not she was choosing the right answer. Not having the chapter names was not a problem because using NT approaches affords the opportunity to continue constructing the narrative at the pace and rate appropriate for the individual. In this, Valerie and the researcher simply continued to lean into her life timeline and process specific chapters of her life without actually naming them. Valerie was able to illuminate the following:

- Her mother has always been her primary attachment figure, even after marriage.
- She is confused about needs and wants when applied to relationships and social connections.
- She desires to be influential but does not feel comfortable without the identity template of herself provided by her mother up to her death. Being separated from her mother, Valerie is also separated from her sense of self.
- Personal worth was validated by her mother only.
- SR Impact: God can be her primary attachment figure in lieu of her mother, and He can inform her identity with greater accuracy.

The close of the third integrative NT intervention session included the researcher conducting the Closing Interview. The key data generating questions were:

> **M:** Was your case study counseling different from your previous counseling? If so, in what ways?
> **V:** Yes. Very different! Before, it was as if I was just supposed to know what to say, but I just ended up feeling like I was rambling. Like, with no direction.
> **M:** Had you ever shared your story with anyone before the case study sessions?
> **V:** I have not…Not even with my mom because, well… she already knew it, so I didn't have to.
> **M:** What have you learned about God?
> **V:** Well…I think what I'm learning is that I need to learn more. Clearly, I've not really considered that God could do for me what my mom has done for me. That's just never been on my radar before. So, I want to explore this more.
> **M:** What have you learned about yourself?
> **V:** Seeing things like this, I'm learning so much more about how my external locus of control came to be and how limiting that is in the absence of my mom. I've just gotta keep figuring this out! I think, too, I'm beginning to see some of, maybe, where I haven't really known any other way. I've just always relied on my mom to tell me that I am okay, so I haven't really learned how to do that on my own or with God. I want to do things better… You know… I want to know better so I'll do better.
> **M:** What have you learned about others that have partaken in your story?
> **V:** Hmmm… I think, looking at my life story in this way, I'm learning that I've relied A LOT on others, especially my mom, to affirm my being okay or not. I want to be able to do that for myself… but I don't know-how.

Valerie ended the final case study session with a greater ability to identify when she was judging herself and measuring herself using the wants and or needs of others instead of her actual identity. She inhibits and denies the free expression of self and, by doing so, shares only a fabricated version of herself that better fits what she feels is more mature. Kass explains spiritual formation as an expression of the human being moving toward awareness, order, wholeness, integration, and unification of life concepts.[165] Valerie has undergone a significant psychological developmental stagnation and or delay from ages 13-15 years old, which Valerie has verbally suspected and inquired about during these case study sessions.

[165] Kass, "Person-Centered Spiritual Maturation," 58.

Joella

Joella used her creative bend to name the chapters of her life. She approached this exercise with eager excitement. Her life story chapters are as follows:

- Connected (birth - Grade School)
- Just Trippin' (7th - 8th Grade: Family travels)
- Personality Prevailed (Grade School - High School: EQ to compensate for impeded IQ - possible undiagnosed ADHD)
- Follow the Leader (High School: Followed in the footsteps of her dad and sister)
- Free to be Me (College: Independence)
- Clipped Wings (Age: 26-38: Parents made decisions for her and sister dehumanized her)
    - Conscious Slumber (denial in order to "fit in" with her FOO)
    - Stretched to Saipan (Mission trip)
    - Self-worth Slaughter (Relationship with Mitch)
- The Great Awakening (Starting at age 40)
- Climbing Wisdom Peak (The next chapter…)

In the verbal processing of the above chapters, Joella uncovered an important distinction that has been a problematic theme for most of her life: Fitting in (conformity) was expected by her FOO and what she deeply needed was belonging (acceptance). She was able to identify that the FOO unit has been her primary attachment figure and identify informer. Additionally, her worth has been directly connected to being accepted by her family unit.

The element of SR that was impacted the most surrounded the biblical principle of, as a believer, belonging to God's family and finding acceptance within Christ's body. Though she had heard and superficially understood these concepts, she had not viewed herself through the lens of her specific design that is not bound to an earthly construct or unit but as a contributing member of God's kingdom. Joella's Closing Interview produced the following information:

> **M:** Was your case study counseling different from your previous counseling? If so, in what ways?
> **J:** Oh, for sure! My last counselor didn't really seem to be interested in making any of these connections. It was like, like he just wanted to sit and listen and then give advice. I mean, I appreciated the advice, sometimes - but I was really needing to see all of this (she pointed to the whiteboard)!!

M: Had you ever shared your story with anyone before the case study sessions?
J: Are you kidding? I was too busy trying to make it (her story) one that fit in with my families that I've never even really considered that I had one.
M: What have you learned about God?
J: Let's see… The biggest takeaway, for me, in all this, is that God made me, and because of that, I already have a place of belonging. So, if my parents get upset because I want new carpet, or they criticize me for putting a fucking nail hole in the wall…it's okay! God's not going to love me less because of those things.
M: What have you learned about yourself?
J: Wow - okay. Well… I'd have to say that I have been introduced to the idea that it may just be okay to be myself. And that I have a specific story that God interacts with… in so many ways that I can forget so easily. Oh… and I've totally come to see how I have added to or prolonged some of the unhealthy patterns… by willingly giving my power away: Power that God has given me to accomplish His will, not necessarily my parent's will. So, boundaries have taken on a whole new meaning.
M: What have you learned about others that have partaken in your story?
J: Haha… that they've been given too much power in my life! No, seriously - I'd say that I'm a little relieved that I can look into these things, from this story view, and allow myself to remember the good things my parents have done (Joella became emotional and cried, here). I really do have good parents. I've just been so fucking angry that they, like, stuffed me down. So, I'm just so thankful that I can look at things from this perspective and remember the good too.

Joella ended the final case study session with a much clearer view of who she was, what she needed, and the patterns of unmet needs. Francis conveys that participation in forgiveness, reconciliation, and shared vulnerability evokes personal insight and contributes to spiritual maturity.[166] This trajectory can be observed in Joella, as demonstrated by her phenomenological expressions of experience. Her relief was ushered in by the realization that she did not have to be tethered to anger toward her parents in order to be good to herself. Instead, she could apply understanding to the storyline and participate in forgiveness while focusing on being more of who God made her to be within a kingdom that she truly belonged in.

[166] Francis, "Integrating Resilience," 505.

Rebekka

Rebekka completed the NT exercise of naming the chapters of her life but self-reported that it was challenging because she had never done anything like it before and did not feel that she excels at being creative. Regardless, once she got started, she said it got easier and constructed the following:

- Life Began (birth-)
  - Loved
  - Protected
- Move (Childhood: 1993-2001)
  - New Beginnings
  - Learning of Chaos
- Rachel's Independence or Parents Checked Out? (2002-2005)
  - Kevin (looking for Stability)
    - She also began checking out, which she had not identified before this exercise.
- Figure Things Out (college)
  - Christian (Self-Discipline/Opportunity)
  - Work (Gain)
  - Self (Independence)
- College is Over: Real Life Begins
  - Allen (Fun)
  - Raj (Family identity and manifestation of work)
- For Life: Marriage
  - Lars (Married)
  - Step-parenthood

Rebekka realized, during this exercise, that the drastic shift between a closed family system (up to her freshman year of High School) to an extreme open family system was traumatic for her and set the stage for the transfer of attachment to romantic relationships, self, and ultimately work, which informed her identity. Making herself different from her FOO became an equivalent to detachment and has reinforced her deep desire to be the opposite of her FOO. The SR aspect that was impacted the most was directly related to being loved by an orderly, unchanging, incorruptible God.

The close of the third integrative NT intervention session included the researcher conducting the Closing Interview. The key data generating questions were:

M: Was your case study counseling different from your previous counseling? If so, in what ways?
R: Yeah…I really think so! My other counseling just wasn't this deep and, you know, meaningful. There was some talking, but nothing like this. Just to, like, see how these things connect (she referred to the whiteboard and the chapters she had created for her life). It's truly amazing.
M: Had you ever shared your story with anyone before the case study sessions?
R: I don't think so, no. Certainly not like this. I mean, I'd shared stories with Lars, but I've never looked at the bigger picture to see how it all went together.
M: What have you learned about God?
R: Gee, I'm pretty sure that the illustration of me strapping into God's car seat is life-changing! I mean… just the idea that He will… He does secure me and love me is incredible - and it takes so much pressure off of my feeling safe being connected to my circumstance. I can also see, looking at it like this, how He was there, in my life, before I even knew it, which is just amazing!
M: What have you learned about yourself?
R: 100% I have learned that I ended up repeating the pattern of "checking out" with other relationships after High School. And…I didn't even realize how much my parents checking out affected me until I was able to see the whole thing like this. I mean, I'm just shocked. It's amazing how something can have such a strong influence without even being known, you know? That's crazy.
M: What have you learned about others that have partaken in your story?
R: So, I think I'm just so thankful for the roles that each one of these people have played… because, like, I learned different things from each one - and I wouldn't be who I am today without that.

Rebekka ended the final case study session with a reduced measure of fear and anxiety regarding the loss of her loved ones. She was able to detect the pattern that these fears were rooted in an association between security, safety, and being loved with favorable circumstances. She was also very moved to see, retrospectively, how God was present in her life even before she was a believer, which only reinforced her confidence that God had been, is now, and will always be there to make sure she has what she needs. Ohlschlager and Clinton posit that transformative change occurs through long-term therapy, life coaching, and or engaging a spiritual guide in order to more fully engage in the journey of spiritual formation.[167] Rebekka has partaken in each

[167] Ohlschlager and Clinton. "Christian Counseling Process," 85.

of these within the context of her care affiliation with the researcher, involvement in the integrative NT case study, and deepening her relationship with the Lord.

Problematic Themes

As stated previously, each case study participant had a significant revelation pertaining to their first memory. This was unanticipated, unsolicited, and ultimately formed the backbone around which the rest of the story was built upon. It is noteworthy to convey that the case study subjects are not acquainted with one another in any life context. Thus, they did not have the opportunity to discuss their experiences with each other. This assisted in yielding a pure data set of genuine phenomenological information.

Each participant had pervasive problematic themes threaded through their stories. The following table illustrates a baseline for a thematic presentation that has been present in their lives, up to the point of identification.

Valerie	Joella	Rebekka
Fight	Fight	Fight
Flight	Flight	Flight
Freeze	Freeze	Freeze
Fawn	Fawn	Fawn
Flow	Flow	Flow
Suppression	Suppression **of needs**	Suppression
Repression **of self**	Repression	Repression **of feelings**
Denial	Denial	Denial
Co-Dependence	Co-Dependence	Co-Dependence

Passive Aggressiveness	Passive Aggressiveness	Passive Aggressiveness
Delayed Development	Delayed Development	Delayed Development
Immaturity	Immaturity	Immaturity
Abrupt Endings	Abrupt Endings	Abrupt Endings
Victim Mindset	Victim Mindset	Victim Mindset
Low Personal Responsibility **(manipulation)**	Low Personal Responsibility **(manipulation)**	Low Personal Responsibility **(manipulation)**

Figure 6. Problematic Themes Identified

Valerie: Problematic Themes

For Valerie, the most prevalent problematic theme was capitulation (Freeze + Fawn = Capitulation). She pleased others (Fawn) by being what she thought they wanted/needed by ceasing to learn about or continue to develop the self (freeze). This has resulted in the absence of a sense of self and psychological (mental and emotional) developmental stagnation.

Joella: Problematic Themes

Joella's most prevalent problematic theme was conformity (Fawn + Flow = Conformity). She tried to fit in by pleasing others (Fawn) and did so by utterly submitting her needs for the greater good of her FOO. This has resulted in the construction of a dissatisfying life that has been built upon the ideas and desires of her FOO.

Rebekka: Problematic Themes

Rebekka's problematic theme has been cessation (Flight + Flow = Cessation). She responded to her parent's abandonment of the relationship with the pursuit of independence for survival (Flight), while phasing in and out of romantic relationships that subconsciously addressed her unmet needs (Flow). This has resulted in anxiety about being alone.

Positive Themes

Once the stories began to unfold from the safe distance of the present, each participant could see some alternative offshoots to the storylines that were being discoursed, identified, and examined. Looking at the metanarratives allowed the case study subjects to see more than just the subconscious themes that continued to be problematic. The below table highlights some additional themes that were identified while examining the story as a whole.

Valerie	Joella	Rebekka
Problem Solve	Problem Solve	Problem Solve
Critical Thinking	Critical Thinking	Critical Thinking
Being Present	Being Present	Being Present
Self-Evaluation	Self-Evaluation	Self-Evaluation
Rest	Rest	Rest
Engage	Engage	Engage
Investigate	Investigate	Investigate
Adaptation	Adaptation	Adaptation
Boundaries	Boundaries	Boundaries
Communication	Communication	Communication
Innovation	Innovation	Innovation
Closeness to God	Closeness to God	Closeness to God
Perseverance	Perseverance	Perseverance
Self-Knowledge	Self-Knowledge	Self-Knowledge
Hope	Hope	Hope

Figure 7. Newly Discovered Themes

Valerie: Positive Themes

Valerie was able to identify the presence of positive patterns in addition to the problematic ones. In the context of low self-knowledge, problem-solving, investigation, and hope served as the primary method for determining what and how she needed to be based on the situation. Each of these can also be applied to the pursuit of increasing self-knowledge and, thus, have a hand in re-writing the trajectory of her storyline.

Joella: Positive Themes

Joella was also able to identify the presence of positive patterns in addition to the problematic ones. Each of the highlighted aspects on the above chart was used within her FOO to determine the ways and to what she needed to conform. They can equally be used to healthily individuate and deepen her knowledge of God and self and boost resilience.

Rebekka: Prevalent Themes

Rebekka, too, was able to identify the presence of positive patterns in addition to the problematic ones. The highlighted aspects that fall under her column were specific to autonomous survival, but when she became aware that her deepest desire is to be connected, protected, and loved, she could aptly recognize how these same aspects could be applied to cultivating connectedness instead of sustaining autonomy.

Research Questions

The problem researched in this study is that individuals who have participated in counseling may not experience strengthened spiritual resiliency (SR) for lack of integrative narrative therapy (NT) approaches. This DMIN action research project aims to study how integrative Narrative Therapy approaches in counseling strengthen spiritual resiliency. And the

researcher hypothesizes: if integrative NT approaches are used effectively, then the SR of the participants will be strengthened, and Posttraumatic Growth (PTG) will be more readily achieved, discerned, and maintained.

The Posttraumatic Growth Inventory (PTGI) measures five domains: 1) Increased appreciation for life and reorganized priorities, 2) Increased intimacy with others, 3) Increased personal strength, 4) Greater recognition in alternative paths in life, and 5) Spiritual development.[168] Isaiah 61 illustrates PTG in a significant way: beauty from ashes. Hope flourishes in the presence of PTG and affords the individual the opportunity to develop, cultivate, and sustain SR. Based on the intervention data, the researcher has identified the following:

PTGI	Valerie	Joella	Rebekka
Appreciation	✓	✓	✓
Intimacy			✓
Personal Strength		✓	✓
Alternative Paths	✓	✓	✓
Spiritual Development	✓	✓	✓

Figure 8. Posttraumatic Growth Inventory for Participants' Post Interventions.

The keywords, themes, and patterns of the starting points for each case study participant indicated a deficit in each of the five PTGI domains. However, upon completion of the integrative NT intervention, participants experienced a significant shift onto positive trajectories of PTG. Schiraldi highly correlates happiness with resilience and has illuminated eight components that lend to flourishing, happiness, and resilience: gratitude, self-esteem, realistic

[168] Jirek, "Narrative Reconstruction," 169.

optimism, altruism, humor, moral strength, social intelligence, and forgiveness.[169] These eight facets emerge from the tenants of the PTGI and apply to positive themes in the life metanarrative.

Results

Upon synthesizing and analyzing the research data using Atlas.ti, the researcher visually depicted the shift in each participant's view, processing, and understanding of their narratives. Atlas.ti generated each word cloud based on the patterns and themes detected. The larger the word within the bubble, the more prevalent the theme. The color of the words is for ease of interpretation only and bears no other significance of meaning. Additionally, the shape of the word bubble does illustrate cognitive fluidity and cohesion.

Each participant's word bubble was based on their pre/post-intervention questionnaires, integrative NT sessions, and interviews. As is demonstrated, a significant shift of focus can be discerned for all participants from pre-intervention to post-intervention word bubbles.

[169] Schiraldi, *The Resilience Workbook*.

Valerie

Figure 9. Valerie's Atlas.ti word Clouds
Pre-intervention (red) and Post-intervention (blue)

Joella

Figure 10. Joella's Atlas.ti word Clouds
Pre-intervention (red) and Post-intervention (blue)

Rebekka

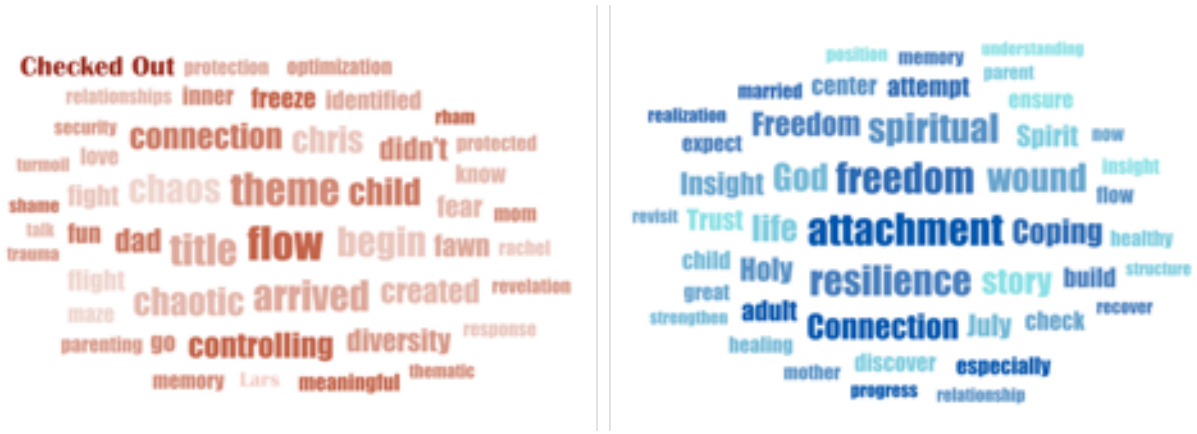

Figure 11. Rebekka's Atlas.ti word Clouds
Pre-intervention (red) and Post-intervention (blue)

Findings

Hutter conveys that resilience requires the continuous processing and reorganizing of life's patterns, themes, and experiences.[170] So, when considering all relevant data, the researcher finds that the integrative NT interventions and the cultivation of SR for the sake of PTG are positively correlated. The Closing Questionnaires convey that each participant had a positive influx of SR and hope, along with a meaningfully positive assessment of NT compared to their previous non-NT counseling. Though each participant had distinctive life stories, none of them had ever evaluated those stories in a cohesive and connective way, especially in accordance with God's story. Below is the phenomenological self-reported Closing Questionnaire for each participant.

[170] Hutter and Kuhlicke, p. 302.

Figure 12. Valerie's Closing Questionnaire.

Valerie had the greatest self-reported positive experience pertaining to specific NT approaches in counseling. She experienced a positive increase in all relevant areas as a result of examining her life story using NT approaches. Thus, for Valerie, the researcher determined a positive correlation between the use of NT and an increase in SR in accordance with PTG.

Figure 13. Joella's Closing Questionnaire.

Joella had the greatest self-reported increase in her experience of hope. She also experienced a positive increase in all relevant areas as a result of examining her life story using NT approaches. Therefore, for Joella, the researcher also determined a positive correlation between the use of NT and an increase in SR in accordance with PTG.

Figure 14. Rebekka's Closing Questionnaire.

Rebekka, like Joella, had the greatest self-reported increase in her experience of hope. She, too, experienced a positive increase in all relevant areas as a result of examining her life story using NT approaches. Therefore, for Rebekka, the researcher also determined a positive correlation between the use of NT and an increase in SR in accordance with PTG.

Cohen et al. cite Benoit Verdon, Ph.D., an independent practitioner and professor at Descartes University in Paris, France, who reminds researchers that what is learned about the

individual must always be interpreted within the individual's life story.[171] In light of this, not only was there a marked increase in the participant's experience of hope and SR, each case study subject independently assessed their integrative NT counseling experience with the highest possible indicator on the Likert Scale (10). Kass advances that spiritual maturation serves as a preventative-oriented measure of resilience.[172] Therefore, even though each case study subject functions within a different phase of spiritual formation, the results suggest an increase of SR, hope and define integrative NT as effective counseling approaches for suffering Christians. This lends to their individual spiritual maturation, which ultimately cultivates and sustains SR.

[171] Cohen et al., *Psychological Testing and Assessment*, 116.

[172] Kass, "Person-Centered Spiritual Maturation," 57.

CHAPTER 5: CONCLUSION

The problem that this DMIN action research project addressed was that Christian individuals who have participated in counseling might not experience strengthened SR due to the lack of integrative NT approaches being used and thus, have limited PTG opportunities. Three qualifying case study subjects generated the primary qualitative phenomenological data. Each had previously partaken in counseling that was void of integrative NT methods and determined, by the participants, to be ineffective.

The purpose of this DMIN action research project was to examine the correlation between integrative NT approaches (used in counseling) and SR among suffering Christians for the cultivation and sustaining of resilience and PTG. Each case study subject was eager to engage and had an already established working relationship with the researcher, decreasing specific confounding variables such as underdeveloped trust, rapport, and comfort. Additionally, this was the first encounter that they had had with integrative NT.

The method used to generate qualitative phenomenological data for interpretation was the personal expressions of verbal (written and conversational) responses to questionnaires, semi-structured interviews, and three integrative NT intervention sessions facilitated by the researcher. Initially, 53 OHFC and SBCC clients (over the age of 18) were offered the opportunity to fill out an Initial Questionnaire. Twenty-five of the initial 53 questionnaires were returned to the researcher. From there, 8 clients both, 1) met the requirements of the study, and 2) were willing to participate. Ultimately, three participants were randomly selected, and the researcher formally invited them via email and provided them with the Informed Consent.

The researcher transcribed all interviews and NT sessions once the research phase was complete and all integrative NT intervention sessions were conducted. There were 717 minutes (approximately 12 hours) worth of audio recordings to review, process, and transcribe. The researcher did not attempt to lead or persuade participants' perceptions regarding their own life stories. The researcher served as a guide, but it was left to each case study subject to decide the value, effectiveness, and determinate patterns that were produced within the integrative NT approaches.

Once all data was transcribed, it was uploaded into the qualitative research software Atlas.ti and coded for analysis and interpterion. The researcher applied her academic and professional experience and expertise to synthesize the Atlas.ti outcomes to determine valid results, which have been presented in this written report of the study.

Discussion of Results

In upholding Mitchell, Jolley, and O'Shea's four aspects of proper judgment of the evidence for the purpose of coming to valid conclusions, the researcher: 1) Trusted the condition and authenticity of the self-reporters, 2) Selected a clearly defined population, 3) Used triangulation (perspective of the participants, perspective of the researcher, and perspective of external authentication: Atlas.ti), and bracketing to increase the detection of statistical significance, and 4) Considered confounding variables and or alternative evidences to explain perceived results.[173] In this specific study, the primary results mean that understanding the correlation between integrative NT and SR among suffering Christians is opportunistic and

[173] Mitchell et al, *Writing for Psychology,* 179-180.

developing. These findings support much of what has already been reported in PP and PP2 but have also uncovered discoveries for the positive application of God's kingdom.

The researcher speculates that the conclusion of this research will produce a challenge to current ministerial and non-clinical Christian counseling approaches. A call to more intricately integrative NT approaches, based on research, supports the theological foundation of biblical principles (as stated above), includes God's story, and anchors Christian identity for believers who are suffering. Theological trends of God's promises, principles, and provisions will be confirmed, but the approaches of pastoral counselors may be challenged. This could certainly create a potential conflict between integrative helpers and secular clinical helpers.

Three major themes emerged in the data, 1) Connection with first recalled memory and present implicit cognitive patterns, 2) Identity formation directly connected to or with the abandonment of their primary attachment figures (physical and or emotional), and 3) Interaction between God's story and their own. These themes were uncovered during the integrative NT methods used during the intervention sessions. Problematic themes, plot twists, and alternative storylines were identified, defined, and processed to cultivate SR and facilitate PTG. Even though the integrative NT methods used (life timeline, exploring plot twists, and creating the chapters of life) were simple and the same for each case study subject, the individualized data generated was multi-dimensional, complex, and deeply meaningful to the participants. Christian and Steinhardt remind that positive emotions widen the range of coping mechanisms and ultimately enhance resilience.[174] With this in mind, it is clear that each case study participant indicated an elevation of positive emotions regarding their lives' metanarrative and increased levels of experienced hope.

[174] Christian and Steinhardt, *Relationships Among Positive Emotions,* 145.

Interpretation of Results

Regarding this specific DMIN action research project alone, it would be unfeasible to eliminate all confounding variables regarding all of the participant's increase of SR, such as natural maturation, continued personal growth, stage of life, traumatic events, grief, brain development, divine inspiration, and or restorative relationships in their personal lives. This is an area where more specific research can be engaged for greater clarification.

What is conclusive from this study is that each of the case study subjects experienced increased self-reported SR and hope while independently communicating high regard for their inaugural experiences with integrative NT. They all had a significant phenomenological revelation about their first memory and continued to discover patterns and themes in life that they had not identified before. Additionally, each participant encountered God's story intersecting theirs in new and discernable ways and experienced hope for a redeemed narrative by transferring attachment from fallible, corruptible, and perishable human attachment figures to a perfect, incorruptible, and eternal heavenly Father.

There was no quantitative analysis conducted in this study. However, a review of the phenomenological data demonstrates that the majority of the conversation centered on identity formation as it pertained and connected to the FOO and the primary attachment figures who have ultimately, up to this point, informed the identity. Each case study subject seemed to be particularly and especially influenced by how their FOO and parents connected, related, and accepted them.

Prior Research and Results

The tenants of PP and PP2 counseling approaches, such as integrative NT, that foster the cultivation of SR and PTG have been well documented. This DMIN action research project

supports the consensus of credible literature and previous research studies of its kind. Additionally, the findings in this study revealed some interesting and unexpected results relating to what constituted effective counseling for the sake of developing and sustaining SR and PTG among followers of Jesus Christ. The following table illustrates a compilation of traits that Francis and Schiraldi have identified as components of resilience.[175] Each participant ranked the components, in order of importance (#1 being most important) and then highlighted those missing from their previous counseling, rendering it ineffective. This data was extrapolated from the conversational interviews, field notes, questionnaires, and transcriptions of the intervention sessions.

Effective Counseling	**Valerie**	**Joella**	**Rebekka**
Realistic Optimism	8	8	6
Self-Insight	2	3	2
Emotional Flexibility	9	6	7
Meaning-Making	3	1	4
Perseverance	7	9	10
Spiritual Connection	4	2	1
Healthy Social Networks	10	10	9
Positive Coping	6	7	5
Forgiveness	5	4	8
Hope	1	5	3

Figure 15. Participants' Self-reported Ranking of Previous Counseling

[175] Francis, "Integrating Resilience," 507; Schiraldi, *The Resilience Workbook*.

As can be observed in the above table, the top 5+ most meaningful components of resilience were absent for each of the case study subject's previous counseling. However, when evaluating the integrative NT intervention sessions, all three participants felt these meaningful components were present. Wright's research has validated that psychological processing includes 1) Reliving (narratively), 2) Releasing (emotionally), and Reorganizing (reclaiming).[176] Schiraldi's extensive research on resilience refers to this psychological processing as "reconsolidation," which requires assessing and assimilating the past narrative for the sake of altering its trajectory and co-authoring its ending.[177]

Specifically, for Christians, healing, identify formation, and spiritual formation advances in tandem. Therefore, a follower of Christ can rarely divorce psychological growth and experiences (their human story) from spiritual growth and experiences (God's story). Believers who try to heal in non-integrative counseling or church settings risk adding complications to their already complicated healing journey. As indicated by the case study subjects, spiritual connection is among the top 2 most important facets of effective counseling for two-thirds of the participants and among the top 5 most important facets for all. Integration has revealed itself as a necessary component of effective counseling for all three case study subjects.

Christian and Steinhardt have identified six adaptive coping subscales: 1) Active Coping, 2) Planning, 3) Positive Reframing, 4) Acceptance, 5) Emotional Support, and 6) Instrumental Support (spiritual insight/connection) along with six maladaptive coping subscales: 1) Self-Distraction, 2) Denial, 3) Venting (emotional dysregulation), 4) Substance Use, 5) Behavioral Disengagement (isolation), and 6) Self-Blame.[178] It is prudent to highlight that each case study

[176] Wright, *Complete Guide to Crisis & Trauma Counseling*, 223.

[177] Schiraldi, *The Resilience Workbook*, 73.

[178] Christian and Steinhardt, *Relationships Among Positive Emotions,* 147.

subject was consciously and unconsciously participating in more maladaptive subscales prior to the integrative NT interventions. Upon further investigation of their personal story concerning others (horizontally) and God (vertically), each participant significantly increased planning, positive reframing, acceptance, and instrumental support. This is an indicator that integrative NT interventions are positively corelated with the development of SR.

Recommendations for Counselors and Therapists

This research does not aim to initiate, brood, or sustain current turf wars in the psychology field; instead, it aims to add value to the overall engine of mental health care for the greater good of SBCC, OHFC and perhaps that will expand to reach others who have adaptive empowerment in their helping contexts. Van der Kolk and McFarlane convey, "Experiencing trauma is an essential part of being human; history is written in blood."[179] This statement is a call to remember that one who experiences trauma does not necessarily, have a clinical mental illness. Byproducts of trauma are normal reactions to abnormal events.

Based on the structure and positive correlation this researcher has observed between integrative NT and increased SR, 7 strategies can be introduced into any counseling context that may cultivate and sustain healing, empowerment, PTG, and SR among suffering Christians.

1. **F**ramework of life: It is important for any counselor to become acquainted with the counselee's framework of life. This allows the counselee to tell their story, in its entirety, to the best of their ability.
    a. Active and empathetic listening can be the primary skill used by the counselor during this phase.

[179] Van der Kolk and McFarlane, 3.

b. Goal of the counselee: Verbally process their life in story form (chronologically).

2. **O**rganize: Once the framework has been established, the known material can then be organized through active reflection.
    a. Meaningful question asking can be the primary skill used by the counselor during this phase.
    b. Goal of the counselee: Answer meaningful questions for the sake of challenging implicit biases that may have been covertly influential.
3. **R**eorganize: Once the data is organized, problematic and positive themes, patterns, and trajectories can be identified, defined, and evaluated.
    a. Visual mapping using written words, mind mapping, and color-coding can be the primary skill used by the counselor during this phase.
    b. Goal of the counselee: Identify and define patterns as they emerge and transfer from the implicit to the explicit memory.
4. **W**ander: New themes, patterns can now be gently and deliberately and safely examined to get better acquainted with a refined metanarrative.
    a. Casual conversation, patience, and gentle side-by-side exploration of the counselee's reorganized life can be the primary skills used by the counselor during this phase.
    b. Goal of the counselee: Gently wander down memory lane and reconsolidate the reorganized material as it relates to their self-insight, healing, and spiritual/identity formation.

5. **A**ssess Alternatives: Reevaluation of the narrative is a prelude to assessing alternative storylines and outcomes for the sake of reclaiming the narrative.
    a. Co-creative problem solving can be the primary skill used by the counselor during this phase.
    b. Goal of the counselee: Detect and assimilate any plot twists in the narrative that better supports a truth-based premise that includes the interaction of God's story.
6. **R**ewrite: The intersection of God's story with the counselee's promotes relational partnership so that primary attachment can transfer to God.
    a. Enrichment and reinforcement of the spiritual disciplines can be the primary skills used by the counselor during this phase.
    b. Goal of the counselee: Align their personal story with God's claim abundance through a personal relationship with Jesus Christ.
7. **D**eliberate: Progress toward maturation, healing, and reclamation are accomplished through the continued alignment of the individual's true identity with God's story.
    a. Psychoeducation and discipleship can be the primary skills used by the counselor during this phase.
    b. Goal of the counselee: Intentionally employ and submit to the Holy Spirit for the transformation of trauma to treasure.

Additional Recommendations

Van der Kolk has done extensive studies that have revealed how social contexts of life significantly influence the psychological and biological capacities to manage stress and

experience resilience.[180] Therefore, it is also the researcher's recommendation that the higher academic institutional programs of clinical psychology and seminary adapt and adjust curriculums to include a more comprehensive integration of psychology and theology. This harmonization of learning facets would provide a much broader scope of opportunity for mental health care providers and pastors who are regularly encountering those in need of non-clinical mental health care. This broadened scope of practice would expand the opportunity and experience of PTG and SR for the edification and expansion of God's kingdom.

Recommendations for Pastors

Typically, pastors have limited training in human psychology. Yet, in times of great distress, suffering Christians often enlist the help of the clergy. Therefore, pastors must have access and willingness to expand their repertoire for working with human suffering and have a close network of trained professionals that can assist and or supplement in areas that extend beyond the scope and practice of the church staff and or laypersons. McMinn asserts that the blending of psychology and theology serves as a framework for effective Christian counseling, and this researcher agrees with the importance and effectiveness of this amalgamation. Integrative approaches to healing are imperative for the sake of edifying, educating, exhorting, and expanding God's kingdom.

Based on the importance and effectiveness of integration that this researcher has observed between psychology and theology, 7 additional strategies can be introduced into any community care program within the church context that may assist in the cultivation and sustaining of more wholistic healing, empowerment, PTG, and SR among suffering Christians.

[180] Van der Kolk, "Complexity of Adaptation," 185.

1. **J**ettison: It can be harmful for a pastor to assume that the issue brought to them is a hundred percent spiritual (i.e., singularly a sin issue) and not consider the other aspects of the person (i.e., body, mind, and heart). Therefore, discarding harmful assumptions is imperative for all pastors.
2. **O**bserve: Pastors must observe the whole person to determine the best course of action. Active listening applied to competent observation goes a long way in discerning a way forward and knowing who and when to ask for help.
3. **U**nderstanding: Compassion is the first tenant of soul care. Thus, competent pastors understand that those they serve are complex, story-bearing, valuable beings who will most likely need a multi-dimensional solution.
4. **R**eflect: Patient and gentle reflection of the core issues will help pastors discern the genuine needs of the parishioner and then assist them in meeting those needs.
5. **N**arrate: Present God's story but do not forget to make space for the story of the parishioner. Genuine healing occurs at the point where God's story intersects the individual's story. Therefore, the individual's narrative is a necessary and relevant component that serves as a platform for resilience.
6. **E**valuate: Pastors must know the limits of their scope and sequence of practice when it comes to serving the suffering effectively and ethically. Forming networks of diverse professionals (clinical, PP/PP2…etc.) is exceptionally beneficial for all involved.
7. **Y**ield: Pastors can maintain sensitivity to the Holy Spirit's leading while bringing forth the fruits of discipleship alongside healing pursuits, which can be fostered in a

co-creative space between the pastor and parishioner. Positive influence instead of imposed authority can lead to a more fruitful harvest of effectiveness.

Limitations

Since the purpose of this DMIN action research project was to identify and better understand the correlation between integrative NT approaches and SR among suffering Christians to cultivate PTG, multi-faceted phenomenological data were collected directly from three sources of the human phenome to generate findings. However, one limitation of this study may be the lack of longer-term integrative NT intervention sessions. Another limitation may be the researcher's impartial perspective as a practicing non-clinical trauma therapist. Lastly, since this study focused upon the specific clients of OHFC and SBCC, a reduced pool of case study subjects may also have been a limitation. However, because each case study subject had a diverse story and distinct experiences with their previous counseling, this seemed like a less impactful limitation.

Implications

Glenn Schiraldi's conclusion that "We have learned from the study of trauma that each time we bring a painful memory into complete awareness, the brain has a chance to change it." supports the findings produced in this research.[181] Each participant, though diverse, expressed similar disappointments about the self-reported ineffective counseling they had previously received. Their reasons were rooted in an observed lack or utter absence of spiritual integration, disjointed evaluation of their life narrative, and co-creative measures that protected self-expertise. The brain cannot change painful memories that it does not understand in accordance

[181] Schiraldi, *The Resilience Workbook*, 50.

with the context of its existence. Therefore, well-rounded learning and advancement in trauma care, healing, and resilience-building would benefit greatly from the expansion and assimilation of integrative NT approaches in counseling suffering Christians.

Future Research

Areas of continued research that have emerged from this study include the adaptation of integrative approaches in counseling, investigation of educational models that support the integration of psychology and theology, and therapeutic efficacy among a more expansive demographic. Since resilience counters various medical, psychosocial, and social problems, any research that supports its cultivation is invaluable.[182] The Dalai Lama and Archbishop Desmond Tutu have identified eight pillars of joy: perspective, humility, humor, acceptance, forgiveness, gratitude, compassion, and generosity.[183] Therefore, additional research is needed to determine if and or how integrative NT approaches impact non-believers in order to educate, exhortate, and expand God's kingdom.

Epilogue

As the study ended, the researcher found herself feeling fulfilled, affirmed, and blessed by the privilege of the case study participants sharing their stories. The researcher acknowledges and appreciates the level of trust, vulnerability, and courage needed to examine the case study subjects' deeply personal and intimate wounds. It is a heavy blessing for any counselor and or pastor to bear the burdens of others. However, when the theoretical and theological truths are added to one another to create a more truth-based and effective healing agent in the lives of those

[182] Schiraldi, *The Resilience Workbook*, 2.

[183] Dalai Lama, Desmond Tutu, and Douglas Abrams, *The book of Joy.* New York, NY: Routledge: Avery: An imprint of Penguin Random House, LLC, 2016, Days 4 & 5.

who have discerned genuine and wholistic healing to be worthwhile, positive trajectories of growth can be more readily available.

Having spent significant therapeutic time with the case study subjects previous to the DMIN action research project, the researcher would like to express deep and unending appreciation for their investment into the evolutionary process of bringing forth beauty from ashes. Marcy is immensely grateful and very proud of each participant for how hard they have worked (and continue to work) to genuinely heal, grow, and become spiritually resilient branches in God's garden, fed by Jesus Christ, and sustained by the Holy Spirit.

It is the philosophy, experience, and witness of this researcher that trauma can be turned into treasure by 1) Knowing God (the truth and source of all healing), 2) Knowing the self (as a handcrafted and valuable creation of God, Who is Love) and, 3) Maximizing that design and minimizing human defaults. Thus, knowing God's story, understanding the self's story, and having an identity rooted at the intersection of both is imperative for the cultivation and sustaining of SR along the path of PTG… which leads ever forward in Christ.

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TIGR.1b (6.12.21_Transcription) 1b. Rebekka, Marcy Hill, Personal Interview, OHFC, June 12, 2021.

TIGR.2 (7.1.21_Transcription) 2. Rebekka, Marcy Hill, Personal Interview, OHFC, July 1, 2021.

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Appendix A: INITIAL QUESTIONNAIRE

Researcher: Marcy Hill ([redacted])
Faculty Sponsor: Al Sarno [redacted]

You have been invited to participate in Marcy Hill's Doctoral research project at Liberty University. She will be evaluating how integrative Narrative Therapy approaches used in counseling can increase spiritual resiliency among suffering Christians. Marcy has a long-standing serving relationship with the Southbrook Christian church's (SBCC) counseling ministry and owns Oak Hills Family Center, LLC (OHFC). She is currently a non-clinical trauma psychotherapist, professional life coach, and labor doula. The following questionnaire has been designed to determine how current OHFC/SBCC Christian counselees feel about the quality of their past counseling in relation to improving their spiritual resiliency. Once your questionnaire is submitted, it will be reviewed by Marcy Hill (the researcher) to determine compatibility and interest for further participation. If you are selected for the study, you will receive additional information along with a consent document to review/sign. If you are not selected for the study, your screening data will be destroyed. Your participation is appreciated and encouraged but optional. Thank you in advance for taking the time to fill out the following questionnaire for the sake of providing education, edification, and encouragement to God's kingdom.

Name:	**Email:**
Phone #:	

1. Have you participated in counseling previously?	Yes	No	[redacted]
2. Have you been diagnosed with a clinical mental illness	Yes	No	[redacted]
3. If yes, How long ago?	Less than 1 mo.	6 mos.	1+ yrs.
4. Was your previous counselor a Christian Counselor?	Yes	No	[redacted]
5. Did your previous counselor help you process your life story?	Yes	No	Somewhat
6. How long were you in counseling, previously?	Less than 1 mo.	6 mos.	1+ yrs.
7. Was your previous counseling effective?	Yes	No	Somewhat
8. Are you seeking counseling for the same issues now?	Yes	No	Somewhat
9. Would you like to experience greater spiritual resiliency?	Yes	No	Undecided
10. Would you be interested in participating in a case study consisting of 3, 1-hour	Yes	No	Undecided

	Christian counseling sessions that includes integrative Narrative Therapy approaches?			

Appendix B: RECRUITMENT TEMPLATE

Email, Letter, or Verbal Script

Date: TBD

Dear [Recipient]:

As a doctoral candidate in the School of Divinity: Liberty University, I am conducting research to better understand how integrative Narrative Therapy relates to the increase of spiritual resilience among Christian sufferers. The purpose of my research is to study how integrative Narrative Therapy approaches in counseling strengthens spiritual resiliency, and I am writing to invite eligible participants to join my study.

Participants must be 18 years of age or older, claim Christianity, have experienced previous counseling that was exempt of integrative Narrative Therapy, and have an established working relationship with the primary researcher, Marcy Hill. Participants, if willing, will be asked to participate in an initial interview, three counseling sessions that are facilitated by Marcy Hill and include integrative Narrative Therapy (unless you have already participated in such as part of your current care), a closing interview, and closing questionnaire. It should take approximately 4-6 hours over the course of 3-6 weeks to complete the procedures listed. Names and other identifying information will be requested as part of this study, but the information will remain confidential.]

In order to participate, please contact Marcy Hill by replying to this email for more information regarding scheduling.

A consent document is attached to this email. The consent document contains additional information about my research. Please sign the consent document and return it to me at the time of the initial interview.

Sincerely,

Marcy Hill
Primary Researcher, Trauma Psychotherapist, & Owner, OHFC
[redacted]

Appendix C: INFORMED CONSENT

Title of the Project: Integrative Narrative Therapy in Christian Counseling: Experiencing Strengthened Spiritual Resiliency: A Phenomenological Study.
Principal Investigator: Marcy L. Hill

Invitation to be Part of a Research Study

You are invited to participate in a research study. In order to participate, you must be 18 years of age or older, be a currently professing Christian, have experienced previous counseling that was exempt of both integrative Narrative Therapy approaches and satisfactory results, have an established working relationship with the researcher, Marcy Hill, and not have a current clinical mental illness diagnosis. Taking part in this research project is voluntary. Please take time to read this entire form and ask questions before deciding whether to take part in this research.

What is the study about and why is it being done?

The purpose of this study is to examine the efficacy of integrative Narrative Therapy approaches for the strengthening of spiritual resilience in the lives of Christian sufferers who have previously sought counseling that was exempt of integrative Narrative Therapy exercises/approaches and have been deemed ineffective by you. The study will compile your story, minimally intervene with Narrative Therapy exercises, and collect your self-reported opinion(s) of efficacy at the close of the study for the purpose of educating, encouraging, and equipping Christian sufferers.

What will happen if you take part in this study?

If you agree to be in this study, you will be asked to do the following:

1. Allow the researcher to use and retain the data from your initial screening questionnaire.
2. Participate in an initial interview with the researcher. This informal interview will be conversational and geared toward collecting data regarding your past counseling experiences. The initial interview will be audio recorded for review by the researcher and will be stored on an external hard drive for three years (after which it will be deleted). This interview will take approximately one hour.
3. If necessary, participate in 3, 1-hour integrative narrative therapy counseling sessions, facilitated by the researcher (unless these sessions have already occurred as part of your current care). If necessary, these three sessions will take place over the course of 3-6 weeks (depending on scheduling). The researcher will take notes during each session to refer to later in the synthesis of the data. Audio and video recording may be used, if needed, but not without your knowledge and permission.
4. Participate in a, one hour, closing interview with the researcher. This informal interview will be conversational in nature and geared toward gaining your insights about the effectiveness of the integrative narrative therapy approaches. This closing interview will be audio recorded for review by the researcher and will be stored on an external hard drive for one year (after which it will be deleted).
5. Fill out a closing questionnaire at the closing interview. This questionnaire will gather data regarding your personal assessment of your experience(s) throughout the study and take approximately 10-15 minutes during your closing interview.

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Approved on 4-23-2021

How could you or others benefit from this study?

The direct benefits participants may potentially receive from taking part in the case study are deeper identification and evaluation of problematic life themes, increased capacity to detect metanarratives and patterns in life, reframing problematic themes, emotional catharsis through being heard and valued, and increased spiritual resiliency.

There are benefits that this study may have on the Christian community, as well. They include adding value to the healing of suffering Christians by helping professionals better understand how to best support and cultivate spiritual resiliency using effective Narrative Therapy counseling approaches.

What risks might you experience from being in this study?

The risks involved in this study are minimal, but may include temporary exacerbation of distress, new-found problematic themes, and/or potential need for further exploration of personal pain. Because this study does not include working with clinical mental illnesses and the study is facilitated by a researcher that you already have an established working relationship with, the risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

The researcher is a mandatory reporter and must report to legal authority instances or suspicion of the following: current abuse or neglect of a minor child or elder, current intent to harm self or others.

How will personal information be protected?

The records of this study will be kept private and your identity will be kept confidential. Published reports will not include any information that will make it possible to identify you, in any way. Research records will be stored securely, and only the researcher will have access to the records. Data collected from you may be shared for use in future research studies or with other researchers. If data collected from you is shared, any information that could identify you, if applicable, will be removed before the data is shared.

- Your responses, as a participant, will be kept confidential through the use of pseudonyms and codes. Interviews and case study sessions will be conducted in Southbrook's counseling center or at Oak Hill's Family Center where others will not easily overhear the research conversations.
- Data will be stored on a password protected computer/iPad and may be used in future presentations. After three years, all electronic records will be deleted.
- All interviews will be recorded and transcribed. Recordings will be stored on a password protected computer/iPad for three years and then erased. Only the researcher will have access to these recordings.
- Confidentiality is not absolute. Your confidentiality will be compromised if information arises that requires the researcher to mandatory report, or you disclose your research experiences with others. You may discuss your research experiences with others, but this diminishes the soundness of your confidentiality. Confidentiality cannot be guaranteed in external group settings.

What are the costs to you to be part of the study?

There is no cost to you for participating in this research.

Liberty University
IRB-FY20-21-586
Approved on 4-23-2021

Does the researcher have any conflicts of interest?

The researcher serves as a Christian counselor, trauma psychotherapist, lay counselor trainer, and professional life coach. She serves at Southbrook Christian church (as a counselor volunteer, lay counseling trainer/educator and pastoral collaborator) and at the Oak Hills Family Center, LLC (as owner/operator). Because all research participants will have an already established working relationship with the researcher, it is possible that the current therapist/counselee relationship could be enhanced. However, whereas not to jeopardize previously established rapport, all participants have the right to withdraw at any time without imposing a negative effect on the current therapist/counselee relationship.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether to participate will not affect your current or future relations with Liberty University, Southbrook Christian Church, or Oak Hills Family Center, LLC. If you decide to participate, you are free to refrain from answering any questions or withdraw at any time without affecting those relationships. The researcher also reserves the right to terminate participation at any time.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please inform the researcher that you wish to discontinue your participation, and do not submit your study materials. Your responses will not be recorded or included in the study.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Marcy Hill. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact Marcy at mhill59@liberty.edu or (937) 490-9272. You may also contact the researcher's faculty sponsor, Dr. Al Santo at asanto@liberty.edu or (636) 497-0768

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, you are encouraged to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at irb@liberty.edu

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

The researcher has my permission to audio and/or video record me as part of my participation in this study.

Printed Subject Name

Signature & Date

Liberty University
IRB-FY20-21-596
Approved on 4-15-2021

Appendix D: INITIAL INTERVIEW

The following questions will be posited and casually discussed for the purpose of initiating the case study, getting acquainted, and securing all appropriate paperwork for the continuation of the case study.

1. What prompted you to seek counseling previously?
2. Would you like to tell me about that specific time in your life?
3. How did you find your previous counselor?
4. What was an average previous counseling session like?
5. When did you decide it was time to stop going to your previous counselor?
6. What did you want to accomplish in your previous counseling?
7. Are you seeking counseling for the same issues now?
8. Would you like to experience greater spiritual resiliency?
9. What was missing in your last counseling experience?
10. What do you feel you need to achieve your current goals?

Appendix E: CLOSING INTERVIEW

The following questions will be posited and casually discussed for the purpose of debriefing with each participant regarding their case study experience(s).

1. Was your case study counseling different from your previous counseling?
2. If so, in what ways…?
3. If not, how were they alike…?
4. Had you ever shared your story with anyone before the study sessions?
5. What were the most productive exercises of the case study counseling sessions?
6. What was the most difficult part of the case study sessions?
7. What have you learned about God?
8. What have you learned about yourself?
9. What have you learned about others that have partaken in your story?
10. In what ways have you grown?
11. Has your SR increased?
12. If so, in what ways?
13. If not, what is the barrier?
14. Do you see value in integrative NT when working with suffering Christians?
15. What will be your next growth-focused step?

Appendix F: CLOSING QUESTIONNAIRE

Thank you for participating in this worthy research project designed to educate, edify, encourage,

The following questionnaire is the final piece of the data collection for the project.

Name:	**Email:**
Phone #:	

Please rate the following on a scale of 1 to 10 (1 being least and 10 being most).

1. What was your spiritual resiliency at the beginning of the study?	**1 2 3 4 5 6 7 8 9 10**
2. How productive were the integrative NT exercises?	**1 2 3 4 5 6 7 8 9 10**
3. Rate your current SR.	**1 2 3 4 5 6 7 8 9 10**
4. How effective was your previous counseling?	**1 2 3 4 5 6 7 8 9 10**
5. How effective was your case study counseling sessions?	**1 2 3 4 5 6 7 8 9 10**
6. What level of hope were you experiencing before the case study sessions?	**1 2 3 4 5 6 7 8 9 10**
7. What level of hope are you experiencing as a result of the case study sessions?	**1 2 3 4 5 6 7 8 9 10**
8. What was the quality of your case study care?	**1 2 3 4 5 6 7 8 9 10**
9. How would you rate the overall experience of your participation in this study?	**1 2 3 4 5 6 7 8 9 10**
10. How likely are you to recommend integrative narrative therapy to other suffering Christians?	**1 2 3 4 5 6 7 8 9 10**

LIBERTY UNIVERSITY.
INSTITUTIONAL REVIEW BOARD

April 23, 2021

Marcy Hill
Albert Sarno

Re: IRB Exemption - IRB-FY20-21-596 Integrative Narrative Therapy in Counseling: Experiencing Strengthened Spiritual Resiliency: A Phenomenological Study

Dear Marcy Hill, Albert Sarno:

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:
101(b):

Category 2.(iii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:
The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

Your stamped consent form(s) and final versions of your study documents can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB. Your stamped consent form(s) should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document(s) should be made available without alteration.

Please note that this exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at irb@liberty.edu.

Sincerely,
G. Michele Baker, MA, CIP
Administrative Chair of Institutional Research
Research Ethics Office