

2020

An Exploration of Religious Practice as a Valued Occupation

Eyres, Patricia

<http://hdl.handle.net/10026.1/16755>

<http://dx.doi.org/10.24382/413>

University of Plymouth

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**UNIVERSITY OF
PLYMOUTH**

AN EXPLORATION OF RELIGIOUS PRACTICE AS A VALUED OCCUPATION

By

PATRICIA EYRES

A thesis submitted to the University of Plymouth
in partial fulfilment for the degree of

DOCTOR OF PHILOSOPHY

School of Health Professions

July 2019

Acknowledgements

I dedicate this work to my parents, both of whom passed away during the course of my studies.

I would like to thank all of my supervisors, some of whom joined me for only part of my research journey, but most of all my thanks go to Professor Anne Roberts for her amazing inspiration, and Professor Gayle Letherby and Dr Katrina Bannigan for their unfailing support and guidance.

I also thank all the participants whose generous gift of their time and incredible insights into their faith, have made this work possible.

I thank my colleagues for all their help and support, their advice, and the odd shoulder to cry on. In particular I thank Mary Birken for her work on the scoping review. And a huge thank you to my friends among the church family for their encouragement and invaluable proofreading skills!

And, of course, I thank my family. My children for putting up with their ‘boff’ of a mum, and my wonderful husband for the endless cups of tea, late suppers, occasional nagging that I needed to get me to this point, and unconditional love.

Praying

“..... just pay attention, then patch a few words together
and don’t try to make them elaborate, this isn’t a contest
but the doorway into thanks, and a silence in which another voice may speak.”

— Mary Oliver, *Thirst*

AUTHORS DECLARATION

At no time during the registration for the degree of Doctor of Philosophy has the author been registered for any other University award without prior agreement of the Doctoral College Sub-committee.

Work submitted for this research degree at the University of Plymouth has not formed part of any other degree either at the University of Plymouth or at another establishment.

This study was financed with the aid of the School of Health Professions, Faculty of Health and Human Sciences, University of Plymouth.

Publications:

Eyres, P., Birken, M., Bannigan, K., and Letherby, G. (2018) Occupational therapy practice and patient/client participation in religious occupations: a scoping review protocol, *JBIR Database of Systematic Reviews and Implementation Reports*, 16(6), pp 1323-1331.

Eyres, P., Bannigan, K., and Letherby, G. (2019) An Understanding of Religious Doing: A Photovoice Study, *Religions*, 10(4), 269 (Special Issue: Theology and practical life)

Presentations and conferences attended:

2012 (Erasmus project) 14th November, University of Ljubljana, Slovenia.
Visiting Lecture: An exploration of religious practice as a valued occupation and the use of visual methodologies

2013 Plymouth University Occupational Science Seminar series: 21st May
Invited Lecture: Worship as an occupation.

2013 Plymouth University Post-graduate research conference: 15th June.
Paper presentation: Religious Practice, meaning and participation.

2013 International Occupational Science Conference, Cork Ireland: 6th Sept.
Poster presentation: Participatory Photography: What does this technique have to offer Occupational Science research
Paper presentation: Meaning and participation in religious practice: a photovoice study.

2014 European Conference on Religion, Spirituality and Health in Malta: 22nd May.
Paper presentation: Religious Practice as an Occupational Need

2015 Advancing Occupational Therapy Conference, Plymouth University: 13th March
Poster presentation: Advancing concepts of Religious Practice as a valued occupation: A Photovoice Study

2016 Plymouth University Methodological Innovations Conference: Methodology and Methods: innovations, challenges and opportunities: 3rd December

Paper presentation: Messiness and Facets: researching the bigger picture

2017 4th International Occupational Science Europe Conference: Meeting in Diversity – Occupation as a Common Ground, Hildesheim Germany: 8th September

Paper presentation: Religious practice: an exploration of an everyday occupation

2018 Contemporary Research Methods Auto/Biography event: Public/Private / Insiders/Outsiders. Plymouth University: 1st February

Paper presentation: Occupational Auto/Biography: narratives in religious ‘doing’

2018 British and Irish Practical Theology (Student Day Conference):

Saturday 28th April. The Queen’s Theological Foundation, Birmingham

Paper presentation: Religious doing: an occupational exploration of religious practice.

2019 The University of Greenwich Applied Sociology Research Group’s annual conference: Creative and Collaborative Imaginations. Friday 11th June 2019

Panel paper: Diamonds, pictures and stories: a research journey into creativity.

2019 Plymouth University Occupational Science Seminar series: 28th Oct 2019

Invited Lecture: Diamonds and Stories: my experiences exploring religious practice as an under-considered everyday occupation.

Awards:

2012 Elizabeth Casson Trust Award – Contribution towards PhotoVoice training , London £200

2015 Gladstone Library Scholarship award – Residential study scholarship

2017 Gladstone Library Bursary Award – Residential study scholarship

Word count in main body of thesis: 79,106

Signed..... 

Dated...22/7/19.....

ABSTRACT

Patricia Eyres

AN EXPLORATION OF RELIGIOUS PRACTICE AS A VALUED OCCUPATION

Background Religion touches our everyday lives. Some have a deeply held faith while others engage infrequently in rites of passage such as marriage or funerals, but religion is a common worldwide phenomenon. Globally, millions of people engage in religious practice or religious 'doing' daily, but occupational science has not explored this common occupation widely, and occupational therapists continue to struggle to consider religious practice within the occupational needs of their clients. Within increasingly multi-cultural and multi-faith communities, it is imperative that the occupation of religious practice is better understood and considered within practice.

Method An auto/biographical overarching research orientation is used to encompass a reflexive awareness of my own experiences as a Christian. And I take an occupational science perspective to explore religious 'doing'. This is achieved by the use of a facet orientation to construct three studies which explore different aspects of religious practice. A systematic scoping review of literature examined the current understanding of religious practice. A photovoice study examined the lived experience of religious practice from a variety of faith perspectives and auto/biography was used to explore barriers to participation in religious practice.

Findings Religious practice continues to be perceived as a difficult area by occupational therapists however, familiar occupational features such as routine, interpretation of rules, symbols, connectedness, and contemplation, exist across faith traditions. Participation in religious practice involves a complex relationship between community and place, religious coping strategies and religious identity.

Conclusion This thesis offers an original occupational science contribution concerning religious practice as a valued occupation. It offers a UK based, multi-faith perspective, in an area dominated by North American, Judeo/Christian literature. Most importantly, it shines a light on common everyday religious 'doing' which is as much a valued occupation as any other everyday activity. This thesis positions religious practice as an everyday occupation that occupational therapists can, and should, address using existing skills.

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Chapter 1 Introduction

1.1 Why study religious practice?

Religion is a complex concept that is embedded within our lives (McHale, 2013). Some people have a personal and deeply held faith; others choose to engage in religious ceremonies linked to the life course, such as marriage or funeral rites, while all will be aware of buildings devoted to religious worship within their communities. Plurality is increasing with growing ethnic and cultural diversity both in the UK and worldwide (Bove and Elia, 2016), together with a global increase in emergent spirituality (Furness and Gilligan, 2010) and more conventional religious traditions (Pattison, 2013). The degree to which religion impacts on our lives is personal, individual and variable, but for some, it constitutes regular and meaningful activity (Koenig, 2011). The objective of the research on which this thesis reports, was to specifically explore religious practice as a valued occupation, that is, something that people do within their everyday lives that is important to them.

I chose this topic for a number of reasons. My earlier work in the field of inclusive design on the potential barriers presented by the built environment in buildings used for worship (Eyres, 2007) led me to conclude that this was only one aspect of a much larger consideration of religion as an occupation. My own personal faith is an important aspect of who I am, and it has increasingly concerned me that religious practice seems to persist as being very challenging for many occupational therapists that I speak with. The things that I regularly do as part of my religion are very important to me and certainly do constitute valued occupation and so I feel uncomfortable with the prospect that, for people like me, religious 'occupations' may very well not be included in a therapeutic context. I also feel that all healthcare

professionals have a responsibility to actively support tolerance and respect among our increasingly diverse communities. So, I approached this research from the perspective of an occupational therapist and as a practicing Christian. If, as appears to be the case, occupational therapists struggle to engage with religious differences and needs in practice, then we are in danger of contributing to misunderstanding, suspicion and intolerance.

1.2 Research orientations

Religious practice is a vast subject and impossible to consider exhaustively in a single thesis. I therefore chose to use a facet orientation (Mason, 2011) which is aimed at uncovering insights into a social phenomenon, and not a comprehensive all-round description of it (Mason, 2018). This approach assumes the world to be 'multi-dimensional, contingent, entangled, entwined and connected' (Mason, 2011 p 78) and suggests that complex social phenomena can only be understood by creating a meaningful and strategically illuminating set of facets that seek to 'shine a light'(p 77) on the research area, concerns and questions. Facets can be of varying sizes and designs and, as such, a facet orientation can be described as 'mixed methods' (Mason, 2018 p 42). I conducted three studies, or facets, which were aimed at shining a light on the highly complex subject of religious practice. These facets are further outlined in Chapter 3 and then considered in detail in Chapters 4, 5 and 6.

Throughout my PhD journey, the relevance of my own position as a practicing Christian has become increasingly apparent. This was not the case when I started however the facet objective to 'shine a light' on religious practice enabled and encouraged me to consider my own relationship with the exploration of this

phenomenon. In addition to facet orientation I have therefore also adopted an auto/biographical approach (Ellis *et al.*, 2011) to the entire thesis which is further explained in Chapter 3 where I introduce methodology in more detail.

Before moving on to further outline the structure of this thesis, a more in-depth explanation of occupational science principles is presented to establish the conceptual basis of the research reported here.

1.3 Occupational science

Occupational science was originally defined as

... the study of the human as an occupational being, including the need for and capacity to engage in, and orchestrate, daily occupations in the environment over the lifespan (Yerxa *et al.*, 1989 p6).

Hocking (2009) defined occupational science as simply the study of human occupation and later, Whiteford and Hocking (2012), considered occupational science to be a 'socially responsive' discipline with the potential to make robust and relevant contributions in the areas of participation and inclusion. Wilcock (2007), when reflecting on the launch of the Journal of Occupational Science, suggested that occupational science was a genre that unites many aspects of what people do to survive and how they experience health and wellbeing. She went on to say that occupation is the 'mechanism for belonging to societies and cultures' (Wilcock, 2007 p. 3) but that it is misunderstood and study within multiple disciplines means that knowledge is fragmented

Certainly in the study of religion this fragmentation is evident with research not merely found within theology, but also within sociology (Beckford and Demerath,

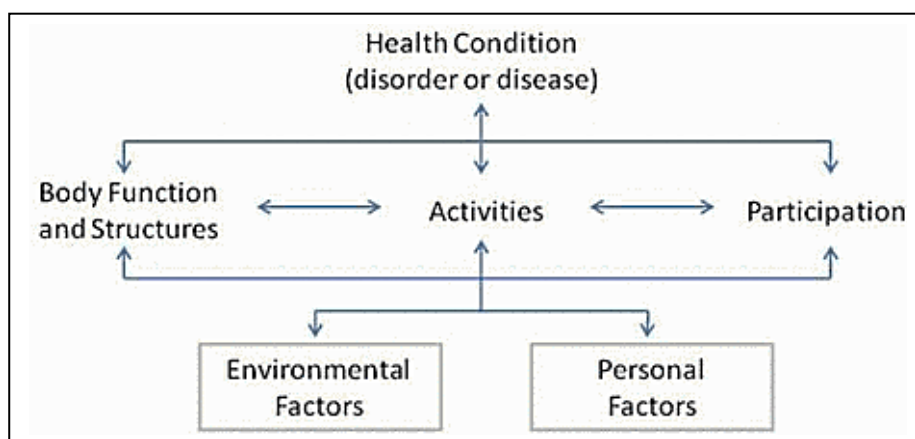
2007) and psychology (Hathaway *et al.*, 2004; Hill and Pargament, 2008; Saraglou, 2011), and when applied to health and wellbeing, also within areas of practice such as mental health (Dein *et al.*, 2010; Cook, 2013), palliative care (Ashworth, 2007; Visser *et al.*, 2010; Selman *et al.*, 2018), nursing (Pesut *et al.*, 2008; Swinton and Pattison, 2010; Cullen, 2016; Mendes, 2018) and social work (Furness and Gilligan, 2010; Wiebe, 2014). More frequently reference is made to spirituality rather than religion and in order to focus on the latter I have differentiated between these concepts in Chapter 2 (see 2.3).

Occupational science, founded in 1989, focuses on the role of occupation in determining quality of life, wellbeing, and health (Zemke and Clark, 1996). Much of the literature in this field has centred on the meaning of occupations, which is interpreted individually and uniquely by each individual (Peirce, 2001; Hocking, 2009). It can be argued that occupational science is the science of everyday living (Wilcock, 2007), with focus on the benefits of active participation in activity, – termed ‘occupations’ – in people’s everyday lives. Its principle aim is to explore how participation in occupation can address health concerns both individually and globally by promoting health, well-being, and quality of life across the lifecourse. Wilcock (2007) termed this an *occupational perspective* on health, which she defined as the way illness of various kinds (physical, mental, spiritual, social) relates to all the things that people do and should be recognised as part of the human condition.

Thus, an occupational perspective on health (Wilcock, 2007) is advocated within occupational science and an increasing evidence base is developing regarding the health benefits of engaging in meaningful occupations (Wensley and Slade, 2012).

However, religious practice, as one such meaningful occupation, is rarely discussed in occupational science literature.

Globally, participation is a core principle of the World Health Organisation's International Classification of Functioning Disability and Health (ICF) (WHO, 2002) (Figure 1.1). This classification, used internationally, offers a common language for describing health and health related problems, while using several domains including capacity related elements such as body function and structure to understand health.



<http://icfeducation.org/what-is-icf>

Figure 1.1 The World Health Organisation International Classification of Functioning, Disability and Health (WHO 2002)

Health and capacity are considered within the context of environmental constraints or opportunities, to establish levels of disability. Performance, activity limitations and participation restrictions are considered as core factors related to 'doing'. The ICF represents a progression from a 'disease and medical' understanding of health to an orientation where participation in life situations is considered as a significant determinant. The ICF theorises a relationship between people's daily life and health and as such has similar assumptions to occupational therapy (Law, 2002; Reitz and Scaffa, 2013; Creek and Cook, 2017) and occupational science (Wilcock, 2003; Hemmingsson and Jonsson, 2005). In particular the ICF encourages a

consideration of the macro levels of the environment such as social policy, organisational structure and inclusive legislation which can be seen to align with the occupational science considerations of occupational justice, defined as the right of every individual to be able engage in diverse and meaningful occupation (Wilcock and Townsend, 2009; Durocher *et al.*, 2014). However, Hemmingsson and Jonsson (2005) pointed to a 'major shortcoming' in the ICF (p574) as being the omission of any consideration of the subjective experience of participation. Participation is observed and the feelings of the 'doer' are not incorporated, meaning that while the ICF is welcomed by many occupational scientists as a helpful development, it does have limitations.

While occupational therapists understand something about how participation in valued occupations influences wellbeing and health (Hasselkus, 2011; Whalley Hammell, 2004), and that chosen occupations hold meaning (Roberts and Bannigan, 2018), we frequently do not have a knowledge base that articulates exactly *how* people value occupations and how meaning is intertwined throughout and between the activities that constitute daily life (Hocking, 2009). Hocking (2009) also suggested several key areas that should be considered when investigating any occupation valued by a person. She listed: knowledge, skills and attitudes; typical participants; observable processes; location; temporal factors such as history, sequence and repetition; outcomes; personal, social and cultural meanings; standards of performance; and the impact occupation has on health (Hocking, 2009 p. 142)

When considering activities related to someone's religion, I would suggest the areas to explore are vast. Factors include meditative skills and the ability to read in a

second language, together with stereotypes and tolerance of different sects. In addition, the rules of participation in ritual and ceremony and who is making and interpreting those rules, is relevant. Place and the possible desire for a numinous environment, frequency of participation and the significance of seasonal celebrations, are also significant.

Occupational science is aimed at a greater understanding of all the things that people do (Wilcock, 1998), while occupational therapy is aimed at facilitating a person's maximum occupational potential in the context of challenges or barriers (RCOT, 2019). When an occupational science 'greater understanding' of occupation is applied in therapy it moves us away from a prescriptive approach to occupation within the context of specific diagnoses for example following stroke, or living with schizophrenia, to a view of, what Wilcock described as, 'disorders of our time' (Wilcock, 1999 p. 10) or occupational injustices. Durocher *et al.*, (2014) expand on the occupational justice perspective which they feel acknowledges that individuals have 'unique occupational wishes, habits and needs' (p.420) and that these needs exist within individual and unique situations for everyone. This means that diverse occupational opportunities are needed for people to maximise their talents.

Based on a scoping review of the literature concerning occupational justice they concluded that five forms of injustice can be conceptualised – occupational apartheid, occupational deprivation, occupational alienation, occupational marginalisation and occupational imbalance (ibid). These are terms for barriers to participation that can lead to situations where people can experience:

- Inequitable opportunities to participate based on personal characteristics (occupational apartheid).

- An inability to engage with occupations that are value due to factors outside of their control (occupational deprivation).
- Unfulfilling occupations, or where they are compelled to engage in occupations that hold little meaning (occupational alienation).
- A struggle to keep a fulfilling personal balance of occupations. Spending time occupied in one area of life at the expense of others (occupational imbalance).
- A feeling that their activities are viewed as sitting outside of the cultural norm (occupational marginalisation).

Within the area of religious practice, I would suggest that occupational injustices are frequently complex and entwined with cultural and social injustice. Some examples may be; a person no longer able to attend Sunday mass because of access issues in her wheelchair (occupational deprivation); a Muslim nightshift worker who struggles to meet daytime prayer times (occupational imbalance); a teenager bullied by his class for wearing a prayer shawl (occupational marginalisation/occupational apartheid), or a care home resident included in weekly hymn singing despite being from a Pagan tradition (occupational alienation).

1.4 An occupational perspective

Throughout this thesis I have used the term 'occupation' extensively and so some further consideration of its meaning is needed here, at the outset. The fundamental and clear definition offered by Wilcock (1999) stated that occupation is:

....all the things that people do, and the relationship of what they do with who they are (p10).

I initially considered this to be an adequate, if simplistic, definition however later, on further reflection, I explored the definitions offered within the occupational science literature to seek a definition that more explicitly addresses the 'personal' and 'meaningful' aspects of occupation, which I felt was needed, especially in relation to my own experiences of religious practice. This has led me to Pierce's (2001) definition of occupation as:

....a person's personally constructed, one-time experience within a unique context (p138).

While religious practice is something that people do that has a relationship with who they are (Wilcock's definition), for many people, myself included, religious practice is a personally constructed, subjective and unique experience which much more readily 'sits' with Pierce's definition. In addition, it has been argued that the 'essence' of a person is constructed through meaningful interaction with daily life (Hasselkus, 2011). Activities and tasks become 'occupations' when the person performing them considers them meaningful. I would agree that my 'essence' is formed, in part at least, by my interaction with the world, however the meaning of activity exists within a socially constructed world so, at the same time, the world is given meaning through activity (Hannam, 1997). More recently Prodingen *et al.*, (2015) explored this further, concluding that occupation is situated within social, political, and historical contexts. They concluded that for occupations to be health promoting they should be personally fulfilling, allow for self-expression, and as such, bear meaning (Prodingen *et al.*, 2015 p72). This aligns with Pierces' view that 'an occupation is the experience of a person, who is the sole author of the occupation's meaning' (Pierce, 2001 p139). I have therefore chosen to define occupation by combining Wilcock and Pierces' definitions, and consider occupation to be:

All the things that people do which are personally constructed, unique experiences that relate to who they are.

The Canadian Association of Occupational Therapists (CAOT, 1997) defined occupation as :

Groups of activities and tasks of everyday life, named, organised, and given value and meaning by individuals and a culture. Occupation is everything people do to occupy themselves, including looking after themselves (self-care), enjoying life (leisure), and contributing to the social and economic fabric of their communities (productivity) (p34).

This suggests culture influences occupation and provides a simple categorisation of everyday activities. When considering occupations related to religious practice, I must also consider cultural influence, as frequently but not exclusively, culture and religion are closely intertwined (Pattison, 2013). In addition to a cultural perspective on occupation, The CAOT also introduced the 'self-care, productivity, leisure' categorisation of occupation which has proved helpful in the development of, and theoretical applications in, occupational therapy (Law and Laver-Fawcett 2013), however, it is not an exhaustive classification. The struggle to 'fit' all occupations into this reductionist model was voiced by Whalley Hammell (2004) who argued that not all occupations can be categorised into self-care, productivity, and leisure. In fact, some of the most meaningful occupations cannot fit into any of the three categories. For instance, caring for family, or simply being with someone special cannot be easily labelled as self-care, productivity, or leisure, instead these can be more an expression of connectedness (Wilson, 2010). Occupations, the things that people do, that people associate with their religion, are also difficult to align with this basic classification.

The American Association of Occupational Therapists (AOTA) published the third edition of their 'Occupational Therapy Practice Framework: Domain and Process' in 2014. This expanded on the Canadian concept of three aspects of occupational performance (self-care, productivity and leisure) dividing activities of daily living (ADLs) oriented toward taking care of one's own body, and instrumental activities of daily living (IADLs) defined as activities to support daily life within the home and community. IADLs often requiring more complex interactions than ADLs. 'Religious and spiritual activities and expression' are listed within this framework as IADL activities, suggesting that members of AOTA should consider this as part of their domain of practice. Despite this statement there remains evidence that US based occupational therapists still struggle to include activities related to their clients' religious practice within therapy (Thompson and Gee, 2018).

Iwama (2003) suggested that attempts to define and categorise occupations to help structure therapeutic application have historically been 'troubling' (p586), not least because of a drive to apply 'the use of occupation in practice' before the basic occupation itself is fully understood (Wilcock, 2007) and, from Iwama's viewpoint, the singular use of Western philosophies. An emphasis on the understanding of the nature of occupations is a core concept of occupational science and it is therefore occupational science that underpins my exploratory study. But what is currently understood about the nature of religious practice as an occupation?

The extent to which this has been reported in the occupational therapy and occupational science literature - was considered in facet one, a scoping review of literature related to religious practice. A review of the literature is conventional in research and an understanding of where information and guidance related to

religious practice currently 'sits' within occupational therapy and occupational science literature is clearly necessary. I decided, however, to structure the literature review as a scoping review, and report on the literature found as one of the facets, in order to 'shine a light on' and uncover insights that may already exist, in line with a facet orientation. The notion that, as occupational scientists and occupational therapists, we have simply not explored religious practice, was a key rationale for my work.

Religious practice is not alone in being a complex occupation, and an understanding of different aspects of this complexity is helpful here. In her classic work *An Occupational Perspective of Health*, Anne Wilcock linked the three aspects of occupation as **Doing**, **Being** and **Becoming** (Wilcock, 1998). In **doing** she explored the human trait of almost constantly doing, engaged in purposeful activity, and defining people's need to plan, organise and execute a variety of activities that are important to them. **Being** relates to our ability for contemplation, to have an inner life, to be true to ourselves and our nature, to reflect and to simply exist with an occupation. Occupations that require 'doing' to the exclusion of 'being' will potentially provide limited feelings of satisfaction and fulfilment. **Becoming** relates to the concept of hope and our sense of future. It relates to notions of development and growth, transformation and change in relation to the occupations carried out throughout our lifecourse. Hasselkus (2011), when considering these three aspects of occupation concluded that meaning is embedded in the latter two – '**being**' and '**becoming**'. She argued that occupation creates a context of meaning and, as occupational therapists, we 'offer occupation as a way to respond to meanings and to help create new meanings' (Hasselkus, 2011 p.14). Religious practice would seem to 'fit' with the concept of '**being**' as contemplation and reflection are

prominent features however, an exploration of religious practice from a '**doing**' perspective is also appropriate, as planning, organising and execution are also needed. Indeed, occupational science expresses the need to understand '**doing**' as a core concept (Hocking, 2009). Hasselkus (2011) supported this view and argued that equal, if not more, emphasis needs to be placed on occupation for the sake of the experience rather than simply for its outcome or purpose. Goal directed purposeful activities are more than simply doing, they are a synthesis of **doing**, **being** and **becoming**, as Wilcock (1999) suggested, but this concept is limited when considering socially and culturally constructed occupations that define communities and groups.

Doing, being and **becoming** may be a helpful framework when applied to the individual but does little to address the relationships and connections embedded in group activities/occupations. This is particularly pertinent when exploring religious practice which frequently occurs within collective, commonly agreed, clearly structured and organised group ritual and practice (Saraglou, 2011). Helpfully Rebeiro *et al.*, (2001), suggested the addition of **belonging**, to describe the contribution of social interaction. They defined **belonging** as a sense of 'being included', mutual support, and friendship and argued that this also needs to be considered as part of occupational performance and is linked to life satisfaction (Rebeiro *et al.*, 2001). In addition, this dimension addresses reciprocity – contributing to others – which incorporates the philanthropic 'giving' often incorporated into religious practice. Wilcock later embraced belonging as the fourth key dimension of occupation. Hitch *et al.*, (2014) in their review of **doing**, **being**, **becoming**, and **belonging**, identified **becoming** and **belonging** as less well explored by occupational therapists and called for a greater emphasis on the

interdependent nature of these aspects of performance within collectivist and communal activities, such as found within traditional organised faith groups. In this thesis I have addressed this concern by exploring religious practice from both a personal and a collective perspective.

1.5 Aims and Objectives

By adopting an occupational science conceptual view, I have attempted to return to 'basics' in this thesis, as called for by Wilcock (2007), and have examined the occupation of religious practice from a range of perspectives. The study on which this thesis was based was exploratory, which is an appropriate approach for an under reported complex area of study (Stebbins, 2001; Patton, 2015). Yerxa *et al.*, (1989 p5) stated that 'occupations are named in the lexicon of the culture' and while it is clear that 'religion' is complicated, it is both a phenomenon and an activity that is named, and can be profoundly important in the way it shapes some people's lives and experiences.

An exploration of the occupational perspective of religious practice is justified by a limited examination of religious practice in current occupational science or occupational therapy literature, a call for cross-cultural understanding of occupation and specific drivers in the area of multi-cultural and multi-faith understanding. In addition, there is a continuing degree of confusion within practice regarding the definition of, and relationship between, spirituality and religious practice. Bray, Egan and Beagan (2012) considered the subject of spirituality remained confusing and underdeveloped and expressed concern that in this important aspect of theory, there was scant practice guidance (p.290).

Psychological and sociological stances frequently articulate and measure religious practice as observable behaviour that occurs as a result of a personal conviction or faith. I argue here that this simple definition of religious practice is limited. This linear 'cause and effect' view does not align with the complexity of human occupation and in particular the complexity and cultural diversity that exists within the area of religious practice. By taking an occupational science view of religious practice it may be possible to view a much more interwoven, nuanced, and personal aspect of occupation that has the potential to inform practice.

I have already suggested that the subject of religious practice is vast (Swinton 2010) and I have therefore taken an exploratory stance in an attempt to begin to capture information that can contribute to and inform practice. I did not intend to answer a specific question, but rather to explore the territory and 'shine a light' on this area of occupational performance which appears to be overlooked. The aim of my study was therefore to **explore religious practice as a valued occupation**.

Within this aim I have attempted to meet a number of objectives, which are:

To review contemporary understandings of religious practice within occupational science and occupational therapy

To explore the value and meaning of religious practice for individuals across faiths, genders and ages.

To consider the meaning of, and influences on, participation in religious practice

To consider what influence a greater understanding of religious practice, as a valued occupation may have on practice.

The overall aim and each of these objectives are embedded in the facets presented and revisited in the discussion in Chapter 7.

1.6 An overview of my thesis

In this introductory chapter I have briefly introduced some underpinning concepts of *doing* or 'occupation' as defined within occupational science, the conceptual viewpoint taken for my exploratory study. How an individual perceives occupation is influenced by many factors including their circumstances, social and cultural context, aspirations, and needs. Religious practice represents a complex entwinement of very many factors and so, in the next chapter, I have established some boundaries by discussing the definitions of the terms used (sections 2.2 and 2.3), considering existing guidance (section 2.9) and examining religious practice within the concepts of culture (section 2.6) and the lifecourse (section 2.7).

Having decided to position my study within occupational science, in order to enable an exploration of religious practice as an understudied occupation, I then explored methodology to establish the means by which to accomplish my aim. In Chapter 3, I discuss Auto/Biography (Ellis *et al.*, 2011) as the research orientation that emerged as the dominant methodology throughout my thesis and also facet methodology (Mason, 2011) which was used to structure a 'mixed methods' (Patton, 2015) series of three investigations that constitute my thesis. Chapter 3 also details some further methodological considerations and provides a graphic summary of methodology (see Figure 3.1) used in the three studies undertaken. The unconventional position of this introduction to methodology, ahead of the literature review, is required as an explanation of the facet structure is needed before the scoping review of occupational therapy and occupational science literature, which constitutes facet one of this work, is presented. After this introduction to methodology the subsequent chapters detail the three studies including the methods and techniques used in each.

Facet 1	(Chapter 4)	A scoping review of occupational therapy and occupational science literature relating to religious practice
Facet 2	(Chapter 5)	A photovoice study looking at religious practice from a multi-faith perspective
Facet 3	(Chapter 6)	An auto/biographical exploration of barriers to participation in religious practice

In Chapter 7, I present an integrated discussion considering the findings of all three facets and offer some overall conclusions.

1.7 Conclusion

In conclusion a quote from John Swinton, Professor in Practical Theology at the University of Aberdeen, provides a very apt summary:

It is simply not enough to know that a person is a Muslim, a Christian a Hindu or a Jew. These banner headings on their own tell us very little. It is only when we come close and listen to the personal intimate meanings of someone's religion that we can begin to offer anything like person centred care (Swinton 2010 p.28).

The thesis presented here aimed to get close and 'listen to' the personal and intimate meanings expressed within the literature (Facet 1), expressed by a group of people from diverse faith backgrounds and traditions (Facet 2), and experienced by people who encountered a challenge to their participation (Facet 3). In this series of investigations, I hope to offer an understanding of religious practice as a valued occupation.

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Chapter 2 Background

2.1 Introduction

In this chapter I have explored some related areas and concepts in order to clearly position religious practice as an occupation. Throughout my investigations it has been necessary to carefully consider and re-visit the definition of religion and religious practice, as opposed to spirituality, in order to ensure the focus remains on religious doing and does not wander into the more generic area of spirituality.

Therefore, I have detailed here some of the background relating to defining religion and religious practice, together with some discussion about religion in relation to associated concepts of health, wellbeing, and culture. I have also introduced some discussion about the non-static nature of religious conviction, which develops and changes over time in relation to many variables within people's lives. Lastly, I have examined what existing guidance may inform practice, again to situate 'religious doing' within a UK health and social care practice context.

2.2 Defining Religion and Religious practice

A simple differentiation between some of the terms used in this subject area was offered by Popcak (2014):

- **faith** as an innate drive to search for meaning, purpose and significance.
- **belief** as a personal conviction of what is true.
- **spirituality** as representing both the things on which a person focuses their faith (e.g. God, church, nature, etc.) and the things he or she does to try to make a connection with those things (prayer, sacraments, hiking); and lastly

- **religion** as a community of people who share similar *beliefs* and who work together to provide both support for exploring those beliefs, and accountability for living up to those beliefs, providing sacred texts, rituals and moral practices (Popcak 2014).

This type of definition placed the ‘doing’ aspects of practice into the spirituality area, which is unhelpful for an exploration of ‘religious doing’ and does not align with religious occupations as found later in the literature review (see section 4.8.3).

Spirituality and religion are not the same concept (Dein *et al.*, 2010). Guidance for NHS chaplaincy staff (Great Britain Department of Health, 2003) distinguished between religion and spirituality by stating,

Spiritual needs may not always be expressed within a religious framework. It is important to be aware that all human beings are spiritual beings who have different spiritual needs at different times in their lives. Although spiritual care is not necessarily religious care, religious care, at its best should always be spiritual (p 5).

The Royal College of Psychiatrists’ Spirituality and Psychiatry Special Interest Group (Cook, 2013) suggested the following differentiation:

- **Religion** – socially based beliefs and traditions, often associated with ritual and ceremony.
- **Spirituality** – deep seated individual sense of connection through which each person’s life is experienced as contributing to a valued and greater whole, together with a sense of belonging and acceptance.

For the purposes of my study, to ensure a broad consideration of all activities related to a person’s faith, religious practice is considered to include aspects of both of these definitions. That is ***activity directly linked (by the person engaged in the activity) to beliefs, traditions, ritual and ceremony – but also to include activities that they define as bringing them an individual sense of connection and belonging to a faith group.***

Such a definition of religious practice accepts the complexity of religion (Pattison, 2013) and does not seek meaning in the theological sense, as this is not the aim of my work. Jones (2004 p88) discussed the limitations of language when trying to describe the sacred and he suggested that a more creative approach to 'seek to understand the *essence of religion*,' is needed. Jones (2004) asserted that *religious doing* is a more helpful term as it distinguishes between the act and the theological meaning (this is further discussed in section 4.3). Separating action and meaning, as a concept, is challenging within occupational science principles, which focus on the meaning of everyday activity. However, Jones (2004) in this context is trying to separate theological meaning from the everyday actions and everyday meaningfulness of these actions for worshippers. In this sense it is possible to explore the nature of religious practice as an occupation without exploring theological considerations. The way that religious practice is valued and interacts with other aspects of everyday life can be the object of investigation. I therefore want to make it clear, at this introductory point, that no aspect of this thesis intends a theological exploration of meaning but rather an occupational exploration of 'religious doing'.

The Canadian Association of Occupational Therapists, while embedding 'spirituality' as core component of their model of practice (see section 2.3) also suggested 'value and meaning' as key components of their definition of occupation. As discussed in Chapter 1, occupational scientists have addressed the unique nature of occupation and agree that the meaning of 'occupations' is subjective and determined by the person who experiences it (Pierce, 2001). Persson *et al.*, (2001) and Jones (2004) both concluded that there is a uniqueness of meaning for each individual, whereby meaning resides wholly within the individual experiencing an occupation. The

relationship between occupation and meaning is both complex and situational (Proding *et al*, 2015). Occupation promotes meaning but in addition the things that hold meaning for us also generate activity (occupation) (Hasselkus, 2011 p14). Any meaning embedded in religious practice can determine the activities a person chooses to do, but also activities laid down by rules and doctrine within a particular religious affiliation can generate meaning. More recently Roberts and Bannigan (2018) conducted a qualitative metasynthesis of research studies focussing on personal meaning. They concluded there were four common dimensions: a sense of fulfilment; a sense of restoration; social, cultural, and intergenerational connection; and identity shaping. These dimensions of meaning are further explored in Chapter 7 (see section 7.2).

In order to focus on 'doing', a definition of religious practice must be positioned within a clear differentiation between religion and spirituality, which in itself is challenging (Pesut *et al.*, 2008; Furness and Gilligan, 2010; Reimer-Kirkham *et al.*, 2011). A number of authors have used a 'vertical and horizontal' concept of spirituality which may be helpful (Stoll, 1989; Kessler, 1999; Schulz, 2004; Johnson and Mayers, 2005; Mayers and Johnson, 2008). This suggests that elements of spirituality related to a connectedness to a higher power can be seen as 'vertical' while a connectedness to the self, others and the world can be seen as 'horizontal'. This conceptual framework has the potential to offer a clearer delineation between religion and spirituality where religion exists on the vertical axis and spirituality exists on the horizontal axis (see figure 2.1). This approach may also be helpful when differentiating religious doing from theological understandings and is re-visited in Chapter 7 (see section 7.4).

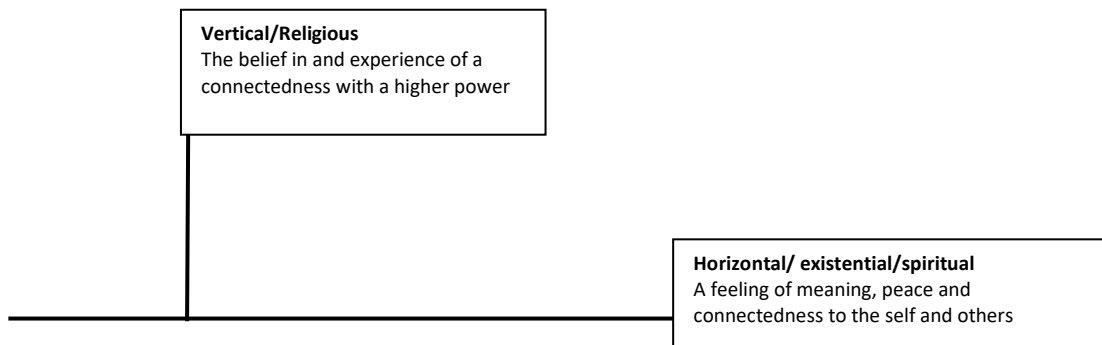


Figure 2.1 Vertical and horizontal aspects of spirituality (after Schulz 2004)

2.3 Spirituality and religiosity

Researchers working on definitions of spirituality and religiosity agree only in that these are complex phenomena (Miller and Thorensen, 2003), and numerous definitions have been suggested. Hasselkus (2011) explored how difficult it is to define spirituality and stated that it is a phenomenon that cannot be directly observed. While it is true that the ‘being’ aspect of an occupation may not easily be observed, the ‘doing’ aspects that contribute to our spiritual wellbeing, e.g. a walk in the garden, can be observed and contribute to the use of spiritual activity within therapeutic intervention.

Spirituality has been a component within occupational therapy from its earliest beginnings (Schulz, 2004). Mayer (1922), largely considered a key founder of the profession, not only spoke about occupation being integral to health but as also speaking to “the very soul of man” (Meyer, 1922 p. 641). In occupational science and occupational therapy literature the term spirituality has variously been associated with a person’s character, personality, disposition (Pizur-Barnekow and Knutson, 2009; Eakman and Eklund, 2012), social and emotional style (Mernar, 2006), and

the way, meaning and purpose in life is defined by the individual (Roberts and Bannigan, 2018).

Spirituality is used as a term to describe the essence of self-identity within the Canadian Model of Occupational Performance and Engagement (CMOP-E) (Townsend and Polatjko, 2007). Here, a person's 'spirituality' is central to this conceptual model of practice (see Figure 2.2).

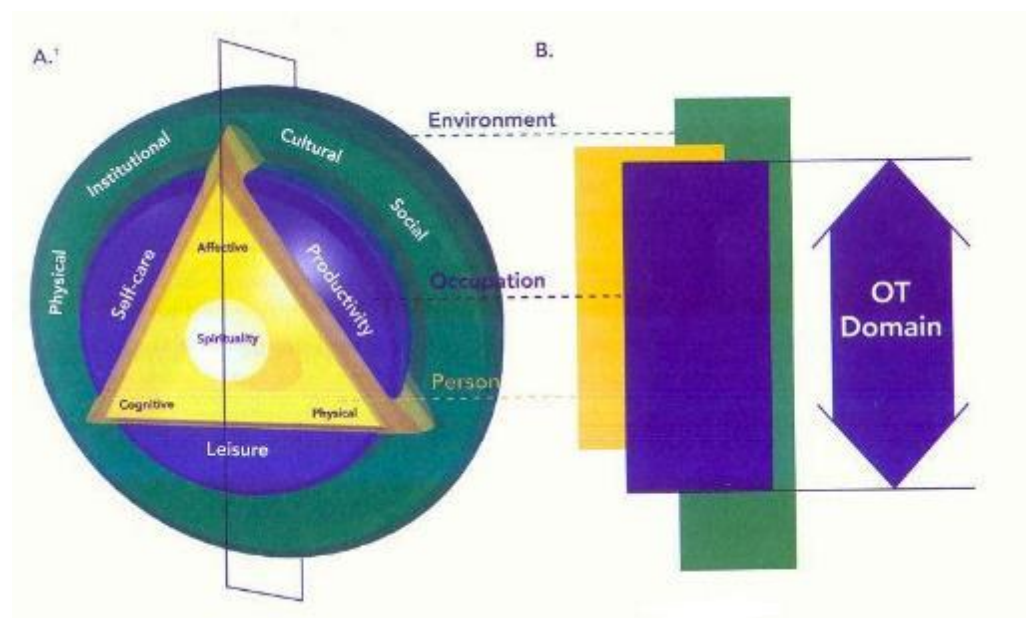


Figure 2.2 The Canadian Model of Occupational Performance and Engagement (Townsend and Polatjko, 2007).

The term 'spirituality' is used in this model to represent the unique essence of the person, with performance capacity being considered as physical, emotional/affective, and cognitive. Occupational performance is then categorised (see Figure 3) as engaging in either self-care, productivity, or leisure. Performance and the person exist within a number of contexts including physical, institutional, social and cultural environments. Other conceptual models of practice also prompt the occupational therapist to consider the uniqueness of the individual within a complex set of

parameters, however it is, arguably, the CMOP-E that suggests spirituality is at its core.

The spiritual nature of many occupations is articulated in occupational therapy literature (Griffiths *et al.*, 2007), and the concept of spirituality is accepted as both complex and diverse (Unruh, 2004). Some people would suggest spirituality relates to a relationship with a higher power - a concept of a higher order, while others consider it more as a meaning and purpose in life or even the 'life force' of a person (Beckford and Demerath, 2007). This later definition is more familiar as the central concept of performance within CMOP-E (Townsend and Polatjko, 2007), however this has been subject to considerable debate as to whether the word 'spirituality' is a reliable concept or if words/phrases such as 'intrinsicity' or 'occupational identity' are more appropriate (Griffiths *et al.*, 2007). One focus of this debate has been the misunderstanding that the term 'spirituality' within the model, relates to a concept of religious conviction or faith (*ibid*).

2.4 Psychological dimensions of religion and religious coping

It is helpful, at this point to consider how other disciplines conceptualise religious practice. Religious practice has been explored extensively within psychology literature relating religiosity to the intellectual construction of faith and both individual and community behaviours. The work of one psychologist - Vassilis Saraglou - bears mention here in relation to 'The Big Four religious dimensions model' (Saraglou, 2011). In this he suggested that all religions have four basic components:

- I) beliefs;
- II) rituals/emotions;
- III) moral rules;

IV) community/group practice. (Saraglou, 2011 p.1322)

These elements relate to corresponding psychological dimensions which he terms believing, bonding, behaving and belonging. This model was further developed to illustrate a link between religion and both physical and mental health. The key components of the model are listed in table 2.1.

Table 2.1 Components of 'The Big Four religious dimensions model' (Saraglou, 2011)		
Basic component	Psychological dimension	Link to health
beliefs	believing	a belief in the meaningfulness of life
rituals/emotions	bonding	positive emotions such a joy, optimism, emotional well-being
moral rules	behaving	self-control and healthy lifestyles
community/group	belonging	sense of belonging, social support and collective self-esteem.

While Saraglou accepted that fundamentalism and more negative views of religion exist, these were not discussed as integral to the model proposed. The concept that religious practice may not always be positive, in terms of health promotion and wellbeing, is explored within studies relating to psychosis and other mental health conditions (Suto and Smith, 2014). Obsessive, restrictive or even radical religious views may be considered as having a negative impact on health and wellbeing. This links to the discussion concerning the dark side of occupational performance (Twinley, 2013). Dark occupations are those termed by Twinley to be meaningful but contributing negatively to health and wellbeing, such as gang membership and drug addiction. Religious radicalisation is not within the scope of this thesis and neither is

a focus on mental health symptoms, however it is recognised that obsessive and/or delusional states can involve religious ideation which can negatively impact on occupational performance. In their work relating to psychotic illness, Suto and Smith (2014) offered a balanced categorisation of religious practice as both a negative symptom and a positive coping mechanism.

An experience of crisis (including ill health and social disruptions) may cause people to turn to spiritual dimensions of support. Koenig (2007) termed this 'religious coping' – the use of religious beliefs and/or the engagement in religious practice to reduce emotional stress. A manifestation of this may be visiting the hospital chapel to pray. Schulz (2004) equally described spirituality as a resource during times of change and suggested that spiritual adaptation is a process familiar to occupational therapists in terms of people re-evaluating their personal priorities after illness or disability, including turning to the Divine. She did at the same time caution that occupational therapists' personal beliefs must be put aside, and that therapy is not a suitable place for proselytising. Concerns about introducing religious coping strategies, and potential tensions between health care practitioners' religious views and those of the client, are considered as ethical dilemmas within the UK (Swinton and Pattison, 2010). However, where health care is funded through faith communities, such as in parts of the USA, religious coping may be used much more readily as a therapeutic tool (Koenig, 2011).

2.5 Spirituality within occupational science and occupational therapy literature

Within occupational science and occupational therapy there is a considerable body of literature in the area of spirituality, but again a clear definition of spirituality as

opposed to religiosity is rarely found, and differentiation can be challenging. In addition, little literature concerns spiritual doing, the focus is more on occupational therapists' opinions about spirituality. Farrar (2001) reported a survey of 80 US and 78 Canadian occupational therapists who had been asked to give their views about spiritual and religious life as it was addressed in occupational therapy practice. A 24 item survey was constructed, with both multiple choice and open questions, and clear definitions were provided i.e.

Spirituality: That emotional and volitional energy which animates a person, the source by which the client derives meaning in everyday life. Spirituality may exist within the client independent of the presence of religious beliefs and practices. Examples of spirituality in occupational therapy practice include improving communication with a significant other, expressing one's feelings, respecting one's own needs, performing altruistic activities and unconditional positive regard for another's views.

Religion: An organised body of thought and experience concerning the fundamental problems of existence: an organised system of faith.

In the survey, qualitative responses were 'converted' into quantitative data by calculating the frequency of themes, which offered a limited interpretation of the qualitative findings. The findings of this study are illustrative of later similar studies that used a variety of techniques (Collins *et al.*, 2001; Wilding, 2002; Unruh, Versnel and Kerr, 2002; Egan and Swedersky, 2003; Hoyland and Mayers, 2005; Bursell and Mayers, 2010; Bray Egan and Beagan, 2012; Thompson and Gee, 2018). All of these studies asked occupational therapists for their opinions regarding spirituality and practice. And all found that occupational therapists were unsure how to address

this. Reasons included a lack of training, lack of knowledge, time constraints, client incapacity, fear of intruding and lack of institutional support. In Farrar's (2001) study 88% (n=138) of respondents agreed that spirituality should be addressed in practice but only 14.5% (n=23) stated that they did address it and then only when the client mentioned it first. This was surprising given the definition of spirituality used. One of the main reasons given for not addressing spiritual needs was a lack of training regarding religious need, illustrating confusion surrounding the terms spirituality and religion; this continues to be echoed in later studies.

When questioning if spirituality was a relevant domain for occupational therapy, Hoyland and Mayers (2005) used semi-structured interviews with six therapists (four of whom were practicing Christians). They concluded that spiritual care was considered part of the occupational therapy domain but that clinicians were frequently 'uncomfortable' with spirituality and lacked understanding of it. In parallel with other literature, it was found that spirituality was seen as part of holistic care and an important aspect of the relationship with the client. When asked to give examples of spiritual care participants included religious needs, such as attending church, but were mostly concerned with therapeutic rapport. Earlier, Wilding (2002) had undertaken a literature review questioning if spirituality was relevant to occupational therapy practice in Australia. She concluded that spirituality was indeed core to occupational therapy's philosophical ideals of holism but cited problems, with defining the terms, a perceived lack of knowledge, potential boundary issues and unsympathetic 'political' environments, as distinct challenges.

Wilding, *et al* (2005) considered spirituality, mental illness, and occupation. They asked their participants (n=6), from rural Australian community mental health

centres, to each define spirituality and these definitions were used without question. In-depth interviews were used to gather data related to three questions: How does this person define spirituality? How does this person's spirituality relate to their occupations? What has been the effect of experiencing mental illness on this person's spirituality? They concluded with a meta-theme derived from the transcripts of the interviews that stated that 'spirituality sustained and enhanced the life and the occupations of each participant' (p.4). Spirituality was found to be a form of 'being' that provided the meaning which underpinned purposeful and satisfying 'doing' for the participants. While some described 'religious practice' and discussed the role of God in their lives and their illness experiences, others took a more secular view of spirituality. The individual experiences expressed by their participants supported a link between spirituality and engagement in doing (occupation) that is meaningful and ultimately helpful in dealing with the symptoms and experience of mental illness including suicidal ideation. Interestingly, Wilding *et al* commented that spirituality's relation to occupation remains under-researched, that spirituality is a highly complex topic, and that, by its nature, it is intangible and very difficult to study. They suggested that therapists may need to give themselves permission to discuss spirituality during intervention and that occupational therapists need to develop more confidence in understanding, discussing and equipping themselves to deal with the spiritual aspects of occupation. They called for further phenomenological research in the area with larger and more diverse cohorts, in particular, and suggested that more investigation was needed into how people connect with and experience their spirituality in daily life. This study contributed to the debate, however, as recognised by the authors, it is based on a small cohort and the findings may also be influenced by the rural setting and cultural backgrounds of the participants. The authors also recognised that concepts of spirituality are filtered through, not only the participants,

but also the researcher's understandings and lived experience and that their interpretations of the data were personal. They called for more detailed research into 'how people connect to and experience their spirituality in daily life' (Wilding, *et al* 2005p 8).

Unruh, Versnel and Kerr (2002) stated that the religious dimension of spirituality generated the most discomfort among therapists but also questioned if the removal of the sacred aspects of a definition of spirituality, while drawing attention away from the conflicting issues, would really be acceptable. Two clear schools of thought were suggested in their paper, as those in favour of the Canadian use of the term spirituality (see section 2.3) and those who were more critical of this secular approach. They found that there was a prominence of secular definitions of spirituality within occupational therapy and suggested that the Canadian Association of Occupational Therapists (CAOT) secular approach may prove challenging for occupational therapists for whom religious beliefs are central to their own spirituality. Taylor *et al.* (2000) offered occupational therapist respondents a selection of definitions of spirituality before asking them to answer a survey about their attitudes towards spirituality. 67% of their respondents chose a religious definition i.e. 'having a personal relationship with God or other deities, that inspires and gives meaning and purpose to life' (p.423). It is however likely that the respondents in this case were interested in spirituality which prompted them to return their surveys and this finding may not be representative of the wider occupational therapy community. The tension between secular, sacred and religious views of spirituality, is evident and a significant issue for occupational therapists to grapple with. In suggesting a 'resolution' proposed by the title of Unruh *et al's.*, (2002) paper, they called for a

return to 'occupational identity' (p.5) as the central issue for occupational performance and suggested further 'elaboration' (p.13) was needed to fully understand the implications of occupational identity on practice. This perhaps links us back to Wilcock's (2007) assertion (see section 1.5) that we need to return to our basic understanding of occupation and explore this more fully before we look at its therapeutic use in practice. These recurring themes around definitions used; a perceived lack of knowledge, potentially conflicted boundaries, and political issues, have been highlighted by many authors (Collins *et al.*, 2001; Bursell and Mayers, 2010; Egan and Swedersky, 2003; Humbert, 2010; Johnson and Mayers, 2005; Taylor *et al.*, 2000; Unruh *et al.*, 2002; Wilding, 2002). Seventeen years ago Wilding called for these barriers to be overcome by:

- research that aims to determine the many ways in which spirituality relates to occupation
- how occupational therapists may address spiritual issues with clients
- and a clearer delineation between religion and spirituality (Wilding, 2002, p.46)

2.6 Health and wellbeing

It has been argued that occupational engagement is a component of health (WHO, 2002) but, in addition to health, the term 'wellbeing' is in frequent usage. Is religious practice related to concepts of both health and wellbeing?

Wellbeing as a component of health has been explored within occupational science and occupational therapy (Aldrich, 2011). Definitions of the concept of wellbeing were found to be very inconsistent and Aldrich concluded that a more nuanced, individualistic approach to this concept was needed for practice. A Deweyan philosophical view was adopted that determined wellbeing as the capacity to exercise and develop habits that generally improve situations for the better (Aldrich,

2011). Habitual practice within occupational engagement is seen within many contexts, and conventional structured and habitual religious practice may contribute to a concept of religious wellbeing, however the term spiritual wellbeing is more commonly found but ill-defined (Koenig, 2011). The recent Care Act (Care Act, 2014) in the UK considered wellbeing as an important concept but concluded that it is very broad. This breadth includes aspects of dignity and emotional health together with ill-defined 'personal domains', however the issue of religious wellbeing or even spiritual wellbeing is not specifically included within the 'holistic approach' advocated in the legislation.

In 2012, the UK government examined the wellbeing of the nation and published a report 'Life in the UK' (ONS, 2012). This used a measure which determined how people felt about issues broadly categorised into 'the environment', 'people' and the 'economy'. In an attempt to capture a sense of the wellbeing experienced by the nation, this survey did not specifically include mention of spiritual or religious wellbeing. This is despite existing evidence supporting the extensive social capital offered by religious groups to support community care (Joseph Rowntree Foundation, 2006; Barton, 2010) and further supported by the subsequent National Faith Audit conducted by the Cinnamon Network (Cinnamon Network, 2017). With the exception of limited debate about the situation for minority groups, there is no mention of spiritual wellbeing, religion or faith or the role of faith-based groups anywhere in the 'Life in the UK' report.

Moving away from wellbeing to consider 'health', is there a clear link between religious practice and health? Health is defined by the World Health Organisation (WHO) as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' (WHO, 2006). The WHO do not list spiritual

wellbeing within this definition however they have considered religious and/or spiritual practice, and associated engagement in this occupation, as one determinant and component of quality of life (QOL) (WHOQOL SRPB Group, 2005). The WHO consider that health and wellbeing are components within the complex concept of quality of life (WHO, 2006). The World Health Organisation Quality of Life (WHOQOL) measure, published in 2005, is an instrument that covers 25 facets of quality of life organised into six domains. The spirituality domain was expanded into the WHOQOL SRPB (spirituality, religion, and personal beliefs) questionnaire and includes aspects of inner peace, faith, hope and optimism and spiritual connection. Development involved 92 focus groups in 15 countries but only four religions were represented in the study which is an inadequate representation when there is estimated to be over 4000 religions globally (Pew Research Center, 2017). The study design used a five point Likert scale in each of 32 items grouped into sections, including: connectedness to a spiritual being or force; meaning in life; awe; wholeness and integration; spiritual strength; inner peace/serenity/harmony; hope and optimism and faith. The tool was then used in an international study with participants in 18 countries (n=5087) aimed at establishing a cross cultural study of spirituality, religion and personal beliefs as components of QOL. Exactly how the questionnaire was distributed or how participants were recruited is unclear. In this study women reported greater feelings of spiritual connection and faith than men. Those with less education reported greater faith but less hopefulness and results suggested that QOL is particularly impacted by spirituality, religion, and personal beliefs in those living with very poor health or those at the end of their life. A greater focus on spirituality towards the end of life is commonly found among people with terminal illness (Marie Curie, 2019) and therefore this finding is not remarkable. There is however little evidence to suggest that this QOL assessment and outcome

measure has been adopted widely and certainly not within the UK. It may have limited clinical utility as it is a fairly lengthy instrument which may make it time-consuming to use, but it has been translated into many languages and as such may be helpful for use in cross cultural studies. QOL is linked to concepts of wellbeing and health (WHO, 2006) but the relationship is both complex and highly individual.

There has been considerable research to connect religion and spirituality to both physical and mental health. Hill and Pargament (2008), in a review of empirical studies, found that authors frequently suggested that religion and spirituality were under studied perspectives in health-related research. Some commentators point to an evolution of the differing definitions of spirituality and religion resulting in a polarisation of views (Koenig *et al.*, 2001). Religion in relation to health is seen as representing formal doctrine and cited as inhibiting expression, whereas spirituality represents an individual and emotional freeing of expression. Koenig *et al* (2001) argued that this had the potential to lead to concepts that religion is bad, and spirituality is good, particularly in relation to psychological wellbeing. It is also necessary to examine religious practice within the concept of prevailing health models. Within a more 'Western medical model' approach, religious experiences may be seen as anything from not significant in relation to health, through to expressions of mental ill-health or even psychosis (Collins, 2007).

In 2012, Koenig undertook a comprehensive systematic review of religion/spirituality and health research including the health behaviours of members of faith communities. He concluded that there is a growing number of studies suggesting that religious involvement is associated with better physical and mental health and longevity (Koenig, 2012). Overall various factors may account for the proposed connection between religion and health, including psychological, social and

physiological factors. In an earlier review of studies Koenig (2009) had identified a range of health behaviours relating to heart disease, high cholesterol, hypertension and, cancer, which could be used to explore the links between health and religious practice or affiliation. As an example, he cited health behaviours including a lower incidence of smoking and drinking, among faith communities. However, this research was limited as measures used to identify religious involvement mainly centred on affiliation, but frequency of (church) attendance and membership, and a relationship with practice or 'doing' was unclear.

The impact of affiliation or belonging was further explored by Koenig (2009) and Hill, and Pargament (2008) who considered attachment theory as an aspect of positive wellbeing within faith communities. They suggested that people who believe in a protecting God or gods are less likely to experience stress and are more likely to be confident in everyday life. Swinton (2010) considered what occurs when people operationalise (put into action) their religious beliefs. He lists spiritual practices such as prayer, meditation, church attendance, religious affiliation, health enhancing behaviours, and social support, as enhancing psychological states. He went on to suggest that there is a body of research that associates spiritual (mostly religious) practice with:

- Extended life expectancy
- Lower blood pressure
- Lower rates of death from coronary heart disease
- Reduction in myocardial infarction
- Increased success in heart transplants
- Reduced serum cholesterol levels
- Reduced levels of pain in cancer sufferers
- Reduced mortality among those who attend church and worship services
- Increased longevity among the elderly
- Reduced mortality after cardiac surgery (Swinton, 2010 p.31).

However, this seemingly impressive list of advantages is contradicted by an alternative body of research that points to the questionable methodological basis for most of the studies carried out with limited acknowledgement of the significant variables involved. Somewhat earlier Sloan in 2006 and later Koenig (in work contemporary with Swinton's (2010) views) stated that much of this research is flawed due to the assumption that there is a universal entity called 'religion' – a point visited earlier in this chapter regarding the complexities of definitions. In addition, Sloan considered affiliation to be an inappropriate measure for religiousness as it does not indicate a particular level of practice (occupation). Sloan stated that 'anyone who believes that sitting in a church makes you a Christian must also believe that sitting in a garage makes you a car' (Sloan, 2006 p151). Affiliation is considered within UK statistics generated by the 2011 census where, analysis of responses to the question 'what is your religion' makes it very clear that affiliation does not indicate regular practice (ONS, 2011).

The potential association between religious practice and health promotion may be questioned but within health contexts the inclusion of spiritual assessment is a further issue for consideration. McSherry and Ross (2010) have written extensively about spiritual assessment within the clinical setting and a lengthy discussion about the types of assessment and their application is not essentially relevant here, however they pointed to the need for all assessment/measures to be adaptable and inclusive. They accepted that the majority of reported measures are applied to Judeo-Christian populations in the USA and supported the notion voiced by Hill and Pargament (2008) that caution and cultural sensitivity are needed when attempting to apply or modify such measures to non-western religions and spiritual traditions.

The use of self-reported measures also has limitations where respondents are likely to report what is expected i.e. behaviours that comply with doctrine and tradition. Observational measures are called for and, interestingly, visual methods are reported in one study where religious and spiritual coping was assessed in children with cystic fibrosis, in part through pictures that the children drew of God (Hill and Pargament, 2008). Visual methods are explored further in the methodology chapter of this thesis. McSherry and Ross (2010) call for anyone undertaking a spiritual assessment to have sufficient training, excellent awareness of their own spirituality and to be able to deal with whatever transpires as a result of the assessment process. Collins (2007) suggested that assessment should include consideration of spiritual emergency described as a crisis of spiritual growth. The concept of growth or change over time supports the concept that spirituality is not a stable construct and therefore assessment needs to be on-going.

2.7 Religious practice and culture

The relationship between culture, society and the activities of people who practice a variety of faith traditions is pertinent to this discussion. Calls for cultural competency among health care practitioners (Odawara, 2005) continues while Koenig (2011) highlights the close association between culture and religious practice. For example, Judaism is both a religion and a race while Islam is frequently seen as a culture as well as a religion. Thus, a discussion concerning religious practice would not be complete without some consideration of the concept of culture, which is also described as a key determinant of occupational performance (Darnell, 2009).

When considering occupation, Darnell (2002) suggested that occupational science has a problem in that we instinctively view occupation from a predominantly western perspective differentiating between productive occupation (work) and non-productive occupation (leisure) – which may be perceived as frivolous in some circumstances. This perception is not universal and cross-cultural studies are potentially challenged by this culturally laden view (Iwama, 2003). Darnell suggested that occupational scientists need to identify points of conflict and contradiction within the worldview of subjects and communities in order to work towards ‘opening up closed doors’ (Darnell, 2002 p.10) in relation to our understanding of occupation. Culture has been and can be defined in many ways; a cultural determinant of daily activity is proposed by Adams (2009) who was drawn to Krefting’s definition of culture as ‘a blue print or organising framework to guide daily behaviour’ (Krefting, 1991 p 218). While common behaviours can be identified, Adams also pointed out that the occupational scientist must be aware that although culture can guide occupational choices, it is up to individuals within a culture to interpret belief, traditions and customs for themselves (Adams, 2009).

Religious practice has an entwined relationship with culture, which means it is increasingly considered within national and global policy arenas when addressing community cohesion and population diversity. Many authors, and indeed government drivers, have called for cultural competency among health and social care workers. In 2010, the Department of Health published a report on health inclusion in which they highlighted the health inequalities of many minority and socially excluded groups (DoH, 2010). They identified that one factor was a lack of cultural awareness and understanding among health and social care staff. In a response to this, the Race Equality Foundation produced a number of briefing

papers aimed at providing healthcare staff with information about ethnically sensitive health issues (Race Equality Foundation, 2013). However, in their 2018 report on health inequalities, Public Health England continued to cite staff development and training as a key factor in on-going improvements. Within occupational therapy, Odawara (2005), in looking at illness experiences across cultural groups, concluded that cross-cultural studies were vital in helping therapists to develop cultural competence. Analysis of critical incidents and personal reflection was needed to heighten awareness of therapists' own cultural views and support development of cultural competency (Health Research & Educational Trust, 2013). Occupational therapists need to be mindful of embedded cultural values and must make every effort to integrate the patient's/client's cultural view if they are to promote meaningful occupation.

Culture and spirituality can be seen as both very separate constructs, and at the same time, in certain circumstances be so closely aligned as to be inseparable. This was expressed clearly by McColl (2003) who felt that 'Spirituality is inextricably linked to cultural identity' and that 'it is a cultural ethos within which a person's identity unfolds' (McColl, 2003 p 6).

The term 'cultural competence' has become part of health and care professional language (Joseph Rowntree Foundation, 2006). It moves beyond the concepts of 'cultural awareness' (knowledge about a particular group primarily gained through reading or studies) and 'cultural sensitivity' (knowledge as well as some level of experience with a group other than one's own) (ibid). Occupational therapists' cultural competence is formed through skill development over time and is an acknowledged component of continuing professional development and life-long

learning (RCOT, 2017). While across the world increasingly diverse communities are seen as culturally pluralistic, they are at the same time religiously diverse and so a competency regarding religious needs is also relevant to practice. In relation to occupational science and occupational therapy, I would argue that religious practice is not an obscure concept unimportant to most people.

Statistics from government (ONS, 2011) and research (Ashworth, 2007) support the notion that affiliation to a faith group and participation in worship (from a multi-faith perspective) is valued by a significant section of the UK population. Statistics from the question, “*What is your religion?*” - asked in the UK 2011 census are summarised in table 2.2.

Table 2.2. Religious affiliation – as stated in the 2011 UK census (ONS 2011) in response to the question What is your religion?		
Did not answer	7%	
No religion	25%	
Christianity	59%	
Muslim	5%	
All other	4% (in order	Hindu Sikh Jewish Buddhist
In addition, many other groups were reported in significant numbers including Pagan, Spiritualist, Jain and Baha'i		

In total 68% of people responding to the census affiliated with a religion. These 2011 results show an increase in report of ‘no religion’, a slight decrease in Christianity and an increase in all other main religions since the 2001 census. Critically this can only be interpreted as a report of affiliation. The ONS (2011)

suggested the question “*What is your religion?*” is interpreted in some communities as an historical or social association and not a statement about participation. ONS analysis makes it clear that these statistics do not address issues of belief, practice or ‘doing’, and further highlights the cultural association of religion for many groups.

During the last decade, the ‘Big Society’ and community cohesion drivers from central government (Great Britain DCLG, 2008 and 2010) included some consideration of religious communities. In 2012 the UK government of the day created a ‘Minister for Faith’ with a brief to ‘work with religious and community leaders to promote faith, religious tolerance and stronger communities within the UK’ (Ministry for Housing, Communities and Local Government, no date). This role sits within the Ministry of Housing, Communities and Local Government (MHC&LG), and the post holder, Lord Bourne, recently published a report on *Faith in Communities: Bridging the Divide* (MHC&LG, 2018) which reports on how faith communities are helping to make strong neighbourhoods throughout the UK. This has been supported by inter-faith initiatives (Furbey *et al.*, 2006) and the development of the Interfaith Network of the United Kingdom (IFN) (<https://www.interfaith.org.uk/>) which aims to:

‘...advance public knowledge and mutual understanding of the teachings, traditions and practices of the different faith communities in Britain including awareness both of their distinctive features and their common ground and to promote good relations between persons of different faiths’. (IFN no date).

From a Global perspective UNESCO (United Nations, Scientific and Cultural Organisation) published a world report (2009) *Investing in Cultural Diversity and Intercultural Dialogue*. The document sets out to analyse all aspects of cultural diversity, which they feel has emerged as a key concern of the international community in recent decades, and map out new approaches to monitoring and

shaping the changes that are taking place. Fundamental acts and even acts of terrorism, e.g. 9/11, have been related to fanatical religious affiliation and have contributed to misinformation, mistrust, and suspicion within many communities (UNESCO 2009; Barton, 2010; Cinnamon Network, 2017; IFN, 2017). This is difficult to reconcile fully with Saraglou's (2011) view of the positive health affirming role of religion (see section 2.4), and the divisive possibilities between faith groups are a potential barrier to individual social inclusion and community cohesion.

Considering an international/global perspective, a Gallup poll in 2012, utilising data from 50,000 men and women selected from 57 countries, suggested 59% of people considered themselves religious while only 13% considered themselves atheists (Gallup Poll, 2012). Also, in 2012, the Pew Research Center's Forum on Religious and Public life did a broader analysis of more than 2,500 censuses, surveys, and population registers worldwide. They concluded that 84% of the global population identified with a religious group (Pew Research Center, 2012). These projections take into account the current size and geographic distribution of the world's major religions, age differences, fertility and mortality rates, international migration and patterns in conversion. Using this data, they projected that the religiously unaffiliated population is likely to shrink as a percentage of the global population (Pew Research Center, 2015).

These studies however, similarly to the UK statistics, do little to address the question of affiliation or practice. In addition, frequency and regularity of practice are not specifically examined. This also begs the question; how often do we have to engage in an activity before we can legitimately examine its meaning as a valued occupation? Within occupational therapy and occupational science, occupations are invariably examined from the point of view of frequent and/or sustained engagement

(Stav *et al.*, 2012) however occasional or infrequent participation may still be hugely valued and this may be particularly true of religious practice.

2.8 A Lifecourse perspective

The occupational science perspectives of 'being' and 'becoming' (see 1.3) encompass the human need for a perpetual process of growth throughout the lifecourse (Hitch, *et al*, 2014). So occupational therapists must also take into consideration the possibility of change, growth and/or decline of religious practice across a lifetime. Faith development theory has been an aspect of 'psychology of religion' for many decades. Early theorists including Fowler (1981) Powers (1982) and Stephens (1996) saw faith development as related to emotional and cognitive development and assigned stages to this development linked to a person's age, starting with infancy and working through to adulthood or even older adulthood. Other theorists take the view that faith develops as a result of a personal journey that involves aspects of affiliation, experience, searching, doubt and eventually affirmation (Westerhoff, 1976; Allport and Ross, 1967). The development of both the physical and psychological self is prominent in the occupational science and occupational therapy literature, with many studies aimed at exploring and understanding issues for the child, adolescent, adult or older person, and more recently work has focussed on the transitions between stages of the lifecourse (Blair, 2000; Wright and Sugarman, 2009). It is not possible to view religious practice as a static concept, and the development and changes in both faith and practice across the lifecourse is an important consideration for occupational therapists. The term lifecourse is applicable here rather than life span. Lifecourse has been defined as 'A sequence of socially defined events and roles that the individual enacts over time'

(Elder and Giele, 2009 p2) and differs from a developmental age related series of social norms implied in 'life span' such as going to school, attending university, marriage, parenthood, retirement. Events across the lifecourse ebb and flow depending on numerous factors (Elder and Giele, 2009) and this is the case for religious practice.

An influential perspective on meaning has been found in the work of Rowles (2008) who takes a framework suggested by the Austrian psychiatrist Victor Frankl. Both consider a search for meaning as the ultimate focus of human life, but Rowles recognised that as this is both individualistic and highly dynamic, it is likely to vary over time, and he gives examples of differing perspectives between childhood, adulthood and old age. This dynamic across the lifecourse is also supported by work in the area of gerotranscendence (Tornstam, 2005), which describes a transition, associated with aging, but which can occur at any point in later life, that relates specifically to areas of spirituality. Tornstam suggested that as we get older, we increasingly feel a communion with the spirit of the universe and start to redefine our perceptions of life and death, together with an increased need for contemplation or meditation. This theory of spiritual aging, or transition, may, in part at least, explain the increased number of people who engage with religious groups as they get older (Ashworth, 2007). However, Tornstam did not specifically develop his ideas of spiritual change to include religious practice. Statistics for religious affiliation (ONS, 2011), certainly in the UK, would support an associated increase in the number of older people turning to organised religions later in their lives, although a number of variables, such as the social and community activities offered by faith groups, make this link speculative at best. The value and meaning of many occupations, and in particular for this discussion, religious practice, is clearly not

static but changes over time and in response to many circumstances and triggers. An exploration of religious practice as an occupation must therefore consider practice across the lifecourse.

2.9 Broader health and social care literature

While spirituality is discussed and explored within the occupational science and occupational therapy literature (see section 4.2), religion and religious practice, as an aspect of spirituality, is not commonly found. This is not the case within health care literature generally, where religious practice has been more widely considered (Swinton and Pattison, 2010; Sheldrake, 2010; Reimer-Kirkham *et al.*, 2011).

Pattison (2010) pointed to a stereotyping of religion and religious people as being inconvenient 'customers' of health care (p.205) and a continuing tendency for secular health care to take the stance that 'we don't do God' (p.205). Literature relating to religious practice within a broader health and social care context is available, mainly in the areas of social work, psychology, and nursing.

Within social work the work of Furness and Gilligan (2010) stands out, and in particular the development of the Furness and Gilligan framework for reflection on religion and belief. They developed, piloted, and refined this framework, published in 2010, to be used as part of the social work assessment process. The framework is based on person centred and single assessment principles, and was developed in response to a consistent view that social workers (and related professionals) were experiencing difficulty in identifying and responding appropriately to the religious and spiritual needs of their service users. They suggested the framework speaks to the cultural competence of social workers both on a reflective level and an assessment

level however they acknowledged that to fully appreciate and engage with matters relating to religion and belief is not easy (Furness and Gilligan 2010). This work is helpful in informing practice and stands out as UK based research and development in a subject area dominated by US literature. It does again fall into the body of work focussing on application and practice issues, conflicting with the concept that basics such as an understanding of occupational performance is needed before we can move into the area of application or even therapeutic use. Furness and Gilligan (2010) do not get drawn into a discussion about the difference between spiritual or religious practice but merely state that spirituality is an area that it is important to develop an understanding of.

Within this body of literature there is a focus on the needs of particular groups and clinical areas, particularly within the US, in the areas of psychology, youth work and mental health. Examples include - 'Religiosity among adolescents' (Markstrom *et al.*, 2010), ministry among people with severe and persistent mental illness (Browne, 2009), religion and spirituality among African American women (Mattis, 2001), Patterns of religious practice in the last year of life (Idler *et al.*, 2001), Health and religion for Druze women (elderly minority group in Lebanon) (Yehya and Dutta, 2010), Religiosity among culturally diverse domestic violence survivors (Yick, 2008). These studies, and others, adopt diverse approaches to data gathering and analysis, however they commonly discuss the issues of meaning for the 'cultural' group under investigation but with little, if any, consideration of occupational performance needs. This body of literature contains the same issues regarding the complexity of spirituality, but there is an additional consideration that the concept that spirituality and religiosity are potential resources, and possibly underutilised resources in the rehabilitation process (examples include McChesney, 2001; Smith, 2011). As

already stated, where literature originates from the US (as in this case) there is a tendency for religious practice to be acknowledged differently especially where health and social care funding is 'faith' based. The notion that religiosity could be utilised within rehabilitation in the UK would appear to be more challenging (Mooney, 2009; Pastoral Care UK, 2016; Rudgard, 2017).

In addition, although some very specific biological studies can be found, (e.g. Colzato *et al.*, 2010, who investigated a direct correlation between religious convictions and visual attention span, utilising robust quantitative methodology), there is a large amount of subjective comment and evangelical accounts within the literature relating to religious practice. For example, Whitney (2009), proposed healthcare improvements through the unconditional acceptance of a loving (Christian) God where all people are made 'in the image of God' (based on Genesis 1:26). Frequently papers are based on personal opinion and/or commentary and not primary research.

The role of prayer in healing was explored within a Cochrane review published in 2009 titled 'Intercessory Prayer for the alleviation of ill health' (Roberts, *et al.*, 2009). Ten randomised trials were included with a total of 7,646 participants, with the intention of reviewing the effects of intercessory prayer as an additional intervention for people with health problems. These intercessory, or remote prayers, cannot be generalised to a use of prayer by or with a client as part of occupational therapy, and there was considerable criticism of many study designs and methodological weaknesses (Sloan and Ramakrishnan, 2006). Although some of the results from individual studies suggested a positive effect, overall, the authors found no evidence

in favour or against the use of intercessory prayer. A further review in 2012 considered the effectiveness of spiritual and religious interventions for adults in the latter stage of a disease (Candy, *et al.*, 2012). Five randomised controlled studies were included with 1130 participants in total. The authors again found inconclusive evidence that interventions, such as meditation and support from a chaplain, were helpful. The authors found that studies were generally poorly designed, and it was difficult to ascertain clearly if participants in comparative groups received religious and spiritual support from elsewhere. Candy *et al* (2012) did however comment that there was a paucity of research in this area.

2.10 Existing guidance

An underpinning discussion about religious practice must also consider the guidance that currently informs health care practice in the UK. Recent political strategy has resulted in consideration of the diverse, multi-cultural and multi-faith society, within the UK, and the capacity for social capital within faith groups/organisations (Furbey *et al.*, 2006). UK government publications such as *Face to Face and side by side* (Great Britain, Department for Communities and Local Government, (DCLG), 2008), *Keeping faith in the Big Society* (Great Britain, Department for Communities and Local Government, (DCLG), 2010) and *Faith in Communities: Bridging the Divide* (Great Britain, Ministry for Housing Community and Local Government (MHCLG), 2018) have all called for increased dialogue and co-operation between faith communities, across many aspects of life including health and social care provision. For specific staff groups a number of governing bodies and professional organisations have published guidance relating to religious practice. The General Medical Council (GMC) re-issued supplementary guidance for doctors on 'Personal

Beliefs and Medical practice' in March 2013. This covers the personal beliefs of medical practitioners and of their patients and highlights several potentially contentious areas of practice that may need special consideration, including blood transfusion, circumcision, termination of pregnancy and cremation of remains, amongst others. The overriding principle stated is that the medical practitioner is expected to be prepared to put aside their own beliefs in order to provide care in line with good medical practice and that the religious beliefs and practice of the patient should be respected at all times (GMC, 2013). In addition to this guidance for doctors the NHS issued guidance for all NHS staff (Great Britain, Department of Health, 2009) aimed at giving practical guidance. A large portion of this document is aimed at employment issues however there are narrative accounts of good practice in relation to religious observance in relation to prayer, ablutions, diet, clothing/gowns and gender issues relating to treatment.

NHS Chaplaincy services are detailed in *Meeting the religious and spiritual needs of patients and staff* published in November 2003. This document outlined the framework for chaplaincy care and roles and responsibilities within the NHS provision. It highlighted that the NHS Plan and the National Service Frameworks (NSF's) of the time, provided national standards for respect for privacy and dignity, religious beliefs, and people's spirituality. It pointed out that meeting the varied spiritual needs of patients, staff and visitors is fundamental to the care the NHS provides (NHS, 2003 p. 5). While the guidance listed here is undoubtedly helpful to inform health care practice in general, it is limited in advancing occupational therapists understanding of the occupational needs associated with religious practice and exactly 'how' people need and want to express their faith.

How the occupational needs of people engaging with occupational therapy are dealt with is the subject of guidance contained in The Royal College of Occupational Therapists (RCOT) Code of Ethics and Professional Conduct (COT, 2015). This does not specifically deal with spiritual or religious issues. It does however state in section 2.2.1 'You should enable individuals to preserve their individuality, self-respect, dignity, privacy, autonomy and integrity' (COT, 2015 p.7). Any religious practice that forms part of the person's occupational identity would be included here. Consideration and respect for a person's dignity has come under renewed scrutiny since the Mid Staffordshire Inquiry (Mid Staffordshire NHS Foundation Trust Public Inquiry, 2013). 'Self-respect, dignity and integrity' became a priority in the NHS (Tingle, 2014 p 285) and culminated in the publication of the revised NHS Constitution (Department of Health and Social Care, 2015) which detailed six core values: Working together for patients; Respect and dignity; Commitment to quality of care; Compassion; Improving lives; and Everyone counts.

In January 2019 the UK government published the third report on the NHS constitution detailing patient, staff and public views on the impact that the constitution is having on the NHS (Department of Health and Social Care, 2019). This showed that members of the public continue to have limited awareness of the constitution, while NHS staff members have a greater knowledge of it and many feel it is having a positive impact on day to day working, including ensuring that patients are treated with dignity and respect.

2.11 Conclusion

This chapter has explored some of the associated concepts and broader literature related to religious practice, in order to contextualise the research offered in my thesis, which is aimed at exploring religious practice as a valued occupation.

Following this, and the earlier discussion in the preceding chapter, to situate religious practice within an occupational science perspective, I now turn to a discussion about the research I have conducted, starting with a chapter introducing the methodology used.

Chapter 3 An introduction to Methodology

3.1 Introduction

Despite its significance in people's occupational lives, religious practice is rarely the subject of occupational science discussion or occupational therapy literature (Bray, Egan and Beagan, 2012). This issue, together with my personal experience as a practising Christian of the importance of religious practice to me, was the motivation for this PhD study. Early on, my initial supervisors and advisors cautioned me to focus on a particular aspect of religious practice. They advised that religious practice is such a broad topic that the absence of a focus would prove problematical. From the outset this advice worried me. I was concerned that such a focus would not shed enough light on this broad and complex area of occupation. As a novice researcher, and with more than a touch of arrogance, I set about finding a way to look broadly at this topic while also acknowledging my supervisors' advice. An exploration of epistemology and ontology followed and drew me to the conclusion that I wanted to be exploratory in my approach and consider the worldview of religious practice from a number of perspectives. Unanticipated circumstances made it necessary to change my supervisory team, and this led to further discussion about the most appropriate way to address such a vast subject area. As an under investigated phenomenon, I sought a means to 'open up' (Darnell, 2002 p.10) this subject area, and came across the facet orientation to research (Mason, 2011) (termed by Mason as Facet Methodology) and somewhat more latterly auto/biography as a research approach. These were briefly introduced in Chapter 1 (see section 1.6), and require much more explanation and discussion here, however

before explaining these research orientations in more detail, I shall briefly explain my epistemological and ontological position.

3.2 Philosophical view

Steup (2014) suggested that the search for the 'truth' as it relates to reality, must first be framed within an epistemological viewpoint. Epistemology, that is "an understanding of knowledge and how we 'know' something" (Curtis and Curtis, 2011, p.11), will inevitably inform how research is shaped. One's ontological view, i.e. an understanding of what actually exists, and how reality is identified, is also relevant because this influences both topics and design of research. Within social science, ontology and epistemology can be seen to overlap (Cresswell, 2007). Within social science, 'knowledge' relates to an understanding of the world and the way in which reality is understood. In addition, the attitude adopted (the way the researcher believes knowledge is constructed) determines and justifies research design and analysis (Silverman, 2015).

A positivistic attitude asserts there is a single social reality, or truth, and seeks scientific techniques such as observation and measurement to uncover this truth.

Whereas a postpositive, interpretivist view asserts that social reality is not an independent phenomenon; multiple realities are created by people within the social world, and as such they cannot be 'measured' only experienced (Finlay, 2011).

Curtis and Curtis (2011) suggested that subjectivity and the appreciation of meaning are embraced together, as the self-awareness of the researcher interacts with the research process. Letherby *et al.* (2013) went further and suggested that subjectivity and objectivity are not opposed but logically related in research. As the researcher, I

am situated within the world, and have experience of the world, and specifically, in this instance, experience of religious practice. Letherby *et al.* (2013) argued that objectivity is therefore not possible and that my own experiences will impact, inevitably, not only on my choice of research topic, but also my interaction with the research process and my interpretation of the data. I agree with this view, as I cannot selectively become other than a practising Christian, an integral part of my identity, when I engage in research.

Within the interpretivist stance there is both a realist and a constructionist viewpoint. Realists assume a relationship between meaning and experience for the individual, whereas constructionists look more to a sociocultural structure that determines meaning. I have adopted an interpretivist view in seeking to understand the subjective and meaningful experience of religious practice as an occupation. Meaning is a key determinant of participation and, as discussed in Chapter 1 (section 1.3), is constructed individually and personally by the participant (Pierce, 2001). Religious practice is no doubt experienced individually, and people who categorise themselves as members of a faith group or belief system experience that 'membership' in many different ways (Koenig, 2011). The objectives for my study (see section 1.5) focus in part on the exploration of meaning. I believe a positivistic stance, seeking a single 'truth' (Fishman, 2003) is simply not possible, given the diversity, multiplicity and subjective experience of religious practice (Swinton, 2010), and I therefore take an interpretivist/postpositive view, in which multiple realities are subjective, reflective and context bound (Fishman, 2003; Mason, 2018).

Furthermore (and not within the scope of this study), I wonder if a positivistic view of religion, i.e. the concept of a single truth or reality, could contribute to more radical

extremist views about religious practice and its expression. This is a somewhat simplistic and literal interpretation, but I was mindful throughout the course of my study that extremist views linked to religious affiliation were increasingly prominent and could not simply be ignored. Valued occupations, of many types, are not exclusively positive in their impact on health and wellbeing and can have a darker influence (Twinley, 2013) (see section 2.4).

The interpretivist viewpoint could, however, be seen as challenging, when positioning research within an occupational 'science' conceptual framework. Many authors (Zemke & Clark, 1996; Hitch *et al.*, 2014; Taff *et al.*, 2018) have argued that the scientific study of occupational performance is fundamental to an understanding of the role of occupation, in relation to quality of life, wellbeing and health. However, a 'scientific' view is frequently aligned more with positivistic attitudes and the use of quantitative techniques within research. Wright-St Clair (2012) considered occupational science to be a 'highly creative endeavour' (p.138), agreeing with Gauch (2003), that 'science' should be re-framed as a liberal art. The concept that a quantitative approach, with a hierarchical structure of design, positioning randomised controlled trials at the pinnacle, is frequently cited as the 'gold' standard for effectiveness in research. This is challenged by Patton (2015) in the fourth edition of his key text *Qualitative research and evaluation methods: integrating theory and practice*. He argued that this is a rigid position that limits 'inquiring into the complex, dynamic phenomena that characterise much of the human condition' (Patton, 2015 p.93). He advocates that a 'platinum' standard should be the peak of the hierarchy, where studies are characterised by methodological pluralism and appropriateness. Study design must be appropriate to the question and the platinum standard is achieved where design is adapted to: the existing state of knowledge; the available

resources and the intended uses of the results, and encompasses consideration of conventional and alternative methods of research and evaluation. Hocking (2012) supports this, calling for occupational scientists to ‘engage more with diverse populations, in order to broaden our epistemic basis and the ontologies we seek to represent’ (p.62). Occupational scientists embrace a multi-perspective view of reality (Wright-St Clair, 2012), which sits more comfortably within an interpretivist/postpositive attitude, which together with the use of qualitative techniques, can be positioned within the ‘platinum’ standard. While Patton appears to be a lone voice in the use of the term ‘platinum standard’, there is broad agreement that research design must be appropriate and well-chosen to meet the objectives stated, and that there has been a growth in qualitative research since the turn of the century (Finlay, 2011, Patton, 2015; Ellis-Caird, 2017; Ross, 2017), in response to a need to understand the human condition. I aimed to understand the human condition in relation to the occupation of religious practice, initially through the exploration of the lived experience of others and more latterly through the inclusion of my own auto/biographical experiences and insider perspective. I wanted to explore (both mine and others’) individual perceptions, that combined to offer a multi-dimensional view of religious practice. This philosophical viewpoint provided the basis that informed my further research design choices.

3.3 Research Orientations

My thesis adopts a facet orientation (described in more depth in 3.3.2), as a type of mixed methods approach to exploring a complex phenomenon. I initially adopted this approach as a helpful structure within which to attempt a broad understanding of religious practice. As my studies progressed, I became increasingly aware of how

critical my own lived experience of religious practice was, and how it inevitably influenced my research choices. I came to realise that my insider perspective was not something that I could, or wanted to, exclude, and increasingly the use of auto/biography became more and more relevant. So, although not the case at the beginning of my PhD, I now orientate my thesis within an auto/biographical approach with the use of a mixed methods facet orientation contributing to the design. I will now outline both auto/biography and facet methodology before discussing other relevant methodological considerations.

3.3.1 Auto/Biographical orientation and insider perspective.

Storytelling is a natural component of life that all individuals engage in (Polkinghorne, 1988), and storytelling in the form of auto/biography can be used to explore lived experience within the world. In the area of research, auto/biography was defined by Ellis *et al.* (2011) as “an approach to research and writing that seeks to describe and systematically analyse personal experience in order to understand cultural experience” (p.1). Adams *et al.* (2015) stated that auto/biography enables a confrontation between insider and outsider perspectives. In my PhD studies I am an outsider, as a researcher looking in on a phenomenon but, at the same time, I am an insider, as the phenomenon I am studying is something both familiar and of value to me. In my exploration of religious practice, both of these positions are relevant.

Auto/biography positions the researcher, both as the instrument of research and the participant, and allows for exploration and discovery of meaning through reflection (Rosenberg, 2010). The forward slash in auto/biography reminds the writer and reader that the boundaries between the self and the other are fluid; the relationship

is shifting and complex (Twinley, 2018). Auto/biography is not an exercise in disappearing into personal, inner subjectivity, but it is rather a way of establishing inter-subjectivity, of using an understanding of the self to understand the other (Roth 2005), what Roth terms as finding the generalised 'other in the self.'

From the inception of my research plans I considered my insider perspective. Huggill (2012) pointed out that, particularly within health and social care, our choices of research topics arise from our experiences of practice and everyday life. The subject of religious practice has personal meaning for me and as Wright-St Clair (2012) puts it, "questions do not just appear out of nowhere" (p.139). It is commonplace to research an area of personal interest and sometimes one that holds significant meaning. My faith holds significant meaning for me and therefore within the world of religious practice I am an insider. There are advantages and disadvantages to this position. Bonner and Tolhurst (2002) suggested advantages included: not being seen as a stranger; being familiar with culture, language and jargon; easier to gain acceptance and trust; no lengthy preparation needed to access 'the field' (p13) and the insider can be fully involved with the participants and their activities. Some disadvantages also arise and these include: role conflict and confusion; not being seen as a researcher; bias towards interpretation/findings; focussing on the dramatic rather than the routine and reliance on participants with whom the researcher feels comfortable (Bonner and Tolhurst, 2002, p.13). I identified with the advantages in Bonner and Tolhurst's list, but I was also aware of, and concerned about, some of the disadvantages. To begin with I was concerned with bias, I worried that I would struggle to remain 'objective', and something I believed was called for in the 'good' researcher. However, as my studies

progressed, I began to realise that my own relationship with the gatekeepers, the participants, the data generated and the chosen analysis techniques, was not something to fight against but rather something to embrace. Fishman (2003) states that, in any qualitative research endeavour, the researcher is an active participant in the research process and thus is a co-constructor of reality along with a study's participants (Fishman, 2003, p.416). I certainly came to see myself as an active participant in my research and the notions of objectivity and the elimination of bias (Letherby *et al.*, 2013) were not only unrealistic aspirations but were actually concepts that did not exist.

This realisation did however take some time to formulate. While I have presented the three facets, that form this thesis, in what I consider to be a logical order and an order that supports the development of a coherent argument, in practice the work was much less linear. Chronologically, I began the photovoice study first (see 5.3) and started the scoping review while this was on-going completing it ahead of the auto/biography study. In the photovoice study, I adopted a lifeworld approach (Dahlberg, 2006) to analysis, which promotes the initial holding back of the researcher's own experiences (bridling), before a reflective view of the phenomenon is also undertaken (a full account of this study, including method and analysis, can be found in Chapter 5). On reflection I now realise that this choice was prompted by my uncomfortableness regarding my insider status. The lifeworld approach helped to reconcile my understandings about objectivity, with my feelings that I could not suddenly become a non-Christian, or someone who is unconcerned about religious practice as an occupational need within the clinical setting. As my realisation grew concerning my own relationship with the research I was undertaking, I decided to become a participant in an auto/biographically designed study (facet) relating to

barriers to participation in religious practice (fully detailed in Chapter 6). This brought me to the final conclusion that my entire thesis needed to embrace an auto/biographical stance. Walker (2017) argued that auto/biographical research can be used to unpack the development of identity, and it is in this sense that I have adopted an auto/biographical orientation for my thesis. At the same time, I have not abandoned facet methodology as I believe this contributes a reflective means of integrating a series of studies which together address the overall aim of my thesis.

3.3.2 Facet Methodology

Before fully realising the appropriateness of auto/biography, I adopted a facet orientation (Mason, 2011) to suit the multi-dimensional nature of the research and my exploratory objective (Gray, 2017). Mason (2011) is clear that this is a research orientation that embraces multiple methods however the term facet 'methodology' is used in the literature and has, therefore, been used here. I found facet methodology suitable because it assumes that the world, and what we seek to understand about it, 'is not only lived and experienced, but is multi-dimensional, contingent, relationally implicated and entwined' (Mason, 2011, p.78).

Facet methodology is an emerging research orientation developed by the Realities team of researchers, at the Morgan Centre University of Manchester, predominantly through their ESRC funded research into family relationships (Mason *et al.*, 2012). It is a new concept, and as O'Reilly and Kiyimba (2015) pointed out, there is currently only limited literature that discusses its use; they went on to conclude that it had far-reaching and multi-disciplinary potential and they predicted further developments in the field of facet methodology. Wiles *et al.* (2010) reviewed innovations in qualitative

research and concluded that researchers tended to draw on existing traditions to develop research designs and then articulate these as innovations. This could be argued as the case for facet methodology which is fundamentally a mixed methods research approach, however Barbovshci *et al.* (2013) considered facet methodology to be an exception to Wiles *et al.*'s findings, stating that facet methodology could provide a novel approach, particularly in its focus on the significance of flashes of insight rather than on the production of 'maximum data' (Barbovshci *et al.*, 2013, p.8). Despite these positive reviews there would appear to have been very few published studies, as yet, that have adopted facet methodology, and peer review/critique is limited.

Part of the original team at the University of Manchester, Davies and Heaphy (2011) used facet methodology in their study on non-familial relationships. They found that they were able to incorporate a number of mini-studies which offered different lenses on the research problem. In critiquing their use of facet methodology, they cautioned that it was easy to be drawn into evaluating which facet was the most successful. However, this is contrary to the argument for facet methodology, which seeks to link different insights not to evaluate the 'goods' and the 'bads' (Davies and Heaphy, 2011 p.14).

The facet approach enabled me to design a series of investigations, rather than a single study, and to create a number of facets that would reflect light on different aspects of the overall enquiry. The metaphor of a gemstone is used in describing this approach where facets of different shapes and sizes both shine and refract intense shafts of light on the issues under investigation (Sociology Lens, 2014).

Mason (2011) used the image of variable depth of colour and flashes of light together with areas of shadow to represent the different angles of enquiry that may 'cast the light differently' (Mason, 2011 p. 77). She went on to point out that sometimes the 'smallest facets create particularly intense or brilliant shafts of light' (ibid, p. 77). Because of the different 'angles' of enquiry, facet methodology is invariably mixed methods. However, unlike a conventional approach to mixed methods, where triangulation, corroboration and 'checking' are a predominant feature (Gray, 2017), and intended as a contribution to rigour (Patton, 2015), the intention here is to gain insights that relate to the whole. These insights can be brought together to give a greater understanding of a complex, often 'messy', social phenomenon.

Other methods of assemblage focus on the different aspects of enquiry and findings, but do not always seek to 'fit the pieces together' (Mann and Warr, 2017), or find the connections or entwinement frequently present in complex phenomena. Mann and Warr (2017) suggested there was a rise in the use of mixed methods within social research, but that this required an expansion of the methodological 'toolbox' allowing "researchers to grapple with the complexity and 'messiness' of social phenomena" (Mann and Warr, 2017, p.547). They particularly highlight a number of emerging strategies that focus on creative and often metaphorical ways for depicting the relationships between multiple perspectives. These include crystallisation (Richardson, 2003), pin-boarding (Law, 2004), montage (Winthereik and Verran, 2012) bricoleur, quilt-maker (Denzin and Lincoln, 2003) and facet methodology (Mason, 2011). The extent to which these approaches attempt to 'fit the pieces together' is variable, but Mason argues that facet methodology is particularly helpful

where there is messy complexity and the ability to see the 'pattern' of the quilt, pin-board or montage may be challenging. Facet methodology requires the researcher to creatively design facets that involve different lines of enquiry, to cast light on the area of study (Mason, 2013). There are overlaps with bricoleur, defined as using whatever concepts and methods are available to accomplish practical goals in real world contexts (Fishman, 2003). I certainly took a pragmatic view on what was possible in terms of facet design, but I was particularly drawn to facet methodology because of its inherent creativeness and flexibility, allowing me to develop facets as the study progressed and consider future facets and on-going areas in need of illumination. However, it is not the intention here to exhaust all possible facets in the presentation of my work for this PhD, but to begin the exploration. The process is not without challenges; as Huggins (2015) states when using facet methodology for her thesis, it can feel like 'chasing a never-ending unwinding ball of string' (p298). And certainly not every avenue that opens up can be explored, but in the weaving together of the facets (Mason, 2011) both similarities and also, frequently, contrasts can hit the researcher as a 'flash of insight' and promote further avenues of analysis (Mason, 2011, p 80). The choice of facet methodology reflects my own understandings of religious practice as a highly complex phenomena that I wanted to 'shine a light on'.

Mason (2018) suggests a series of questions to ask when putting facet methodology into practice and among these are; What's fascinating? Are there assumptions to unsettle? How can I look creatively? Can I design facets from which insights might emerge? And what might they yield? For me, the greatest advantage of facet methodology is that it enabled me to consider all of these questions and open up the

discussion in relation to religious practice as a valued occupation (see section 7.6.1 for discussion regarding these questions).

I have chosen to position methodology, as it relates to each of the three individual studies, at the beginning of each of the study chapters, as opposed to here within this introduction to methodology. However, some further consideration of both exploration and qualitative design is offered below, before an explanatory description of the study chapters that follow.

3.4 Exploratory principles

My research ‘question’ is exploratory, in recognition of the broad landscape in relation to religious practice (McHale, 2013), and as my early consideration of the literature suggested, there is a limited number of studies concerning religious practice conducted to date within occupational science and occupational therapy (see section 1.2). Within those that exist, there is a focus on debate regarding the challenges of this area of occupational performance within occupational therapy practice, and very little discussion about the occupation of religious practice itself (Thompson and Gee, 2018). By adopting an occupational science approach (see section 1.2), I took the decision to return to ‘basics’, as called for by Wilcock (2007), to enable a greater understanding of everyday occupations. This level of understanding is needed before occupational therapists can address issues of therapeutic application (Hocking, 2012). I intended a broad exploration from an occupational science perspective, which is supported by Sim and Wright’s (2000) view that a poorly understood area needs to have a very broad question as the starting point. Similarly, Gray (2017) considers an exploratory design as particularly

useful when not enough is known about a phenomenon. He considers an exploration of what is happening within a phenomenon is needed in order to contribute to the understanding of that phenomenon. Furthermore, where research is concerned, with 'uncharted territory' (Sim and Wright, 2000 p.18), it is also appropriate to take an emergent approach where design, methods of data collection, and analysis develop over the course of the study and on occasions overlap. I took the view that from an occupational perspective religious practice is largely uncharted territory (section 1.5). and Data collection methods have been developed over the course of my research journey, using both facet and auto/biography orientations, which allowed for the development of my research on the basis of the insights emerging. The purpose of exploratory research is to document and interpret what is being studied from multiple perspectives which is particularly relevant in the study of human experience which is 'endlessly unique' (Bernard, 2013 p.12) and therefore always exploratory.

3.5 Qualitative design

I chose a qualitative design for two of the three facets because an understanding of the *lived experience* of people participating in religious practice was a significant objective. Quantitative elements, such as the number of people for which religious practice is a valued occupation, was not the focus here. Instead, these facets adopted characteristics of qualitative research design by building a complex, and holistic picture through the analysis of participants' accounts of their experiences (Creswell, 2007). I sought a rich description of experiences to shed light on understandings of religious practice as an aspect of some peoples' occupational

lives. As such a qualitative approach that focuses on description rather than quantification, with key characteristics of 'exploration', was appropriate (Silverman, 2015). In facet 1 the key approach was one of exploration by systematically 'scoping' existing occupational science literature and occupational therapy literature. Within facets 2 and 3, I intended an exploration using a phenomenological approach, seeking participant's feelings and lived experience. Individuals experience the world through a process of interactions within numerous contexts (Dahlberg et al., 2008). The individual nature of these interactions constructs multiple realities. In other words, 'the phenomenologist tries to understand social phenomena or human activity from the view point of the person being studied' (Shepard *et al.*, 1993).

This notion supports the recruitment of research participants where the intention is to explore individual perceptions and frames of reference rather than generalise findings across a population. The strength of phenomenology is in its flexibility to use inductive discussion, allowing the researcher to 'probe', in order to clarify expressions of meaning (Guest *et al.*, 2012). Phenomenology also supports the use of visual methods to aid exploration, including photovoice (which was used in facet 2). This is further supported by Prosser and Loxley (2008), who concluded that images can be put to a number of different uses – descriptive, documentary, analytical, symbolic, and metaphorical – but at the core of their use is a phenomenological 'centring' of participants lived experience; i.e. images can help focus descriptions of occupation, contribute to storytelling about lived experience, be used to aid in-depth reflection and analysis, and also be used as a metaphor to aid exploration of sensitive areas.

Within phenomenology there is often an aim to seek to understand a phenomenon fully and describe it in-depth, but this is challenging when the area of study has been identified as very broad, and in need of exploration. So, are phenomenology and exploration contradictory? Phenomenology may appear to be contradictory to exploration however an understanding of complex phenomena can be layered and take considerable time to develop (Finlay 2011). Phenomena can be examined from a number of perspectives, contributing to the richness and ultimately the rigor of the research (Patton, 2015), and phenomenology aims to 'explore' the world through the lived experience of participants (van Manen *et al.*, 2016) and is therefore fundamentally exploratory in nature and I would argue that the two perspectives are not contradictory. This is a further justification for the adoption of a facet orientation, which aims to increase understanding of phenomena from multiple-perspectives, embracing both exploration and phenomenological enquiry.

But is there possibly a further contradiction when considering auto/biography in relation to phenomenology? A phenomenological study attempts to set aside biases and preconceived assumptions about human experiences, and allows the researcher to delve into the perceptions, perspectives, understandings, and feelings of those people who have actually experienced, or lived, the phenomenon, or situation of interest (Finlay, 2011). This setting aside of assumptions is later discussed in relation to bracketing within phenomenology (see section 5.5.3) Clearly an investigation of a phenomenon that focuses on the lived experience of people is of value to both occupational science and occupational therapy, in that it has the potential to help comprehend the meaning and value of an occupation for its participants; but it cannot always be assumed that the researcher is 'looking in' on a phenomenon. What happens when the researcher is one of the people living the

experiences under investigation? Here a more considered 'bridling' is needed to both acknowledge and incorporate the researchers own experiences (see section 5.9). This was certainly the case within my studies, and for this reason I believe that both phenomenology and auto/biography are relevant methodologies.

Both in this chapter and in Chapters 1 and 2, I have detailed a number of influences that have come together to help me to construct this research which I now report on. A graphical summary of the methodological influences for this PhD is presented in figure 3.1. The design and interrelationships between the facets presented here suggests this entire 'plan' was considered at length, and firmly in place before any data collection took place. Although the use of facet methodology was a decision I made early on, the actual design of each facet and the development of these was a much more iterative process, than is perhaps suggested here.

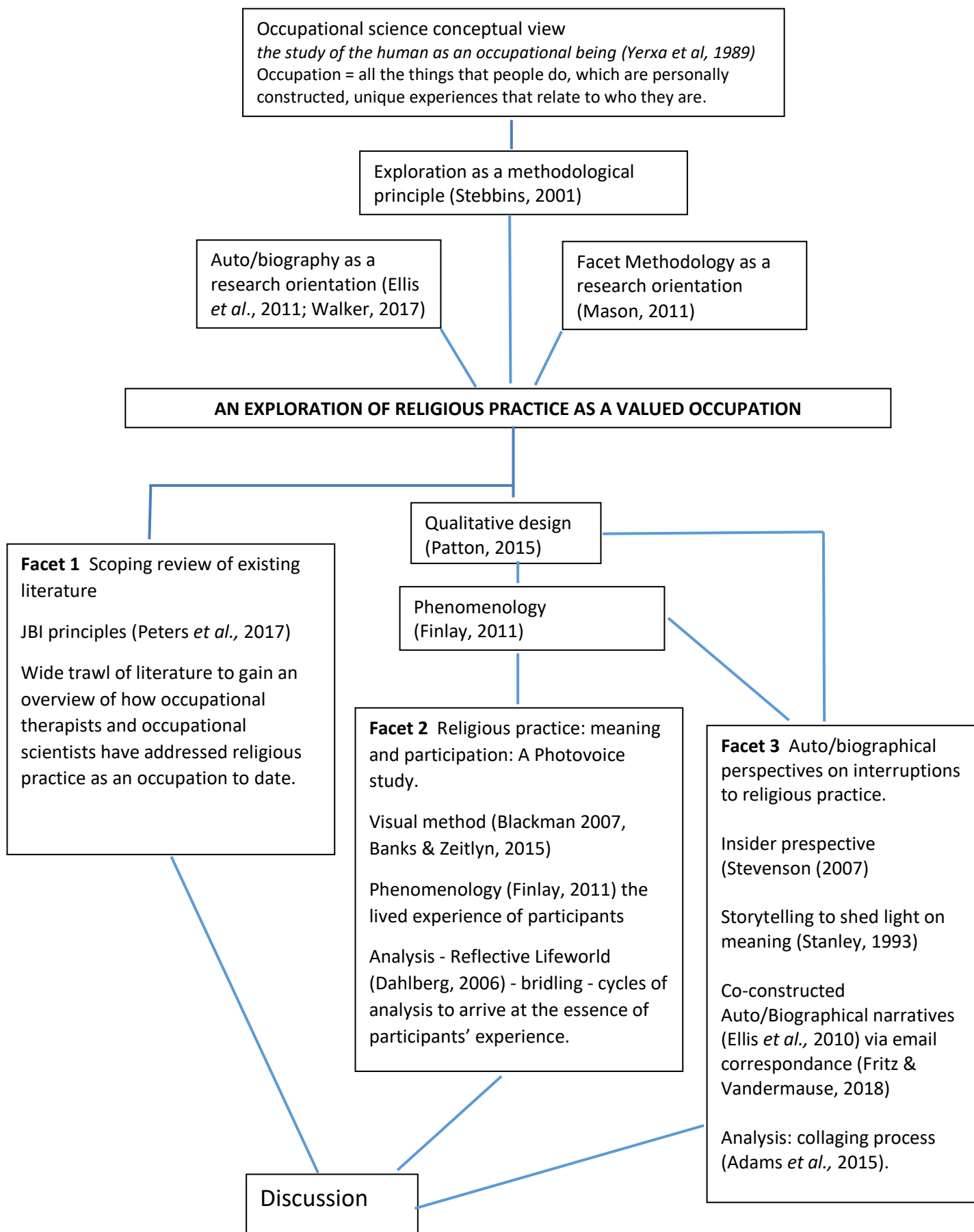


Figure 3.1: Methodological influences

I present my methodological stance in this chapter, in order to inform and orientate the reader, but the design and methods used for each facet, in this series of investigations which constitute my thesis, are considered in detail at the beginning of each of the study chapters.

3.6 Overview of facets

I was concerned from the outset about how to tackle religious practice as a complex, messy and entwined topic (Mason, 2011). Numerous questions arose, including: What are occupational therapists doing in practice? How is religious 'doing' understood? Why is religious practice rarely reported in the literature? Are my Christian understandings of religious practice typical of other faiths? Does the lived experience of people of faith align with occupational therapists and occupational scientists understandings? These, and more, led me to design the first two facets which address the objectives to review current concepts of religious practice and also to explore the value and meaning of religious practice for individuals across faiths. These two objectives were related as components that would contribute to the overall aim, 'to explore religious practice as a valued occupation', enabling an exploration from both the reported conceptual/clinical perspective and the lived occupational perspective.

The related design of the third facet emerged as a 'flash of insight' (Mason, 2011, p 80). One of the potential participants for the photovoice study withdrew, due to having significant caring responsibilities, because of family illness. He made a single comment about the impact this new role was having on his religious practice. This comment stayed with me as something I wanted to explore further in relation to an

understanding of the value of religious practice and was further compounded by my experience of a sudden, unexpected and significant barrier to my own religious practice. This prompted the design of the third facet, which explored the auto/biographical lived experience of a barrier to religious practice from four individual perspectives (including my own). A description of each of the facet chapters that follow is detailed below in Table 3.1

Table 3.1 Descriptive outline of facets		
Facet / chapter	Title	Description
ONE Chapter 4	Occupational Therapy practice and patient/client participation in religious occupations: a scoping review	The initial literature search identified a dearth of literature that specifically looked at the understanding of religious practice as a valued occupation. The first facet was therefore designed as a systematic scoping review of literature (using JBI guidelines)(Peters <i>et al.</i> , 2017) to act as a baseline for further discussion and to address the first objective: To review current concepts of religious practice within occupational science and occupational therapy.
Two Chapter 5	Religious Practice: meaning and participation - a photovoice study	Ten participants from seven faiths were recruited to a phenomenological study using a photovoice method (Blackman, 2007). Thematic analysis using a lifeworld approach (Dahlberg, 2006) was used to consider the research questions: What is the value and meaning of religious practice for individuals across faiths, genders and ages? And how does meaning influence their participation?
Three Chapter 6	Perspectives on interruptions to religious practice: An Auto/Biographical study	Four participants (including myself) produced co-constructed auto/biographical accounts (Stanley, 1995) of a barrier to their religious practice. A collage approach (Adams <i>et al.</i> , 2015) to thematic analysis was used to further consider the value and meaning of religious practice, specifically in the face of occupational barriers.

3.7 Conclusion

This chapter has detailed the methodological orientations for my thesis. In summary, I have adopted an explorative approach, using auto/biography to underpin the presentation of three distinct studies. A facet orientation (Mason, 2011) has supported the linked and entwined nature of the phenomenon of religious practice and contributed to the achievement of the overall aim to explore religious practice as a valued occupation (see 1.5). The following chapters detail the three facets, including the methods used, data collection, analysis and findings for each.

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Chapter 4 Facet One

Occupational therapy practice and patient/client participation in religious occupations: a scoping review

4.1 Introduction

This chapter details the first of the three facets completed. This first facet was a systematic scoping review, to explore the documented evidence of how occupational science has conceptualised religious practice and how occupational therapists address religious needs as part of their clients' occupational performance. An early search of the literature found that this aspect of occupational performance did not frequently appear in either occupational therapy literature or occupational science literature. An overview of literature found in other related disciplines has been presented earlier (see sections 2.4, , 2.6, 2.7, 2.8, 2.9), and some discussion concerning how spirituality has been addressed in both occupational science and occupational therapy literature was also included in Chapter 2 (see section 2.5) to provide some broader context. Overall *religious practice* (as distinct from spirituality) was found to be missing but in order to establish a clear gap in the occupational science and occupational therapy literature a systematic and structured review was undertaken. In keeping with best practice in health and social care research, I made the decision to do a systematic review early on in my studies but then needed to consider what type of review would best answer my objectives, and how this might fit within the facet orientation of my work. In this chapter I have considered both of these issues and then detailed the scoping review undertaken.

4.2 Focus on Religious ‘doing’

As has been described here, and in the broader health and care literature (see section 2.8), a clear differentiation between spiritual activity and religious activity is needed to meet the objective of this facet. As stated in section 2.2 the definition proposed by The Royal College of Psychiatrists’ Spirituality Special Interest Group (Cook, 2013) was adopted as it is both clear and explicit and encompasses aspects of doing, being, becoming and belonging (see section 2.2).

Activity directly linked (by the practitioner) to beliefs, traditions, ritual and ceremony – but also to include activities that they define as bringing them an individual sense of connection and belonging to a faith group.

A clear definition, that encompassed broad aspects of religious doing, was needed in order to screen the literature and enable a specific examination of religion, as opposed to spirituality. This focus on religious practice will enable a specific examination of religious ‘doing’, as opposed to spiritual ‘doing’.

4.3 A scoping review as a facet

A systematic review of the literature is accepted practice within health and social care research and so its inclusion was a ‘given’ from the beginning of my studies. Having decided to adopt a facet orientation, I then needed to decide how a literature review would ‘fit’ within this structure. A review of the literature is aimed at examining what is currently known about a phenomenon (Patton, 2015) and so I therefore aligned the literature review with the first objective, which was to review contemporary understandings of religious practice within occupational science and occupational therapy. Whereas, conventionally, a literature review is positioned before the research aim is outlined, and used to inform and justify the aim, in this

instance I decided to use the literature review as one facet of the study to shine a light on what is currently understood about religious practice, or at least what is being written about it within the occupational science and occupational therapy literature. I considered presenting this scoping review conventionally at the beginning of my thesis, and before the methodology chapter, however a review of the objectives for a scoping review, that is to examine a broad area and see 'what's out there', was a clear 'match' for the rationale for a facet within the facet orientation proposed by Mason (2011). The overall objective being to create different lines of enquiry to cast light on the area of study (Mason, 2013) (see section 3.6). Therefore, chose to present this scoping review as the first facet within my thesis, to shine a light on how the religious practice of people is understood by occupational scientists and occupational therapists. This meant that it was necessary to outline the facet orientation and the structure of my thesis (in chapter 3), before detailing this literature review.

From an auto/biographical orientation, I considered the use of a systematic review early in my PhD journey. It represented a comfortable place to start my investigation, but I quickly realised that while this single facet would inevitably illuminate the relevant literature, it could at best only touch on my understanding of the lived experience of religious practice as an occupation and that further facets, that took a more creative view, would be needed.

So this facet was designed to provide a systematic approach to scoping the literature currently available and to map the findings in line with the framework proposed by The Joanna Briggs Institute (JBI) (Peters *et al.*, 2017). A scoping review approach

was selected as a methodology here, as it has the objectives of examining a broad area, mapping the key concepts, bringing together and mapping the literature, and identifying gaps in the knowledge base (Peters *et al.*, 2017) thus aligning with the exploratory philosophy of my work.

In 2005 Arksey and O'Malley commented on the drive towards evidence based practice and the development of methodology for conducting systematic reviews, and they argued that an alternative approach was also required where the scope of the evidence was unclear. A systematic review aims to find answers to a well-defined question about effectiveness of intervention or treatment, which is typically narrow and focussed, and to then quality appraise a relatively small number of research studies to generate an answer to the question posed. An alternative methodology is needed where the area under consideration is complex (Mays *et al.*, 2001; Levac *et al.*, 2010) and the extent, range and nature of the material that might be available is unknown (Arksey and O'Malley, 2005; Peters *et al.*, 2015a; Peters *et al.*, 2015b). In areas where there is a paucity of randomised controlled trials, undertaking a systematic review is not only difficult but also irrelevant, and so an alternative strategy was needed. This led to the development, and increasing use, of scoping reviews which offer an established way to review a range of study designs, in both published and grey literature, and consider issues beyond simply effective intervention (Levac *et al.*, 2010; Peters *et al.*, 2017; Tricco *et al.*, 2018). Scoping reviews can clarify concepts and inform practice in a given area (Peters *et al.*, 2017), but predominantly offer a strategy to find out what is already known. However, a scoping review does not aim to answer a specific question and therefore it is important to consider the meaning of the scoping study findings and how these may relate to broader implications, for example, for policy and practice (Levac *et al.*,

2010). It is also important to adopt a systematic process to ensure rigour (Silverman, 2010; Bandara *et al.*, 2015). A review by Tricco *et al.* (2016) concluded that the number of scoping reviews had steadily increased in recent years, but that these were conducted and reported in various ways and formats, and they called for standardised reporting guidelines. The JBI published guidance on conducting a scoping review (Peters *et al.*, 2015a), which was subsequently updated (Peters *et al.*, 2017) and re-published as a chapter within their Reviewers' Manual (Aromataris and Munn, 2017), firmly establishing a scoping review as a legitimate and robust method of enquiry. Standardised reporting guidelines, however, were not published until the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines were published in 2018 (Tricco, *et al.*, 2018). In order to ensure a rigorous, systematic and replicable scoping review is presented here, I have chosen to adopt both the internationally recognised JBI guidelines and the compatible PRISMA guidelines.

An investigation of the JBI Database of Systematic Reviews and Implementation Reports, Cochrane Database of Systematic Reviews, and The International Prospective Register of Systematic Reviews, (PROSPERO) indicated that there were no existing scoping reviews or systematic reviews specifically related to occupational therapy and religious practice. I therefore submitted a protocol for this scoping review to JBI which was accepted in December 2017 and published in June 2018. A substantial part of this chapter was published within the peer reviewed protocol for the study (Eyres *et al.*, 2018).

4.4 Study objective

This scoping review is structured to predominantly address the first objective of my PhD, 'To review contemporary understandings of religious practice within occupational science and occupational therapy' (see section 1.5). The JBI guidelines suggest that broad questions are formulated to aid in clarifying inclusion criteria and therefore, in addition, to understanding how the religious practice of people is understood by occupational scientists and therapists. This scoping review also reports on how this aspect of everyday activity is assessed, included within intervention, and how outcomes are measured. The questions that this study seeks to answer are:

1. What are the conceptual understandings of religious practice as an occupational need?
2. What assessments, interventions and outcome measures do occupational therapists use concerning their patients/clients' participation in religious practice?

4.4.1 Inclusion criteria

The broadest possible scoping of existing literature, within occupational therapy or occupational science, is presented in this facet. Inclusion criteria were devised using a PCC (Population, Concept, and Context) approach, as advocated by JBI (Peters *et al.*, 2017).

Population: All adults (over 16)¹

Concept: Religious doing

Context: Everyday life, including health and social care environments.

In line with the definition proposed, religious doing includes (but is not limited to) activities such as attending religious worship, prayer, or meditation, reading religious texts, ritual and religious ceremony, and attending social gatherings related to a religious community. The key objective here was to consider what *occupationally focussed* information exists as opposed to the broader literature across health and social care, as discussed earlier (see section 2.8). Papers that dealt solely with spirituality, or that did not explicitly consider religious doing as part of spirituality, were excluded. In addition, papers addressing occupational therapy education and the spiritual, or religious, needs of practitioners were also excluded, in order to specifically seek studies related to the religious doing of clients or patients. Lastly, because the emphasis was on ‘doing’, papers that predominantly addressed practitioners’ opinions about religious practice were excluded. Only English language materials were included as access to translation resources was not available (see section 4.9 limitations).

¹ Although globally 18 is still the most common ‘legal age of maturity’ there are increasing moves to reduce this to 16 in Parts of the USA, and in Scotland, Australia, and Canada (McCue, 2018). Therefore 16 was chosen with the intention of including any studies related to young adults.

4.5 Method

The objectives, inclusion criteria and methods for this scoping review were specified in advance and documented in a protocol published in the JBI Database of Systematic Reviews and Implementation Reports (Eyres *et al.*, 2018).

4.5.1 Search Strategy

A systematic three-step search strategy was utilised in line with JBI scoping review guidance (Peters *et al.*, 2017). An initial search of CINAHL and MEDLINE was conducted followed by an analysis of the text words contained in titles and abstracts, and the index terms used. This initial search informed the terms used in the structured search strategy (see appendix i). Initial keywords used were: religion; religious practice; worship; spirituality; faith; belief; occupational therapy; occupational science; participation; engagement; involvement; assessment; intervention; and outcome. The search strategy was amended to include religio* which captured: religion, religious, religiosity, religious beliefs, religious practice, religion and culture. And “ ” were used around occupational therapy and occupational science to search for these as phrases, and ensure just the words therapy or science were not included. An ‘all text’ approach was used (rather than a ‘title and abstract’ search) together with no publication date restriction, to ensure that the objective to make the broadest possible scope was met.

This strategy was used to search the databases: CINAHL, MEDLINE (EBSCO host), AMED, EMBASE, PsycINFO, Soc index, SCOPUS. A chart detailing the results per database search can be found in appendix ii. The possibility that further search

terms would be discovered, and added to the search strategy, was kept under review; however, this did not prove necessary.

4.5.2 Study screening

Following the database search, both a colleague and I independently screened titles for inclusion. Any disagreements between us were discussed, but at this stage articles were included if either reviewer felt consideration of the abstract was needed. This resulted in 205 included articles. At this point it was necessary to screen out any articles that did not meet the criteria of being related to occupational therapy or occupational science. This was achieved by only including articles written by occupational therapists or occupational scientists or articles published in occupational therapy or occupational science journals. Forty-two articles were found not to meet this criteria and, once the remaining abstracts were reviewed, a total of 102 full text articles were included for consideration. One further paper was removed, as the full text was only available in French. Secondly, full text screening was again carried out by both researchers. Four articles were reviewed by a third researcher to resolve disagreement. Thirdly, the reference lists in all included articles were reviewed to search for any additional items.

This process resulted in 17 articles being included in the review. The search strategy aimed to find both academic and grey literature, with an expectation that some 'practice' focused literature may exist within practice publications. Therefore, the indices of the following periodicals, published by occupational therapy professional bodies, were also hand searched using the same key words:

OT News (British Association of Occupational Therapists (BAOT)),
OT Now (Canadian Association of Occupational Therapists (CAOT)),
OT Practice (American Occupational Therapy Association (AOTA)).

In addition, the Royal College of Occupational Therapists' (London) on-line library catalogue was searched, however, no additional material was found.

Forty text books (for list, see appendix iii) identified as core texts by the World Federation of Occupational Therapists (WFOT) accredited UK occupational therapy training programmes, were also searched and unpublished dissertations and theses were sought by searching ProQuest Dissertations and Theses, and EthOS (British Library Theses online service). Lastly a search for further grey literature, using the same search terms, included Google Scholar and Open grey (SIGLE). In line with both PRISMA and JBI guidelines, a PRISMA flow diagram based on original work by Moher et al. (2009), and revised by Tricco et al. (2018), graphically detailing the screening process can be found at figure 4.1.

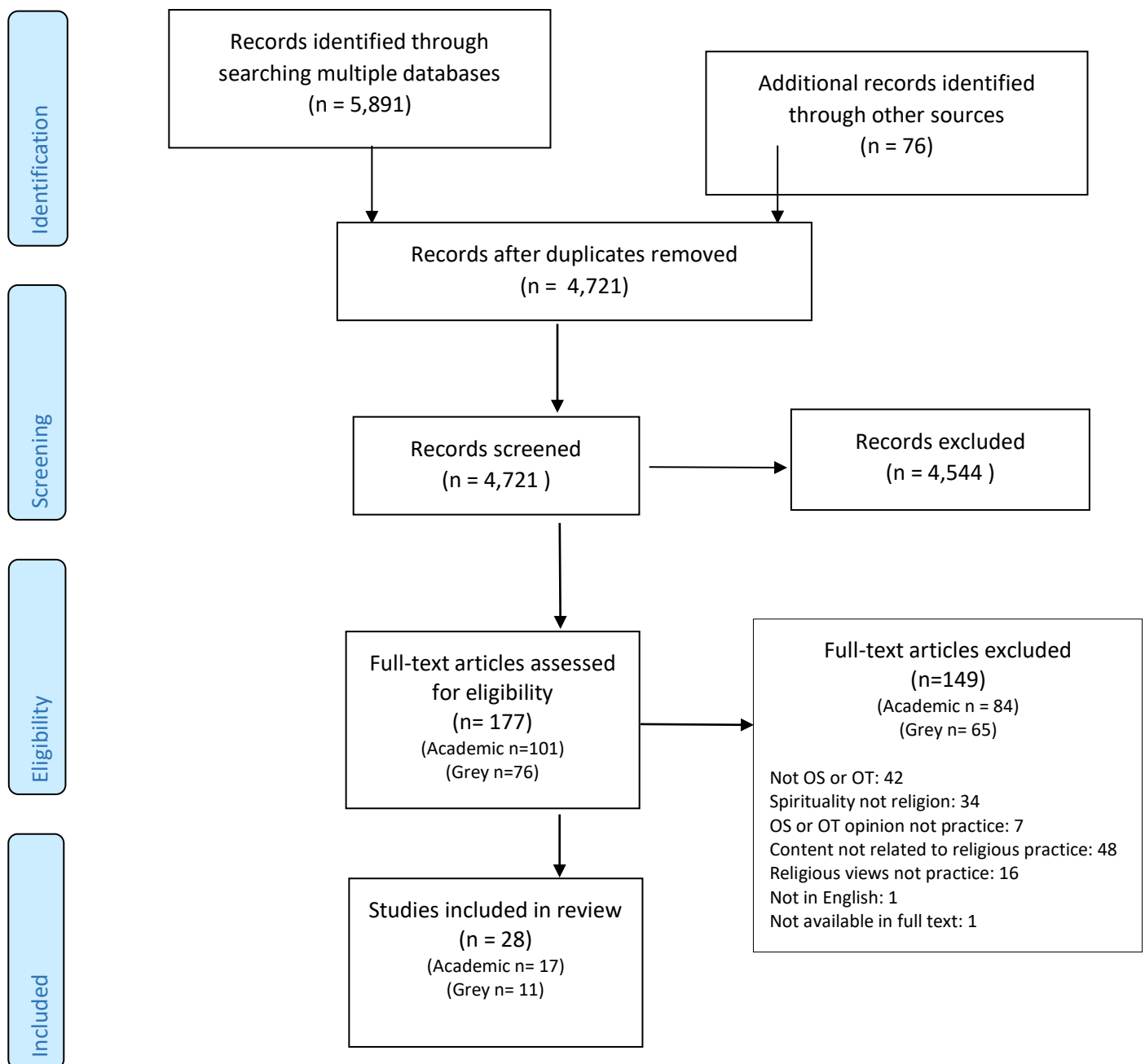


Figure 4.1 PRISMA FLOW DIAGRAM detailing screening of literature

(Adapted from PRISMA (Moher et al., 2009; Tricco et al., 2018))

4.5.3 Data Extraction

Data were extracted from the included papers by a careful consideration of the content of each. Key aspects were charted using a series of headings including author and publication details, intervention/activity, the aim of the study, study design information, key results and findings and implications for occupational therapy and/or further research. This process of data extraction was conducted in line with JBI guidance (Peters et al., 2017).

4.6 Presentation of results

Data was charted in this way by myself as first reviewer, and then checked and edited by my colleague as second reviewer. Results are initially presented in a tabular form, followed by a narrative overview in relation to the objectives of the scoping review, in line with JBI (Peters *et al.*, 2017) and PRISMA (Tricco, *et al.*, 2018) guidelines. In the table, a distinction has been made between literature found in peer reviewed journals, including opinion pieces, and grey literature, found in practice periodicals. Because the latter category does not contain research papers, an amended set of chart headings was needed, excluding 'study aim and design'. However, both peer reviewed literature and grey literature are integrated into the single discussion that follows.

Table 4.1 Data Extraction chart: Summary of literature from peer reviewed journals n= 17

Abbreviations; ADL Activities of daily living; AOTA American Occupational Therapy Association; CAOT Canadian Association of Occupational Therapists; FICA Spiritual history tool: F Faith and belief; I Importance; C Community; A Address in care; HCPs Health Care Professionals; MCQ Multiple Choice Questionnaire; OT occupational therapist; OS occupational science

Author, year of publication, country	Intervention/ activity	Aim	Study design/ methods	Study population, sample size	Characteristics of intervention/activity	Key Results/ findings/ recommendations related to this scoping review	Stated Implications for occupational therapy practice, further study
Beagan, and Etowa, 2011 Canada	Prayer, reading sacred texts, singing spiritual songs, choir, leading Sunday school	Explore the meaning and functions of spiritual occupations for African-Canadian women in Nova Scotia	Qualitative. Semi-structured interviews. Analysis using AtlasTi software. Inductive thematic analysis (Boyatzis, 1998).	50 women aged 40-65 years	Part of a larger study looking at mid-life health and well-being in relation to experienced racism. 43 respondents were Christian, the remaining 7 undetermined.	For African heritage peoples spiritually-related occupations may be a source of guidance, strength, survival, transformation, transgression. A connection with a socially and practically supportive community and a connection with God is important.	Church-related occupations provide meaning, hope and interconnectedness for participants. Authors recommended study of spiritual occupations for non-Christians is needed.
Bremault-Phillips <i>et al</i> 2015 Canada	Use of FICA spiritual history tool in practice	Explore the value of spirituality in clinical practice. Identify facilitators and barriers to incorporating spirituality in care. Determine ways that HCPs can utilise a spiritual history.	Qualitative focus groups with HCPs. Thematic coding using NVivo software. Patient notes were reviewed for inclusion of spiritual issues in care plan	9 HCPs one of whom was an OT.	Five nurses, one OT, one Social worker, one physio and one doctor participated after being introduced to and trained in the use of the FICA. They interviewed 24 in-patients on three units (geriatric assessment, palliative care and hospice unit).	HCPs felt better aligned with the faith-based institutions mission and stated values. Spiritual history taking supported person centred care. The tool helped HCPs to feel confident in discussing spirituality. Challenges included needing to put interventions in place once a need had been revealed. Continuity of care post discharge was a problem. Understanding and communication with team members not in the study was difficult.	More intentional inclusion of the spiritual component of care requires organisational support. The routine inclusion of spiritual history tools may be beneficial for person-centred care. A more extensive study with larger numbers and in both faith-based and non-faith-based settings is needed.
Christiansen 2008 Canada	Prayer	Commentary on work of Farah and McColl	Opinion	n/a	n/a	Applauds the exploration of prayer as an important and complex topic. Considers the difference between participation with the client, and enabling the client to pray.	Recommends caution as this is a controversial area. Therapists should be well prepared and seek guidance. More dialogue, research and policy development is needed.

Author, year of publication, country	Intervention/ activity	Aim	Study design/ methods	Study population, sample size	Characteristics of intervention/activity	Key Results/ findings/ recommendations related to this scoping review	Stated Implications for occupational therapy practice, further study
Courtney 2013 Australia	Pilgrimage	Defining and exploring the concept of contemporary pilgrimage as an occupation.	Opinion	n/a	n/a	Pilgrimage has been used therapeutically across the globe and is evolving and diversifying internationally. Not solely about religious pilgrimage but this is an important aspect.	OTs should consider how to incorporate pilgrimage in their practice, and understand the meaning this may hold for some clients Further research is needed to understand the relationship between pilgrimage and well-being.
Crepeau 2015 USA	Church supper	To describe the actions of church supper workers as they participate in co-occupation.	Ethnography through participant observation	6 consecutive suppers 61 hours of observation People observed N=17	Transactional co-occupation of volunteer workers to produce a meal for church fund raising.	Transactional nature of church related activities explains the positive outcomes. People are emotionally connected through participation. A clear description of the coordination and collaboration among people that is inherently present in a co-occupation. Church is embedded in community culture.	A detailed description of situated occupation expands our nuanced understanding of community engagement. Further exploration of meaning and motivation of volunteers is needed.

Author, year of publication, country	Intervention/ activity	Aim	Study design/ methods	Study population, sample size	Characteristics of intervention/activity	Key Results/ findings/ recommendations related to this scoping review	Stated Implications for occupational therapy practice, further study
Farah, and McColl 2008 Canada	Prayer	In-depth analysis of published literature on use of prayer in practice.	Literature review	No details given. Search strategy not defined, only search terms.	Advantages and disadvantages of using prayer in occupational therapy	<p>The potential for prayer to meet a client's unique spiritual needs, to allow the therapist to give authentically of his or her spirituality, to deepen the therapeutic relationship, and to invoke physical, emotional and spiritual benefits must be balanced against the need to ensure that prayer is used consciously and cautiously. Threats are: the potential for perceived spiritual/religious coercion, the potential threat to the developing client-therapist relationship, the potential for role confusion, the therapist's possible lack of familiarity or comfort with the use of prayer, and the likely unease of employers with the formal use of prayer in therapy.</p> <p>Advantages and disadvantages must be weighed carefully. 4 questions must be asked. Does the client have a spiritual problem? Is the OT equipped to offer prayer? Is the client receptive? Would the workplace support prayer?</p>	Incorporation of spiritual interventions such as prayer into practice would move spirituality from the current "underground practice" into the mainstream.

Author, year of publication, country	Intervention/ activity	Aim	Study design/ methods	Study population, sample size	Characteristics of intervention/activity	Key Results/ findings/ recommendations related to this scoping review	Stated Implications for occupational therapy practice, further study
Farrar 2001 USA	Religious life	To determine if OTs are addressing spirituality and religion in practice.	Postal survey 24 questions mostly MCQ but some short answer questions to seek respondents opinions.	78 CAOT and 80 AOTA members	Definitions of spirituality, religion, extrinsic religious life and intrinsic religious life were given to respondents and their views sought as to how these are included in treatment.	Part of a study looking at spirituality generally. 35% of respondents felt religion should be addressed in practice. Of these 78% used extrinsic religious activity including participation in worship, bible study, prayer groups, religious holidays, referrals to clergy and church access issues. 73% used intrinsic religious activity such as positive coping, hope, faith and prayer.	Potential conflict between the OTs own religious convictions and those of their client was highlighted as an issue. Clear guidelines are needed, possibly in line with the guidelines issued to psychiatrists. Spirituality is a fundamental aspect of being human and a knowledge of spiritual beliefs and practices is essential for OTs. Spirituality coursework should be developed in occupational therapy schools and strategies for addressing religious life need to be refined.
Frank <i>et al</i> 1997 USA	Daily occupations of orthodox Jews	Consider how Orthodox Judaism influences daily occupations.	Ethnography. Interviews and participant observation.	4 orthodox Jewish Couples	Three main aspects discussed; Observing the Sabbath Studying the Torah and praying. Keeping a Kosher home.	Religiously observant Jews have daily occupations that are invested with religious/sacred meaning. Leading a religious life can present conflicts with the accepted routines of the dominant culture leading to stress.	Occupation and spirituality are completely intertwined for young Orthodox Jews

Author, year of publication, country	Intervention/ activity	Aim	Study design/ methods	Study population, sample size	Characteristics of intervention/activity	Key Results/ findings/ recommendations related to this scoping review	Stated Implications for occupational therapy practice, further study
Gibbs and Barnitt 1999 UK	Hindu elders Self-care	To explore the needs of elderly Hindus within dress, diet, bathing and toileting.	Semi-structured interviews with Hindu students who contributed to questionnaire design. Questionnaires with Hindu elders.	4 Hindu students and 19 Hindu elders between 54-91 years old	Female and males responses separated as different needs were reported. Females generally wore Sari's males wore British dress. Vegetarian diet related to both genders. Bathing and toileting issues related to dignity and privacy but also to prayer time.	Family interdependence is the norm. Family help with personal care seen as acceptable and available if required. Wearing a Sari was important to female respondents. Sacred jewellery and markings such as a bindi are important additional aspects of ADL. Strict vegetarianism practiced and periods of religious fasting. Bathing and toileting seen as delicate subjects and mostly requiring assistance from same sex helper (including hospital staff). Washing seen as part of religious practice.	Considerable individual differences but also some norms important for Occupational Therapy practice. OTs may need to learn some aspects of care i.e. how to tie a Sari. A concept of independence may not be the norm with Hindu elders expecting dependence on the extended family/social group. This may require adaptation to assessment and treatment planning.
Gupta, and Sullivan 2013 USA	Worship and spiritual life of immigrant women	Examination of the link between occupation and the adjustment, integration and reconstruction of immigrant women to the US.	Qualitative descriptive study. Grounded theory analysis. Semi-structured interviews (+follow-up interviews with 6 of the participants).	13 women who had immigrated to the USA.	Part of a larger study looking at the experience of immigration. Continuity and discontinuity in places of worship and spiritual life was identified as a theme in the analysis.	Continuity and discontinuity in places of worship and spiritual life. A common place of worship provided social opportunities and a positive aspect of cultural transition. A lack of access to a place of worship restricted social connection. Prayer at home was seen as 'good' but missing social connection by some.	Religious practice can contribute to occupational identity a sense of place.

Author, year of publication, country	Intervention/ activity	Aim	Study design/ methods	Study population, sample size	Characteristics of intervention/activity	Key Results/ findings/ recommendations related to this scoping review	Stated Implications for occupational therapy practice, further study
Hemphill 2015 USA	Spiritual assessments	A review of assessment tools suitable for use in practice.	Commentary on a number of available tools.	n/a	No information given on how tools were selected.	OTs should include spiritual history as part of the assessment process. OTs should be mindful of their own spiritual self. OTs should respect patient's belief systems even if they are different from their own. Assessment tools must be chosen carefully. Intervention planning barriers may need to be examined and addressed. However, by gathering this information, therapists can develop a treatment plan based on the experiences a person most values and wishes to retain. Further suggestions are made regarding interventions and spiritual practice: Be aware that different religions have different holy days. It is Friday for Muslims, Saturday for Jews, and Sunday for Christians. Occupational therapists need to make sure that intervention plans include spiritually meaningful occupations.	Spiritual history assessments are an integral part of OTs holistic practice. Spiritual issues can be treated with the same respect as any other personal issue. Ethical concerns might include imposing one's own religious beliefs on the patient, and/or the need to address a spiritual crisis the patient may be experiencing. Therapists need to understand how patients' values and religious beliefs influence their decision making.
Johnson, and Mayers, 2005 UK	Meeting spiritual needs in practice	The attitudes and practices of OTs. How OTs assess and meet spiritual needs in practice, the use of occupation and potential barriers.	Literature review. Database search using CINAHL, AMED and Medline – using key words.	Number of articles screened not specified		OTs struggle to differentiate between spirituality and religion. OTs preferred informal discussion as opposed to formal assessment tools. While OTs agreed spirituality was an important aspect few addressed this in practice. Religious concerns should be the subject of onward referral. Spirituality in practice is primarily implicit.	The authors found no tools for spiritual assessment among the Occupational therapy literature searched. The development of a theoretical framework and clinical guidelines would be useful. Further exploration of every-day occupations that address both religious and non-religious spiritual needs is required.

Author, year of publication, country	Intervention/ activity	Aim	Study design/ methods	Study population, sample size	Characteristics of intervention/activity	Key Results/ findings/ recommendations related to this scoping review	Stated Implications for occupational therapy practice, further study
Luboshitzky, and Gaber 2001 Australia	Religious holidays	To examine the therapeutic meaning and value of (Religious) holidays and their relevance to OT practice.	No information given about how the information was collected. Opinion piece.	n/a	Religious holidays are holy days that commemorate mystical or historical events held sacred by a given religion.	Religious holidays manifested through costumes and rituals - are a visible affirmation of beliefs and faith traditions. Often have deep personal significance. Disability, illness or distress can cause spiritual crisis in terms of the meaning of life. Celebrating religious holidays can provide meaning, hope, strength and courage. And alleviate feelings of loneliness, depression and powerlessness.	Religious holiday celebrations are an important personally and culturally meaningful occupation. Holidays as religious activity can aid religious expression in the occupational therapy setting.
Peloquin 2008 Canada	Prayer	Commentary on work of Farah and McColl.	Opinion	n/a	n/a	A personal experience is recalled where prayer was offered and declined. OTs role in helping others engage in meaningful occupations is re-iterated and a list of examples of religious occupations is offered. Client-centred occupational therapists engage in activity analysis and interventions that empower clients to reach occupational aims such as: A woman wants to prepare kosher foods, an elder needs a way to turn the pages of his Bible; a teen hopes to complete his Bar Mitzvah; a young mother wants to participate in her child's Baptism; a child is eager to take communion with his friends; a woman needs help fingering her rosary beads; a priest hopes to resume his daily Mass; a child wants to light a votive candle; a man needs to prostrate himself on a prayer mat. Praying with clients may have a place within occupational therapy.	Praying with a client may have a place in occupational therapy as part of therapeutic use of self but the practitioner needs to be mindful of 'whose therapy it is' and have awareness of the patients preferences.

Author, year of publication, country	Intervention/ activity	Aim	Study design/ methods	Study population, sample size	Characteristics of intervention/activity	Key Results/ findings/ recommendations related to this scoping review	Stated Implications for occupational therapy practice, further study
Smith-Gabai and Ludwig 2011 USA	Jewish Sabbath	How the form, function and meaning of religious practice can have positive effects on participants.	Literature review	Number of articles reviewed not included.	Search strategy not included	The Sabbath offers time for Spiritual renewal, less doing and more being. Helps create rhythm for the week and contributes to identity. Ritual provides stability in times of rapid social change. Sabbath keeping is a ritual that is worthy of examination to further illuminate the form, function, and meaning of religious rituals.	Religious practices have positive results on physical and mental health, including reducing stress, promoting health, life satisfaction and resilience. Further OS research is needed on the form function and meaning of religious rituals.
Smith, and Suto 2012 Canada	Spiritual freedom for people with schizophrenia	To explore the meaning of religion and/or spirituality for people living with a diagnosis of Schizophrenia.	Phenomenology Three phase interview process. Analysis using an interpretive phenomenological approach.	9 adults with Schizophrenia living in the community in Canada	Participants were termed co-researchers to emphasise they were experts in their own experiences. 5 core dimensions of religion/spirituality were found	Religious activities reported by co-researchers included: attendance at services, meditation and prayer recitation. Religious activity was found to have meaning for some co-researchers and agency (choice and empowerment) was particularly important. Psychotic religious experiences usually occurred outside of defined religious practice and these co-researchers were able to engage in discourse about these experiences and make meaning of them.	OTs should consider that people living with mental illness can have credible insights into how religious practices can be life-enhancing however OTs role is to facilitate decision making and agency and not to provide spiritual care or directly use religious practices within client intervention.

Author, year of publication, country	Intervention/ activity	Aim	Study design/ methods	Study population, sample size	Characteristics of intervention/activity	Key Results/ findings/ recommendations related to this scoping review	Stated Implications for Occupational therapy practice, further study
Thompson, and Gee 2018 USA	Religious observance as a meaningful occupation.	To explore the attitudes and behaviours of OTs concerning religious observance in practice.	On-line descriptive survey design.	Password enabling access to the survey was sent to 1,000 randomly selected members of AOTA	181 responded (18.2%). The view of respondents was sought but additionally data regarding how religious needs were addressed in practice was obtained.	Less than half respondents reported using religious observation as part of a care plan. Indirect interventions were most frequently cited i.e. addressing necessary performance skills to enable participation in religious observance such as increasing endurance, being able to kneel. Direct interventions were less commonly seen but included attending mass with a stroke survivor who was anxious about dropping the Eucharist, offering advice re adapting the church environment and community mobility training including the clients place of worship. The third edition of the OTPF expanded the occupation to include spiritual activities and expression as an IADL (AOTA, 2014).	The majority of US OTs do not use religious observance within practice. Those that did use it tended to rely on the client initiating the discussion. By not giving religious observance equal consideration the holistic scope of therapy is limited. There is need for further education and training to encourage OTs to analyse occupational performance of religious observance like any other occupation. Further research is needed along with practice guidelines regarding participation in religious and spiritual activities and expression

Table 4.2 Data Extraction chart: literature from grey sources (periodicals and text books) n= 11

Abbreviations; AOTA, American Occupational Therapy Association; BJOT, British Journal of Occupational Therapy; FICA, The FICA Spiritual History Tool; MOHO, Model of Human Occupation; MH, Mental health; OT occupational therapist; CAOT Canadian Association of Occupational Therapists;

Author, year of publication, country	Publication	Characteristics of intervention/activity	findings /recommendations	Implications for occupational therapy practice, further study
Billock 2014	Chapter 20 Personal values, beliefs and spirituality, in Boyt-schell, Gillen and Scaffa (eds) (2014) Willard and Spackman's Occupational Therapy(12 th Ed)	This chapter largely explores spirituality in relation to occupation health and wellbeing, but religion is considered as part of spirituality and defined as a set of communal and individual practices such as prayer, meditation, reading theological books and attending services. The discussion aims to help students develop an understanding of , and explore the concepts surrounding spirituality , and is supported by literature.	Religious practices relate to theological beliefs but can also ascribe meaning to everyday occupations such as food preparation, work and intimacy. Many people use religion as a tool for framing spirituality in their lives.	Integrating spirituality into practice is difficult but one strategy is to address a client's religious concerns. Practitioners may feel uncomfortable about using religious occupations in intervention but if these are important aspects of the clients daily life then occupations such as prayer or reading sacred texts can be integrated into intervention sessions. Practitioners should consider further learning about rituals and religious traditions to increase cultural and religious competence.
Cordingley and Pell 2014	Chapter 19 Life skills : Culture and Religion p 297-298 in Bannigan K, Bryant w, and Fieldhouse J (eds) (2014) Creeks Occupational Therapy and Mental Health	Two pages of this chapter (p. 297 and 298) that discusses culture and briefly religion.	OTs need to explore the sociocultural and religious aspects of life skills related to participation. The categorisation of religious observance as an instrumental activity of daily living by AOTA (2008) is highlighted. Returning to the community could involve church or faith groups.	Sensitivity must be shown in situations involving cultural and religious plurality. OTs need to be aware of their own beliefs and behaviours and how these may impact on their understanding of others from a different background

Author, year of publication, country	Publication	Characteristics of intervention/activity	findings /recommendations	Implications for occupational therapy practice, further study
Nazzal 2008 USA	Unpublished PhD dissertation 'The Ritual of Prayer: a Spiritual Occupation' Texas Women's University 2008	This work explores the meaning , value and occupational performance of prayer with able-bodied adults and adults with a physical disability. An ethnographic qualitative methodology was adopted using semi-structured interviews and participant observation. 9 able-bodied participants (3 each from Catholic, Jewish and Muslim traditions) 7 adult participants with a physical disability, (2 Catholic, 3 Jewish and 2 Muslim).	The prayer ritual is an important universal and culturally-relevant activity of daily living for a significant number of the population. OTs should use prayer ritual in treatment planning where it is identified by the client as a meaningful occupation. Continuity of engagement particularly for those with a disability can influence health and well-being.	Domains of interest to OTs are embedded in the prayer ritual, including motor skills, process skills, communication skills, and the temporal, spiritual, and social aspects of community participation. Future studies investigating perspectives of people from other faiths and traditions are needed.
Pain 2005 UK	Letter to the editor of BJOT re Johnson and Mayer's article ' Spirituality a review of how OTs acknowledge, assess and meet spiritual needs' 2005	Comment on the article	Difficulty differentiating terminology and concepts which are complex. Difficulty expressing an 'internal experience' when religious terminology may not be used. The need for practitioners to explore their own spiritual nature before they can effectively assess a clients' spiritual/religious needs.	Spiritual needs should be considered in occupational therapy assessments. Addressing religious needs could have a positive impact on rehabilitation.
Radomski and Roberts 2014	Chapter 3 Assessing context : assessing patient's coping, spiritual beliefs and meaning systems pp 60-61 in Radomski and Trombly-Latham (eds) (2014) Occupational Therapy for Physical Dysfunction	Advice is given about assessing patients coping, spiritual beliefs, and meaning systems.	The importance of therapeutic rapport is emphasised along with the need for the OT to be aware of their own coping strategies and beliefs. This area is very personal and potentially sensitive and progress is dictated by the therapists and patients comfort level to explore the subject. Patients may develop an explanatory model for their illness/disability that involves their belief system –and this needs to be acknowledged. Various forms of questions (including the FICA spiritual assessment tool) are proposed.	Without rapport and trust patients may perceive questions about their beliefs as intrusive or offensive.

Author, year of publication, country	Publication	Characteristics of intervention/activity	findings /recommendations	Implications for occupational therapy practice, further study
Rosenfeld 2000 USA	Spiritual Agent Modalities for Occupational Therapy Practice in OT Practice (AOTA) January 2000.	Discussion on prayer as a spiritual modality for occupational therapy practice. Authors opinion. Prayer crafting is proposed as part of individual and group occupational therapy intervention. Steps for prayer crafting are outlined together with three case studies.	Prayer crafting affects volition, habituation, performance and the environment, with an internal locus of control and can be related to MOHO. Caution: external locus of control can be adopted which will impact on rehabilitation. Some MH conditions can include religious delusions which may contraindicate the use of prayer. Prayer can be a form of goal setting and planning.	Occupational Therapy literature should define function and dysfunction in the spiritual domain and develop evaluation tools. Prayer crafting should be explored, revised and studied to ensure its most effective application in practice.
Rosenfeld 2001a USA	Exploring a spiritual context of Care in OT Practice (AOTA) June 2001	Authors opinion about spiritual aspects of OT practice.	Facilitating access to a Chaplin or clergy can be effective action. OTs should be aware of their own spiritual values and be knowledgeable about the patients' spiritual tradition. General questions should be used to take a spiritual history for every patient. Members of western religions believe that God takes a central, determining role in human events and for OTs this includes occupational choices.	Critical of existing spiritual assessment tools as being focussed on western traditions and lacking in psychometric rigor. There is a focus in the literature on defining spirituality via meaning making but this is entirely secular and provides an incomplete conceptual foundation for practice. A broad based approach to spirituality in occupational therapy must address clients' religious and secular views.
Rosenfeld 2001b USA	Spirituality, motivation and performance in OT Now (CAOT) Nov/Dec 2001	Opinion about incorporating spirituality into OT practice. Many questions are proposed about incorporating spirituality into practice but among these is: what does spiritual intervention involve? Pastoral visiting is explored through 3 descriptive case studies followed by discussion.	Discussions with patients experiencing spiritual crisis are recounted. Illness can precipitate occupational disruption including spiritual crisis and crises of meaning and hope. It is important to understand and address a patients spiritual issues. OTs should work with chaplains as MDT members. OTs should ask their clients about their religious needs. There is no place for proselytising in a therapeutic context.	Spiritual beliefs and practices are salient elements of the patients' life story. The OT does not need to share the patients [religious] tradition. OTs can support clients spiritually as well as physically and emotionally during rehab.

Author, year of publication, country	Publication	Characteristics of intervention/activity	findings /recommendations	Implications for occupational therapy practice, further study
Schulz 2011	Chapter 54 Spiritual Occupation in Brown, Stoffel and Munoz (eds) (2011) Occupational Therapy in mental health: a vision for participation	One aspect of spirituality is discussed as being connectedness to a higher power. Religious observances are meaningful occupations for many but not all. Some religious actions are described but only as a minute portion of infinite possible spiritual occupations within mental health practice.	The use of narratives or story telling may involve sacred texts. Religious rituals and traditions may be significant across the lifecourse and offer a community perspective to milestones in life, i.e. welcoming a child, coming of age, marriage and burial. A model of spirituality is discussed which includes a vertical element related to a connectedness to a greater power, values and beliefs. Unconditional positive regard for the clients religious needs is required as part of the therapeutic use of self. The OT needs a clear understanding of the religious occupations/ rituals that hold meaning for the client.	An OT can work with a person with mental illness to promote a positive state of spirituality through engagement in chosen spiritual occupations.
Thompson <i>et al.</i> , 2016 USA	Poster presented at the 2016 Annual AOTA Conference in Chicago	This poster summarises research later published in 2018. See academic literature list above.		
Wilson 2013	Pp 213-214 section on Religion and Spirituality in Atwal and McIntyre (2013) Occupational Therapy and Older People.	Discussion on religion as part of spirituality	Practical intervention discussed, i.e. access to place of worship, advice regarding loop system or large print religious texts/song sheets.	OTs should be mindful that spiritual leaders will visit people at home or in a care home to address religious needs. OTs may become involved in running groups to meet spiritual needs.

4.7 Narrative summary of findings

Of the 28 texts included, the overwhelming majority originated in the USA or Canada, with only four from the UK. In addition, 16 clearly dealt solely with Judeo/Christian traditions. Conceptual understandings were entwined with accounts of practice (intervention) and so there is overlap between data relating to both the first and the second question posed in the review (see section 4.5). However, three areas of literature informed an understanding of religious practice as an occupational need. Firstly a general overview was given by some authors (e.g. Farrar, 2001; Johnson and Mayers, 2005; Rosenfeld 2001a; Thompson *et al.*, 2016:2018) and advice for novice practitioners is included in a small number of text books (e.g. Billock, 2014; Cordingley and Pell, 2014; Wilson, 2013). A second area was literature involving specific faith groups or cultural groups. Thirdly, an understanding of specific religious activities was addressed by a further group of studies. I will discuss these three groups of literature before moving on to consider the second question concerning assessment and outcome measures.

4.7.1 Literature offering an overview of religious practice

A number of the papers offered an overview of religious practice. Farrar (2001) conducted a large survey of US and Canadian occupational therapists regarding spirituality and religious life within practice (as already commented on in section 4.2). This paper would have been excluded (as many of the surveys seeking therapists opinions were), but a section of the survey asked what interventions and activities were being used, and so was applicable for inclusion, in respect of answering question two (section 4.5). The occupational therapist respondents detailed activity

that Farrar categorised as either extrinsic or intrinsic activity. The reported extrinsic religious activities included functional ability to participate in worship, bible study groups, prayer groups, religious holidays, referrals to clergy, and church accessibility issues. She defined developing positive coping skills, encouraging hope, faith and prayer, as intrinsic activities. Compared to other surveys the numbers here were a little bigger, however only 43% (n=68) of the 158 respondents reported addressing religious needs and of these only 75% (n=51) detailed the religious activities they used or encouraged within their practice. These definitions and lists of activities are helpful in focusing on religious activity, however they are both explicitly and implicitly Judaeo-Christian in their orientation, with no attempt to be inclusive of a broader faith view. Farrar's conclusions emphasised the spiritual rather than the religious, however she did advise that occupational therapists needed to develop strategies for addressing religious life effectively.

Johnson and Mayers (2005), in their literature review of how occupational therapists acknowledge, assess and meet spiritual needs, found that problems persisted with the definition of terms used, however, they cautioned that removing the religious element of the definitions used would only alienate a great many people and limit the concept of spirituality. They concluded that the humanistic, underpinning philosophy of occupational therapy leads to an implicit use of spirituality within practice, but that explicit spiritual needs (including religious needs) raised by the client cannot and should not be ignored within therapy. They also called for further exploration in order to fully understand the relationship between spirituality and occupational performance. Their work adds to the conceptual understanding of religious practice as they attempted to construct a definition of spirituality, to be used within

occupational therapy practice, which would be inclusive of a relationship with a higher being. They intended this would be acceptable to a broad and varied spectrum of understandings of the term spirituality, both secular and religious. Their definition was published as:

Spirituality can be defined as the search for meaning and purpose in life, which may or may not be related to a belief in God, or some form of higher power. For those with no conception of supernatural belief, spirituality may relate to the notion of a motivating life force, which involves an integration of the dimensions of mind, body and spirit. The personal belief or faith also shapes an individual's perspective on the world and is expressed in the way he/she lives life. Therefore, spirituality is experienced through connectedness to God/ a higher being; and/or by one's relationship with self, others or nature (Johnson and Mayers, 2005, p68).

There was some criticism of their inclusive approach with some authors feeling this definition was unhelpful (Beckford and Demerath, 2007) and that spirituality and religion should be defined separately to avoid further complexity and confusion.

Following the publication of Johnson and Mayers' work, Pain (2005) wrote to the editor of the British Journal of Occupational Therapy agreeing that the concept of spirituality was hugely complex. She added to the debate further by emphasising that practitioners needed to explore their own spiritual and religious nature before they could explore these with clients. This point is a feature of a number of the textbook chapters included in this review. Billock (2014), in a book chapter on personal beliefs values and spirituality, advised readers that they may feel uncomfortable about discussing religious occupations but that these can be an important aspect of the client's daily life. Religious practices were listed as both communal and individual practices including prayer, meditation, reading theological books and attending services. Billock advocated further study about religious rituals and traditions to improve 'religious competence' (p.230) although this term was not

defined. Cordingley and Pell (2014) in a small section on 'culture and religion', within a chapter entitled 'Life skills', pointed the reader to the American Occupational Therapy Association (AOTA) categorisation of religious observance as an instrumental activity of daily living and suggested that sensitivity is needed in situations involving religious plurality. They also agreed that occupational therapists should be aware of their own beliefs and behaviours and how these may impact on the understanding of others. Wilson (2013), in another small section of a book chapter discussed practical interventions, such as advice on the access to a place of worship, and aids to access participation, such as a loop system or large print texts/song sheets. This positions the occupational therapy role as one of environmental adaptation. She also said that occupational therapists should be mindful that spiritual leaders will visit people of all faiths to address religious needs, which implied that the occupational therapy role should defer to the chaplain or religious leader. Rosenfeld (2001a) agreed that facilitating access to a chaplain could be an effective action, he also asserted that one should be aware of one's own values and beliefs, however he was critical of the secular view of spirituality and cautioned that this provided an incomplete conceptual foundation for practice. He stated that a humanistic perspective, in which occupation is determined by cultural contexts, a position that he described as at the core of occupational therapy, was problematic, as it contrasted with the religious perspective. While free will is supported in Christianity, Islam and Judaism, so is the concept that God takes a determining role in human events, including our occupational choices, and therefore a God-centred external locus of control should be considered in assessment and intervention. Thompson *et al.* (2018; 2016) conducted the most recent survey of occupational therapists, again in North America, and similar to Farrar (2001), they

explored attitudes and behaviours of AOTA members concerning religious observance as a meaningful occupation. Despite nearly 20 years between these studies, their findings were remarkably similar. Of 181 respondents, Thompson *et al.* found that less than half included religious observance in care plans. Within these responses, what they termed indirect intervention was most prevalent, i.e. performance and participation skills such as increased endurance and ability to kneel. Adapting the church environment was also included. They concluded that the majority of US occupational therapists do not include religious observance within practice. They were critical of this position, feeling that this limits the holistic scope of practice and called for further training, further research, and the development of guidelines regarding participation in religious activities and expression.

4.7.2 Religious practice in specific groups

The second way that the literature explored a conceptual understanding of religious practice, was through consideration of the needs of specific faith groups, cultural groups or in one case a clinical group. The single paper that concerned a clinical group related to spiritual freedom for people experiencing schizophrenia (Smith and Suto, 2012). Eleven co-researchers were recruited from community mental health teams in the Vancouver area. All had an existing diagnosis of schizophrenia. The term co-researcher was chosen by the authors to recognise the volunteer's expertise in their own condition and to express the validity of their contributions. A series of semi-structured interviews generated data that was analysed using an interpretive phenomenological approach. The authors suggested that five core dimensions were expressed by the co-researchers. These included religious or spiritual practices,

religious or spiritual principles or beliefs, religious or spiritual agency or choice, religious or spiritual experiences including psychosis, and religious or spiritual role taking. In discussing these core dimensions particular emphasis was given to a differentiation between practice (activities) and agency (choice and empowerment). This diagnostic group found agency particularly important and, while Smith and Suto (2012) supported this as a concept and an important principle for therapeutic intervention, they also highlighted American psychiatrist (and leading authority on spirituality and health), Koenig's (2009) view, that clinicians needed to consider religious activities as part of healthy social functioning but also recognise when religious beliefs became 'distorted, limiting and contribute to pathology' (Koenig, 2009 p.289)

This is a significant challenge for practitioners who may already feel ill-equipped to explore spiritual needs and ill-informed about religious practice from diverse traditions. Practitioners in mental health fields particularly, depending on their experience, may associate religious practice as being more concerned with delusions and psychotic episodes than the clients' spiritual reality (Smith and Suto, 2012).

Beagan and Etowa (2011) examined the spiritual occupations of African Nova Scotian Women in Canada. African-heritage peoples were a minority group on Canada's east coast however they were not a recent immigrant population, with black communities having existed there since slaves arrived in the 1600s. Fifty women took part in in-depth interviews with researchers from Dalhousie University exploring mid-life health and wellbeing. The themes of spirituality and racism arose,

although the study had not initially intended to seek these areas of discussion specifically. Religious occupations, predominantly bible reading or preparation for bible classes and prayer, repeatedly were described as concepts within the area of leisure time. Many participants also talked about formal church-based activities including volunteering, fellowship and supervising/teaching younger people. Such occupations were again seen as helping one to cope with mental or emotional health struggles. Beagan and Etowa found that Hocking's (2009) assertion that the meaning of occupations can only be understood in their social and cultural contexts was helpful in viewing these findings within a context of racism and oppression. The 50 women in this study expressed spiritual occupations that: provided connection to church, to community and to God; supported them with moral guidance and direction; and helped them to re-frame health trials and tribulations as challenges accompanied by God's blessing and the promise of a future in heaven (Beagan and Etowa, 2011, p.288). This paper provided one of the most explicit accounts of religious practice, framed as occupational performance, identified by listing specific faith-based activities. Although religious practice was not the phenomenon that the researchers set out to explore, it became central to the study when health and wellbeing in mid-life was explored with the participants within this cultural minority, with a very specific oppressive history, highlighting a relationship between wellbeing and religiosity. Beagan and Etowa also suggested further study with non-Christians was needed.

Gupta and Sullivan (2013) adopted a cultural perspective when looking at the integration of immigrant women in the US. They used a grounded theory methodology with a small sample of women (n=13). Religious observance was only

one aspect of their findings but, nevertheless, they felt it a significant issue. The women reported that a common place of worship provided social opportunities and a positive aspect of cultural transition. A lack of access to a place of worship restricted social connection and, therefore, continuity or discontinuity in access to communal worship impacted on their well-being and integration. Without access to a place of worship women prayed at home, which was seen as 'good' but missing important aspects of social connection. Although they accepted this study had a small sample, Gupta and Sullivan concluded that religious practice could contribute to occupational identity, a sense of place and social cohesion.

An ethnographic study exploring the daily occupations of orthodox Jewish couples (Frank *et al.*, 1997) provided a relatively rare non-Christian view of religious observance within the occupational science and occupational therapy literature. Sabbath rituals, studying the Torah, prayer and keeping a Kosher home, were discussed as daily occupations invested with religious/sacred meaning. In Frank *et al.*'s study, daily occupations had become completely intertwined with religious observance, and the boundaries between cultural, religious and social influences on occupation were blurred. They concluded that for some (minority) religious groups a conflict between their accepted occupations and those of the dominant culture could lead to stress. A further non-Christian focussed study explored the self-care needs of elderly Hindus. Gibbs and Barnitt (1999) used semi-structured interviews with 19 Hindu elders (11 female and 8 male). They considered three self-care domains: dress, diet and bathing and toileting. Although the intention here was to look at self-care from a cultural perspective to contribute to practitioners' cultural competence, it became apparent that, similar to Frank *et al.*'s study with orthodox Jewish people,

religious observance was entwined with self-care occupations for these Hindu participants (Gibbs and Barnitt, 1999). The donning of sacred jewellery and markings, such as a bindi (a coloured dot worn on the centre of the forehead), were integral to dressing as an occupation. A vegetarian diet was linked with periods of religious fasting, and washing after using the toilet and before prayer was seen as religious observance and not necessarily a self-care activity.

4.7.3 Specific religious occupations

A number of specific religious occupations were identified among the papers included in this scoping review.

Prayer
Pilgrimage
Observing religious holidays
Observing Sabbath ritual
Church supper/social gathering
Pastoral visiting

‘Exploring Prayer as a spiritual modality’, published in 2008, used the example of prayer to explore the use of modalities termed ‘spiritual’ within occupational therapy practice (Farah and McColl, 2008). Although spirituality in general was discussed, specific worship practice was the focus of the paper hence it was included in the review. The authors asked if there were some occupations that therapists should not be prepared to either use therapeutically or assist clients with.

Is prayer a legitimate tool to achieve desired occupational therapy outcomes... And is prayer an occupation that we are prepared to help clients resume? (Farah and McColl, 2008, p.6).

In this context prayer was defined as ‘the simple act of turning our mind and our heart to the sacred’ (p.6) and it was recognised that it was an activity found within

most major world religions, i.e. Christianity, Judaism, Islam, Buddhism, Sikhism and Hinduism. Farah and McColl concluded that prayer was an appropriate occupational therapy intervention, provided it was the patient's meaningful choice. The paper did not report on empirical research, but did offer a literature review on the use of prayer in healthcare practice, mainly using literature from nursing, psychology and palliative care. The scoping review method supports the inclusion of all types of literature and is not limited to empirical research and therefore a literature review can be included. Farah and McColl's paper met the inclusion criteria as, in addition to their discussion, they offered potential advantages and disadvantages related to the use of prayer, and some guidance for occupational therapists who wanted to use prayer within practice. Advantages in engagement in this religious occupation were seen to be: meeting the religious needs of the client; allowing a religious therapist to be 'authentic'; strengthening the therapeutic relationship; and potentially aiding healing. Farah and McColl suggested some more negative issues as possibly prayer being interpreted as coercion, jeopardising the therapeutic relationship, potential for role confusion, a lack of training and a lack of support from employers. These latter more negative conclusions were echoed in many of the articles I screened for this scoping review with authors advising caution and a more negative stance (Christiansen, 2008; Radomski and Roberts, 2014; Wilson, 2013) being suggested when dealing with any religious practice, prayer or otherwise. While Farah and McColl's paper was a relevant contribution to a consideration of religious practice as an occupation, there are additional issues when considering this work, which as Smith (2008) stated 'is a courageous move toward the practical application of spirituality for occupational therapy' (p.16). Firstly, it was written from a Canadian perspective where some health provision is structured and funded around, and within, faith communities, e.g.

community nursing as part of church ministry. This is not a model that is necessarily replicated internationally and therefore the guidance offered may not be applicable outside of Canada. Secondly, there was a predominantly Judeo/Christian view of prayer, either expressed explicitly, or implicitly, with little discussion about the wider needs/perspectives of other faith traditions. Farah and McColl suggested that incorporating interventions, such as prayer, into practice would move spirituality from its position as 'underground practice' into the mainstream. However, since the publication of this paper in 2008, while I would argue that spirituality has seen an increase in its consideration within occupational therapy practice, prayer as an occupation has not.

This discussion concerning prayer prompted a number of published responses. Among these Peloquin (2008) reflected on her own personal experience of being asked if she wanted to pray while in hospital following surgery. Her commentary on Farah and McColl's paper, includes a reflection on the type of occupations related to religious beliefs that occupational therapists may be asked to help with. Peloquin speculated that these tasks/occasions may include:

'A woman wants to prepare kosher foods
An elder needs a way to turn the pages of his Bible
A teen hopes to complete his Bar Mitzvah
A young mother wants to participate in her child's Baptism
A child is eager to take Communion with his friends
A woman needs help in fingering [sic] her rosary beads
A priest hopes to resume his daily mass
A child wants to light a votive candle
A man needs to prostrate himself on a prayer mat' (Peloquin, 2008, pp.15-16)

Peloquin suggested these, and others, were occupational needs that invited the collaborative input and problem-solving skills of occupational therapists. Along with Smith (2008) she applauded Farah and McColl for tackling this sensitive subject and

attempting to move toward a practical application of spirituality. Both Peloquin (2008) and Smith (2008) agreed that prayer, as an activity, was appropriate if it was the client's choice to include this as part of their expression of spirituality.

Christiansen (2008) also offered a commentary on Farah and McColl's work; he too applauded them for tackling a difficult and complex topic. He felt it was imperative to consider the difference between praying 'with' the client, and 'enabling' the client to pray, and he joined with others in advocating more dialogue, research and policy development in relation to the use of religious occupations within occupational therapy practice.

The grey literature search identified a PhD thesis by Nazzal (2008), titled 'The Ritual of Prayer; a spiritual occupation'. This was an ethnographic study exploring the experience of prayer from both an able-bodied person and a disabled person's perspective involving people from Catholic, Jewish and Muslim traditions. The author studied nine able-bodied participants (three from each tradition) and seven participants with physical disabilities (two Catholic, three Jewish and two Muslim). Nazzal argued that prayer was an important, universal and culturally relevant activity of daily living for a significant section of the population, but he also suggested that future studies should include people from other faiths and traditions. In addition, he suggested that aspects of occupational performance familiar to occupational therapists were embedded in prayer, including motor skills, process skills, and the temporal, spiritual and social aspects of participation. Nazzal's work has the potential to contribute to the discussion about religious 'doing', in particular the occupation of prayer, however no publications were found based on this study and so although it was completed in the same year as Farah and McColl's work, it did not

contribute to the discussion. Nazzal completed his research in the US, however he was based in Jordan, and so it is possible that publication did occur but not in the English language (see section 4.9). I have attempted to contact the author to check this out but, without success.

Also, in the grey literature, Rosenfeld (2000) offered opinion and made suggestions for how prayer and prayer crafting may be used in occupational therapy practice based on his own practice experience. Prayer crafting is a process of reflection and writing of individual prayers most commonly intercessory in nature. Three case studies were offered, and prayer was positioned within a MOHO framework (Taylor, 2016), considering how prayer may affect volition, habituation, and performance. He felt practitioners should not be hesitant to include spiritual rituals and prayer within intervention, however there was no discussion here about the ethical, institutional or political challenges that may accompany the introduction of prayer crafting as an intervention. Rosenfeld's own practice in North America, within a 'faith' funded healthcare institution, would not seem to offer the same challenges that were expressed elsewhere (Johnson and Mayers, 2005; Taylor *et al.*, 2000; Thompson *et al.*, 2018).

Moving away from prayer, a further religious occupation included in the review was pilgrimage. This was the subject of Courtney's literature review published in 2013. Pilgrimage was defined as 'a journey of great personal significance' (p.170) but additionally as a form of sacred travel (Courtney, 2013). Although Courtney made it clear from the outset that pilgrimage was not necessarily an occupation of overtly religious people, religious pilgrimage does contribute to the review, and for the

purposes of this discussion can clearly be considered as 'religious practice' (see section 2.2). Again, this was a literature review that reported on mainly small size qualitative studies exploring the experience of people who have undertaken a pilgrimage journey. Courtney concluded that there was limited evidence linking pilgrimage to improved health and well-being and specific studies of events such as the Hajj (Muslim pilgrimage to Mecca, which takes place in the last month of the year and which all Muslims are expected to make at least once during their lifetime if they can afford to do so) do highlight public health issues which cannot be ignored, such as congestion and crush injuries, heat stroke, an increase in communicable disease and inadequate facilities for personal and food hygiene (Ahmed *et al.*, 2006). Courtney cited an increase in participation globally and suggested further research is needed into both the diverse range of behaviours and the complex occupation of pilgrimage.

Luboshitzky and Gaber (2001) focussed on a broad occupation, that of celebrating holidays. This included cultural and politically determined holidays but also religious holidays or Holy days such as Christmas day, Good Friday, Easter Sunday, Ramadan, Eid, Rosh Hashanah, Ganesh Chaturthi, Diwali, Sangha Day, and Hanukah. This opinion piece suggested that celebrating religious holidays could be a meaningful occupation for both individuals and communities. Globally, the use of costume and ritual in relation to celebrating a holy day is a visible affirmation of faith that may hold deep personal significance (Luboshitzky and Gaber, 2001). They suggested that the celebration of a religious holiday was a form of religious expression that was applicable to the occupational therapy setting, because it had the potential to express community affiliations and provided a focus point for many

themed activities which could be utilised therapeutically. Anecdotally this is supported by my own experience, where the use of Christmas trees, the making of decorations and Christmas cards and to a lesser extent the re-birth symbols of Easter e.g. chicks and eggs, are all very visible within occupational therapy settings, particularly within long-stay and residential areas of practice in the UK (Bryant 2011).

Further consideration of religious ritual as an occupation was explored in Smith-Gabai and Ludwig's work on the Jewish Sabbath (2011). This occupational science research offered an in-depth description detailing the features of Jewish ritual, including prayer, meals/food, attendance at the synagogue and the need for 'rest' (defined as a day without work). The authors cite Farrar (2001) and Markson and Fiese (2000) in stating that there is some evidence that people who engaged in religious ritual of their own choosing tend to experience greater wellbeing and less anxiety. It should, however, be noted that neither of these papers include large scale studies. In discussing the Sabbath, they suggested occupational balance was possibly being promoted by having a day without productivity (work), and 'the constant barrage of competing stimuli in everyday life' (p.352), although the authors point out that this may be seen as laziness and counter to the American work ethic. This is an example where cultural norms and religious practice can become entwined and at times may present conflict (see section 2.6).

The definition of religious practice adopted throughout the facets includes activity related to the social component of faith practice (see section 2.2). This aspect of the definition was explored in a further occupational science study in which Crepeau (2015) analysed a church supper. This was an ethnographic study exploring the co-

occupation of preparing and serving 'church suppers' for a community in New England, USA. Crepeau observed six suppers over a period of nine months. This work links food orientated occupations i.e. purchasing ingredients, preparing, cooking and serving a meal, with church related activity, and the author's focus was on the transactional nature of co-occupations observed within a group of volunteers preparing and serving the dinner. Crepeau (2015) concluded that the contextual nature of this co-occupation included an embeddedness in the church and community and, as such, was an expression of religious practice.

The final occupation included in the review was pastoral visiting. Rosenfeld (2001b), a US based occupational therapist, offered a narrative account (in the grey literature from Canada) related to his personal work as a pastoral visitor. Pastoral visiting can be defined as emotional and spiritual support that can be religious or non-religious in nature (Pastoral Care UK, 2016). Rosenfeld explored the issues in incorporating spirituality into occupational therapy practice, using examples of spiritual crisis (e.g. difficulty praying or finding hope in difficult circumstances) he encountered as a pastoral visitor. Initially the language in this article is predominantly spiritual and not religious, however, Rosenfeld went on to recount three instances where people from the Jewish faith encountered occupational disruptions related to injury and illness. As a pastoral visitor, also of the Jewish faith, he was able to share prayer and songs, and offer religious encouragement to aid coping and crisis resolution. He observed that people in crisis may lack the hope, motivation and energy required for occupational therapy and suggested that pastoral visiting (and counselling) could help to change attitudes and behaviour. He advocated that occupational therapists should be curious, compassionate, and creative, and use relevant ideas, symbols

and activities to aid people's spiritual journeys. Being interested in, and open to, the clients' beliefs was vital, however, he cautioned that 'there is no place for proselytizing in a therapeutic context' (Rosenfeld, 2001b, p.8) and that occupational therapists should be mindful of their own skills and be aware when a client's issues required onward referral.

4.7.4 Assessment and outcome measurement

Religious practice, in terms of an overview of intervention issues, occupations relating to specific groups and specific religious occupations that may be relevant intervention considerations, has been explored above. This scoping review also considered what assessments and outcome measures occupational therapists use concerning their patients'/clients' participation in religious practice. While occupations have been considered above, as illustrations of occupational therapists' understanding of religious practice, a consideration of assessment and outcome measurement is needed here to position religious practice within the clinical context. The therapeutic use of occupation is framed within the occupational therapy process, which requires person-centred assessment of occupational need and an evaluation of progress measured against the goals or objectives set (Pentland *et al.*, 2018).

Hemphill (2015) offered a commentary on available spiritual assessment tools. She stated that occupational therapists needed to recognise whether their patients relate to spirituality through traditional religious means or other spiritual practices. Hemphill was critical of many clinical assessments of spirituality for their narrow and limited use of language and the assumption that patients are Christian, as the majority of assessments available are based on Christian ideology (e.g. FICA, SPIRITual

History, FAITH, HOPE) (Lucchetti *et al.*, 2013). She felt that spiritual assessment should include religious traditions and values, and suggested eight dimensions that could be incorporated, based on work undertaken previously in counselling and psychotherapy (Richards and Bergin, 1997). She reviewed a number of existing tools including simple three and four question based strategies (Koenig, 2004), the FICA (Faith and beliefs, Importance, Community and Address) (Puchalski and Romer, 2000) and the HOPE (sources of Hope, Organised religion, Personal practices, medical and End-of-life decisions) (Anandarajah and Hight, 2001). The use of a spiritual assessment was explored by the use of a case study of an occupational therapist and a Buddhist patient and the use of the HOPE questionnaire. This is an interesting application of the HOPE tool which Lucchetti *et al.* (2013) considered to be exclusively created by, and used in, Western societies. They found no spiritual assessment tools that could be effectively used with people from Asian religious backgrounds. Hemphill (2015) accepted that there were frequently ethical concerns for occupational therapists in relation to concerns one might be imposing one's own religious beliefs on the patient, and/or the need to address a spiritual crisis the patient may be experiencing (p.11). She felt that to avoid these the therapist should assess their own spirituality and reflect on where they are on their own spiritual journey. A reflective and honest completion of one's own spiritual assessment on an annual basis was advocated.

Hemphill (2015) proposed a set of guidelines, termed universal ethics that included: being human; being honest, being patient, listening, being respectful, providing access to resources, being caring, asking questions, avoiding judgements, not

proselytizing, respecting traditions and observances, and above all agreeing a spiritual care plan (Hemphill, 2015, pp.11-12).

Hemphill (2015) concluded that spiritual history assessments were integral to an occupational therapist's holistic practice as they constituted 'an aspect of diversity and should be treated with the same respect as any other personal issue' (p.12).

Bremault-Phillips *et al.* (2015) trialled the use of the FICA assessment tool with a group of nine healthcare practitioners, one of whom was an occupational therapist. They were trained in the use of the tool before using it with patients across three treatment units (geriatric, palliative care and hospice). This work was carried out in units that had faith-based values and mission statements and staff felt that the use of the tools enabled them to be better aligned with these values in their practice. They also reported feeling more confident in discussing spirituality when using the FICA. Challenges included putting interventions in place once a spiritual need was identified, post-discharge continuity problems, and a lack of understanding from other members of the MDT who had not had the training and were not using the FICA. Bremault-Phillips *et al.* concluded that organisational support was needed when such an intentional spiritual component of care was introduced, however routine spiritual history taking may be beneficial for person-centred care. They advised that a more extensive study in both faith-based and non-faith-based institutions was needed.

In 2005, Johnson and Mayers commented that they could find no tools within occupational therapy literature that were specifically designed to assess spiritual

needs, and so the work done by Hemphill (2015) and Bremault-Phillips (2015) (both ten years later) appear to have been important in filling this gap. Rosenfeld (2001a) had commented on a range of tools for assessing spiritual and religious needs in his article in OT Practice some years earlier. The tools cited came from a range of disciplines including psychotherapy, counselling, and psychology, rather than occupational therapy. As a practice periodical this is grey literature and may not have been considered by Johnson and Mayers in their 2005 review of spiritual assessment tools. In addition, Rosenfeld was quite negative about the use of these assessment instruments. He agreed with Hemphill that they emphasised Western religious concepts and had limited use with people who hold Eastern religious beliefs or those that have secular or humanistic views of spirituality. He also suggested that work done in psychology and palliative care found most of the assessments needed further psychometric development (although he offered little support for this assertion). He concluded with his opinion that occupational therapists would be wise to simply use questions about spiritual or religious needs as part of their general initial assessment.

In their work with people with schizophrenia, Smith and Suto (2012) advocated the use of a HOPE approach. They suggested the use of an initial question, such as; *What are your sources of hope?* as a helpful way to begin a discussion about spiritual needs. They also acknowledged the person's own coping resources were important for promoting a person-centred approach and maintaining a client's sense of agency and that coping resources may include religious coping (Pargament, 1997), which should not be overlooked. Pargament defines religious coping as 'how particular people use religion concretely in specific life situations and contexts' and 'a

search for significance in times of stress' (Pargament and Ano, 2004, p.119).

Pargament's theory of religious coping is prominent in the field of the psychology of religion (Xu, 2016). Religious coping is not simply acting as a defence mechanism, religion is actively and dynamically involved in every stage of the coping process, helping people find, maintain and transform significance; as a dynamic process, religious coping changes with temporal, contextual and circumstantial situations (Pargament, 1997).

In a chapter on spiritual occupation in 'Occupational Therapy in Mental health : a vision for participation' (2011), Schulz discussed one aspect of spirituality as being a sense of connectedness to a higher power, and that listening to patients' narratives/stories to aid assessment, was helpful in understanding the patients' perspective on spiritual occupations. In a textbook published in 2014 'Occupational Therapy for Physical Dysfunction', Radomski and Roberts (2014) authored a chapter on assessment, and allocated a section to assessing patients' coping, spiritual beliefs and meaning systems (pp.60-61). Similarly, to Hemphill (2015) they suggested various forms of question to address spiritual issues in assessment including the FICA approach. They emphasised that rapport and trust were essential between the occupational therapist and the patient and, without this, questions about beliefs may appear intrusive or offensive. Again, they re-iterated that this was a highly personal and sensitive area, and progress was dictated by both the therapists and patient's level of comfort.

Since completing the literature search I have also become aware of a religious task which now appears in the list for an Assessment of Motor and Process Skills (AMPS)

(Fisher, 2006) (an illustration can be found at <https://www.innovativeotsolutions.com/tools/amps/>) and therefore is relevant for inclusion here. . AMPS is a standardised observation-based assessment of performance of common personal and domestic activities of daily living (ADL) (Fioravanti et al., 2012). The person being assessed chooses at least two ADL tasks, from a list validated for use with the AMPS, that the person identifies as presenting a challenge in their everyday life. The AMPS list of activities is regularly updated and added to and has currently grown to include more than 140 ADL and IADL tasks in varying degrees of difficulty. Item no P18. is listed as '*Washing in preparation for prayer (perform "wudu")*', where wudu is the ritual washing performed by Muslims before prayer. I can find no information about how often this particular task is selected for inclusion in the assessment or how long it has been on the list of possible tasks for selection for use with the AMPS. There are currently no other religious tasks on the AMPS list, but this does represent a religious activity that is acknowledged as potentially important in everyday life, and now included within a recognised standardised occupational therapy assessment tool.

4.8 Limitations

While the scoping review methodology has enabled me to provide a comprehensive examination of the literature, there are inevitably some limitations. Resources have not been available to allow translation of any literature not in the English language. This is a common limitation in all types of literature review (Morrison *et al.*, 2012), however, I feel here it is particularly significant as it may have prevented the inclusion of 'Eastern' and more global religious traditions. I have commented several times about the predominance of Judeo/Christian perspectives (see sections 4.8,

4.8.3) however this finding may have been different if a broad range of languages were included but I do not have a sense of how much literature has been lost due to language.

No specific publication date was stated within the inclusion criteria as a 'starting point', as I wanted to ensure that works that have contributed to an understanding of religious practice, as an occupation, over time, would be identified. Through eligibility screening the 28 papers identified for inclusion were published between 1997 and 2018; a 21 year period. While not strictly a limitation of the study, I recognise that cultural diversity and religious pluralism has changed over this period and is continuing to do so. Papers published earlier on during this period were created within potentially different political, institutional and cultural contexts and this may also have impacted on the findings. There has been an increase in global religious radicalisation (Pew Research Center, 2012) and perceptions regarding the association between religion and terrorist acts and or the movement of economic migrants (Kimanen and Poulter, 2018) has changed considerably over this 21 year period. In addition, in the UK, the Equality Act (2010) represented a major revision of legislation relating to all aspects of discrimination including discrimination on the grounds of religion, which again has again caused a change in the political and cultural climate.

There are a number of studies that explore the opinions of occupational therapists regarding the inclusion, or not, of spiritual and/or religious occupations within therapy. These were excluded, as the focus here was to explore the conceptual understandings of religious practice as an occupational need, and not to debate the

place of spirituality within practice. This did lead to some difficult decisions when papers included both the opinions of occupational therapists regarding the place of spirituality in their practice and information about how spiritual or religious needs were addressed. Where there was clear information about how religious practice needs were being incorporated into practice or clear advice to occupational therapists about how this might be done, these papers were included. The use of the adopted definition of religious practice (see section 2.2) proved invaluable in aiding these difficult decisions. By emphasising '*activity linked to beliefs, traditions, ritual and ceremony*' it was possible to exclude papers related to studies that looked at opinions and did not have a clear emphasis on activity or occupation in a lived and experienced sense (e.g. Hoyland and Mayers, 2005; Egan and Swedersky, 2003). This added to the trustworthiness of the research by ensuring that only articles which met the occupational definition of religious practice were included.

Again, in line with the scoping review methodology, all types of literature were sought. Opinion and commentary were found in both the peer reviewed journals and the grey literature and a further difficult decision related to how to present these. I did consider placing all the 'opinion' into the grey literature list, however, on reflection, I kept opinion that was published in peer reviewed journals in that section of the literature review, as it was likely to be perceived as having a slightly higher status than opinion in practice periodicals. Also a quality appraisal is not included in the scoping review process, where the aim is to 'see what's out there'. This does not however preclude comment on the quality of the literature, and some critique has been included.

4.9 Discussion

The literature identified supports the concept that spirituality and, specifically, religious practice is a complex and challenging area of practice for occupational therapists. Despite exclusion of literature and/or studies that dealt predominantly with the opinion of occupational therapists regarding the place of spirituality within practice, because the focus here was on religious 'doing', many authors continued to advise caution and advocated further research, additional training, and the development of policy and practice guidelines, relating to the place of religious practice within occupational therapy. Detailed searching suggests the AOTA Occupational Therapy Practice Framework: Domain and Process (AOTA, 2014) stands alone, as the only occupational therapy guidelines that explicitly include religious practice. The majority of the literature included in the scoping review pre-dates the publication of the AOTA framework. However, of those that were published after 2014 ($n=5$), only the work by Thompson *et al.* (poster 2016; paper 2018) made specific reference to these guidelines. Furthermore, despite Thompson *et al.*'s work being in the US, where these guidelines have been issued by the US professional body for occupational therapy, they observed that the majority of US occupational therapists did not consider or use religious observance within practice. This view is based, however, on a sample of less than 200 of a potential 60,000 US occupational therapists (AOTA, no date) and therefore may not be representative of the wider professional community. The AOTA guidelines defining religious and spiritual practice are summarised in table 4.3.

Table 4.3 AOTA IADL categorisation of religious practice	
Category	Description
Religious and spiritual activities and expression	Participating in <i>religion</i> “an organised system of beliefs, practices, rituals and symbols designed to facilitate closeness to the sacred or transcendent” (Moreira-Almeida and Koenig, 2006, p.844), and engaging in activities that allow a sense of connectedness to something larger than oneself or that are especially meaningful, such as taking time out to play with a child, engaging in activities in nature, and helping others in need (Spencer, Davidson and White, 1997)

The AOTA framework suggests that participating in religion is considered by occupational therapists as an instrumental activity of daily living [defined as ‘activities to support daily life within the home and community that often require more complex interactions than those used in activities of daily living (ADLs)’ (AOTA, 2014, p.S19)]. This categorisation may be helpful in positioning religious practice clearly within the scope of practice, as it explicitly considers participation in religion as a potential area of occupational disruption, but it is unclear if practitioners are embedding this in their practice, as yet. There is consensus in the existing literature that religious practice is valued by some clients and constitutes a meaningful occupation and can contribute to occupational identity.

The literature does not, however, clarify the role of the occupational therapist in engaging with religious occupations as part of his/her practice. There appears a continuum of perceptions regarding the occupational therapy role from a position that embraces religious practice and advocates developing interventions such as prayer crafting (Rosenfeld, 2000), through to more cautious positions where authors feel more training is needed (Farrar, 2001), through to those who feel religious activity, within intervention, is not part of the occupational therapy role and should always be

the subject of onward referral to the chaplain or religious leader (Wilson, 2013). These positions are based in part on several factors including the occupational therapist's own spirituality (Cordingley and Pell, 2014; Peloquin, 2008; Hemphill, 2015), their confidence in tackling this area of activity (Thompson *et al.*, 2018) and the institutional or political context that practice occurs within (Farrar, 2001; Peloquin, 2008; Hemphill, 2015; Thompson and Gee, 2018). As stated previously (see sections 4.8, 4.8.3. 4.3.4) it is clear that our published understandings of religious practice are based on predominantly North American literature. This means that a proportion of studies and opinions are based in 'faith' funded institutions (American Bar Association, 2017), where the expression of religion is not only permitted but actively sought by both patients and staff. Tensions between 'secular' and 'religious' expression are seen in other parts of the US and across the world, potentially contributing to the feelings of unease expressed in the literature.

A further area of agreement is the need for occupational therapists to be mindful of their own spiritual wellbeing, before seeking to address this with a client (Hemphill, 2015). This was also cited as essential to promote feelings of confidence in this area. Exactly how occupational therapists should do this is less clear although this may link to a call for more development of assessment instruments, enabling occupational therapists to also engage in self-assessment. Many occupational therapists work in an MDT environment (RCOT, 2019), and the advantage of access to a chaplain or faith leader for advice and guidance is a further theme in the literature (Smith and Suto, 2012; Wilson, 2013), although some see this as merely facilitating onward referral. Inclusion of a chaplain or faith leader in the MDT is something that occupational therapists can certainly consider and promote, and

collaboration with a 'faith' expert could contribute to interventions involving religious occupations, in the same way that collaboration with a physiotherapy colleague can facilitate interventions promoting increased mobility.

The literature suggests that occupational therapists are able to define religious occupations relatively clearly, although there is a tendency for these to be framed within a Christian ideology (Thompson and Gee, 2018), with many calls for more work to be done to explore the needs of non-Christian groups (Beagan and Etowa, 2011; Billock, 2014; Gibbs and Barnitt, 1999). The extent to which religious needs become entwined in everyday activities such as dress, meal preparation, and leisure time is perhaps an emergent theme, particularly where culture and religion are perceived to overlap (e.g. Jewish and Hindu traditions) (Frank et al., 1997; Gibbs and Barnitt, 1999, Smith-Gabai and Ludwig, 2011). There are a few examples of an occupational science approach to the examination of specific religious occupations (Luboshitzky and Gaber, 2001; Farah and McColl, 2008), and these are valuable in providing detailed description and observation of significant activities. However, there remain very many religious occupations that have not been explored within occupational science literature. A focussed description of any occupation, including religious practice occupations, can support and encourage a more confident understanding of the nuanced experience of participation. This in turn can help occupational therapists to include such occupations within their practice.

4.10 Key Issues

This scoping review sought to explore: What are the conceptual understandings of religious practice as an occupational need? and What assessments, interventions

and outcome measures do occupational therapists use concerning their patients/clients' participation in religious practice? With diverse views and findings from this focussed scope of the literature, key issues are difficult to articulate, however, I would suggest that this literature indicates:

Religious practice is a valued occupation for some and can contribute to occupational identity.

Occupational identity is shaped by all the things people do (Laliberte-Rudman, 2002; Watson, 2006; Phelan and Kinsella, 2009; Taylor and Kay, 2015) and religious practice is an occupation for many people. My own experiences, and my observations of people in the wider church community to which I belong, support the notion that our religious 'doing' shapes not only occupation directly linked to our faith practice but also associated occupations and our worldview.

There is a polarised concept about the occupational therapy role in addressing the religious needs of clients.

The literature does not present agreement on the role of occupational therapists in addressing religious 'doing' as a valued occupation. There is a broad spectrum of views expressed, and literature excluded on the basis that it surveyed views rather than reported on occupation (Bursell and Mayers, 2010; Collins and West-Frasier, 2001; Engquist *et al.*, 1997; Gray, 2015; Hoyland and Mayers, 2005; Schulz, 2004; Wilson, 2010), would also support the notion that there is broad range of understanding, together with some confusion and uncertainty about how to deal with religious practice as an occupational need.

Variable institutional, political, cultural and organisational structures can influence occupational therapists' concepts of their role.

As noted above, the literature that does report on religious practice occupations predominantly originates from the US and Canada. The situation here regarding faith-based health and social care is very different to the situation in the UK and Europe. On occasions, staff are expected to engage in occupations such as prayer with their patients (Koenig, 2012; Nazzari 2008; Rosenfeld, 2000) whereas in the UK hospital staff have been dismissed for praying with patients (Rudgard, 2017). The caution expressed in the literature is understandable and the way that occupational therapists engage with the religious occupations of their clients must be considered in context.

Guidance from occupational therapy professional bodies is limited.

There is call for guidance from professional bodies to address what is considered a difficult and challenging area of practice. Existing guidance on professional behaviour (COT, 2015; RCOT, 2017; HCPC, 2013), categorisation by AOTA of religious practice as an instrumental activity of daily living (AOTA, 2014) and the availability of a number of spiritual assessment tools (McSherry and Ross, 2010; Hemphill, 2015) does not appear to have helped occupational therapists who still seek further guidance (Thompson and Gee, 2018).

A predominance of Christian ideology influences knowledge, assessment, and intervention to date.

The incidence of non-Christian religious occupations within the literature is small and a number of authors call for more consideration of non-Christian traditions among the general need for more research in the area of religious practice overall. With ever increasing cultural and religious diversity (Pew Research Center, 2015) there is a urgent need for occupational therapists to embrace cultural occupations of various types, including occupations related to different religious traditions. Assessment tools that exist focus on a Western, arguably Judeo/Christian view of the world and struggle to address more Eastern perspectives (Iwama, 2003).

4.11 Conclusions and recommendations

This scoping review undertook a comprehensive examination of the available evidence in both occupational science and occupational therapy literature concerning participation in religious occupations. Grey literature and textbooks contributed to the academic material to give an overall picture. While religious occupation and religious need is recognised by occupational therapists, their role in addressing these continues to be debated. On the basis of this review, it is clear that further research is needed to explore religious occupations from an occupational science perspective. This will help inform occupational therapy practice and begin to move the debate away from ‘how should we think about religious practice as part of spirituality’, to a position where occupational therapists can feel more confident to include religious occupations within intervention, when appropriate to do so.

Research regarding the nature of religious practice, as an occupation, across a number of faith traditions is the subject of the next facet, which is intended to

contribute to the limited knowledge base in existing literature, and in particular address the 'gap' in UK based studies.

This facet has addressed the first stated aim of my thesis, to review contemporary understandings of religious practice within occupational science and occupational therapy. In order to explore the second aim, to explore the value and meaning of religious practice for individuals, I will now move on to facet two which reports on a photovoice study with participants from across a range of faith traditions.

4.12 Reflections on my research journey

A structured and systematic review of the occupational science and occupational therapy literature relating to religious practice was in many ways a 'comfortable place' to start in terms of the overall thesis. What is currently understood about a subject is an accepted place from which to launch any new inquiry. However, my reflections on my own experiences as a Christian constantly crept into my notes and I found it increasingly difficult not to write about my own personal reflections about the literature. While a reflexive approach to research is generally considered positive, the JBI reviewers manual and reporting guidelines did not provide an opportunity to consider the researchers experience. The 'scientific' and clearly structured process is focused on extracting data and reporting findings. While cognitively I could see the value in this approach, I also felt somewhat frustrated that 'lived experience' did not feature loudly in this scoping review. This review of the literature took considerable time and I was able to overlap the work with facet two which I designed to have the 'lived experience' focus that I felt was needed. At this

time my own auto/biographical relationship to my thesis was not something I had really thought about, although now on reflection I can see how it was beginning to influence the direction of the work.

Chapter 5 Facet Two

Religious Practice: meaning and participation - a photovoice study

5.1 Introduction and outline of study

This facet aimed to shed a different shaft of light on religious practice by examining the lived experience of a group of people from different faith backgrounds. I asked participants from a range of religious faiths to take some digital photographs that represented their personal religious practice. I then interviewed each participant, asking them to talk about the photographs they had taken. The study used an adapted protocol based on the protocol (Blackman, 2007) advocated by *Photovoice* – a London based charity using the photovoice method with groups across the world (www.photovoice.org). A description and explanation concerning the use of photovoice as a method is presented, followed by a discussion concerning study design and the technique used for data analysis. Findings, grouped into six themes, are presented with the inclusion of verbatim quotes and some of the photographs taken by the participants. In line with ethical approval and photovoice principles, participants were asked to give consent for the use of their images within this thesis. Large sections of this chapter informed the report of this study in the peer reviewed journal '*Religions*' (Eyres *et al.*, 2019).

The phenomenological approach to this project (see section 3.4) supported an active participatory exploration of the subjects' perceptions and experiences (Finlay, 2011), which was offered by photovoice. I considered a more observed 'ethnographic' perspective but rejected this. Although what people 'do' is an important aspect of this study, an exploration of the lived experience of participants which captured

meaning and value in relation to religious occupation was what I sought (see aim and objectives, section 1.5). However, the personal nature of religious practice may suggest a possible challenge in obtaining rich data, and commonly used qualitative techniques, such as interview and focus groups, may further limit data collection to particularly confident and articulate participants (Blackman, 2007). In addition, when exploring highly personal and private subject areas people may seek to give the response they perceive as expected, they may struggle to reflect deeply, and may be wary of upsetting or disagreeing with other participants (Gray, 2017; Silverman, 2010; Chenail, 2011). Photovoice offered a creative alternative means of expression to support the collection of rich data (Hartman *et al.*, 2011; Mason and Davis, 2009).

It is recognised that the use of the in-depth interview has changed over time, with a move from the concept of neutrality to one where the reflexivity of the researcher, that is the relationship between the researcher and that being researched, is considered crucial to trustworthiness and rigor (Cresswell, 2007; Patton, 2015). When considering my relationship with the data here, my position as an insider (see section 3.5) was a significant factor. It influenced my choice of analysis technique (see section 5.5.3) for this study and is further discussed in section 7.7.2.

5.2 Use of photography

It has been suggested that methodology using visual media, in particular photography (Ramella and Olmos, 2005), can support interviewing, and Curtis and Curtis (2011) considered the use of photographs can greatly enhance the richness of data collected. As Claire Craig (2009) pointed out in 'Exploring the self through

Photography' , a photograph can provide both 'valuable insight' and 'additional perspectives' (Craig, 2000 p.29) that may not be otherwise evident.

For this reason a participatory photography method offered a potentially innovative way to capture the personal experience and meaning sought in this study (Blackman, 2007). Participatory photography refers to projects where participants are supported to generate their own photographic work (Lal et al., 2012). Techniques where photographs aid discussion, rather than are themselves part of the data, can be defined as photo-elicitation and photovoice (Catalani and Minkler, 2010). Both techniques involve preliminary meeting(s) with participants to explain what is required and that photos should reflect thoughts and feelings about the topic of interest as well as 'journalistic' record (Blackman, 2007). Photovoice takes the further step of using the photos in reporting – within publications and frequently within a public exhibition. PhotoVoice, as an organisation (<https://photovoice.org/>), are based in London and work with charities, NGOs and community organisations, to design and deliver participatory photography, digital storytelling and self-advocacy projects, PhotoVoice as an organisation should not be confused with photovoice as a research method; the latter being used within my study.

A number of authors have proposed an overview of the origins of participatory techniques using photography, but these do not always align to provide a coherent view of these origins. Blackman (2007) suggested, in an introduction to photovoice in the PhotoVoice Manual, that participatory photography can be traced to the work of Sol Worth and John Adair in the early 1970s, and their work with Navaho Indians. Prosser and Loxley (2008) also cited the early work of these film makers in their review of visual research methods, however Kolb (2008) felt that the origin of the

participatory photo interview lies in the work of Wuggenig (1990), who gave participants instant cameras and asked them to take photos of important objects. Although the origins of participatory photography as a research technique may be somewhat cloudy, what is clear is that the technique has relied on several factors, each now discussed in turn, which all support its increased use in qualitative research.

Firstly, the development of technology and availability of cameras. The everyday use of digital photography, using cheaply available 'point and click' cameras, and the technology to allow a mobile phone to be used as a camera has only really been possible since the turn of the century. Secondly, the sharing and exchange of digital images has become everyday within most 'Western' developed societies. In addition to the ability to take an image spontaneously, it is also possible to share that image widely and even globally. This is of course not without associated ethical implications, which have been addressed by some (but not all) authors advocating the use of these techniques (Prosser and Loxley, 2008), and there is a call for the development of these ethical considerations to keep track with technology (Lal *et al.*, 2012).

The term 'photovoice' was first coined by Wang and Burris in their work in Yunnan Province, China, between 1992 and 1996, and is the term now generally associated with participatory photography (Wang and Burris, 1997). However, it crucially includes a community advocacy element as central to the reporting strategy. Working on health and development programmes, Wang and Burris (1997) were concerned with giving voice to local people to enable them to influence social action

and change within their own communities. This has remained a feature of many photovoice studies across the world (Blackman, 2007), however many authors have taken photovoice principles and modified them for their own research purposes (Catalani and Minkler, 2010). This has led to some studies removing the community action aspect, while retaining the participatory empowerment of the technique, to represent a unique and personal view of the world. Wang and Burris (1997), in advocating photovoice, considered the power balance between researcher and participant to be a crucial consideration and proposed a reversal of power, suggesting the author of the photograph holds the power within this design. Prosser and Loxley (2008) challenged this, saying that 'No matter how empowering or inclusive researchers are, the primary agency and responsibility for the conduct of a study remains with them [the researcher]' (Prosser and Loxley, 2008 p 51). The status of the person taking the photograph is debatable, with some authors considering research volunteers not as participants but as co-researchers. This addresses some of the issues around empowerment of volunteers and also some of the key ethical considerations, for example ownership of any photographs taken (Blackman, 2007). I considered the status of participants within this photovoice facet, and while accepting their autonomy and choice (in terms of the photographs they took) I made the decision to address them as 'participants', not co-researchers, in ethics applications and reporting, recognising my overall responsibility as the researcher for their safety and wellbeing.

Warren (2005) looked at the use of participatory photographic interview in the field of management research. She highlighted four broad categories in the use of photographs as detailed in table 5.1 below.

Table 5.1 Categorisation of images used in research (Warren, 2005)	
Category	Definition
Images as data themselves	Analysis of image content
Images as record	Documentary photography
Photo elicitation	Photographs used to elicit opinions from participants
Photovoice	The self-production of images to express feelings

The first category ‘images as data themselves’ is not applicable to my study as I have made no attempt to analyse the content of the photographs taken.

Images as record has been utilised, in part, as some of the photographs taken by participants have been used to ‘illustrate’ the narrative accounts and used within the dissemination of the research findings. Documentary photography has developed alongside the technical advances in the genre through the 20th century (Craig, 2009). Photographs are representational of the phenomenon being recorded (Warren, 2005). Critical consideration of this aspect of the use of images must include the notion that authorship is directly linked to power (Catalani and Minkler, 2010) and for this reason participants in my study were not given specific instructions about what to photograph. That is they were not asked to photograph their place of worship or any specific task or event, but merely asked to take any image that they considered represented their religious practice, whatever that might be.

Photo elicitation has been extensively used in research since the 1960’s (Ramella and Olmos, 2005), and acts as a prompt to extract data, which is commonly captured

by recording the comments of respondents viewing the images (Lal *et al.*, 2012). This technique does however raise the question of bias as the images used are most commonly taken by, or suggested by, the researcher or someone other than the research participant. For my study I wanted participants to produce their own images that helped them to express their experiences of religious practice. This self-production of images to help participants express feelings, beliefs and opinions (Warren, 2005), was extended to include meanings and a personal expression of the lived experience of religious 'doing' sought here.

5.3 Study design

As discussed in chapter 3, my study adopted a phenomenological approach. Finlay (2011) defined phenomenology as the study of phenomena's nature and meanings. Here researchers study the way things appear to us through our experiences in order to provide a 'rich textured description of lived experience' (Finlay, 2011 p.1)

Finlay suggested a mapping of phenomenological methodologies which moves beyond a straightforward descriptive and hermeneutic categorisation and includes four ways of 'doing' phenomenological research.

Lifeworld approaches
Interpretive Phenomenological Analysis (IPA)
First person accounts
Reflexive relational approaches

Within lifeworld approaches, Finlay focussed on descriptive (Ashworth, 2006), spacial/place/geography (Seamon, 1979) and reflective (Dahlberg, 2006)

perspectives. Descriptive lifeworld research (Ashworth 2006) assumes there are essential features of the life world. These include features such as embodiment, a sense of self, spaciality, sociality, mood as atmosphere, and discourse. Ashworth's (2006) approach seeks these features or fragments within the text and analysis is focussed on maintaining an idiosyncratic stance and looking for the uniqueness of each participant's experience.

The spacial/place/geography approach (Seamon, 1979) focuses on an exploration of environmental and architectural issues, specifically seeking an understanding of the meaning of place and the relationship between human beings and the material world as expressed in everyday experience. The focus here is on developing a better understanding of, and relationship with, our lived geography (Finlay 2011 p. 130). Both of these approaches were interesting, and potentially useful, as I anticipated that aspects such as embodiment, sense of self and meaning of place might appear in the data.

Of most interest is the Reflective Lifeworld research approach (Dahlberg 2006), because this focusses on the everyday taken-for-granted meanings around us and requires the researcher to 'bridle' their pre-existing beliefs and knowledge. Bridling refers to the reining in of the researcher's pre-suppositions but is not a complete denial of them. Dahlberg *et al.*, (2008) considered bridling is preferable to bracketing. Bracketing is a term used within phenomenological research to mean the suspension of the beliefs and theoretical stance of the researcher, enabling the researcher to be completely open to understanding new phenomena (Moustakas, 1994). However, Dahlberg *et al.*, (2008) considered this stance to be impossible in

reality and therefore bridling as a more appropriate and achievable position to take. Using this method the researcher looks for essences of the phenomenon through active reflection, which slowly allows the researcher's own experiences to be incorporated, culminating in a reflective account of the phenomenon. Essences are defined as those aspects of a phenomenon that make it that phenomenon and not another, and active reflection involves a movement backwards and forwards between bridled and non-bridled reflection. I found this approach very helpful because I had from the outset, as already discussed (see section 3.5), been concerned about how I could be 'objective' when I have my own lived experience of this occupation. I therefore chose to take a reflective lifeworld approach in this facet and used bridling within the analysis of the data. For example, initial codes were generated with my own experiences 'bridled', that is 'held back. However the reflective lifeworld approach (Dahlberg, 2006) embraces the notion that this can only be done partially, and that once initial codes have been generated then my own lived experience should be used to further aid analysis and contribute to the themes developed and discussed. Bridling is rarely, however, a single event (Dahlberg and Dahlberg, 2019). Inevitably the researcher moves backwards and forwards between objectivity and subjectivity within the view that these are in reality inseparable (Dahlberg and Dahlberg, 2019). This was certainly my initial experience in using this approach, but the boundaries between bracketing and bridling could not be sustained in the structured way that Dahlberg suggested. This led me to again examine my position in relation to the research and I continued to struggle with the bridled versus bracketed position, the insider versus outsider position and the subjective versus objective position. I continued to use the Dahlberg Lifeworld

approach but increasingly came to see the 2nd phase of analysis, the unbridled phase, as an insider reflection on my own experiences.

I initially found that the language I used for codes had a Christian orientation, i.e. the term fellowship. In attempting a more bridled approach and seeking a more neutral or multi-faith language this became 'connectedness'. After the initial themes were formulated, I again reflected on this to ensure this was suitable language to encompass all the perspectives represented in the data and enable a trustworthy representation of the views of participants. In addition, Dahlberg (2006) advocates the use of creative forms of supportive data such as photographs, and feels this is helpful within this approach, as participants are encouraged to reflect in a focussed but spontaneous way. This supports the use of photovoice to allow people to explore their own everyday religious practice, and facilitate spontaneous and rich reflection (Lal *et al.*, 2012).

5.4 Ethics

Ethical approval for this study was granted by the University of Plymouth Research Ethics committee (Ref 2/134-123) (see appendix iv) for participants 16 years and over, and provision was made for parental consent should anyone aged between 16–18 years have volunteered. Particular attention was given to informed consent. In addition to consent to take part, the participants ownership of the photographs was agreed, and informed consent to the use of images in any reporting or dissemination was the subject of a second round of consent, as truly informed consent can only be given once an image actually exists (Blackman, 2007) (see

appendix vi). After the interviews had been completed one participant withdrew consent for the inclusion of her photographs although she was happy for me to use the transcript of her interview within the reported findings. This initially surprised me, as I had not considered any photograph to be 'sensitive' however she expressed concern that a photograph might find its way on-line and she was uncomfortable about this possibility, which I fully respected. The possibility that participants' reflections might initiate doubts or a faith crisis (Blackman, 2007) was considered, and a faith leader was recruited for each of the faiths represented in the study to offer guidance and counselling if it had been necessary. None of the participants reported concerns and the faith leaders were not used.

5.5 Method

Having decided on a Reflective Lifeworld approach and a photovoice technique, I then considered recruitment, data collection and analysis.

5.5.1 Recruitment

The number of participants is a key question for data collection. When discussing phenomenology Finlay (2011) advocated a minimum of three participants as differences between them make it possible to distinguish individual experience from the more general experience of the phenomenon. In a similar discussion Creswell (2007) suggested phenomenological in-depth interviews have as many as 10 participants. However, this does need to be balanced with the intention here, to obtain data from across faiths represented within the local community. For this facet I proposed to recruit between 9 and 12 participants, with the intention of obtaining a

cross faith perspective from within the local community. This is supported by Duggan's view (2000) that one way to broaden our understanding of the role of religion is to examine the stories of persons from various religious cultures. In addition this also responded to the findings in the scoping review which called for more research across faiths (see section 4.11) and research not limited to Christian ideology. Between 9 and 12 was also chosen to address resource constraints in the management of the data generated, such as the time taken to transcribe interviews (Gray, 2017).

In order to access a wide range of potential participants from a breadth of faith traditions, recruitment was conducted in partnership with the Plymouth Centre for Faiths and Cultural Diversity (PCFCD) (www.pcfcd.co.uk), together with access to the Cornwall inter-faith group and assistance from the University of Plymouth Chaplaincy. Information was posted on the PCFCD website and included in their regular e-newsletter, a presentation was made at the PCFCD AGM/ annual review meeting, and several direct approaches were made to faith groups via contacts provided by PCFCD or the university chaplaincy. People interested in taking part were invited to one of two group meetings held at PCFCD offices, one in the morning and one in the evening, to accommodate participants' commitments. Additionally I met with potential participants (n=3), individually to fully explain the project and the method being used. The PCFCD office was chosen as a venue to represent a 'neutral' multi-faith venue that was likely to be acceptable to all volunteers.

In total 10 participants were recruited (see table 5.2). All participants received an information letter (appendix v) and all participants signed consent forms (appendix

vi) agreeing to participate. All participants were informed of their right to withdraw at any point.

Table 5.2 Summary of participants characteristics in the photovoice study			
Pseudonym	Sex	Age	Faith group
Jac	M	80	Pagan
Anne	F	50	Baha'i
Zaheem	M	37	Muslim
Rachel	F	47	Jewish
Beth	F	55	Christian
Mark	M	59	Buddhist
Penny	F	56	Christian
Sanjit	M	36	Hindu
Arif	M	35	Muslim
Jen	F	34	Christian

Three further participants originally volunteered: a Muslim female aged 19, a male Pagan aged 29, and a male Christian aged 61. All attended an information session; however, the 29 year old Pagan decided not to participate due to pressure of work. After initially signing consent forms, the male Christian withdrew due to family illness and the female Muslim took up a university place outside of the South West and moved away.

PhotoVoice advocate that some initial training is given to participants in the use of cameras and the types of image that might be taken. They have found that this helps to alleviate participants anxiety about the quality of any images they may create (Blackman, 2007) and I therefore incorporated this into the recruitment strategy. A colleague who is a keen amateur photographer gave a short presentation at the information meetings and provided a page of key issues to consider when trying to capture an image. She was also on hand to answer any questions or deal

with difficulties expressed by the participants while they were taking photographs, but none were reported. Five participants wanted to use their own cameras and the remaining five were provided with single use pre-paid disposable cameras.

5.5.2 Data Collection

Some discussion about the nature of images was undertaken in the groups at the information meetings, e.g. the documentary nature of an image and the more abstract possibilities to represent thoughts and feelings. However, I was careful not to specify or suggest any particular type of image and encouraged participants to take photographs of anything they felt relevant. Although not discussed at the preliminary meetings, some participants wanted to be included in some of their images and asked another person to take the photograph. This is discussed in Photovoice guidance (Blackman, 2007) as a legitimate extension to the collection of data and should be left to the discretion/choice of the participant. No specific time frame was set at the beginning, and participants were asked to contact me when they felt they had captured the images they wanted to take. I made follow-up phone calls after a few weeks, to check on their progress and maintain contact. Interviews were scheduled based on the participants stating that they had finished taking photographs. Participants were able to review and consider their photographs ahead of the interview and in fact at the point of interview it was I who was seeing the images for the first time. Some participants were clear that they had edited out some images that they did not want to share or contribute to the discussion but these were few and based on the quality of the image and not the subject.

Each participant was interviewed individually about the photographs they had taken. Interviews were unstructured with the discussion starting with a single question; 'Can you tell me about the photos you have taken?' The rationale for an unstructured approach was to ensure that the photographs themselves directed the discussion, and that the reflections offered were truly person centred and not pre-determined or influenced by me, the researcher (Chenail, 2011). Each interview was audio recorded and subsequently transcribed verbatim. Participants took between two weeks and four months to take photographs and the number of photographs included in the interviews ranged from two to 25. Interview length varied from between 15 minutes and 45 minutes with the average length being half an hour. In total four hours and five minutes of interview time was transcribed, generating 123 pages of verbatim transcription for analysis.

The only other pre-determined question asked was whether there was a photograph that the person would have liked to have taken, but for some reason was unable to (Blackman, 2007). This is often termed the 'missing photograph' in photovoice interviews (Lal *et al.*, 2012; Plunkett *et al.*, 2012). This gave the participants an opportunity to explore any further aspect of their experience that had not already been discussed and contributed to the inclusiveness of this technique (Hartman *et al.*, 2011).

Plunkett *et al.*, (2012) considered the combined use of photovoice and phenomenology and concluded that 'the photovoice method may help to uncover enriched understanding of experience by eliciting additional visual and narrative data in phenomenological inquiry' (p2). Data generated from the photovoice method can

contribute to a deepened understanding of the lived experience in phenomenological inquiry. It is however important to address issues of representation or misrepresentation, as the meaning of a picture is only a snap-shot of the story (Wang and Redwood-Jones, 2001). The opportunity for participants to discuss their photographs is therefore vital, together with an opportunity to review the transcribed interview to check on the accuracy of meaning. Plunkett *et al.*, (2012) point out that 'the benefits of integrating the photovoice method into phenomenological inquiry may be somewhat reciprocal' (p 7). Photovoice as a method can enrich phenomenological data, but at the same time phenomenological inquiry can strengthen photovoice as a method. Phenomenological inquiry encourages a more thoughtful and reflexive approach to the photovoice method, which was originally developed to seek identification of often oppressive or discriminatory social structures. Within phenomenology, photovoice provides a clear focus, direction, and purpose regarding the experience of interest and creates a space for different voices to be heard.

I found conducting the interviews an enjoyable experience and the variation between both the number of photographs taken and the subject matter was very interesting. The issue of the 'photograph not taken' arose in every interview, and was explained as either an occasion or event when it would not be acceptable to take a photograph or that the person simply did not have the camera with them at that point. This suggested a mixture of planned use of the camera and also the possibility of spontaneous use, or at least reflection on what might have been. The use of the camera facility on mobile phones has become an increasing possibility throughout my studies as the technology has advanced rapidly. If participants had used their

phones then potentially some of the 'photographs not taken' would have been possible, however this would not have addressed the unacceptable use of any camera expressed by some participants in relation to some events/occasions.

The majority of interviews were held in the participants' home or office, being their choice of venue, however Sanjit preferred to meet at a local café which proved somewhat challenging for the audio recording. All the participants were eager to share their reflections and all were happy to give consent for the photographs to be used. This formed the second round of consent, as previously discussed, as truly informed consent is not possible until the photograph actually exists (Blackman, 2007). Anne originally gave consent for her photographs to be used but later reconsidered and asked that only her transcribed comments were used. She expressed concerns regarding where the photographs might 'end up' given the ease of movement of digital images, which I respected, despite what I considered secure storage of the data. The following analysis therefore does not contain any of Anne's photographs. I found each interview caused me to reflect on my own faith position and religious 'doing' and at times this was emotionally draining, although not uncomfortable as I found the opportunity to spend time with my own thoughts about my faith very welcome. This did however further contribute to my own inward debate about my auto/biographical position in relation to my research overall.

5.5.3 Data Analysis

The qualitative phenomenological methodology supported a focus on both the creation of rich descriptions from a multi-faceted viewpoint but also on an interpretive approach to analysis (Finlay, 2011). However, a clear set of rules or guidelines for

such an analysis of qualitative data is elusive (Patton, 2015). This is somewhat understandable, as the idiosyncratic nature of lived experiences at the core of phenomenological research, suggests that each qualitative study is unique and therefore the analytical approach used will be unique too (Finlay, 2011; Giorgi, 2012).

While general texts such as Creswell's *Qualitative Inquiry and Research design* (2007) and Patton's *Qualitative Research and Evaluation Methods* (2015) are extremely useful, an analytical strategy specific to Phenomenology was created in Finlay's text *Phenomenology for Therapists: Researching the Lived World* (2011), and this has been of significant influence in designing the analysis strategy here. Finlay (2011) suggested there is no hard and fast recipe for analysis but instead suggested that a good analysis seeks 'richness in complexity, depth in ambivalence and poignancy in paradox' (p243). Finlay offers four key aspects for 'better' analysis i.e. dwelling, wonder, evidencing and ambivalence, and these are suggested as considerations before moving into thematic analysis (as described by Braun and Clark, 2006) as the first step of the analytical process. Early themes that are suggested by this initial analysis can be further refined using Reflective Lifeworld design, incorporating bridling, in a search for the essence of the phenomenon (see section 4.3).

Finlay's (2011) suggested structure can aid trustworthiness by:

Dwelling – taking time to experience the raw data by reading, listening and transcribing the interviews so as to become wholly familiar with the nuances of the experiences.

Wonder – looking for significant, poignant, quirky and particularly powerful moments, as a means of dispelling the taken-for-granted view of the phenomenon.

Evidencing – grounding analysis in the data by using extracts from transcriptions as evidence of the participants' voice.

Ambivalence – embracing conflicting perspectives to capture the complexity of experience in the analysis.

Finlay (2011) also asserted that an individual inevitably has confused expressions and experiences of their world and that research analysis should be less aimed at providing answers and more aimed at capturing something of the 'mess' that is our social world and the phenomenon within it. This completely aligns with Mason's (2011) view of a messy, multi-dimensional world (see section 3.3.2). The analysis method is inherently messy (Finlay, 2011 p 228). However, within this messiness, the objective must remain to represent the participants' voices and open up the phenomenon to the reader. It is therefore paramount that examination of the data captures both explicit and hidden meanings, and to this end data analysis must incorporate strategies to achieve this.

Finlay proposed that the phenomenological researcher has the choice of four analytic forms - thematic analysis, narrative analysis, reflexive analysis and creative analysis. However, several types can be usefully combined to highlight different aspects of the data and enable different insights. Such a combining of analysis is helpful within a Reflective Lifeworld study, which requires both a descriptive and interpretive approach (Finlay 2011 p 92). Saldana (2013), when outlining coding processes, considered theming the data to fall within the first of two cycles of coding,

with a second cycle being determined by the study design. In this instance my Reflective Lifeworld approach used the bridled reflective analysis as the second cycle of analysis, with some consideration of creative analysis due to the explicit use of creative media in the form of photographs (these analytical forms are further discussed below). Narrative analysis was considered, as some participants recounted a chronology of life experiences related to their religious practice, however this was not the case with all participants and a 'before, during and after an event' perspective (Finlay, 2011 p 237) was not the aim of this study (this did however influence the use of auto/biographical stories in facet three (see section 6.4). Reflexive analysis (Mauthner and Doucet, 2003) was equally considered, and a degree of reflexivity was acknowledged within the reflective lifeworld analysis and bridling process, however, an embodied account of my own everyday religious practice was not the objective of this facet, but consideration of my own insider experiences here, did influence the development of facet three. Throughout data collection and analysis, I repeatedly reflected on my own religious 'doing' and struggled with the concept of objectively considering the data. My own auto/biographical relationship with this research subject was impossible to quell. I found the Dahlberg (2006) bridling approach very helpful in allowing me to recognise this inner conflict, although over time I continued to explore the legitimate inclusion of my own experiences which eventually culminated in the adoption of an auto/biographical orientation throughout my thesis.

5.5.3.1 First cycle analysis: Thematic analysis

Braun and Clark (2006) suggested that thematic analysis can be both realist, reporting on meanings and the reality of the participants, and also constructionist in terms of addressing the meanings and experiences of people within a social context. Both aspects of the lived experience of people practising their faith was sought within my study, and participants were able to discuss both context and meanings when reflecting on the photographs they had taken.

The participants' own individual interpretations of their photographs were collected using interviews, and the transcripts of these interviews were analysed using thematic analysis as outlined by Braun and Clark (2006) and suggested by Finlay as the most suitable initial phase. Braun and Clark (2006) argued that thematic analysis is both a foundational method in its own right and a flexible and useful method with the potential to provide a rich, detailed and complex account of a phenomenon being studied. Patton (2015) suggested a developmental relationship between thematic analysis and other text analyses, however 'word' based analyses such as content analysis, and keyword analysis, were considered unsuitable here, as the language used across or between faith traditions is not consistent and a much more interpretive approach is needed. Guest *et al.*, (2012) also consider thematic analysis to be 'the most useful [method] in capturing the complexities of meaning within a textual data set' (p11) while Saldana (2013) concurs that this approach is most helpful as an initial analytical stage in phenomenology. Theming the data, or thematic coding (Saldana, 2013), allows categories to emerge from the data and is most applicable to participant generated data, including interviews (p.176).

By this basic categorisation of the data, thematic analysis seeks to find similarities and differences between themes and the relationships that exist between them. The objective is to 'winnow down' (Saldana p. 176) themes into essentials or as Dahlberg (2006) says essences, i.e. 'what a phenomenon is and without which the phenomenon could not be what it is' (Van Manen 1990 p.107). This 'essence' was what I sought both in the overall aim of my thesis 'to explore religious practice as a valued occupation' and in the objectives, to explore meaning and value in participation in religious practice (see section 1.5).

Moustakas (1994) offered some helpful detail by outlining the data analysis process. Moustakas suggested that actual analysis is preceded by the determination that the problem under scrutiny can best be examined by a phenomenological approach. This is defined as the intention to consider several individuals' experience of the phenomena, with the objective of describing a more in-depth account and therefore providing a richer understanding of the phenomenon (Moustakas, 1994). Moustakas then suggested bracketing is required but, as discussed (see section 5.3), I have used bridling as a more realistic and trustworthy method. In Moustakas' approach, themes are used to write a description of the participants' experience, with context or setting contributing to the structural description. Moustakas then suggested a composite description can be formulated that presents the essence of the phenomenon.

It is acknowledged that some decisions about analysis can only be made once the data exists (Guest *et al.*, 2012). Guest *et al.*, (2012) suggested there are frequently

multiple possibilities once it is clear what data is available, the richness of the data, and what gaps exist in the data; however an analysis plan is essential in order to structure the analysis process, even if later in the study additional analytical approaches become possible and or helpful. I adopted a clearly defined process of analysis (see figure 5.1) in order to contribute towards rigor and trustworthiness.

In this first cycle of analysis I undertook ‘dwelling’ by transcribing and familiarising myself with the data and the photographs. Patton (2015) frames this within stages of Heuristic Inquiry as ‘immersion’ whereas Finlay prefers the term ‘dwelling’ – that is dwelling with the data, lingering with it to re-discover nuance, meanings and texture (Finlay 2011, p 29).

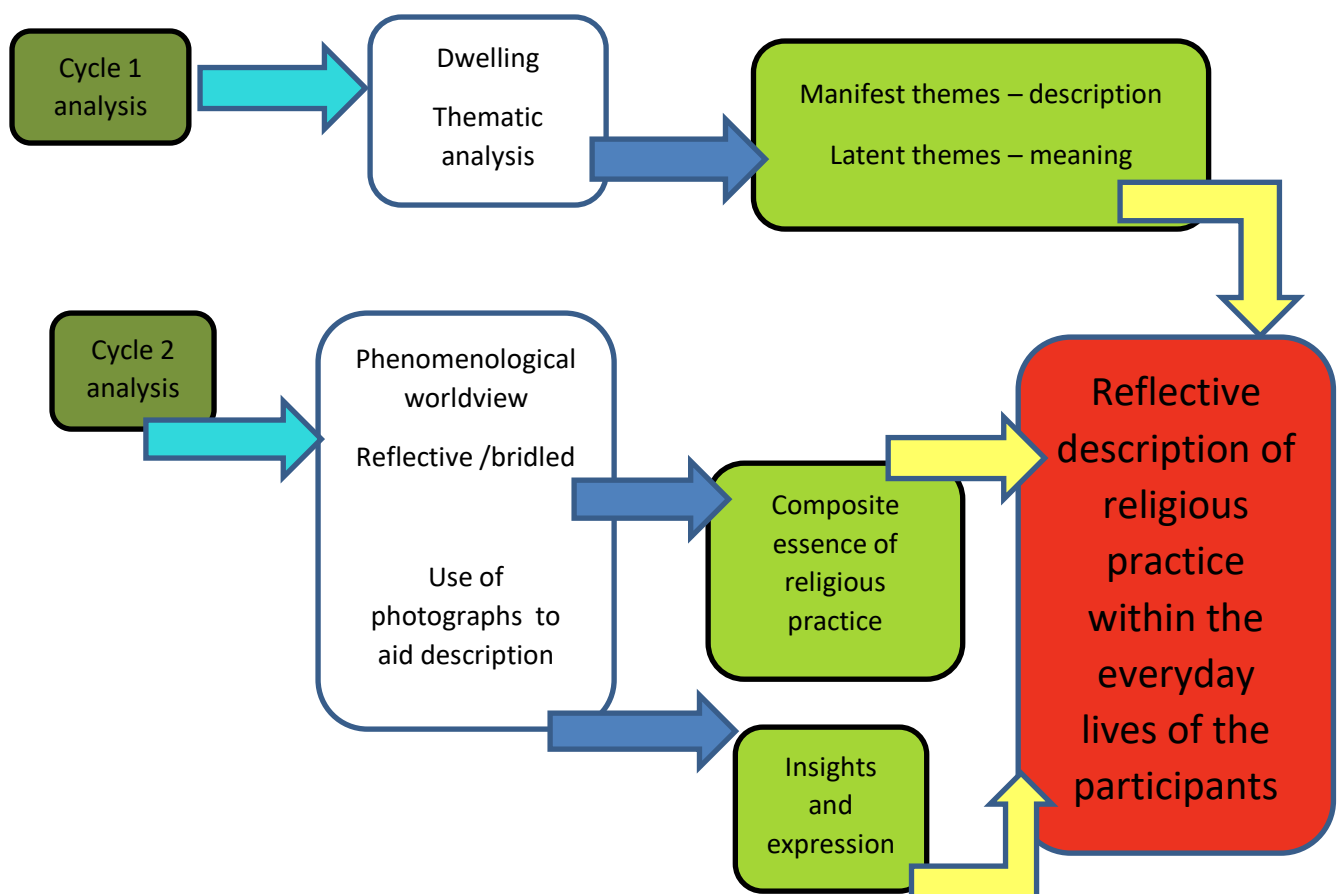


Figure 5.1: The structure of analysis for the photovoice study

Themes identifying a particular feature of the data were then noted and organised into 'groups' (Moustakas 1994). Analysis was driven by the data with no pre-determined categories used. Patton (2015) considered this phase as incubation and illumination and a key part of the process, concerned with core themes that capture the essence of the phenomenon. Moustakas (1994) suggested that at this point a composite description can be formulated that presents the essence of the phenomenon however, Finlay asserted that a more in-depth second cycle to the analysis can add to the quality of that description and this is supported by Saldana (2013) who suggested that a staged approach to coding (and the generation of themes) is advisable, and contributes to rigour.

5.5.3.2 Second cycle analysis: Reflective Lifeworld view

A second cycle analysis was also undertaken as proposed by Saldana (2013). The first cycle of analysis occurs at the initial coding of the data, while second cycle methods require more in-depth conceptualising and synthesis. This aligns with the early work of Braun and Clark (2006) who cautioned that the stages of thematic analysis are not rigid rules but need to be applied flexibly to respond to both the research question and the data available. In addition Patton (2015) pointed out that thematic analysis is not a linear process and it is very probable that it will be necessary to move back and forth between stages, which wholly aligns with Dahlberg's concept that bridling involves a movement backwards and forwards between objective and subjective reflection (Dahlberg and Dahlberg, 2019). The strategy adopted in this study (see figure 5.1) is based on Moustakas' (1994) structured process of analysis but has been adapted by considering Finlay's (2011)

later classification of phenomenological analysis and the work of Dahlberg (2006) on the Reflective Lifeworld approach.

The Reflective Lifeworld aspect of analysis involved a search for the essence of the phenomenon through reflective consideration of the themes identified in the first cycle. This analysis aimed to offer a description of the phenomenon, its nuances, essence and 'way of being' as described by Dahlberg (2006). The objective of this analysis was to describe those characteristics of the phenomenon that are essential meanings, without which a different phenomenon would be being described. It differs from the composite description which would be achieved using only Moustakas' approach, as I took a bridled approach to my own experience rather than a bracketed stance. Bridling offers a reflective and more creative interpretation of the themes and can thus add to the composite description suggested by Moustakas (1994).

This second cycle of analysis also involved the use of the photographs to illustrate the lived experience of religious practice. The aim was to evoke and resonate 'soulful new expressions and insights' (Finlay, 2011 p 241). Inclusion of powerful art forms remains controversial (Plunkett *et al.*, 2012), and Finlay (2011) suggested there may be a challenge in not getting caught up in the artistic endeavour and 'a danger of losing sight of the phenomenon being researched' (p. 243). The powerful potential of visual images is not disputed (Blackman 2007, Craig, 2009) but there is a growing interest in visual methodologies as particularly appropriate within the study of human occupations (Hartman *et al.*, 2011; Plunkett *et al.*, 2012). Therefore,

inclusion here was justified as it provided an additional dimension to the reflection on, and description of, lived experience.

5.6 Trustworthiness

Validity and reliability, as the gold standards for assessing the quality of research have been criticised (Yardley, 2000, Finlay, 2011) and found inappropriate for qualitative research. Lincoln and Guba (1985) set out criteria for 'trustworthiness' and argued this is a more suitable approach to ensure rigour in qualitative studies. However, evaluation of trustworthiness must be based on appropriate criteria and this has been found lacking when applied to qualitative studies (Krefting, 1991; Smith, *et al* 2009; Nowell *et al.*, 2017). The reflective and reflexive nature of my study supports the adoption of specific guidelines for analysis that are designed within a qualitative orientation (see figure 5.1) and already discussed above. In addition to this strategy to promote trustworthiness, Yardley (2000), sets out four basic assessment areas which are considered to achieve trustworthiness, namely:

Sensitivity to context – which is demonstrated here in the use of sensitive interviewing and the inclusion of a considerable number of verbatim extracts from the data to support the discussion.

Commitment and rigour – which I have promoted through careful selection of the sample and adoption of planned and structured analysis that is both descriptive and interpretive.

Transparency and coherence – which I have achieved through a detailed account of method and process resulting in a coherent attempt to 'make sense' of the data.

Impact and importance – demonstrated in a write-up that is both interesting and useful.

5.7 Reflection on analysis

‘Dwelling’ with the data generated a total of 85 codes through a process of initial coding. Saldana (2013) advocates initial coding, that is breaking the data into discrete parts on the basis of similarities and differences, as particularly helpful for those new to qualitative research and data coding. Although I noted some relationships during this process and I considered some condensing of codes, I resisted this until all the transcripts had been fully reviewed. I carried out the initial dwelling process during a period of ‘retreat’ (while resident at a study and retreat centre in north Wales), when I was able to immerse myself in the interview recordings, transcripts and photographs. This enabled me to have a truly immersive approach to the data with minimal interruptions and distractions. When I reached a position where new codes were no longer being generated by further dwelling with the data (reading and or listening to the interviews), I stopped coding and grouped the 85 codes into themes, a theme being a patterned response (Patton, 2015; Braun and Clark, 2006) that represents a meaning within the data. I did this grouping ‘physically’ by putting each code onto a slip of paper and creating a physical pattern and grouping of codes on a large table. This allowed me to move codes into different groups and patterns until I was content that the themes represented the data accurately.

This grouping process was iterative, and challenging, given my limited experience, but once I returned to the analytical strategy already outlined (figure 5.1) the process

of separating descriptive codes from those that related more to meaning became a little easier. I grouped themes into extrinsic (largely observable) features, alternatively termed manifest themes dealing with description (Braun and Clark 2006), and intrinsic features termed as latent themes relating to meaning. This grouping of the themes is a personal view of the data and, as such, can be only one interpretation of the data and certainly not the only interpretation (Patton, 2015). The need to bridle my own experiences in relation to my religious practice, in order to report the data accurately and descriptively, was a conscious aspect of this first cycle of analysis. Asking a colleague to review a section of the data and the codes generated, to check the validity of the coding, was strongly considered but, methodologically, is not required when the process is interpretive in nature (Finlay, 2011; Giorgi, 2012; van Manen, 2016). For this reason, codes were not checked by anyone else, although copies of the transcribed interviews were sent to all participants to ask them to check them for accuracy.

The Reflective Lifeworld approach to analysis (Dahlberg 2006) is aimed at illuminating abstract and variable meanings from the data. To assist this process a series of memos and notes were made throughout the data collection and cycle 1 data analysis. These notes further contributed to cycle 2 analysis. The codes that emerged from the data evolved over time, with a number of iterations. A move between bridled and unbridled reflection meant that cycle 1 and cycle 2 analysis occurred in a non-linear way, which is recognised by Dahlberg and Dahlberg (2019) as the inseparable nature of subjectivity and objectivity. Table 5.3 shows the final grouping of the codes into themes.

Table 5.3 A summary of codes grouped into themes within the photovoice study
NB Theme is in **BOLD**

Extrinsic manifest description	Intrinsic latent meaning	
<u>THE AUTHENTICITY OF PRACTICE</u> Structure Institutional Secularisation Sects/variation Comparison to other religions Contrast with the modern Holy texts Ritual Prayer and practice Cleanliness Celebration Place Designated site Rules and guidance Compelled/instructed Learning/cognition Challenges physical nature hazards environmental features making do	<u>THE IMPACT OF CAPACITY AND TIME</u> Time available Adaptable capacity decision /choice role being observed practice that changes over time development new life/next life discovery legacy	<u>RELATIONSHIP WITH THE DIVINE</u> Contemplation Prayer /barriers to prayer Praying while doing something else Meditation Goddess Reflection mindfulness Peace/tranquillity Nature/natural world
<u>EXPRESSIONS OF PRACTICE</u> Object Visible to me tools Symbol Chanting / music Pilgrimage Identity/dress	<u>EXPERIENCE OF CONNECTEDNESS</u> Fellowship Socialising welcoming food Emotional responses Regret Missed aspects of practice Reminders of faith Relationship to others Family/home inspiration Gifts Spirituality	<u>WORLD VIEW</u> Doctrine/ teachings Sharing Teaching people blessings behaviour of others how to relate to others culture respect Ways of thinking Core values Chaos complexity Nuance See god on earth Purpose of religion Equality/diversity/fairness

5.8 Cycle 1 Findings

Six themes were generated

The authenticity of practice
 Expressions of practice
 The impact of capacity and time
 Relationship with the Divine
 Experience of Connectedness
 Worldview

Each will be discussed in turn below.

The first two themes, authenticity of practice and expressions of practice, are extrinsically orientated or more outward facing and observable features, while the

remaining themes are intrinsically orientated. Each theme has been discussed with frequent use of the verbatim 'voice' of the participant which Finlay (2011) asserted is a necessity within phenomenological findings but is frequently overlooked. The use of both quotations and photographs also aligned with the underpinning facet orientation (Mason 2011) (see section 3.6), which is predominantly aimed at 'illuminating' the phenomenon in question.

5.8.1. Theme 1: The authenticity of practice

This theme described practice as being within a framework or structure that included aspects of ritual, place and laid down rules or governance. What constituted participants' ideas about 'proper' or correct practice are included here and some issues that presented challenges to correct practice. What might be 'proper' practice was articulated in relation to the doctrine of the religion concerned, and a number of specific but very diverse examples were given. Structure was articulated in terms of routine and ritual, but structure also contributed to what was 'normal practice' and how to assess the authenticity of one's own practice as measured against this norm.

.....you still kind of get this structure of how things are kind of put together (Rachel²). (256)

...my own conversation with faith kind of seems to run completely separate to all of that erm and has been a lot more to do with things that aren't specifically faith, well, aren't specifically organised worship (Penny). (145-147)

² All names are pseudonyms (see Table 5.2) and transcript line numbers are given to contribute to trustworthiness

...there are parts of Christianity and the organised church that I don't agree with (Jen). (182)

Overall, there was an underlying concept that practice was 'organised' and visible in some way although, as a religious practitioner, it was also possible to deviate from this organised structure.

The individuality of religious practice was a feature throughout the interviews, with participants' discussing their own practice in relation to a perceived 'norm'. On occasions participants felt they struggled to measure up to a required standard, expressed by statements such as *'you're supposed to go regularly but I don't' (Rachel) (395)* or *'I should stop during the day but I don't always remember (Anne)' and 'I'm not really a good Muslim, it's a bit challenging' (Arif) (119)*. Participants expressed a set of rules, either implied or explicit, that practice needed to sit within. This echoed Hocking's (2009) suggestion that occupational scientists need to understand the standards by which an occupation is judged and the rules of participation (see section 1.3). Hocking also suggested that 'who' is making the rules has significance. Here participants all suggested that there were 'laid down' criteria for their practice and an accepted norm in relation to participation. There was also acknowledgement that a religion had a set of rules or doctrine that provided guidance for religious practice:

...there's all these rules and regulations within Christianity (Jen). (47-48)

...you're not supposed to show off at all wearing things made of silk is forbidden, uh, wearing gold is forbidden... so wearing anything that, you know, demonstrates wealth, uh, is forbidden for men (Zaheem). (208-214)

Judaism may have like a million set of rules for lots of different reasons at lots of different times, half of which are probably no longer relevant because we are no

longer living in those times, but actually kind of give you a baseline and a code by which -- actually there is a reason why (Rachel). (563-566)

However, the guidance available was not always considered helpful and at times may be challenging. This was the case for Penny who commented that:

...the church as a whole is not necessarily going to give the guidance I want to hear is that me who's wrong or the church who's wrong, or am I not hearing what God is saying and I can't believe that (Penny). (272-275)

There was also wide acceptance that a norm could take various forms and that variations in practice were commonplace and not an issue, with tolerance frequently expressed. Participants talked about different 'varieties' of a religion and different sects and alternative practices. Mark for example talked about being a Zen Buddhist and that this was only one type of Buddhism. Jen said she was a '*let go, relaxed Christian*' and implied that this was not the case for every Christian, while Zaheem and Arif both talked about varying ways that Muslims interpreted the way ablutions needed to be performed before prayer.

I'm not sure if you are aware but in Muslim I think in many religions there are many sects of followers .. In some sects say you are not allowed to pray in the home unless you are unwell or there's heavy rain or anything some sects say its OK to pray anywhere even in the fields as long as its not in the toilet so it depends what sect you are ... following. There is no right and wrong answer (Arif). (34-38)

Although the differences in practice between religions was clearly to be expected, the variety of acceptable practice within an organised faith or belief system was noteworthy as a feature that many participants discussed. While the participants here appeared to be very tolerant of these variations, history would suggest that

such tolerance is not always widespread within communities (Pew Research Center, 2012). This tolerant attitude was likely to relate, in part at least, to the participant recruitment strategy discussed at 5.5.1 (and see limitations in section 5.11). Practice was determined by both the religious group and the subgroup that a person belonged to, but in addition cultural and local practices might influence what was considered acceptable. It was clear that the personal nature of religious practice, i.e. 'what practitioners do', has potentially limitless variation (Koenig, 2004), but was articulated as being positioned within the 'public' structure of religion.

Authenticity was also articulated in terms of an alignment with other religions, in particular, an alignment with Christianity. It is unclear if this was because the study was carried out in the UK where the 'State' religion is Christianity or the fact that my own Christian faith was either known to the participant, or assumed. Some participants asked me directly about my faith, which I responded to honestly, and others assumed my Christian affiliation as I wear a generally visible crucifix on a chain around my neck.

As we Buddhists say, we are thrown into the world uh, in conditioned existence, in other words uh, the self is born into a body. I can imagine this is somewhat similar to Christianity as a soul embedded into a body (Mark). (7-10)

I just see Mary as another version of the goddess and the divine child. Also we had the god born in the middle of winter, the winter solstice, you know, Jesus is one of those (Jac). (719-722)

Some people positioned their practice within a historical context relating current day practice and traditions as being related to past generations and a history of religious expression happening over time that they were contributing to.

....modern paganism is of course a revival and we can never know totally what those ancient people believed (Jac). (579-580)

...you can see how sort of historically, things like stained glass windows and carvings and pictures and icons you know, really would speak to particularly a non-literate congregation and still does today (Beth). (252-254)

Jen felt that while the traditional church was historically significant it did not meet her personal needs and so justified practising in a way that took account of the 'history' but was right for her.

...this is very traditional I think they use the old-fashioned hymn books. I have a huge respect for that but it's not my kind of cup of tea every -- every week (Jen). (119-120)

Practice appeared to be positioned within a concept of what was proper, legitimate, authentic practice but also what was personally acceptable to the practitioner. An individual perception of how expression of personal faith was lived out in everyday life was important to the participants. This was closely related to the more intrinsic meanings discussed below (see section 5.8.3 onward) but is included here as it was articulated as part of the 'doing' and extrinsic aspect of practice.

A further aspect of authentic practice was the participation in ritual. There was considerable discussion about ritual practice, in fact this featured in every interview.

These are the four different stages of the Muslim prayer (Arif) (19) (See figure 5.2)

...this is the main shrine room where all the monks and all the lay people that go to visit meet about four or five times a day to sit. Uh, it's very highly ceremonial (Mark) (62-64) (see figure 5.3)

...we were all standing in a round while D [Vicar] was doing the prayers (Penny) (85-86)

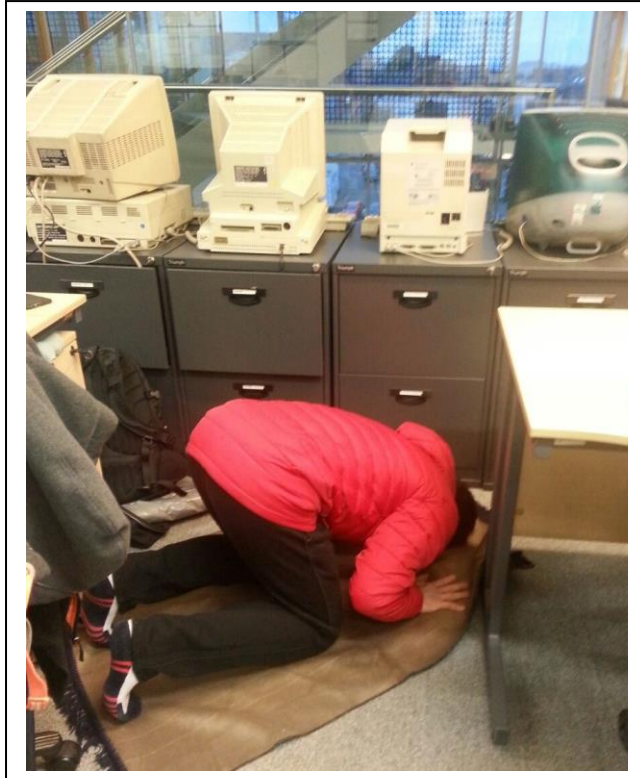


Figure 5.2 Arif performing one stage of the Muslim prayer ritual



Figure 5.3 Mark's picture of the shrine room

Ritual was described as patterned behaviour that was determined within the rules set down by a faith group. Ritual was expressed as '*comfortable*' (Rachel) or '*familiar*'

(Penny) engagement, where participants felt that they understood what they should do and the significance of the acts they were performing.

The visible and observable nature of practice was included by everyone, but to varying degrees. Muslim participants described detailed preparation for prayer ritual, including the need to wash prior to praying five times a day. This ritual termed ablution or 'taking praying waters' (Muslim Hands.org) was seen as an essential element and that preparation was 'everything'.

These are two pictures of me taking praying waters what we call ablutions um it involves using water clean water piped water anything to wash certain parts of your body which actually includes your er - face your er ears and parts of your head... and your hands up to your elbows both of them and your feet up to ankles both of them.. that's just it in the proper manner (Arif). (51-55)

Preparation prior to a ritual or ceremony was less well defined by other participants, however many discussed ritual celebration, the importance of following prescribed ritual either at significant points on the religious calendar or as rites of passage. Jac described both aspects of ritual as they relate to paganism.

We go down as much as we can for the great Sabbats as we call them. So that would be like Imbolc. That kind of thing, February -- beginning of February. And then we go down for May -- May eve, May the 1st, Beltane as it's called, you know, from Ireland or Beltane. And uh, we also go down for Lammas uh, in August (Jac). (216-221)

This was a wedding which we did for them. They're called handfastings when you do it in paganism. ...it was a very lovely ceremony I must admit. The pagans tend to dress up a bit, so he's got like horn headdress. It was very beautiful. And this would be a fairly sort of typical marriage ceremony (Jac). (114-118) (see figure 5.4)



Figure 5.4 Jac performing a Handfasting ceremony

Where ritual or religious practice occurred, it was often articulated as not directly related to place and many voiced this in very similar terms to Sanjit:

.....if you have the core value of devotion and prayer you can pray anywhere (Sanjit). (43-44)

.....it's kind of whether you're kind of consciously doing it because you're in a religious establishment or whether actually it's about a religion that actually forces you to some extent to have time and space (Rachel). (183-185)

At the same time there was an acknowledgement that a designated place contributed to the structure of practice and contributed to a feeling of connectedness and fellowship (see section 5.8.5):

So I've gone into Liberal synagogues which I quite like the architecture, familiarity and actually how much they make you feel like family (Rachel). (206-208)

However very few photographs were taken of designated places of worship. These images were identified by five people as the photo not taken due to ethical considerations and the appropriateness of using a camera during a ceremony or worship. But designated sites or places were included in descriptions of practice and used as examples of the structured framework of practice both on a global and local level.

...the Shrine of the Báb in Haifa..... that's the shrine of the Baha'i -- this is the centre of the Baha'i faith (Anne). (67-68)

...this is a carving from Oberammergau and I go there every 10 years to see the passion play and it's a very special place to me (Beth). (144-146)

That is the church in B [place name] and again it's mediaeval, it's got the most beautiful mediaeval screen (Penny). (140-141)

There is a place locally for Friday prayers um there is one at the hospital D [place name] I think level nine. There's another one near Plymouth University its called the xxx [place name] Mosque and there is another Bangladeshi mosque (Arif). (135-137)

In some instances, a lack of designated site or place was also highlighted and this appeared to raise the significance of other aspects of ritual practice – for example when describing offerings as part of Diwali celebrations Sanjit commented:

On its own [offerings] has got quite a significant aura about how we pray in C [place name], especially when we don't have a temple (Sanjit). (29-31)

Overall, the structure of practice relating to organised forms, ritual, rules, place and guidance was suggested as a key part of defining practice from the everyday perspective of the participants. However, there was also the possibility of this perceived valid or proper practice causing challenges and conflict.

Authentic, legitimate or proper practice was seen as challenging under certain circumstances. For the Muslim participants in particular the availability of

appropriate facilities for ablution was a particular issue. Ablution practice was adapted by Zaheem to include the use of 'wet wipes' (see figure 5.5), when he felt it inconvenient or impractical to use any other sort of facility. Arif describes being able to use the facilities to hand, but not without hazard and some strange looks from anyone who observed him preparing for prayer in the men's toilet (see figure 5.6). Both commented that where Islam is the predominant religion, facilities are much 'better', suggesting that as England is a predominantly Christian country this meant that facilities for Muslim prayer were not plentiful.



Figure 5.5 Zaheem's wet wipes

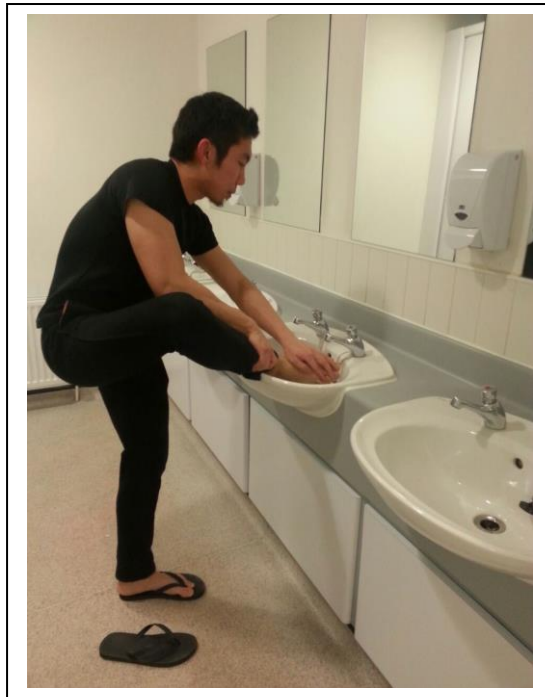


Figure 5.6 Arif washing his feet before prayer

....the thing... the UK... although is a very wonderful country a nice place to be with sometimes I find it hard to take praying waters cos the sinks are quite high in contrast Asian guys like me I'm really short so I sort of I need to hold my legs in a dangerous manner... and the thing is we need to wash both of our feet so sometimes when I begin with my right feet... that's why but where I put up and my left feet and wash...my right feet is slippery and I might fall a couple of times cos its slippery (Arif). (55-61)

Further challenges related to the space available.

...the first picture I took which was really of the space at (work) because in my mind that is the more, uh -- that -- creating space in the workplace is more of an issue. Uh, practising at home is a very, uh, convenient and comfortable environment (Zaheem). (13-16)

5.8.2 Theme 2: Expressions of practice

The second of the 'outward facing' themes relates to how participants expressed their religious affiliation openly to those around them. This links to the way

connectedness was expressed (see section 5.8.5). A contrast was seen between very concrete images of objects and symbols, sacred texts and literature that were used by participants to describe their practice, and the use of much more abstract images which were used to illustrate more personal and contemplative expressions of practice. Significant objects were frequently the subject of a photograph and discussed as having personal meaning. In some cases a special place had been created for important items. Jac for example, when talking about a pagan altar in his home, pointed out:

....different things which are important to us -- this little cup -- I mean we have our communion as well, you know. That's a little cup that I carved on my own. When I was in Crete (Jac). (761-764) (see figure 5.7)

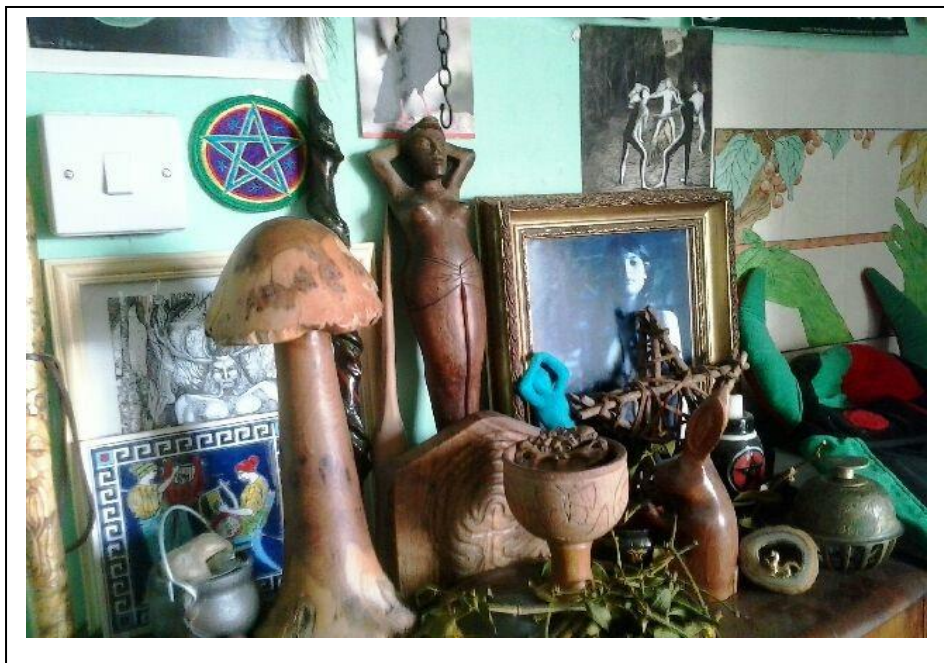


Figure 5.7 Jac's altar

Beth had a specific place for precious objects:

this is a little shelf that I've got at home of my favourite things for just -- I don't actually use it as a shrine. It's um -- I just like to see them, whereas I know if it was - I mean in the past I have had a shrine at home um, which is the place that we go over. It's not like that now. I don't have that sort of setup. Um, but this is a shelf on

a whole series of shelves in one of the rooms. Um, so, I walk past it every day. So, it's just visible to me. Um, and the items are very special to me (Beth). (138-144) (see figure 5.8)



Figure 5.8 Beth's little shelf

And for Anne the significance of an object (her prayer book) also included its tactile nature:

So that was really kind of important to me to have a picture of a prayer book and I think this is one of my favourite prayers as well and it's open to that page. Because - and actually, I bought this prayer book -- it's a really nice prayer book. It's leather bound and for me that's kind of important because it's quite tactile and I like the feel of it (Anne). (8-12)

For others objects were less deliberately placed, although, for example, Penny had a place where she kept important photographs and objects together and reported thinking about which objects to include when composing her photograph (see figure 5.9).

I was sitting here thinking what do I really want to say about the faith and I just looked at the piano... and it seemed... what's on there seemed to sum up so many things. Even the mug has probably some sort of significance ah yes that's climate challenge, actually I moved the photo round in order to make sure that was in (Penny). (63-66)

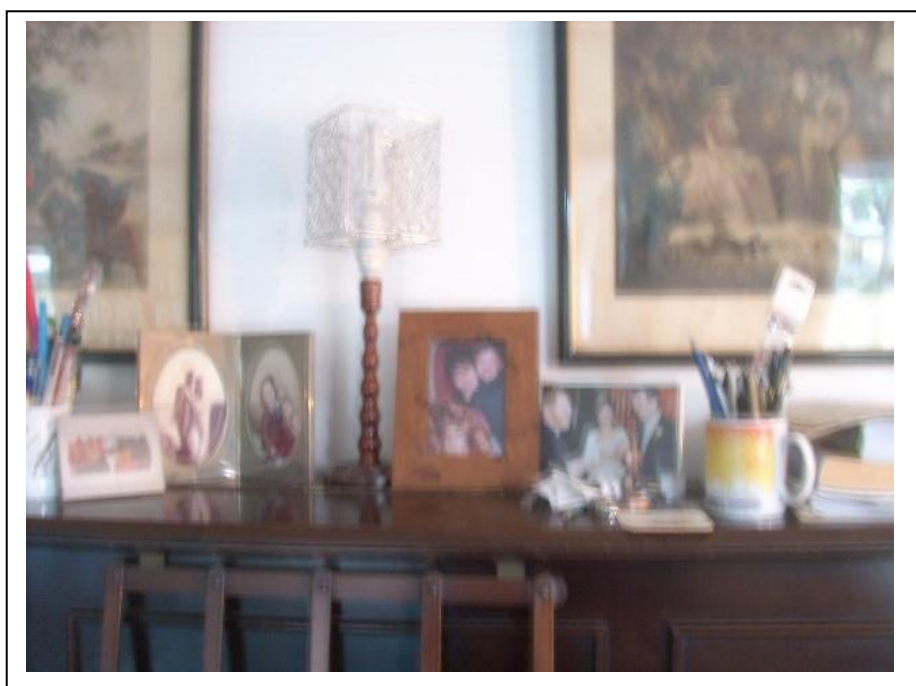


Figure 5.9 The top of Penny's piano

For Penny and Sanjit outward expression also included the role of music or chanting, respectively. Sanjit described being involved in a project to record Hindu chanting so it could be used as a resource and Penny talked about the role of music within the structure of Christian worship:

The idea, that you can take part in things. It's the whole of taking part in worship through music and how worship serves music... no how music serves worship. How worship informs music. It's quite complicated to think about (Penny). (208-211)

Expressions of practice also included the use of symbols, sometimes as something commonly worn, found about the house, or otherwise used within ritual, ceremony or worship.

I tend to have more um, like sayings from the bible in a bookmark or these palm crosses around just to remind me of what Jesus did for us (Jen). (39-40)

Sanjit felt it important to use the Hindu symbol for 'home' when he did power point presentations at the local school, as concepts of family and home are so central to the Hindu religion, even though few people realised the significance of this symbol when he used it on the screen:

.....and a lot of our world starts with the symbol 'home' because of the importance of family (Sanjit). (183-184)



Jac described the symbolism of his ring (see figure 5.10) and a stone worn around his neck:

They're called hag stones and to me they relate again to the goddess. Those things related to the female. So I think this is why this is important one, a stone with a hole in it. And uh, not all pagans wear them, but quite a lot do. We're loaded up with symbols, absolutely. We use them a lot. We use spirals a lot (Jac.) (676-679)



Figure 5.10 A photograph of Jac's rings displaying Pagan symbols

Anne however was cautious about wearing a symbol that demonstrated an outward expression of her practice:

What they [Baha'i] usually wear is a ring on the ring finger of their right hand which has a symbol on it which is called a ring symbol. And it has three elements which represent sort of heaven, earth and it's of course the manifestation of God and people. I don't wear it all the time..... but particularly if I know I'm going somewhere where there will be other Baha'i's and I'd like them to be able to recognise that (37-46)

And this is a necklace which is, again, the symbol of Baha'i which means splendour. So, again, I would wear that necklace at times when I wanted to be reminded of the faith or it was important to me to wear it. And I don't wear it all the time I have to say. And there are some times when I -- because, again, it's sort of our -- it's Persian calligraphy, but it looks like Arabic. One of the reasons I don't wear it is because I'm concerned about discrimination from people. I know the levels of discrimination that exist. I don't really want to be caught up in that so I don't wear it. It's really sad (Anne) (52-60)

Rachel felt that the use of images within her practice was not something that she was comfortable with:

I mean Judaism is not a faith that has kind of images either in prayer books or in synagogues (Rachel). (516-517)

Overall the use of symbols appeared contextual – some places and occasions were both safe and appropriate to use symbols but others were not. An outward expression of one's membership of a faith group was seen as largely desirable but there were also expressions of this carrying risk in certain cultural and social situations. Anne described pilgrimage as a very important expression of Baha'i practice – this is prescribed and clearly structured within the Baha'i faith:

....in 2010 on pilgrimage, you have to apply to do that and it can take a while and you can only go once every five years. So I have to wait five years before I can apply again. And you go for nine days and it is quite structured (Anne). (71-74)

Symbolism was linked by several people to a concept of outward expression and, for some, dress was also an important factor within both identity and the concepts of outward facing legitimate practice. Dress for prayers within the Muslim tradition was described by Arif as holding particular meaning:

It is for a religious purpose to make it valid in the eyes of G-d³ in prayer Muslim females are only supposed to be showing their face only without their hair or their ears just their face that's all and er they can't even show their hands but for the man or boys or any male gender its quite fine... as long as you cover between your belly button and your sort of your knees (Arif). (21-25)

When offering prayers at a public ceremony Sanjit explained that dress was important to contribute to an understanding of identity when educating others:

And it was special that -- I could dress up in my own identity. That shows that being a Hindu isn't always a religion which you practice amongst Hindus, you can also makeup and dress up in traditional clothing. Yet, we were one amongst them, yet we were different.... and that's how we educated them about what it feels to be celebrating Diwali in India (Sanjit) (85-88) (see figure 5.11)

³Where a quote from a Muslim or Jewish participant uses the word for the Divine, the following custom is upheld. As a sign of respect and reverence, the custom is not to write out the full name of G-d in any document that may be discarded or erased.



Figure 5.11 Sanjit in traditional dress

He also explained that to 'fit in' traditional dress was not always acceptable.

And again because I was in a school, I was told not to wear Hindu uniform because I wanted to be sure I was one of them ---- wearing western clothes, yet practising who I am inside (Sanjit). (167-170)

Structure and the visible expressions of practice such as ritual dress and symbolism have been themed under the manifest descriptive aspect of the lived experience of the participants. A larger amount of the narratives related to personal meaning of religious practice, and these aspects of the lived experience have been grouped into the following three intrinsic themes.

5.8.3 Theme 3: The impact of capacity and time

The amount of time that practice is likely to take, and how this might fit into a regular routine, was captured within the narratives. The Muslim participants, and to a lesser extent, the Baha'i participant, spoke of a daily prayer ritual which punctuated their daily routine. Others talked about routine in terms of weekly practice or more periodic practice. Jen talked about a weekly bible study for mums with young children (95), Penny described Sunday services (2-7), Zaheem explained Friday prayers as being a particular focus of his 'week'(141) and Rachel similarly talked about the Friday Sabbath meal as being a point in the week that you could always 'count on'(187). Routine was also established by events participants chose to get involved in – directly related to their religious practice:

On a monthly basis I have some other commitments which draws from me being a Hindu. So for instance there are some volunteer events that are being organised to attract volunteers who come and join groups which help in religious integration in C [place name] (Sanjit). (205-208)

Structured prayer times for Muslims needed some planning, although the adaptability of designated prayer times was seen as making practice possible. The need to prepare before prayer by doing ablutions (washing various parts of the body) did cause some issues with available resources, as discussed above (see figures 5.7 and 5.8), but in addition participants felt 'making time' was an important aspect of practice:

...the prayer itself, you know, is two to five minutes. It doesn't take very long so it's -- it's certainly doable (Zaheem). (66-67)

The concept that aspects of life – and other valued occupations – may begin to impact on the time used directly for religious practice was introduced by Penny. She felt the time had come to re-organise her activities so as allow for the time she needed for her religious practice. For her, religious activities needed to be prioritised:

This is the choir that I was singing in till Saturday night I've just left it, in a sense that's because I'm doing too many things and this is one thing where no-one else will suffer if I leave it - that's partly to do with what I think I should be doing, to do with how you work your faith out in your life. I'm not giving enough time or attention to things I think I should be committed to, this one thing I could do without (Penny). (235-240)

The issue of time was also picked up by participants who discussed the adaptable nature of their practice – which meant that it was possible to catch up on missed religious activity:

Ah it's like this ah Islam is a very simple religion and its very understanding there are numerous cases whereby sometimes I'm supposed to pray at lunch time that's one prayer called Zuhr at lunch time and sometimes I've got classes in language until 4 or 5 in the evening which means that I have to by-pass that midday prayers so in Islam if you like sort of by-pass that midday prayer its OK as long as you what is the English word for it er replace it by doing the same prayer at a different time yeah So that makes it adaptable yes very adaptable (Arif). (103-110)

In general a pragmatic approach to adapting practice was observed with participants feeling that they needed to be adaptable in order to do the best that the local situation allowed:

And it [Hindu beliefs] made a big significance because when I talk about religion it's not about very fanatic beliefs, it's about adapting your beliefs and faiths, to your local surroundings and how you pray (Sanjit). (134-136)

Life roles also impacted on religious practice in terms of both how time was used and what aspects of other roles contributed to religious practice. Sanjit for example worked as a chef and talked about using teaching basic cooking skills to people on low incomes, who were users of the local food bank, as being an expression of his Hindu core principles. Penny, a music librarian, considered music as integral to her religious practice, while Jen, a mother of small children discussed her role as a parent and the need for her practice to be 'child friendly', with tolerance of a crying child or a crèche available.

The impact of role and available time was also discussed in relation to practice that changes over time. Practice was seen as different at different points in the lifecourse. Several people discussed aspects of practice that they had experienced as children, or as younger people, and generally saw their practice as changing over time:

And I know in life we go through times when our spiritual life changes and I need, you know, we need to find something different, a different way of doing things (Beth). (93-94)

Your kind of understanding of what you inherit from your parents your understanding of everything you kind of draw on in terms of faith doesn't do what you expect, does it? It kind of carries on growing despite -- or doing something despite you, in a sense (Penny). (132-135)

Change in practice over time was described as 'development' within many of the narratives. For example, Jen and Mark particularly felt getting older had changed their views:

I think as I get older with my faith, God's creation is more important to me so when I was in my 20s, it didn't um, I didn't consider things like that [nature] so much (Jen). (23-25)

.....as you unfold with your practice of course things deepen and expand quite considerably. I've noticed in my practice uh, subject and object dissolve (Mark). (197-199)

And Jac struggled to pinpoint a time that he became a Pagan feeling it was a process that spanned many years of development:

So right through the '60s I was becoming a pagan in a way (Jac). (483)

It [practice] didn't necessarily have to have all the baggage of religion with bibles and theology and all the rest of it. It just seemed to be this natural unfolding process of the self inquiring into the nature of self (Mark). (33-35)

Whereas Penny felt 'religion' had always been part of her life since childhood because of her parents' situation. However, this did not mean she had not experienced periods of personal growth and development:

The church and the Christian faith was obviously just a given it was something we had - just our background. It was our background and yet it was something we kind of observed until I started to get involved when I was about 10 or 11 and slightly startled my parents, I think (Penny). (113-116)

Lastly there was discussion about religious practice as being part of life that was in itself part of a much bigger 'process'. Clearly doctrine and beliefs differ between the faiths represented by the participants, however, there was overall a sense that beliefs positioned one within a continuum that spanned time – and that time was bigger than one's own lifetime:

....so after death we return to the universe as whatever we return as. It's interesting to wonder what in fact we do return to the universe as really and whether there's reincarnation (Mark). (172-175)

I can't look at a new-born or a young baby and not see God. And um, when I looked at the photo, I thought, yes, you can't see the look but there's something about the looking at of the relationship between um, me with the baby, you know. And I just

feel that -- do you know that story of um, when they say the little boy goes into the nursery with a new-born baby in the cot and he goes up and he whispers in his ear, "Tell me what you remember about God because I'm starting to forget." And that's what I feel, I feel like when you're close to a baby, you're close to God. Its something about eternity (Beth). (21-30) (see figure 5.12)



Figure 5.12 Beth with a friend's baby

5.8.4 Theme 4: Relationship with the Divine

A further aspect of practice was discussed in terms of a dialogue with the Divine. The term used here varied: contemplation, prayer, meditation, mindfulness but there was a personal need for a relationship with the Divine, whether that was through organised and structured practice or very personal 'quiet' practice:

...my own conversations with what I assume to be God (Penny). (268)

And I guess prayer is not something that you talk about, some of it is kind of about just what you're doing is a pattern and a way of doing things. But for me it's more about -- usually because my head is trying to spin 50 plates at once and it's about how I put them in my head in some kind of order to then make sense (Rachel). (35-38)

Spending time in contemplation or prayer, where there was an opportunity to focus on a particular issue, was frequently expressed as important. In addition, there was a concept that it was necessary to lose oneself within this process. Peace and tranquillity were important aspects of time spent in personal contemplation, and this also linked to place. A quiet place to pray was seen as facilitating:

And even though church is an important place to pray, I think places like this that are peaceful and you can see God's glory and it's overlooking you know water and hills and everything, um, it is a peaceful place to be with God (Jen) (73-76) (see figure 5.13).



Figure 5.13 Jen's prayer place

Having a personal relationship with the Divine and engaging in quiet contemplation or prayer was seen as desirable but also not without challenges:

...the Friday prayer is quite important, uh, but what I've found -- especially in the last year or so -- it's been very difficult to fit in because I've -- I've been doing work not only at the university, but at the science park as well. At the science park there were no facilities (Zaheem). (150-154)

....on a very cold day it's really hard to wake up and pray in our morning prayers (Arif). (116)

From a 'doing' point of view prayer was on occasions seen as something that could be done while engaging in another occupation:

And indeed I pray when I'm on my feet. When I'm out in town and I see people. I send them a prayer, I ask God to bless them (Jac). (269-271)

...but the overriding sort of thing that comes from I think meditation generally is the joy and the beauty of things as they unfold (Mark). (46-47)

A need for time to reflect was also discussed. Rachel commented on a literal reflection when discussing her photographs (see Figure 5.14):

Sometimes it's easier to see the reflection than it is to see the actual thing (Rachel) (433)



Figure 5.14 Rachel's photograph about 'reflection'

Many participants discussed reflection as something that was either possible as a consequence of prayer or as part of the preliminary process of prayer itself. Jen spoke about reflecting on life, on her way to church:

....when you walk into the graveyard, [you] reflect on life and how short this life is really (Jen). (133-134)

Personal dialogue with the Divine was also seen as an opportunity to question and debate beliefs and practice:

Actually Jews question G-d all the bloody time (Rachel). (579)

Having a relationship with the Divine was seen as both needing time and space but also enabling a time and place of tranquillity and peacefulness.

The natural world around us was seen as an important expression of a creator God and, as such, being close to, or having time to experience, the natural world was seen as an important aspect of a relationship with the Divine. The photographs taken by participants often included an expression of nature and the discussion about these images included the notion that 'nature' helped the sense of connectedness or 'being near God':

But there was something about the light um, and that sort of sense of -- I think there's something about the word awe in nature, you know, that sense of um, the light breaking through the clouds and there's a sense for me, very often that evokes a sense of God (Beth). (58-61) (see Figure 5.15)

....the primroses come up and they're lovely they go on rapidly growing everywhere –It's lovely and the fact that they just keep on growing everywhere - It's a sort of argument in itself for an intelligent creator, isn't it (Penny). (163-166) (see Figure 5.16)

....it's just that it's a flower and I think given the season, it might have been like blue bells in the woods are more significant to me um, but it just reminds me of God's creation. And there was blue bells. And again like I mentioned before with the flowers, how the blue bells and God's creation is amazing and that was really significant (Jen). (26-32) (see figure 5.17)

And um, I've had that stone circle there now for almost 40 years, isn't that amazing. It's got lovely and green and mosses, isn't it? We call that Nemoton it means a sacred grove because there are a lot of trees around there (Jac). (5-9)



Figure 5.15 Beth's picture of light breaking through the clouds



Figure 5.16 Penny's picture of primroses



Figure 5.17 Jen's picture of a flower

A relationship with the Divine was, understandably, articulated as a very personal aspect of practice. The meaning of this relationship related to doctrine and belief, however there were common features of this aspect of religious practice that included the peaceful space and place, making time within a busy day and having a connection with the natural world.

5.8.5 Theme 5: Experience of connectedness

The experience of connectedness when discussing nature was continued when participants discussed religious practice with others. The notion that practice was both an individual but also a collective activity was clear. Participants discussed

practice with a group of others as being of particular significance and something that was 'missed' when not available. This idea of connectedness linked to other aspects of practice, including place and ritual, and also aspects of the authenticity of practice:

...it is actually a lot better to pray as a group than to pray as an individual (Zaheem). (119)

Anne described seeking out other Baha'i, whenever she went to another area or another country, because she wanted to connect with others who shared her beliefs:

And there are Baha'is all over the world and I know wherever I go in the world there will be Baha'is there. And when we have travelled to other places, we'll get in contact with our national spiritual assembly to find out how to contact their national spiritual assembly. Say we're going here, where are the nearest Baha'is so we can get in touch? (Anne). (103-107)

The concept of joining with others to experience shared practice was so important to Sanjit that he described inviting other non-Hindus to celebrate Diwali, so that he and his wife would not be celebrating alone (Figure 5.18).



Figure 5.18 Sanjit and his wife celebrating Diwali

So this is quite a significant picture for us. This is the Diwali celebration where the first year when we were in C [place name] we felt really lonely that only me and my wife shall celebrate Diwali amongst us. So the next year we opened it up and we said to people from the interfaith forum, do you want to join us and they say okay we arrange that in a church. So we had the whole festival in a church (Sanjit). (70-75)

Belonging to a group or a faith community was expressed frequently during the narratives as being an important aspect of practice:

So during the fasting month there is a concerted effort by everyone to try and pray as a group (Zaheem). (145-146)

...how I look at the world. A lot of it is around kind of connections, I think a lot of it because Judaism for me is not just about faith it is about a community (Rachel). (528-529)

....yeah we're quite a small group and we've known each other for quite a long time (Jac). (239-240)

In addition being part of a community was seen as helping one's own development of practice:

....your own faith is nurtured by the ways in which you grow to care about other people's faith life and other people generally (..) sort of through the community (Penny). (11-13)

The social aspects of being part of a faith group were also discussed, with the inclusion of food on occasions and an opportunity to 'be with friends':

I remember how nice it would feel for you to go to a big and spacious mosque where back in my country you have friends on your right side your left side you can chat about lots of things I particularly miss this occasion because (..) in Malaysia in most days after major prayers like Friday prayers there is going to be lots free food and everything (Arif). (129-133)

Community and fellowship were discussed in terms of being with people who had a common understanding or worldview:

And we'll end up having a conversation that's just about food and laughing at other people's conversations in places you kind of know, but you've automatically got that sense of community irrespective if it's somebody you know or not because you have that thing in common (Rachel). (608-611)

In addition there was a notion that it was important for groups to be welcoming and 'open' to anyone who may want to join with any aspect of practice:

...one is of a church door which is um, quite significant because I think about the groups and how society is becoming more secular, and Christian faith for me is about being very open and um, welcoming (Jen). (137-139) (see figure 5.19)



Figure 5.19 Jen's picture of a church door

Participants' feelings were expressed throughout the interviews with photographs frequently being cited as 'making me feel.....' or more cognitively 'reminding me of...' The phenomenological view of embodiment (Finlay, 2011) is significant here, because how each participant experiences the world through their own body and the feelings that they experience are an important aspect of the lived experience as it relates to any task or activity:

....we were telling them what it feels to be a Hindu (Sanjit). (143)

....church to me as somewhere you feel very comfortable (Jen). (116)

I do quite often feel like an on-looker um in in everything to do with faith I analyse it sitting back and thinking that's (..) that's good that that's happening (Penny). (107-109)

The expression of feelings was related to place, with a spectrum of expression from joy and wonder, the feeling of being uplifted, through to sadness and regret. Mark gave the most explicit account of embodiment when talking about a place for meditation:

And I always thought that was very poignant of um, of spiritual practice really that we're inside this body and inside the room looking out through the uh, sense gate, with our five sense gates rather than three, the touch, um, vision, taste uh, and the other senses and how we sense them and how we're able to watch this going on (Mark). (147-151)

Missed aspects of practice, or a lack of opportunity, were expressed in terms of sadness or regret, often directly linked to the availability of community and or connectedness. Religious groups that are in a minority may 'miss' wider opportunities for socialising and connection due to their small numbers. This was expressed by Arif who, when speaking about a large and spacious Mosque, commented '*I particularly miss that (133)*'.

Experience of connectedness as an aspect of both the relationship with others and the embodied experience, the feelings that practice may evoke, was seen in the discussions but, in addition, relationships with other significant people especially within the family were also a feature. Educating one's children in aspects of practice, and the notion that home and family life were important, were also seen as expressions of practice:

.....particularly as a mother now of two children, I try and live my life um, and my family life of what a good Christian would be (Jen). (45-46)

So I think that was a really important pilgrimage for us to go as a family it was really lovely to be that family and be that threesome (Anne). (91-92)

Connectedness with others was also expressed in terms of inspiration, both people who had inspired practice but also ways in which one's own practice may influence others:

....[she] is a marvellously shining example of faith in action one of my best people in terms of what she gives to other people and a very wonderful example of just unfussy practical faith (Penny). (53-55)

...when I was a young Christian at my mum's church, there's older people that were significant in my life when I was younger in showing it through their actions (Jen). (148-150)

I know there's always individuals who inspire you, [people] I've met along the way (Mark). (229-230)

It's amazing how people can be a window to faith for other people (Penny). (298)

It was also possible for religious practice to include spiritual experiences where a connection to the Divine was 'present'. Beth described her experience on November 11th (Remembrance Day) when shopping at 11am. She described this as a moment when she would have taken a photograph if she had had the camera with her:

And just when I got to the top of the car park -- just as I came out onto the shopping mall, over the Tannoy came the Big Ben and the things -- and there was a -- it was just the fact that er, everybody stopped. Um, there was a man um, in full sort of like work suit, all suited up, shirt and tie and uh, obviously one of the management and he just came out of the office and he just stopped right where he was and it was that feeling, I could see people over on the far side of the balcony around the food places and stuff and everybody just stopped. And I just thought, "Where is the camera?" I really wanted a camera, because to me there was something about that -- that um, it wasn't just the fact that we were stopping for the armistice, there was something very spiritual in it. Um, it felt spiritual. You know, I felt a sense of um, a presence in the way in which that happened (Beth). (190-201)

Practice was also discussed in relation to connections both between individuals and within groups including the family. On occasions practice was discussed within the

concept of a loss of connectedness or community, and this was more apparent in groups that may be considered minority groups, at least within the geographic area of this study:

.....you may have challenges in life but I always find that God is really there with my work and that he always puts me in the right place at the right time um, and to meet some amazing people. So um, I don't get it always but uh, I think I'm very connected with God (Jen). (184-187)

5.8.6 Theme 6: Worldview

Participants tended to orientate their practice within a worldview that was linked to the doctrine and beliefs of their faith, a way of viewing the world that helped them to understand the world, and consider their place within the world:

.....the important thing is, the daily remembrance and the continual remembrance that you know no matter how clever or smart you are, uh, it's (..) you're just a very small bit of (..) of something very grand (Zaheem). (194-197)

The concept of 'sharing' and a 'respect' for others beliefs was a feature of the experience expressed:

There are symbols here that are -- things that have been put together to teach people how to respect others and others views, yet there is a message which entirely gives a different symbol. Yet it somehow all comes together in the fact that when we have to live with problems and live with solutions and we live our spirit, we have to integrate religion. (Sanjit). (189-193)

...that's what the faith's about, it's about community and sharing with people (Anne). (102-103)

...if you eat properly in your house and your neighbour is starving, then you're not a Muslim. Uh, you know, it's very, very clear that sharing is a big part of it (Zaheem). (216-218)

...things that you send out come back to you. So it's not a good idea to send out bad vibrations to people. Not a good idea to send out hate or things like that because it comes back to you (Jac). (274-276)

...little moments of where you got these little sort of like no-self moments um, which you are reminded of the uh, of the um, transient nature of the self. I think this is central to Buddhism (Mark). (200-202)

How to relate to other people and live a life that demonstrated one's faith were frequent themes within the narratives. The need to demonstrate core values and ways of thinking that expressed tolerance and a respect for all – in the way that life was lived, expressed by the participants. Culture was seen to impact on this and again, people from groups that may be viewed as a minority were anxious to express their worldview as sitting within, and tolerant of, a Christian culture.

The diversity and mix of religions was seen both as a positive aspect to society but also as causing some degree of chaos and complexity. In addition the concept of culture was, for some participants, difficult to separate from their religion with, race culture and religion being complex and intertwined concepts:

...the whole concept of actually faith and race. We're all parts of different mix-ups of that, there isn't actually one thing that is particularly you, it's the jigsaw that makes up your life (Rachel). (129-131) (see Figure 5.20)



Figure 5.20 Rachel's picture of different mix-ups

A sense of social justice was expressed by some and included issues of diversity and equality.

I really have enormous difficulty with a church which can't at least accept that people can be made in Gods image even if its not the same image as them (Penny). (263-264)

I have gone to orthodox synagogues and I can quite happily follow the Hebrew without any problems, actually because of my gender they wouldn't necessarily want me to do the things that I would want to do (Rachel). (214-216)

Participants expressed their religious practice as providing them with a particular way to view the world around them – a lens through which to view the world, but also a lens through which the world could view them.

5.9 Cycle 2 Phenomenological Reflective Lifeworld analysis.

Initially the analysis focused on the descriptions offered by the participants, grouped into a number of themed areas (Cycle 1). A more reflective consideration was then given to the data – as the second part of the analytical process as advocated by Dahlberg (2006) (see figure 5.1). Dahlberg (2006) described ‘bridling’ as a reining-in of pre-suppositions and the researcher’s own lived experience (see section 5.3). I initially agreed that bridling was more realistic and achievable than bracketing, as my own experience of religious practice inevitably affected and interacted with my interpretation of the data and this needed to be acknowledged rather than resisted (Dahlberg and Dahlberg, 2019).

Dahlberg (2006) argued that adding in my bridled reflections would enable a phenomenological ‘worldview’ of the data through the eyes of the researcher. Up to this point, themes have been dealt with individually, but the second cycle of analysis required a more reflective stance and consideration as to how themes connect and weave complexly together (Saldana, 2013). The complexity of our lived experience is a key consideration for the use of a facet orientation (see section 3.3.2), with the intention of illuminating the complex phenomenon of religious practice. This section concludes with a reflective description of religious practice based on the everyday experiences of the participants, my own reflections, and a consideration of the doing, being, becoming and belonging nature of this occupation (see section 1.4). Although Dahlberg called this second cycle ‘analysis’ it is effectively a reflective view of the data, with my own thoughts unbridled, and is closely aligned to the auto/biographical approach that by this time I was seriously considering.

Direct comparison between different faiths may, of course, be possible but the objective here was to explore the value and meaning of religious *practice* for individuals across faiths, genders and ages, and in this way to shine a light on the essence of religious practice for any/all faiths. This approach embraces variations and differences as well as common features.

5.9.1 Authenticity of practice and the impact of capacity and time

Measuring performance against a perceived norm featured prominently in participant's narratives. This prompted me to consider whether I measure my own practice against some 'normal expectation' and if so; *how* do I measure this?

Attendance at a Sunday service is something I engage in most weeks and this is important to me in enabling me to feel connected to both God and to a church community. It is also about routine and familiarity; I feel comfortable engaging in this practice and feel I have 'missed' this activity in those weeks where I am unable to attend a Sunday service. Over many years it has become part of my weekly 'routine' and is firmly embedded in what Kielhofner (2008) defined as the habituation aspect of occupational performance, that he argued is a key consideration for occupational therapy practice.

Time spent in contemplation is also important, either on Sunday with others, or privately. For me this is less about a quiet space and much more about making time, and so the concepts of authenticity, capacity and time are closely interwoven for me. I certainly engage in prayer while doing other activities such as driving or knitting. A quiet space, in strictly physical terms, is less important for me than time and space

within my own thoughts and cognitive priorities. Activities, where I can experience flow (Emerson, 1998; Reid, 2011; Walters *et al.*, 2014) also give me some time to escape the world and talk to God.

Participants described their practice as both needing time and space and giving them time and space and, as a Christian, I can also appreciate both of these aspects of practice. I feel driven to make time and space for worship and prayer, and sometimes this is a struggle, but the time I then spend in 'religious doing' gives me a sense of peace and wellbeing. Wellbeing was also a word not used by participants and I am mindful of, again, imposing this term, familiar to me in my professional work, onto the narratives provided by participants. Although 'wellbeing' is very descriptive of the feelings experienced in the summary essence of religious practice presented at section 5.10, I have chosen the word 'comfort' strictly because 'wellbeing' was my term and not one used by the participants.

Authenticity of practice for me is related to making time, when I could very easily simply not make time and be 'too busy'. The concept of flow, or being lost in an activity to the extent that we lose our sense of time (Wright *et al.*, 2007), is not an aspect of practice that was described by all the participants but, like me, it was a feature for Jen and Mark, with others discussing a need for space or contemplation or, in the case of the Muslims in the study, a clear requirement to carve out the time to pray five times a day. It was also clear that contemplation and/or prayer do not align absolutely with the concept of flow, and the relationship is complex. Diaz (2015) discussed the earlier work of Csikszentmihalyi (1997) and Maslow (1968) and particularly highlighted the role of heightened affective experiences but also clearly

stated that flow can only be experienced when basic survival and safety needs are not threatened. Surely this was not the case with prayer as a threat to safety, personal community or even global safety, may precipitate the need to pray (Roberts *et al.*, 2009).

Practice measured against a set of defined rules aligns with Hocking's (2009) assertion that occupational scientists need to understand the rules of an activity and who is making and interpreting those rules. It was clear from the data here that, while rules were important, so was the concept of individualised practice that meets a much more personal need. This is a key consideration within health and social care culture and a significant aspect of person-centred care (Waters and Buchanan, 2017). The psychology of religion has also identified a complex relationship between the personal and the 'public' expressions of religion. McGuire (2008) identified that:

'...a person's religion is not a miniature copy of their group's official religion' (McGuire, 2008 p6).

It was interesting that non-Christian participants felt the need to position their practice within a Christian understanding. Many explained aspects of their practice to me using perceived similarities between their practice and what they understood Christians might do. This may mean that any composite description of religious practice needs to be defined as relating to the UK, where this study took place, as this description might be articulated differently if this study were to be conducted in another country or culture. Participants clearly viewed me as an insider, making the assumption that I had my own understanding of religious practice. I, like some participants, wear an outward expression of my faith in the form of a 'gold cross' necklace. This is not an item of jewellery for me but an important symbol. I reflected

on whether I should have removed this before the interviews to perhaps make my own religious position less obvious, but I would feel very uncomfortable removing my cross, and how much difference this would have made is impossible to predict.

5.9.2 Expressions of practice

Reflection on the data (and some of the memos written) indicate that terms such as *religion* and *faith* and to a lesser degree *spirituality* were used interchangeably by participants. I initially felt that I should have provided a clear definition for participants, to ensure a common understanding and usage of terms but, on further reflection, I felt this would have limited the breadth of practice described.

The data in my study suggested that definition boundaries between religion, spirituality and faith (McGuire 2008) are not significant distinctions when the objective is a person-centred understanding of the lived experience of religious practice. Differentiation, if it exists at all, must reside with the individual as a personal distinction. From a reflective viewpoint I would term my religious practice as, firstly, religious and, secondly, spiritual, with activity, such as prayer and receipt of sacraments, firmly in the religious category. This is perhaps illustrative of the individual understanding of the terms and suggests this is an area of academic argument that is unhelpful when trying to illuminate and understand everyday practice. As discussed in chapter 2 (see section 2.2), while there has been much academic debate about the terms 'religion' and 'spirituality', in everyday life these terms are frequently used interchangeably. When examining 'religion-as-practised' (McGuire, 2008) or lived religion, any individual's experience and practice is likely to be multi-dimensional, diverse, malleable or even 'messy'. The personal way that

each individual uses the terms religion, spirituality or faith should be the focus of occupational therapy practice, and not an academic debate about how professionals define these terms.

The themes suggested in cycle 1 were separated into descriptive or more outward facing practice and then more inward facing meaning laden practice (see section 5.8 and table 5.3). This separation was one that I struggled with, and in the various iterations of the condensed themes, I abandoned them and then later returned to them. In reflecting both on the photographs and the narratives there was a clear element of description that largely relates to practice, which is determined, at least initially, by conventional concepts of religious practice. This more outward facing practice fits with Braun and Clarke's (2006) concept of manifest themes, whereas faith-based practices, with a more inward expression of individual meaning, can be termed as latent themes. This has also been described as the 'horizontal and vertical' aspects of spirituality (Shultz 2004, Johnson and Mayers 2005) and will be discussed further in section 7.5.

5.9.3 Connectedness

Connectedness was discussed as one of the most meaningful aspects of practice with participants talking about numerous levels of connectedness. These were to the Divine, in some circumstances, often to other worshippers/practitioners and, in addition, to previous generations of practitioners. Being part of a continuum of practice that extends beyond their own existence either before birth or after death, and being part of a tradition, was something that the participants felt it was important to continue. The overlap between religious practice and cultural practice can be

challenging to 'un-pick' in this regard (see section 2.6), but in this aspect of analysis I also considered the change over time that occurs within practice across a lifecourse. This is something I reflected on. I recall practice with my mother as a child and the need to become familiar with slightly different practices in different churches through my early adulthood, when I moved and, relatively often, found myself in a different church community. My religious practice is not rigid or constant but, instead, it changed and developed, partly at least in response to my experiences.

I would say that the issue of connectedness links with the occupational concept of belonging (see section 1.4), with participants all reporting religious doing within a group of worshipers or practitioners, but interestingly this was much less related to place than I would have anticipated. A number of participants discussed the place of worship/practice as being important, but most saw religious practice as something that could, where necessary, flourish without access to a particular place.

Connection with other practitioners and a connection with the Divine were more important concepts than place. Place is important but not a determining factor and religious practice can rise above the need for a specific place and, as such, be conducted anywhere.

Connectedness was also discussed as related to sustained engagement, which is again something I realise I had assumed in relation to the participants in this study. I recruited people who identified themselves as religious practitioners and, as such, were all engaged in sustained practice, many over many years. The data gathered will have been influenced by this and it might have had some different features if some of the participants had been infrequent or lapsed practitioners. They all freely

identified themselves as practitioners of a specific religion for the purposes of this research but a number discussed some challenges, in terms of open identification related to dress and symbols and a reluctance to be associated (wrongly) with political groups (see section 5.8.2). This was a particular challenge for Anne, Zaheem and Arif. This links with occupational identity, which has been debated within the occupational science and occupational therapy literature at length (Christiansen, 1999, Laliberte-Rudman, 2002, Kielhofner, 2008; Phelan and Kinsella, 2009). Identity is seen as a complex, dynamic state that evolves and changes over time. This was reflected by some participants who expressed their practice in terms of a story recalling their religious practice as it has developed and evolved over time. Kielhofner (2008) asserts that occupational identity is 'a composite sense of who one is and wishes to become' (p 106). This introduces the concept of a future practice, expressed within the occupational science concept of occupation as 'becoming' (Wilcock, 1998). This aspect of any occupation encompasses a concept of future practice and potentially changes to practice over time. What we 'do' is not static, but changes dynamically in relation to complex influences including time. As discussed earlier, various theories of faith development (see section 2.7), would support the concept of developing and evolving practice over time which was expressed by the participants here.

5.9.4 Worldview

Worldview was expressed by participants as constructed within their religious beliefs. Several stated that their belief systems gave them a specific way of looking at the world and dealing with the world around them. This was reflected in literature concerning religious coping (Pargament *et al.*, 2000), which is prevalent in the

'psychology of religion' literature but, again, not discussed in occupational therapy or occupational science literature extensively.

Having a blueprint for life with philosophical ideas about the nature of human existence is certainly something I can relate to. I have throughout this study been conscious of my own worldview and, in following the bridled way of exploring the data, I have endeavoured to keep my own worldview 'remote' and attempted not to influence my interpretation of the participants' views in the first cycle of analysis. This has been challenging at times and has caused me to consider what is obvious to me but not obvious to the reader (who may have a more secular view of the world). By 'releasing' my own reflections and incorporating them into my analysis of the data in cycle 2, I can present a reflective description of religious practice true to the participants voices but also truthfully acknowledging my own interaction with the data.

I have made no attempt to explore philosophy or theology in relation to the various religions practised by the participants. In everyday life this will have relevance on a fundamental level, but the focus here was on understanding the meaning and expression of religious practice and, as such, to take an almost blinkered view of occupational performance, without in-depth consideration of doctrine. This was done with the intention of illuminating the importance of the 'things people do' (Hocking, 2009 p 140) as part of their religious practice, and help a better understanding of the meaning and importance of these everyday practices, especially for occupational therapists, if and when barriers to religious doing arise.





The use of photographs has, in addition, given the opportunity to literally glimpse the worldview of the participants and to consider a range of viewpoints. As one participant said:

It's just, there is never just one view of anything is there I suppose that's what you can say (Penny). (137)

The objective here was to explore religious doing from the perspective of the participants and their photographs have aided this exploration by offering some explicit examples of 'doing' that can offer the reader, as an outsider, a unique and privileged view of religious practice.

5.10 Occupational science and the essence of religious practice

The objective in my study was to explore the value and meaning of religious practice for individuals across faiths, genders and ages; something that people do and experience in their everyday lives. When discussing the methodology used here, I started by saying that occupational science was the conceptual overview (see section 1.3) and so it is appropriate to return to this as a framework to help describe what Dahlberg (2006) terms 'the essence' of religious practice. The occupational science aspects of 'doing, being, becoming and belonging', are key aspects of any occupational experience (see section 1.4), and I have therefore used these to summarise the essence of religious practice as described by the participants in this facet (see table 5.4).

Table 5.4 Essence of religious practice in relation to doing, being, becoming and belonging	
Reflective description of religious practice within the everyday lives of the participants	
Composite 'essence' of religious practice using occupational science concepts	
Doing The essence of religious practice involves familiarity of ritual and celebration, activities that re-affirm doctrine and beliefs and link to one's worldview. There is comfort in participation in a range of habitual practices.	
Being The essence of religious practice involves contemplation of and a connectedness with, the Divine or the Other, requiring time and space and also facilitating time and space within busy lives.	
Becoming The essence of religious practice is part of a developing process, we grow within our religious needs and expressions across our lifetime. Religious practice is ever changing, adapting and growing.	
Belonging The essence of religious practice involves participation with others, a collective and frequently community co-occupation. There is a sense of belonging to both the local family or community but also a sense of belonging to a more global group and a group spanning past and future generations.	

5.11 Study limitations

As with all research endeavours there are inevitably some restrictions. One limitation of this study was the potential costs associated with the production of photographs, provision of cameras and the size of colour images which publishers may not want to include extensively in some journal formats. Disposable single use cameras were supplied to those participants who did not want to use their own camera (n=5). Technology relating to the use of cameras in mobile phones is now

changing this issue, with the quality of images recorded on phones being frequently better than disposable cameras and therefore the use of phones for this type of data collection is increasingly negating the cost of cameras (Lal *et al.*, 2012). At the point that ethical approval was granted for this study (2013) (see appendix iv), Photovoice guidance was still advocating the use of disposable cameras due to the variable quality/pixels available in mobile phones. Since this time the guidance has altered to reflect the developments in mobile phone camera technology. If I was conducting the research now I would design in the use of mobile phone cameras to maximise the possibility of images being captured spontaneously and negating any processing costs.

The Journal of Occupational Science considered some visual research methodologies, asking 'how do we see occupations?' (Hartman *et al.*, 2011). Photovoice was reviewed as a 'community based participatory research technique'. The aim was articulated as providing every participant with an opportunity to present and discuss their opinion and share these opinions with others. Limitations of the use of this type of technique included the complex cultural, economic and lifestyle barriers when looking to communicate the meanings and purposes of occupation. Although frequently seen as adding complexity, cultural and religious diversity was actively sought in this study, and it can also be argued that the visual nature of photographs reduced barriers to communication and provided a focus for discussion without the need to simply verbalise abstract concepts.

Hartman *et al.*, (2011) also point to the considerable ethical issues over and above the 'standard' including third party consent, the rights of both the photographer, as

the owner of the image created, and the rights of any subject, when the ultimate use of the image is unknown. The need to obtain third party consent from anyone who appeared in the photographs taken was made clear to participants and an appropriate consent form made available to them to use. It is however possible that the need for this additional process was seen as a complication and may have limited the taking of photographs in some places, situations or events.

As participants were principally recruited via PCFCD it is also acknowledged that they were all likely to be tolerant of other faith traditions and unlikely to express intolerant views or opinions. For this reason, the views expressed by participants may, somewhat predictably, take a fairly liberal stance, and be skewed from the view of other members of religious groups. There was no intention to generalise findings in any way, but only to explore the lived experience of the participants involved, and so this is not a concerning limitation.

I originally thought that a selection of participants might be necessary from all those who volunteered. Only between 8-12 participants were sought. This enabled a range of faiths to be included but a manageable amount of data to be analysed. In anticipation of a greater number of volunteers than this, I gave potential participants information about the possibility of volunteering but not being selected to take part. After sending several recruitment emails and calling 'leads' provided by PCFCD and the university chaplaincy, volunteers only totalled 13, and of these only 12 decided to participate, and of these 12 only 10 completed the data collection process. Therefore, a selection of participants to meet the target number was not required. The participants who did complete the project were from a range of faith groups,

both men and women, with an age range from 35-80, and as such met the project objective. However, I recognise that a wider pool of potential participants would have enabled selection and potentially widened even further the age range and diversity of faiths participating. A larger number of participants was not an objective and so although the 'pool' might have been broader, it was never intended that the sample group would be more than 8-12 people and, therefore it was possible to manage the data collection and analysis to provide rigorous findings. Overall, while limitations are acknowledged, they have not impacted significantly on the outcome of this study.

5.12 Discussion

Hocking (2009) suggested that occupational therapists need an understanding of their clients as occupational beings through an understanding of 'meaning, demands and context' (p140). Generation of knowledge needs to be based on 'more than our personal experience and conjecture' (Dickie, 2003 p 121). This is certainly the case when occupational therapists are increasingly working in multi-cultural and multi-faith environments where people's religious practice may well be outside of the therapists' own experience. If knowledge is based on the available information about a faith – key beliefs, ceremonies and rituals, and key dates, – occupational therapists are in danger of conjecture, framed within their own cultural norms (Swinton, 2010). They may also make assumptions that 'other religions' are so different from their own experience that they know nothing about other religions' lived reality (Henley and Schott, 1999). This view, often framed as being ill-equipped to deal with religious practice, has been a persistent feature of successive surveys of occupational therapists (Thompson and Gee, 2018). Occupational therapists continue to find this

area of 'doing' extremely challenging. This facet highlights a number of the features of an occupation that Hocking (2009) proposes we explore i.e. what the occupation involves, where is it carried out, what rules govern its performance, how people judge their performance, what objects are important, and what language is used. By examining the answers to these questions, it is possible to step back from the individual activities described here and see common features of religious practice as an occupation. This facet suggests there are commonly understood issues, such as, individual interpretation of the rules; use of ritual and symbols; a need for connectedness; contemplation or reflection; and worldview, that constitute meaning throughout people's lives. This suggests a concept of 'people of faith' having common occupational understandings that may facilitate cross-faith encounters.

The objective of my study was to explore the value and meaning of religious practice for individuals across faiths, genders and ages. This has culminated in a 'lived' reflective description of their religious doing. No attempt was made to explore philosophy or theology in relation to the various religions practiced by the participants. In everyday life theology will have relevance on a fundamental level but the focus here is on understanding the everyday lived experience of the participants, and as such to take a focussed view of their occupational performance from a practical 'doing' perspective. There is scope for further work examining individual activities within different faith traditions and linking theological concepts with 'doing', i.e. ablutions before prayer or participation in Holy Communion, however the intention here was to reflect on the core issues of 'doing' across faiths, as experienced by these participants.

5.13 Conclusion

The study reported here was undertaken with the intention to illuminate the importance of the things people do as part of their religious practice, and enable a better understanding of the meaning and importance of these everyday practices especially if and when barriers to participation arise. As a practising Christian, I would not be content with therapy that did not include this most significant and valued occupation, should I ever need the services of an occupational therapist. The reflective description of religious practice (or doing) offered here suggests there are core aspects of 'doing' that are seen across the faiths or traditions of the participants. While, in keeping with phenomenological principles, the findings here are not generalizable beyond these participants, but some transferable insights, and an empathetic understanding of the experiences of the people represented here, may resonate with occupational therapists and encourage a reflective examination of their practice with people in similar circumstances. I have orientated the findings of this facet within the occupational science principles of 'doing, being, becoming and belonging' but in addition further occupational science consideration is needed to explore influences on participation in more depth. What aspects of occupational injustice may be experienced if barriers to religious doing arise for individuals? The participants in this facet were all practicing their faith with minimal challenges, but on reflection I concluded that the next perspective, or facet, needed to progress this exploration of religious practice as a valued occupation, was a study examining the lived experience of barriers to participation in religious practice. This view informed the third facet that follows.

5.14 Reflections on my research journey

I was able to acknowledge my auto/biographical relationship with the data in this study, in a way that facet one had not facilitated, however it was not until I was reading and planning for facet three that I came to realise the auto/biographical nature of the photographs and how these related to the participants' stories. So many of them told 'stories' about their religious doing, sometimes involving other players and often at different points in their lifecourse, even though I had not asked for anything other than pictures and information about their current religious practice. The opportunity to bring in my own reflections in the second phase of analysis felt initially like a breakthrough in terms of my own experiences and reflections but by the time this photovoice study was nearing completion I had already experienced a period of illness that had caused me to re-think my position again.

Chapter 6 Facet Three

Perspectives on interruptions to religious practice:

An Auto/Biographical study

6.1 Introduction

This facet further explores religious practice as an area of occupational performance by examining the experience of people who have faced a challenge or barrier to their participation (see objectives section 1.5). Occupational science, the conceptual viewpoint adopted for my thesis, frames barriers to participation as occupational injustices (see section 1.3) and considers that all humans have a right to participate in occupations meaningful to them (WFOT, 2006). Occupational science seeks to understand the complexity of human occupation, and occupational therapists often seek to use that knowledge, in enabling clients to overcome the challenges that they face when they encounter a barrier to participation in an occupation of value to them. It is therefore appropriate to consider the experience of a barrier or interruption as part of the overall exploration of religious practice offered here. Barriers also constitute biographical disruptions (Bury, 1982; Reeve et al., 2010) which have been defined as ‘challenges to people’s taken-for-granted assumptions about their bodies, selves and social world’ (Hubbard et al., 2010 p136). When a barrier to participation occurs, a person’s occupational ‘story’ is disrupted. In this facet, I have explored barriers to participation in religious practice caused by physical, emotional and environmental challenges, shedding additional light on the objective to explore value and meaning of religious practice and to consider the meaning of, and influences on, participation (see section 1.5).

As explained in the introduction to this thesis (see section 1.1), my own experiences as a practicing Christian were instrumental in my choice of PhD subject, and my insider perspective has already been acknowledged (see section 3.5). Furthermore, when considering the analysis of the photovoice study, I had struggled with my position as researcher in relation to the data generated. The adoption of a bridling approach (Dahlberg, 2006) was helpful in enabling me to acknowledge my own beliefs and life view, particularly when incorporating this into the reflective description of religious practice. However, I still found myself feeling that my own experiences and eagerness to fully explore this occupation that I value so much, was not reflected in my work. This came into considerable focus when, during the course of my studies, I was admitted to hospital one Good Friday morning, resulting in my 'missing' Easter worship and activities, as I would normally have expected to experience them. I took a break from my studies, due to ill-health, and during this time I found myself reflecting on my personal experience of a barrier to my own religious practice. When I returned to my studies, I discussed this with supervisors and others. At this time, I needed to decide on the design of another facet (or facets) and I became increasingly aware of how relevant my own recent experience had been. By experiencing a sudden interruption, the value and meaning that I placed on my own religious 'doing' and participation became clear, and I decided to examine others experience of a barrier to their religious practice, in order to further explore value, meaning and participation.

6.2 Auto/Biography

In this facet, auto/biography enabled me to further develop my bridling stance in the photovoice study, where bridling had enabled me to consider my own faith position, in relation to the findings, and incorporate this in to the analysis. The process followed, as advocated by Dahlberg, *et al.*, (2008), required a staged approach, with bridled (objective) consideration of the data before an un-bridled (subjective) consideration was given. The use of auto/biography in this facet enabled me to develop my own voice further and use my own relevant experiences as data. By interrogating my own, as well as others', experience of a barrier to participation in religious practice, I aimed to turn our accounts towards a larger consideration of this phenomenon. This facet has focused on the third aim of my study, which is to consider the meaning of, and influences on, participation. By considering people's responses to a barrier, it is possible to further explore their attitudes and understandings related to participation.

As already discussed, (see section 1.1) religious practice is a highly personal and individual activity, and any attempt to uncover the individualistic meaning, or to understand the experience of barriers to participation, will be challenging (Jones, 2004). Methods are therefore needed that recognise the private, personal, and sensitive aspects of religious practice (Swinton and Pattison, 2010). The use of photographs had already proved helpful in this regard, helping participants' in facet two discuss personal and private aspects of their religious 'doing'. In this third facet I chose auto/biography as a way of incorporating my story and seeking other people's stories, but in addition auto/biography has been found to be particularly useful in looking at the sociological *private* (Letherby, 2014), providing further rationale for its

use here. Hamdan (2012) went further and suggested that auto/biography was a window into privileged knowledge and a way of knowing 'the unknown and rarely spoken of' (p 587). Within occupational therapy, religious practice is rarely spoken of, or written about (Eyres *et al.*, 2018).

In designing this facet, I considered other qualitative approaches, to obtain an understanding of the lived experience of people who have encountered barriers to religious practice, but because I had become aware of the relevance of my own story when speaking with others, and my supervisors, I focused on the use of narrative. Human beings have told stories to express their experiences for thousands of years (Etherington, 2007a), and within occupational therapy the use of the patient's narrative is frequently seen during assessment and other aspects of the therapeutic process (Lindstrom and Isaksson, 2017). Listening to the patients' voice is key, as narratives are linked to occupational identity (Pierce, 2001) and enable insight into the person-centred concept of care. Within research, narrative inquiry has been defined as 'stories of lived experience (data) that are co-constructed and negotiated between the people involved [researcher and participant] as a means of capturing complex, multi-layered and nuanced understandings of a phenomenon' (Etherington, 2007b p 2). While narrative inquiry would have allowed my own interaction with the stories I proposed to collect (Clandinin, 2006), auto/biography, as an approach, enabled me to include my own story, which I came to realise constituted appropriate and valuable data which I did not want to lose.

The use of auto/biography (see section 3.3.1) in research has grown and developed over recent years (Adams *et al.*, 2015) and Bochner (2012) suggested this has been

part of a response to the difficulties of having science bound approaches to inquiry. The drive to seek only facts and the truth does not recognise that there are different ways of experiencing the world, and that more creative approaches are needed to help find meaningful, accessible and evocative understandings of the world and our experiences of it (Ellis *et al.*, 2011; Bochner, 2012). It is however important to realise that stories are reconstructions of the person's experiences, remembered and told at a particular point, and therefore they do not represent 'life as lived' but rather a re-presentation of those lives as told in the story (Etherington, 2007a). Stories, whether told to us, or autobiographical, as used here, are not simply a recounting of 'the facts' (Adams *et al.*, 2015) but are loaded with meaning and emotion. , This enables the privileged view that Hamdan (2012) suggests and a window into deeply meaningful lived experiences, which is exactly what this facet sought. The act of creation can allow participants to express feelings, thoughts and emotions that might otherwise be inaccessible in research (Adams *et al.*, 2015), a view supported by McKay *et al.* (2006) who felt that deeply held feelings and emotions can be 'released' by the creative act of composing a story.

All occupational performance is situated culturally, institutionally, socially, and religiously (Prodinger *et al.*, 2015), involving a high level of complexity and therefore sensitive ways to understand it are needed. Auto/Biography (by some authors interchangeably termed autoethnography e.g. Adams *et al.*, 2015; Ellis and Bochner, 2000; Hamden, 2012) uses stories, often complex, which constitute meaningful phenomena, and introduces sensitive ways of thinking and feeling to help us make sense of ourselves and others (Hamdan, 2012). From an occupational science perspective, being able to engage in meaningful occupations provides the key to

being not just a person but a 'particular' person (Howie *et al.*, 2004). So, the objective here was to listen to the stories of a particular group of particular people to gain insight into their experiences of difficulties in participation. In a similar way research is complexly situated (Prodinger *et al.*, 2015), and it is important to embrace the notion that the people each of us are influences not only what we study, but also how we study it, how we interpret it and how we report it (Ellis *et al.*, 2011; Letherby *et al.*, 2013). Adams *et al.* (2015) saw the challenging of 'scientific' knowledge, and the need to seek an insider/lived experience perspective, as core ideals of qualitative inquiry, and considered that the researcher's own experiences of the world were of particular value. As Ellis and Bochner (2000) stated:

By writing the story of my own experience I can explore a particular life but hope to understand a way of life (p 737).

6.3 Insider /outsider perspective of lived experience

The auto/biographical (Stanley, 1993) approach used here is intended to gain an understanding of the rich, insider and 'lived' perspective of people who have experienced some sort of difficulty with their participation in religious practice. This further extends the exploratory perspective (Stebbins, 2001) embedded in facet methodology (Mason, 2011) and the philosophical underpinnings of this thesis (see sections 3.2, 3.3). Auto/Biography enables the exploration of storytelling to shed light on meaning, identities and experience, but it also calls on researchers to acknowledge their own identities, beliefs and feelings that influence their approach to research and to their reporting of findings (Stanley, 1993; Stanley, 1995; Letherby, 2014; Adams *et al.* 2015). The core ideals of auto/biography as a research approach encompass the notion that there are nuanced identities, and complex and

personal experiences, that cannot be explained purely by traditionally defined 'scientific' methods. In addition there is a need to connect personal (insider) experience and insights to larger contexts and debates, in order to encompass the broadest possible understanding of a phenomenon (Adams *et al.*, 2015), which is the overall intention of my thesis.

The insider position does however raise the question of 'bias'. The view of Letherby *et al.* (2013) that all research is subjective, power laden, emotional, and embodied, resonates with me, because I have always found the notion of myself as an objective researcher, challenging. I am a 61year old Christian woman living and working in the UK. I cannot become other than this when conducting my research. And as much as a conventional approach to research may require me to be 'un-biased', I am situated within my own occupational identity. From an occupational science perspective my occupational choices make me the individual I am. I have come to think as Letherby *et al.*, (2013) state, that the 'use of the personal in intellectual work is an asset and not a burden' (p.80). In terms of this study, I propose that the use of my personal experience is an asset. Having explored a bridled position (Dahlberg, 2006) in the photovoice study (facet two) I felt that moving between a bridled and unbridled position was simply not possible. In this study I embraced the notion that all research is 'biased' in that it is performed by people with their own set of experiences and understandings which realistically cannot be removed. I have positioned myself within this auto/biographical study and expressed my own experiences through the auto/biographical I (Stanley, 1995), as an honest and realistic research orientation.

6.4 Study design

In addition to my own story I needed to collect stories from other individuals and chose to do this via email. Participants were asked to write their story relating to a time when they experienced a barrier to their usual religious practice/participation. This could be related to illness or disability, problems with mobility, caring commitments, availability of a local faith community, relocation or moving home or any other issue perceived as a barrier. Participants were asked to write about their experiences and send this account to me by email. I then asked further questions and discussed their experiences via an exchange of emails until I was able to construct a composite account of their experience, which each participant then approved in its final draft. This process is advocated by Preez (2013) who explored self-efficacy with a group of mature students in higher education in Australia. Here the researcher conducted a face-to-face interview to hear the participant's story, and then both researcher and participant engaged in episodes of reflection, clarification, exploration or elaboration until a composite 'complete' story was the final outcome. Asking participants to simply write their story may not offer the nuanced accounts that are sought (Preez, 2013; Adams *et al.*, 2015). Finlay (2011) cautioned that while individuals' stories contain rich and thick descriptions of their experiences, it is important that the researcher ensures that discussion and analysis are grounded in the participants words. Stories that are told and re-told by the researcher are in danger of being re-versioned (Finlay, 2011; Fritz and Vandermause, 2018) and so become removed from the original meaning. My input to the construction of the stories here was intended to increase the depth of description obtained, and to ensure the 'voice' of the participant was clear.

The use of email interviewing has been found to be a reliable method of data collection (James and Busher, 2006; Hunter *et al.*, 2013; Fritz and Vandermause (2018). It has developed as a data gathering tool at a pace with developing technology (Cook, 2011). Fritz and Vandermause (2018) list a number of advantages and disadvantages. Essentially it is a cost-free method that facilitates inclusion of people irrespective of their geographic location or time constraints during the day. More importantly for my study, it offered participants an opportunity to reflect on, and carefully craft, their responses which resulted in high quality, rich data (Hunter *et al.*, 2013). In addition, people were able to respond in the privacy of their own homes without a researcher present, which facilitated discussion of sensitive issues (Cook, 2011), and they could respond at a time and pace that they determined, giving them some control over the research process (Kazmer and Xie, 2008). Some of the limitations, in comparison with face-to face interviews, included a loss of observed cues, loss of silences or pauses, and some recruitment bias as internet access may still mean the sample is of higher income and education – termed the ‘digital divide’ (Lewis *et al.*, 2005). However, Cook (2011) reported that her 26 participants in an international study of women with sexually transmitted infections (STIs) reported satisfaction with the email interview process, and felt more able to ‘speak’ their experiences through email than in face-to-face interviews. Pragmatically the use of email also presented no travel costs and no need for time to be allocated for transcription. Meho (2006) classified the use of email into synchronous, asynchronous and virtual focus groups. Synchronous interviews are conducted one at a time with a new ‘interview’ starting when the previous one has finished. Asynchronous interviewing occurs when several interviews are conducted alongside each other over the same time-period, and virtual focus groups exist

where information is shared between email correspondents (Meho, 2006). In my study, I corresponded with all the participants over the same time period, therefore adopting an asynchronous approach, and did not share information between all the participants so a focus group approach was not used. This enabled a development of each of the auto/biographies over a relatively short space of time and also preserved the private and privileged information between the participant and myself (Cook, 2011).

The literature discussed above relates to email interviewing and although this was helpful in exploring the use of email in my study's design, it did not specifically address auto/biography by email. Literature concerning the use of correspondence, in which people write about their experiences, as research data is limited. In 1995, Letherby and Zdrodowski reported on the use of correspondence (posted letters) in each of their respective research studies on infertility and body image. They concluded that this was an effective way to obtain auto/biographical accounts from their participants, and women gave detailed and powerful accounts of their experiences (Letherby and Zdrodowski, 1995). The time involved for data collection was an issue, as writing letters, posting them and waiting for a response made the timescale protracted. Similarly, Koch and Kralik (2001) found correspondence was less intrusive than interviews in a twelve-month study looking at chronic illness. They concluded that the relationship between researcher and participant became reciprocal rather than hierarchical, and they likened this to a pen-pal relationship. From a contemporary perspective, the use of email in my own study has enabled the speed of correspondence to quicken but many of the same advantages remain.

Interviews in the conventional sense were not used in my study, as I did not schedule a set of questions for the participants to answer, but instead I asked participants to write their story, an auto/biography, and then I explored and discussed that story by an exchange of email correspondence between each participant and myself. In addition, my own story was discussed and developed in collaboration with one of the participants. This process is termed co-construction and was defined by Cremin *et al.* (2018) as stories created collaboratively between two or more parties. This allowed for multiple story tellers with a common experience (Adams *et al.*, 2015) and also enabled me to construct a final 'story' for each participant (including myself), editing-in additional text from subsequent emails into the original story, to give a full and rich account. Mason (2011) reminded us that "life is messy" and we need to develop means of enquiry and knowledge generation that can handle the messiness of everyday life. By an exchange of emails and an exchange of ideas and discussion, a richer and more realist narrative agreed between myself, and each of the other participants, emerged (Barton 2011). The extent to which the data is 'rich' and the quality of the narratives is difficult to measure, however Davies (2012) concluded that writing in the biographical 'I' encouraged passion and emotion to be communicated, and enabled a deeper understanding on the part of the reader.

6.5 Rigour

Preez (2013) concluded that personal narratives are an effective way to make sense of personal experiences, however auto/biography as a method can be criticised as lacking rigor in the conventional scientific research sense. Ellis *et al.* (2010) discussed opposing arguments where auto/biography is seen by some as

insufficiently rigorous, theoretical or analytical and too aesthetic and emotional.

While at the same time others dismiss auto/biography as insufficiently aesthetic and literary, and not artful enough. Ellis *et al.*, (2010) argued that within auto/biography art and science are not at odds with each other: they argued that auto/biographical research can be both 'rigorous, theoretical and analytical and emotional, therapeutic and inclusive (Ellis *et al.*, 2010 p.11)

My study embraced auto/biography as an art form. 'Auto/biography is an artistically constructed piece of prose....that attempts to portray an individual experience in a way that evokes the imagination of the reader' (Muncey, 2010 p2). But within the research process it is necessary to address issues of trustworthiness. Yardley's (2000) criteria for trustworthiness was again adopted (see section 5.6). This calls for a clear description of the process followed, and the use of a considerable amount of the narrative data to ensure the voice of the participant is accurately presented. The goal was to produce an accessible text (Ellis *et al.*, 2010) that illuminated an under-reported phenomena (Mason, 2011), contributed to an understanding of the lived experience (Finlay, 2011) and had the potential to influence occupational therapists' professional conversations about religious practice. Bonsall (2012) considered the pairing of narrative with occupational science and concluded that narrative 'gives personal and cultural meaning to lived experience in a way that is often overlooked' (p93) and 'narrative is a potentially important tool in enabling therapists to understand clients and facilitate positive change' (p96). While auto/biography as a method was not specifically listed by Bonsall (2012), he felt that narrative should be used in creative ways to fulfil research needs that should extend beyond a focus on

life changing disability or illness to an understanding of occupations and meaning in everyday life.

6.6 Recruitment

Ethical approval was sought and obtained from the University of Plymouth Research Ethics committee (ref. 17/18-922) (see appendix vii). In order to access a wide range of potential participants, gatekeepers were used. This strategy enabled relatively easy access to people who met the inclusion criteria (McFadyen and Rankin, 2016), however it did rely on others forwarding the email recruitment invitation via their email networks. Sixsmith *et al.* (2003) pointed out this can be an issue if gatekeepers do not share the enthusiasm or interest in the research area. In addition, gatekeepers can limit the sample to people they approve of (McFadyen and Rankin, 2016) where gatekeepers either hold power or are perceived to hold power. In this instance the gatekeepers did not need to engage with the potential participants, but merely pass on the email invitation, and so their influence was likely to be negligible. All the gatekeepers were approached and readily agreed to pass on the project information. However, I did need to prompt one, as I realised nothing had been circulated, because I myself was on their mailing list. The literature suggests that recruitment via email has a relatively high attrition rate (Kazmer and Xie, 2008), and therefore the use of multiple gatekeepers was helpful to ensure recruitment was possible. I sought to recruit between two to four participants, in addition to myself. This small number of participants is in line with guidance on qualitative methodologies (Finlay, 2011; Paton, 2015) as there was no intention to construct generalisable conclusions from a representative sample, but rather to explore the

lived experience of participants. The gatekeepers used were Church of England Plymouth Deanery Synod, Plymouth Centre for Faiths and Cultural Diversity, Churches Together in Plymouth, and University Chaplains at Marjon University and the University of Plymouth. The information sheet and consent form used is included in Appendix ix.

Inclusion criteria detailed participants who identified with a faith group/practice and had perceived themselves to have experienced a barrier or challenge to their participation. Participants all needed be able to write and use email for correspondence but as the project information sheet, and invitation to take part, was distributed by email, it was likely that respondents would be email proficient. Children (below the age of 18) were excluded, as faith development (Fowler, 2004) is particularly dynamic during our younger years and this might have added a further complexity to the data. Initially, experiences of a barrier more than three years ago were also excluded, as evidence suggests that memory and subsequent experiences influence the re-telling of stories (Kazmer and Xie, 2008). However, I relaxed this criterion when it became clear that some people were experiencing on-going participation issues related to a barrier that started some time ago, and therefore the initial criterion was deemed to be an arbitrary point.

6.7 Data Collection

Six participants initially responded to the invitation email but only three decided to sign consent forms and join the project. The people who did not progress on to the project were one Christian and two Muslims. One person did not respond to any subsequent emails, one declined to take part due to pressure of work and another

decided not to take part without giving a reason. This 50% attrition rate is in line with the recruitment percentages reported in the literature (Kazmer and Xie, 2008). All of the included participants were Christians and therefore this study did not provide a multi-faith perspective, which is a limitation (see section 6.10). I was somewhat disappointed not to be able to include non-Christians in the study as I felt it would have brought a further and very interesting dimension to the discussion, and support the calls for more non-Christian research (Beagan, and Etowa, 2011; Thompson and Gee, 2018).

After initial email correspondence, all participants signed and returned their consent forms. In order to put each story into some context I asked each participant to write initially about their 'faith position', including some information about their background and influences on their faith development, and as a first step I shared my own 'faith position' with them. I explained to them that I would be using my own story concerning a barrier to my religious practice in addition to theirs and was open about my 'insider' position (see section 3.3.1). Each of the other participants provided their own 'faith position' statement after reading mine. I designed the 'faith position statement' as a first stage, anticipating that people of different faiths would be recruited, and that some degree of understanding about the different faiths of the participants would be helpful in the write-up of the findings. Although we were all Christians we did come from a mixture of denominations including Anglican and Evangelical traditions, and so I felt this initial step remained helpful, to explore different ways of participating in line with the objectives of my thesis. In addition, some notion of what was 'normal state' was required before it was possible to define disruption (Reeve *et al.*, 2010). I then began to exchange emails with each of the

participants. Email exchanges were of various lengths, and various number, between the respondents and myself, but overall the process lasted five weeks. Corresponding over an extended period of time, in comparison to face-to-face interviews, is possible (Meho, 2006) but exactly for how long, and with how many exchanges of email, is variable and dependent on factors including the commitment and motivation of participants, the time they have available and their access to the internet. At my request, each of the participants chose their own pseudonym to maintain anonymity. I did this to emphasise the participant's autonomy in writing his or her own story, but this did result in one participant deciding to use a fictional/mythical name, which on reflection, did seem incongruous. However, this choice is likely to have been symbolic given the perceived links between the character of 'Aslan' and the life of Christ, in C S Lewis' work (Vaus,2004).

I have reproduced the faith positions here, unedited, including my own, before moving on to analyse the stories we each produced.

Aslan I was essentially brought up by my mother in Kent, following the death of my father when I was four. My younger sister and I all attended the local Congregational Church, for about 15 years, concluding with my departure to read English at University in 1963. While there I increasingly felt a call to the ministry, and approached both the Congregational and Anglican churches for guidance: both accepted me in principle! My bishop advised me to do a job of work, and so I then entered the Royal Navy, with one year spent beforehand working with Voluntary Service Overseas in East Pakistan, in an American Roman Catholic Mission College. On return I took a 1-year Postgraduate Diploma in Drama and Education. All these influences have continued to work on me throughout my life. I am a retired priest of the Church of England: and have spent 19 years as a Chaplain in the Royal Navy, serving both at sea and ashore. I pray routinely first thing in the morning, and as I continue to officiate at church services around the city area I remain in touch with the worship pattern of the church. My areas of work have always been unstructured, when compared with the ministry of the parish; no two days are the same, which is how I like it.

Natasha My parents had a conversion experience when their baby (me) was miraculously healed from a brain haemorrhage after prayer. I grew up with the understanding that God wasn't just something you added onto life, like a hobby, but rather the heart and whole of life. I loved being at church: as a child I went to our 'church plant' where I served as a full member. I led the under 5's Sunday school lessons at the age of ten, I played the recorder and then the flute to 'aid with the worship', and helped look after babies in the crèche at times when the sermon was on. By the time I was a teenager, I went to three services on a Sunday, helping to serve at two of them, and an extra church small group or two during the week. It may come as no surprise, then to learn that I married someone equally as keen as I was and my husband ended up as a vicar.

Emma I came from a family who went to church at Christmas and Easter but sent me off on Sunday mornings to church with our neighbours! I really liked Sunday School and began to understand more about the character of God. I had a Great Aunt with a strong faith and I now know that she prayed for us all every day. I came to faith myself as a teenager, as a result of going to a church based youth club. I had a very strong faith and went to an evangelical Baptist church with friends, and was very open about my faith. When I went to university in 1987 I set my faith to the side – I definitely saw myself as a Christian but it 'got in the way' of how I wanted to behave – I came back to my faith in my 30s. About eight years ago I was asked to support a new vicar in the Church of England church at the top of my road – he was trying to get a group of people around him to rejuvenate the congregation. I attend services, serve on the prayer ministry team, co-lead our new monastic community and have a regular homegroup. I am training for lay ministry.

Pat
(me) I was brought up within a Church of England family where my mother was a very active participant of our local parish church. As children, my sister and I were taken to church weekly and expected to join church based organisations such as the Brownies and youth club. These formative experiences have influenced me greatly in my own spiritual life and I have continued to practise as a Christian and attend church regularly throughout my life. Church was always just a 'given' and my faith was simply a truth. I had some periods of time when I challenged this assumption particularly when I left home to study, but these times were fleeting – I couldn't find another way to frame my place in the world. For a time I envied people who had had conversion experiences until I came to realise how fortunate I have been to have had a relationship with God from such an early age. I am active within the church community, I sit on the Deanery Synod (governing body) of the Church of England, and sing in the church choir (choral singing being one of my great loves).

I then asked each participant to write about a time when they had experienced a barrier to their religious practice. Everyone wrote an initial story which they emailed to me and I then asked questions that arose, explored areas that interested me, and developed points with each co-respondent. For example, Natasha wrote about finding pastoral visits unhelpful but did not initially offer any detail about exactly why, and how such visits made her feel. She developed this more and gave a personal and emotional account in response to my questions. I edited each of the original stories with text from the subsequent email discussions until I had a composite 'story'. Each participant then considered this 'final story' and agreed the contents. As each of the stories had been co-constructed between two people (myself and the participant), I decided to share my story with Aslan and exchanged some discussion with him so that all of the stories used in the analysis, including my own, had to some degree been co-constructed. Meho (2006) felt that one limitation to the use of written data, as opposed to spoken data, was that some people may be effective speakers but not effective writers. I found that all of the participants here were very effective writers. Aslan tended to write impersonally at times, however he readily accepted my edits into the auto/biographical 'I' (Stanley, 1995). This co-creative process (Ellis *et al.*, 2011), which gave the final approval of the narrative to the participant, further contributed to validity and improved the rigour of the research (Bullough and Pennegar, 2001).

Table 6.1 Auto/Biography participants reported barriers to participation in religious practice.	
Aslan	Living on board ship in the Navy
Natasha	Diagnosis of ME (Myalgic Encephalomyelitis) on-going
Emma	Sudden death of her father and dealing with bereavement
Pat	Hospital admission with pulmonary embolism and pneumonia

The barriers to our religious ‘doing’ that we each encountered are summarised in table 6.1. While Natasha and I shared experiences of an ‘illness’ based interruption to our participation, Emma had an emotional barrier and Aslan had barriers that were environmental and situational.

Aslan wrote about his experiences as a navy chaplain on board several ships during his military service. He found the lack of ‘normal’ worship environments caused a challenge, something that he had not truly expected. He also wrote about being at sea during times of conflict and how being at ‘war’ completely altered his religious practice in terms of time, space and, to an extent, theological position.

Natasha wrote about a sudden deterioration in her ME at the point that she gave birth to her daughter. She described significant physical symptoms of weakness and fatigue, along with cognitive difficulties with concentration and sensory overload. She wrote about being unable to go to church but also finding that the ‘alternatives’ offered gave her no comfort or satisfaction until she found a church ‘community’ on the internet.

Emma wrote about the sudden loss of her father to Parkinson's' disease, and after initially finding strength in her faith she became unable to engage in worship or any of her usual religious activities. This impacted on her relationship with family members and friends, and on her social life. Others found it difficult to understand her inability to join with them and return to her church.

I wrote about sudden respiratory problems that resulted in admission to hospital over Easter. I found the loss of access to usual Easter activities shared with my church family extremely emotional and difficult to deal with. Hospital staff seemed oblivious to my needs and clearly had very different priorities to me. Prayer was seen, by others around me, as something that only accompanied impending doom.

6.8 Data analysis

The auto/biographic accounts were analysed using what Adams *et al.* (2015) termed a 'collaging process' (p72). This is essentially a search for themes, a type of thematic analysis, but because stories are artistic forms, Adams *et al.*, (2015) preferred the term *collage* when describing the grouping of the text into coherent themes. This form of thematic analysis is frequently used in visual arts, such as drawings, paintings, and photographs, where different parts of images are grouped together in a meaningful way by the artist (Gerstenblatt, 2013). When considering auto/biographies, Adams *et al.* (2015) felt that the process should seek to find connections and groupings within the texts. Groupings may include, but not be limited to; repeated experience (such as the access to a place of worship); recurring character (for example the role of friends); the significance of objects (such as holy

texts); shared emotions such as frustration or loss; and the role of place and time related to perceived obstacles (Adams *et al.*, 2015). As my own auto/biography was included in the 'collage' my personal experience, sense making, reflection and insider knowledge (Crawley, 2014) contributed to the interpretation.

Adams *et al.*, (2015) suggested that the first step in the collaging process was to seek to find those aspects of the narratives that stood out or seemed to be pivotal in the stories themselves. This search for themes differed from the thematic analysis process used in the photovoice study (Dahlberg, 2006) (see section 5.5.3) in several ways. Dwelling was not needed, as this occurred during co-construction of the narratives. I became very familiar with all that people had written and was able to be immersed in all our stories in a much deeper way than had been the case when dwelling with (i.e. listening to and reading) the transcripts from the photovoice study (facet two, see section 5.5.3). By combining parts of emails, drafting and re-drafting the stories, they were each extremely familiar to me. The narratives were not coded, in the sense that each line might be considered in a conventional thematic analytical process, as collaging does not attempt to use the text in its entirety, but to seek highlights and powerful emotional expressions that call to the collage creator and therefore constitute a creative process (Gerstenblatt, 2013). Text that is compelling and connects the experiences of each writer (Adams *et al.*, 2015) is sought to provide overall insight for the reader. Collaging, as a form of thematic analysis, embraced a creative and emotional interaction with the data (Crawley, 2014) and permitted the weaving in of my own story and reflective and reflexive responses to others' stories.

I sought connections between the accounts, what might constitute shared experience and what might be significant and pivotal aspects of the story. Above all, I sought what might be helpful to illuminate the meaning of, and participation in, religious practice, as one of the objectives of my thesis (see section 1.5). I found it necessary to write some analysis and then leave the work for several days before returning to it so that I could gain some fresh perspectives. Some themes emerged early on in this process and others developed as the writing progressed.

6.9 Findings

Through this collaging approach to thematic analysis, I organised the data into six themes which were: commitment; crisis and coping; expectations and reactions; community and family; place and space; and adaptation. Throughout this section I have used the terms 'our' or 'we' to refer to my inclusive position as one of the participants, and not in relation to my identity as a researcher, or an occupational therapist or in the more general sense of being a human being.

6.9.1 Commitment

All of us situated our stories within a concept of committed religious practice. Our 'normal' doing was a significant part of our lives at the point in time that our stories began, and we all articulated this in several ways, both within the descriptions of our faith position, and in how we positioned the barrier or obstacle we wrote about.

Natasha wrote about her usual practice before her illness:

I was spending 24 hours per week either leading church groups, studying the Bible or worshipping together in church or small groups. It was central to my identity, my

sense of purpose and vocation and my connection with God that I served (Natasha).(22-25)

And she compared this with her current situation where she remains bedbound for long periods of the day and now ministers by ‘*writing online and in books, tapping out each sentence in the hours when my brain is clear*’.(137-138)

I positioned my own sudden interruption within a busy Holy Week and wrote about services and events including Maundy Thursday communion service, Good Friday contemplation, a wedding on Holy Saturday and Easter day celebrations.

I set about contacting everyone to tell them that I was not going to be able to be at the services. I felt overwhelmed. I was simply too busy with ‘church’ to be ill (Pat).(65-67)

Aslan gave a description of his usual day on-board ship:

My day would consist of – first thing in the morning, breakfast, with morning prayers either before or after, and advertised to the ship’s company for them to come to if they feel inclined; then some study, preparing for the next Sunday’s worship and sermon. I would often tour the ship, visiting people at their places of work, their mess-decks, their places of recreation. I would spend my evening, relaxing, befriending, getting to know the generally-reluctant sailors (Aslan).(25-30)

Our religious doing was a major part of our occupational identity (see section 6.11.3), which was perhaps understandable for Aslan as an ordained minister and perhaps Natasha as a vicar’s wife, but Emma and I also discussed our level of commitment as highly significant and, I would argue, part of our occupational identities. Emma says:

My faith and faith practices were so integral to my life usually, but they suddenly felt completely alien to me because of the pain of grief (Emma). (54-55)

6.9.2 Crisis and coping

All of us, except Aslan, wrote about a single sudden and unexpected event, which sharply impacted on our doing. And we framed this as being a crisis.

In August 2016 my Dad died. It wasn't expected and the absolute agony I felt was unlike anything I had ever experienced. My partner Rxx, my Mum, and my sister were there when the doctor told us that the best thing for Dad would be to turn off the machine that was helping him to breathe and that we could stay with him in a side room until he died (Emma). (19-22)

Easter is by far the most important event in the Christian calendar and I can only describe my feelings as those of 'loss'. By the evening of Good Friday scans had shown that I had several pulmonary embolisms (blood clots) on my right lung and pneumonia in my left lung. And I was not going anywhere! (Pat) (60-64)

Eight years ago, I gave birth to a baby boy and gained a new disability on the same day. I already had moderate Myalgic Encephalomyelitis, which had affected my mobility but after childbirth my M.E. became severe with my body collapsing after a few paces and my mind unable to concentrate on anything for more than 30-60 minutes. I was housebound, needing to be in bed 22 hours a day, noise and unfamiliar sights often overwhelming, only able to leave the house once a fortnight, in a wheelchair for a couple of hours (Natasha). (39-46)

For anyone, sudden bereavement or sudden illness might be perceived as a crisis and impact on our 'doing', however for us, as committed Christians, there was also the added dimension of 'what is God doing?' A crisis of faith is an understandable possibility in extremely challenging situations (Swinton and Pattison, 2010). This may be what occupational therapists (and other health care practitioners) are envisioning when they report feeling ill-equipped to deal with religious practice (Thompson and Gee, 2018) (see section 4.2). While support from a faith leader or hospital chaplain may be helpful and appropriate, a crisis of faith is not an inevitable consequence of personal catastrophe (Swinton, 2010). Although we all described our extremely challenging situations and at times overwhelming emotions, we framed this within our continuing relationship with God. This can be expressed as

Religious Coping, which is defined as a search for significance in times of stress and a number of strategies that are related to the sacred, that are used to deal with negative life events (Pargament *et al.*, 2000).

I was most certainly cross with God – that, of all weekends, He had chosen this one! Emma said that *'I was certain of God's grace and presence. Following his death, I knew that my Dad was safe'*(26). And Natasha said that *'Christian faith was still her life-blood'*(37). We were all still talking to God and, like any relationships, these conversations took several tones but they were not conversations that had stopped. This is illustrative of several aspects of Pargament's theory of Religious Coping (Pargament, 1997).

Religious coping is not solely related to unpredictable catastrophe or crisis (Swinton, 2010). Aslan's situation was somewhat different, as he had chosen to work in the Royal Navy as a chaplain, and therefore his situation on board ship was predictable and something that he had anticipated, maybe with the exception of actually going to war. He also wrote about coping, both in a practical sense, and in terms of experiencing the closeness of God as support, when some relatively sudden changes occurred: one when he was unexpectedly on board ship at Christmas time.

One Christmas our ship was expecting to be in our home port: something got in the way, and Christmas had to be celebrated far away, steaming towards the equator. I'll always remember that Christmas night: the church/classroom, deep in the bowels of the ship on 6 deck, was crammed to the gunwales, with no space for chairs. Hardly any space to breathe, it felt more like a night-club than a church, with more than a hundred people trying to recreate a feeling of home: the air-conditioning couldn't keep up, but the words of the angel seemed very close that night, far from our real homes (Aslan). (62-68)

The unexpected change in plans, that meant the whole crew were now not at home for Christmas, had perhaps brought about some religious coping for many of the people who crammed into that classroom on 6 deck. Aslan went on to write about being 'at war' when he encountered a challenge to his religious practice which also caused him to re-frame his 'theological' self.

Enter an active war zone, and you enter the twilight world of Defence Watches. Say your own prayers when you have the inclination or the opportunity: night is the same as day. If something blows up, literally or metaphorically, that goes out of the window. Eventually, I found it all blurred into a mush: prayer faltered, what I was doing faded, and why I was doing it became more difficult to define. I felt I began to lose a sense of being a professional Christian. I've come to some conclusions: very little of what the church teaches actually matters very much, other than loving your neighbour....and in order to do that, loving God (Aslan).(79-85)

Natasha also reflected on religious coping but saw strength gained from her faith as not being something that she had or did not have but rather on a continuum. She commented that in coping, our faith is not broken '*but it is cracked a little when we encounter suffering*' (120). Our expressions of coping related to our relationship with God, but in addition we all described interactions and relationships with others around us.

6.9.3 Expectations and reactions

This theme encompasses both our own expectations and reactions, and those of others. My own reaction to sudden illness was one of denial – I did not have the time and this was not happening to me. Once I realised the 'truth' of the situation I set about organising things, sending texts and messages to alert people that I could not take part and do the things they had expected me to do, i.e. sing at a wedding, read a lesson in church. My overwhelming emotion was one of loss and, on

reflection, it now seems obvious that I was adopting typical 'loss reaction' responses to my situation. Similarly Emma wrote about dealing with the initial '*flurry that surrounds someone dying*' '*I was putting myself under a lot of pressure to 'get on with it' and not wanting to affect other people.*' This initial reaction did not last and she went on to write that her reaction changed:

In the months that followed I felt so numb and lost that I couldn't engage with any active elements of my faith. I knew that God was there, I knew that He was still good, but I had no ability to connect with Him at all. I was empty. I didn't want to read the Bible, or listen to the Bible or engage in any way. I hid. And I think I hid from God as well as everyone else. I didn't feel as though I could rely on God (Emma). (32-38)

Natasha found the practical aspects of her doing were no longer possible, and she described 'trying' but found this just made things worse and so she needed to make some hard decisions that did not fit with her own expectations as a vicar's wife.

I soon discovered that an evangelical church service is an utterly exhausting place to be. It took me days to recover and I received nothing from it. Reluctantly, I stopped going to church. I was the vicar's wife who never actually stepped foot in church (Natasha). (54-57)

Aslan wrote about others' reactions to him – "*Everywhere I was coping with people's varying reactions to having a uniform-wearing priest in their midst*" (89-90). His practice was frequently seen as "*the eccentric behaviour of the "Bish"*" (35). However in times of war this reaction changed.

They were ready for fighting, but not doing it: they were tense, even frightened, but relieved to see me and share it, which is what my Christian duty is all about (Aslan). (85-87)

I also wrote about reactions. I found that others' reactions to me, and my prayer practice, were embedded in misunderstanding.

I also had a visit from my friends – our vicar and his wife. We prayed together. This felt very natural to me and helped me to focus my own thoughts and prayers. I wasn't aware of it at the time but afterwards I came to realise that other patients were concerned about the visit from the man in the dog collar, assuming that I must be very ill if prayers had been said. I found being prayerful with other members of my church family very re-assuring, pushing open the door to contemplation about the crucifixion and the resurrection which had only been open a crack in such a busy and noisy environment. But those around me seemed to view it as an indication of impending doom (Pat). (81-89)

Natasha wrote at length about her own expectations and those of the people around her, especially in relation to the evangelical concept of healing. The usual support offered to housebound people (what she and the community would expect in such circumstances as hers) she found to be completely lacking. She could not get to communion but was reluctant to 'ask the vicar' for home communion as the vicar was her husband. She also found the idea of pastoral visits from parish volunteers difficult, as she felt she was treated like a 'project' to be fixed and was younger, by several decades, than the team of visitors with whom she really had nothing in common. And she found the evangelical view of 'God the healer' brought other expectations.

There was someone in the church who insisted that God had told me to come to a conference weekend away and it would be good for my healing. I was physically unable to go to a conference weekend away. If I hadn't been a Christian for so many years with a number of wise and mature people speaking theological nuance into my life I would have felt utterly crushed. Perhaps I would have risked my health to come to the conference - and what happens when you don't get healed but instead you get worse from the energy used up by the conference? I had seen and experienced miraculous healing in the past, so I didn't doubt that God sometimes did heal miraculously, but to have others' expectations of my healing when I knew it was an unlikely event was a huge pressure and burden to bear. There were only a few who insisted on the 'God wants to heal you so it must be your sin that's causing your illness' theology, that I had seen damage so many people, and even though I was theologically prepared for it, the doubt that it sows in your mind is crushing (Natasha). (81-92)

Our expectations of our own behaviours are embedded in occupational identity (see section 6.11.3). Kielhofner (2008) argues that occupational identity is ‘a composite sense of who one is and wishes to become as an occupational being, generated from one’s history of occupational participation’ (p 119). Occupational identity is not shaped merely by our interests but also by roles, routines, obligations, relationships and contextual expectations. Kielhofner stated that people create a ‘blueprint’ for upcoming action, and when this action is challenged people experience occupational disruption. This aligns with Bury’s theory of biographical disruption (Bury, 1982). The concept of self is embedded in both what people do and their interactions with those around them in a variety of social contexts, and for those of us included in this study, that included the context of church family, our own theological position and our relationship with God. Occupational science appreciates the complexity of occupation (Clark *et al.*, 1991) but in addition acknowledges the diversity, uniqueness and individuality of occupation (Eklund *et al.*, 2003). For each person, what is meaningful occupation is subjectively experienced (Aiken *et al.*, 2011) and what people do is core to a person’s identity. The doing, being, becoming and belonging aspects of occupation (see section 1.4) are a synthesis (Wilcock, 2006) that come together to create a human being’s occupational identity.

6.9.4 Community and family

A sense of connectedness with others was a feature of every story. We all used the term family at some point. I wrote about missing my church family. Emma commented “I missed the friendship and presence of my Christian family”. And Natasha wrote:

I always felt loved by God and like the church was my extended family - not just a social group but a place where you could be utterly real about important issues with people who cared about you no matter what (Natasha). (23-26)

Aslan wrote about the ship's '*family*' and the '*community of the ship*' and discussed different types of service held on board. These varied between two or three participants, through to small groups of 10, right up to the whole ship's company which, as he put it, would attend a Sunday service at sea, as this was '*hallowed by naval tradition*'(52). I certainly found that praying with others, rather than alone, was very much more helpful to me and being with other worshippers in the hospital chapel on Easter Day was overwhelmingly emotional.

I have always found Easter day communion quite emotional, as many people do, but on this occasion I was overwhelmed with emotion and struggled not to cry throughout the whole service. I felt a powerful mixture of relief that I could take part, with everyone else, in this very important ritual, an overwhelming sense of the presence of God in this still place, and great joy in my faith (Pat). (106-110)

Unable to join with her 'old' church family Natasha wrote about finding 'church' on the internet.

I found thousands of others excluded from church, holding onto faith by their fingernails. It is so isolating, being chronically ill and unable to go to church. It's like you've lost your family, your anchor, your identity and purpose - and your community (Natasha). (127-130)

Belonging to a congregation, or acting with and for others, is a frequent feature of the literature around religious practice. Beagan and Etowa (2011) found that a connection with a supportive [Christian] community was important for the spiritual wellbeing of African heritage women in Canada, Crepeau (2015) concluded church is embedded in community culture and Schulz (2011) found that religious traditions could have a community perspective across the lifecourse. Some authors consider a

direct link between belonging to a 'congregation' and improved physical health, mental health, and wellbeing (Krause and Wulff 2009; Koenig, 2011), suggesting this as a positive element of being part of a church family. Those of us in this study all expressed a desire to be with others and to be able to share some parts of our religious 'doing'.

The occupational science concept of co-occupation is relevant here. Co-occupation was defined by Pickens and Pizur-Barnekow (2009), as 'two or more people sharing engagement in an occupation (p151)'. Fogelberg and Frauwirth (2010) reviewed work in the area of co-occupations, and agreed that some occupations, by their very nature, require more than one person's involvement. They went on to suggest that the experience of meaning could be influenced by patterns of performance with others. Although religious practice can be individual and not require the involvement of another person, congregation or community-based practice can involve co-occupation, which Pierce (2009) described as 'highly interactive' (p203). Fogelberg and Frauwirth conclude that there is a need to view occupation within a multilevel framework, and that occupation constructed by collectives should not be ignored in occupational scientists' attempts to understand the experience of the individual. Within this study, our experiences would seem to confirm a multilevel of occupation e.g. Emma was able to engage in dialogue with God individually but also sought to return to her church family, where she could share in and join with a collective engagement. Our desire to share engagement in occupation with others in our church families, to belong to a community, contributed to the meaning of our participation.

6.9.5 Place and space

Sharing our religious practice with others and belonging to a community or church family was also closely linked to place, or at least a space to hold worship. For Aslan a major part of his challenge was a lack of conventional worship space.

All the regular signs of parish life disappeared: an actual church, morning and evening prayer, communion services, bible groups, all the usual paraphernalia of Christian life. Unless your ship is a major warship, such as an aircraft carrier, there is nowhere set aside for worship: indeed, even there, the space would probably be dual use with a classroom. However, pull the curtain back, and there would be an altar. For me at sea, none of the familiar sights of church remained (Aslan).(40-45)

Aslan found that the lack of a numinous space was a challenge. Natasha found a conventional space too noisy and overwhelming and so her new place has become a virtual one. Emma found that time helped her to adjust and she could return to church as a place, but found this emotional ‘*all I could do was cry*’(57). I found it difficult to find ‘space’ for prayer in a busy ward with 15-minute observations and a confused patient opposite who constantly cried out. I wrote about the door to contemplation being open only a crack and needing help from my friends, together in prayer, and a visit to the hospital chapel to find peace and push the door open again. Easter is the pinnacle of the church year and I do not know if I would have had the same feelings if it had been an ordinary weekend.

When I asked to leave the ward to attend the service in the chapel there was no objection but there was some concern that I might be absent when the doctor needed to see me. There was a clear hierarchy of importance which placed my availability for the doctor above my need to attend communion in the chapel on this most important day of the year. It’s not that I didn’t understand that, but my personal priorities were very different. Staff said it was up to me what I wanted to do but I sensed a chill in their attitude. When I returned to the ward there was great relief that I hadn’t missed the doctor, and all was well. As for me - I felt re-energised spiritually and re-connected to God in a way that had been missing since my admission and time on the ward (Pat). (94-103)

For Christians the term 'church' does not mean the building, but rather the body of people that make up a local community of worshippers (Floyd, 2016), and so the issue of space and place is entwined with the concept of belonging.

6.9.6 Adaptation

The aspect of the stories that I did not ask anyone to write about was how the barrier or obstacle was resolved or not resolved. Despite not asking this specific question, we each felt our stories were not complete unless we included some sort of resolution. On occasions, it is a resolution that people seek in occupational therapy, a resolution of problems, or at least a way of doing, or different way of doing, that is satisfying for our clients. My own resolution was greatly helped by a supportive daughter, a temporary wheelchair and only a few weeks of incapacity. Emma wrote about her return to church with the very practical help of a good friend.

Walking to the chapel was not going to be possible as any movement caused me to be very breathless, but my daughter did manage to find a wheelchair and we set off to the chapel. Without my daughters help and the provision of the wheelchair I would not have been able to get there. A number of patients and visitors were in the chapel and one of the hospital chaplains took a communion service celebrating the resurrection. I have always found Easter day communion quite emotional, as many people do, but on this occasion, I was overwhelmed with emotion and struggled not to cry throughout the whole service (Pat). (101-110)

I think that having a friend ask me whether I would like her to come and get me and go to church with me for the first time really helped. She suggested that we went in late and sat at the back so that I could leave whenever I wanted to. That helped me enter a space that I had only previously inhabited as someone who had a dad (Emma). (58-61)

Aslan wrote about adapting to the circumstances and solving the problem of not having a chapel or identified space for worship, again in a very pragmatic way.

I would look around the ship, select usable spaces for the tasks, and improvise. My choice of space focussed on the needs of the situation: if it was time of quiet morning prayer, with only 2 or 3 participants, then I'd use my own cabin: private, fairly silent, cosy and secure. A weekday small communion service, with 5 to 10 worshippers, I'd choose a space with an island table for an altar, and room round it to stand: frequently an engineering workshop would be suitable. A big Sunday service at sea is hallowed by naval tradition: so we all moved to the quarterdeck, a large open deck space by the stern. I would drape a trestle table with a white ensign, arrange chairs, organise the ship's musicians into a band, wear the proper robes. I remember early one Easter morning, as my ship sailed east across the Indian Ocean, we greeted the sunrise as it roared up out of the sea ahead of us, on the flight deck. We had a large wooden cross, tied to a flight deck tractor, and it stood huge in front of us, with the tropical sun silhouetting it. It made sense of Easter more than ever before (Aslan). (45-59)

And Natasha wrote about her 'new' ways of engaging in religion as her ME persists.

Technology and a continued passion for her faith helped her resolution and enabled her to continue to engage, just in different ways.

The internet was my salvation. Without a church community, I found a community of outcasts on Twitter. At first it was a 'six months Bible' project that I joined - we read a chapter each day, and then tweeted our comments on it. When I was too ill to tweet, I could read other comments. It opened me up to different ways of interpreting scripture, which I found fascinating. But I have discovered that calling and passion are hard to smother. I am ministering, but through writing online and in books. My gift is preaching - and my church was good enough to let me preach via a pre-recorded video for four Sundays in Advent. It took them a while to get used to the format, and it almost certainly isn't as good as someone in person - but it's a way of including preachers who are otherwise housebound (Natasha). (116-127)

6.10 Limitations

All of the participants were Christians, which prevented a cross-faith perspective for this study. This did mean that in the analysis I did not need to grapple with the differences in language and terminology, which had been the case in the photovoice study (Facet Two). However, a cross-faith investigation of barriers to participation in religious practice would have provided additional information to meet the objectives of my research (see section 1.5), and had been my original aim. The gatekeepers

used included some inter-faith organisations, but no response was received from these email networks. A future study looking to include non-Christian participants will need to use alternative recruitment strategies to overcome this problem.

I am deeply grateful to the participants for sharing their stories so freely and openly. I have to acknowledge that all being Christians, they would know what I might expect to hear and what I might judge as unacceptable (Stevenson and Willott, 2007), causing the potential for some sanitising of the stories told, or at least the language used. I have no doubt that they all gave very frank accounts of their stories and an insider relationship can promote additional trust and sharing of difficulties (Cook, 2011).

In addition to the loss of body language, pauses and visual cues when using email (Preez, 2013), responses were not 'immediate' as they would have been in an interview or focus group. Participants were able to consider their response/email: they could ponder and reflect on what they had written before sending it and potentially re-write and craft their words over a period of time. This can help with deep reflection (Kazmer and Xie, 2008) but it is again possible to have an element of sanitisation, taking out the immediate reaction that would be present in face-to-face interviewing, in favour of a more thoughtful response.

Lastly, I had assumed that the gatekeepers used would send out the email invitation to take part to their networks, who were made up of church/faith leaders and representatives of various religious groups. And that they would, in turn, further distribute the invitation to their groups, to get the widest possible trawl of potential

participants. There was, however, immediate interest from the first-line recipients and this resulted in a study cohort of a clergyman, a vicar's wife and a lay minister, in addition to myself. These people were not the 'ordinary members of a congregation' that I had originally intended to reach, however I realised that their expressions of barriers to their religious practice were valid and real, and that their 'status' was not a reason to exclude them from the study. It is possible that a group of people with life experiences outside of the church might have provided different data.

6.11 Discussion

There is a long tradition of using narratives, in both occupational science and occupational therapy, to assist in the understanding the meaning of everyday activities (Howie et al., 2004; Whiteford, 2007; Pollard and Carver, 2016), to examine culturally specific activities (Tse *et al.*, 2005) and to explore illness and disability experiences (Franits, 2005). The auto/biographical narratives in this facet offered elements of all three of these possibilities. As Bonsall (2012) suggested 'narrative provides therapists with the language to reflect on the importance of experience' (p92). My decision to include narratives about barriers to religious 'participation' seemed a logical direction to move in, following the photovoice study. The importance of participation demonstrated in that study led me to consider how barriers or interruptions to participation in religious practice are experienced. This in turn has contributed to an understanding of the meaning of participation in religious practice, one of the aims of my research. Although Letherby (2003) argued that all sociologically focused and much other research is auto/biographical, whether we

consciously realise it or not, in this instance my own personal experience of a barrier was a further deciding factor.

I found it interesting to include a male writer within the group. As Hugill (2012) pointed out there are commonly differences between the ways that men and women construct stories, and this can lead to a lack of male representation in the use of auto/biography in research. Men's biographies frequently contain a linear description of acts and actions, whereas women's biographies frequently focus on emotions and relationships. I would agree that Aslan found it more difficult to use the auto/biographical "I" (Stanley 1995), than myself or the other two authors, however he readily accepted my edits of his story into the first person without hesitation and responded openly to any query I had about how events made him feel.

From a facet orientation (see section 2.2) the stories offered here 'shine a light' on an insider perspective of religious practice and an insider perspective related to participation barriers. Although inclusion of myself as a contributor to the stories means a degree of personal vulnerability (Stevenson and Willott 2007) (see section 7.7.2), I agree with Hugill (2012) that this has the potential to add to the credibility, integrity and trustworthiness of my PhD overall. Stories are knowledge (Etherington 2004), because they contain the reality of the story-teller and the richness and texture of the events being portrayed.

My feelings of unease about how much to reveal of my own personal experiences is understandable and born of the traditional and long-perpetuated notion that research should be objective and neutral (Letherby *et al.*, 2013). In terms of my professional education, as an occupational therapist, I am a child of the seventies, when the scientific paradigm was still prevalent. I was taught that to be subjective would equate to 'bad' research. This concern persisted on an almost emotional level although cognitively I knew that reflexivity, and the subjectivity of qualitative research, had been extensively explored and there was an increasing acceptance of the subjectivity of knowledge (Letherby *et al.*, 2013). My own journey as a researcher through the course of my PhD studies, and my lived experience of a barrier to my religious practice, caused me to explore the concepts of insider and outsider perspective, and I felt supported and encouraged to develop this auto/biographical facet.

The objective here was to explore the lived experience of the participants, rather than construct theory or develop generalisations regarding barriers to religious practice. Some grouping of the individual experiences has been attempted to offer a collaged or assembled 'picture' of the experiences overall. I think it likely that some of my reflective view of the stories has been influenced by both the scoping review and the photovoice project that were conducted before this facet. For example, one of the composite essences of religious practice arising from the photovoice data was that religious practice is a collective and frequently community co-occupation. This may have influenced my understanding of the community aspect of these auto/biographical narratives. Also, one of the mapped concepts in the scoping review was that religious practice is a valued occupation for some, and can

contribute to occupational identity, and again this finding has helped me to consider occupational identity in this facet. Auto/Biography acknowledges that our own biography (in this instance including my research journey) will inevitably influence not only the topics we research but also the methods we choose and the approaches to analysis that we take.

6.11.1 Commitment to family and community

In the religious context, definitions of 'commitment' are varied and numerous, but the definition proposed by Davidson and Knudsen (1977) is prevalent. They concluded religious commitment was an interaction between a person's religious consciousness and their religious participation. For all of us in this study, regular and sustained participation in our religious practice was valued by us, and an inability to participate was readily articulated as a barrier and something we all felt we needed to overcome. Within occupational therapy, commitment to, and participation in, an occupation is frequently measured within a concept of sustained engagement (Benharoch and Wiseman, 2004; Reinseth *et al.*, 2011; Raine *et al.*, 2016; Bumpus *et al.*, 2018), and we each had a 'history' of religious practice going back to our childhoods, that could be described as sustained engagement. In addition to this we described commitment in terms of a relationship with God. This aspect of religious commitment has been explored in psychology and related to attachment theory (Bowlby, 1969). Bowlby's theory states that attachment is the connection a baby forms with its parent to ensure basic needs of safety, comfort, care and pleasure are met. Bowlby suggested that the attachments that all babies form become a blueprint for later relationships, and thus provide a lasting psychological connectedness

between human beings. The attachments people have with the people in their lives (partners, children, siblings, friends) are strongly associated with the attachment formed in their early years of life, with their parents. Bowlby (1969) described four key elements of attachment figures (such figures are parents for the infant, but others for an adult). These are: a safe haven, people who are a source of a relationship in which we feel safe; proximity maintenance, figures that we desire to be around, to be close to, because they make us feel secure; separation anxiety, a feeling of distress or unease when we perceive the figure to be missing, or absent; and a secure base, an ability to move away but to return without feeling rejected. Wesselmann *et al.*, (2016) stated that all of these characteristics can be attributed to God, 'God fits all the criteria for an attachment figure'(p35), and Wesselmann *et al.*, (2016) go on to suggest that religiosity can be a powerful tool for fulfilling intrapersonal needs. In different ways we all expressed our commitment in terms of our need to belong, and our need to participate in worship. For us our 'doing' was very closely linked to our 'belonging' (Hitch *et al.*, 2014). For Christians 'the church' is not simply a building, but rather a group of people who come together as a community of worshippers. This is what we were all seeking and 'missed' when we experienced a barrier to our participation, and we used language such as 'church family' or 'Christian family' or congregation.

However, a place for worship with other like-minded people was also an issue, particularly for Aslan and Natasha. Aslan found he missed a numinous 'place' for worship, and this initially caused him difficulty until he began to see God in places not strictly designated for worship. Natasha found a virtual place for worship, which initially surprised her, but she came to realise it met her needs very much better than

a physical place. For all of us, place was entwined with community and family, which were all key aspects of our participation.

6.11.2 Religious coping

Coping has been defined as a cognitive process used to solve personal and interpersonal problems, as a way to master, minimise or tolerate stressful situations (Carver and Connor-Smith, 2010). People have varying abilities to cope with stress based on numerous factors including personality, agency, culture, and emotional intelligence, and for some people religion provides an additional resource.

Pargament *et al.* (1998) described a number of religious coping methods which they categorised into positive and negative coping patterns. Positive patterns of religious coping include: seeking control through a partnership with God; seeking comfort and reassurance through God's love; and a focus on religion as a relief from the stressor. In addition coping may involve: seeking a sense of connectedness with God; a search for spiritual cleansing through religious actions; seeking comfort and reassurance through the love and care of congregation members and clergy; and looking to religion to help let go of anger, hurt and fear. They identified negative patterns as: defining the stressor as punishment from God; defining the stressor as the act of the devil; passively waiting for God to control the situation; expressions of confusion or dissatisfaction with God, clergy or congregation members (Pargament *et al.*, 1998 p711). This theory of religious coping has remained prominent within the area of psychology of religion (Xu, 2016), however it does have some limitations. The original work to establish the theory was predominantly quantitative looking at the prevalence of the various mechanisms. Pargament and his collaborators (1998)

had identified that ‘much of religious experience remains private, subjective and hugely symbolic, so not only outsiders’, but also insiders’ perspectives are important for examining it (p11). A qualitative examination to seek the nuances and dynamic processes involved in religious coping is also needed (Xu, 2016). In our auto/biographic accounts, we offer a subjective account of our religious coping. We all adopted various elements of what Pargament *et al.*, (1998) called positive patterns of religious coping, that is, seeking support from our relationship with God and support from a congregation or community of like-minded people. Emma and I both expressed being angry with God, but we both continued the dialogue with Him in our attempts to ‘cope’ with our problems. Cacioppo and Patrick (2008) state that a relationship with God is no different from other familial relationships and that in addition to our attachment to God we have a long term orientation toward this relationship meaning that our commitment is framed within our intention to remain in our relationship. Both Cacioppo and Patrick (2008) and Pargament *et al.* (1998) do however assume a monotheistic view of deity (i.e. a single God). In both cases their work is positioned within a Judaeo/Christian view of religion, which could be extended to other monotheistic faiths such as Islam, but does little to explain religious coping in other traditions such as Hinduism and Paganism or traditions without a concept of deity such as Buddhism and Taoism.

For us, as participants in this study, all being Christians, we had a relationship with God in which our religious practices and participation not only constituted a barrier at a given time, but also helped us to overcome that barrier. We all concluded our stories by writing about how the barrier was resolved or removed. We all engaged in problem solving or adaptation tapping into the human being’s vast ability to adapt

both biologically and socially (Sanderson, 2008). My immediate problem solving involved the use of prayer and the support of friends and family which in many ways is how Emma also resolved her barrier related to grief. Natasha solved her barrier by actively seeking out others in the same situation as herself, finding an online community to replace the physical community in which she struggled to participate. And Aslan too sought Navy personnel with religious faith to support him in his mission work on board ship and to help him create 'worship' space, albeit transient spaces. We were all able to take practical steps which we were motivated to do, given our long-term commitment to our faith. Everyone has coping mechanisms when faced with a challenge, but people of faith have an additional mechanism in religious coping.

6.11.3 Religious identity

We all self-identified as Christians and further positioned ourselves in a denominational group (Pat, Aslan, Emma – Anglican/Church of England, and Natasha, Evangelical). Religion was part of our self-identities and a motivating force within our lives. Our religious identity is however complex, and interwoven with other elements such as family, ethnicity, gender, occupation, social class, and culture (McGuire, 2008). Within our auto/biographies, participation was embedded in our personal identities and what we did determined who we were (Wilcock, 1999). With those identities came some expectations about how we would react to situations. Each of our stories contain an element of an unexpected reaction. Aslan did not expect the lack of a 'traditional' parish life to hit him so hard, Natasha did not expect to find parish visitors so patronising, I did not expect to feel overwhelming loss at the thought of missed Easter fellowship and Emma did not expect her grief to cause her

a barrier to worship. As Pargament (1997) suggested, these reactions were ‘private and subjective’ and not problems that we could readily communicate to ‘outsiders’ i.e. in my case the nursing staff, for Aslan, the ship’s company, for Emma some of her friends and for Natasha, people who did not understand her ME. In some ways we struggled to explain the nature of our barriers because we either found, or assumed, that others did not hold our worldview.

Others’ reactions to us could also be framed within an insider/outsider view-point.

Aslan wrote that the majority of the ship’s company found him a little strange.

Natasha commented that people with an evangelical view of divine healing struggled to understand her lived experience of ME, and I found that my priority to attend Easter day communion was not shared by ward staff, who implied it was an unnecessary complication to their busy workload. Obviously, people view challenges and barriers of any type from multiple and varied perspectives, but the insider perspective obtained here from these auto/biographies adds to the understanding of participation in religious practice which is one of the objectives of my thesis.

6.12 A collage of words

I found that the use of auto/biography as a creative medium, and the metaphor of a collage, came into my reflections repeatedly. I came to think of the different themes described here as the many colours and textures of the finished collage. With this in mind I decided to put our auto/biographies into a ‘wordle’ programme (www.wordle.net/create). This is an online programme for generating “word clouds” from uploaded text. The clouds give greater prominence to words that appear more

frequently in the source text. In this way, I was able to produce pictorial/graphical representations of our auto/biographies, a form of word collage. (see figures 6.1, 6.2, 6.3)

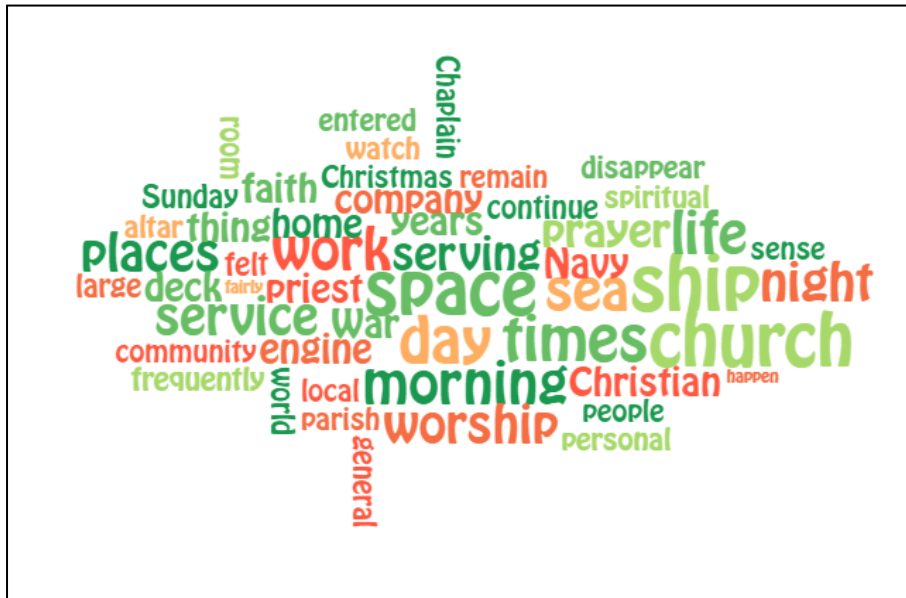


Figure 6.1 Aslan's Wordle

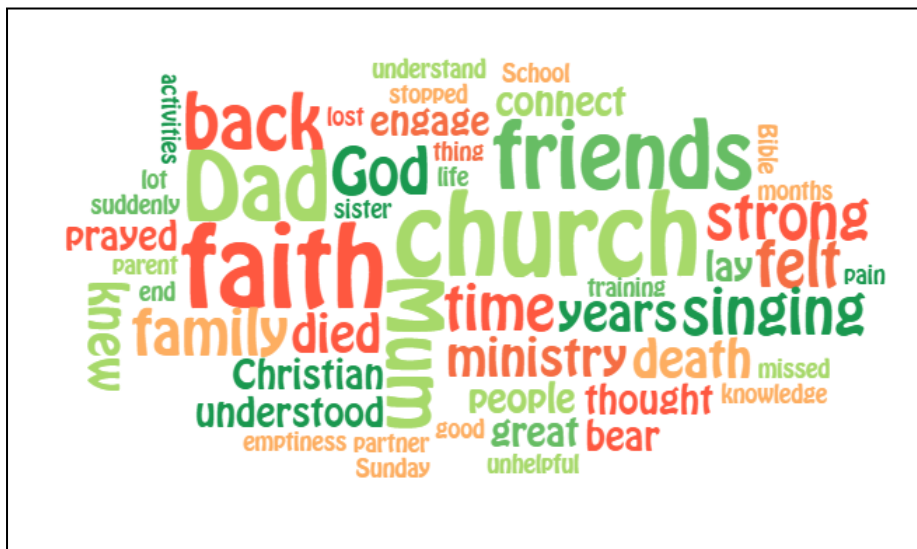


Figure 6.2 Emma's Wordle



Figure 6.3 Natasha's Wordle



Figure 6.4 Pat's Wordle

These auto/biographical ‘snapshots’ contained some words specific to individual stories i.e. *navy* and *ship* on Aslan’s and *Easter* on mine. But I did find it interesting that the word *church* appeared prominently on all of them. The prominence of the

word is based wholly on frequency in the text and does not represent importance or significance but nevertheless gives a unique 'view' of our religious practice 'identities' at the time of the events written about.



6.13 Conclusion

knowledge, 'a voice coming from within, from one's soul' (Hamdan, 2012 p 600). By using auto/biographies in research we make these voices available, providing a view of the world through an insider lens, opening up discussion of the unfamiliar, dispelling misconception and continuing the conversation, particularly in areas where the subject is sensitive and under-explored (Adams et al., 2015). As far as occupational therapy is concerned, religious practice is both a sensitive area and an under-explored area and so the auto/biographies presented here have contributed to the overall objective, which was to explore religious practice as a valued occupation. They have demonstrated the place of committed engagement and religious coping within an understanding of religious practice and have reinforced the importance of place and community. When faced with barriers, the human capacity to adapt and overcome numerous challenges has been seen within the area of religious practice in the same way that it is seen across all occupational performance.

Chapter 7 Discussion, reflections and overall conclusions

7.1 Introduction

In this PhD thesis I have explored religious practice as a valued occupation, as set out in the aim and objectives detailed in Chapter 1 (see section 1.5). Here I described the occupational science basis of this work, and in Chapter 2 also considered some of the background and associated areas of knowledge to position religious practice as an overlooked area of occupational performance within occupational science and occupational therapy. I have used a facet orientation (Mason, 2011) for my research, as presented in this thesis. This approach enabled me to undertake a series of related studies aimed at ‘illuminating’ the complex phenomenon of religious practice from a number of different perspectives. Throughout this work I also reflected on my own auto/biographical experience, both in terms of my research journey, and my own religious practice, needs and experiences. My research journey has brought me from a position of trying to ‘fit’ my work into a more traditional view of research to a newfound understanding of the inevitable subjectivity of research, and the value of my own lived experiences. The auto/biographical nature of my work, and my reflective and reflexive relationship with it, became increasingly important in the final write-up of this thesis. In this final chapter, I will consider the findings of the three studies collectively, in relation to the stated objectives of this thesis, reflect further on my auto/biographical research journey, and draw some final conclusions.

7.2 Current concepts of religious practice

The first objective was to review current concepts of religious practice within occupational science and occupational therapy. I looked generally at the literature concerning religious practice, including other disciplines such as psychology, nursing and social work, as well as occupational therapy and occupational science, in order to inform my research proposal. This initial examination of the literature was helpful in establishing my aim and objectives, but it also made it clear to me that religious practice was a vast topic and that a robust and systematic approach was needed to be able to gain a comprehensive understanding of the concepts of religious practice, from an occupational point of view. I struggled to align the principles of a systematic review of the literature with the objectives I had set and was somewhat relieved to discover ‘scoping review’ as an alternative approach. The objectives of a scoping review more closely aligned with a review of concepts (Peters *et al.*, 2017), rather than answering a specific clinical question (see section 4.4). Taking an ‘all text’ approach to the search, using key terms (that is, searching for terms in the entire text and not just title and abstract), enabled the widest possible trawl of the literature, along with a grey literature search, but despite this, an occupational perspective of religious practice remained difficult to find.

Throughout this literature review, and entwined within the other facets, was a constant problem with differing definitions of spirituality and religiosity. As discussed in Chapter 2, Unruh *et al.* (2002) did attempt to offer some clarity by reviewing the definitions of spirituality published in health care literature between 1990 and 2002, but their search strategy was not altogether clear, and the number of definitions

reviewed was not stated. However, they suggested that thematic analysis revealed seven possible features to a definition of spirituality:

1. Relationship to God, a spiritual being, a higher power, or a reality greater than the self
2. Not the self
3. Transcendence or connectedness unrelated to a belief in a higher being
4. Existential: not of the material world
5. Meaning and purpose in life
6. Life force of the person
7. Summative – combinations of several features often incorporating religious wellbeing and existential wellbeing.

I found in my scoping review, conducted in 2018 (more than 15 years after Unruh *et al.*'s. review) that there appeared to be a focus on features five and six within definitions of spiritual 'doing'. Papers discussed a variety of occupations that provided 'meaning' and 'purpose in life' including: outdoor activities/gardening/green gym; water based activities/blue gym; creative activities; culturally significant activities; activities linked to family roles (Birch, 2005; Britton *et al.*, 2018; Dahdaha and Carvalho, 2014; Mullersdorf and Ivarsson, 2012; Nissmark and Malmgren Fange, 2018; Schmid, 2004; Tse *et al.*, 2005). All of these activities were framed as spiritual, however they were excluded from my scoping review as the objective was to examine literature related specifically to religious practice.

As Unruh *et al.* (2002) concluded, religion was seen as an aspect of spirituality in most definitions used in the literature, however the debate about whether religion should be considered, as an aspect of spiritually focussed occupational therapy practice, has persisted without resolution (Wilding *et al.*, 2005; Wilson 2010; Thompson *et al.*, 2018). Surveys of occupational therapists concerning their use of spiritual activities demonstrated continuing confusion in the use of terms, with

'religious' and 'spiritual' commonly being used interchangeably. For example, when Hoyland and Mayers (2005) asked occupational therapists about spiritual care within practice, they were given examples of religious needs such as attending church (see section 4.2 for further examples).

In an attempt to identify religious practice, as opposed to spiritual practice, within the literature, and throughout the other facets, I adopted a definition based on the work of Cook (2013) (see section 2.2), defining religious practice as:

...activity directly linked (by the practitioner) to beliefs, traditions, ritual and ceremony – but also to include activities that they define as bringing them an individual sense of connection and belonging to a faith group.

There was considerable debate within occupational science and occupational therapy concerning the place of spirituality within everyday life and within occupational therapy practice. The concept of holism, that is mind, body and spirit, is embedded in occupational therapy philosophy, as is the concept that we can observe aspects of 'spirit' in the way that we engage in, and experience, spiritual occupation (Farrar, 2001). Religious practice, defined as an aspect of spirituality, is not in dispute within the literature, but there does seem to be a focus on the concept of being spiritual without being religious, as opposed to the religiously spiritual (NHS, 2003).

Occupational therapists' professional debate about spirituality as a domain for occupational therapy has been ongoing since the latter part of the 20th century, and there is agreement that spirituality is an important aspect of practice (Humbert, 2016). Other areas of work on flow (Reid, 2011), the meaning of occupations

(Whalley Hammell, 2014, Roberts and Bannigan, 2018) and restorative occupations (Howell and Pierce, 2000) have contributed to a growing understanding of the mind, body *and* spirit concept of holism. However, religious practice as an aspect of spiritual expression continues to present a problem in practice (Thompson and Gee, 2018). It is a political 'hot potato' in some areas and occupational therapists struggle to achieve a comfortable 'fit' for religious 'doing' within practice constructs. The findings from the scoping review, (presented in Chapter 4) suggested a number of factors contributed to occupational therapists professional insecurity.

7.3 Professional insecurity with religious practice

Firstly the categorisation of occupations. As Whalley Hammell (2009) pointed out, there is insufficient evidence to support the division of occupations into the categories of self-care, productivity, and leisure. However, these categorisations persist in practice possibly due to the common use of CMOP-E (Polatajko, Townsend and Craik, 2007) (see section 2.3). Pierce (2001) called these categories 'simplistic, value laden, decontextualized and insufficiently descriptive of subjective experience' (p.252), which maybe explains why it is difficult to find a comfortable place for such a complex occupation as religious practice in this categorisation. The AOTA (2014) expanded these initial categories and positioned religious practice in an instrumental activities of daily living category, however this did not recognise the further debate about the limits of categorisation. For example, Whalley Hammell (2009) suggested that categorisation should consider: restorative, ways to connect and contribute, engagement in doing, and ways to connect the past and present to a hopeful future. All of these are aspects of religious 'doing' that emerged in the

photovoice and auto/biography studies (see sections 5.8.1, 5.8.3, 5.8.4, 5.8.5, 6.9.1, 6.9.4).

An occupational science perspective may be more helpful with a consideration of doing, being, becoming and belonging (see section 1.3), however this is not without challenges. People are likely to describe an activity like prayer or meditation as something that they 'do' while at the same time allowing themselves time to 'be' in a context of 'belonging' to a faith community. In addition, contemplative activities are often carried out while also doing other activities, i.e. listening to music or even gardening (Unruh, 2004), and as such may be explored as activities that co-exist. For example, photovoice participants' described prayer while out shopping (Jac) and walking with her baby in his buggy (Jen). Co-occupations (Pierce, 2009) are defined as those occupations experienced with, and related to others, and while many religious activities like prayer are experienced as co-occupations, there must also be a consideration of the concept of an occupation that can co-exist with another, and this is less well defined. One aspect of religious practice that needs to be considered is the complexity and entwinement of different aspects of religious doing that link to 'doing, being, becoming, and belonging' and possibly require a more nuanced view of categorisation.

'Doing, being, becoming and belonging' as a framework was further echoed in the work of psychologist Saraglou (2011) (see table 2.1), who defined the psychological dimensions of religion as believing, behaving, bonding and belonging. These appear to align closely with occupational science views of 'doing, being, becoming and belonging', related to occupational performance (Wilcock, 1998; Rebeiro *et al.*, 2001). While there is no evidence that either Wilcock's or Rebeiro *et al.*'s work

influenced Saraglou a decade later, this does perhaps illustrate an interesting parallel in the development of theory between occupational science and the psychology of religion.

Where, exactly, religious practice is positioned within occupational therapists' constructs of occupation is challenging and possibly needs to be flexible and context specific. However, position it we must, if it is ever going to move from a subject of perpetual debate to an area of occupation embedded in occupational therapy practice. How language and definitions are constructed and used is not the key issue that the literature would suggest. The terms *spirituality* and *religion* and *faith* were all used by participants in the photovoice study, and a clear definition of these terms did not appear important in their reports of religious doing. From the occupational therapy perspective, should occupational therapists not position religious practice in the place that the client positions it, particularly if person-centred practice is truly at the core of interventions?

A second factor contributing to a professional 'uncomfortableness' about religious practice as an occupation is perhaps understandings of culture. Religion is closely linked to considerations of culture. Martin and Millares (2013) cautioned that cultural diversity was something that occupational therapists addressed, as an additional consideration, secondary to practice interventions, and that with increasing cultural plurality occupational therapists needed a new way to structure practice. 'Culture' is a key determinant of occupational performance (Darnell 2009). Throughout the literature review there was a predominant Judaeo/Christian view of religious practice that originated from an arguably Western cultural perspective, as the included

literature came from USA, Canada, Australia and the UK. Indigenous people's culture from within these regions was also not represented in the literature, as the focus in the few studies found, relating to indigenous people, was on spirituality and not religious practice. For example, Tse *et al.* (2005) in their work with Maori and Aboriginal communities, found that concepts of both spirituality and health contrasted significantly with a 'Western' concept of both. Fundamental issues such as spirits of the dead and the living being held as real phenomena, and time being boundless, that is both past and present, challenged what Tse *et al.* (2005) felt were common understandings outside of indigenous cultures. For many people, these would be value/belief systems that they would be unaware they held. Tse *et al.* (2005) discussed practice issues including assessment challenges, and culturally appropriate interventions and also considered coping, social support, hope and self-esteem as aspects of wellbeing. Occupational therapists increasingly need to consider that their clients may hold different types of cultural, spiritual and religious beliefs, and understandings, that may be way outside their own cultural experiences. Research into different culturally bound occupations such as: those of cultural groups, e.g. American indigenous peoples (Frank, 2011) and Asian people (Lee, 2019); common everyday tasks, e.g. making a cup of tea (Hannam, 1997), sewing (Boerema *et al.*, 2010), cooking and recipe work (Hocking *et al.*, 2002), and emergent cultures such as rap music (Pyatak and Muccitelli, 2011) and shed culture (Thomson, 2008) have all been considered within occupational science literature. However, Iwama (2003) suggested that occupational science had a problem, in that occupation was viewed from a predominantly Western individualistic perspective, which did not align with more Eastern collective cultural views. Darnell (2002) suggested that occupational scientists needed to identify points of conflict and

contradiction within the world views of subjects and communities in order to work towards 'opening up closed doors' (p.10) in relation to an understanding of occupation. The findings in the scoping review suggested that, in terms of religious practice, a more global concept is also needed to include non-Christian and non-Jewish understandings of religious doing to 'open up multi-cultural doors' (Darnell, 2002 p.10).

If culture is a blueprint that guides daily behaviour (Krefting, 1991), then it is used to guide occupational choices and therefore, within increasingly multicultural communities, calls for occupational therapists to become culturally competent are justified (Adams, 2009; Odawara 2005). Multi-cultural communities are multi-faith communities (Pew Research Centre, 2015) and so in the same way that occupational therapists need to become more culturally competent, they also need to be religiously competent. But given the complexity and plurality of religious practice, how can occupational therapists do this?

The findings in the scoping review strongly supported the notion that occupational therapists need to start this process by reflecting on their own cultural, spiritual and religious positions, to increase confidence when addressing their clients' religious doing in practice. The inextricable link between culture and religious practice (McColl, 2003) (see 2.7) needs to be recognised by occupational therapists.

Cultural competence focuses on some level of skill development over time and is an acknowledged component of Continuing Professional Development and Life Long Learning (RCOT, 2017). An understanding of religious practice from a variety of faith

perspectives could helpfully form part of a process of developing cultural competency. That said, a notion that religious practice can be understood by an examination of a faith group's commonly understood practices e.g. that Christians go to church on a Sunday and that Muslim's pray on a Friday, does not take into consideration the individual nature of personal religious doing.

The photovoice participants clearly detailed very personalised practice, which was considered both acceptable and authentic, provided it met their individual needs (see section 5.8.1). This supported McGuire's findings (2008), that it was 'misguided' to describe an individuals' religion simply by comparing it to the 'package' of recognised religious beliefs and practices (McGuire, 2008, p.17).

This introduces the concept that an understanding of religious practice is needed at both a macro and a micro level and is further discussed below in section 7.2 in relation to meaning. There is also potentially a conceptual challenge if occupational therapists attempt to 'fit' religious practice into Western, secularly constructed understandings of spirituality (Martin and Millares, 2013).

Concepts of agency and choice, were a particular consideration of Smith and Suto (2012), looking at the religious needs of people with schizophrenia. These constructs were again embedded in a Western approach to both health and religion and can conflict with some people's beliefs of divine guidance and intervention, both for patients/clients and occupational therapists (see religious coping, section 6.9.2). The auto/biography study highlighted the role that religious commitment played within the participants' lives. Levels of commitment impacted on barriers to participation in religious practice and influenced the problem-solving strategies

found. Examples of agency and an ability to seek out resolutions and make choices was also seen within the auto/biographies. Occupational therapists need to be aware that for some people religion and culture will influence their perceptions of agency, autonomy, coping, and problem solving.

The scoping review found that the existing concept of how religious practice is addressed in occupational therapy is confused, as it is based on polarised positions in relation to how, when, and if occupational therapists engage in religious doing as part of intervention. Observational studies from occupational science are helpful in our understanding of what people do, but are limited in resolving the debate about if and how we include religious activities in assessment and intervention (see sections 4.8.1, 4.8.2, 4.8.3, and 4.8.4). The polarisation of the literature is, in part, due to US and Canadian dominated publications both in the academic literature and the grey literature. In North America large parts of health and social care are funded by faith organisations and, therefore, expectations in these organisations and services are very different from secular, state, or insurance funded institutions. Rosenfeld's work (2000, 2001a, 2001b) that arose within the scoping review, was written from the position of working in a 'Jewish' hospital for 'Jewish' patients and while proselytising was clearly considered inappropriate, the expectation that staff and patients would pray together was clear. North American practice based occupational therapy periodicals were able to publish his opinion/practice reports, and in this way he was able to share his views and potentially prompt further discussion. Re-position this work into the UK, and many areas of Europe, and fears of inappropriate behaviour, bullying, harassment, and proselytising would, I think, prevent any such publication and potentially lead to disciplinary procedures and dismissal. In the UK,

occupational therapists concepts of religious activity within practice are largely coloured by the situation they practice in, institutionally, organisationally, politically and culturally; for many occupational therapists this provides limited opportunity to discuss practice experiences. In order to move religious practice into a more 'comfortable' place, surely occupational therapists need to explore and clarify the contextual framework within which they work. Many practice contexts are challenging with regards to occupation. Barriers, such as system and organisation priorities, can conflict with occupation focussed, person-centred care, e.g. pressure to clear bed space, limited resources, and limited time. All of which can support the illusion of person-centred practice (Gupta and Taff, 2015). Onward referral of occupational need can become the norm and can lead to a position where occupational therapists restrict practice to areas they are comfortable with and where they do not need to confront challenging areas of client need (Gupta and Taff, 2015). In the case of religious practice, onward referral to the chaplain may be easier. Occupational therapy is increasingly addressing the challenges of occupation focussed practice (Khayyatzadeh-Mahani et al., 2015; Daud et al., 2016; Ashby et al., 2017; Larsson-Lund and Nyman, 2017; Farias and Laliberte-Rudman, 2019) and re-embracing occupation as core to its practice. Religious practice should be included as a potentially valued occupation and, while collaboration with a chaplain may be helpful, simply onward referral without any further consideration may compromise person-centred care for some people.

The current concepts of religious practice found within the literature of the scoping review supported the notion that religious practice is a meaningful occupation for some and may contribute to occupational identity. This links to the second objective

of my research to explore the value and meaning of religious practice and is further discussed below (see section 7.2). The predominance of a Western and Christian ideology and the need for expanded knowledge and understanding is discussed below in sections 7.4 and 7.5. I am mindful that the findings of the scoping review may have been influenced by an inability to review work published in any language other than English (see section 4.9). The searches did not find a large number of papers that had to be excluded on the basis of language, however it cannot be assumed that these do not exist, as all the searching was done in the English language. The Western/Christian viewpoints expressed may be balanced by a much more multi-faith and multi-cultural discussion, if literature published in Arabic, or Japanese or other languages, could have been included.

Despite attempts to focus on practice issues, within the scoping review, and not simply the opinions of occupational therapists, the polarised nature of views about the occupational therapist's role in relation to religious practice still emerged within the mapping of the concepts. This together with the variable situations that occupational therapists work within, provides a background understanding in which to further discuss religious practice as a valued occupation.

7.4 Value and meaning of religious practice

The second objective was to explore the value and meaning of religious practice for individuals across faiths, genders and ages. This was predominantly achieved through the photovoice study (see Chapter 5). The use of the photographs in that study enabled deep reflection on the nature of religious practice from the perspective

of 10 participants from seven faith traditions, Baha'i, Buddhist, Christian, Hindu, Jewish, Muslim and Pagan. There were calls within the literature reviewed in facet one to take a more multi-faith view of religious practice and although this sample only included seven faiths, it did extend the scope of the study beyond just Christian and Jewish considerations. The data contained descriptive information about the religious doing of the participants with common themes emerging across the faith groups represented.

How religious doing was measured against a perceived norm featured prominently in participants' narratives and participants were often self-critical of their own practice. A desire to 'do better' was as present here as it is in many occupations (Hocking, 2009). Routine and familiarity also featured prominently, a feeling of being comfortable, regularly engaging in familiar practice in a familiar place, what Kielhofner (2008) defined as the habitual aspect of doing, and what Roberts and Bannigan (2018) may include within the fulfilment aspect of meaning. Participating in a number of types of religious doing: ritual; prayer; contemplation; wearing specific dress and/or jewellery; and community connectedness, were all valued by the participants and held meaning.

Quiet time spent in contemplation was not just about a quiet space, in the physical sense, and more about making time and space within the participants' thoughts and cognitive priorities. This aligns with the concept of a restorative occupation (Roberts and Bannigan, 2018). Participants actively sought out time for prayer or contemplation, and I was not alone in my view that prayer helped to restore me and give me new perspectives on problems, including challenges with religious

participation. Many of the descriptions of contemplative 'doing' had elements of flow, i.e. being less aware of one's surroundings and losing a sense of time (Emerson 1998; Reid 2011; Walters *et al.*, 2014). However, it was also clear that contemplation and/or prayer did not align absolutely with the concept of flow, and a relationship with mindfulness (Reid, 2011) was present. Concepts of mindfulness arise from Eastern traditions associated with meditation and involve a sense of presence, a means of paying attention to the now, being aware of intention, feeling free of time, free of problems and free of thinking (Reid, 2011). Prayer was described in terms of being present with God and paying attention, while also having intention and purpose. The use of occupations to facilitate flow, and contribute to feelings of positive wellbeing, have long been part of occupational therapy (Emerson, 1998). Mindfulness has more recently become a recognised feature of practice, in some occupational therapy settings, and the findings here would suggest that occupational therapists need to be aware that, for some people, prayer may be a feature of flow and mindfulness that they need to acknowledge.

The individual variation, and nuanced aspects of practice, discussed above (McGuire, 2008) also contribute to individualised meaning. People did not necessarily practice a macro version of their faith but rather a micro personalised version. This understanding is important for occupational therapists, to ensure a person-centred goals shape to their intervention and to enable a more confident inclusion of individual differences in relation to religious practice. As described in the photovoice study (section 5.8.1), participants did not necessarily adhere to a common understanding of religious doing but adapted and modified their practice to meet their individual needs. This willingness to adapt and accommodate the way

religious doing was achieved was also clearly evident in the auto/biography study where participants actively sought new ways to achieve a comfortable way of doing when presented with a barrier.

The data also supported the concept of faith development over the lifecourse (Fowler 2004). Participants in the photovoice study and the auto/biography study (including myself), positioned their religious practice, and barriers to participation, within a story that frequently started in their childhood or youth. In the auto/biography study the concept of biographical disruption was relevant (see section 6.1). Both of these issues, occupation that changes across the lifecourse and biographical disruption, are familiar concepts within occupational therapy practice, and not unique to religious practice or unexpected aspects of expressed meaning.

Meaning was also positioned within an awareness of the global political climate with one photovoice participant being wary of outward expressions of her faith and other participants, across both studies, being aware that their religious doing may incur odd looks or misunderstandings from others who did not share their beliefs (see section 5.8.1). The possibility that prejudice and social factors (Stewart *et al.*, 2018) influenced their doing, was a consideration for some people. Varying levels of connectedness were experienced (Creek and Cook, 2017), and discussed as one of the most meaningful aspects of religious practice, with participants talking about numerous levels of belonging. This included social, cultural and intergenerational connection as described by Roberts and Bannigan (2018) as significant dimensions of meaning. Connectedness was expressed as belonging to a group of other worshippers/practitioners and, in addition, to previous generations of practitioners. Being part of a continuum of practice that extended beyond their own existence and

being part of a tradition that they felt it was important to continue. Occupational science has offered numerous insights into the importance of cultural tradition (Hocking et al., 2002; Bonder, 2007; Wright-St Clair and Nayar, 2017), and for occupational therapists the importance of opportunity to participate. Attitudes towards participation and even issues of prejudice or marginalisation are not new challenges in relation to the practice of cultural tradition (Creek and Cook, 2017). Hence, should the question be asked, are they not also acceptable challenges in the area of religious tradition or doing?

As stated in Chapter 5 (section 5.9.2) reflection on the data indicates that terms such as 'religion' and 'faith' and to a lesser degree 'spirituality' were, on occasions, used interchangeably across all three facets, and aspects of doing were placed in all three categories. As suggested earlier, this indicates that the boundaries between religion, spirituality and faith (McGuire, 2008) may not be as significant as the continuing debate within occupational therapy may suggest. If we are agreed that a person-centred focus on intervention, that is individual and variable, is the objective for occupational therapy then the academic argument, related to "*what is spirituality?*" and "*what is religion?*", may be unhelpful and not where occupational therapists can best focus their energies. As McGuire (2008) stated, religious practice is likely to be multi-dimensional, diverse, individual, adaptable and malleable, and may be described using the terms 'religion', 'faith' or 'spirituality'. The meaning that religious doing holds for each person is personal and private. As Pierce said, a person is:

'...the sole author of the occupations meaning (Pierce, 2001, p.139)'
(see section 1.3).

The meaning of religious practice is closely linked to an ability to participate in one's chosen areas of doing and engagement. And therefore, some further consideration of the influences on participation is needed to continue this exploration of religious practice as a valued occupation.

7.5 Influences on participation

The third objective was to consider the meaning of, and influences on, participation in religious practice. Many aspects of participation were included in the photovoice study (Chapter 5), but in addition the auto/biographical study (Chapter 6) was designed to focus on interruptions to participation and add an additional perspective. When faced with a barrier to participation each person's lived experience was different, however some core notions about participation did emerge (see section 6.9).

Participation in religious practice encompassed aspects of doing and being but also becoming and belonging. A key finding in both the photovoice study and the auto/biography study was the role of community and the need to participate with others (belonging). This was linked with a notion of committed and sustained engagement over time (becoming). Participants in both studies were recruited on the basis that they considered themselves to be practicing members of a faith, and so perhaps this emphasis on regular participation was predictable. For some people however irregular participation in religious doing may be meaningful and highly significant, for example attending a wedding or a funeral. This aspect of participation was not a feature of the data, however further work within the area of occasional participation may challenge perceptions about the link between sustained

engagement and meaningfulness. The data did, however, support some of the causal assumptions (theoretical understandings) as outlined by Pentland *et al.* (2018) in their recent attempts to define and describe the complexity of occupational therapy. Namely:

- Meaning associated with doing can be positively related to health and wellbeing.
- Doing should have purpose
- Doing is an integral part of being, becoming, and belonging

A barrier to participation in religious practice as described in the auto/biography study, prompted expressions of compromised wellbeing. These expressions included: feelings of loss, a sense of emptiness, frustration, being distant from God, difficulty connecting with others, and feeling vulnerable. All the participants, myself included, made efforts to re-engage with our religious practice, to continue to participate and when we were able to do that it was framed as a positive outcome by us all.

Participation in religious practice was also seen as a feature of religious coping (Pargament and Raiya, 2007; Koenig, 2012; Swinton, 2010). Descriptions of finding strength and support from a relationship with the Divine featured in both the photovoice and auto/biography studies, and this relationship was evident and lived out through various aspects of religious doing. Being a member of a church family (see section 5.8.5 and 6.9.4) was frequently valued and may also be an important consideration in practice when occupational therapists would routinely include close family members, but possibly not consider faith family as so important, or indeed, for

some Christians, the most important 'family member', "Our Father". Non-Christian perspectives will vary but, monotheistic religions such as Judaism and Islam share similar considerations even if the language used differs. Polytheistic faiths also value faith community or 'family' affiliation and engagement. The findings in my studies highlighted the considerable emphasis put on being within a faith community, and that participation with others was highly valued.

7.6 Implications for practice

The final objective was to consider what influence a greater understanding of religious practice as a valued occupation, may have on practice. I have already discussed some implications in relation to the previous objectives but additional issues are raised here.

Firstly, it is necessary to further explore and understand the political, cultural and institutional/organisational climate that practice occurs within. As Christiansen (2008) pointed out there is a considerable difference between enabling a client to practice their religion and joining in to practice with them. Globally, there are some situations where the latter is not only possible, but expected, within religiously orientated health and social care institutions (Koenig, 2012) (see section 7.1). Whereas for the vast majority of practice in the UK, a focus on *enabling* religious practice will prevail, within state funded health and social care. Concerns about inappropriate proselytising have led to caution about disclosure of one's own faith position (Mooney, 2009; Zaimov, 2018), but clear guidance is given by the Department of Health (Great Britain, Department of Health, 2009) which states that proselytising will be construed as harassment under disciplinary and grievance

procedures (see section 2.9). However being aware of patients'/clients' religious needs is advocated within this guidance. The impact that a wide range of religions and beliefs may have on healthcare is recognised, as is the need for sensitive and ethical decision making ' from pre-conception right through to dying or even after death' (Great Britain, Department of Health, 2009 p.25)

Awareness of differing cultures and religions will be helpful to occupational therapists but the scoping review also highlighted the need to be aware of one's own faith position and reflect on this before trying to incorporate religious practice into intervention planning. In this context, the therapeutic use of self relies on a clear examination of the occupational therapist's own spiritual needs. In both instances, some knowledge of commonly encountered religions, and an examination of one's own faith, is likely to enable a more confident approach in the recognition of religious practice in clinical situations.

In their recent re-consideration of the complexity of occupational therapy, Pentland *et al.* (2018), described and defined practice as having a macro context and, in addition, each patient/client and each occupational therapist bringing their own personal contexts to the therapeutic interaction. They envisaged the therapeutic arena to be where the client's and the therapist's contexts interact. If this approach is applied to religious practice then a graphical description may look like this (see figure 7.1):

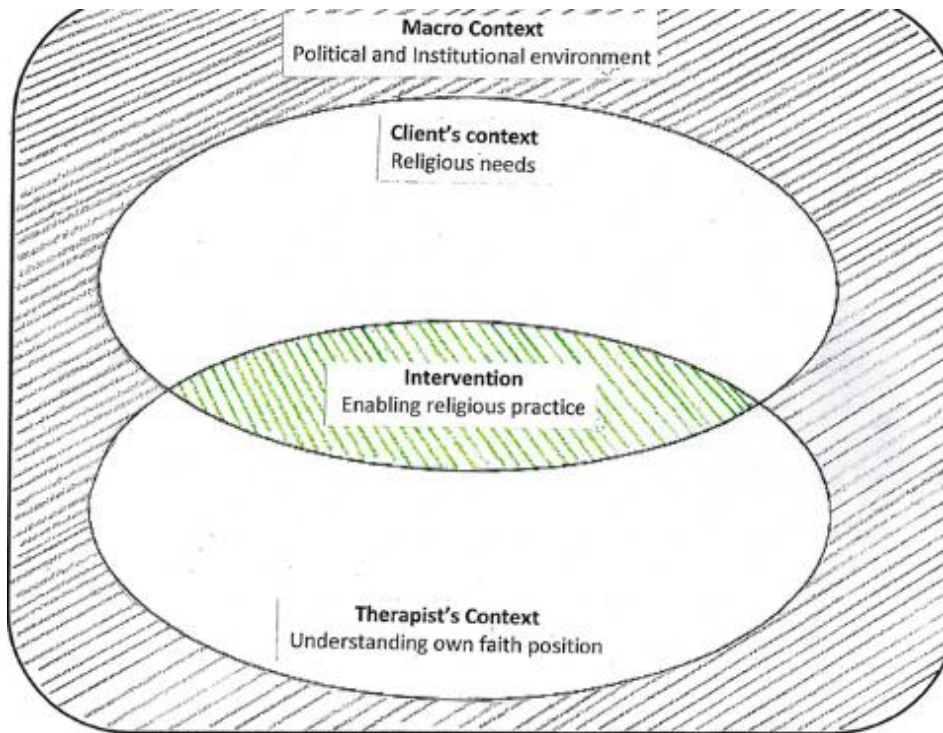


Figure 7.1 Therapeutic contexts in relation to religious practice (after Pentland *et al.*, 2018)

Pentland *et al.*'s (2018) work is the most recent, commissioned by the Royal College of Occupational Therapists, to articulate the complexity of occupational therapy practice and offer a workable model to define practice. It is, however, yet to be critically reviewed by their peers, and is included here on the basis that it is the most recent work and the most likely to influence future occupational therapy practice.

An occupational focus was needed throughout this thesis and I have therefore attempted a focus on 'doing' to emphasise the occupational performance aspect of religious practice. In Chapter 2, I drew upon the concept of vertical and horizontal dimensions of spirituality (Schulz, 2004; Johnson and Mayers, 2005; Visser *et al.*, 2010) (see section 2.1 and figure 2.1), where the vertical axis relates to personal concepts of belief and the horizontal axis relates to meaning and connectedness.

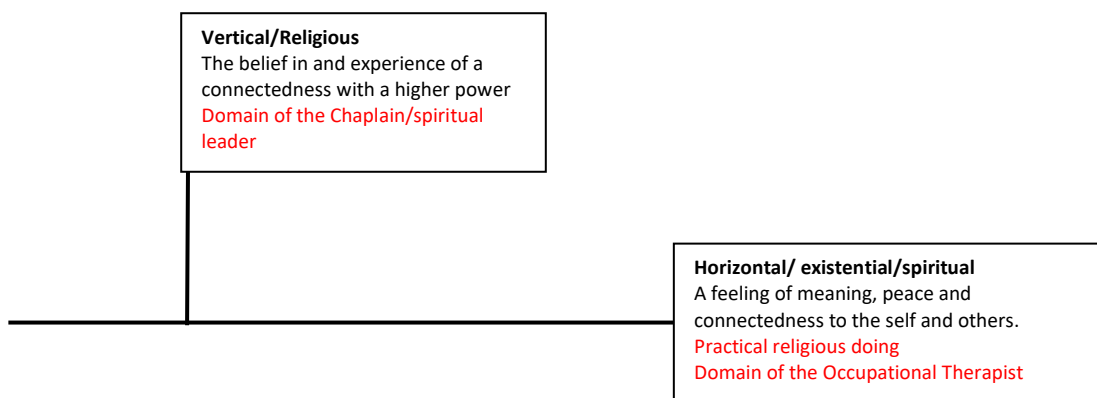


Figure 7.2 A proposal for a vertical and horizontal view of religious practice (after Schulz, 2004; Visser *et al.*, 2010)

Applying this concept to religious doing, it may be argued that occupational therapists struggle with religious practice as an occupation because they focus their attention on the vertical axis, i.e., more related to theological doctrine and extremely personal held faith. Whereas to a large extent, religious doing can be positioned on the horizontal axis (see figure 7.2). This would enable a greater focus on the practical needs of clients and the use of occupational therapy core skills, such as activity analysis (Thomas, 2015). A shift of focus in this way may enable occupational therapists who currently feel insecure and ill-equipped to deal with religious doing, to realise that they already have the practice skills and tools to work with problems of religious doing, in the same way that they use these tools when working with problems of personal care, social interaction or employment (Nazzal, 2008). Alternatively, a similar approach may be used to differentiate between the occupational therapist's own religion/spirituality (vertical axis) and the occupational needs of their client on the horizontal axis.

The desire for additional guidance regarding professional boundaries was seen in the literature reviewed. However, the religious doing described within the studies

reported in this thesis suggests the professional guidance related to all occupation is applicable, and specific guidance is not needed. As discussed in Chapter 1, the RCOT Code of Ethics and Professional Conduct (COT, 2015), states that occupational therapists 'should enable individuals to preserve their individuality, self-respect, dignity, privacy, autonomy and integrity (COT, 2015, p.7). Within the photovoice study and the auto/biographies there were examples of individuality; self-respect and integrity was at the core of being able to practice one's religion authentically and without barrier. I argue that guidance already exists related to any valued occupation, religious or otherwise, and therefore calls for additional guidance are redundant.

Furness and Gilligan (2010), when advising social workers specifically about assessment, suggested a series of key aspects to the successful consideration of religious needs, These included; seeking to understand needs, listening, being self-aware, promoting trust and respect, seeking information and advice about the unfamiliar, and a degree of creativeness (Furness and Gilligan (2010, p.2189)

Such specific assessment guidance was not found within the occupational therapy and occupational science literature reviewed, however aspects of this approach are present within the assessment tools already available to occupational therapists, especially the FICA (Bremault-Phillips *et al.*, 2015) (see section 4.8.4). In-depth research into the use of spiritual assessment tools was not the objective of my thesis, but this is an area for future work and development, especially as there is no evidence that any spiritual assessment tools are widely in use within the UK.

The literature related to religious practice within occupational therapy and occupational science was limited, indicating that this is not an area of practice that is being written about or researched into often. This of course does not necessarily mean that religious 'doing' issues are not being addressed in practice, although the recent survey of occupational therapists in the USA suggests this is an area of occupation that occupational therapists still find challenging (Thompson and Gee, 2018). If there is, as Farah and McColl (2008), suggested an 'underground' consideration of religious practice, this does little to support an open and inclusive culture for all faiths. Indeed, the reluctance of occupational therapists to address this area of occupational performance, freely and openly, may equally contribute to society's misunderstanding and suspicion of some religious groups. Kimanen and Poulter (2018) reported a dominant discourse among Finnish youth that saw all Muslims as terrorists, and all immigrants as threats (p 149), and they concluded that education is key if global concerns about religious and political radicalisation are to be addressed. This can only be helped by an open culture regarding religious occupational needs.

7.7 Future research directions

The facet orientation adopted for this thesis encompasses the notion that there will be numerous and on-going possibilities for future facets as the research progresses. Given that most of the occupational science and occupational therapy research into religious practice has occurred outside of the UK and Europe, a more euro-centric view is needed, as cultural differences and a different 'mix' of religions is likely to be present. My work has contributed a UK perspective on the lived experience of people with religious practice needs, but a contemporary UK or Europe based

examination, of exactly what occupational therapists currently do about religious 'doing' needs within their practice, is warranted. My work has attempted an exploration of religious practice and there is considerable opportunity to take a more focussed look at specific religious activities, religious practice needs with specific clinical groups and specific aspects of occupational therapy practice.

To this end, I am currently supervising a small undergraduate project looking at the activity of choral singing in a church context, and postgraduate research projects looking at the way that spiritual assessment is carried out in occupational therapy practice, and the development and evaluation of 'dementia friendly' churches. In addition, the data gathered here relates to people who are committed and regular 'religious practitioners', however, as mentioned above, there is perhaps need to understand the meanings related to infrequent religious participation related to significant events, such as weddings and funerals, and from a cross-faith tradition perspective.

A sharing of the findings of my research has started with a publication of the photovoice study in *Religions* in 2019. The protocol for the scoping review was also published by JBI in 2018, and a submission to JBI with the results of the scoping review is currently in draft. Further publication of the auto/biography study, detailing the findings and the combination of auto/biography and occupational science as research orientations is in discussion. Further consideration of the methodological orientations combined in this thesis, in particular the use of facet methodology, the occupational science consideration of religious practice and the implications of my

findings to inform occupational therapy practice, are all potential areas for further publication.

7.8 Reflections on my research journey

The work reported here represents a research journey that has taken nearly eight years, and I am certain that I am not the first PhD student to say that the journey has been incredible, albeit long and hard. It seems appropriate, at this point, to offer some reflections on my experiences before moving on to some overall conclusions.

7.8.1 Did facet methodology work?

My initial enthusiasm for facet methodology has waned a little, although I still see it as a valuable way to view a mixed methods approach, and I have been faithful to its orientations throughout. It is, however, fair to say that the predicted flourishing of facet methodology following Mason's initial publication (2011) has not happened and it remains almost impossible to find any studies conducted using this orientation, except those that have been generated by the team at Manchester who developed facet methodology. The strength of the facet approach lies in the embrace of creative ways to look at entwined and interrelated issues, without the pressure to seek corroboration or triangulation which would frequently seem to accompany a mixed methods approach to a research project. Throughout, I have been able to work on the interrelationship of the facets and not settle on a project design and structure until I could clearly see the 'fit' within the overall picture. The facet approach was also helpful, in that the flexible approach to design advocated enabled

me to work with the emergent auto/biography orientation that developed throughout the facets (see sections 3.3.1, 4.13, 5.14, 6.11).

Facet methodology has also given me 'permission' to explore creative methods of data collection and analysis (photographs and auto/biography), that I may not have worked with otherwise. It has enabled me to see how a series of studies can build to a much more comprehensive understanding of religious practice, while at the same time leaving so many 'stones' unturned. It has enabled me to consider further facets, and I am delighted to be supervising postgraduate and undergraduate research projects as detailed above. These are subject areas that I have proposed to students now, towards the end of my research journey, that I would not have considered at the beginning. So has facet methodology worked? Firstly has it worked for me? Yes, I think it has, in that I have achieved what I set out to do, which was to explore religious practice as a valued occupation. Has it worked for this project? Again, I would say it has, as the combination of facets has enabled the wider exploration that I have always considered to be at the heart of this project. Would I use it again? Probably not, it has been an interesting journey but, as the lack of emergent literature concerning facet methodology would suggest, I have come to consider it as a way of considering a mixed methods approach to research, rather than a 'new' methodology.

In Chapter 3 I commented that Mason (2018) suggests a series of questions to ask when putting facet methodology into practice, and among these are:

- What's fascinating?
- Are there assumptions to unsettle?
- How can I look creatively?
- Can I design facets from which insights might emerge?
- And what might they yield?

What was fascinating was not the differences between faiths explored in my work, but the similarities. People of different faiths spoke about the same key features of their religious doing, and key features of the barriers to participation, irrespective of the cause. From an occupational perspective, there was truth in the notion that there is more that unites us than divides us.

Were there assumptions? Within the literature review many assumptions about the commonly understood 'doing' of religion or faith practice were apparent, however some of these assumptions can be challenged by the lived experience of the photovoice participants. Assumptions such as the rigid nature of prayer five times a day for Muslims, or the need for a specific place of worship in which to engage in religious practice, and fundamentally the assumption that religious practice is unique and very different between and across faiths, which was not supported by the findings of the photovoice study.

Looking creatively, the design of two of the facets involved a considered use of creative and artistic elements, i.e. photographs and auto/biography, in an attempt to help participants with reflection and obtain true and revealing aspects of lived experience.

The facets have yielded insights that emerged in the findings of each study, and my own insights on my auto/biographical view of experience and in the reporting of this work. These insights will hopefully resonate for some occupational therapists.

My use of facet methodology as an orientation became combined with the use of auto/biography, which emerged as an unexpected aspect of my research journey.

7.8.2 Auto/Biography as an overall orientation

What has completely surprised me about my research journey is my complete transformation from a position of “How can I possibly keep my own personal faith out of the research to ensure objectivity?”, to a position of “How can I incorporate my own faith experiences, and how can this contribute to the credibility of the thesis?”.

Disclosure of my own experiences, my faith and my, thankfully brief, problems with my religious practice, was not without challenges. The initial suggestion that I should write an auto/biographical account of my ‘Easter problems’ filled me with horror. I had already struggled with the notions of bias and objectivity within the photovoice study (see section 5.3) and my personal held concepts of good research being ‘objective’ research, prompted some inner turmoil and debate. My understandings of research were emotionally if not cognitively based in my education as an occupational therapist during the 1970s, when occupational therapy was still trying to find credibility in some fields, and where ‘scientific’ evidence to support the value of occupational therapy was considered an imperative. However, once I started to write about my own experience of a barrier to religious doing, the relevance of my reflections became increasingly obvious to me. Sharing my story forced me to consider my feelings of vulnerability, my concerns about what the reader/listener would think and my worries about my performance of the drama. As Lapadat *et al.*, (2010) stated, the use of auto/biographical narratives both forces the performance of the self (the story teller) and forces the reader/listener to become a witness. For these positions to become comfortable there needs to be development of empathy and trust. The experience of initially disclosing my own story helped me to

appreciate the importance of the connections and trust needed in working with others to create their own auto/biographies.

The complexity of the overall research task and the entwined nature of the data frequently surprised me in ways that I had not anticipated. It was not until I started the auto/biography study that I fully understood the auto/biographical nature of the photographs and discussion in the earlier study. Mason (2011) considers complexity by asserting that the world is 'messy' (Mason, 2011, p.67) and I was surprised to find that this came up repeatedly and unexpectedly within my studies (McGuire, 2008, p.189; Patton, 2015, p.67; Finlay, 2011, pp.142-228; Adams *et al.*, 2015, p.64; Mann and Warr, 2017, p.547).

I acknowledge that, albeit using nearly all of the 80,000 words allowed, language is limited in its ability to capture the essence of religious practice; religious practice is complex and multi-dimensional and cannot easily be captured in words. In this respect auto/biography has helped, as it has encouraged a clearer view of how I, and others, feel about our religious practice, as opposed to what we know and want others know about it. I agree with Patton (2015), who stated that separating out academic knowledge, about the things people do from a subjective experiential viewpoint can be unhelpful, as both are needed to provide a rich description of an occupation that will enable its confident and competent use in practice. The realisation of the auto/biographical nature of my PhD caused me to re-think, and in some instances re-write, sections of this thesis, and has been of considerable influence in constructing the conclusions.

7.9 Overall conclusions

I consider this exploration of religious practice as a valued occupation, to be incomplete and unfinished. Inevitably research creates more questions than answers, however my reflections on the work to date bring me to some conclusions. Insights from the three facets have been brought together to give a greater understanding of religious practice as a complex, often 'messy', social phenomenon.

The notion that religious practice is a sensitive and difficult subject is not contentious but occupational science and occupational therapy have debated the challenges for the last 20 years plus, without reaching a conclusion or a coherent way forward. Occupational therapists have the tools to address any occupation valued by their clients, and have addressed very difficult topics, such as sexual practices (Rose and Hughes, 2018) and uncomfortable areas such as self-harm (Saunders *et al.*, 2012), and sexual violence (Twinley, 2018). So why is spirituality and religious practice such an obstacle? The answer is complex and involves our own spiritual insecurities and vulnerabilities, and multiple contextual factors. But the objective of my thesis was not to add to the debate further, but instead to move the issue of religious practice away from academic debate and firmly into the practice arena. We are agreed that occupation is highly complex (Creek, 2003; Pentland *et al.*, 2018) and in recognising this in relation to spirituality, Humbert (2016) stated that occupational therapy cannot be reduced to a simple checklist when addressing needs across settings, across clients, across age groups, and across cultures. I would add, and across faiths.

Fundamentally I believe religious practice should be viewed as just another occupation. My work has demonstrated many familiar aspects of value and meaning within religious practice including, comfortable habituation, biography and biographical disruption, changes to occupation across the lifecourse, individualised practice and social, cultural and inter-generational connection. Religious practice is not mysterious and something to be placed elsewhere. It is a valued and meaningful part of many people's lives and demands occupational therapists' consideration.

I agree with Humbert (2016) that, as occupational therapists, we need to set aside our own spiritual challenges and spiritual egos and enter the personal and spiritual/religious space of the client. The full humanity of the client cannot be acknowledged with spiritual dimensions missing, and for many, a spiritual dimension means a religious dimension.

As to the conduct of occupational therapists in sharing religious activities with their clients, of course caution is needed, but again there is both guidance, and experience, in our therapeutic use of self, and we can take a professional stance in ensuring our clients experience and fulfil their own religious needs, and not those of their occupational therapist. Person-centred practice accepts people's right to choose who they want to be, and spirituality acknowledges the deep meaning of people's existence. Where spirituality has a religious component, it is imperative to engage with this in a person-centred way, coming together to learn from our clients and create safe, secure and sacred space.

Occupational therapists' concern to be better educated and prepared to deal with religious needs is also a recurrent theme in the literature. But what knowledge and skills do we need that we do not already possess? An exploration of 'doing' in relation to religious practice has the potential to take the focus away from concerns about theology or faith 'understanding' and put the emphasis back on occupation, a much more comfortable place for occupational therapists. Aspects of religious practice such as the performance of ritual, and connectedness with a faith community can be tackled using core skills that we already possess such as performance analysis, development of social skills and environmental adaptation.

7.10 And so... Why research religious practice?

I started with this question at the very beginning of Chapter 1. The simple answer is that this research reported here was needed in order to position religious practice within occupational therapists' consideration. It is clear, from the scoping review, that occupational therapists continue to struggle with religious practice as an aspect of people's spirituality, despite accepting that it can be a valued occupation for some. It is also clear that the concepts of religious practice are influenced by many factors, including a Western ideology, institutional orientation and a confused debate about how and when religious practice is relevant to intervention. By taking an occupational science approach to understanding what the key aspects of religious practice are across faiths, my work has provided additional information for occupational therapists to draw upon. Confidence in approaching religious needs in practice would also be helped by a better understanding of the occupation itself. This tendency to move directly to issues of application within practice was

challenged by Anne Wilcock in 2007. As discussed in Chapter 1 (see section 1.4), she called for a return to basics as the premise for occupational science, rather than leaping into an exploration of how occupation can be used as a therapeutic tool. Occupational scientists have continued to pursue an exploration of the occupational nature of human beings, and within this thesis I have explored the occupation of religious practice. While occupational therapists do need to consider religious practice within therapy, they also need an underpinning occupational science perspective on the phenomenon of religious practice itself. Here, I have tried to return to the basics that Wilcock called for.

The occupational nature of some people includes religious practice and so attempts to explore and better understand this occupation are needed. I started with a quote from John Swinton, Professor in Practical Theology at the University of Aberdeen, which I repeat here:

“It is simply not enough to know that a person is a Muslim, a Christian a Hindu or a Jew. These banner headings on their own tell us very little. It is only when we come close and listen to the personal intimate meanings of someone’s religion that we can begin to offer anything like person centred care (Swinton, 2010, p.28).”

In the series of studies (facets) presented here, I have moved away from the banner headings and attempted to explore the occupation of religious practice. I hope to provide a starting point for practitioners, which does not require an in-depth knowledge of a specific religion but rather an understanding of key and familiar occupational principles such as performance analysis, person-centred habits and routines, and community connectedness. As therapists, we need to understand our clients and how they take part in, and form their place in the world. As Laliberte

Rudman (2012) stated 'A comprehensive understanding of how occupations are shaped, negotiated, and experienced is needed' (p.111). On this basis, and with the findings of my research in mind, I have to ask: Is it enough to explore mobility needs, but not address a person's inability to prostrate in prayer? Is it enough to consider fine motor skills in relation to activities of daily living, but not discuss difficulties holding a rosary? Is it good enough to work on social anxiety without considering difficulties attending the synagogue? These are just a few of the very many possible issues that may arise within clinical practice, related to religious doing, which may be essentially relevant to the health and wellbeing for many clients/patients. My answer to these questions is no, it is not good enough. Occupational therapists need to: stop simply debating the challenges of religious practice and move on to practical applications; stop looking for additional guidance and 'instruction' and autonomously use the very adequate tools and skills they already have in relation to any occupation; and stop ignoring the Divine as a 'significant other' in the lives of some of their clients/patients. This can be achieved by enquiring about religious occupational needs, listening to their clients and learning from them, and an exploration of their own spiritual and faith position in order to gain the needed confidence in therapeutic use of self, and truly person-centred practice.

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Appendices

- Appendix i Scoping review search strategy
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- Appendix xi Copy of *Religions* publication

Appendix i

Scoping review search strategy

Religio* captures: Religion, religious, religiosity, religious beliefs, religious practice, religion and culture

“ ” used around *occupational therapy* and *occupational science* to ensure just the words therapy or science are not included.

Search 1		Field:
	Religio* or worship or spirituality	All text
AND	“occupational therapy” or “occupational science”	All text
AND	Participation or engagement or involvement	All text
Search 2		
	Faith or belief	ABS & Title
AND	“occupational therapy” or “occupational science”	All text
AND	Participation or engagement or involvement	All text
Search 3		
	Religio* or worship or spirituality	All text
AND	“occupational therapy” or “occupational science”	All text
AND	Assessment or intervention or outcome	All text
Search 4		
	Faith or belief	ABS & Title
AND	“occupational therapy” or “occupational science”	All text
AND	Assessment or intervention or outcome	All text

Appendix ii Scoping review database search

Keywords		CINAHL	MEDLINE	AMED	EMBASE	PsychINFO	SOC INDEX	SCOPUS
Religio*	1	58879	58651	1498	81073	89336	93788	589869
Worship	2	2331	478	18	534	1628	2412	23550
Spirituality	3	22209	9361	1348	7737	23432	7686	74089
1 or 2 or 3	4	71161	63578	2448	82424	99727	96945	616469
"Occupational Therapy"	5	78776	26832	13009	36101	17529	1275	101189
"Occupational Science"	6	2825	1108	364	1555	1406	98	5803
5 or 6	7	79170	26944	13166	36282	17822	1293	102309
Participation	8	171894	158325	4872	184041	101045	75188	982604
Engagement	9	60108	45281	905	58380	57681	25154	428005
Involvement	10	141415	400410	2454	585950	103174	43510	2060631
8 or 9 or 10	11	309122	586654	7778	746367	239185	124592	3180682
Faith (AB)	12	2962	4446	207	5654	11614	14358	26009
Belief (AB)	13	30974	27011	1943	33640	109425	41977	191940
12 or 13	14	33450	31168	21109	38897	118955	54149	214560
Assessment	15	728114	1179996	25472	2190192	447545	91650	7727180
Intervention	16	502681	481819	20682	765960	371085	86167	2402344
Outcome	17	901206	1531292	36104	2095416	400295	85472	5298639
15 or 16 or 17	18	1513256	772865	63369	4121537	990547	228883	11666124
4 and 7 and 11	19	1139	26	15	46	53	5	1270
14 and 7 and 11	20	292	24	31	30	90	9	556
4 and 7 and 18	21	1383	27	22	70	78	6	2036
14 and 7 and 18	22	445	35	69	55	160	24	1170
19 or 20 or 21 or 22	23	1882	95	122	170	295	35	3269

Appendix iii Scoping review: Text books searched

author	year	Book title
Atwal, A McIntyre, A	2013	Occupational Therapy and Older People: Second Edition
Bannigan K, Bryant W and Fieldhouse J	2014	Creek's Occupational Therapy and Mental Health
Barney K & Perkinson M	2015	Occupational Therapy with Aging Adults: Promoting Quality of Life through Collaborative Practice.
Bonniface G, Seymour A	2013	Using occupational therapy theory in practice
Boyt-Schell , BScaffa , M Gillen, G	2013	Willard and Spackman's Occupational Therapy: Twelfth Edition
Brown, C. and Stoffel, V.C. (eds.)	2011	Occupational therapy in mental health: A vision for participation
Christiansen C, Bass J & Baum C	2014	Occupational Therapy Performance, participation and wellbeing
Creek J	2010	The Core Concepts of Occupational Therapy; A dynamic framework for practice
Creek J, Lawson-Porter A	2007	Contemporary Issues in Occupational Therapy: Reasoning and reflection
Creek J, Lawson-Porter A	2010	The Core Concepts of Occupational Therapy
Curtin M, Molineux M,& Supyk-Mellson J (Eds)	2010	Occupational Therapy and Physical Dysfunction
Curtin M, Egan	2017	Occupational Therapy for people experiencing illness, injury or impairment: promoting occupation and participation.
Cutchin M, Dickie V	2013	Transactional perspectives on occupation
Duncan E	2011	Foundations for Practice in Occupational Therapy
Duncan E	2009	Skills for Practice in Occupational Therapy
Humberstone B, Prince, H	2016	Routledge International Handbook of Outdoor Studies.
Iwama, M. K.	2006	The Kawa model: culturally relevant occupational therapy.
Kielhofner G	2008	Model of Human Occupation
Kielhofner G	2009	Conceptual Foundations of Occupational Therapy practice
Kronenberg, F., Algado, S. S. and Pollard, N	2005	Occupational therapy without borders: Learning from the spirit of survivors
Kronenberg, F., Algado, S. S. and Pollard, N	2011	Occupational therapy without borders Vol 2: Towards an ecology of occupation-based practices
Mackenzie L, O'Toole, G	2013	
Mansell J, Bendle-Brown J	2012	Active support: Enabling and Empowering people with Intellectual Disabilities.
Molineux, M.	2004	Occupation for occupational therapists
Peirce D	2014	Occupational Science for Occupational Therapy
Pendleton, Shultz-Krohn	2018	Pendretti's Occupational Therapy: Practice Skills for Physical Dysfunction
Pollard N Sakellariou D	2012	Politics of Occupation-centred Practice:Reflections on occupational Engagement across Cultures
Radomski M,Trombly Latham C	2014	Occupational Therapy for Physical Dysfunction
Rodger, S	2010	
Soderback I	2009	International Handbook of Occupational Therapy Interventions
Taylor R	2008	The Intentional Relationship

**RESEARCH
WITH
PLYMOUTH
UNIVERSITY**

19 April 2013

CONFIDENTIAL

Patricia Eyres
School of Health Professions
Faculty of Health, Education and Society
Plymouth University
Peninsula Allied Health Centre
Derriford Road
Plymouth
PL6 8BH

Dear Patricia

Application for Approval by Faculty Research Ethics Committee

Reference Number: 12/13-123

Application Title: Religious practice: meaning and participation

I am pleased to inform you that the Committee has granted approval to you to conduct this research.

Please note that this approval is for three years, after which you will be required to seek extension of existing approval.

Please note that should any MAJOR changes to your research design occur which effect the ethics of procedures involved you must inform the Committee. Please contact Claire Butcher on (01752) 585337 or by email claire.butcher@plymouth.ac.uk.

Yours sincerely



PP Professor Michael Sheppard, PhD, AcSS
Chair, Research Ethics Committee -
Faculty of Health, Education & Society and
Peninsula Schools of Medicine & Dentistry

Faculty of Health, Education and Society
Plymouth University
Drake Circus
Plymouth PL4 8AA

T +44 (0)1752 585337
F +44 (0)1752 585328
E claire.butcher@plymouth.ac.uk
W www.plymouth.ac.uk

Professor Michael Sheppard
CQSW BSc MA PhD AcSS
Chair, Faculty Research Ethics
Committee

Project Information sheet

Religious practice: meaning and participation.

My name is Pat Eyres and I am currently studying for a PhD with Plymouth University. My research area concerns worship and religious practice from a multi-faith perspective. I am, by profession, an occupational therapist and this discipline is aimed at helping people to fulfil their potential within their everyday lives – to help people to do all the things they want and need to do. Occupational Therapists help people with many areas of their lives, and this can include spiritual needs however the area of ‘specific religious practice’ is poorly understood by many therapists, especially when they are working with people from a culture and/or faith that is not their own. For some people religious practice is a very important activity in their lives. While a broad understanding of a different religion is obtainable from books or the internet, an understanding of the personal meaning of participation, fellowship and worship is much more elusive. This research project will ask participants from a range of religious groups to take some digital photographs that represent their personal religious practice and express meaning for them. And then briefly discuss these with the researcher. This project has received approval from Plymouth University’s research ethics committee.

Participants can be of any age over 16. You will be able to use your own camera, but if you don’t have one, one will be loaned to you. Some basic instruction in photography can also be provided if needed.

The project will involve either a meeting or an individual discussion to provide information and then an individual interview as detailed below. .

Project information	An explanation of the project and some time to consider how we use and think about photographs
	Some instruction on basic photography and a chance to ‘play’ with your camera.(optional)
You will then have 2-3 weeks (longer if you need) to take photographs that represent your religious practice and in relation to this, what is important and meaningful for you.	
Interview	I (the researcher) will then meet individually with each participant and ask you to talk about the photographs you have taken. This discussion will be recorded.

I am very grateful to the Plymouth Centre for Faiths and Cultural Diversity (PCFCD) who have agreed that any group meetings can take place at their Centre at St Judes in Plymouth. The individual interview can be arranged for a time and a place that suits you best. The interview will be audio recorded and then written down so that what each person says about their photographs can be analysed and compared. The discussion with other people in the group about all the photographs taken will also be recorded and used in the research. You will be asked to sign a consent form agreeing to take part in the project. It is anticipated that group meetings will take 2 hours and the interview will take up to one hour.

Once the photographs have been taken you will be asked if you are happy for them to be used in the reporting of this research and about possible other uses such as the education work of PCFCD and maybe a public exhibition of photographs. The photographs taken will remain your property

and no photos will be used in the reporting of this research, by PCFCD or in an exhibition without your consent. Confidentiality will be upheld (the only exception being if there is evidence from data collected of significant harm to a child)

Any photographs that you give me permission to use and the recordings of discussions (plus the written record of the recordings) will be kept for a minimum of 10 years. All electronic data will be stored using password protected and encrypted files and any hard copy information will be stored in a locked filing cabinet.

In total only 12-15 participants will be needed across all the faith groups approached – so it is possible that you could volunteer but not be recruited to take part. This will depend on the number of people who volunteer and which groups they are from, as it is important to represent all ages, both genders and a range of faith communities.

Anyone who volunteers can withdraw at any point without giving a reason, and without affecting your relationship with the University – your participation is entirely voluntary.

If you are interested in volunteering please complete the attached form. If you know someone who you think would be interested to take part – please pass this information on to them. I am very happy to discuss the project and what is involved in more detail, without any commitment on your part. Please contact me by email at patricia.eyres@plymouth.ac.uk or alternatively please telephone PCFCD (01752 254438). Staff there will be happy to take your name and telephone number which they will pass on to me so that and I can call you back.

Thank you

Pat Eyres

Consent Form

(one copy for participant & one copy for researcher)

This form relates to the Project titled –

Religious practice: meaning and participation.

I have read the information about the project and I understand that the project has been approved by the University of Plymouth Faculty of Health, Education & Society - Human Ethics Sub-Committee.

	(tick)
I am willing to take part in this study and understand that this will involve up to 3 meetings.	
I understand that I will be asked to take some photographs related to my religious practice	
I am willing to be interviewed by the researcher (at a mutually agreed time/place) and discuss the photographs during this meeting.	
I am willing for the interview to be audio recorded.	
I understand that the recording will be transcribed and used in analysis	
I understand that I can withdraw from the project at any point without giving a reason and without affecting my relationship with the University	
I understand that I will be asked to give my permission before any photograph I take can be used in the reporting of this research.	

Name

Address

Email address:.....

Telephone number:.....

Researcher Details

Pat Eyres

signature.....

Date.....

Faculty of Health, Education and Society
Plymouth University
Peninsula Allied Health Centre
Derriford Road
Plymouth
Devon
PL6 8BH
Email: patricia.eyres@plymouth.ac.uk

Tel: 01752 587589

Model release form for Research Project (one copy for 'model' & one copy for photographer)

Religious practice: meaning and participation.

Igive my permission for
(name of photographer) to retain copies of
 photographs that feature me. And for these photographs to be used by Plymouth
 University and Plymouth Centre for Faiths and Cultural Diversity (PCFCD) for usage
 as consented to in the list below. I understand that my image will not be credited
 with my name at any time.

I am happy for Plymouth University and PCFCD to use my photograph in the following ways	Yes	No
In the written report of this research project		
To illustrate articles about the research submitted for publication in academic journals		
To illustrate presentations about the research at academic conferences		
In any public exhibition of photographs arranged by Plymouth University or PCFCD		
Within the Education area at the Centre for Faiths and Cultural Diversity		
On PCFCD's website		

Signed.....

Date.....

Name:.....

Address:.....

Tel No:

All data (including photographs) will be kept for a minimum of 10 years. All electronic data will be stored using password protected files and any hard copy will be stored in a locked filing cabinet.

If you have any questions related to this research, or wish to change your consent in any way - please contact;

Pat Eyres
 Faculty of Health, Education and Society
 Plymouth University
 Peninsula Allied Health Centre
 Derriford Road
 Plymouth
 Devon
 PL6 8BH
 Email: patricia.eyres@plymouth.ac.uk

Tel: 01752 587589

Consent for use of images created during the project

I, understand that I retain ownership of my photographs but give permission for Pat Eyres, Plymouth University and Plymouth Centre for Faiths and Cultural Diversity(PCFCD) to retain copies of the images listed/shown on the attached sheet for usage as consented to in the list below.

	YES	NO
I am happy for my photographs to be used in the following ways	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shared with other participants in hard copy and by email	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
Used to illustrate the written academic dissertation	<input type="checkbox"/>	<input type="checkbox"/>
Use by PCFCD in their educational work	<input type="checkbox"/>	<input type="checkbox"/>

17	S2	The same with that one those were we were taking up things that we wanted to	Fellowship
18		say thank you for weren't we that was what that one was about	Celebration
19		And simply again the fact of everyone being involved and that its not exactly my	
20		own faith but I believe it should happen and therefore so it's a kind of	Proper practice
21		secondary aspect of faith and certainly of worship	
22		The fact that it happens is important whether or not I myself am going to find it	
23		helpful and that's another one	
24		And you have the backs of heads and the only face is Davids which is public	
25		property anyway	
26		A selection of these all I want to do is choose the best one in terms of focus but its	People
27		important that it includes photographs of people who mean a lot to me that	
28		photo that you can't see up close I should have done one up close that's something	
29		I did for the church in Honiton when it was being refurbished and they were	Designated place
30		building a putting a lady chapel actually it wasn't a lady chapel it was a small	Place
31		separate room it was dedicated to the transfiguration	
32		That is a photo of something that was 6ft long and about 3ft wide and mounted on	Important object
33		hardboard and it was	
34		Like our banner at the back of church where everyone did a bit of it	
36		There was Honiton lace on the erm the thingy gosh	Place
37		The patterned chalice in the middle there was Honiton lace on that and someone	Symbol
38		else had done stuff onto silver leather everyone had done someone had knitted	
39		bits of a chariot And we made fire Like we did with the Baptism banner	Symbol
40		That has been another way in which all through my life kind of encouraging other	
41		people to be involved in things is something that gives my own faith some sort of	How to relate to others
42		meaning and then I haven't grouped these for the sake of it they were really there	
43		on the top of the piano.	
44		That's me and D when we were married and that's in the background of	Important objects
45		Topsham church looking out towards the river	Place
46		That's got lots of things that are important about it the church itself which is where	
47		we met and lots of my at a time I was looking towards ordination myself in terms	Reflection

48	the way in which I was dealing with things a period when I spent a lot of time	
49	thinking about faith	
50	And obviously a photo Children when they were very young which was just after	Family important objects
51	Aiden had come out of hospital he'd been seriously ill and um having them both	
52	together in that photo was something we thought would never happen	Family extended
53	Those are my god sons from a previous parish whose mother is a marvellously	
54	shining example of faith in action one of my best people in terms of what she gives	Inspiration
55	to other people and a very wonderful example of just unfussy practical faith she'd	
56	never want to write a theological text book but she is just so completely doing	Cognition/learning
57	what she's doing and that's some friends of ours when they were getting on their	
58	wedding day I married them and James was organist at our previous church	music
59	they too are very committed Christians their son is now my other god son Yeah	
60	Even the mug has probably some sort of significance ah yes that's climate challenge	nature
61	actually I moved the photo round in order to make sure that was in I'll tell you	object
62	about this photo	
63	I was sitting here thinking what do I really want to say about the faith and I just	
64	looked at the piano and it seemed what's on there seemed to sum up so many	
65	things including I do believe we are stewards of gods creation I do worry about	nature
66	that we aren't more concerned and I do things I do in my own life to try to recycle	
67	try not to waste things and so on I talked to somebody once who was a third order	inspiration
68	Franciscan which is something I've never actually had the courage to pursue	
69	myself I wouldn't be good at it anyway His commitment to life was that apparently	
70	you had to take one commitment his was that he would only wear natural fabrics	connectedness#
71	I couldn't see the point of that but it was obviously right for him but what was right	
72	for me was to try to do as much as possible to ensure that we didn't screw up the	nature
73	creation that God had given us. So climate change it must be cracked which is	
74	why I have pencils in it	

CONFIDENTIAL

13th June 2018

Patricia Eyres
University of Plymouth
Faculty of Health and Human Sciences
Peninsula Allied Health Centre
Derriford Road

Dear Patricia,

Application for Approval by Faculty Research Ethics and Integrity Committee

Reference Number: 17/18-922

Application Title: Auto/Biographical perspectives on interruptions to religious practice.

I am pleased to inform you that the Committee has granted approval to you to conduct this research.

Please note that this approval is for the duration of the project as stated on your application form (i.e. until 31st January 2019), after which you will be required to seek extension of existing approval.

Please note that should any MAJOR changes to your research design occur which effect the ethics of procedures involved you must inform the Committee. Please contact Maurice Bottomley (email hhsethics@plymouth.ac.uk).

Yours sincerely

Professor Paul H Artes, PhD MCOptom

Professor of Eye and Vision Sciences

Co-Chair, Research Ethics Committee -

Faculty of Health & Human Sciences and Peninsula Schools of Medicine & Dentistry

Project Information sheet

Auto/Biographical perspectives on interruptions to religious practice.

My name is Pat Eyres and I am currently studying for a PhD with Plymouth University. My research area concerns worship and religious practice from a multi-faith perspective. I am, by profession, an occupational therapist and this discipline is aimed at helping people to fulfil their potential within their everyday lives – to help people to do all the things they want and need to do. Occupational Therapists help people with many areas of their lives, and this can include spiritual needs however the area of 'specific religious practice' is poorly understood by many therapists, especially when they are working with people from a culture and/or faith that is not their own. For some people religious practice is a very important activity in their lives. While a broad understanding of a different religion is obtainable from books or the internet, an understanding of the personal meaning of participation, fellowship and worship is much more elusive.

This research project will ask participants to discuss their experience of a time when illness or a problem of some sort, has meant they cannot participate in religious practice in their usual way. Participants will be asked to talk about this by exchanging emails with me. I will bring together all the aspects of the discussion into your 'story' that will be sent to you to approve. The stories created in this way will be analysed as part of my research project and may be used in any academic publications that arise from my research. All participants and their stories will be anonymous. This project has received approval from Plymouth University's research ethics committee.

Participants can be of any age over 18. All participants will be asked to sign a consent form before the email discussion begins.

Anyone who volunteers can withdraw at any point without giving a reason, and without affecting your relationship with the University – your participation is entirely voluntary.

If you are interested in taking part please contact me by email at patricia.eyres@plymouth.ac.uk

Or if you know someone who you think would be interested to take part – please pass this information on to them.

I am very happy to discuss the project and what is involved in more detail, without any commitment on your part.

Thank you

Pat Eyres

Further information or queries can be directed to the Director of Studies Dr Katrina Bannigan at Katrina.bannigan@plymouth.ac.uk or on tel no. 01752 587550

Consent Form

(one copy for participant & one copy for researcher)

This form relates to the Project titled –

Auto/Biographical perspectives on interruptions to religious practice.

I have read the information about the project and I understand that the project has been approved by the University of Plymouth Faculty of Health & Human Sciences Research Ethics Committee.

	(tick)
I am willing to take part in this study and understand that this will involve an exchange of email correspondence	
I understand that I will be asked to discuss my experiences related to religious practice	
I understand that the finished account of my experiences will be subject to analysis and used in the dissemination of this research	
I understand that my participation is completely voluntary	
I understand that I can withdraw from the project at any point without giving a reason and without affecting my relationship with the University	

Name

Address
.....
.....

Email address:.....

Telephone number:.....
.....

Researcher Details

Pat Eyres
signature.....

Date.....

Faculty of Health, & Human Sciences
Plymouth University
Peninsula Allied Health Centre
Derriford Road
Plymouth
Devon
PL6 8BH

Tel: 01752 587589 Email: patricia.eyres@plymouth.ac.uk

Further information or queries can be directed to the Director of Studies Dr Katrina Bannigan at Katrina.bannigan@plymouth.ac.uk or on tel no. 01752 587550
Any complaints should be directed to the Research Ethics and Integrity Committee Administrator. Mo Bottomley hhsethics@plymouth.ac.uk or Tel: 01752 586992

SYSTEMATIC REVIEW PROTOCOL

Occupational therapy practice and patient/client participation in religious occupations: a scoping review protocol

Patricia Eyres^{1,2} • Mary Birken¹ • Katrina Bannigan¹ • Gayle Letherby¹¹School of Health Professions, Faculty of Health and Human Sciences, Plymouth University, Devon, United Kingdom, ²The University of Plymouth Centre for innovations in Health and Social Care; a Joanna Briggs Institute Centre of Excellence**Review objective:** The objective of this scoping review is to identify and map information on how occupational therapists address their clients' perceived and experienced barriers to participation in religious occupations as part of the occupational therapy intervention.

Specifically the review questions are:

- i) What are the conceptual understandings of religious practice as an occupational need?
- ii) What assessments, interventions and outcome measures do occupational therapists use concerning their patients'/clients' participation in religious occupations?

Keywords Occupational therapy; religious practice; participation

JBI Database System Rev Implement Rep 2018; 16(6):1323–1331.

Introduction

Religion, despite its perceived decline in the west, is proliferating across the world.¹ In 2012, based on an analysis of more than 2500 censuses, surveys and population registers worldwide, the Pew Research Center's Forum on Religious and Public Life concluded that 84% of the global population identified with a religious group.² These projections take into account the current size and geographic distribution of the world's major religions, age differences, fertility and mortality rates, international migration and patterns in conversion. Furthermore the religiously unaffiliated population is projected to shrink as a percentage of the global population.²

Religion is a global concept.³ Some people have a personal and deeply held faith; others may choose to engage in religious ceremonies linked to life transitions, such as marriage or funeral rites, while many more will be aware of buildings related to religious worship within their communities. Religious plurality is increasing, with growing ethnic and cultural diversity within many communities across the world, together with a global increase in emergent spirituality,⁴ and

more conventional religious traditions.⁵ The degree to which religion impacts our lives is personal and individual, complex and variable, and for some it constitutes regular and meaningful activity.⁶

Participation in religion across the world is also linked to positive health outcomes. There is a growing number of studies suggesting that religious involvement is associated with better physical and mental health, and longevity.^{6,7} Within the field of occupational therapy, Stav *et al.*⁸ conducted a systematic review of the health benefits of engagement in occupations and activities among older adults. They concluded that one significant occupational area was participation in religious activity. The health behaviors of members of faith communities, such as lower levels of smoking and alcohol consumption, are reported as a positive aspect of religious practice,⁶ and membership of a faith community or church "family" is reported to contribute to a sense of well-being.⁶ The World Health Organization's (WHO) concept of health,⁹ articulated within the International Classification of Functioning (ICF), recognizes this sense of belonging as a significant factor related to activity participation and therefore health. However in a review of empirical studies, in 2008, Hill and Pargament¹⁰ suggested that religion and spirituality were under-studied variables in health related research.

Correspondence: Patricia Eyres, Patricia.eyres@plymouth.ac.uk

There is no conflict of interest in this project.

DOI: 10.11124/JBIR-2017-003547

Since this time, there has been some growth in research in this area and in particular there is now a body of research within nursing, psychology and social work.⁶ At the same time, religion has been the subject of some discussion within occupational therapy literature, as illustrated by Farah and McColl in 2008 who asked “is prayer an occupation that we are prepared to help clients resume?”^{11(p.6)} However four years later, Bray *et al.* found that “attention specifically to religion and occupational therapy is scant”.^{12(p.286)}

Hocking¹³ identified the need to build the occupational knowledge base to “dispel normative assumptions” about everyday occupations and inform practice. In the area of religious practice, this has become an increasing priority due to the increase in participation in religious practice globally. Courtney,¹⁴ when reviewing the literature on pilgrimage, called for further research into religious practices as a complex group of occupations. It is therefore argued that a focused scoping review is needed to look specifically at religious practice within occupational therapy.

This scoping review will explore religious practice as an everyday occupation for people within the scope of practice of occupational therapists. Occupational therapists view people as occupational beings, meaning that our lives are defined by the things that we do, and as such, people are intrinsically active and creative, and need to engage in a balanced range of activities in their daily lives.¹⁵ Thus participation in everyday activities that are meaningful generally contributes to health and wellbeing. The World Federation of Occupational Therapists (WFOT),¹⁶ state:

“The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists achieve this outcome by working with people and communities to enhance their ability to engage in the occupations they want to, need to, or are expected to do, or by modifying the occupation or the environment to better support their occupational engagement”.^{16(para.1)}

While key aspects of everyday life will differ between cultures, the generally positive relationship between occupation, health and wellbeing is a fundamental concept for occupational therapists.¹⁵⁻¹⁸ When reporting on the recent Terminology Project Group of the European Network of Occupational

Therapy in Higher Education (ENOTHE),¹⁹ Creek concludes that a consensus definition for occupation is “a group of activities that has personal and socio-cultural meaning, is named within a culture and supports participation in society”.^{19(p.68)}

The occupation of concern within this scoping review is religious practice and a clear differentiation between spirituality and religiosity will be made to ensure the required focus for the review. Spirituality and religion are terms that are frequently used together and often ill-defined.²⁰ For example, WHO has developed a Quality of Life instrument,²¹ specifically related to spirituality, religion and personal beliefs, concepts which it groups together. This includes assessment in areas concerning inner peace, faith, hope and optimism, and spiritual connection. It was developed across 15 countries but has been criticized for only looking at four of the world's religions in its development. Hoyland and Mayers²² considered whether meeting spiritual needs was within the occupational therapy domain and they concluded that spiritual care is considered to be part of holistic occupational therapy practice but that clinicians were frequently “uncomfortable” with spirituality and had a lack of understanding of the concept. When asked to give examples of spiritual care, participants included religious practices such as attending services, prayer and reading religious texts, further demonstrating a difficulty in differentiating religious issues from spiritual issues.

To aid a clear differentiation between spiritual practice and religious practice, a search has been made for a definition of religious practice to be used within this scoping review. It has been concluded that the definition proposed by the Royal College of Psychiatrists' Spirituality Special Interest Group,²³ is both clear and explicit. This definition includes both ceremony, ritual and tradition, while also recognizing the social aspect of religious practice. Therefore for the purposes of this study, religious practice will encompass “activity directly linked (by the practitioner) to beliefs, traditions, ritual and ceremony – but also to include activities that they define as bringing them an individual sense of connection and belonging to a faith group”.^{23(p.4)}

Activities such as attending religious worship, prayer or meditation, reading religious texts, performing ritual and religious ceremony, and participating in social gatherings related to a religious community will all be accepted as religious practice.

Terminology may not be used consistently and language can be a challenge when trying to understand religious practice. Jones²⁴ asserts that *religious doing* is in many ways a more helpful term than *religious practice* as it distinguishes between the act and the meaning. He cautions that it is futile to attempt to uncover the meaning of religious practice when that meaning is constructed on a deeply personal level by the practitioner and can never be truly understood by another individual. This scoping review does not intend to undertake a theological exploration of religious meaning but rather an occupational exploration of religious *doing*. The focus here will be on how the religious practice of their patients is understood by occupational therapists within the context of meaningful occupation, and how this aspect of everyday occupation is assessed, included within intervention, and how outcomes are measured.

Much of the available information to broaden our knowledge of religious doing is focussed on the factual/tangible components of a faith tradition – the rules, practice, ceremonies and key dates. This is limited in its ability to provide a rich “lived” perspective and an understanding of the individual’s unique needs as part of their health and wellbeing. A more confident, inclusive concept of religious “doing” is needed to help occupational therapists work with patients from religious groups outside of their own experience, and address the reported lack of confidence and knowledge that occupational therapists feel concerning this potential area of practice.²²

For those people for whom religious practice is a meaningful activity, any barrier to participation has the potential to impact their health and wellbeing and as such engagement in activities related to religious practice falls within the remit of occupational therapists. A scoping review has been selected as the most appropriate methodology as a way of examining this broad area, mapping the key concepts, bringing together and mapping the literature, and identifying gaps in the knowledge base.^{25,26}

A search of the *JBI Database of Systematic Reviews and Implementation Reports*, *Cochrane Database of Systematic Reviews* and *PROSPERO* indicated that there are no existing scoping reviews or systematic reviews specifically related to occupational therapy intervention within the area of religious occupations. Occupational Therapy has an increasingly diverse literature base²⁷ dominated by

a number of peer reviewed journals published through occupational therapy professional associations or university research groups. In addition, a number of professional associations also publish periodicals aimed at ensuring practitioners are kept up to date with practice developments, policy changes and evidence based practice.²⁸ *Occupational Therapy Now* (OT Now), published in Canada, is representative of this type of gray literature and sites, and among its objectives is to “challenge day to day practice, and encourage debate and discussion”.^{28(p.1)} In a review of occupational therapy journals in 2010, Potter²⁷ concluded that CINAHL and MEDLINE provided comprehensive coverage of the field. Since 2010, a number of occupational therapy periodicals have also been indexed on these databases. Preliminary investigation of peer-reviewed journals such as the *British Journal of Occupational Therapy*, the *American Journal of Occupational Therapy*, the *Canadian Occupational Therapy Journal* and international journals such as *Occupational Therapy International* and the *Journal of Occupational Science* has produced a small amount of literature covering this subject area. It is however recognized that relevant literature related to practice may also be found in gray literature such as practice periodicals (*OTNews* [UK], *OT Now* [Canada] and *OT Practice* [USA]), and this type of gray literature publication will be included to ensure the widest possible scope of literature searched.

Inclusion criteria

Occupational performance is defined as the accomplishment of the selected occupation resulting from the dynamic transaction between the person, the context and environment, and the activity or occupation.¹⁸ This scoping review will consider papers by occupational therapists or occupational therapy researchers or occupational scientists that may be research or practice based, and may or may not include participants.

Participants

Where studies do include participants, this scoping review will consider studies that include adults (over 16 years) who have experienced barriers to religious practice as part of their occupational performance needs.

Concept

This scoping review will focus on the concept of religious practice including (but not limited to) activities, such as attending religious worship, prayer or meditation, reading religious texts, ritual and religious ceremony, and attending social gatherings related to a religious community, that are explored from an occupational perspective. This scoping review will consider studies that evaluate, comment on, or explore religious practice activities within peoples' everyday lives. Papers from occupational therapy or occupational science that conceptualize religious practice as an everyday occupation will also be included. The assessments, interventions and outcome measures used by occupational therapists concerning participation in religious practice will be included together with case reports and practice commentary.

Papers that deal with the way spirituality is explored during occupational therapy education and the spiritual or religious needs of practitioners will be excluded.

Context

Occupational therapists work within a broad range of contexts including health and social care settings, community projects, schools and prisons. This scoping review will consider all settings in any geographic area/country, however the authors do not have the resources to consider papers that are not printed in the English language and it is acknowledged that this may cause a geographic restriction.

Types of sources

For the purposes of this scoping review, the source of information will be "open", allowing for the inclusion of (but not necessarily limited to) primary research studies, including quantitative and qualitative designs and systematic reviews. Other texts such as opinion pieces, discussion papers, position papers and practice guidelines will also be considered.

Methods

Search strategy

The search strategy aims to find both published and unpublished studies. A three-step approach is proposed in line with JBI recommended methodology.²⁶ An initial search of CINAHL and MEDLINE

followed by an analysis of the text words contained in titles and abstracts and the index terms used has informed the terms used in the search strategy. An example of a search strategy has been appended (Appendix I). Secondly, these terms will be used to search within all text in all databases to ensure the fullest coverage. It is accepted that an iterative approach may be needed and further search terms may be discovered and added to the search strategy. Thirdly the reference lists in all included articles will then be used to access any additional items. In addition authors will be contacted for further information as required. In order to ensure the fullest possible coverage no publication date restriction will be used. Only English language materials will be included as the author does not have the resources for translation. A record will be kept of the number of papers excluded on the basis of language and reported in the PRISMA flow diagram.

The databases to be searched include: CINAHL, MEDLINE (EBSCO host), AMED, Embase, PsycINFO, SocINDEX, Scopus and OTSeeker.

In order to search within "practice" focused gray literature to ensure this is also included, additional searches will be made within practice publications and sources such as:

- OT News (British Association of Occupational Therapists [BAOT])
- OT Now (Canadian Association of Occupational Therapists [CAOT])
- OT Practice (American Occupational Therapy Association [AOTA])
- Royal College of Occupational Therapists Library (London).

Text books identified as core texts by the World Federation of Occupational Therapists (WFOT) accredited occupational therapy training programs will also be searched.

The search for unpublished dissertations and theses will include: ProQuest Dissertations and Theses and EthOS (British Library Theses online service).

The search for further gray literature will include: Google and Open Grey (SIGLE).

Initial keywords to be used will be: religion, religious practice, worship, spirituality, faith, belief, occupational therapy, occupational science, participation, engagement, involvement, assessment, intervention, outcome.

Additional search terms will be incorporated if early searches suggest any useful additional terms.

Extraction of the results

The number of studies identified and included in the scoping review will be reported in a search decision flowchart.²⁵ Data will be extracted from papers included in the review using a data extraction tool aligned to the protocol objectives and as indicated by the methodology for scoping reviews developed by the Joanna Briggs Institute.²⁶ A data extraction instrument has been developed specifically for this scoping review (Appendix II) which will be used to extract the relevant data from each paper.

The data extraction form will initially contain the following fields:

- Author
- Year of publication
- Origin/country
- Source
- Aim/purpose
- Study population/sample size (where applicable)
- Context
- Definition of religious practice
- Description of activity
- Assessment used (where applicable)
- Outcomes (where applicable)
- Findings/results/recommendations
- Implications for occupational therapy
- Recommendations for further study.

The use of the extraction form will be piloted by two reviewers on three papers initially and where indicated changes will be made. However it is acknowledged that there may be further refinements added to cover any data not initially included that becomes relevant during the extraction process. Data from all included studies will then be charted by the first reviewer and extraction checked by the second reviewer. Any disagreement will be resolved through discussion or the use of a third reviewer.

Presentation of results

The extracted data will be presented in a tabular form that aligns with the objectives of this scoping review. A narrative summary will accompany the tabulated and/or charted results and will describe how the results relate to the review objectives. A draft data presentation table has been developed for this scoping review (Appendix III), however this may be further refined for use during the review process. It is anticipated that this scoping review will bring together evidence from disparate sources

to provide an overview of existing evidence and practice.

Acknowledgements

We acknowledge the support from the following:

- School of Health Professions, Plymouth University, which provided funding for the PhD program for PE
- PenCLAHRC Evidence Synthesis Team (EST)
- Elizabeth Casson Trust
- Gladstone's Library Scholarship Fund.

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Appendix I: Search stragey

CINAHL

Religio* captures: religion, religious, religiosity, religious beliefs, religious practice, religion and culture

“ ” used around *occupational therapy* and *occupational science* to ensure just the words therapy or science are not included.

This search will be repeated using the field for index terms and the results combined.

Search 1		Field
	Religio* or worship or spirituality	All text
AND	“occupational therapy” or “occupational science”	All text
AND	Participation or engagement or involvement	All text
Search 2		
	Faith or belief	All text
AND	“occupational therapy” or “occupational science”	All text
AND	Participation or engagement or involvement	All text
Search 3		
	Religio* or worship or spirituality	All text
AND	“occupational therapy” or “occupational science”	All text
AND	Assessment or intervention or outcome	All text
Search 4		
	Faith or belief	All text
AND	“occupational therapy” or “occupational science”	All text
AND	Assessment or intervention or outcome	All text

Appendix II: Data extraction tool

Author	
Year of publication	
Origin/country	
Source	
Aim/purpose	
Study population/sample size (where applicable)	
Context	
Definition of religious practice	
Description of activity	
Assessment used (where applicable)	
Outcomes (where applicable)	
Findings/results/recommendations	
Implications for occupational therapy	
Recommendations for further study	

Appendix III: Summary of results form

Author, year of publication, country	Intervention/ activity	aim	Study design	Study population, sample size	Characteristics of intervention/ activity	Outcomes assessed	Results findings recommendations	Implications for OT practice, further study

Article

An Understanding of Religious Doing: A Photovoice Study

Patricia Eyres ^{1*}, Katrina Bannigan ² and Gayle Letherby ¹

¹ School of Health Professions, Faculty of Health and Human Sciences, University of Plymouth, Devon, PL6 8BH, United Kingdom; Gayle.letherby@plymouth.ac.uk

² Department of Occupational Therapy and Human Nutrition and Dietetics, School of Health and Life Sciences, Glasgow Caledonian University, Scotland, G8 0BA, United Kingdom; katrina.bannigan@gcu.ac.uk

* Correspondence: Patricia.eyres@plymouth.ac.uk

Received: 28 February 2019; Accepted: 28 March 2019; Published: date 15 April 2019

Abstract: The ability to participate in everyday activities that hold meaning and value is a determinant of health and wellbeing. Occupational therapists work with people when health and social barriers limit this valued participation. However a challenge persists in including religious practice or ‘doing’ within therapy, with many occupational therapists feeling ill-equipped and reluctant to address religious doing. The study reported here examines religious doing within the lives of participants from a number of faith traditions. A photovoice method is used, with participants discussing photographs that they have taken to describe their religious doing. Data are analyzed using a phenomenological reflective lifeworld approach. Findings are grouped into six themes and are explored using both verbatim quotes from transcripts and some of the photographs taken by participants. A reflective description of the core aspects of participants’ practical religious doing is constructed from the data, with the intention of providing occupational therapists with a basis from which to begin to consider practical religious doing within the lives of their clients. It is proposed that occupational therapists do not need an in-depth knowledge of theology and doctrine but rather an understanding of key and familiar occupational principles such as person-centred habits and routines, and community connectedness.

Keywords: religious practice; doing; occupational therapy; occupation; participation

1. Introduction

Recent research suggests 84% of the global population identify with a religious group (Pew Research Center 2015) and, as such, it can be argued that religious practice is an everyday or regular activity for many people. But from an ‘activity’ view point what does the term *religious practice* actually mean? It is a commonly used term, however Jones (2004) discusses the limitations of language when trying to understand the essence of religion and asserts that ‘*religious doing*’ is in many ways a more helpful term than ‘*religious practice*’. For many people religious doing forms part of very many varied and complex ‘doings’ that make up their daily lives. Within a healthcare context, the doing of everyday activities, their facilitation and adaptation, as needed, is the domain of occupational therapists, who believe that within daily life, a relationship exists between what we do, and our sense of self, our identity and our experience of health and wellbeing (Wilcock 1999). The place of spirituality within healthcare practice has been explored across many disciplines (Swinton and Pattison 2010), and definitions of spirituality often encompass religious concepts such as a connection with a divine presence and the practice of ceremony and ritual (Unruh et al. 2002; Johnson and Mayers 2005). From

a health promotion view point religious practice has been linked to health outcomes, on the basis that people who belong to faith communities are likely to drink and smoke less and are less likely to engage in risky sexual behaviours (Koenig 2011).

Within the field of occupational therapy there has, however, been an emphasis on spirituality, at the expense of a clear understanding of 'religious doing' as a spiritual component of many peoples everyday lives. For the occupational therapist, activities and tasks (doing) become 'occupations' when the person performing them considers them meaningful—for some people this includes activities related to their religion or beliefs—in a practical sense their religious doing. The fields of practical theology, psychology of religion, and sociology, contain much information to broaden our knowledge of religious doing. The term religiosity is used and recently defined by Schuurmans-Stekhoven (2019) as

A personal dedication to culturally-venerated beliefs in a higher immaterial realm... a reverence for certain claims regarding the existence of unverifiable mystical forces and a personal identification with sacred texts, symbols/sites, practices and rituals (p. 129).

Concepts of practice and participation are explored within religiosity and link to the occupational concept of 'doing'. However for occupational therapists and occupational scientists 'doing' sits within a structure of doing, being, becoming, and belonging (Wilcock 1999), with these aspects of occupational performance being linked to wellbeing. While the psychological or sociological aspects of religiosity may be helpful to aid occupational therapists' understanding, an occupationally structured understanding that focusses on 'doing' will enable occupational therapists to better comprehend religious practice as just another valued occupation. It is not something that sits outside of their practice remit. As activities related to a patient's religion are rarely considered as part of intervention, a truly person-centred focus, which is a key element of the therapeutic relationship, is in danger of being limited. With this in mind, this paper considers religious doing from an occupational perspective and explores the practical aspects of some people's everyday engagement with their religion, across faiths. Our objective is to produce a 'lived' reflective description of participants' religious doing, which both contributes to practical theology and, in addition, is aimed at helping occupational therapists to consider religious doing in practice, when this forms part of their clients' valued occupations.

Within occupational therapy the term 'occupation' refers to everything people are engaged in on a day-to-day basis that gives meaning and purpose to their lives (Wilcock 1999). The view that occupation is inextricably linked to wellbeing underpins occupational therapy and the associated field of occupational science. Occupational science explores the nature of occupation itself to enhance understanding and thus enable the therapeutic use of occupation within therapy. The study reported here is part of series of studies in occupational science and was undertaken recognising that currently occupational therapists struggle to include religious practice as an area of everyday activity within intervention (Thompson et al. 2018). A number of previous studies report barriers (Wilding et al. 2005; Bursell and Mayers 2010; Thompson et al. 2018) and suggest that occupational therapists feel ill-equipped to focus on religious practice, that knowledge and understanding of this activity is often limited, and that religious practice that falls outside of a practitioner's own experience and culture is particularly challenging.

Wilcock (2007) proposed the need for basic occupation itself to be fully explored and understood before issues of 'application' in a practical and therapeutic context can be addressed. This emphasis on the understanding of the nature of occupations is a core concept of occupational science and the study reported here therefore aims to explore the practical religious doing of people from a range of faith traditions, seeking a broader understanding of their practical engagement.

Background Literature

Hocking (2009) suggests a number of key areas that should be considered when investigating any occupation valued by a person, and, when considering activities related to someone's religion, the areas to explore are potentially vast. For example, to name a few, meditative skills and the ability to read in a second language; stereotypes and tolerance of different sects; the rules of participation in ritual and

ceremony and who is making and interpreting those rules; place and the possible desire for a numinous environment; frequency of participation and the significance of seasonal celebrations.

In relation to religious doing in the context of occupational therapy and occupational science, the literature is limited. Farah and McColl (2008) explored prayer as a spiritual modality, within therapy, by conducting a literature review. They concluded that engagement in this religious occupation can be seen as positive, in terms of meeting the needs of the client, allowing a therapist who practices a religion to be 'true' to their beliefs, strengthening the therapeutic relationship, and potentially aiding healing. However, they also suggest some more negative issues, with the possibility that prayer may be interpreted as coercion (jeopardising the therapeutic relationship), that there is a potential for role confusion, a lack of training, and a lack of support from employers. Smith-Gabai and Ludwig (2011) provided a descriptive and informative account, having observed the Jewish Sabbath. They detailed Jewish ritual, including prayer, meals/food, attendance at the synagogue and the need for 'rest', defined as a day without work. Beagan and Etowa (2011) explored the spiritual occupations of African Nova Scotian Women in Canada. Fifty women in this study expressed spiritual occupations that provided connection to church, to community and to God; supported them with moral guidance and direction; and helped to re-frame health challenges (Beagan and Etowa 2011, p. 288). Smith and Suto (2012) worked with 11 co-researchers, who all had a diagnosis of schizophrenia. Using semi-structured interviews they concluded that agency (choice and autonomy) was particularly important within this group's view of religious practice. Courtney (2013) explored the literature concerning pilgrimage encompassing, but not limited to, a form of sacred travel that is of great personal significance. With the exception of Courtney (2013) this literature only explores a Judeo/Christian view of religious doing and does not address the wider needs or perspectives of people from other faith traditions. For occupational therapists working in increasingly multi-cultural and multi-faith communities, information that is only relevant to Judeo/Christian perspectives is limited.

The occupationally focussed literature concerning religious doing, such as described above, is rarely found and has therefore played a limited role in the wider debate about spirituality within occupational science and occupational therapy. The reluctance of occupational therapists to address this area of activity with their clients persists, and there is a need for a broader understanding of the everyday aspects of religious doing, a greater confidence in its inclusion, and a wider multi-faith perspective. An holistic person centred approach cannot be the basis for intervention if an important aspect of a person's identity and occupational life is omitted. Occupation is both a means and an end (Fisher 2013) and therefore, by exploring religious doing, occupational therapists can utilise aspects of this doing within therapeutic goals while being truly person centred in the collaborative objectives agreed with their clients.

2. Methodology

The research reported here forms part of a series of studies using a facet approach (Mason 2011) with the overall aim to explore religious practice as a valued occupation. The study reported here adopted a qualitative phenomenological approach (Finlay 2011), which seeks to understand the lived experience of a phenomenon, in this instance religious doing. Phenomenology typically uses small sample sizes, as data saturation is irrelevant (van Manen et al. 2016), where an understanding of individual lived experience is the objective. Quantifiable and generalizable conclusions are not the objective however there is potential for an exploration into individual experiences to offer insights into, and understanding of, the human condition (Finlay 2011, p. 10). However the deeply personal nature of religious doing presents a challenge in obtaining rich data. Commonly used data gathering techniques such as semi-structured interviews or focus groups can have some limitations when exploring highly personal and private subject areas. For example people may seek to give the response they perceive as expected, they may struggle to reflect deeply, and may be wary of upsetting or disagreeing with other participants (Gray 2004). A complementary and creative alternative means of expression to support the collection of rich data was sought (Hartman et al. 2011; Mason and Davis 2009) and photovoice was chosen as a suitable data collection method.

2.1. Photovoice

This participatory photography method (Wang and Burris 1997) is an active and creative technique that gives individuals an opportunity to both record and reflect on their daily lives (Lal et al. 2012). This technique has frequently been modified for research purposes (Catalani and Minkler 2010), and is more descriptively called participatory photographic interview (Warren 2005), where participants are asked to take photographs of their lived experience and talk about these images with the researcher. As the aim here was to explore the lived experience of people from a range of faith traditions, this technique offered an accessible means for people to capture their own experiences and the photographic record promoted more in-depth reflection and discussion than interviews alone could have elicited. Participants were asked to capture their own personal religious practice, not necessarily typical religious practice, and because this was done without the direct influence of us as researchers or our physical presence, control was passed to the participant. While some degree of ‘conformity’ i.e., photographing what the participant perceives as expected, is always possible, there is evidence to suggest that the photovoice approach reduces this considerably (Blackman 2007; Lal et al. 2012)

Cultural, and lifestyle diversity, often seen as a problematic complexity within photovoice studies (Hartman et al. 2011), was actively sought in the study reported here, to enable a cross-faith perspective (Darnell 2002; Iwama 2003; Odawara 2005) and reflect the multi-faith nature of 21st century communities. Ethical approval was granted by the University of Plymouth Research Ethics committee (Ref 2/134-123) for participants 16 years and over, and provision was made for parental consent should anyone aged between 16–18 years have volunteered.

2.2. Recruitment and Data Collection

In order to access a wide range of potential participants from a breadth of faith traditions, in line with the aim of the study, the recruitment was conducted in partnership with two multi-faith centres and a university multi-faith Chaplaincy (all located in the south west of the UK). Potential participants were invited to take part via postings on on-line notice boards and newsletters. Two information meetings were held for anyone interested and in addition some basic instruction on the use of a digital camera was offered. Participants were able to use their own camera or a disposable camera was provided. In total 10 participants (five male and five female) were recruited with ages ranging from 33–80 years old. Seven faith groups were represented; Baha’i, Buddhist, Christian, Hindu, Jewish, Muslim, and Pagan (see Table 1).

Table 1. A summary of participants’ characteristics.

Pseudonym	Faith Group	Sex	Age
Jac	Pagan	M	80
Anne	Baha’i	F	50
Zaheem	Muslim	M	37
Rachel	Jewish	F	47
Beth	Christian	F	55
Mark	Buddhist	M	59
Penny	Christian	F	56
Sanjit	Hindu	M	36
Arif	Muslim	M	35
Jen	Christian	F	33

All participants received written project information and all participants signed consent forms agreeing to take part in the study. Particular attention was given to informed consent. In addition to consenting to participate, it was made clear that photographs taken would remain the participants’ own property, and a further discussion about consent to use any photograph within the research, formed a second round of consent. This was necessary as truly informed consent can only be given in relation to an image once that image actually exists (Blackman 2007). Participants were asked to take photographs that they felt expressed their religious practice. Some discussion about the nature of

images was undertaken in the groups at the information meetings i.e., the documentary nature of an image and the more abstract possibilities to represent thoughts and feelings. However, we were careful not to specify or suggest any particular type of image and encouraged participants to take photographs of anything they felt relevant. No specific time frame was set at the beginning and participants were asked to contact us when they felt they had captured the images they wanted to take. Follow-up phone calls were made a few weeks in, to check on their progress and maintain contact. Interviews were scheduled based on the participants stating that they had finished taking photographs.

Each participant was interviewed individually about the photographs they had taken. Interviews were unstructured with the discussion starting with a single question; 'Can you tell me about the photos you have taken?' The rationale for an unstructured approach was to ensure that the photographs themselves directed the discussion and that the reflections offered were truly person centred and not pre-determined or influenced by the researcher. Each interview was audio recorded and subsequently transcribed verbatim. Participants took between two weeks and four months to take photographs and the number of photographs included in the interviews ranged from two to 25. The only other pre-determined question asked was: if there was a photograph that the person would have liked to have taken, but for some reason was unable to (Blackman 2007). This is often termed the 'missing photograph' in photovoice interviews. This gave the participants an opportunity to explore any further aspect of their experience that had not already been discussed and contributed to the inclusiveness of this technique (Hartman et al. 2011).

2.3. Data Analysis

Within the photovoice technique, a thematic analysis (Nowell et al. 2017) of the transcribed interviews is commonly undertaken however, in the study presented here, Dahlberg's (2006) Reflective Lifeworld research approach was used. This approach was applicable here because it focusses on the everyday taken-for-granted meanings around us. In this approach, analysis includes the search for descriptive themes emerging from the data, but also requires active but 'bridled' reflection from researchers, and the use of images to deepen insight. Researchers are required to 'bridle' their pre-existing beliefs and knowledge: to rein in pre-suppositions and their own lived experience. This is a more realistic and reflexive approach than the more commonly used 'bracketing' used within phenomenology which requires researchers to completely separate their previous experience and look at the data beyond preconceptions (Tufford and Newman 2010). The Reflective Lifeworld approach allowed for the researcher's (PE's) own reflective interaction with the data, as a practicing Christian, and also encompassed the contribution of the images created by the participants. As part of analysis a reflective consideration was given to the data which was further influenced by the concept of 'theorised subjectivity' (Letherby et al. 2013). This concept argues that it is necessary for us to make a very careful consideration of the significance of subjectivity in our pursuit of objectivity. The researcher (PE) tried to both acknowledge her own faith position and accept that, while an honest and clear interpretation of the data was always her objective, nevertheless she could not suddenly become a non-Christian or someone who is unconcerned about the problems of including religious doing within occupational therapy practice.

Initial codes were generated with the researcher's own experiences 'bridled'; that is 'held back'. However, after this initial phase, reflections on her own lived experience of religious doing were used to aid further analysis, and ultimately contribute to the themes generated. Dahlberg's (2006) approach calls for descriptive themes but in addition these were further categorised into intrinsic and extrinsic themes (Braun and Clark 2006) to further structure the analysis and discussion. The Reflective Lifeworld approach is aimed at exploring the lived experiences of participants from varied and diverse perspectives, including the perspective of the researcher, and is therefore applicable to the overall aim of the research reported here. Analysis are brought together inductively (Guest et al. 2012) culminating in a reflective description of religious doing within the everyday lives of the participants.

3. Findings

The search for descriptive themes initially involved dwelling with the data (reading and listening to the interviews) which generated 85 codes. Reflective notes were added to the codes and together codes and reflections were grouped into themes. PE's initial grouping of codes (from a bridled position) did not make the clear categorization of intrinsic and extrinsic themes, however after reflecting on the codes from her own Christian perspective (non-bridled position) a differentiation emerged between observable doing and the meanings associated with doing. The Reflective Lifeworld approach suggests both a bridled and non-bridled consideration of the data are used but that, additionally, a creative analysis should also be used wherever possible. In this instance the photographs were then considered and helped to re-group and refine the themes particularly in relation to how place and use of space were considered. Finally codes were grouped into six ~~overarching~~ themes. Two themes considered extrinsic (largely observable) features, termed by Braun and Clark (2006) as manifest themes dealing with description, and four intrinsic features, termed as latent themes, considered aspects relating to meaning (see Table 2).

Table 2. A summary of themes identified within the participants' descriptions of their religious doing.

Extrinsic features	The structure and rules of practice
	Expressions of practice
Intrinsic features	The impact of capacity and time
	Relationship with the divine
	Experience of Connectedness
	Worldview

These themes are now discussed and, in addition to participants' words, some of the photographs taken are used to both illustrate themes and offer additional depth.

3.1. *The Structure and Rules of Practice*

Religious practice was described as being within a framework or structure that includes aspects of ritual, place and laid down rules or governance. Participants talked about 'proper' or correct practice and some issues that present challenges to correct practice.

There are obligatory prayers and you should be praying three times a day using obligatory prayers (Anne).

Diwali is a celebration of light. It is also the beginning of the New year so people do a lot of er-spring cleaning around that time (Sanjit).

One of the very good things is actually the rule... the start of the Sabbath on a Friday... is actually you stop work (Rachel).

During the fasting month then ... then everyone does make an effort to try to pray in a group, we're supposed to... its important (Zaheem).

Structure was articulated in terms of routine and ritual and was positioned within what was seen as 'normal practice', and how the individual's practice was measured against this norm. All participants expressed an underlying concept that practice was 'organised' and visible in some way although, as a religious practitioner, it was also possible to deviate from this organised structure. The individuality of religious doing was a feature throughout the interviews with participants discussing their own practice in relation to a perceived 'norm'. Structure invariably included the notion of a standard that should be adhered to. On occasions participants felt they struggled to measure up to a required standard expressed by statements such as '*you're supposed to go regularly but I don't*' (Jen) or '*I should stop during the day but I don't always remember*' (Rachel). There was also acknowledgement that a religion had a set of rules or doctrine that provided guidance for religious doing. This aligns with Hocking's (2009) view that we need to understand the standards by which an occupation is judged and the rules of participation, before we can consider its inclusion within the therapeutic context.

Judaism may have like a million set of rules for lots of different reasons at lots of different times, (...) but actually kind of give you a baseline and a code (Rachel).

However, the guidance available was not always considered helpful and at times may be challenging.

the church as a whole is not necessarily going to give the guidance I want to hear—is that me who's wrong or the church who's wrong or am I not hearing what God is saying—and I can't believe that (Penny).

There was also wide acceptance that 'normal religious doing' could take various forms and that variations in practice were commonplace and not an issue, with tolerance frequently expressed. Participants discussed different 'varieties' of a religion and different sects and alternative practices. Mark talked about being a Zen Buddhist and that this is only one type of Buddhism. Jen said she was a 'let go, relaxed Christian' and implied that this was not the case for every Christian, while Arif and Zaheem both talked about varying ways that Muslims interpreted the way ablutions needed to be performed before prayer. This suggests that although the personal nature of religious doing has potentially limitless variation it is articulated as being positioned within the 'public' structure of religion. Practice would appear to be positioned within a concept of what is proper, legitimate and expected practice but also what is personally acceptable to the practitioner.

3.1.1. Ritual

Ritual practice was discussed in every interview. Ritual was described as patterned behaviour that again was determined within the rules set down by a faith group. Ritual was expressed as 'comfortable' engagement, where participants felt they understood what they should do and the significance of the acts they were performing. The visible and observable nature of practice was included by everyone but, where ritual practice occurred, was often not directly related to place. At the same time there was an acknowledgement that a designated place for ritual to take place, contributed to the structure of practice and contributed to a feeling of connectedness. Very few photographs were taken of the participants' own/regular place of worship. These images were identified by some people as the 'photo not taken' due to ethical considerations and the appropriateness of using a camera during a ceremony or worship. In some instances a lack of designated site or place was also highlighted and this appeared to raise the significance of other aspects of ritual practice, for example, when describing offerings as part of Diwali celebrations ...

On its own [offerings] has got quite a significant aura about how we pray, (...) especially when we don't have a temple (Sanjit).

Overall the structure of practice relating to organised forms, ritual, and place was suggested as a key part of defining practice from the everyday perspective of the participants.

3.1.2. Challenges

Legitimate, or proper, practice was seen as challenging under certain circumstances. For the Muslim participants in particular the availability of appropriate facilities for ablution was a particular issue. Ablution practice was adapted by Zaheem to include the use of 'wet wipes' (see figure 1) and Arif described being able to use the facilities to hand but not without hazard and some strange looks from anyone who observed him preparing for prayer in the men's toilet (see figure 2).

I'm really short so I sort of I need to hold my legs in a dangerous manner and the thing is we need to wash both of our feet so sometimes when I begin with my right foot that's why—but where I put up and my left foot and wash, my right foot is slippery and I might fall a couple of times cos its slippery (Arif).



Figure 1. Photograph taken by Zaheem of wet wipes used to ‘wash’ before prayer.

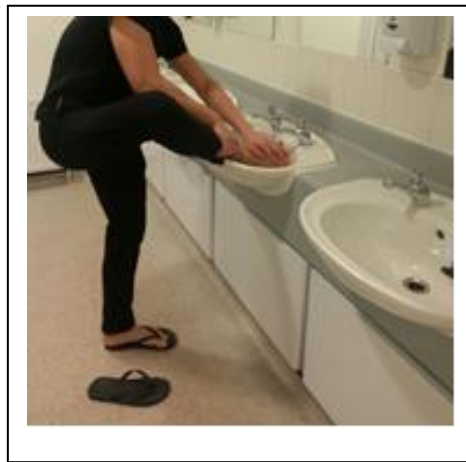


Figure 2. Photograph taken by Arif’s friend of his ablutions.

3.2. Expressions of Practice

The second of the extrinsic themes relates to how participants expressed their religious affiliation openly to those around them. Significant objects were frequently photographed and images of symbols, sacred texts and literature were used by participants to describe their expressions of faith. In some cases a special place had been created for important items.



Figure 3. Photograph taken by Beth of her ‘shelf’.

This is a shelf on a whole series of shelves in one of the rooms. Um, so, I walk past it every day. So, it's just visible to me. Um, and the items are very special to me (Beth) (see figure 3).

And for Anne, the significance of an object (her prayer book) also included its tactile nature.

I bought this prayer book—it's a really nice prayer book. Its leather bound and for me that's kind of important because it's quite tactile and I like the feel of it (Anne).

Symbol

Expressions of practice also included the use of symbols, as something commonly worn, found about the house or otherwise used within ritual, ceremony or worship.

I tend to have more um, like sayings from the bible in a bookmark or these palm crosses around just to remind me of what Jesus did for us (Jen).

Sanjit (who did some voluntary work in schools) felt it important to use the Hindu symbol for 'home' on presentations, as concepts of family and home are so central to the Hindu religion, even though few people other than him realised the significance of this symbol.

'and a lot of our world starts with the symbol 'home'  because of the importance of family (Sanjit).

Jac described the symbolism of his ring (see Figure 4) and a stone worn around his neck.



Figure 4. Photograph taken by Jac's friend of his symbolic jewellery.

They're called hag stones and to me they relate again to the Goddess. So I think this is why this is important one, a stone with a hole in it. And uh, not all pagans wear them, but quite a lot do. We're loaded up with symbols, absolutely. We use them a lot (Jac).

However, Anne was cautious about wearing a symbol that demonstrated an outward expression of her practice.

And this is a necklace which is, again, the symbol of Baha'i which means splendour. And I don't wear it all the time I have to say. And there are some times when I—because, again, it's sort of our—it's Persian calligraphy, but it looks like Arabic. One of the reasons I don't wear it is because I'm concerned about discrimination from people (Anne).

This would suggest that the use of symbols is contextual—some places and occasions are both safe and appropriate to use symbols but others are not (Stewart et al. 2018). An outward expression of one's membership of a faith group was seen as largely desirable but there was also potential for risk in certain cultural and social situations.

The following themes are more intrinsically orientated but again were found across faith traditions.

3.3. Impact of Capacity and Time

The amount of time that practice is likely to take and how this might fit into a regular routine was captured within the data. Arif and Zaheem, and to a lesser extent Anne, spoke of a structured prayer ritual which punctuated their daily routine. Others talked about routine in terms of weekly practice or more periodic practice; a weekly bible study for mums with young children (Jen), attending Sunday services (Penny), Friday prayers as being a particular ‘focus of the week’ (Zaheem) and the Friday Sabbath meal as being a point in the week that you could always ‘count on’ (Rachel). In addition participants felt ‘making time’ was an important aspect of practice.

The prayer itself, you know, is two to five minutes. It doesn't take very long so it's—it's certainly doable (Arif).

The issue of time was also picked up by participants who discussed the adaptable nature of their practice—so that it was possible to catch up on missed religious doing.

I have to by-pass that midday prayers so in Islam if you like sort of by-pass that midday prayer ... its OK as long as you ...er ... replace it by doing the same prayer at a different time... yeah (Zaheem).

In general, a pragmatic approach to adapting practice was reported. Participants altered or adapted their doing to best fit with their situation. Life roles also impacted on religious doing both in terms of how time was used and what aspects of other roles contributed to religious practice. Sanjit, who taught basic cooking skills to users of a local food-bank, saw this as a time spent expressing his Hindu core principles. Penny, a music librarian, considered music as integral to her practice, while Jen, a mother of small children, discussed her role as a parent and the need for her practice to be ‘child friendly’.

Several participants also highlighted that their practice changed over time and was seen as different at different points in the life-course. Several people talked about aspects of practice that they had experienced as children, or as younger people, and generally saw their practice as developing over time.

And I know in life we go through times when our spiritual life changes and I need, you know, we need to find something different, a different way of doing things (Beth).

Lastly, there was discussion about religious doing as being part of life that was in itself part of a much bigger ‘process’. Clearly, doctrine and beliefs differ between the faiths represented in the study, however there was overall a sense that beliefs positioned one within a continuum that spanned time, and that time was bigger than one’s own lifetime.

I can't look at a new-born or a young baby and not see God. It's something about eternity (Beth).

3.4. Relationship with the Divine

A further aspect of practice was discussed in terms of a dialogue with the divine or other. The terms used here varied, i.e., contemplation, prayer, meditation, mindfulness, but there was a personal need for a relationship with the divine whether or not that was through organised and structured practice or very personal ‘quiet’ practice.

It's important—my own conversations with what I assume to be God (Penny).

And I guess prayer is not something that you talk about, some of it is kind of about just what you're doing—is a pattern and a way of doing things (Rachel).

Little moments of where you got these little sort of like no-self moments um, which you are reminded of the uh, of the um, transient nature of the self (Mark).

Spending time in contemplation or prayer, where there was an opportunity to focus on a particular issue, was frequently expressed as important. In addition there was a concept that it was necessary to lose oneself within this process, potentially linking to the concept of flow (Reid 2011). Peace and

tranquillity were important aspects of time spent in personal contemplation and a quiet place to pray was seen as facilitating and often sought out purposefully.



Figure 5. Photograph taken by Jen of her favourite peaceful place.

I think places like this that are peaceful and you can see God's glory and it's overlooking, you know, water and hills and everything, um, it is a peaceful place to be with God (Jen) (see figure 5).

From a 'doing' point of view prayer was on occasions seen as something that could be done while engaging in another occupation.

And indeed I pray when I'm on my feet. When I'm out in town and I see people. I send them a prayer, I ask God to bless them (Jac).

Personal dialogue with the divine was also seen as an opportunity to question and debate beliefs and practice, but overall having a relationship with the divine was seen as needing space but also enabling the creation of peace and tranquillity within busy everyday life. Several participants saw the natural world as an important expression of a 'creator' and, as such, being close to, or having time to experience, the natural world was seen as an important aspect of a relationship with the divine. The photographs taken by participants often included an expression of nature and the discussion about these images included the notion that 'nature' helped the sense of connectedness or 'being near God'.

But there was something about the light um, and that sort of sense of—I think there's something about the word awe in nature, you know, that sense of um, the light breaking through the clouds and there's a sense for me, very often that evokes a sense of God (Beth) (see figure 6).

A relationship with the divine was, understandably, articulated as a very personal aspect of religious doing. The meaning of this relationship related to doctrine and belief however there were common features of this aspect of religious practice that included the need for peaceful space and place, making time within a busy day and often having a connection with the natural world.



Figure 6. Photograph taken by Beth of the sun breaking through clouds.

3.5. Experience of Connectedness

All participants discussed religious doing with others and the notion that practice was both an individual but also a collective activity (Pickens and Pizur-Barnekow 2009). Participants discussed practice with a group of others as being of particular significance and something that was ‘missed’ when not available. Missed aspects of practice or a lack of opportunity were expressed in terms of sadness or regret and directly linked to the availability of community and/or fellowship. Religious groups that are in a minority may ‘miss’ wider opportunities for fellowship and connection due to their small numbers. This was expressed by Zaheem who, when speaking about a large and spacious Mosque he had experienced as a child, commented ‘*I particularly miss that*’.

The social aspects of being part of a faith group were also discussed with the inclusion of food on occasions and an opportunity to ‘be with friends’. Being part of a community was seen as helping one’s own development of practice.

your own faith is nurtured by the ways in which you grow to care about other people’s faith life and other people generally—sort of through the community (Penny).

Community and fellowship were discussed in terms of being with people who had a common understanding or worldview. In addition there was a notion that it was important for groups to be welcoming and ‘open’ to anyone who may want to join with any aspect of practice.

I think about the groups and how society is becoming more secular, and faith for me is about being very open and um, welcoming (Rachel).

Experience of connectedness with others and relationships with other significant people, especially within the family, was also a feature of the data. Notions such as, educating one’s children in aspects of religious doing; that home and family life were important expressions of religious doing; that other people could inspire practice but also that one’s own religious doing may influence others.

It’s amazing how people can be a window to faith for other people (Beth).

On occasions practice was discussed within the concept of lost connectedness or community, and this was more apparent in groups that may be considered minority groups (at least within the geographic location of the study presented here in the UK). Occupational therapists increasingly work with minority and/or marginalised communities and an understanding of connectedness as a feature of valued occupations is key in these areas of practice (Creek and Cook 2017).

3.6. Worldview

Participants were clear to orientate their practice within a worldview that was invariably linked to the doctrine and beliefs of their faith. A way of viewing the world that helped them to understand the world, and consider their place within the world. The concept of 'sharing' and a 'respect' for others' beliefs was a feature of the data. As most participants were recruited via inter-faith organisations this view of tolerance and inclusion is somewhat predictable, and may be skewed from the general view of other members of religious groups.

How to relate to other people and live a life that demonstrated your faith were frequent themes within the narratives. Culture was seen to impact on this and again participants from groups that may be viewed as a minority, were anxious to express their worldview as sitting within, and tolerant of, a UK (arguably) Christian culture. A diversity and mix of religions was seen as both a positive aspect to society but also as causing some degree of chaos and challenge. In addition the concept of culture was, for some participants, difficult to separate from their religion; with religion, culture and race being complex and intertwined concepts.

the whole concept of actually faith and race. We're all parts of different mix-ups of that, there isn't actually one thing that is particularly you, it's the jigsaw that makes up your life (Rachel).

Participants expressed their religious practice as providing them with a particular way to view the world around them—a lens through which to view the world but also a lens through which the world could view them.

4. Reflexive Bridling

As already outlined, analysis involved a reflective and reflexive consideration of the data and this contributed to the themes discussed above. The Reflective Lifeworld approach was chosen to acknowledge the first author's (data collector) (PE's) own faith and her own interaction with the data. Initial codes were generated with her own experiences 'bridled', that is 'held back', however this approach embraces the notion that this can only be done partially and that once initial codes have been generated then one's own lived experience should be used to further aid analysis and contribute to the themes developed and discussed. Bridling is rarely however a single 'event'. Inevitably the researcher moves backwards and forwards between objectivity and subjectivity within the concept that these are in reality inseparable (Dahlberg and Dahlberg 2019). For example, PE initially found that the language she used for codes had a Christian orientation i.e., the term fellowship. In attempting a more bridled approach and seeking a more neutral or multi-faith language this became 'connectedness'. After the initial themes were formulated this was again reflected on to ensure this was suitable language to encompass all the perspectives represented in the data. Some direct comparison between different faiths was of course possible but the aim here was to explore the practical religious doing of people from a range of faith traditions, seeking a broader understanding of their practical engagement, and not to simply identify comparisons. To do this the Reflective Lifeworld approach suggests that analysis may culminate in a reflective description of the phenomenon being explored, in this instance the religious doing within the everyday lives of the participants, illuminating variable meanings from the data, embracing those variations and highlighting common features (Dahlberg 2006).

5. Further Discussion

The data here contains descriptive information about the religious doing of the participants with common themes emerging across the faith groups represented. How religious doing is measured against a perceived norm featured prominently in participants' narratives and participants were often self-critical of their own practice. A desire to 'do better' was as present here as it is in many occupations (Hocking 2009). Routine and familiarity also featured prominently—a feeling of being comfortable, regularly engaging in familiar practice in a familiar place—what Kielhofner (2008) defines as the habitual aspect of doing.

Quiet time spent in contemplation was also important but this was not just about a quiet space, in the physical sense, and more about making time and space within the participant's thoughts and

cognitive priorities. Many of the descriptions of contemplative 'doing' had elements of flow, i.e., being less aware of one's surroundings and losing a sense of time (Emerson 1998; Reid 2011; Walters et al. 2014). However it was also clear that contemplation and/or prayer does not align absolutely with the concept of flow and the relationship is complex. Diaz (2013) discusses the earlier work of psychologists Csikszentmihalyi (1997) and Maslow (1968), particularly highlighting the role of heightened affective experiences within a 'flow' state, but also asserts that flow can only be experienced when basic survival and safety needs are not threatened. This is not the case with prayer. A threat to safety personal, community or even global, may precipitate the need to pray (Roberts et al. 2009).

As discussed above, practice measured against a set of defined rules, aligns with Hocking's (2009) assertion that we need to understand the rules of an activity and who is making and interpreting those rules. However it was clear, from the data here, that while rules are important so is the concept of individualised practice that meets a much more personal need. This is a key consideration within the health and social care context where an objective is to provide person centred care (Waters and Buchanan 2017). An understanding of the 'accepted' structure of a person's faith may be far removed from their own personal practice and needs. The 'psychology of religion' has also identified a complex relationship between the personal and the 'public' expressions of religion. McGuire (2008) identified that 'a person's religion is not a miniature copy of their group's official religion' (p. 6). Individual variation, a personal perception of practice, must form part of the composite description of religious practice as this too featured clearly in the data. This understanding is important for occupational therapists, to ensure person centred goals shape their intervention and to enable a more confident inclusion of individual differences.

Expressions of practice also link to the concept of occupational identity (Kielhofner 2008; Phelan and Kinsella 2009), which is seen as a complex, dynamic state that evolves and changes over time. This is supported within the narratives here with some participants expressing their practice in terms of a story recalling their religious doing as it has developed and evolved over time. This is also important for occupational therapists, who need to consider that religious doing may change and develop as their clients grow in autonomy and occupational freedom. One's religion is far from a static construct and can be influenced by numerous factors. The data here confirms the concept of faith development over the life course (Fowler 2004), the possibility that prejudice and social factors (Stewart et al. 2018) influence doing and that varying levels of connectedness are experienced (Creek and Cook 2017). All of these play significant roles in the everyday lived experience of people of faith.

Connectedness was discussed as one of the most meaningful aspects of practice with participants talking about numerous levels of belonging. This was expressed as belonging to a group of other worshippers/practitioners and, in addition, to previous generations of practitioners. Being part of a continuum of practice that extends beyond their own existence, and being part of a tradition that they felt it was important to continue. Occupational science has offered numerous insights into the importance of cultural tradition (Hocking et al. 2002; Bonder 2007; Wright-St Clair and Nayar 2017) and for occupational therapists the importance of opportunity to participate, attitudes towards participation and even issues of prejudice or marginalisation are not new challenges in relation to the practice of cultural tradition. Hence should the question be asked, are they not also acceptable challenges in the area of religious tradition or doing?

Worldviews were expressed by participants as constructed from their religious beliefs. Several stated that their belief systems gave them a specific way of looking at the world and strength in dealing with the world around them. This is reflected in literature concerning religious coping (Pargament et al. 2000) which is prevalent in the 'psychology of religion' literature but has not, to our knowledge, been seen in occupational therapy literature. The use of photographs has given the added opportunity to glimpse the worldview of the participants.

It was also interesting that non-Christian participants felt the need to position their practice within a Christian understanding. Many explained aspects of their practice using perceived similarities between their practice and what they understood Christians might do. This may mean that the reflective description of religious practice offered here, needs to be defined as relating to the UK, as this

description may be articulated differently if the study presented here were conducted in another country or culture.

Reflection on the data indicates that terms such as *religion* and *faith* and to a lesser degree *spirituality* were used interchangeably by participants, and aspects of doing were placed in all three categories. This suggests that the boundaries between religion, spirituality and faith (McGuire 2008) may not be significant distinctions when the objective is a person centred understanding of the occupation of religious doing. Here there was an individual and variable use of the terms and this may suggest that academic argument, related to *what is spirituality* and *what is religion*, is unhelpful when trying to illuminate and understand everyday 'lived' practice. The study reported here supports the view that religious doing is likely to be multi-dimensional, diverse, individual, adaptable and malleable, or even 'messy' (McGuire 2008).

The themes were separated into descriptive or more outward facing practice and then more inward facing meaning-laden practice. This has also been described as the 'horizontal and vertical' aspects of spirituality (Schulz 2004; Johnson and Mayers 2005), where the vertical axis relates to inward personal concepts of faith and the horizontal axis relates to outward facing practice. Applying this concept to religious doing, it may be argued that occupational therapists struggle with religious practice as an occupation because they focus their attention on the vertical axis, i.e., more related to theological doctrine and extremely personal held faith. Whereas a focus on religious doing, i.e., the horizontal axis, would enable a greater focus on the practical needs of clients and the use of occupational therapy core skills, such as activity analysis (Thomas 2011). A shift of focus in this way would enable occupational therapists who currently feel ill-equipped to deal with religious doing, to realise that they already have the practice skills and tools to work with problems of religious doing in the same way that they use these tools when working with problems of personal care, social interaction or employment.

6. Summary and Conclusions

In summary, in line with the Reflective Lifeworld approach to analysis, a reflective description of religious doing within the everyday lives of the participants is offered below, which has been generated from analysis of the data obtained in the study reported here.

Religious practice involves familiarity of ritual and celebration, activities that re-affirm doctrine and beliefs and link to one's worldview. There is comfort in participation in a range of habitual practices, which may be personalised within a broader, accepted structure.

Religious practice involves contemplation of, and a connectedness with, the divine or the other. Requiring time and space and also facilitating time and space within sometimes busy lives.

Religious practice is part of a developing process, we grow within our religious needs and expressions across our lifecourse. Religious practice is ever changing, adapting and growing.

Religious practice involves participation with others, a collective and frequently community activity. A sense of belonging to both a local faith family or community, but also a sense of belonging to a more global group and a group spanning past and future generations.

The objective in the study reported here was to explore the practical religious doing of people from a range of faith traditions, and construct a 'lived' reflective description of their religious doing. No attempt has been made to explore philosophy or theology in relation to the various religions practiced by the participants. In everyday life theology will, of course, have relevance on a fundamental level but the focus here is on understanding the everyday lived experience of the participants, and as such to take a focussed view of their occupational performance, from a practical 'doing' perspective. In terms of practical theology, there has been a very clear focus on the 'practical' as opposed to the 'theology'. There is of course scope for further work examining individual activities within different faith traditions and linking theological concepts with 'doing' i.e., ablutions before prayer or participation in

Holy Communion, however the intention here is to reflect on the core issues of doing across faiths, as experienced by the participants.

The reluctance of many occupational therapists to include religious doing in their interventions would seem to be a persistent issue and while successive surveys have shown that practitioners can see that religious doing may be important to their clients (Thompson et al. 2018), they continue to find this area of 'doing' extremely challenging. The study reported here was undertaken with the intention to illuminate the importance of the things people do as part of their religious practice, and enable a better understanding of the meaning and importance of these everyday practices especially if and when barriers to participation arise. As a practicing Christian, I (PE) would not be content with therapy that did not include this most significant and valued occupation, should I ever need the services of an occupational therapist. The reflective description of religious practice (or doing) offered here suggests there are core aspects of doing that are seen across the faiths/traditions of the participants. While, in keeping with phenomenological principles, the findings here are not generalizable beyond these participants, it is hoped that transferable insights and an empathetic understanding of the experiences of the people represented here will resonate with occupational therapists and encourage a reflective examination of their practice with people in similar circumstances. This is suggested as a starting point for practitioners, that does not require an in-depth knowledge of a specific religion but rather an understanding of key and familiar occupational principles such as performance analysis, person-centred habits and routines, and community connectedness. As therapists, we need to understand our clients and how they take part in and form their part of the world. As Laliberte Rudman (2012) states 'A comprehensive understanding of how occupations are shaped, negotiated, and experienced is needed' (p. 111). On this basis, is it enough to explore mobility needs, but not address a person's inability to prostrate in prayer? Is it enough to consider fine motor skills in relation to activities of daily living, but not discuss difficulties holding a rosary? Is it good enough to work on social anxiety without considering difficulties attending the synagogue? These are just a few of the very many possible ways that religious doing could offer tasks and activities not only helpful to the therapeutic repertoire but essentially relevant to health and wellbeing for many clients/patients.

Author Contributions: Conceptualization, Patricia Eyres; Formal analysis, Patricia Eyres; Investigation, Patricia Eyres; Supervision, Katrina Bannigan and Gayle Letherby; Writing—original draft, Patricia Eyres.

Funding: This research received no external funding.

Acknowledgements: Support from the School of Health Professions, University of Plymouth who have funded the PhD of the first author. The PenCLAHRC Evidence Synthesis Team (EST), Elizabeth Casson Trust, Gladstone's Library Scholarship Fund.

Conflicts of interest: There are no conflicts of interest.

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