

GROUNDING PRESENCE: A QUALITATIVE METHODOLOGY FOR SPIRITUAL CARE RESEARCH

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Abstract: Grounded presence is a qualitative research methodology, which has been developed to identify and articulate spiritual experience associated with specific illnesses. The goal of the research methodology is to increase our knowledge of the spiritual component of a specific illness with a view to informing the healthcare service and suggesting possible improvements to spiritual care. Working within the healthcare system the approach assumes a multi-faith/no faith milieu. However, the methodology incorporates and relies on the spiritual awareness of the researcher, which could be held within a religious framework. This religious framework may provide a deeper understanding of the spiritual experiences, however, the methodology calls for the researcher to move beyond a particular religious interpretation to a more general human interpretation. This methodology makes use of the skills of chaplains and can be augmented into routine practice. The underlying philosophy or belief structure, which underpins the methodology and from which the methodology grows, is that we are spiritual beings living in a spiritual world.

Key Words: Healthcare, qualitative research, spiritual care.

Introduction

Our healthcare system has now accepted the importance of and strives for a more holistic approach to care, which is patient focused. We are also in the process of integrating spiritual care more fully into service provision and development. As part of the multidisciplinary approach to healthcare, chaplains have the skills and are in a position to make a significant contribution to holistic and patient centred care. Along with the acceptance of the need for more patient focused care has come the acceptance and development of qualitative research. The recent publication of Swinton and Mowat (2006) provides an important framework and rationale for the bringing together of qualitative research methods and Christian practical theology.

Gordon Lynch (1999) identified the lack of and need for research in pastoral care, which explores the clients' view. Anton Boisen is sighted in Asquith (1992) from an article published in 1923 in which

Boisen, drawing on his experience as a psychiatric patient states;

“The physician, as a result of his empirical method and his careful, systematic study of living men and women, has thus in very truth become a physician of souls, while the traditional “physician of souls” clinging to his traditional methods, has become merely a custodian of the faith.” (Asquith, 1992, p17)

Boisen became one of the founders of the Clinical Pastoral Education movement, which sought to develop competencies in pastoral care within a clinical context and coined the phrase ‘living human document’ to emphasise the value and importance of the patient experience and the hermeneutical nature of developing effective praxis. The training in spiritual care he helped to develop, centred around the use of theological reflection on individual pastoral encoun-

ters, within the framework of the verbatim, to encourage learning from reflective practice.

Theological reflection on pastoral practice has been well established in Britain as witnessed by Pattison (1989) and Lyall (1989) in his use of a model for theological reflection set out by Edward Farley. There is a resonance between reflective practice in pastoral care and qualitative research methods. Of particular interest for this paper is the 'Grounded Theory' research methodology, developed by Glaser and Strauss (1967).

Swinton and Mowat make the distinction between the terms 'method' and 'methodology'.

"Methods are specific techniques that are used for data collection and analysis. . . . methodology has to do with an overall approach to a particular field. It implies a family of methods that have in common particular philosophical and epistemological assumptions." (Swinton and Mowat, 2006, p74)

'Grounded Presence' is a methodology in that it comes from an ontology, which acknowledges the spiritual component of our being and an epistemology, which assumes that the spiritual component is a source of understanding and relationship. It also provides research methods as detailed below. The hope of this paper is to present a qualitative research methodology suitable for use by spiritual care providers, which will facilitate the important contribution they have to offer to the wider healthcare service.

Data collection and Analysis

It should be stated at the outset that any research undertaken by chaplains must receive ethical approval, involve informed consent and observe proper data protection practices. The research protocol will identify the size and method of obtaining the sample of participants. In Grounded Presence different methods of selecting the sample may be used, such as a purposive sample, which selects a cross section of participants, a theoretical sample, as mentioned below, or a sample of convenience. As in all qualitative research the depth of the interviews is more important than the number of interviews completed. One method of deciding the sample size may be the use of 'saturation' where the researcher finds that no

new themes are arising out of the data being collected.

As mentioned above, there is a resonance between spiritual care methods and qualitative research methods. They are both very open in their approach to participants. Grounded Theory begins with a general area of interest or study and rather than starting with a theory to prove, or disprove, or impose, the researcher begins collecting data from participants and allows the theory to emerge from, or be grounded in the data. Similarly in the provision of spiritual care, chaplains will go into a visit with a framework and perhaps with a background of previous encounters but will allow the person being visited to set the direction on the day. Data collection may involve different sources such as literature review, retrospective interviews and prospective case studies. This will vary dependent on the specific area of health under study but in general the approach will be open ended rather than structured to allow the experiences of the participants to emerge. Interviews are generally recorded and transcribed to facilitate coding and reflection.

Data collection and data analysis have been placed together here, because the proposed methodology follows the constant comparative analysis process suggested by Glaser and Strauss (1967). In this process the researcher begins to make notes and analyse data from the first interview and throughout the research process. These notes and analysis become part of the data and inform the direction in which the research progresses. In the very helpful book by VandeCreek et al (1994) Bender and Jordan make the practical suggestion that these impressions and notes be recorded as soon after the interview as possible, while they are fresh and so they immediately become part of the data along with the interview.

Qualitative research and spiritual care both acknowledge the influence and involvement of the researcher or chaplain in the process. In Grounded Theory researchers "*are unafraid to draw on their own experiences when analysing materials because they realise that these become the foundations for making comparisons and discovering properties and dimensions.*" (Strauss and Corbin 1998, p.5). The spiritual care provider is aware of her/his own emotions and reactions in order to be more attentive to the experiences of those being visited.

The researcher/participant encounter

Let us step back to the actual interview process and examine in more detail the interaction between the researcher and the participants. An aspect of data collection, which is important and perhaps unique, in the Grounded Presence approach, is the intentional grounding of the researcher in her/his own spiritual awareness and intentionally 'being present' to the participants as they explore their feelings. This would involve taking time to centre oneself before the interview and the 'being present' involves being present to the deeper feelings of participants, the deeper feelings of the researcher and to the transcendent. This openness and active listening on the part of the researcher can help the participants to open up to their own deeper feelings. Carl Rogers, using his client centred approach of positive regard, described this type of encounter.

"I find that when I am closest to my inner, intuitive self, when I am somehow in touch with the unknown in me, when perhaps I am in a slightly altered state of consciousness in the relationship, then whatever I do seems to be full of healing. Then simply my presence is releasing and helpful. There is nothing I can do to force this experience, but when I can relax and be close to the transcendent core of me At those moments it seems that my inner spirit has reached out and touched the inner spirit of the other. Our relationship transcends itself and becomes a part of something larger." (Kirschenbaum & Henderson 1990, p 137)

Rogers describes this kind of encounter within the context of his counselling practice, with the intention of healing. In the case of research the intention is to gain a deeper understanding of the spiritual experiences of the participant, with the researcher and participants working towards this together. Swinton and Mowat (2006) caution against the researcher slipping into the role of counsellor, which would be inappropriate and not what was consented to within the research framework. The interview process may well stir up deep feelings or anxieties, which the participant will then have to deal with. Part of the research protocol for ethics approval would involve a referral process, which could be initiated with the approval of the participant. The researcher must above all be sensitive to the needs of the participants and if a participant or the researcher feel that the interview is causing too much distress, then it should be abandoned. This is espe-

cially true if conducting one off interviews in the community where the participant may be isolated. It would be naïve, however, to suggest that the interview process does not involve an element of spiritual care. Active listening is a large part of spiritual care. If prospective case studies are being used, it becomes difficult to separate the research from the routine delivery of spiritual care. It is perhaps better to acknowledge this dynamic. A case could be made that this type of research is best performed by experienced spiritual care providers, who will have the sensitivity to understand the depth of feelings present. As in routine practice, the researcher would be aware of others involved in the spiritual care of a participant, such as faith community representatives. The important factors here are that the research process does not cause harm to the participants and that the roles of all involved are made very clear in the information given to participants prior to obtaining informed consent.

There is a potential power differentiation because of the vulnerability of the participants as they deal with the impact of the illness and the fact that the researcher is 'in charge' of the research process. There must be an awareness of this on the part of the researcher but if approached correctly the participant actually becomes the expert as they in fact are. Building in a feedback loop into the analysis process so that the participants can comment on the findings as put forward by the researcher is an important part of the methodology and helps to redress the imbalance of power.

The role of the chaplain performing this type of research in spiritual care is perhaps a topic for further discussion.

Reflective analysis

Moving on to the ongoing constant comparative analysis, the researcher makes use of spiritual reflection as part of this process. To each interview will be added the researchers notes and impressions, which in Grounded Presence will involve spiritual reflection. At this point the researcher may draw on the particular background or tradition, which she/he is familiar with and knowledgeable in. So if the researcher comes from the Christian tradition she/he may draw on Biblical scripture and tradition, using a process of 'mutual critical correlation' developed within the field of practical theology as presented by Swinton and Mowat (2006). Equally if the re-

searcher comes from a different religious tradition or none then she/he will draw on the appropriate sources for reflection. This additional process helps to gain a deeper understanding of the spiritual issues emerging from the data. It might be interesting, as a method of triangulation to have the transcripts of interviews reflected on by people from different traditions. To complete the circle of reflection and analysis then the researcher takes the insights from this process and places them back into the context of the multi faith/no faith milieu of the healthcare environment.

In Grounded Theory the interview transcripts are coded at different levels as the research progresses. Each interview is coded first of all for ideas or beliefs. The ideas are then compared with other participants to form themes and then categories. Finally theoretical coding identifies relationships between categories. In Grounded Presence, the different levels of coding may spark the spiritual reflection described above, which in turn will bring more depth to the higher level coding.

As more interviews are completed and themes and categories begin to arise through the process of constant comparative analysis, the researcher begins to develop what Glaser refers to as 'theoretical sensitivity' (Glaser, 1978). This means that the researcher is growing in her/his understanding of the dynamics and experiences associated with the particular area being studied. This theoretical sensitivity helps to direct the research as it evolves by enriching the interview process and also may steer the selection of possible future participants. This method of selecting participants as the research evolves is referred to as 'theoretical sampling'.

It is the role of the researcher then, with the help and expertise of the participants, to articulate a deeper understanding of the spiritual experiences of people dealing with a specific illness in the particular setting where the research has been conducted. This deeper understanding can then be used to improve the holistic care provided in the healthcare service, with a focus on spiritual care. A variation on the process would be to take the understandings gained through the analysis process including the spiritual reflection and instead of moving back into the generic spiritual environment of healthcare to stay within a particular faith tradition used in the spiritual reflection and allow the findings to inform the praxis

of the faith community. This would be an obvious tact for faith specific chaplains. To help illustrate the methodology a practical example is given below.

Practical example

While performing research with stroke patients and their carers, several themes came to light. The sudden onset of stroke was often devastating and caused a kind of grief, but within that experience arose the heightened appreciation of the relationships of family and friends, of the natural world and of the vulnerability of others. Collectively these themes of heightened appreciation could be seen as a deepening of spiritual awareness. As the researcher I felt the presence of the participants' spiritual awareness, which invoked a sense of privilege. The research topic was then modified to not only look for issues of spiritual distress but also for spiritual strengths. From within my Christian tradition I was reminded of the story of the woman suffering an illness who was healed when she reached out and touched the cloak of Christ, as his disciples ushered him through the crowds (Mark 5: 25-34). The woman had a deeper understanding of the power of Christ and what had transpired than the disciples did, who were unaware of her in the crowds. It struck me that, within the praxis of the Christian church, at times we are focused on ushering Christ around and perhaps we fail to recognise the wisdom and the spiritual strength of those who have become marginalized. In fact the lack of recognition of worth may be the most marginalizing factor. In only responding to the perceived needs of stroke survivors and not recognising their wisdom gained through experience, both the stroke survivors and larger community loose out. Turning back to the healthcare system the analysis and spiritual reflection brought a deeper understanding of the role of spirituality in the recovery process after stroke. It struck me that the physical environment that we place stroke patients in is often very clinical and impersonal, and can impede stroke patients and carers from developing and drawing on their own personal spiritual awareness as a source of resilience in the recovery process. An improvement to the service would be to create spaces for privacy and dignity and spaces of natural beauty. These ideas were fed back to the participants and other stroke patients and they agreed with the suggestions. One stroke patient also suggested that it might be helpful to have what she called a tantrum room, where the re-

lease of all the frustrations could take place without disturbing or being seen by others. This idea was met with agreement by other patients and staff felt they could make use of such a room as well.

Conclusion

The healthcare service tends to organize itself around types of illnesses. So we have the creation of Managed Clinical Networks for specific illnesses such as Coronary Heart Disease or Stroke. The multi-disciplinary teams that work in the managed clinical networks have specific knowledge, experience and expertise. As part of the multi-disciplinary team, spiritual care providers have a role to identify and respond to the spiritual needs of patients. The aim of the Grounded Presence research methodology is to develop a deeper understanding of the experiences of people as they deal with a specific illness. The methodology helps to bring the depth of understanding we are seeking by acknowledging and utilising the spiritual dimension within the relationship of the researcher and participants during data collection and by including spiritual reflection in the process of analysis.

The hope of this paper is that it will stimulate further discussion and ideas on how the skills and position of spiritual care providers can be used in research, to make important contributions to the healthcare system and improve our understanding of the experiences of people dealing with specific illnesses. The spiritual care guidelines (SEHD, 2002) rightly identify the need for both religious and spiritual care to meet the needs of the diverse population in care. As we attempt to identify and clarify the presence of the spiritual component of health, within this diverse community, it is important that our understanding and approach is grounded in the experiences of those for whom the care is offered.

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