Christian Psychology Around The World

THE EMCAPP JOURNAL

20 / 2023

Main article to „Christian faith in everyday life"

- Miguel Ángel Alcarria (Spain, Mexico): The Image of God as a Factor of Psychological Well-Beeing / La Imagen de Dios como Factor de Bienstar Psicológico

- Paul Loosemoore (USA): Relationship with God and Well-being: The Role of Character Virtues

- Marie T. and Lowell Hoffman (USA): Faith: Through, In, and To an "Other"

- And others

contents

editorial

What do you think? Is a global Christian Psychology conceivable?

My answer is no and yes.
First of all, no. No, because there are too many differences.
The starting factors of our search for a Christian psychology are different cultures, languages, denominations, theologies and personal faith experiences, we are professionals with our own psychological training and practical areas of responsibility what, in turn, means subjective experiences.

But then yes: unity does not mean that we have to have the same opinion or can agree on one textbook, but that we perceive a shared horizon and have an anticipation and longing for what lies beyond that horizon. And then everyone sets off from their different position.
When we exchange ideas in our search for a specific and independent Christian Psychology as siblings and as friends, we will develop this idea that there is something in common outside of our own horizon and also the conviction that the path to it connects us more than shared texts, because we are grounded in our Christian worldview, with the Trinitarian God standing, working and loving in the centre.
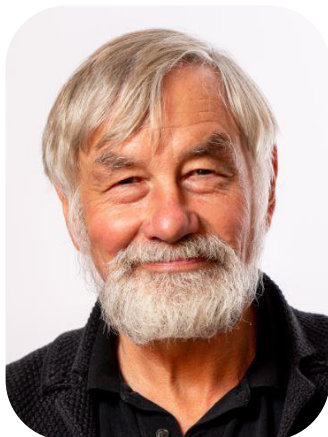
Our journey may probably be most fruitful when our dialogue focuses on a specific practical field of application in which we have gained professional experience over a longer period, whether for example counseling of eating disorders or the development of questionnaires or pedagogical tasks.

Behind the horizon there is future, there is unity, there is new knowledge, and waiting for us, we will also meet grace.
 I hope that this edition of Christian Psycholoy Around The World will contribute to that.

Yours, Werner May
emcapp.eu
post@werner-may.de

the first 19 numbers

of the eJournal Christian Psychology Around The World

The EMCAPP Journal "The Christian Psychology Around the World" is published in Germany, the main editor is Werner May.
Since 2011 the internet bilingual Journal is published two times a year. The authors of articles and comments are psychologists, psychotherapists and scientists from different countries of the world.
This journal is publishes by the European Movement for Christian Anthropology, Psychology and Psychotherapy in cooperation with the IGNIS-Akademie für Christliche Psychologie.

JOURNAL NO. 1 - 2012
Poland

JOURNAL NO. 2 - 2012
Germany

JOURNAL NO. 3 - 2013
Russia

JOURNåAL NO. 4 - 2013
Switzerland

JOURNAL NO. 5 - 2014
USA

JOURNAL NO. 6 - 2015
Finland

JOURNAL NO. 7 - 2015
Cananda

JOURNAL NO. 8   - 2016
South Africa

JOURNAL NO. 9   - 2016
Focus Topic: „Therapy Goals"

JOURNAL NO. 10 - 2017
„Conscience"

JOURNAL NO. 11 - 2018
„Who is leading me during practicing Christian Psychology?"

JOURNAL NO. 12 - 2019
„Christian identity"

JOURNAL NO. 13 - 2019
Body Aspects in Christian Psychology, Psychotherapy and Counseling

JOURNAL NO. 14 - 2020
„Coping with Stress in Theory and Practice of Christian Psychology"

JOURNAL NO. 15 - 2020
"Basic trust and secure attachment - Christian anthropological, educational and psychotherapeutic aspects."

JOURNAL NO. 16 - 2021
„A Christian Perspective on the True Self and False Self"

JOURNAL NO. 17 - 2022
„Situating Grief in Redemptive History for the Sake of Joy"

JOURNAL NO. 18 - 2022
„Ways out of the Shame-Fear Cycle"

JOURNAL NO. 19 - 2023
„Spiritual Formation"

about the artist

Artist Statement

**The Wildflower Season in Western Australia:
A Photographers Dream**

I was born in the tiny town of Mt Barker in Western Australia, under the shadow of the enigmatic Stirling Range, or as it is called by the original inhabitants, Koikyennuruff. As a small child my father would carry me up the tall slopes and then as I grew I began to climb the different mountains and hills with my teenage friends and then later with my husband and children.

The Range is famous for its colorful wildflowers and ground orchids, also for its bush walks and climbs. My passion is photography.

Firstly, rather naive attempts to capture nesting birds from within a bird-hide in the school grounds, to capturing portraits and animals on my Brownie Box camera than a Kodak Instamatic.

My interest grew and I took classes in dark-room techniques, studied under a portrait photographer with available light photography and other courses in understanding the camera. So my interest in photography grew along with my profession as a Clinical Psychologist. I took weddings and birthdays, celebrations and parties.

At the end of 2019 and beginning of 2020, Australia was struck by bushfires, all along the east coast and in the West in my beloved Stirling Range National Park. Fourteen kilometers from my home
was alight. There were thousands of fauna and flora going up in flames every minute! Our beautiful kangaroos, wallabies, snakes and lizards were being slaughtered and we could no nothing. The whole area is 447 sq miles and the fires took out one third of the park. We were devastated and knew it would be a long road back.

Genevieve Milnes
(Australia)

So I started to document the burn. That was the year that Covid struck. We were severely restricted in what we could do but the Stirling Range was on our 'back door' so we went out most days to watch the rehabilitation of the burn.

Standing watching the beautiful tendrils start to push through the cinders was my happy place. There was devastation but there was also life. I mourned the loss but then I saw animals moving across burnt ground and knew that all was not lost.

I pause in those beautiful, terrible places and honour the cycle of life and the beauty of our created planet.

Dr Genevieve Milnes BDiv., M Appl Psych (Clin & Ed), PhD Clinical Psychologist
Genevieve Dr Genevieve Milnes BDiv., M Appl Psych (Clin & Ed), PhD Clinical Psychologist
AHPRA PSY0001578221
Phone: 08 92279796 Mobile: 0410303358
Email: genevieve@psychaust.com.au

Email: genevieve@psychaust.com.au
www.psychologyaustraliamtlawley.com.au
www.alexeyadoninart.com

and see here on Instagram
https://www.instagram.com/p/CVGr9grjaiN/

Genevieve Milnes

Miguel Ángel Alcarria
(Spain, Mexico)

Miguel has a degree in Psychology and a degree in Theology. He chairs the Association of Christian Psychologists, which has a presence in more than 20 countries throughout Latin America, together with his wife he pastors a church in Mexico City and is a regular collaborator in César Vidal's Show called La Voz with his
own section, La Picoteca. Miguel Ángel Alcarria es Licenciado en Psicología y Graduado en Teología. Preside la Asociación de Psicólogos Cristianos, que tiene presencia en más de 20 países en toda hispanoamérica, junto a su esposa pastorea una iglesia en Ciudad de México y es colaborador habitual en la sección la Psicoteca del programa La Voz con César Vidal.

miguel.angel.alcarria@gmail.com

The Image of God as a Factor of Psychological Well-Beeing

La Imagen de Dios como Factor de Bienstar Psicológico

For decades, psychologists have considered that religion could have a negative effect on the health of all people (Neeleman & Persaud, 1995). The origin of this negative view of faith goes back to Sigmund Freud, who conceived God as an angry god and religion as a set of restrictive rules with counterproductive effects on mental health by leading believers to strong feelings of guilt and fear of punishment. However, scientific research accumulated in recent years has refuted this fallacy around these supposed generalized negative effects, finding faith as a key factor for personal growth and psychological well-being. Therefore, we can say that faith has a strong capacity to nurture the psychological life of people, becoming a strength of all those people who know how to experience it, practice it and integrate it in a healthy way in their daily life; however, not all people have the capacity to live faith in a positive way.

Durante décadas, los psicológos han considerado que la religión podía tener un efecto negativo en la salud de todas las personas (Neeleman y Persaud, 1995). El origen de esta visión negativa en torno a la fe se remonta a Sigmund Freud, quien concebía a Dios como un dios enojado y la religión como un conjunto de normas restrictivas con efectos contraproducentes para la salud mental al conducir a los creyentes a fuertes sentimientos de culpa y miedo al castigo. Sin embargo, la investigación científica acumulada estos últimos años ha desmentido esta falacia en torno a estos supuestos efectos negativos generalizados hallando la fe como un factor clave para el crecimiento personal y el bienestar psicológico. Por tanto, podemos decir que la fe posee una fuerte capacidad para nutrir la vida psicológica de las personas, convirtiéndose ésta en una fortaleza de todas aquellas personas que saben experimentarla, practicarla e integrarla de forma sana en su vida diaria; sin embargo

Whether faith can be considered a preventive and health promotion factor depends on the way in which it is lived and, above all, on the image that the believer maintains about the idea of God (Henk et al., 2019). It is in this idea of God where the strength of faith resides, this conception being a decisive factor in the way of experiencing it. A positive mental representation of God or, in other words, a positive idea about the figure of God correlates positively with psychological well-being, while a negative mental representation about God is usually associated with anguish, as well as with a negative image of oneself and others. In this way, those people who perceive God as a punisher or as someone who requires personal merits to grant his benefits, live faith in a negative way with counterproductive effects for their health. On the contrary, those who accept mercy, grace, goodness, and love as qualities proper to God, enjoy greater well-being because they cultivate their faith from a balanced concept of divinity, of God's character, of their self and their relationship with the divine.

This balanced mental representation of God and ourselves facilitates psychological well-being because it allows human beings to harbor, in relation to the divine, a sense of transcendence and purpose in life, something that only faith can provide (Neeleman & Persaud, 1995). Only faith experienced in a healthy and balanced way, one of the five soles of Protestantism, can provide meaning and purpose to life; and only this sense of transcendence can bring lasting psychological well-being. This fact is due to the fact that the meaning and purpose of life acts as a mediating factor between the representation of God and the well-being of the person, providing coherence and harmony in the vital experience of the human being.

In short, faith can only provide lasting psychological well-being by providing this vital sense and purpose if the person enjoys a positive mental representation of God. Reason why we can conclude that thinking and experiencing God as merciful, kind, loving and full of grace generates an oxytocinergic emotional connexti-

no todas las personas tienen la capacidad de vivir la fe de una forma positiva.

Que la fe pueda ser considerada un factor preventivo y de promoción de la salud depende de la forma en la que ésta es vivida y, sobre todo, de la imagen que el creyente mantiene acerca de la idea de Dios (Henk et al., 2019). Es en esta idea de Dios donde reside la fortaleza de la fe, siendo dicha concepción un factor decisivo en la forma de experimentarla. Una representación mental positiva de Dios o, dicho de otra forma, una idea positiva en torno a la figura de Dios correlaciona de forma positiva con el bienestar psicológico, mientras que una representación mental negativa acerca de Dios suele estar asociada con valores elevados en angustia, así como con una imagen negativa de uno mismo y de los demás. De esta forma, aquellas personas que perciben a Dios como un castigador o como alguien que precisa de méritos personales para otorgar sus bondades, viven la fe de forma negativa hallándose efectos contraproducentes para la salud. Por el contrario, quienes aceptan la misericordia, la gracia, la bondad y el amor como cualidades propias de Dios, gozan de un mayor bienestar debido a que cultivan su fe desde un concepto equilibrado de la divinidad, del carácter de Dios, del self y de su relación con lo divino.

Esta representación mental equilibrada de Dios y de nosotros mismos facilita el bienestar psicológico gracias a que permite al ser humano albergar, en relación con lo divino, un sentido de trascendencia y propósito de vida, algo que sólo puede proporcionar la fe (Neeleman y Persaud, 1995). Sólo la fe experimentada de forma saludable y equilibrada, una de las cinco solas del protestantismo, puede aportar sentido y propósito de vida; y sólo este sentido de trascendencia puede aportar un bienestar psicológico duradero. Este hecho es debido a que el sentido y propósito de vida actúa como factor mediador entre la representación de Dios y el bienestar de la persona, aportando coherencia y armonía en la experiencia vital del ser humano.

on that acts as a preventive factor against dopaminergic stimulation avoidance behaviors that manifest due to the presence of a sensation of existential emptiness; behaviors such as sex, pornography consumption, alcohol or the constant search for techniques that facilitate relaxation. These behaviors only reveals the insufficiency of sensations vs. the existential meaning.

In this sense, a fundamental objective of the church is to transmit in a positive and truthful way a balanced idea of God and values that give meaning to human experience and existence, a key factor not only for spiritual development but also for the integral well-being of the person. Only by acquiring a balanced and positive mental representation of God can believers experience a healthy and satisfying relationship with faith, with the divine and with their own existence; becoming this a factor of comprehensive health promotion, allowing the acquisition of healthy habits from a perspective not only psychological but also physical, and a preventive element of multiple ills, such as suicide, autolytic behaviors, addictions, among others.

Bibliography / Referencias

Henk P. Stulp, Jurrijn Koelen, Annemiek Schep-Akkerman, Gerrit G. Glas & Liesbeth Eurelings-Bontekoe | Sebastiano Costa (Reviewing editor) (2019) God representations and aspects of psychological functioning: A meta-analysis, Cogent Psychology, 6:1,
DOI: 10.1080/23311908.2019.1647926

Katie Byron & Cindy Miller-Perrin (2009) The value of life purpose: Purpose as a mediator of faith and well-being, The Journal of Positive Psychology, 4:1, 64-70,
DOI: 10.1080/17439760802357867

Neeleman, J., & Persaud, R. (1995). Why do psychiatrists neglect religion? British Journal of Medical Psychology, 68(2), 169–178. doi:10.1111/j.2044-8341.1995.tb01823.x

En resumen, la fe únicamente puede proporcionar bienestar psicológico duradero aportando este sentido y propósito vital siempre que la persona goce de una representación mental positiva de Dios. Razón por la que podemos llegar a la conclusión de que pensar y experimentar a Dios como misericordioso, bondadoso, amoroso y lleno de gracia genera una conexión emocional oxitocinonérgica que actúa como factor preventivo ante las conductas de evasión de estimulación dopaminérgica que se manifiestan debido a la presencia de una sensación de vacío existencial; conductas tales como el sexo, el consumo de pornografía, el alcohol o la búsqueda constante de técnicas que facilitan la relajación. Dichos comportamientos sólo ponen de manifiesto la insuficiencia de las sensaciones frente al sentido existencial.

En este sentido, un objetivo fundamental de la Iglesia es transmitir de una forma positiva y con verdad una idea equilibrada de Dios y unos valores que den sentido a la experiencia y la existencia humana, factor clave no sólo para el desarrollo espiritual sino también para el bienestar integral de la persona. Únicamente adquiriendo una representación mental equilibrada y positiva de Dios, los creyentes pueden experimentar una relación saludable y satisfactoria con la fe, con lo divino y con su propia existencia; convirtiéndose esto es un factor de promoción integral de la salud, permitiendo la adquisición de hábitos saludables desde una perspectiva no sólo psicológica sino también física, y en un elemento preventivo de múltiples males, tales como el suicidio, las conductas autolíticas, las adicciones, entre otros.

Paul Loosemore, Ph.D., LPC, NCC is an assistant professor of Clinical Mental Health Counseling at Covenant Theological Seminary in St Louis, Missouri. Paul's primary research interests are spiritual integration in counseling, counselor formation, character virtue formation, and counselor education. Paul conducts a private practice in the local community, working with individuals, couples and families.

Paul Loosemoore
(USA)

Relationship with God and Well-being:
The Role of Character Virtues

Abstract

This study clarifies relationships between the following variables: A Christian relationship with God, character virtues humility, gratitude and compassion, and well-being. Path analyses using data from 2,594 Christian adults found the hypothesized model showed close fit to the data (RMSEA = .078, IFI = .978, CFI = .978, X^2 = 149.568, p < .001). Character virtues partially mediated between a relationship with God and well-being, and relationship with God significantly predicted well-being. Implications are discussed.

Keywords: God; character virtues; well-being; gratitude; humility; compassion

Relationship with God and Well-being: The Role of Character Virtues

Well-being science is ever more important amidst concerning rates of mental illness, and the importance of attending to personal value systems (Cashwell & Watts, 2010; Helliwell et al., 2019). Spiritual supports for well-being are warranted given increased concern that the impact of current positive psychological interventions appears overstated (White et al., 2019), and there is a return to spirituality and religion in pursuit of well-being (Peteet, 2019; Yamanda et al., 2019). This study recognizes an insider or 'emic' Christian rationale for why relationship with God leads to character virtue and subsequently well-being, which leads to well-being (Knabb & Wang, 2019). However, current literature also supports this investigation. Krause and Hayward (2015) have begun to identify how a Christian relationship with God may influence character virtues that lead to well-being, yet called for further studies to clarify how multiple character virtues may be implicated between a relationship with God and well-being. Their inquiry stands with other findings that suggest a Christian relationship with God influences character and action that translates into well-being (Greggo, 2016; Miner, 2009; Peteet, 2019; Tix et al., 2013) This study seeks to clarify the impact of a Christian's relationship with God on character virtue development by investigating humility, gratitude, and compassion due to prior links between these virtues, relationship with God, and well-being (Jazaieri et al., 2013; Lavelock et al., 2017; Rosmarin et al., 2011). If a relationship with God does increase character virtue and well-being in Christians, these prosocial changes are pertinent to the science of well-being in the US.

Literature Review
Positive Psychology and Character Virtues

Positive psychology, widely popularized in 2000 by Seligman and Csikszentmihalyi (2000), has led to significant interest in character virtues as a means of achieving wellness. Seligman and Csikszentmihalyi (2000) found that "psychologists have scant knowledge of what makes life worth living" (p. 5). This pronouncement stimulated extensive research, amongst which lies character virtues, which are attributes one learns in relationship to others and contexts, and subsequently utilize or express to thrive in life (Bellehumeur et al., 2017; Hoyos-Valdés, 2018; Lerner, 2019).

Research into numerous virtues and strengths has occurred, and this study is selective, investigating humility, gratitude, and compassion, due to their links to increased well-being (Demorest, 2019; McCullough et al., 2002; Van Tongeren et al., 2019). For example, humility has demonstrated a relationship to life satisfaction, stress-buffering (Krause, 2016; Krause et al., 2016), and producing prosocial benefits such as trust, empathy, and behaviors that lead to personal flourishing (Krause et al., 2016; Krumrei-Mancuso, 2017). Lavelock et al. (2017) suggest humility may act as a master virtue facilitating the development of other virtues. Gratitude, is somewhat complex in the literature, sometimes defined as an emotion and sometimes as an attitude of benevolent acceptance of indebtedness (Emmons & Crumpler, 2000). Nonetheless, gratitude is strongly linked to well-being as grateful people focus on blessings and enjoy prosocial benefits, a sense of connection, improved sleep quality, and overall satisfaction (Cunha et al., 2019; Emmons & McCullough, 2003). Finally, compassion serves as the third virtue. Compassion is understood as a motivation of a person to feel the extent of another's emotions, accompanied by the desire to help (Fulton, 2018; Roberts, 2017). This virtue increases well-being by benefitting relationships, reducing anxiety, regulating emotions, and increasing positive experiences (Demorest, 2019; Engen & Singer, 2015). Collectively these three virtues appear to enhance well-being.

Well-being

Two conceptualizations of well-being have produced different inquiries into developmental and social processes related to well-being (Ryan & Deci, 2001), leading to conceptual confusion. The hedonic perspective (often called subjective well-being) suggests that well-being consists of experiencing happiness, satisfaction, and pleasure (Ryan & Deci, 2001; Ryff, 2013), while the eudaimonic perspective suggests well-being includes processes of meaning making, strivings to become, and fulfilment of one's true nature (Ryan & Deci, 2001; Ryff, 2013). These perspectives are not fundamentally opposed, rather they illuminate the breadth of well-being as a construct. Three major approaches to the measurement of well-being have emerged, including objective, subjective, and psychological measures (Forgeard et al., 2011). Due to well-being's breadth Forgeard et al. (2011) suggested researchers do well to persevere the complexity of the construct by integrating multiple views of well-being including emotions, meaning, and satisfaction, to form a 'dashboard' array. In this study we follow the dashboard approach to holistically discern what impact Christian relationship with God may have on well-being through character virtues.

Christian Relationship with God

A relationship with God is defined in numerous ways across religions and philosophies. An emic Christian perspective on relationship with God suggests it is both mystery and a tangible reality that includes the offer of joining in the perichoretic (communal) life of the Trinity (Genesis 1; Volf, 1996). The Bible includes many exhortations to commune with God, and names this as human need (1 Cor 1:9, Jon 14:23). Christians believe the goal of this union is fellowship with God that provides meaning, personal formation, and redemption (Anstey, 2017). In part, this formation results from a desire to follow the God who has relationship with his people: "Put on then, as God's chosen ones, holy and beloved, compassionate hearts, kindness, humility (Col 3:12)… And be thankful (Col 3:15)."

Genevieve Milnes

Christianity has often appeared as anathema to psychology (Charry & Kosits, 2017; Seligman & Csikszentmihalyi, 2000), however, Charry and Kosits (2017) argue that a Christian framework provides a strong context for the character development central to positive psychology. One key difference observed between these historical foes is that positive psychology can individualize the pursuit of well-being, whereas Christian relationship to God centralizes the role of relationship, and it also centralizes prosocial character change (Anstey, 2017; Charry & Kosits, 2017; Homan & Cavanaugh, 2013; Seligman & Csikszentmihalyi, 2000). It follows that Christian relationship with God that intends to locate individuals within a meaning-filled context and focuses on personal formation would develop character virtue and lead to well-being. Historically, authors have used the psychological lens of attachment to explain and measure relationship to God (Leman et al., 2018; Miner, 2009). Recently, Knabb and Wang (2019) offered an emic perspective that avoids secular worldview presuppositions to define a Christian relationship with God, establishing Christian relationship with God as a broader phenomenon than attachment, constituted by specific activity and reciprocity.

Relationship with God and Well-being
Research into the impact of a Christian faith affirm the theoretical discussion above, finding noticeable contributions to well-being (e.g., Bott et al., 2015; Diener et al., 2010; Francis & Kaldor, 2002). Various mediators have been suggested to occur between Christian faith and well-being, including meaning in life, attendance at religious services, positive affect, and social support (Bopanna & Gross, 2019; Bott et al., 2015; Francis & Kaldor, 2002; Tix et al., 2013; Vishkin et al., 2019). Yet, a central aspect of Christian faith remains a relationship with God, which has been seen to impact well-being (e.g., Ellison, 1983; Miner, 2009; Strelan et al., 2009), and to do so beyond other measures of Christian engagement such as involvement (Stulp et al., 2019). Literature that explored relationship with God from either a God repre-

sentation, attachment or other relational perspective consistently attests to Christian relationship with God leading to well-being (Homan & Cavanaugh, 2013; Keefer & Brown, 2018; Knabb & Wang, 2019; Leman et al., 2018; Stulp et al., 2019). It is warranted to join previous researchers to consider mediators of a Christian relationship with God on well-being so that Christians can be supported from their own worldview and values.

Relationship with God, Character Virtues, and Well-being
Researchers and scholars have sought to discern how character virtues either promote a relationship with God or arise from it, and subsequently influence well-being. Most of these discussions investigate one virtue at a time (Krause & Hayward, 2015), and few have investigated multiple mediation effects or the interactions between virtues which may shed light on the relationships between these variables.

Humility holds particular interest as Lavelock et al. (2017) suggest humility may be a master virtue in Christian life, upon which other virtue development (e.g., gratitude, compassion) may depend. The master virtue mechanism appears promising as many virtues relate to well-being, and well-being shows a negative correlation to low levels of humility (Jankowski et al., 2018; Paine et al., 2018). Hypothetically, those without accurate self-perception or the ability to manage pride may struggle to procure the benefits of relating to God that stem from humility and arise through other virtue development (Jankowski et al., 2018). The role of humility appears paramount in understanding how a relationship with God influences other virtues and well-being.

Gratitude is established as connected to experiences of relationship with God. Rosmarin et al. (2011) found gratitude towards God mediated between religious commitment and well-being to a higher degree than gratitude alone, and this aligns with Emmons and Crumpler's (2000) finding that gratitude towards a benevolent one (God) changes affective experience which

is central to well-being. Gratitude has also been related to experiencing God and producing hope that is related to well-being (Kraus et al., 2015); and Kraus et al. (2015) found religious efficacy, the sense that God impacts one's life, increases gratitude. How gratitude relates to, or interacts with humility is less well known.

The role of compassion is less clear. Only one study has investigated compassion in the context of relating to God and well-being, and found compassionate attitude and behaviors fully mediate the effect of intrinsic religiosity on well-being (Steffen & Masters, 2005). However, Steffens and Masters (2005) found evidence of compassion mediating between intrinsic religiosity and psycho-social health. Humility, gratitude and compassion are conceptually linked to a relationship with God and well-being, and may indeed mediate between these variables.

Purpose of the study
We return to Krause and Hayward's (2015) call for designs to assess multiple virtues, their interactions, and test theoretical models to enhance our understanding of how a relationship with God may influence the lives of Christians. Collective mediation and the priority of character virtues lack investigation regarding a relationship with God. We placed relationship with

God at the beginning of a path model given the theoretical support for relationship with God initiating character change. The character virtues follow in the model due to prior evidence suggesting their mediating roles between a relationship with God and well-being. The following research questions were asked. RQ1: Do character virtues, humility, gratitude, and compassion mediate between a relationship with God and self-reported well-being in Christians? RQ2: If character virtues mediate between a relationship with God and self-reported well-being in Christians, what are the effects among the variables? RQ3: Is there support for humility as a master virtue that facilitates gratitude and compassion?

Method
This study utilized a cross-sectional, correlational design to investigate the hypothesized models using path analysis (Spector, 2019; Streiner, 2005). The exogenous variable was a relationship with God. Character virtues humility, gratitude and compassion, and well-being were endogenous variables. Particular attention was paid to the mediating role of the character virtues. The hypothesized directions of the path coefficients for each model are indicated in Figure 1., along with the final path coefficients.

Figure 1. Hypothesized Path Model and path coefficients

Genevieve Milner
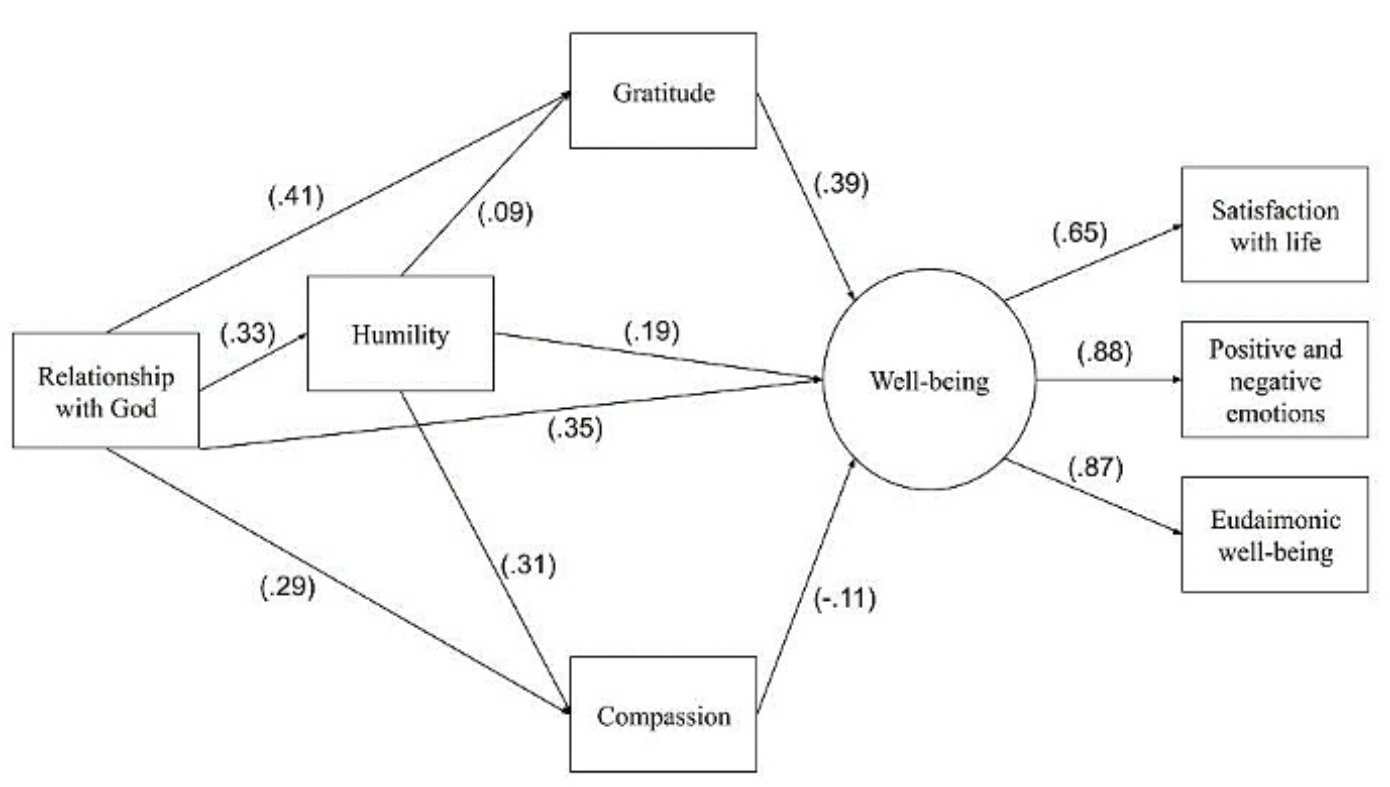
Sample

The researchers used convenience sampling to recruit Christians by distributing a web-based survey (SurveyMonkey) through a local radio station, a mid-western seminary, and two local churches. Mailing lists consisted of approximately 10,000, 350 and 150 potential participants respectively, who were contacted once, with a final response rate of approximately 25%. The nonprobability sample allowed broad access to the target population. We gained IRB approval and the cooperation of the participating organizations. Surveys included informed consent requiring participant acceptance, the measures listed below, and a demographics questionnaire. Participants were asked to self-screen for the criteria of aged 18 or above and Christian.

The sample consisted of 2,594 participants and females significantly outnumbered males (18.7% male, n = 484; 81% female, n = 2101; .3% other or unknown, n = 9). Participants reported themselves to be 18-40 years old (n = 423, 16.4%), 41-60 years old (n = 1,248, 48.1%), and 61+ years old (n = 651, 25.2%), and 272 (10.5%) did not answer this question. A large majority reported their ethnicity as White (n = 2432, 93.8%), followed by African American (n = 72, 2.8%), Hispanic (n = 32, 1.2%), Multiracial (n = 27, 1%), Asian (n = 14, .5%), and others/non-specified (n = 17, .6%). Participants primarily lived in the United States (n = 2546, 98.1%). Other locations included Columbia, UAE, United Kingdom, Australia, Asia and unspecified (n = 48, 1.7%). Participant denomination was distributed across 14 groups, led by nondenominational (n = 911, 35%), Baptist (n = 472, 18%), and Catholic (n = 339, 13%). Each other denomination represented less than 10%.

Measures

Communion with God Scale

The Communion with God Scale (CGS) measured participant relationship with God utilizing an emic (or "insider") construction methodology that allows the 12 items to adhere to common Christian experiences of relating to God (Knabb & Wang, 2019). The emic perspective of the CGS aligns with a central assumption of this study that a participatory relationship with God affects humans through relational, emotional, and behavioral factors (Knabb & Wang, 2019). Items include relational experiences and actions such as "I feel God valuing me", and are rated on a scale of 1 = Never true for me, to 5 = Always true for me. Factor analyses confirmed a good fit between the 12 items and internal consistency for the CGS was high (Cronbach's alpha = .95, and in the present study Cronbach's alpha = .92).

Humility Semantic Differentials

Humility was measured using Rowatt et al.'s (2006) Humility Semantic Differentials (HSD). The HSD uses seven pairs of words, and participants rate themselves on a seven-point scale placed between each pair of words (e.g., "humble/arrogant" and "modest/immodest"). The HDS demonstrates good convergent and divergent validity (Rowatt et al., 2006), and McElroy-Heltzel et al. (2019) suggest the HDS suffices "as a brief measure of humility" (p. 397) given its pattern of correlations and items that assess openness, global humility, modesty, and other-orientedness. Rowatt et al. (2006) found Cronbach's alpha for the HSD to be .72-.79, and in the present study Cronbach's alpha = .82.

The Gratitude Questionnaire

The Gratitude Questionnaire (GQ-6) created by McCullough and Emmons (2002) was used to measure gratitude. The authors conducted four studies with 1,622 total participants to develop and asses the instrument (McCullough & Emmons, 2002). Study 1 found Cronbach's alpha was .82, and structural equation modeling indicated a one-factor model. Convergent and divergent validity has been established with McCullough and Emmons (2002) concluding, "The GQ-6 has excellent psychometric properties, including a robust one-factor structure and high internal consistency, especially in light of its brevity" (p. 124). Items include statements such as "I have so much in life to be grateful for" and agreement is indicated on a Likert scale (1 = Strongly disagree, to 7 = Strongly agree).

In the present study the measure performed acceptably with Cronbach's alpha of .72.

The Santa Clara Brief Compassion Scale
Hwang et al. (2008) developed The Santa Clara Brief Compassion Scale (SCBCS) from Sprecher and Fehr's 21-item Compassionate Love Scale. Plante and Mejia (2016) confirmed high internal consistency (Cronbach's alphas from .89 to .90) and split-half reliability (Guttman coefficients from .84-.85) among 6,763 students. Plante and Mejia (2016) also confirmed the SCBCS operates as a one-factor instrument, concluding "the compassion scale is both a reliable and valid instrument" (p. 514). Items include statements such as "I tend to feel compassion for people, even though I do not know them", and agreement is indicated agreement is indicated on a Likert scale of 1 = Not at all true of me, to 7 = Very true of me. In the present study, Cronbach's alpha was .88.

The Satisfaction with Life Scale
Diener et al. (1985) developed the SWLS and showed high internal consistency (Cronbach's alpha = .87) and temporal reliability (.82) amongst undergraduate students and elderly adults. In a comprehensive review of SWLS studies, Pavot and Diener (2008) conclude the SWLS has "proven to be a reliable and valid measure of the life satisfaction component of [subjective well-being]" (p. 148). Items include statements such as "In most ways my life is close to my ideal" measured on a Likert scale from 1 = Strongly disagree, to 7 = Strongly agree. Cronbach's alpha in this study was .86.

The Scale of Positive and Negative Experience
Diener et al. (2010) constructed the twelve-item SPANE to assess subjective feelings of well-being and ill-being. Initially validated with 689 participants, the SPANE showed Cronbach alpha of .89 and temporal stability of .68 on the combined scales (Diener et al., 2010). The SPANE correlated positively with previous instruments measuring feelings (Diener et al., 2010). Jovanović (2015) also found the SPANE subscales showed incremental validity beyond the PA-

NAS subscales for predicting well-being. Items include emotional experiences such as "Pleasant" and "Afraid", which are rated for frequency from 1 = Very rarely or never, to 5 = Very often or always. Cronbach's alpha in this study was .96.

Short Warwick-Edinburgh Mental Well-being Scale
The seven-item SWEMWBS was developed to enhance the psychometric properties of the original Warwick-Edinburgh Mental Well-Being Scale (WEMWBS), which sought to capture positive mental health (Tennant et al., 2007). Stewart-Brown et al. (2009) conducted a Rasch Measurement Model resulting in the seven-item SWEMWBS with good internal consistency (Cronbach's alpha of .85) (Stewart-Brown et al., 2009). Stewart-Brown et al. (2009) suggest the final SWEMWBS items measure psychological and eudaimonic well-being rather than a more holistic sense of well-being, including items such as "I've been feeling optimistic about the future", which are measured in frequency from 1 = None of the time, to 5 = All of the time. Cronbach's alpha in this study was .80.

Data Analysis
Researchers used path analysis to assess model fit using AMOS (Version 23.0). Path analysis can examine "chains" of influence, for example, "variable A influences variable B, which in turn effects variable C" (Streiner, 2005, p.115). The effects of variables are considered upon one another allowing model examination and confirmation if a theoretical model fits with the current data (Karadag, 2012; Streiner, 2005). To examine effect sizes, standardized coefficients represent the change expected in a variable (e.g., well-being) for every one standard deviation change in another variable (e.g., humility). However, the utility and conclusions of path analysis are dependent on the theoretical strength of the model tested (Byrne, 2000; Streiner, 2005).

We used multiple indices of model fit due to cautions related to the weaknesses of any one

Genevieve Milnes

index and the oversimplification of universal cut-off points (Chen et al., 2008; Miles & Shevlin, 2006; Tabachnick & Fidell, 2013). For example, the chi-square goodness of fit statistic is liable to overestimate significance in large samples and the present study had a large sample (Tabachnick & Fidell, 2013). Recommended indices include the root mean square error of approximation (RMSEA) where a value of .01 or below indicates an excellent (close) fit, and .05 a good fit (Chen et al. 2008). Next, the comparative fit index (CFI) measures model fit relative to other models and values above .95 often indicate good fitting models (Tabachnick & Fidell, 2013), and finally the incremental fit index (IFI) demonstrates a good fit when correlations approach 1 (Miles & Shevlin, 2006). In the present study no item was missing data for more than .5% (n = 13) of cases, leading to total missing cases across all scales at a minimal .94%. The highly recommended, theoretically driven maximum likelihood (ML) procedure within SPSS AMOS was used to estimate missing data (Byrne, 2000).

Results

Preliminary analysis determined that statistical assumptions surrounding linearity and multicollinearity of the variables were met, and skewness and kurtosis were acceptable (Streiner, 2005). Internal consistency for each measure was sufficient, suggesting the instruments acted reliably (Cronbach's alphas of .719-.96), and descriptive statistics for each measure are provided in Table 1. Pearson correlation coefficients are provided in Table 2, and despite gender bias in the sample no significant differences were found between males and females.

Table 1. Descriptive Statistics

Variable	M	SD	Possible Range	Cronbach's Alpha	Previous Cronbach's Alpha
CGS	49.82	7.22	12-60	.922	.95 (Knabb & Wang, 2019)
HSD	39.25	5.48	7-49	.816	.72-.79 (Rowatt et al., 2006)
GQ-6	37.73	4.1	6-42	.719	.82 (McCullough et al., 2002)
SCBCS	28.9	4.72	5-35	.883	.89 (Plante & Mejia, 2016)
SWEMBS	26.71	3.78	7-35	.806	.845 (Stewart-Brown et al., 2009)
SWLS	25.46	6.05	7-35	.858	.87 (Diener et al., 1985)
SPANE	9.17	7.4	-24-24	.96	.89 (Diener et al., 2010)

Table 2. Pearson Correlations for Path Model

Variables	CGS	HSD	GQ-6	SCBCS	SWEMBS	SWLS	SPANE
1 Communion with God							
2 Virtue Humility	.333						
3 Virtue Gratitude	.441	.229					
4 Virtue Compassion	.392	.406	.279				
5 Eudaimonic Well-being	.491	.324	.468	.204			
6 Hedonic Well-being	.336	.131	.435	.069	.553		
7 Affective Experience	.472	.321	.494	.19	.767	.572	

Note: All correlations significant at *p* < .01

Research Question 1

RQ1 is addressed by the model fit statistics provided in Table 3. Analysis of the model suggested character virtues do partially mediate between a relationship with God and well-being in Christians when all theoretically warranted pathways between the variables are accounted for. See Figure 1 above for the path coefficients. Significant standardized indirect effects (for all effects, p < .01) indicate a relationship with God is mediated on well-being by each character virtue. In the sample, as a relationship with God increases one standard deviation, it predicted a .159 standard deviation increase in well-being mediated by gratitude, a .063 standard deviation increase in well-being mediated by humility, and a .11 standard deviation decrease in well-being mediated by compassion.

Table 3. Model Fit Indices Summary

	RMSEA	IFI	CFI	X^2	
Path Model	.078	.978	.978	149.568 (p < .001)	

Research Question 2

The preceding data partially address RQ2. However, the effects amongst the variables are revealed by the standardized direct and indirect effects. First, compassion, which seems to partially mediate a negative impact on well-being. Compassion primarily predicted reductions in emotional well-being (-.1) and eudaimonic well-being (-.098). These reductions occur despite compassion positively correlating with a relationship with God. The suggested decrease in well-being resulting from compassion is at odds with previous findings (Steffen & Masters, 2005). Compassion showed significantly smaller correlations with three well-being items than gratitude and humility that may explain its negative association with well-being (See Table 4).

Table 4. Character virtues' correlations with well-being scales

Well-being Scale Item	Humility	Compassion	Gratitude
SWEMWBS 4 "I've been dealing with problems well."	.272	.075	.205
SPANE 8 "Sad"	-.348	-.059	-.183
SPANE 9 "Afraid"	-.256	-.053	-.183

Beyond mediation, each character virtue had a significant (p < .01) total predicted impact on well-being (total of the direct and indirect effects). Gratitude predicted the largest positive impact (total effect of .394), humility is second (total effect of .191), and compassion maintained a negative predicted effect (total effect of -.113). Predictive correlations suggest that part of each character virtues total effect on well-being may be related to a relationship with God. A relationship with God predicted the largest total positive increase to well-being through all paths (total effect of .544, p < .01). Increases in a relationship with God significantly correlated to increases in emotional well-being (total effect of .482, p < .01), eudaimonic

Genevieve Milnes

well-being (total effect of .472, p < .01), and to a lesser degree satisfaction (total effect of .352, p < .01). These findings suggest increases in a relationship with God may primarily predict increased emotional experience and a broader sense of meaning and purpose, which fits with prior findings (Keefer & Brown, 2018; Rainville & Mehegan, 2019). Finally, in answering RQ2, a relationship with God predicted significant (p < .01) direct increases in gratitude (total effect of .411), compassion (total effect of .392), and humility (total effect of .333) in the sample.

Research Question 3
A few data points support the assertion that humility may be a master virtue beyond the strong model fit statistics. Critically, relationship with God correlated with the increases in compassion (.102, p < .01) and gratitude (.029, p < .01) that were mediated through humility. Next, increases in humility directly and significantly predicted increases in compassion (.31, p < .01), and to a lesser degree gratitude (.092, p < .01). The data suggests humility may proceed as a primary character virtue as the effect of a relationship with God is partially mediated upon gratitude and compassion through humility.

Discussion
This study tested a causal framework (model) of relationships that proposed a relationship with God is mediated on well-being by the character virtues humility, gratitude, and compassion. The model demonstrated good statistical fit to the data. Relationships between the variables suggest that a relationship with God in the life of Christians appears to have substantial implications for character virtue formation, which then also benefits well-being. It appears the three virtues relate differently to a relationship with God and well-being, and that humility may act as a master virtue in the development of other character virtues with varying impact (Lavelock et al., 2017).

Relationship with God and Character in Christians
This study aligns with prior research that suggests a relationship with God increases well-being (e.g., Diener et al., 2010; Vishkin et al., 2019), while identifying this reality within a Christian sample. Utilizing an emic measure of relationship with God (CGS) allowed the study to examine a Christian experience of intrinsically motivated relationship with God, rather than a psychologically defined attachment perspective, or simple measures of religious activity. In conjunction with Knabb and Wang (2019) this study adds to the evidence that a relationship with God likely enhances well-being in Christians, and suggests these gains come through changes in emotional experience and a sense of meaning. This aligns with suggestions that Christians' experience relationship with God as providing a new identity and changed affections of the heart (Greggo, 2016; Strawn, 2004). Furthermore, these changes in well-being may be facilitated through the growth of character virtues as Christians relate to God. For Christians, it can be suggested that relationship with God may serve as an effective positive psychological method for supporting well-being. Given the tense history between religion and psychology this cohesion is positive news (Charry & Kosits, 2017). What is not clear is if these findings hold for those affiliated to other religions or relationships to a god.

Character virtue mediation
The current findings support prior studies that found virtues mediated between a relationship with God and well-being, (e.g., Paine et al., 2018; Rosmarin et al., 2011; Steffen & Masters, 2005), while also indicating relative differences. This study illuminates some character changes to expect in a US Christian population if they invest in their relationship with God. Reasonable questions emerge; Are US biases shaping Christian formation? Does the privileged position of a predominantly white US sample lend this

group to gratitude above humility and compassion?

Nonetheless, the mediating roles of the virtues warrants attention. First, it appeared in this study that gratitude creates a substantial pathway through which relationship with God leads to well-being in Christians. It is not surprising that Christians may receive this benefit, given established links between general religiosity, gratitude and well-being (e.g., Emmons & Crumpler, 2000; Krause et al., 2015; Rosmarin et al., 2011), and because gratitude is well established in the Biblical text as a right and expected response to a relationship with God (e.g., Psalm 106:1, Hebrews 12:28-29). We agree with Rosmarin et al. (2011) that integrating spirituality with gratitude interventions may produce psychological benefit.

Compassion's minimal negative mediation of a relationship with God on well-being in this study is at odds with Steffen and Masters (2005) who found that compassion mediated between intrinsic religiosity and well-being. However, Steffens and Masters (2005) found that compassionate attitude accounted for this mediation, not compassionate behavior. Given the Christian emphasis on compassionate action, the SCBCS was used in this study to measure compassion as it focuses on actions. These findings may point to burdens associated with active compassion in the Christian community that may occur with increased virtue.

This study suggests that humility may directly apply the benefits of a relationship with God on well-being in Christians to a greater degree than it 'funnels' it through other virtue development. However, including additional character virtues in the model may reduce this direct mediation. For example, this study found humility appears to 'funnel' some of its benefit through other virtues (compassion and gratitude). This supports other researchers' suggestions that humility's main benefit to well-being is indirect, through the development of virtues and reduced self-protection (Dwiwardani et al. 2014; Krumrei-Mancuso, 2017; Lavelock et al., 2017). In short, the model tested is an improve-

ment on analyzing one virtue at a time, but analyzing increasingly complex models is warranted.

Humility as a master virtue

Humility did significantly predict increases in both gratitude and compassion, yet the overall effect of humility on gratitude appears modest, aligning with the findings of Krause and Hayward (2015). Krumrei-Mancuso (2017) found a significantly higher correlation between humility and gratitude than the present study, but they measured humility and gratitude differently and under-sampled religious populations. Given that a relationship with God is understood to increase gratitude, it might be that Christians with this reliable source of gratitude have gratitude elevated beyond the major impact of humility. These speculations warrant further investigation, particularly the theory that humility may demonstrate a more significant impact on gratitude in the non-religious than in Christians.

This study provides some supports for Lavelock et al.'s (2017) contention that humility may be the primary character virtue that enacts a mechanism of increasing secondary virtues. Lavelock et al. (2017) found that specific virtues increase through focused attention, which subsequently fosters the development of secondary virtues as a by-product. Further, Lavelock et al. (2017) showed that humility training impacts virtues with strong theoretical links to humility (forgiveness, patience), and gratitude was not one of those virtues. Gratitude was investigated in the present study, and the impact of humility on gratitude is far less than on compassion. One explanation is that humility may not be a master virtue to all virtues. Humility may act potently on virtues primarily expressed through awareness of others and action towards them (such as forgiveness; Lavelock et al., 2017), but not virtues that appear less immediately relational (e.g., gratitude). Such hypothesizing is tentative given the lack of evidence that precludes humility from the master virtue position, and because humility did significantly impact gratitude. It is warranted to sug-

gest that humility appears to act as a master virtue to both compassion and gratitude, but to significantly different degrees.

Implications for Clinical Educators, Clinicians and Researchers

Practical implications arise that require careful ethical and cultural sensitivity. First, given the predicted influence of a relationship with God on well-being in Christians, fostering clinical growth in clinical spiritual competencies is critical (Cashwell & Watts, 2010). Clinicians require skill to help the Christian spiritually inquiring client develop relationship with their God. If this occurred, it is plausible that character virtue gains may promote social benefits that go beyond measures of well-being. Furthermore, this study provides knowledge for clinicians working with Christians, helping them to discern normative potential changes to well-being that may arise from a relationship with God. For example, it can be noted that satisfaction does not appear to be the normative primary product of well-being in Christians from a relationship with God, and therefore such a goal may be misguided.

For those training Christian clinicians, a focus on trainee growth in humility may be warranted as it appears to contribute to well-being and other virtues pertinent to the clinical profession. For example, focusing on humility may promote virtue growth that is critical to awareness of others and action on their behalf (Lavelock et al., 2017). Increasing evidence links humility to character virtues and experiences that are likely to mitigate compassion-fatigue or burnout, and therefore develop personal satisfaction in Christian populations.

The cost of compassion must not be forgotten for Christians, especially as they may see it as taking up one's cross. It would be a mistake to allow such moral convictions and desires to limit the care necessary to help Christian clinicians avoid burnout or compassion fatigue (Frederick et al., 2018). To help with this concern, Frederick et al. (2018) recommends spiritual revitalization that depends on an empowering relationship with God through means such as prayer.

Limitations and Future Research

The sample displays significant homogeneity regarding gender, ethnicity, and culture, which may be a result of the sampling method. The majority white, female, American sample may limit generalizability. Cross-religious and cross-cultural interpretation may be spurious due to the deliberate emic orientation of the research project.

Response bias poses a significant threat to veracity as data was anonymous self-report, and participants could not be verified. Further, the Christian population is known to respond to surveys in a self-enhancing manner (Gebauer et al., 2017), hoping to portray their faith favorably. Measurement and statistical error may also limit validity given the complexity of character virtues and limited measures of well-being.

The current study warrants repetition that attends to sample diversity, specifically race, gender, and culture, and utilizes a true random sample. Variations of the current study should seek to clarify the model presented in this study, assess additional character virtues, and measure or control for Christian self-enhancement.

This study has offered insight into the role of character virtue in mediating between a Christian relationship with God and well-being. The study findings provide practical utility to clinical educators, clinicians, and researchers. Finally, the authors report no competing interest in the production of this research.

References

Anstey, M. (2017). And god saw it was good. In G. Ambler., M. P. Anstey., T. D. McCall., & M. A. White (Eds.), Flourishing in faith: Theology encountering positive psychology (55-64). Eugene: Wipf and Stock Publishers.

Bellehumeur, C. R., Bilodeau, C., & Yeung, W. (2017). An anthropological examination of virtues and character strengths and wellbeing: Imagining a good life in professional training. International Journal of Wellbeing, 7(3), 19-38. https://doi.org/10.5502/ijw.v7i3.642

Bott, E. M., Duffy, R. D., & Douglass, R. P. (2015). Christians, career calling, and well-being: Examination of religiousness and spirituality in a well-being model. Journal of Psychology and Christianity, 34(4), 304-314. http://eres.regent.edu:2048/login?url=https://search-proquest-com.ezproxy.regent.edu/docview/1787999559?accountid=13479

Byrne, B. M. (2000). Structural equation modeling with AMOS: Basic concepts, applications, and programming. Psychology Press.

Cashwell, C. S., & Watts, R. E. (2010). The new ASERVIC competencies for addressing spiritual and religious issues in counseling. Counseling and Values, 55(1), 2-5. https://doi.org/10.1002/j.2161-007X.2010.tb00018.x

Charry, E. T., & Kosits, R. D. (2017). Christian theology and positive psychology: An exchange of gifts. The Journal of Positive Psychology, 12(5), 468-479. https://doi.org/10.1080/17439760.2016.1228010

Chen, F., Curren, P., Bollen, K., Kirby, J., & Paxton, P. (2008). An empirical evaluation of the use of fixed cutoff points in the RMSEA test statistic in structural equation modeling. Sociological Methods and Research, 36(4), 462-494. https://doi.org/10.1177/0049124108314720

Cunha, L. F., Pellanda, L. C., & Reppold, C. T. (2019). Positive psychology and gratitude interventions: A randomized clinical trial. Frontiers in Psychology, 10, 584. https://doi.org/10.3389/fpsyg.2019.00584

Demorest, A. P. (2019). Happiness, love, and compassion as antidotes for anxiety. The Journal of Positive Psychology, 1-10. https://doi.org/10.1080/17439760.2019.1627399

Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The Satisfaction with Life Scale. Journal of Personality Assessment, 49, 71-75. https://doi.org/10.1207/s15327752jpa4901_13

Diener, E., Wirtz, D., Tov, W., Kim-prieto, C., Choi, D., Oishi, S., & Biswas-diener, R. (2010). New well-being measures: Short scales to assess flourishing and positive and negative feelings. Social Indicators Research, 97(2), 143-156. https://doi.org/10.1007/s11205-009-9493-y

Dwiwardani, C., Hill, P. C., Bollinger, R. A., Marks, L. F., Steele, J. R., Doolin, H. N., Wood, S. L., Hook, J. N., & Davis, D. E. (2014). Virtues develop from a secure base: attachment and resilience as predictors of humility, gratitude, and forgiveness. Journal of Psychology & Theology, 42(1), 83–90. https://doi.org/10.1177/009164711404200109

Ellison, C. W. (1983). Spiritual well-being: Conceptualization and measurement. Journal of Psychology and Theology, 11(4), 330–340. https://doi.org/10.1177/009164718301100406

Emmons, R. A., & Crumpler, C. A. (2000). Gratitude as a human strength: Appraising the evidence. Journal of Social and Clinical Psychology, 19(1), 56-69. http://doi.org/10.1521/jscp.2000.19.1.56

Emmons, R. A., & McCullough, M. E. (2003). Counting blessings versus burdens: An experimental investigation of gratitude and subjective well-being in daily life. Journal of Personality and Social Psychology, 84(2), 377-389. http://doi:10.1037//0022-3514.84.2.377

Engen, H. G., & Singer, T. (2015). Compassion-based emotion regulation up-regulates experienced positive affect and associated neural networks. Social Cognitive & Affective Neuroscience, 10(9), 1291–1301. https://doi.org/10.1093/scan/nsv008

Forgeard, M. J. C., Jayawickreme, E., Kern, M. & Seligman, M. E. P. (2011). Doing the right thing: Measuring wellbeing for public policy. International Journal of Wellbeing, 1(1). https://internationaljournalofwellbeing.org/index.php/ijow/article/view/15

Francis, L., & Kaldor, P. (2002). The Relationship between Psychological Well-Being and Christian Faith and Practice in an Australian Population Sample. Journal for the Scientific Study of Religion, 41(1), 179-184. https://doi.org/10.1111/1468-5906.00109

Frederick, T. V., Dunbar, S., & Thai, Y. (2018). Burnout in christian perspective. Pastoral Psychology, 67(3), 267-276. https://doi.org/10.1007/s11089-017-0799-4

Fulton, C. L. (2018). Self-compassion as a mediator of mindfulness and compassion for others. Counseling and Values, 63, 45-56. https://doi.org/10.1002/cvj.12072

Gebauer, J. E., Sedikides, C., & Schrade, A. (2017). Christian self-enhancement. Journal of Personality and Social Psychology, 113(5), 786-809. http://doi.org/10.1037/pspp0000140

Greggo, S. (2016). Counselor identity and christian imagination: Striving for professional case conceptualization and artistic contextualization. Journal of Psychology and Christianity, 35(1), 22-35. http://eres.regent.edu:2048/login?url=https://search-proquest-com.ezproxy.regent.edu/docview/1787812914?accountid=13479

Helliwell, J., Layard, R., & Sachs, J. (2019). World Happiness Report 2019. New York: Sustainable Development Solutions Network. http://worldhappiness.report/ed/2019

Homan, K. J., & Cavanaugh, B. N. (2013). Perceived relationship with God fosters positive body image in college women. Journal of Health Psychology, 18(12), 1529–1539. https://doi.org/10.1177/1359105312465911

Hwang, J. Y., Plante, T., & Lackey, K. (2008). The development of the santa clara brief compassion scale: An abbreviation of sprecher and fehr's compassionate love scale. Pastoral Psychology, 56(4), 421-428. https://doi.org/10.1007/s11089-008-0117-2

Jankowski, P. J., Sandage, S. J., Bell, C. A., Ruffing, E. G., & Adams, C. (2018). Humility, relational spirituality, and well-being among religious leaders: A moderated mediation model. Journal of Religion and Health, 1-21. http://doi.org/10.1007/s10943-018-0580-8

Jazaieri, H., Jinpa, G. T., Mcgonigal, K., Rosenberg, E. L., Finkelstein, J., Simon-thomas, E., . . . Goldin, P. R. (2013). Enhancing compassion: A randomized controlled trial of a compassion cultivation training program. Journal of Happiness Stu-

dies, 14(4), 1113-1126. http://doi.org/10.1007/s10902-012-9373-z

Jovanović, V. (2015). Beyond the PANAS: Incremental validity of the scale of positive and negative experience (SPANE) in relation to well-being. Personality and Individual Differences, 86, 487-491. http://dx.doi.org/10.1016/j.paid.2015.07.015

Karadag, E. (2012). Basic features of structural equation modeling and path analysis with its place and importance in educational research and methodology. Bulgarian Journal of Science and Education Policy, 6(1), 194-212. http://eres.regent.edu:2048/login?url=https://search-proquest-com.ezproxy.regent.edu/docview/1017917683?accountid=13479

Keefer, L. A. & Brown, F. L. (2018). Attachment to God uniquely predicts variations in well-being outcomes. Archive for the Psychology of Religion, 40, 225-257. https://doi.org/10.1163/15736121-12341360

Knabb, J. J., & Wang, K. T. (2019). The communion with god scale: Shifting from an etic to emic perspective to assess fellowshipping with the triune god. Psychology of Religion and Spirituality. Advance online publication. http://dx.doi.org/10.1037/rel0000272

Krause, N. (2016). Assessing the relationships among wisdom, humility, and life satisfaction. Journal of Adult Development, 23(3), 140-149. http://doi.org/10.1007/s10804-016-9230-0

Krause, N., Emmons, R. A., & Ironson, G. (2015). Benevolent images of god, gratitude, and physical health status. Journal of Religion and Health, 54(4), 1503-1519. http://doi.org/10.1007/s10943-015-0063-0

Krause, N. & Hayward, R. D. (2015). Humility, compassion, and gratitude to God: Assessing the relationships among key religious virtues. Psychology of Religion and Spirituality, 7(3), 192-204. http://dx.doi.org/10.1037/rel0000028.

Krause, N., Pargament, K. I., Hill, P. C. & Ironson, G. (2016). Humility, stressful life events, and psychological well-being: Findings from the landmark spirituality and health survey. The Journal of Positive Psychology, 11(5), 499-510. https://doi.org/10.1080/17439760.2015.1127991

Krumrei-Mancuso, E. J. (2017). Intellectual humility and prosocial values: Direct and mediated effects. The Journal of Positive Psychology, 12(1), 13-28. https://doi.org/10.1080/17439760.2016.1167938

Lavelock, C. R., Worthington, E. L., Griffin, B. J., Garthe, R. C., Elnasseh, A., Davis, D. E., & Hook, J. N. (2017). Still waters run deep: Humility as a master virtue. Journal of Psychology and Theology, 45(4), 286-303. https://doi.org/10.1177/009164711704500404

Leman, J., Hunter, W., III, Fergus, T. A., & Rowatt, W. C. (2018). Secure Attachment to God Uniquely Linked to Psychological Health in a National, Random Sample of American Adults. The International Journal for the Psychology of Religion, 28(3), 162–173. https://doi.org/10.1080/10508619.2018.1477401

Lerner, R. M. (2019). Character development: Four facets of virtues. Child Development Perspectives, 13(2), 79-84. https://doi.org/10.1111/cdep.12313

McCullough, M. E., Emmons, R. A., & Tsang, J. (2002). The grateful disposition: A conceptual and empirical topography. Journal of Personality and Social Psychology, 82(1), 112-127. https://doi.org/10.1037/0022-3514.82.1.112

McElroy-Heltzel, S. E., Davis, D. E., DeBlaere, C., Worthington, E. L., & Hook, J. N. (2019). Embarrassment of riches in the measurement of humility: A critical review of 22 measures. The Journal of Positive Psychology, 14(3), 393-404. https://doi.org/10.1080/17439760.2018.1460686

Miles, J. & Shevlin, M. (2006). A time and a place for incremental fit indices. Personality and Individual Differences, 42, 869-874. https://doi.org/10.1016/j.paid.2006.09.022

Miner, M. (2009). The impact of child-parent attachment, attachment to god and religious orientation on psychological adjustment. Journal of Psychology and Theology, 37(2), 114-124. https://doi.org/10.1177/009164710903700203

Myers, J. & Sweeney, T. (2008) Wellness counseling: The evidence base for practice. Journal of Counseling and Development, 86(4), 482-493. https://doi.org/10.1002/j.1556-6678.2008.tb00536.x

Paine, D. R., Sandage, S. J., Ruffing, E. G., & Hill, P. C. (2018). Religious and Spiritual Salience, Well-Being, and Psychosocial Functioning Among Psychotherapy Clients: Moderator Effects for Humility. Journal of Religion & Health, 57(6), 2398–2415. https://doi.org/10.1007/s10943-018-0612-4

Pavot, W., & Diener, E. (2008). The satisfaction with life scale and the emerging construct of life satisfaction. The Journal of Positive Psychology, 3(2), 137-152. https://doi.org/10.1080/17439760701756946

Peteet, J. R. (2019). Spirituality and mental health: Implications for ethics, medicine, and public health. Ethics, Medicine and Public Health, 9, 75-79. https://doi.org/10.1016/j.jemep.2019.05.002

Plante, T. G., & Mejia, J. (2016). Psychometric properties of the santa clara brief compassion scale. Pastoral Psychology, 65(4), 509-515. http://doi.org/10.1007/s11089-016-0701-9

Rainville, G., & Mehegan, L. (2019). God, purpose in life, and mental Well-Being among older adults. Journal for the Scientific Study of Religion, 58(1), 287-300. http://doi:10.1111/jssr.12565

Roberts, R. C. (2017) Virtues and belief in God, The Journal of Positive Psychology, 12(5), 480-488. https://doi.org/10.1080/17439760.2016.1228003

Rosmarin, D. H., Pirutinsky, S., Cohen, A. B., Galler, Y., & Krumrie. E. J. (2011). Grateful to god or just plain grateful? A comparison of religious and general gratitude. The Journal of Positive Psychology, 6(5), 3890-396. http://doi:10.1080/17439760.2011.596557

Rowatt, W. C., Powers, C., Targhetta, V., Comer, J., Kennedy, S., & Labouff, J. (2006). Development and initial validation of an implicit measure of humility relative to arrogance. The Journal of Positive Psychology, 1(4), 198-211. https://doi.org/10.1080/17439760600885671

Ryan, R. M., & Deci, E. L. (2001). On happiness and human potentials: A review of research on hedonic and eudaimonic well-being. Annual Review of Psychology, 52, 141-66. http://doi.org/10.1146/annurev.psych.52.1.141

Ryff, C. D. (2013). Psychological well-being revisited: Advances in the science and practice of eudaimonia. Psychotherapy and Psychosomatics, 83(1), 10-28. http://doi.org/10.1159/000353263

Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. American Psychologist, 55(1), 5–14. https://doi.org/10.1037/0003-066X.55.1.5

Spector, P. (2019). Do not cross me: Optimizing the use of cross-sectional designs. Journal of Business and Psychology, 34, 125-137. https://doi.org/10.1007/s10869-018-09613-8

Steffen, P. R., & Masters, K. S. (2005). Does compassion mediate the intrinsic religion-health relationship? Annals of Behavioral Medicine, 30(3), 217-24. http://doi.org/10.1207/s15324796abm3003_6

Stewart-Brown, S., Tennant, A., Tennant, R., Platt, S., Parkinson, J., & Weich, S. (2009). Internal construct validity of the warwick-edinburgh mental well-being scale (WEMWBS): A rasch analysis using data from the scottish health education population survey. Health and Quality of Life Outcomes, 7(1), 15-15. https://doi.org/10.1186/1477-7525-7-15

Strawn, B. D. (2004). Restoring moral affections of heart: How does psychotherapy heal? Journal of Psychology and Christianity, 23(2), 140-148. http://www.caps.net

Streiner, D. L. (2005). Finding our way: An introduction to path analysis. The Canadian Journal of Psychiatry, 50(2), 115-122. https://doi.org/10.1177/070674370505000207

Strelan, P., Acton, C., & Patrick, K. (2009). Disappointment With God and Well-Being: The Mediating Influence of Relationship Quality and Dispositional Forgiveness. Counseling & Values, 53(3), 202–213. https://doi.org/10.1002/j.2161-007X.2009.tb00126.x

Stulp, H. P., Koelen, J., Schep-Akkerman, A., Glas, G. G., & Eurelings-Bontekoe, L. (2019). God representations and aspects of psychological functioning: A meta-analysis. Cogent Psychology, 6(1). https://doi.org/10.1080/23311908.2019.1647926

Tabachnick, B. G., & Fidell, L. S. (2013). Using multivariate statistics (6th ed.). Boston: Pearson/Allyn & Bacon.

Tennant, R., Hiller, L., Fishwick, R. Platt, S., Joseph, S., Weich, S., Parkinson, J., Secker, J. & Stewart-Brown, S. (2007). The Warwick-Edinburgh Mental Well-being Scale (WEMWBS): development and UK validation. Health Qual Life Outcomes 5(63), 1-13. https://doi.org/10.1186/1477-7525-5-63

Tix, A. P., Dik, B. J., Johnson, M. E., & Steger, M. F. (2013). Religious commitment and subjective well-being across christian traditions. Journal of Psychology and Christianity, 32(1), 20-29. http://eres.regent.edu:2048/login?url=https://search-proquest-com.ezproxy.regent.edu/docview/1357043263?accountid=13479

Van Tongeren, D. R., Davis, D. E., Hook, J. N., & Witvliet, C. v. (2019). humility. Current Directions in Psychological Science, 28(5), 463-468. https://doi.org/10.1177/0963721419850153

Vishkin, A., Bloom, P. B., & Tamir, M. (2019). Always look on the bright side of life: Religiosity, emotion regulation and well-being in a Jewish and Christian sample. Journal of Happiness Studies, 20, 427-447. https://doi.org/10.1007/s10902-017-9956-9

Volf, M. (1996). Exclusion and embrace: A theological exploration of identity, otherness, and reconciliation. Nashville: Abingdon Press.

White, C. A., Uttl, B., & Holder, M. D. (2019). Meta-analyses of positive psychology interventions: The effects are much smaller than previously reported. PloS One, 14(5), e0216588. https://doi.org/10.1371/journal.pone.0216588

Michael A. Strating, Ph.D., C.Psych., (Canada) is a clinical psychologist and assistant professor of psychology at Redeemer University. In addition to teaching, Dr. Strating maintains an active clinical practice conducting psychotherapy. His main clinical and academic interests revolve around the role of emotion change processes in psychotherapy and soul care, with specific interests in Christian Psychology, emotional awareness and processing, carditive therapy, anger, forgiveness, spiritual disciplines, and spiritual formation. He's married to Katelynn, who together have been blessed with four children; Melody, Willem, Zachary, and Micah. Outside of work, he enjoys playing goalie in ice hockey.

Michael Strating

(Canada)

Former contributions:
https://emcapp.ignis.de/7/#p=8
https://emcapp.ignis.de/10/#p=34

Comment to

„Relationship with God and Well-being: The Role of Character Virtues"

Paul Loosemoore has provided an excellent example of a Christian Psychology approach to research, combining theological insight with empirical observation. He presents a statistically sophisticated study that empirically validates Christianity's long-held belief in the importance of relationship with God for the development of character virtues and psycho-spiritual well-being. He observes that, until recently, the role of spirituality and religion – and, more specifically, character virtues – in mental health has been largely neglected in contemporary psychology and that the positive psychology movement has contributed to renewed interest in these topics. He asserts that "if a relationship with God does increase character virtue and well-being in Christians, these prosocial changes are pertinent to the science of well-being in the US." I believe that Loosemoore has made a valuable contribution to this under-appreciated and neglected area of inquiry. While acknowledging the relative homogeneity of the current sample, it seems unlikely that these findings are limited to the U.S. context only. Until we have a more heteroge-

nous, multicultural replication study, it is not unreasonable to think that these findings could be universally true for all Christian believers.

Earlier this summer, I had the privilege of joining a small group of Christian Psychologists who read, reflected on, and discussed Robert Roberts' (2022) recent book Recovering Christian Character: The Psychological Wisdom of Søren Kierkegaard. I found that Kierkegaard makes an excellent conversation partner with this study, with many of the findings in this study resonating with much of what Kierkegaard has to say about virtue and character formation.

One of the distinctive features of Kierkegaard's conceptualization is that virtuous character is defined and developed vis-à-vis one's relationship with God (and, by extension, others). For example, Kierkegaard defines faith as "the self in being itself and in willing to be itself rests transparently in God" (as quoted in Roberts, 2022, p. 32). Loosemoore makes a similar point when asserting that "[secular] positive psychology can individualize the pursuit of

well-being, whereas Christian relationship to God centralizes the role of relationship, and… prosocial character change." As such, rather than relying on a more distal and crude proxy measure of faith, such as religious participation, Loosemoore employs a more central and essential measure of faith – namely, one's relationship with God – as the key predictor and source of character formation and psychospiritual wellbeing. I wonder how chronic exposure to relatively virtuous or vicious attachment figures or experiences could factor into this model, though accounting for such complex and dynamic interactions between human-God and human-human relationships would be exceedingly challenging.

Another theme that stood out to me in Roberts' (2022) book was that "good character is unified, but not monolithic" (p. 84). Although it is meaningful and profitable to reflect on the parts of character, it seemed impossible to conceive of any single virtue in complete isolation from any of the other virtues. Like looking at the various facets of a diamond, analysis of each virtue inevitably necessitated reference to the other virtues. For example, one cannot understand hope or love apart from faith and vice versa. This is captured in Loosemoore's study. By examining the combined mediational effects of multiple character virtues simultaneously, Loosemoore was able to make some interesting observations that could not have been made by examining separate virtues in isolation, such as the potential role of humility as a "master virtue" which the other virtues depend upon.

One of the more surprising findings of Loosemoore's study was the negative association between compassion and well-being, which also seems to be the least understood association in the previous literature that he reviewed. Loosemoore hypothesizes that this may reflect compassion fatigue as a consequence of taking up one's cross. This is certainly a plausible hypothesis. Perhaps we could take a closer look at the measures of compassion and well-being used in this study. A cursory glance over the items comprising the compassion measure used in this study reveal that some items reflect actions, whereas others specifically relate to feelings. Presumably this includes neutral or mildly positive feelings of compassion and warmth, as well as more negative feelings that come with empathizing with and internalizing the pain of others. When looking at the composite measure of well-being, I wonder how much of the association between compassion and well-being is driven by the measure of positive and negative emotions versus eudaimonic well-being? Given the rationale for a "dashboard array" approach to measuring well-being, I am not suggesting that the well-being construct should be pulled apart. However, it does raise questions about how we conceptualize and measure compassion as a virtue. Clearly feelings of compassion fatigue are concomitant with virtuous acts of compassion, but are we also capturing ways that – inspired by Christ's willingness to suffer on our behalf (i.e., relationship with God) – we too can experience joy and meaning in suffering for the sake of others? I am not an expert on these specific measures or on compassion as a virtue to be able to offer any further comment than this. Instead, I merely raise these questions and leave them for the reader's consideration.

Lastly, I agree with Loosemoore's assertion that "the model tested is an improvement on analyzing one virtue at a time, but analyzing increasingly complex models is warranted." This study offers a good starting point based on the existing literature on humility, gratitude, and compassion. I wonder what the model would look like if additional character virtues were added, such as those described by Kierkegaard (Roberts, 2022), which include joy, faith, hope, love, patience, gratitude, and generosity. I encourage Paul Loosemoore to continue this excellent work and I thank him for this contribution.

Marie T. Hoffman, Ph.D. is a Clinical Psychologist, certified psychoanalyst, and Associate Professor of Psychology (Adjunct) at the New York University Postdoctoral Program in Psychotherapy and Psychoanalysis. Lowell W. Hoffman, Ph.D. is a Clinical Psychologist, certified psychoanalyst, and founder/co-director (1988- present) of Brookhaven Center for Counseling and Development in Allentown, PA.

Together they founded the Brookhaven Institute where they teach and supervise mental health professionals and interns in the integration of Christian faith and psychodynamic perspectives.

Marie's publications include the influential Toward Mutual Recognition: Relational Psychoanalysis and the Christian Narrative published by Routledge in 2010, and When the Roll is Called: Trauma and the Soul of American Evangelicalism published by Wipf and Stock in 2016. Marie and Lowell were also founding co-directors in 2009 of the psychoanalytic track in the Christian Association for Psychological Studies (CAPS), and founding co-directors in 2012 of an integrative psychoanalytic training program that graduated three cohorts of psychoanalysts. They reside both in Allentown, PA and Gryon, Switzerland.

Lowell W. & Marie T. Hoffman
(USA)

Faith: Through, In, and To an "Other"

"…for I know Whom I have believed, and I am sure that He is able to guard until that day what has been entrusted to me."
2 Timothy 1:12 (RSV)

Introduction

"Hath God [truly] said?" queried the serpent to the credulous Eve. With this question the enemy of our souls initiated the dismantling of Adam and Eve's relationship with God. He first purposefully misrepresented God's words, and proposed that God was envious, wanting only to prevent them from achieving the godlike characteristics of which they were capable. Unlike the later St. Paul, who asserted that he knew Who he had believed in, Satan convinced Adam and Eve that they did not really know God at all. Satan craftily destroyed the "God-image" of Adam and Eve, causing them to see their Maker as untrustworthy, deceitful and withholding.

The serpent's attack on the relationship between Adam, Eve and God, strikes at the heart of what is necessary for the development of faith. Philip Melancthon, 16th century Protestant reformer, emphatically asserted that faith was relational. Faith consisted of and sprang forth from a deep trust in the person of God whose reliability and benevolence assures security and well-being. He writes, "faith is nothing else than trust in God's mercy… a certain and constant trust in God's goodwill to-

wards us" (2014 [1521], 119, 120, 143). This essential, relational dynamic of "faith in" supports the subsequent "faith for" the object of our hopes and requests. Satan aimed his attack at the "basic trust (1) " that Adam and Eve held for God; he impugned the very character of a trustworthy God whose goodwill had been abundantly shared with Adam and Eve. Through this deception, the direct basis of true faith was shattered.

The fall of Adam and Eve has cast its shadow upon all generations that followed. Into our consultation offices enter patients whose sense of basic trust was decimated early in their lives through neglect, abuse, or trauma. Often, this incapacity to trust distorts their view of God whom they experience as the reflection of their failed, internalized, parental imagoes. As psychoanalytic author, Anthony Vergote has aptly observed, "God and the psyche look at each other as if they were mirror reflections of each other" (1990, p. 86).

Our privilege in the relational matrix with each patient is to be with them in their deficits of basic trust. Through a shift in the patient's internal capacity to trust can come a renewed image of God, and through this a capacity for faith.

In what follows, we will review how trust and by extension, faith, develops in the growing infant. Then, we will examine how the process that occurs during psychotherapy, a potential for renewed capacity to trust, can open a door for growth in faith, a faith that can assert, "I know Whom I have believed in." We will also illustrate each movement in the therapeutic process with a clinical vignette.

Faith through an "other"

In Infancy
Needs
The infant comes into being with its own needs central in its experience and survival. It needs to eat; it needs to drink. It comes to understand that fulness in the belly means it needs to relieve itself. This period, often referred to as "pri-

mary narcissism" (Winnicott, 1965), is an initial state of learning how to survive through absolute dependence upon the one who will make this possible. From the moment of birth, the infant instinctively gravitates to its primary nurturer—the mother. The baby is often laid on the mother's chest after birth, and it wrestles itself upwards towards the source of life, the breast, the source of mother's soothing elixir of colostrum and soon to be milk.

According to object relations theorists (2), there are two primary functions of the mother in these early days: the environment-mother, and the object-mother (Winnicott, 1965). The "environment- mother" sees to the physical needs of the infant, ensures its comfort, satiety, and safety. Concurrently the "object-mother" provides the growing emotional attunement that is so necessary to the infant needs. While the environment-mother may offer the breast, the object- mother is empathically alert to the specific "feed me" cry, as she gazes lovingly at her infant while it nurses. This gaze is the beginning of the infant's recognition of the mother, and the mother of her infant. Attunement and recognition are early components of the infant/maternal engagement.

Basic Trust
The development from infancy through adulthood was catalogued by Erik Erickson. He hypothesized that the early ministrations of a mother contribute to the development of the experience of the infant's "basic trust," upon which later developmental achievements can be built. He writes: "I have already mentioned the importance for basic trust [emphasis added] of the early feeding situation of the human infant, including that meeting of eye to eye which, it is increasingly clear, is an important source of the sense of I—and of a primal We." (Erikson, 1996).

Embedded in the "other" of the caregiving mother is her recognition and care that the infant learns is attuned to its specific needs, and comes to trust as reliable and good. This basic trust in the mother will later be the basis of a capacity for faith in others.

Genevieve Milnes

Emotional Contagion

At the neurological level, the stage is set for the infant to replicate the feelings and attitudes of the mother. A mother's gaze goes beyond the mere recognition of her infant. Mirror neurons in the infant's prefrontal cortex as well as other areas of its brain, are learning to mimic the affective tone of the mother's gaze, and respond through mimicry to the signals it is perceiving (Gallese, 2007, 2009). This bond is created outside of cognition, and is akin to an identification with the mother's intrinsic self. In later years, emotional contagion will play a role in the child's adoption of parental feelings and attitudes in a multitude of areas, including that of faith.

In Psychotherapy
Needs

Patients seeking help come to us pressed by their concerns, their emotions, and their symptoms. Often, their capacity to trust has been derailed or has never been developed. As we enter into the therapeutic relationship, it is essential to understand that we can and will replicate the early developmental milieu of the person, with the hope of establishing basic trust.

One might think of the therapist as both "environment-mother" and "object-mother." The attuned therapist ensures that the physical aspects of the counseling environment are suited to the needs of each patient. This therapeutic frame (3) consists of numerous accommodations such as access to a lavatory, temperature of the room, cleanliness, and limited disruption by noise. In so doing, the therapist communicates to the patient a poignant experience of being present specifically for them. As "object-mother", the therapist is present in a variety of ways. They are on time for appointments, have few absences, and promptly conclude each session. They listen carefully with their full attention, and empathically respond to ensure that the patient is recognized deeply.

Basic Trust

The therapist's reliability and empathic attunement, in combination with attention to the physical frame, establish the environment needed for the development of a therapeutic relationship. In time, with the nurturing of this alliance, a basic trust can begin to develop in the patient that can promote the healing of years of mistrust.

Emotional Contagion

During this period of bourgeoning trust, patients most often will begin to identify with the therapist in a number of ways. Heinz Kohut referred to this as a "twinship transference" (Kohut, 1968) during which the patient will mimic specific choices or behaviors of the therapist. Choosing clothing or music that the therapist prefers, participating in sports that the therapist likes, and a myriad of other behaviors, demonstrating a growing idealization and identification with the therapist. This desire to be "like" the therapist may feel flattering to the therapist, and is the initial stage of the patient's attempts to grow through modeling someone they esteem highly.

Implications for the Faith Journey

Most patients who come to our practice have a knowledge that we are followers of Christ. Others may come seeking our specialized care (psychoanalytic psychotherapy) and have no interest in our faith.

We have identified three types of patients with respect to Christian faith: 1) Those who actively follow Christ and yet have impediments in their faith due to psychological issues, 2) Those who once were exposed to faith and no longer follow Christ, and 3) Those for whom Christianity has never been a part of their life. With all three types of patients, reflecting the reliability and trustworthiness of the Lord Jesus is our imperative, both for establishing basic trust in general, and for opening the door to trust and faith in the One who the therapist reflects, whether this is explicitly stated or not.

As basic trust begins to become rooted, there may be a period during which the patient identifies with the therapist likes—such as going to church or reading a Bible. This is a first step of experiencing a oneness with the therapist that

will give a sense of safety and hope. However, as we will shortly see, this identification will need to mature into a more individualized personal faith. Faith "through" another person will need to transition into faith "in" an "other" person. The patient will not only model the therapist, but will in time experience the therapist as different than them.

Case Illustration: Sylvia (4)

Sylvia was a 35-year-old mother of three when she first saw me (Marie) for therapy. Her marriage of eight years was on the verge of collapse, and she was deeply despondent. Sylvia had grown up in southwestern Texas, the last of eight children. Mother and father were raised Catholic and considered themselves Christians, but did not attend church. However, they dropped their children off for Sunday School at a nearby protestant church. Religion had long since become a relic of the past for Sylvia due to her "Christian" parents' abysmal care.

Being youngest of eight, she received precious little attention. Mother was always in a frenetic rush, forgetting commitments and neglecting Sylvia in the process. On many occasions Sylvia was left waiting for mother to pick her up after school. She learned later that mom was visiting her "boyfriend" many of those times and had "forgotten" about her.

Sylvia felt consistently failed by her husband who, rather than coming home after work, loved to go to the neighborhood pub and laugh with his buddies. As in her youth, Sylvia felt unrecognized and uncared for. Her husband had a well-stocked gun collection, and thousands had been spent to furnish it. When Sylvia asked him to consider replacing their dishwasher that had stopped running, he told her that they did not have the money for it. She felt completely alone with no one in her life that cared for her.

As I did the initial evaluation, I noted the magnitude of dismissal Sylvia had experienced in her life. From physical needs, to emotional needs, she did not matter. There needed to be a special priority in my work with Sylvia, to ensure that

I was attuned to her need to be recognized and accommodated to in order to feel safe in our work. Reliability insofar as a regular time and space was essential. But even more, my spirit of empathy and deep listening needed to be genuinely experienced by her.

Sylvia knew that I was a Christian and she actually chose to work with me for this reason. She felt that I, more than most therapists, could understand the environment in which she was raised. As we began our work, I knew that I was a representative to her of how a Christian is called to be, and I knew that she would be assessing me even as I was trying to learn about her.

Crises piled up in our work. Police had to be summoned because of a violent altercation in the front yard of their home. Protection from abuse (PFA) orders were filed. The bureau of Children and Youth were called on numerous occasions to investigate whether or not their children were safe. Fortunately, I was able to calmly and reliably be there to help Sylvia navigate the continual turbulence of her family, and help to avoid disastrous consequences. Sylvia's husband, David, agreed to begin individual therapy with my husband (Lowell) at this time.

One day about a year into our work, when a therapeutic alliance had begun to take hold, I asked Sylvia how it had happened that she possessed virtuous values in spite of the fact that she was raised in a family with little semblance of a moral compass. She shared that although her professing Christian parents were awful, they had prioritized her church attendance. It was there that she must have learned her values. We explored the impact of her early years in church and Sylvia began to soften her rejection of Christian faith. Soon, Sylvia reported that she had visited a church nearby, and her husband had accompanied her. They both found a sense of peace and encouragement as they sang the songs and learned through the sermons how Christian marriage is supposed to be.

Sylvia's impulsivity and acting-out began to decrease through her growing understanding of

internal and relational dynamics. Her husband was seen by her as a repetition of her neglectful parents. She was seen by him as the demanding parent who could not be satisfied. As truth began to set Sylvia and David free, they felt contained in a church community that supported the life changes they were attempting to make. Their understanding that God was present in their day to day lives contributed to their application of their growth in therapy and they happily experienced a growing sense of stability in their marriage. We understand that basic trust or "faith through" reliable relationships with their therapists created the safe space for Sylvia and Dave to consider the God we, as their therapists, represented.

Faith in an "Other"

In Infancy
Illusion of Dependence
Though "faith through an 'other'" and "faith in an 'other'" may sound very similar, the emphasis in the second phrase makes all the difference. In the early stages of infancy, infants feel merged with the mother, and come to expect that her response to their needs is because they have control over the mother (Winnicott, 1965). This has been termed "omnipotent control"(5). According to Donald Winnicott (6), the infant experiences an illusion of creating the responsive mother that attends to its needs. He writes, "In clinical terms: two babies are feeding at the breast. One is feeding on the self, since the breast and the baby have not yet become (for the baby) separate phenomena. The other is feeding from another-than-me source"(Hoffman, p. 99)

For an infant to develop into a mature, socially integrated adult, it is necessary that the infant move beyond the experience of the world being an extension of itself. This aspect of maturing involves the infant's recognition that, in fact, mother is an "other" and has personhood, needs, and desires of her own. She is separate, and the infant does not create or control her.

True Dependence
During this period of transitioning from omnipotent control to true dependence on another, the infant and mother face turbulent waters. The infant's will tests the mother's early limit-setting, and the mother's delayed responsiveness risks the breakdown of the infant's trust. Theorists (Hartman, 1958; Kohut, 2014) describe the necessity of optimal frustration during this period. The mother must continue to meet the infant's needs, but can begin to foster the recognition that life is changing. Her infant must be helped to accept the reality that the world does not revolve entirely around it. This is both good for a child and necessary for the child's development of a social consciousness that is altruistic.

Winnicott describes the mother's posture as "surviving destruction" (Winnicott, 1968) while the enraged infant seeks to retaliate against these new limits. If the mother responds in a firm and caring fashion, without retaliation for the infant's response, the infant comes to realize that mother is separate and is not controlled or destroyed by its actions. This movement from an illusion of control of the mother for satisfaction of needs, to dependence on a separate mother whose love for her infant is the motivation for her care, gives birth to trust and faith in another person.

Object Constancy
Object constancy (Hartmann, 1958; Mahler, M. S., Pine, F., & Bergman, A.,1975) develops subsequent to the acceptance of mother as a separate person who will nonetheless be faithful to the child. The child may not want the mother to go away, but it has realized that although mother is a separate person and makes decisions based on her own needs, the child remains always in mind. Mother will return.

Experiencing and Understanding
This era in development increasingly utilizes higher cognitive processes to aid the child in understanding and coping with life. Once dependent on primary processes, which were

imagistic and prone to distorted, projective and fantasy components, the infant acquires secondary processes (7) and develops executive functioning capabilities which help soothe and delay gratification. Basic trust, with its sense of safety initially deriving from a feeling of merger, becomes transformed to understanding and reason, rendering a more enduring trust and security.

In Psychotherapy
Illusion of Dependence
Inevitably, in psychotherapy, the therapist fails to meet the needs of their patient. There will be a disconnect. The therapist forgets to call back. Enactments (8) take place that threaten the less than perfectly harmonized patient/therapist dyad. At this point a rupture in the therapeutic alliance may take place.

The therapist to this point has been viewed by the patient as trustworthy; a rupture in the relationship may prompt the patient to feel the therapist cares only because they are paid to do so. In other words, the patient ultimately feels that they determine the therapist's care. Alternatively, the ever-pleasing patient may feel that it was their fault that the therapist failed them and that if they had been a better patient, the failure would not have happened. This perception also is a more subtle sense of feeling that they are in control of the therapist after all. The patient's perceptions of the therapist are fueled by a projection of their own past experiences on to the therapist. Because the therapist is perceived through a lens that is in the experience of the patient, these projective mechanisms render the therapist as not truly "other."

True Dependence
These ruptures are actually a crucial step in the process of helping the patient move from believing that their maneuvers, their niceness, their specialness, is ultimately what controls the therapist. Only through these ruptures can genuine trust in the goodness of another, the therapist, become possible.

During the rupture, it is essential for the therapist to remain steadfast, non-retaliatory, relia-

ble and responsive. Angry words, accusations of hypocrisy, lack of care, and even deception may be hurled by the patient. Explanations, and sometimes an apology may be needed from the therapist. At some point the flurry of negativity will diminish and the therapeutic alliance that had been established will begin to reconstitute at a deeper level. At this point, the therapist will make connections to patient's past wounds and how they entered into the enactment. New awareness of the repetition of earlier grievances and both patient's and therapist's collusion in enactment becomes clarified. To whatever extent the primitive merger between patient and therapist had been intact through projection of the patient's own thinking and past experiences, this merger is interrupted and the projections are recognized. Only now can the patient experience the therapist for who they are and genuinely receive what they need. Once the ability to truly depend on an "other" is realized, a maturing of the capacity for true faith occurs.

Object Constancy
Whereas in the early days of therapy a patient writhed in pain at the thought of the vacationing therapist, now, there is resigned assurance that the therapist will return, and, in fact may think of them while away. Basic trust has become an enduring bond even when patient and therapist are away from each other.

Experiencing and Understanding
Object constancy is accompanied by an increased capacity for understanding and care about the needs of the therapist for rest, rejuvenation and nurture. The patient's capacity to reason, which permits the therapist to be seen as a separate person, has become a sturdier foundation; the original, immature, and easily shaken "blind trust" is now in the background of the therapeutic relationship.

Implications for Faith Journey
Up to this point in the patient's faith journey, behaviors based on an identification with the therapist's modeling were predominate. The patient was an "obedient child" who wanted to

please the parent. What appeared to be a true dependence, was often compliance that avoided conflict and did not allow for true reliance. The turbulence of this period raises questions. In the transference the patient wonders if the therapist is like the parent who is a hypocritical Christian. Sometimes the therapist is so idealized, that their faith is unattainable for the patient. An entirely unchurched patient may test the limits of how much vulgarity or salacious stories the therapist can bear.

When this period is worked through, a patient comes to know the therapist and themselves as individuals who have deep, though different, feelings about their world. They begin to truly relinquish a feeling of being in control of all things, and allow themselves to truly need. For the Christian, a capacity to believe that "Jesus really does think about you" (John 17) becomes the application of object constancy for the person in Christ. For the patient who walked away from their faith, they may begin to understand reactions to the parents' faith were not based on reason and understanding of the truth. Previously the patient had not worked through their own separateness from their parents, but had attempted to do so through defiance of them. Having experienced the therapist's care and having worked through the need to be a separate person, the patient is more able to believe that Christ does not want to control them, and rather, He desires them and actively seeks them. Now the patient can reconsider renewed faith in Christ. For the unchurched patient, the illusion of omnipotence has been realized, and a fledgling ability to need someone, and to desire true dependence introduces them to the omnipotent, benevolent God. As the representative of true faith in Christ that had been caricatured as cultlike or unscientific, you, the therapist as a caring, articulate, and reliable caretaker can be a credible witness to "Good News."

Case Illustration: Claire

Claire, a 46-year-old divorced woman, had been the perfect child. She was the eldest of three and her mother's favorite. She attended church regularly and served as a deaconess. When she first came to see me, she had been hampered by panic attacks and paralyzing anxiety at her workplace. Her boss had given her a leave of absence in order for her to have time to recover her health

When Claire was 6 years of age, her mother was diagnosed with breast cancer. Most of Claire's elementary school years were memories of mother's struggle with cancer, with Claire as mother's caretaker and confidant. If her mother needed a drink, a hug, an errand run, Claire was always sure to intuit and provide. Unfortunately, dad was pleased with Claire's preoccupation with mom, since he had little capacity to empathize and support.

One day in our early work, Claire came in with a box that was beautifully wrapped. She said it was for me because of how much I had come to mean to her. I carefully unwrapped it and found a beautiful pair of earrings. She reassured me that they were only costume jewelry and did not cost that much. I explained that ethically if the gift had been of any significant value, I would need to politely refuse it. She said she understood. In subsequent months Claire would often bring something—a cupcake, a flower, a card—and lovingly gift me. We gently explored the meaning of gift-giving and she resolutely held that it was simply a way of sharing appreciation. While I suspected that there was a repetition of her past taking place, the time was not right, and our relationship was not sturdy enough to explore this.

It was the week before Christmas and as many of my patients do, Claire brought a gift which I anticipated would be of acceptable monetary value. Instead, as I opened the fairly large box, I found to my surprise a genuine Tiffany lamp that must have cost nearly $1000.00. She said that I had "turned the lights back on" in her life and I deserved such a valuable gift. While it was difficult to do, I had to tell Claire that I could not accept this amazing gift. I explained that it would be unethical for me to accept something so costly. Claire burst into tears and said she knew that I really didn't care for her, and didn't

want things that she had given me to be a part of my personal life. She was not good enough to be genuinely cared for by me. She felt rejected and contemplated terminating therapy.

The struggle to get beyond this rupture was challenging. I gently and clearly asserted that I would not accept the gift; she remained adamant that the rejection of the gift was a rejection of her. As we continued to process our impasse, I became aware that my decision to not explore her previous gift-giving was more than not merely because she was not sturdy enough; it was also because her gifts did make me feel special. I had unconsciously colluded in making both of us feel specialness based on both of our early needs to experience this. As the reality of our enactment became clear, and as the fervor of the rupture lessened, I could interpret to Claire that in her childhood, mother made her feel so special when Claire took care of her. Claire then remembered that one time, she had failed her mother, and her mother expressed disappointment in her. The next day, her mother was taken in an ambulance back to the hospital and remained there for two weeks. Claire felt in her heart that both mother's disappointment and subsequent leaving were her fault and that if she been able to accomplish her mother's had request, the calamity would have been averted.

In our therapy, Claire could now believe that I would steadfastly care for her regardless of whether she was the "perfect" patient or not. She learned that striving to be perfect, and even "special", ultimately deprived her of knowing that she is loved for who she is. She confided that actually she thought of the idea of the lamp when she saw some new patients in the office and felt that she would no longer be special to me. As we explored this, she also realized that her panic attacks at work began when a co-worker was hired who was younger and very attractive. She feared that just like the husband who had divorced her for another more attractive woman, her boss would reject her as well. To her surprise, and in the middle of our present exploration, her boss called and asked when she would return, offering her a bonus because of the long-standing relationship with the company.

Claire's relationship with me and with God began to change. There was an experience of grace in God's care for her, and one of vulnerability with me. When Claire realized that she was loved and was special regardless of her ministrations, she discovered more faith in me and in God, realizing that she did not control Him or me and that she could simply rest in this awareness. God and I became truly "other" to her, and her genuine faith grew.

Faith to an "Other"

Faith as a Gift
At the outset of this paper we discussed how faith, in the context of psychotherapy, is received initially through the action of a therapist who communicates a confidence and belief in a patient. Nancy McWilliams (2004) offers this apt description of faith in the treatment setting: "What I mean by faith is a gut-level confidence in a process, despite inevitable moments of skepticism, confusion, doubt, and even despair" (p. 42) For this reason we described this faith as "through" an "other." But how did the therapist receive the faith that they were able to transmit to their patient?

Relationality and Faith in Scripture
Scripture describes faith as a gift of God. Hebrews chapter 11 describes the abiding trust of the patriarchs and matriarchs in God, a trust that developed through God's faithfulness to them across their lives. In 2 Timothy 1:5 Paul describes the faith transmitted to Timothy through his relationship with his mother, Lois, who in turn had received the gift of faith through Timothy's grandmother, Eunice.

Relationality and Faith in Psychotherapy
The transmission of faith is widely acknowledged as essential to a spiritual journey. In a wider sense, the relational transmission of faith is how basic trust and faith are received univer-

sally. The therapist, as a result of their own developmental struggles and subsequent healing relationships, is the recipient of the gift of faith given by others who provided assurance of "things not seen" as of yet in their own lives. The therapist's own experience of an "other" having faith for them, even when they did not have it for themselves, was the gift received that could become the gift given to others.

A Gift Demands to Be Passed On

Marcel Mauss (1989) in his path-breaking work on gifting practices among tribal groups, discovered a notable aspect of the MŌori gift-giving practice. What he discovered in this unique setting, was the magical power that a gift carried, one which bound the community together and which must be passed on. Paul Ricoeur (2005), extrapolating from Mauss's findings, conjectured that ōMŌori practice points to a universal desire to pass on the gift as part of the action of gratitudeö (Hoffman, p. 168). Ricoeur's postulate has been corroborated by the empirical research of Bartlett and DeSteno (2006) who affirmed that the experience of gratitude for a gift received augments the desire for prosocial action, such a passing the gift received to others.

In Childhood

For the child who has matured developmentally to experience basic trust, and for others who observe and understand the developmental process, the comforting face and soothing words of the caretaker are able to quell anxieties. There is both contagion and comprehension of the caregiver's gift of confidence and faith. As is often the case, a child will attempt to pass this faith on to siblings and peers.

Having eight grandchildren offers an amazing lens on the comparative development of children at different stages of maturity. Our daughter and her husband have three boys whose ages currently are 4, 6, and 8. During one of our previous visits, a calamity occurred. The blanket of the middle child, who was two years old at the time, had been lost and he was inconsolable. The eldest, who was four years old at the time, quietly watched as dad and mom attemp-

ted to find a way to calm his little brother's distress. Finally, dad and mom purchased a blanket that was nearly identical to the one that was lost and it appeared to satisfy the little one's need, to everyone's great relief. Triumphantly, the older brother exclaimed, "Crisis averted!" He knew that dad and mom would be able to resolve the dilemma, and could rest assured that his parents as good and trustworthy caretakers, would come to the rescue. The middle son was at the stage of development in which the blanket represented a part of mommy (9), and not having the developmental skills to understand differently, he was understandably terrified. On other occasions this older brother would be observed consoling one or both of his younger brothers, hugging them and telling them "it's going to be okay."

In Psychotherapy

2 Corinthians 1:4 affirms that God's comfort to us in times of tribulation becomes the basis of our increased ability to be of comfort to others who may be struggling. A good psychotherapist is one who has travailed on the path of their own journey of growth and is certain that the faith that they are communicating to their patient is genuine. They remember their times of struggle, and their fortifying experiences of overcoming obstacles. As a Christian, they have witnessed the God that is good and faithful and with them on the journey. Their experience of this good God, supported by an understanding of His Word, motivates them to pass this trust in Him on to others so that they, too, can "taste and see that the Lord is good" (Psa. 34:8 KJV). They communicate this in implicit ways to both believing and non-believing patients, and at times in explicit ways to those who believe. Their genuine faith is contagious to those patients who will receive it.

A patient who has come to deeply trust the goodness of the therapist, and can see them mostly without the cloak of projections, can more capably receive the transmitted faith of the therapist. They can find comfort in the therapist's demeanor, calmness, words, and assuredness, and implicitly know the therapist's belief that they will overcome the hardships they

are facing. They become encouraged with each crisis that is resolved, and their faith grows with each successive triumph. Together, patient and therapist strengthen one another in their respective journeys of faith: faith that growth can occur, that good can overcome, and that love really does prevail.

Often, a patient who has experienced such maturation will recommend therapy to others, and will testify to the transformational nature of their own therapy. Some will even go on to become people-helpers themselves: Psychologists, psychiatrists, counselors, social workers, and allied mental health professionals.

Case Illustration: Lowell and Marie Hoffman
We share this personal vignette in order to transmit the faith that has been handed to us, and encourage you to persevere in your own journey of growth. Both of us (Lowell and Marie) were raised in conservative Christian families, steeped in fundamentalism. We met in college, and together came to understand that the Christianity we experienced in our youth was insufficient to sustain vital faith over the course of our lives. We were discouraged, mostly hopeless, and desperate for faith that was real.

We were made aware of a place called l'Abri in Huemoz, Switzerland, and of the writings of Francis Schaeffer. Devouring his inspiring works, we decided to make the life-altering step of selling all we had and journeying to Switzerland to experience l'Abri firsthand. There, we experienced our Lord in others without the projections that prevailed from our earlier years in fundamentalism. Our experiences of relationship in the community of l'Abri gave us hope that love and truth can be shared among believers in Christ. Most importantly, the person of Francis Schaeffer, with his genuine, true faith in Christ, and selfless spirit, was transformational for us. God is good and we can trust him.

What we learned also of Francis Schaeffer's own crisis of faith years before and how l'Abri was birthed because of his own journey. He transmitted the gift of faith to us and countless others, both personally and through his writings, that our God is real, our Christian faith is vital and true, and that Christian love can be genuine.

Following our transformational months at l'Abri, we were in time licensed as psychologists and have enjoyed the privilege of gifting our faith to others. This gift is not the passing on of "articles of faith", it is relational faith in the goodness of God that He can work through us with believers and non-believers to bring about healing, restoration of relationships, and hope. Eventually, we founded an institute for advanced training of psychologists in the integration of Christian truth with their clinical work, for us a special privilege to gift faith even further. Passing forward our gift received, quite a number of our former patients have embarked on training to be counselors who integrate their Christian faith, further confirming and transmitting the experience of God's faithfulness.

Conclusion
As we pen these words, we are cognizant of the ease of being "armchair optimists." From wildfires that destroy entire country sides, to pandemics that decimate populations, we too wrestle with the enemy who whispers, "Hath God [truly] said"? Our patients come to us in the midst of their turmoil, faltering, like David of old: "I had fainted, unless I had believed to see the goodness of the LORD in the land of the living." (Ps 27:13 KJV).

As counselors, social workers, psychologists, psychiatrists, and psychotherapists, we have the privilege of gifting our patients who will initially rely upon our faith that has been tested over time. In this process our patients come to regain, or discover for the first time, their capacity to trust, and then a more excellent trust that can surrender to an Other who cares about them. For those who are children of God, a resilient assurance in the goodness of God will in time replace despair with a motivation to transmit to others good news-- the good news that with St. Paul affirms, "I know Whom I have believed, and I am sure that He is able…" (2 Tim: 1:12 KJV).

1. "Basic trust" is a term popularized by Erik Erickson who hypothesized that parental caretaking in the first 18 months of life establishes a sense of "basic trust" in the infant, a feeling of safety, security, and goodness. (Erikson, 1982).

2. Object relations theory primarily evolved as a British psychoanalytic orientation with a focus on stages of ego development. The formation of the ego is understood as occurring in the early relationships of the infant, especially with the mother. Object relations is concerned both with the infant's relationships in the external world, and its internal representations of those external relationships. (Sutherland, 1980; Greenberg and Mitchell, 1983).

3. "Therapeutic frame" in psychoanalysis and psychotherapy pertains to the setting of necessary conditions in the therapeutic milieu and relationship in order to provide an optimal environment of safety, security, and confidentiality.

4. The case illustrations in this paper are true; identities are protected by use of pseudonyms and amalgamation of details to assure the confidentiality of patients.

5. "Omnipotent control" in object relations theory refers to the earliest perceptions of the infant through the first two years of life in which the infant symbiotically experiences the mother as existing to fulfill its environmental and relational needs.

6. Donald Winnicott, M.D. (1896-1971) was a pediatrician and psychoanalyst who was one of four major British object theorists. His most well-known concepts include "good enough" parenting, "holding environment," "true self" and "false self," "transitional object," and the relationship between play and creativity.

7. Sigmund Freud conceived of mental processes as "primary process "(regulated by the pleasure principle) and "secondary process "(regulated by the reality principle). Primary process is motivated by drives to satisfy the pleasure principle and the free, uninhibited flow of energy. Secondary process is a later development that binds energy, and serves to control and regulate drives in order to adapt to the reality principle.

8. "Enactments" occur through the mutual influence of patient and analyst/ therapist upon each other. They are a non-reflective phenomenon that occurs spontaneously outside of the awareness of patient and analyst/ therapist, and provides the ground for the therapeutic action of "rupture' and "repair."

9. Transitional objects are those blankets, stuffed animals, etc. to which young children form intense emotional attachments. These attachments are a normative aspect of early development wherein the transitional object represents primary caregivers in their absence, and contributes to an enduring sense of self.

References

Bartlett, M., & DeSteno, D. (2006). Gratitude and prosocial behavior: Helping when it costs you. Psychological Science, 17, 319–325.

Erikson, E. (1982). The life cycle completed. W.W. Norton.

Erikson, E. (1996). The Galilean sayings and the sense of "I." Psychoanalysis and Contemporary Thought, 19, 2, 291-337.

Gallese, V. (2007). Commentary on "Toward a neuroscience of empathy: Integrating affective and cognitive perspectives." Neuropsychoanalysis 9, 146-151. (2009). Mirror neurons, embodied simulation, and the neural basis of social identification. Psychoanalytic Dialogues, 19, 519–536.

Greenberg, J. & Mitchell, S. (1983). Object relations in psychoanalytic theory. Harvard Univ. Press.

Hartmann, H. (1958). Ego Psychology and the Problem of Adaptation. International Universities Press.

Hoffman, M. (2011). Toward mutual recognition: Relational psychoanalysis and the Christian Narrative. Routledge.

Kohut, H. (1968). The Psychoanalytic Treatment of Narcissistic Personality Disorders Outline of a Systematic Approach. Psychoanalytic Study of the Child 23, 86-113. (2014). The Restoration of the Self. University of Chicago Press.

Mahler, M. S., Pine, F., & Bergman, A. (1975). The psychological birth of the human infant: Symbiosis and individuation. Basic Books.

Mauss, M. (1989). The gift: The form and reason for exchange in archaic societies. Norton.

Melanchthon, Philip. 2014 [1521]. Commonplaces: Loci Communes 1521, trans. C. Preus, Concordia Publishing.

McWilliams, N. (2004). Psychoanalytic psychotherapy: A practitioner's guide. Guilford.

Ricoeur, P. (2005). The course of recognition. Harvard University Press.

Rizzuto, A. (1979). The birth of the living God: A psychoanalytic study. Univ. of Chicago Press.

Sutherland, J. (1980). The British object relations theorists: Balint, Winnicott, Fairbairn, Guntrip. Jnl. Of American Psychoanalytic Assoc., 28,4, 829-860.

Vergote, A. (1990), Confrontation with neutrality in theory and praxis, in J. H. Smith & S. A. Handleman (Eds.), Psychoanalysis and religion, Baltimore, Johns-Hopkins-Univ. Press, 74-94.

Wall, J. (2001). The economy of the gift: Paul Ricoeur's significance for theological ethics. Journal of Religious Ethics, 29, 2, 235–260.

Winnicott, D. W. (1965). Theory of parent–infant relationship. In The maturational process and the facilitating environment, Hogarth Press, 37–55. Communicating and Not Communicating Leading to a Study of Certain Opposites In The Maturational Processes and the Facilitating Environment, Hogarth Press, 179-192.

Winnicott, D. W. (1968). The use of an object and relating through identifications. In C.

Winnicott, R. Shepherd, & M. Davis (Eds.), Psycho-analytic explorations, 218–227. Harvard Univ. Press, 1989.

Ulla Dahlen is from a small town in Finland. Her educational background includes an MA in Counseling (Columbia International University, SC) and a PhD in Counselor Education and Supervision (Regent University, VA). While she lived and studied in the United States for over seven years, she worked and did clinical counseling internships at Christian Counseling Centers, at a local Church as well as a one year internship at a city hospital. Currently Ulla lives in Finland with her husband David. There she teaches counseling courses at Iso Kirja College and offers counseling workshops for local churches. In addition, Ulla and David serve part-time with a Mission Organization, Fida International. Ulla's responsibilities include member care for missionaries as well as teaching, training and consultation, mainly in various countries in Asia.

Ulla Dahlen
(Finland)

Comment to

„Faith: Through, In and To an "Other"

Marie and Lowell Hoffman approach a significant, timely topic in their article about development of trust and of faith through, in and to an "Other." In a world, surrounded by turmoil on every side, in a world where trust in people is shattered and faith in God is questioned, they discuss safe re
lationships as the true north on the path of developing a growing trust in people, and faith in God.

The authors parallel the roles of a mother or primary caregiver and a therapist as modeling trust though being attuned to needs, and thus nurturing the slowly developing alliance. A consistent mother and therapis   ndividual's cognitive frame of function, in the context of trust and faith. How does thinking play a part in development of faith through, in and to an "Other"? While the cognitive perspective was beyond the scope and topic of this article, it would be interesting for future purposes to see the meaning of thinking patterns integrated into the valuable theme of relationships and faith, addressed in this article.

As Marie and Lowell Hoffman outline, safe, consistent relationships are the key in the development of faith and trust. In their treatment of integrated psychotherapy, Mark McMinn and Clark Campbell (2007) echo that, placing the relational aspect at the core of human beings, created in the image of God. Capacity to think rationally as well as find meaning in life are shaped by relationships, and hence find their context in the relationship with God and others. Therapy must be built on and rest throughout its process on the relational focus of developing trust, and through that, in Christian therapy, developing client's faith.

This article has several major contributions. First, the way Marie and Lowell Hoffman integrate psychology and counseling practice together with Biblical principles and Christian faith is both insightful and practical. Their integration is like a beautifully woven fabric which presents Scripture, psychological theory, and client work in harmony. Secondly, while it is evident that they have vast knowledge on the subject matter, they approach the topic with

humility and openness. The reader experiences a personal encounter with the authors, as if sitting and conversing together, and in the process developing and building the very trust and faith they discuss throughout the article. As a counselor I was drawn to the client vignettes that illustrate in concrete terms what theoretical principles might look like in a therapeutic practice. Through the vignettes the reader sees ways for trust and faith to develop daily, both in therapy and in relationships outside the counseling office.

References

Clinton, T. & Straub, J. (2010). God attachment: Why you believe, act, and feel the way you do about God. New York: Howard Books.

McMinn, M. R. & Campbell, C. D. (2007). Integrative psychotherapy: Toward a comprehensive Christian approach. Downers Grove, IL: IVP Academic.

Johannes Haack, M.A. is a cognitive scientist, freelance lecturer and trainer in Speed Reading and Deep Reading

Johannes Haack, M.A. ist Kognitionswissenschaftler, freiberuflicher Dozent und Trainer für Speed Reading and Deep Reading

Johannes Haack

(Germany)

Strength of Faith: Empirical Psychological Research Approaches

Glaubensstärke: Empirisch-psychologische Forschungsansätze

The aim of this paper is to analyze components of the concept of strength of faith, to present its operationalization through instruments of measurement in the psychology of religion and studies on the influence of strength of faith on character development, and finally to recommend a bridge from theology and the psychology of religion to positive psychology. The focus of the paper is not on the theological interpretation of the sources of faith and faith strength, but on their effects and consequences in the lives of Christians. Thus, methodologically simplified, it is primarily concerned with strength of faith as an independent rather than a dependent variable.

Measurability of the transcendent
Can divine activity, relationships with God, and intimate spiritual experiences be described, measured, and researched at all using methods of empirical social research and cognitive neuroscience? Does empirical research have access to transcendence and supernatural phenomena at all? These questions also apply to the measurability of strength of faith. They shall remain as a test criterion in the background of the following remarks. Basically, I agree with the view, which is often held in the psychology

Ziel dieses Beitrags ist es, Komponenten des Begriffs Glaubensstärke zu analysieren, seine Operationalisierung durch religionspsychologische Messinstrumente und Studien zum Einfluss von Glaubensstärke auf die Charakterentwicklung vorzustellen und schließlich einen Brückenschlag von Theologie und Religionspsychologie zur Positiven Psychologie zu empfehlen. Der Schwerpunkt des Beitrags liegt nicht auf der theologischen Deutung der Quellen von Glauben und Glaubensstärke, sondern auf ihren Auswirkungen und Folgen im Leben von Christinnen und Christen. Methodisch vereinfacht geht es also primär um Glaubensstärke als unabhängige und weniger als abhängige Variable.

Messbarkeit des Transzendenten
Lassen sich göttliches Wirken, Gottesbeziehungen und intime spirituelle Erlebnisse überhaupt mit Methoden der empirischen Sozialforschung und der kognitiven Neurowissenschaft beschreiben, messen und erforschen? Hat empirische Forschung überhaupt Zugang zu Transzendenz und übernatürlichen Phänomenen? Diese Fragen gelten auch für die Messbarkeit von Glaubensstärke. Sie sollen als Prüfkriterium im Hintergrund der folgenden Ausführun-

53

of religion, that empirical studies cannot provide proof of God, but can very well prove the influence of encounters with God and spiritual experiences in people's lives. The differing perspectives of theology and empirical religious studies remain a challenge for interdisciplinary collaboration. An excellent review article aptly paraphrases these challenges and the possible further clarifying steps with the following title: Measurable slices of the immeasurable? How spirituality and spiritual well-being can be measured in social and health sciences research (Klein & Bethe, 2021).

Strength of faith - conceptual components in theology and psychology.

As a first approximation, we venture a preliminary working definition: faith strength is a characteristic of believing people that can grow, stagnate, shrink, or vary situationally over the course of a lifetime. In Christian ethics, strength of faith can be understood as a virtue that trusts firmly in the promises and promises of God in the Bible and in the personal promises of God through his Holy Spirit. Strength of faith is influenced by the specific personality traits of a believing person, but it can also itself strengthen positive personality traits of a person.

Even though strength of faith is a characteristic of people, it should be remembered that its cause does not lie in one's disciplining, but primarily in the content and source of faith - in a strong relationship with God itself. Faith, then, has an active relational character. Believers confidently attach their faith to the person of God and his promises. In Tim Keller's words, the context can be summarized as follows:

"It is not the strength of your faith but the object of your faith that actually saves you. Strong faith in a weak branch is fatally inferior to weak faith in a strong branch" (Keller, 2008).

Although the focus of this article is not on theological approaches to the nature of faith from the perspective of the Old and New Testaments, I would like to preface the part on the psychology of religion with three preliminary remarks.

gen stehen bleiben. Grundsätzlich schließe ich mich der in der Religionspsychologie vielfach vertretenen Auffassung an, dass empirische Studien keinen Gottesbeweis erbringen können, aber sehr wohl den Einfluss von Gottesbegegnungen und spirituellen Erfahrungen im Leben von Menschen belegen können. Die unterschiedlichen Perspektiven von Theologie und empirischer Religionswissenschaften bleiben nach wie vor eine Herausforderung für die interdisziplinäre Zusammenarbeit. Ein exzellenter Übersichtsartikel umschreibt diese Herausforderungen und die möglichen weiteren Klärungsschritte treffend mit dem folgenden Titel: Messbare Ausschnitte des Unermesslichen? Wie Spiritualität und spirituelles Wohlbefinden in der sozial- und gesundheitswissenschaftlichen Forschung gemessen werden können (Klein & Bethe, 2021).

Glaubensstärke - Begriffskomponenten in Theologie und Psychologie

In einer ersten Annäherung wagen wir eine vorläufige Arbeitsdefinition: Glaubensstärke ist eine Eigenschaft von glaubenden Menschen, die im Laufe eines Lebens wachsen, stagnieren, schrumpfen oder situationsbedingt variieren kann. In der christlichen Ethik lässt sich Glaubensstärke als eine Tugend verstehen, die fest auf die Versprechen und Zusagen Gottes in der Bibel und auf die persönliche Zusagen Gottes durch seinen Heiligen Geist vertraut. Glaubensstärke wird von den spezifischen Persönlichkeitseigenschaften eines glaubenden Menschen beeinflusst, kann aber auch selbst positive Persönlichkeitseigenschaften eines Menschen stärken.

Auch wenn die Glaubensstärke eine Eigenschaft von Menschen ist, so ist doch zu bedenken, dass ihre Ursache nicht in der eigenen Disziplinierung liegt, sondern primär in dem Inhalt und der Quelle des Glaubens – in einer starken Gottesbeziehung selbst. Glaube hat also einen aktiven relationalen Charakter. Glaubende machen ihren Glauben vertrauensvoll an der Person Gottes und seinen Zusagen fest. Mit Tim Kellers Worten lässt sich der Zusammenhang wie folgt zusammenfassen:

From the perspective of philosophy of religion, Michael Pace distinguishes two conceptual dimensions of faith and trust. The first dimension characterizes the degree of confidence (trust) that motivates someone to take risky steps. The second dimension characterizes the resilience (resilience) of faith in the face of counterevidence that may arise (Pace, 2017). Pace points out that Jesus chided his disciples for their small faith and encouraged them to have greater faith. Therefore, from a biblical perspective, it is legitimate to speak of different levels of faith (Pace, 2017). Other conceptual distinctions should be noted. In many theological approaches, the cognitive dimensions of faith (to accept faith statements as true) are distinguished from the non-cognitive dimensions of faith (faith as trust and faith as existentially significant orientation) (see Schimmel, 2015).

A further approach to the concepts of faith and faith strength is via a faith biographical strategy. What personality and character traits were exhibited by people named in the Bible as models of faith? Examples of the different facets of faith can be found, for example, in the Gospels, in the Letter to the Hebrews in chapter 11, or in the letters of the Apostle Paul: Abraham became obedient by faith. Paul says about his faith: when I am weak, I am strong. Jesus encouraged his disciples with the image of the mustard seed to expect great things in prayer with their small faith in a great God. Aptly put by theologian James Edwards, "The point is clear. Christians, including apostles, are distinguished not by the size of their faith but by the commitment of their faith; it is not the size of faith that determines whether faith leads to action, even when it is only as big as a mustard seed (Edwards, 2015)."

German theologian Christian A. Schwarz convincingly attempts to resolve the mysterious connection between God's activity and human activity with an energy paradigm that echoes the theosis approach of the Orthodox churches. According to this, God as the source of faith energizes both the willing, the accomplishment, and the results of human acts of faith.

"It is not the strength of your faith but the object of your faith that actually saves you. Strong faith in a weak branch is fatally inferior to weak faith in a strong branch" (Keller, 2008).

Obwohl im Fokus dieses Artikels nicht die theologischen Ansätze zum Wesen des Glaubens aus der Sicht des Alten und Neuen Testaments stehen, möchte ich dem religionspsychologischen Teil drei Vorbemerkungen voranstellen.

Aus religionsphilosophischer Perspektive unterscheidet Michael Pace zwei Begriffsdimensionen von Glauben und Vertrauen. Die erste Dimension von Glaubensstärke kennzeichnet das Ausmaß an Konfidenz (Vertrauen), das jemand motiviert, risikoreiche Schritte zu gehen. Die zweite Dimension kennzeichnet die Resilienz (Belastbarkeit) des Glaubens angesichts von möglicherweise auftretenden Gegenbeweisen (Pace, 2017). Pace weist darauf hin, dass Jesus seine Jünger wegen ihres Kleinglaubens schalt und sie ermutigte, größeren Glauben zu haben. Aus biblischer Sicht sei es daher legitim von unterschiedlicher Glaubensstärke zu sprechen (Pace, 2017). Weitere konzeptuelle Unterscheidungen sind zu beachten. In vielen theologischen Ansätzen werden die kognitiven Dimensionen des Glaubens (das Für-war-Halten von Glaubensaussagen) von den non-kognitiven Dimensionen des Glaubens (Glaube als Vertrauen und Glaube als existentiell bedeutsame Orientierung) unterschieden (siehe Schimmel, 2015).

Eine weitere Annäherung an die Konzepte des Glaubens und der Glaubensstärke erfolgt über eine glaubensbiographische Strategie. Welche Persönlichkeits- und Charaktereigenschaften wiesen Menschen auf, die in der Bibel als Glaubensvorbilder benannt werden? Beispiele für die verschiedenen Facetten des Glaubens lassen sich zum Beispiel in den Evangelien, im Hebräerbrief in Kapitel 11 oder in den Briefen des Apostels Paulus finden: Abraham wurde durch den Glauben gehorsam. Paulus sagt über seinen Glauben: Wenn ich schwach bin, bin ich stark. Jesus ermutigte seine Jünger mit dem Bild des Senfkorns, im Gebet mit ihrem kleinen Glauben an einen großen Gott Großes zu erwarten. Treffend formulierte der Theologe

Genevieve Milnes

Empirically accessible in reality, however, are only the effects of energization in human life. The holy God himself as a source of energy, however, remains in his transcendent sphere withdrawn from an empirical access. But how is the energy paradigm connected with Jesus Christ? Schwarz writes: "When I am asked this question, I usually make it clear that Jesus Christ gives us access to infinitely more than God's energy, namely to a loving God who longs for us to enter into a personal relationship with him. This is not the theme of the energy paradigm, but it is the center of the Christian faith" (Black, 2021).

Instruments and Scales for Measuring the Strength of Faith in the Psychology of Religion
How does faith strength develop in a person's life? For several decades, psychological models of faith development have been developed, such as Fowler's (1981) stage model, which is based on Piaget's model. It certainly considers some aspects of faith strength, but neglects the different style expressions in different personality types (Streib, Chen & Hood, 2021).

Experience-based models from pastoral practice, in contrast to rigid linear stage models, emphasize the cyclical nature of faith development. According to the CHRIST Stages Map by Gaultiere & Gaultiere (2021), a person's spiritual journey goes through 7 stages. It begins with the acceptance of forgiveness and a new life through Jesus Christ and ends with a deep personal relationship with Jesus Christ leading to a mature faith:
1. Confidence in Christ (C Stage).
2. Help in Discipleship (H Stage)
3. responsibilities in ministries (R Stage)
4. transition (The Wall) "The Wall represents a period of spiritual dryness or stagnation, where believers may feel stuck or disconnected from their faith. However, this stage also presents an opportunity for deeper growth and joy, as individuals confront and overcome the challenges they face."
5 Inner Journey (I Stage)
6 Spirit-Led Ministry (S Stage)
7. Transforming Union (T Stage)

James Edwards: „Der Punkt ist klar. Christen, auch Apostel, zeichnen sich nicht durch die Größe ihres Glaubens aus, sondern durch den Einsatz ihres Glaubens; nicht die Größe des Glaubens entscheidet, sondern ob der Glaube zum Handeln führt, selbst dann, wenn er nur so groß wie ein Senfkorn ist (Edwards, 2015)."

Der deutsche Theologie Christian A. Schwarz versucht in überzeugender Weise den geheimnisvollen Zusammenhang von Gottes Wirken und menschlichem Tun mit einem Energieparadigma aufzulösen, das an den Theosis-Ansatz der orthodoxen Kirchen anknüpft. Demnach energetisiert Gott als Quelle des Glaubens sowohl das Wollen, das Vollbringen und die Ergebnisse von menschlichem Glaubenshandeln. Empirisch zugänglich in der Realität sind allerdings nur die Wirkungen der Energetisierung im Leben des Menschen. Der heilige Gott selbst als Quelle der Energie bleibt jedoch in seiner transzendenten Sphäre einem empirischen Zugang entzogen. Wie aber hängt das Energieparadigma mit Jesus Christus zusammen? Schwarz schreibt dazu: „Wenn mir diese Frage gestellt wird, mache ich in der Regel deutlich, dass Jesus Christus uns Zugang zu unendlich viel mehr verschafft, als nur zu Gottes Energie, nämlich zu einem liebenden Gott, der sich danach sehnt, dass wir in eine persönliche Beziehung zu ihm treten. Das ist nicht das Thema des Energie-Paradigmas, aber es ist das Zentrum des christlichen Glaubens" (Schwarz, 2021).

Religionspsychologische Messinstrumente und Skalen zur Glaubensstärke
Wie entwickelt sich nun die Glaubensstärke im Leben eines Menschen? Bereits seit mehreren Jahrzehnten werden religionspsychologische Stufenmodelle zur Glaubensentwicklung konzipiert wie zum Beispiel das an Piaget angelehnte Stufenmodell von Fowler (1981). Es berücksichtigt durchaus einige Aspekte von Glaubensstärke, vernachlässigt aber die unterschiedlichen Stil-Ausprägungen bei verschiedenen Persönlichkeitstypen (Streib, Chen & Hood, 2021).

Erfahrungsbasierte Modelle aus der pastoralen Praxis betonen im Gegensatz zu starren linea-

What distinguishes this model from other guidebooks on spiritual growth, following Christ, or discipleship is its cyclical nature. Different stages may be passed through more than once or may contain the elements of a previous stage already passed through. Thus, going through a phase again may even be valuable for developing strength of faith. Self-reproach and self-condemnation because of obsessive adherence to a rigid unrealistic model of faith development should therefore be dispensed with.

Strength of faith, as one aspect of faith development, can grow through continuous immersion in the strengthening promises of God in the Bible for a wide variety of challenges in everyday life. Strength of faith can also be increased by answers to prayer or by experiencing God's carrying through a personal crisis, a stressful situation, or His assistance in a chronic illness or ongoing stressful process. A trusting relationship with God can thus lead to new happiness in life and greater strength of faith through positive acceptance strategies even as post-traumatic growth. People with a strong expression of faith report greater life satisfaction, higher self-esteem, and fewer harmful consequences after traumatic life events.

At this point, I would like to quote a quite convincing answer of the generative AI system character.ai, which was trained by a large language model on the publications of C.S. Lewis. When asked about the constituents of "strength of faith," it responds in the spirit of Lewis: "I would say endurance. That is, continuing to believe even when it's challenging or difficult to, continuing to trust God in the face of pain and difficulty. But this endurance also entails humility; it isn't a matter of stubbornness. Instead, it's a sort of quiet courage which looks beyond what we see and experience to God in whom our trust is rooted, even when circumstances make it hard to see Him."

The decisive factor, however, is a trusting relationship with God that is integrated as lived faith in a person's everyday life. Pargament (2002) points out that a traditional superficial religiosi-

ren Stufenmodellen den zyklischen Charakter von Glaubensentwicklung. Nach der CHRIST Stages Map von Gaultiere & Gaultiere (2021) durchläuft die spirituelle Reise eines Menschen 7 Phasen. Sie beginnt mit der Annahme von Vergebung und einem neuen Leben durch Jesus Christus und endet mit einer tiefen persönlichen Beziehung zu Jesus Christus, die zu einem reifen Glauben führt:

1. Confidence in Christ (C Stage)
2. Help in Discipleship (H Stage)
3. Responsibilities in Ministries (R Stage)
4. Transition (The Wall) "The Wall represents a period of spiritual dryness or stagnation, where believers may feel stuck or disconnected from their faith. However, this stage also presents an opportunity for deeper growth and joy, as individuals confront and overcome the challenges they face."
5. Inner Journey (I Stage)
6. Spirit-Led Ministry (S Stage)
7. Transforming Union (T Stage)

Was dieses Modell von anderen Ratgeberbüchern zum geistlichen Wachstum, zur Nachfolge Christi oder zur Jüngerschaft unterscheidet, ist sein zyklischer Charakter. Verschiedene Phasen können mehrmals durchlaufen werden oder die Elemente einer früheren schon einmal durchlaufenen Phase enthalten. So kann der erneute Durchgang durch eine Phase sogar wertvoll für die Entwicklung von Glaubensstärke sein. Selbstvorwürfe und Selbstverdammnis wegen des zwanghaften Festhaltens an einem starren unrealistischen Modell der Glaubensentwicklung sollten deshalb entfallen.

Glaubensstärke als ein Teilaspekt der Glaubensentwicklung kann durch ein kontinuierliches Eintauchen in die stärkenden Verheißungen Gottes in der Bibel für die unterschiedlichsten Herausforderungen des alltäglichen Lebens wachsen. Glaubensstärke kann auch durch Gebetserhörungen vermehrt werden oder durch das erlebte Durchtragen Gottes in einer persönlichen Krise, einer Stress-Situation oder seinen Beistand in einer chronischen Krankheit oder einem andauernden Belastungsprozess.

ty can even have disadvantages for mental health (see Utsch, Bonelli & Pfeiffer, 2014).

Strength of faith may decline when people of faith do not experience answers to prayer or feel that God has distanced himself from them. Experiences of spiritual dryness or the "dark night of the soul" described in mysticism cause faith strength to stagnate or shrink (see Büssing & Dienberg, 2019).

Many studies in the psychology of religion demonstrate the connection between religiosity and spirituality and psychological well-being. This applies to the protective role of faith in life crises and phases of illness as well as to the positive role in care and therapy in hospitals, hospices (spiritual care) and in the home environment. What role does the strength of faith or the intensity of faith play in this context? The theological concept of faith intensity cannot be easily translated into a corresponding psychological construct. Therefore, it takes a lot of methodological finesse to determine a person's strength of faith, both from his or her own perspective and through those around him or her.

But how can the extent, intensity, authenticity, or maturity of a belief be mapped into a psychological construct? Already Allport and Ross (1967) basically distinguished extrinsic from intrinsically motivated dimensions of religiosity and developed a 20-question self-assessment test (ROS = Religious Orientation Survey). In the subsequent history of research, other psychological instruments can be identified in which the relationship of expressions of religiosity with general existential life factors, but also with specific competencies such as coping strategies and problem-solving skills, was investigated.

One drawback of these studies was that they were tested on groups of people who had been previously categorized as religious or believers. The second disadvantage was due to their theoretical complexity and scope, which proved unfeasible in practice for both baseline and clinical follow-up studies. For example, the Reli-

Eine vertrauensvolle Gottesbeziehung kann so durch positive Akzeptanzstrategien sogar als posttraumatisches Wachstum zu neuem Lebensglück und größerer Glaubensstärke führen. Menschen mit einer starken Glaubensausprägung berichten von größerer Lebenszufriedenheit, höherem Selbstwertgefühl und weniger schädlichen Folgen nach traumatischen Lebensereignissen.

Ich erlaube mir, an dieser Stelle eine durchaus überzeugende Antwort des Generativen KI-Systems character.ai zu zitieren, welches durch ein Large-Language-Model an den Publikationen von C.S. Lewis trainiert wurde. Auf die Frage nach den Konstituenten von „strength of faith" anwortet es im Sinne Lewis: „I would say endurance. That is, continuing to believe even when it's challenging or difficult to, continuing to trust God in the face of pain and difficulty. But this endurance also entails humility; it isn't a matter of stubborn. Instead, it's a sort of quiet courage which looks beyond what we see and experience to God in whom our trust is rooted, even when circumstances make it hard to see Him."

Entscheidend dabei ist aber eine vertrauensvolle Gottesbeziehung, die als gelebter Glaube im Alltag eines Menschen integriert ist. Pargament (2002) weist darauf hin, dass eine tradierte oberflächliche Religiosität sogar Nachteile für die seelische Gesundheit haben kann (siehe Utsch, Bonelli & Pfeiffer, 2014).

Glaubensstärke kann abnehmen, wenn glaubende Menschen keine Gebetserhörungen erleben oder das Gefühl haben, dass sich Gott von ihnen distanziert hat. Die Erfahrungen der geistlichen Trockenheit oder der in der Mystik beschriebenen „dunklen Nacht der Seele" lassen die Glaubensstärke stagnieren oder schrumpfen (siehe Büssing & Dienberg, 2019).

Viele religionspsychologische Studien belegen den Zusammenhang von Religiosität und Spiritualität und psychischem Wohlbefinden. Das gilt sowohl für die protektive Rolle des Glaubens in Lebenskrisen und Krankheitsphasen als

gious Status Inventory included 160 items (!) (Hadlock, 1988).

A short questionnaire developed by Plante & Boccaccini (1997) proved to be an optimally manageable version for researchers and clinicians who wanted to assess the strength of faith of their subjects or clients and its influence on mental health. The so-called Santa Clara Strength of Religious Faith Questionaire (SCSORF) included the following 10 items to be rated on a 4-point scale:

Please answer the following questions about religious faith using the scale below. Indicate the level of agreement (or disagreement) for each statement.
1 = strongly disagree 2 = disagree 3 = agree 4 = strongly agree

1. My religious faith is extremely important to me.
2. i pray daily.
3. I look to my faith as a source of inspiration.
4. I look to my faith as providing meaning and purpose in my life.
5. I consider myself active in my faith or church.
6. my faith is an important part of who I am as a person.
7. my relationship with God is extremely important to me.
8. I enjoy being around others who share my faith.
9. I look to my faith as a source of comfort.
10. my faith impacts many of my decisions.

The SCSORF scale was tested on a sample of 102 psychology students and had a high internal reliability (Cronbach's alpha = .95) and a split-half reliability of (r = .92). It also showed high correlations with mental health test instruments (Hope Scale, WAI, BPCS). People with high faith strength have stronger self-esteem, trust that life crises are under God's control, and are less hypersensitive in their social contacts.

Already the test constructors Plante & Boccaccini pointed out that high-faith test takers might present themselves in a socially desirable positive light and that therefore external direct

auch für die positive Rolle in Pflege und Therapie in Krankenhäusern, Hospizen (spiritual care) und im häuslichen Umfeld. Welche Rolle spielt nun dabei die Glaubensstärke bzw. die Glaubensintensität? Der theologische Begriff der Glaubensstärke lässt sich nicht einfach in ein entsprechendes psychologisches Konstrukt übersetzen. Daher bedarf es vieler methodischer Finesse, um die Glaubensstärke einer Person zu bestimmen, sowohl aus ihrer eigenen Sicht als auch durch die Personen aus ihrer Umgebung.

Wie aber lassen sich das Ausmaß, die Intensität, die Authentizität oder die Reife eines Glaubens in einem psychologischen Konstrukt abbilden? Schon Allport und Ross (1967) unterschieden grundsätzlich extrinsische von intrinsisch motivierten Dimensionen von Religiosität und entwickelten einen Test zur Selbsteinschätzung mit 20 Fragen (ROS = Religious Orientation Survey). In der anschließenden Forschungsgeschichte lassen sich weitere psychologische Instrumente identifizieren, in denen der Zusammenhang von Ausprägungen von Religiosität mit allgemeinen existentiellen Lebensfaktoren, aber auch mit speziellen Kompetenzen wie Copingstrategien und Problemlösefähigkeiten untersucht wurde.

Ein Nachteil dieser Studien war, dass sie an Personengruppen getestet wurden, die bereits vorher als religiös oder gläubig kategorisiert worden waren. Der zweite Nachteil lag an ihrer theoretischen Komplexität und ihrem Umfang, der sich in der Praxis sowohl bei Grundlagenstudien als auch bei klinischen Begleituntersuchungen als nicht durchführbar erwies. So umfasste zum Beispiel das Religious Status Inventory 160 Items (!) (Hadlock, 1988).

Ein von Plante & Boccaccini (1997) entwickelte kurzer Fragebogen erwies sich als optimal handhabbare Variante für Forscher und Kliniker, die die Glaubensstärke ihrer Probanden oder Klienten und ihren Einfluss auf die psychische Gesundheit erfassen wollten. Das sogenannte Santa Clara Strength of Religious Faith Questionaire (SCSORF) umfasste die folgenden 10 Items, die auf einer 4-Punkte-Skala bewertet werden müssen:

observations and assessments of other people would be urgently needed in addition to the subjects' self-assessments on the 10-item scale.

It is a gain for research on belief strength that other related constructs and measurement procedures have been developed. For example, Pargament, Feuille & Burdzy's (2011) Brief Religious Coping Scale (RCOPE), which has been used in many studies, uses 14 items to inquire about religious people's coping with crises, trauma, and challenging life transitions. I omit the psychometric details here, but reproduce the items in full in the original version:

Positive Religious Coping Subscale Items
1. Looked for a stronger connection with God.
2. Sought God's love and care.
3. Sought help from God in letting go of my anger.
4. Tried to put my plans into action together with God.
5. Tried to see how God might be trying to strengthen me in this situation.
6. Asked forgiveness for my sins.
7. Focused on religion to stop worrying about my problems.

Negative Religious Coping Subscale Items
8. Wondered whether God had abandoned me.
9. Felt punished by God for my lack of devotion.
10. Wondered what I did for God to punish me.
11. Questioned God's love for me.
12. Wondered whether my church had abandoned me.
13. Decided the devil made this happen.
14. Questioned the power of God.
Pargament and his co-authors found that positive religious coping strategies indicated a secure attachment to God or a transparent power, spiritual connectedness with others, and a benevolent worldview, whereas negative coping strategies indicated spiritual tensions and struggles with self, others, and God. The negative letter RCOPE subscales have been shown to be a robust predictor of health status.

The Centrality of Religiosity Scale (CRS) by Huber & Huber (2012) takes a different approach.

Bitte beantworten Sie die folgenden Fragen zu religiösen Glaube anhand der untenstehenden Skala. Geben Sie den Grad der Zustimmung (oder Nichtübereinstimmung) für jede Aussage so an:
1 = stimme überhaupt nicht zu, 2 = stimme nicht zu, 3 = stimme zu, 4 = stimme voll und ganz zu

1. Mein religiöser Glaube ist für mich äußerst wichtig.
2. Ich bete täglich.
3. Ich betrachte meinen Glauben als eine Quelle der Inspiration.
4. Ich betrachte meinen Glauben als einen Sinnstifter und Zweck in meinem Leben.
5. Ich betrachte mich als aktiv in meinem Glauben oder Kirche.
6. Mein Glaube ist ein wichtiger Teil meiner Persönlichkeit.
7. Meine Beziehung zu Gott ist mir äußerst wichtig.
8. Ich genieße es, mit anderen zusammen zu sein, die meinen Glauben teilen.
9. Ich betrachte meinen Glauben als eine Quelle des Trostes.
10. Mein Glaube beeinflusst viele meiner Entscheidungen.

Die Skala SCSORF wurde an einer Stichprobe von 102 Psychologie-Studierenden getestet und hatte eine hohe interne Reliabilität (Cronbach Alpha = .95) und eine Split-Half Reliabilität von (r = .92). Außerdem zeigten sich hohe Korrelationen mit Testinstrumenten zur psychischen Gesundheit (Hope Scale, WAI, BPCS). Menschen mit hoher Glaubensstärke haben ein stärkeres Selbstwertgefühl, vertrauen darauf, dass Lebenskrisen unter Gottes Kontrolle stehen und sind weniger überempfindlich in ihren sozialen Kontakten.

Schon die Testkonstrukteure Plante & Boccaccini wiesen darauf hin, dass sich glaubensstarke Testteilnehmer möglicherweise in einem sozial erwünschten positiven Licht darstellen könnten und dass deswegen ergänzend zu den Selbsteinschätzungen der Probanden auf der 10-Item-Skala externe direkte Beobachtungen und

It attempts to capture a personality's intensity of faith (religiosity) in the following five theoretically defined dimensions: public practice, private practice, religious experience, ideology, and intellect. In doing so, it provides a highly nuanced insight into the cognitive, emotional, and social components of a person's spiritual life. "The Centrality of Religiosity Scale (CRS) offers a psychology of religion perspective on how religious content is represented and anchored in a person's psychological system. It is concerned with the questions of which section of the tendentially boundless universe of religious semantics is present in a mental system at all, as well as which position the personal religious system holds in the overall mental system of an individual (central, subordinate, or marginal). In numerous empirical studies, the Z-scale has proven to be a highly reliable and valid instrument." Source: https://www.ier.unibe.ch/forschung/centrality_of_religiosity_scale_crs/index_ger.html

As of 2021, the CRS scale has been used in 173 studies and additionally in over 200 other studies worldwide.

In excerpts, I reproduce here 5 of the 14 items in the original:

- Intellect
- 01: How often do you think about religious issues?
- Ideology
  02: To what extent do you believe that God or something divine exists?
- Public practice
  03: How often do you take part in religious services?
- Private praxis
  04: How often do you pray?
- Experience
  05: How often do you experience situations in which you have the feeling that God or something divine intervenes in your life?

How can the three measurement instruments presented be evaluated? The SCORF scale has

Einschätzungen anderer Personen dringend notwendig wären.

Es ist ein Gewinn für die Forschung zur Glaubensstärke, dass weitere verwandte Konstrukte und Messverfahren entwickelt worden sind. So erfragt die in vielen Studien verwendete Brief Religious Coping Scale (RCOPE) von Pargament, Feuille & Burdzy (2011) bei religiösen Menschen mit 14 Items den Umgang mit Krisen, Traumata und herausfordernden Übergangsphasen im Leben. Ich verzichte hier auf die psychometrischen Details, gebe aber die Items im Original vollständig wieder:

Subskalenitems zur positiven religiösen Bewältigung
1. Ich suchte nach einer stärkeren Verbindung zu Gott.
2. Ich suchte Gottes Liebe und Fürsorge.
3. Ich habe Gott um Hilfe gebeten, um meinen Zorn loszulassen.
4. Ich habe versucht, meine Pläne gemeinsam mit Gott in die Tat umzusetzen.
5. Ich habe versucht herauszufinden, wie Gott mich in dieser Situation stärken könnte.
6. Ich habe um Vergebung für meine Sünden gebeten.
7. Ich habe mich auf die Religion konzentriert, um mir keine Sorgen mehr über meine Probleme zu machen.

Subskalenitems zur negativen religiösen Bewältigung
8. Ich fragte mich, ob Gott mich verlassen hatte.
9. Ich fühlte mich von Gott für meinen Mangel an Hingabe bestraft.
10. Ich habe mich gefragt, was ich getan habe, damit Gott mich bestraft.
11. Ich stellte Gottes Liebe zu mir in Frage.
12. Ich fragte mich, ob meine Gemeinde mich verlassen hatte.
13. ich beschloss, dass der Teufel dies geschehen ließ.
1. 14. Ich stellte die Macht Gottes in Frage.

Pargament und sein Co-Autorinnen konnten feststellen, dass positive religiöse Coping-Stra-

an explicit claim to capture the theological concept of strength of faith through questions about a person's exercise of everyday spirituality. This was made clear by the very title of the instrument. However, in my estimation, the RCOPE scale and the CRS scale also capture a comparable psychological phenomenal domain of faith strength and further differentiate it.

The exemplary presentation of these three widely used measurement instruments was intended to outline the challenges for capturing the phenomenon of "strength of faith." It does not claim to be exhaustive. A good overview of other measures developed in the psychology of religion to capture religiosity and spirituality can be found in the recommended articles by Hill & Edwards (2013) and Klein & Bethe (2021).

Faith strength and character development
Finally, we will address the influence of faith strength as an independent variable on the formation of positive character strengths. For this purpose, we will present two empirical studies as examples. As already mentioned, we assume that a great expression of faith strength is closely related to a dialogue spirituality in a positive relationship with God.

Three years after the publication of the Santa Clara Strength of Religious Faith Scale (SCSORF), described in detail above, first author Thomas C. Plante himself conducted a study with 374 students to examine the benefits of a vibrant faith on mental and physical health. In this study, in addition to the SCSORF scale and specific questions asked by the author about stress management, additional data were collected using the following instruments: Purpose of Life Scale, Life Orientation Test, Hardiness Scale, Marlowe Crowne Social Desirability Scale, Taylor Manifest Anxiety Scale, Self-Righteousness Scale. The study participants of the three samples were from different Christian denominations from different regions of the USA, which led to differences in the correlations between the mentioned instruments used. Apart from this, however, it was clear that strength of faith had a significant impact on mental and

tegien auf eine sichere Bindung zu Gott oder zu einer transparenten Macht, auf spirituelle Verbundenheit mit anderen Menschen und eine wohlwollende Weltsicht hinweisen, während negative Coping-Strategien auf spirituelle Spannungen und Kämpfe mit sich selbst, mit anderen und mit Gott verweisen. Die negativen Brief RCOPE-Teilskalen haben sich als ein robuster Prädiktor für den Gesundheitszustand erwiesen.

Einen anderen Ansatz verfolgt die Centrality of Religiosity Scale (CRS) von Huber & Huber (2012). Sie versucht in den fünf folgenden theoretisch definierten Dimensionen die Glaubensintensität (Religiosität) einer Persönlichkeit zu erfassen: Öffentliche Praxis, private Praxis, religiöse Erfahrung, Ideologie und Intellekt. Damit gibt sie einen sehr differenzierten Einblick in die kognitiven, emotionalen und sozialen Komponenten des spirituellen Lebens eines Menschen. „Die Centrality of Religiosity Scale (CRS) bietet eine religionspsychologische Perspektive darauf, wie religiöse Inhalte im psychischen System eines Menschen repräsentiert und verankert sind. Es geht dabei um die Fragen, welcher Ausschnitt des tendenziell uferlosen Universums religiöser Semantik in einem psychischen System überhaupt präsent ist sowie welche Position das personale religiöse System im psychischen Gesamtsystem eines Individuums innehat (zentral, untergeordnet oder marginal). In zahlreichen empirischen Untersuchungen hat sich die Z-Skala als hoch reliables und valides Instrument bewährt." Quelle: https://www.ier.unibe.ch/forschung/centrality_of_religiosity_scale_crs/index_ger.html

Bis zum Jahr 2021 wurde die CRS-Skala in 173 Studien und darüber hinaus weltweit zusätzlich in über 200 weiteren Studien verwendet.

Auszugsweise gebe ich hier 5 der 14 Items im Original wieder:

• Intellect
01: How often do you think about religious issues?
• Ideology

physical health, particularly optimism and reduced anxiety levels. Contrary to public perception, however, high levels of belief strength were not associated with self-righteousness and social desirability. As always with non-representative studies, it should also be noted here that the results of data collected on Christian student groups cannot be readily generalized to other groups of people. What remained open in this study, however, was primarily the role of moderator variables in influencing the detailed interaction of religion-related variables and character strengths.

This is where a very thoroughly designed study by Wnuk (2021) comes in. In a cross-sectional study of 393 Polish Catholic students, he was able to show the influence of certain moderator variables on perceived meaning and hope in life. As expected, personal prayer, frequency of attending religious services, and positive religious coping styles played a crucial role. Results indicate that faith without religious devotion (commitment) is not strong enough to build positive character strengths. "Being a believer but not practicing religion is not sufficient to lead a person to finding meaning in life, having enhanced hope, or being able to forgive" (Wnuk, 2021, p.786).

Bridging the gap between theology and positive psychology

If we take a look at another field of psychology, we will be surprised to find that there are similar findings there on variables influencing personal character strengths. In the inspiring book by Ryan Niemiec, the Positive Psychology tradition describes many practical indications of so-called positive interventions that are comparable to religious practices or spiritual exercises in the Christian faith tradition and have a similar beneficial influence on the development of character strengths (see Niemiec, 2017; viacharacter.org). Further empirical research could elucidate how interventions that are largely similar in content differ in a secular context from those in a spiritually based context in which participants rely on the accompanying or guiding action of the Holy Spirit. A starting point

02: To what extent do you believe that God or something divine exists?
• Public practice
03: How often do you take part in religious services?
• Private praxis
04: How often do you pray?
• Experience
05: How often do you experience situations in which you have the feeling that God or something divine intervenes in your life?

Wie lassen sich die drei vorgestellten Messinstrumente bewerten? Die SCORF-Skala hat einen expliziten Anspruch, den theologischen Begriff der Glaubensstärke durch Fragen über die Ausübung der alltäglichen Spiritualität eines Menschen zu erfassen. Das wurde schon durch den Titel des Instruments deutlich. Nach meiner Einschätzung erfassen aber auch die RCOPE-Skala und die CRS-Skala einen vergleichbaren psychologischen Phänomenbereich von Glaubensstärke und differenzieren ihn weiter aus.

Mit der exemplarischen Darstellung dieser drei verbreiteten Messinstrumente sollten die Herausforderungen für die Erfassung des Phänomens „Glaubensstärke" skizziert werden. Sie erhebt keinen Anspruch auf Vollständigkeit. Einen guten Überblick über weitere in der Religionspsychologie entwickelte Maße zur Erfassung von Religiosität und Spiritualität geben die empfehlenswerten Artikel von Hill & Edwards (2013) und Klein & Bethe (2021).

Glaubensstärke und Charakterentwicklung

Abschließend wollen wir uns mit dem Einfluss von Glaubensstärke als unabhängiger Variable auf die Ausbildung positiver Charakterstärken befassen. Dazu werden wir exemplarisch zwei empirische Studien vorstellen. Wie schon erwähnt gehen wir davon aus, dass eine große Ausprägung von Glaubensstärke eng mit einer Dialogspiritualität in einer positiven Gottesbeziehung verbunden ist.

Drei Jahre nach der Veröffentlichung der oben ausführlich beschriebenen Santa Clara Strength

Genevieve Milnes

for further research in the Christian context could be studies of the impact of so-called spiritual disciplines, which often bear a strong structural resemblance to positive interventions. A comprehensive detailed account of over 80 spiritual disciplines can be found in the handbook by Calhoun (2015). The spiritual practice areas described there involve not only forms of prayer or meditation, but also challenging character formation exercises designed to help shape a person in the image of Jesus Christ. An excellent model for a comparative study on religious and non-religious contexts is the cross-sectional study on general gratitude and gratitude to God by Newman, Nezlek & Tay (2023).

Interestingly, spirituality in the VIA approach is understood by Niemiec himself as one of 24 character strengths compiled as early as 1999 by Martin Seligman and Neal Mayerson. However, the character strength defined there, "Spirituality," is not focused exclusively on a personal relationship with God, but is understood much more broadly as a connection with the transcendent. "Spirituality has been defined consistently by scientists as the search for or connection with "the sacred". The sacred might be that which is blessed, holy, revered, or particularly special. This can be secular or non-secular: sacredness might be pursued as the search for a purpose in life or as a close relationship with something greater; the sacred might be experienced in the forgiveness offered by a child, a humble moment between a leader and a subordinate, an awe-inspiring sunset, a profound experience during meditation or a religious service, or the self-sacrificing kindness of a stranger" (https://www.viacharacter.org/character-strengths/spirituality).

It is obvious that conceptual clarifications are still needed here. Psychologist Marc R. McMinn, addressing these issues from a Christian perspective, nevertheless advocates for further fruitful dialogues and bridging theology, Christian psychotherapy, and counseling to Positive Psychology (McMinn, 2017). Initial methodological work on interdisciplinary research projects

of Religious Faith Skala (SCSORF) hat der Erstautor Thomas C. Plante selbst in einer Studie mit 374 Studierenden den Nutzen eines lebendigen Glaubens auf die mentale und körperliche Gesundheit untersucht. Dabei wurden ergänzend zur SCSORF-Skala und spezifischen Fragen des Autors zur Stressverarbeitung weitere Daten mit folgenden Instrumenten erhoben: Purpose of Life Scale, Life Orientation Test, Hardiness Scale, Marlowe Crowne Social Desirability Scale, Taylor Manifest Anxiety Scale, Self-Righteousness Scale. Die Studienteilnehmer der drei Stichproben kamen aus verschiedenen christlichen Denominationen aus verschiedenen Regionen der USA, was zu Unterschiedenen in den Korrelationen zwischen den erwähnten eingesetzten Instrumenten führte. Abgesehen davon zeigte sich jedoch deutlich, dass Glaubensstärke einen bedeutenden Einfluss auf die mentale und körperliche Gesundheit hat, vor allem auf Optimismus und reduzierte Angststärke. Im Gegensatz zur öffentlichen Wahrnehmung war ein hohes Ausmaß an Glaubensstärke aber nicht mit Selbstgerechtigkeit und sozialer Erwünschtheit verknüpft. Wie immer bei nicht-repräsentativen Studien ist hier auch darauf hinzuweisen, dass die Ergebnisse der an christlichen Studentengruppen erhobenen Daten nicht ohne Weiteres auf andere Personengruppen generalisiert werden können. Offen blieb in dieser Studie aber vor allem die Rolle von Moderatorvariablen, die das detaillierte Zusammenspiel von religionsbezogenen Variablen und Charakterstärken beeinflussen.

Hier setzt nun eine sehr gründlich konzipierte Studie von Wnuk (2021) an. Er konnte in einer Querschnittstudie mit 393 katholischen polnischen Studierenden zeigen, welchen Einfluss bestimmte Moderatorvariablen auf den wahrgenommenen Sinn und die Hoffnung im Leben haben. Wie erwartet spielten das persönliche Gebet, die Häufigkeit des Gottesdienstbesuchs und positive religiöse Coping-Stile eine entscheidende Rolle. Die Ergebnisse zeigen, dass ein Glaube ohne religiöse Hingabe (commitment) nicht stark genug ist, um positive Charakterstärken aufzubauen. „Being a believer but

of this nature is already available (Hill, DiFonzo, Jones & Bell 2023).

Outlook

We can conclude that, despite the generalization limitations that still exist, methodologically precise and theoretically sound psychological measurement instruments are available to assess strength of faith and related core dimensions of spirituality in the psychology of religion. These include Pargament's Brief Religious Coping Scale (RCOPE), Plante's Strength of Religious Faith Questionaire (SCSORF) psychological scale, and Huber's Centrality of Religiosity Scale (CRS). They enable researchers in the psychology of religion to better examine the effects of faith strength on mental and physical health and character development.

It should be distinguished in all studies of strength of faith in the psychology of religion whether they are concerned with (1) strength of faith as an efficacy factor (independent variable) that, as a spiritual resource, helps people of faith build coping strategies to overcome challenging life crises and develop resilience leading to physical and psychological well-being, or (2) strength of faith as an end product of spiritual influencing variables such as the depth and strength of religious beliefs (dependent variable). The focus of this article was clearly on studies of approach 1. Should empirical researchers also decide to investigate the genesis of strength of faith in personal spiritual development in more detail, they should follow the "dual-process conceptualization" of God representations by Sharp et al. (2022), in which religious doctrinal beliefs (head knowledge) and religious experiential knowledge (heart knowledge) are each captured at an explicit conscious level and at an implicit unconscious level. New indicators and measurement tools for strength of faith should follow this approach and take into account both cognitive knowledge of God's promises in the Bible and indicators of the emotional components of positively experienced encounters with God, such as love, comfort, peace, and hope.

not practising religion is not sufficient to lead a person to finding meaning in life, having enhanced hope, or being able to forgive" (Wnuk, 2021, p.786).

Brückenschläge von der Theologie zur Positiven Psychologie

Wenn wir einen Blick in ein anderes Gebiet der Psychologie werfen, werden wir erstaunt feststellen, dass es dort ähnliche Befunde zu Einflussgrößen auf persönliche Charakterstärken gibt. In dem inspirierenden Buch von Ryan Niemiec werden in der Tradition der Positiven Psychologie viele praktische Hinweise für sogenannte positive Interventionen beschrieben, die vergleichbar den religiösen Praktiken oder geistlichen Übungen in der christlichen Glaubenstradition sind und einen ähnlichen nützlichen Einfluss auf die Entwicklung von Charakterstärken haben (siehe Niemiec, 2017; viacharacter.org). Weitere empirische Forschung könnte aufklären, wie sich weitgehend inhaltsgleiche Interventionen in einem säkularen Kontext von denen in einem spirituell geprägten Kontext unterscheiden, in dem die Teilnehmenden auf die begleitende oder steuernde Wirkung des Heiligen Geistes vertrauen. Ein Ausgangspunkt für weitere Forschung im christlichen Kontext könnten Studien zur Wirkung sogenannter geistlicher Disziplinen sein, die oft eine starke strukturelle Ähnlichkeit mit positiven Interventionen aufweisen. Eine umfassende detaillierte Darstellung von über 80 geistlichen Disziplinen ist in dem Handbuch von Calhoun (2015) zu finden. Die dort beschriebenen geistlichen Übungsfelder betreffen nicht nur Gebets- oder Meditationsformen, sondern auch herausfordernde Charakterformungsübungen, die dazu beitragen sollen, eine Person nach dem Vorbild Jesu Christi zu formen. Ein hervorragendes Vorbild für eine Vergleichsuntersuchung zu religiösen und nicht-religiösen Kontexten ist die Querschnittsstudie zur allgemeinen Dankbarkeit und der Dankbarkeit gegenüber Gott von Newman, Nezlek & Tay (2023).

References / Literaturverzeichnis

Büssing, A. & Dienberg, T. (Hrsg.). (2018). Geistliche Trockenheit: Empirisch, theologisch, in der Begleitung. Münster.

Calhoun, A.A. (2015). Spiritual Disciplines Handbook – Practices that transform us. Downers Grove.

Edwards, J.R. (2015). The Gospel according to Luke – The Pillar New Testament Commentary. Grand Rapids.

Fowler, James W., Stages of Faith (1981). The Psychology of Human Development and the Quest for Meaning. New York.

Gaultiere, B. & Gaultiere, K. (2021). Journey of the Soul: A Practical Guide to Emotional and Spiritual Growth. Grand Rapids.

Hill, P. C., & Edwards, E. (2013). Measurement in the Psychology of Religiousness and Spirituality: Existing Measures and New Frontiers. In K. I. Pargament, J. J. Exline, & J. W. Jones (Eds.), APA Handbook of Psychology, Religion, and Spirituality (Vol. 1): Context, Theory, and Research (51–77). Washington.

Hill, P. C., DiFonzo, N., Jones, C.E., & Bell, J.S. (2023). Measurement at the Intersection of Positive Psychology and the Psychology of Religion/Spirituality. In E.B. Davis, E. L. Worthington & S.A. Schnitker (Eds.). Handbook of the Positive Psychology, Religion and Spirituality (99-112). Cham.

Huber, Stefan & Huber, Odilo (2012). The Centrality of Religiosity Scale (CRS). Religions, 3 (3), 710-724.

Keller, T. (2018). The reason for God: Belief in an Age of Skepticism. London.

Klein, C. & Bethe, S. (2021). Messbare Ausschnitte des Unermesslichen? Wie Spiritualität und spirituelles Wohlbefinden in der sozial- und gesundheitswissenschaftlichen Forschung gemessen werden. In: Richter (Hrsg.) An den Grenzen des Messbaren: Die Kraft von Religion und Spiritualität in Lebenskrisen. Stuttgart.

McMinn, M.R. (2017). The Science of Virtue – Why Positive Psychology Matters to the Church. Grand Rapids.

Newman, D.B., Nezlek, J.B. & Tay, L. (2023). General gratitude and gratitude to God: Associations with personality and well-being. The Journal of Positive Psychology, 18, 6, 1-9.

Niemiec, R.M. (2017). Character Strength Intervention: A Field Guide for Practitioners. Göttingen.

Pace, M. (2017). The Strength of faith and trust. International Journal of Philosophy of Religion 81, 134-150.

Pargament, K.I. (2002). The bitter and the sweet: An evaluation of the costs and benefits of religiousness. Psychological Inquiry, 13(3), 168–181.

Pargament, K.I., Feuille, M. & Burdzy, D. (2011). The Brief RCOPE: Current Psychometric Status of a Short Measure of Religious Coping. Religions 2, 51-76.

Plante, T.G. & Boccaccini, M.T. (1997). The Sant Clara Strength of Religious Faith Questionnaire. Pastoral Psychology 45, 5, 375-387.

Plante, T.G., Yancey, S., Sherman, A. & Guertin, M. (2000). The Association of Religious Faith und Psychological Functioning. Pastoral Psychology 48, 5, 405-412.

Schimmel, A. (2015). Glaube. WiReLex: https://bibelwissenschaft.de/stichwort/100062/

Schwarz, C.A. (2021). Gottes Energie - Die Transformation des Christentums. Die Energie-Trilogie, Band 3. Emmelsbüll.

Sharp, C.A., Davis, E.B., George, K., Cuthbert, A.D., Zahl, B.P., Davis, D.E., Hook, J.N. & Aten, J.D. (2022). Measures of God

Interessanterweise wird Spiritualität im VIA-Ansatz von Niemiec selbst als eine von 24 Charakterstärken verstanden, die bereits im Jahr 1999 von Martin Seligman und Neal Mayerson zusammengestellt wurden. Die dort definierte Charakterstärke „Spiritualität" richtet sich allerdings nicht ausschließlich auf eine persönliche Gottesbeziehung aus, sondern wird viel breiter als Verbindung mit dem Transzendenten verstanden. „Spirituality has been defined consistently by scientists as the search for or connection with "the sacred". The sacred might be that which is blessed, holy, revered, or particularly special. This can be secular or non-secular: sacredness might be pursued as the search for a purpose in life or as a close relationship with something greater; the sacred might be experienced in the forgiveness offered by a child, a humble moment between a leader and a subordinate, an awe-inspiring sunset, a profound experience during meditation or a religious service, or the self-sacrificing kindness of a stranger" (https://www.viacharacter.org/character-strengths/spirituality).

Es ist augenfällig, dass hier noch konzeptuelle Klärungen anstehen. Der Psychologe Marc R. McMinn, der diese Themen aus christlicher Sicht adressiert, spricht sich gleichwohl für weitere fruchtbare Dialoge und einen Brückenschlag von Theologie, christlicher Psychotherapie und Seelsorge zur Positiven Psychologie aus (McMinn, 2017). Erste methodische Arbeiten zu interdisziplinären Forschungsvorhaben dieser Art liegen bereits vor (Hill, DiFonzo, Jones & Bell 2023).

Ausblick

Wir können abschließend festhalten, dass trotz der immer noch bestehenden Generalisierungseinschränkungen methodisch präzise und theoretisch fundierte psychologische Messinstrumente zur Erfassung von Glaubensstärke und verwandten religionspsychologischen Kerndimensionen von Spiritualität vorliegen. Dazu gehören die Brief Religious Coping Scale (RCOPE) von Pargament, die von Plante entwickelte psychologische Skala Strength of Religious Faith Questionaire (SCSORF) und die Centrality of Religiosity Scale (CRS) von Huber. Sie ermöglichen religionspsychologisch Forschen-

Representations: Theoretical Framework and Critical Review. Psychology of Religion and Spirituality 13 (3), 340-357.

Streib, Heinz, Chen, Job Z., & Hood, Ralph W. (2021). Faith Development as Change in Religious Types: Results from Three-wave Longitudinal Data with Faith Development Interviews. Psychology of Religion and Spirituality, 1-10.

Utsch, M., Bonelli, R.M. & Pfeiffer, S. (2014). Psychotherapie und Spiritualität – Mit existentiellen Konflikten und Transzendenzfragen professionell umgehen. Berlin.

Wnuk, M. (2021). Links between Faith and Some Strength of Character: Religious Commitment Manifestations as Moderators. Religions 12, 786-803.

den besser als bisher die Auswirkungen von Glaubensstärke auf die mentale und körperliche Gesundheit und die Charakterentwicklung zu untersuchen.

Es sollte bei allen religionspsychologischen Studien zur Glaubensstärke auseinandergehalten werden, ob es (1) um Glaubensstärke als Wirkfaktor (unabhängige Variable) geht, die als spirituelle Ressource gläubigen Menschen hilft, Coping-Strategien aufzubauen, um herausfordernde Lebenskrisen zu überwinden und Resilienz zu entwickeln, die zu physischem und psychischen Wohlbefinden führt oder ob es (2) um Glaubensstärke als Endprodukt spiritueller Einflussgrößen wie der Tiefe und Festigkeit der religiösen Überzeugungen geht (abhängige Variable). Der Schwerpunkt dieses Artikels lag eindeutig auf Studien zum Ansatz 1. Sollten sich empirische Forscher auch entscheiden, die Genese der Glaubensstärke in der persönlichen spirituellen Entwicklung genauer zu untersuchen, sollten sie der „Dual-process conceptualization" von Gottesbildern (god representations) von Sharp et al. (2022) folgen, in der religiöse Lehrmeinungen (Kopfwissen) und religiöses Erfahrungswissen (Herzenswissen) jeweils auf einer expliziten bewussten Ebene und auf einer impliziten unbewussten Ebene erfasst werden. Neue Indikatoren und Messinstrumente für Glaubensstärke sollten diesem Ansatz folgen und sowohl kognitives Wissen um die Zusagen Gottes in der Bibel als auch Indikatoren für die emotionalen Komponenten von positiv erlebten Gottesbegegnungen wie Liebe, Trost, Frieden und Hoffnung berücksichtigen.

Werner May was the senior chairman of the IGNIS Instute for Christian Psychology in Kitzingen for more than 25 years (www.ignis.de). As a teacher his main interest was in basic questions of Christian Psychology and in counseling of foster families. He also helped to build up the Institute for Christian Psychology, Education and Therapy in Switzerland (www.icp.ch). Now he is the chairman of the European Movement for Christian Anthropology, Psychology and Therapy (www.emcapp.eu) and publishes the free e-journal Christian Psychology Around The World (https://emcapp.ignis.de/). Werner has been married to Agnes for now 50 years. They live in Würzburg, Germany, and have six adult children.

Werner May

(Germany)

www.werner-may.de

Vicarious prayer on behalf of children in educational counselling

Das stellvertretende Gebet für Kinder in der Erziehungsberatung

What is "vicarious prayer" in general about? Standing for others in prayer is practised in many different forms of intercession. We make ourselves one with the concern of an individual (or a whole group) and bring their concern before God vicariously - the person(s) concerned can be present or absent. His/her need becomes, to some extent, our own need.

An example of intercession can be found in the Bible in the prophet Nehemiah, who pleads for the return of the Israelites from exile

"Do not close your eyes and ears when I plead with you! Day and night I pray to you for the life of the Israelites. You are our Lord. I confess to you that we have sinned against you, even I and my relatives. We have all been guilty of great sins. We did not keep the commandments and instructions that your servant Moses received from you." (Nehemiah 1:6,7)

Worum geht es beim "Stellvertretenden Gebet" generell?

Für andere im Gebet einzutreten, wird in den unterschiedlichsten Formen der Fürbitte praktiziert. Wir machen uns eins mit dem Anliegen eines Einzelnen (oder einer ganzen Gruppe) und bringen ihr Anliegen stellvertretend vor Gott - dabei kann der (die) Betroffene(n) an- oder abwesend sein. Seine/ihre Not wird ein stückweit zu unserer eigenen Not.

Ein Beispiel für Fürbitte können wir in der Bibel bei dem Propheten Nehemia nachlesen, der für die Heimkehr der Israeliten aus der Verbannung eintritt

"Verschließe deine Augen und Ohren nicht, wenn ich zu dir flehe! Tag und Nacht bete ich zu dir für das Leben der Israeliten. Du bist unser Herr. Ich bekenne dir, dass wir gegen dich gesündigt haben, auch ich und meine Verwand-

It is precisely in such pleas as Nehemiah's that another aspect of such vicarious prayer becomes clear: he not only identifies with the Israelites' distress, but he also names their guilt and places himself with them.

Vicarious prayer for children

Prayer in place of our children contains the same elements as Nehemiah's prayer:

• interceding for the need of the child
• naming the guilt and applying to oneself as well
• asking forgiveness for this guilt

The needs of our children can be many and varied, but we will now focus on concrete events (or attitudes) in which other people incurred guilt regarding our children. We need to identify these situations as distressful and bring them before God.

The question of who became guilty towards the child can involve different aspects.

It may be that outsiders wronged or hurt the child, but it is also possible that we as parents were the ones who hurt the child.

Whether we name the guilt of others in prayer and apply it to ourselves as well, or whether it is a prayer about our own guilt - in both cases we pray for forgiveness on behalf of our children, because they are not yet able to pray themselves due to their lack of cognitive and spiritual maturity.

It is not about making accusations, either against ourselves or others, or creating false feelings of guilt. Rather, it is about bringing the things that have been committed by ourselves, or others, against our children, and which we become aware of as guilt, to God in our children's place and asking him for forgiveness for these. We can do this in the awareness of our own need for redemption and in the certainty that we have been forgiven through Jesus.

Because of the hurts inflicted on them, it may also be that our children have developed wrong attitudes and/or behaviours, which we (or even others) have in turn responded to in the wrong way. With this, too, we can turn to God vicariously.

ten. Wir alle haben schwere Schuld auf uns geladen. Wir hielten uns nicht an die Gebote und Weisungen, die dein Diener Mose von dir bekommen hat." (Nehemia 1,6+7)

Gerade an Nehemias Bitten wird noch ein weiterer Aspekt von stellvertretendem Gebet deutlich: Er identifiziert sich nicht nur mit der Not der Israeliten, sondern er nennt auch ihre Schuld beim Namen und stellt sich mit darunter.

Das stellvertretende Gebet für Kinder

Das Gebet anstelle unserer Kinder beinhaltet die gleichen Elemente wie Nehemias Gebet:

• für die Not des Kindes eintreten
• Schuld beim Namen nennen und sich mit darunter stellen
• um Vergebung für diese Schuld bitten

Die Nöte unserer Kinder können vielfältig sein, doch es soll uns jetzt um konkrete Ereignisse (oder Haltungen) gehen, in denen andere Menschen an ihnen schuldig wurden. Es gilt diese Situationen als notbringend zu identifizieren und vor Gott zu bringen.

Die Frage danach, wer an dem Kind schuldig wurde, kann unterschiedliche Aspekte beinhalten.

Es kann sein, dass Außenstehende ihm Unrecht/ Schmerz zufügten, möglich ist aber auch, dass wir als Eltern diejenigen waren, die das Kind verletzten.

Ob wir die Schuld anderer im Gebet benennen und uns mit darunter stellen oder ob es sich um ein Gebet handelt, in dem es um unsere eigene Schuld geht - in beiden Fällen beten wir, stellvertretend für unsere Kinder, dafür um Vergebung, da sie aufgrund ihrer kognitiven und spirituellen Reife noch nicht dazu in der Lage sind, selber zu beten.

Es geht nicht darum Anklage, weder gegen uns selbst noch gegen andere zu erheben oder falsche Schuldgefühle zu wecken. Vielmehr geht es darum, die Dinge, die von uns selbst oder einem anderen, an unseren Kindern begangen wurden und die uns als Schuld bewusst wer-

Genevieve Milner

Vicarious prayer should not be seen as a "mechanical method" or a "panacea" for all our children's difficulties.

Each family is individual and will accordingly have their own experience of praying for forgiveness on behalf of their children. Rather, this article wants to encourage us to trust God to bring about change in the lives of our children through such prayer - by giving us a new perspective on them and/or by touching them themselves.

Above all, this intensive prayer experience creates a new relationship between educators and children. This is an important prerequisite for all the other pedagogical measures.

Case study: Kerstin

Here is an experience report (the case was some years ago) of an educational counsellor on the practice of vicarious prayer for children: Kerstin (name changed by the editors), who was seven years old at the time, was classified by her pre-school teachers and treating psychologists as an "unsolvable case" with an "extremely precarious prognosis for the future".

Kerstin was the child her parents wanted. However, complications arose during pregnancy and Kerstin was born four weeks early. Nevertheless, there were no problems at first except for difficulties in falling asleep.

At the age of 1 1/2, Kerstin suffered a severe scalding with possible impact on the emotional sphere. From this point on, Kerstin became difficult.

At the centre of her disorder were problems with behaviour control. After the hospital stay due to the above-mentioned scalding, during which Kerstin was separated from her parents for the first three days, there was hardly any possibility to control the child from the outside. Kerstin was inaccessible behind the wall of her own activities, which were constantly dominant and excessive.

In particular, no emotional access was possible for the parents. The child did not want any skin contact or tenderness. Educational measures remained unheeded.

Kerstin was also unable to respond to other people. On the contrary, she determined and

den, anstelle unseres Kindes zu Gott zu bringen und ihn dafür um Vergebung zu bitten. Dies können wir in dem Bewusstsein um unsere eigene Erlösungsbedürftigkeit und in der Gewissheit, dass uns durch Jesus vergeben wurde, tun.

Aufgrund der ihnen zugefügten Verletzungen kann es auch sein, dass unsere Kinder falsche Haltungen und/oder Verhaltensweisen entwickelt haben, auf die wir (oder auch andere) wiederum in der verkehrten Art und Weise eingegangen sind. Auch damit können wir stellvertretend zu Gott gehen.

Stellvertretendes Gebet sollte nicht als „mechanisch durchzuführende Methode" oder als „Allheilmittel" für alle Schwierigkeiten unserer Kinder betrachtet werden.

Jede Familie ist individuell und wird dementsprechend ihre eigenen Erfahrungen mit Gebet um Vergebung anstelle ihrer Kinder machen. Dieser Beitrag möchte vielmehr Mut machen, Gott zu vertrauen, dass Er durch ein solches Gebet Veränderung im Leben unserer Kinder bewirken kann: dadurch, dass wir einen neuen Blick für sie bekommen oder/und dass sie selber von Ihm angerührt werden

Vor allem entsteht durch diese intensive Gebetserfahrung eine neue Beziehung zwischen Erziehungspersonen und Kind. Diese ist wichtige Voraussetzung auch für all die anderen pädagogischen Maßnahmen.

Fallbeispiel: Kerstin

Hier ein Erfahrungsbericht (dieser Fall liegt schon einige Jahre zurück) einer Erziehungsberaterin zur Praxis eines stellvertretenden Gebets für Kinder:

Die damals siebenjährige Kerstin (Name von der Redaktion geändert) wurde von Seiten der Vorschulerzieher und behandelnden Psychologen als „unlösbarer Fall" mit „äußerst bedenklicher Zukunftsprognose" eingestuft.

Kerstin war ein Wunschkind ihrer Eltern. In der Schwangerschaft kam es jedoch zu Komplikationen und Kerstin kam vier Wochen zu früh zur Welt. Dennoch gab es außer Einschlafstörungen zunächst keine Probleme.

Mit 1 1/2 Jahren erlitt Kerstin eine schwere Ver-

commanded, caught up in her arbitrary self-activity and provocative behaviour, everywhere she went.

Kerstin was often blunt or fearful towards strangers and situations.

Many situations were incomprehensible to her; she then touched people and objects in order to gain access to them.

The attempt to let her attend the regular kindergarten at the age of four failed miserably: Kerstin left chaos everywhere in a few minutes, no interaction with other children was possible.

Since Kerstin herself was largely insensitive to pain, she did not understand when the other children cried as a result of her grabbing them. The result was that all the children avoided her unpredictable approaches.

The lack of any kind of awareness and action control in relation to the world of facts through linguistic instruction from the outside had left Kerstin with few reference points and information: she could not get involved in a game, went listlessly from one game and object to another, was dissatisfied, searching - but never finding, tense in her body as well.

Especially "annoying" were her compulsive repetitions: she kept asking the same questions even though she already knew the answer. In addition, she stammered and did not speak grammatically correct German.

At the age of four, her parents took Kerstin to the educational counselling centre.

Through play therapy, physiotherapy, occupational therapy, admission to a speech therapy kindergarten at the age of 5 1/2 and parent counselling, a relationship with objects could be established on the basis of tactile kinaesthetic experiences.

Parents' intercession for Kerstin before God

Kerstin's behaviour was a challenge for those around her, but especially for her mother.Both parents were open during counselling and ready to accept any further help within the social-therapeutic framework.

In the course of the many counselling sessions, the question of God came up one day. The parents studied the Word of God and, at a conference, made the decision to give their lives to Jesus.

brühung mit möglichem Einbruch in die emotionalen Bereiche. Ab diesem Zeitpunkt wurde Kerstin schwierig.

Im Zentrum ihrer Störung standen Probleme der Verhaltenssteuerung. Nach dem Krankenhausaufenthalt wegen o.g. Verbrühung, bei dem Kerstin die ersten drei Tage von ihren Eltern getrennt war, gab es kaum eine Möglichkeit zur Steuerung des Kindes von außen. Kerstin war unzugänglich hinter dem Wall ihrer ständig vorherrschenden und überschießenden Eigenaktivitäten.

Insbesondere war kein emotionaler Zugang von den Eltern her möglich. Das Kind wollte keinen Hautkontakt und keine Zärtlichkeiten. Erzieherisches Einwirken blieb unbeachtet.

Auch auf andere Personen konnte Kerstin nicht eingehen. Im Gegenteil, sie bestimmte und dirigierte, gefangen in ihrer willkürlichen Eigenaktivität, überall, wo sie war, mit provokativem Verhalten.

Fremden Personen und Situationen gegenüber war Kerstin oft distanzlos oder ängstlich.

Viele Situationen waren für sie nicht begreiflich; sie beroch dann Menschen und Gegenstände, um so Zugang zu ihnen zu bekommen.

Der Versuch, sie mit vier Jahren den Regelkindergarten besuchen zu lassen, scheiterte kläglich: Kerstin hinterließ in wenigen Minuten überall Chaos, mit anderen Kindern war keine Interaktion möglich.

Da Kerstin selbst weitgehend schmerzunempfindlich war, verstand sie nicht, wenn die anderen Kinder infolge ihrer Zugriffe weinten. Die Folge war, dass alle Kinder vor ihren unberechenbaren Zugriffen auswichen.

Der fehlende Aufbau jeglicher Aufmerksamkeits- und Handlungssteuerung zur Sachwelt durch sprachliche Instruktion von außen hatte Kerstin wenig Bezüge und Informationen ermöglicht: Sie konnte sich nicht auf ein Spiel einlassen, ging lustlos von einem Spiel und Gegenstand zum anderen, war unzufrieden, suchend - aber nie findend, angespannt bis ins Körperliche.

Besonders „nervig" waren ihre Wiederholungszwänge: Sie stellte immer wieder dieselben Fragen, obwohl sie die Antwort schon wusste.

In the approximately three years since the counsellor got to know and care for Kerstin, she prayed for the child and the family.

She now had the impression that everyone involved should become one with Kerstin in Jesus' name and come before God on her behalf.

So after a few weeks, the parents, their home group leader and the counsellor met for prayer. The aim was to ask Jesus to come into Kerstin's life and disorder and to act on her with His love and power.

The prayer process

In prayer they called on Jesus to help Kerstin as she lay in hospital at the time, aged 1 1/2: Separated from her parents for three days as a result of the scalding, alone, crying and screaming for her parents in pain.

In prayer for her, it became clear what deep fears and feelings of abandonment Kerstin was exposed to.

She could only react to her situation with hatred towards her parents, because it was impossible for Kerstin to understand that the parents were being held back by the doctors and nurses because of a possible danger of infection.

And, on the parents' part, there was resentment against the doctors and nurses who had forbidden them access to their child. Through this feeling of being helpless, which Kerstin felt, and her deep psychological wounds, destruction gained access to Kerstin's life.

This entanglement of hurt, guilt and resulting reactions was systematically addressed in prayer.

First, the parents forgave the doctors and nurses for their behaviour and then asked Jesus for forgiveness for their own negative feelings and self-reproaches with which they had reacted.

Afterwards, the parents, on behalf of Kerstin, asked God to forgive the hatred with which Kerstin had reacted to their helpless situation and then asked HIM to take away all the roots of her rejection of them.

They also forgave Kerstin for reacting in this way. Finally, in the name of Jesus, they released Kerstin from all negative feelings, thought structures and experiences.

Zusätzlich stammelte sie und sprach kein grammatikalisch richtiges Deutsch.

Mit vier Jahren kamen die Eltern mit Kerstin in die Erziehungsberatungsstelle.

Durch Spieltherapie, Krankengymnastik, Ergotherapie, Aufnahme in einen Sprachheilkindergarten mit 5 1/2 Jahren und Elternberatung konnten Sachbezüge aufgrund taktil kinästhetischer Erfahrungen angebahnt werden.

Stellvertretendes Eintreten der Eltern vor Gott für Kerstin

Kerstin war in ihrem Verhalten eine Herausforderung für ihre Umwelt, besonders aber für ihre Mutter.

Beide Elternteile waren in der Beratung offen und bereit für jegliche weitere Hilfestellung im sozial-therapeutischen Rahmen.

Im Verlauf der vielen Beratungsgespräche tauchte eines Tages die Frage nach Gott auf. Die Eltern setzten sich mit dem Wort Gottes auseinander und trafen auf einer Tagung die Entscheidung, ihr Leben Jesus hinzugeben.

In den ca. drei Jahren, seit die Beraterin Kerstin kannte und betreute, betete sie für das Kind und die Familie.

Dabei hatte sie nun den Eindruck, dass alle Beteiligten in Jesu Namen mit Kerstin eins werden und für sie vor Gott treten sollten.

So trafen sich nach einigen Wochen die Eltern, deren Hauskreisleiter und die Beraterin zum Gebet.

Das Ziel war, Jesus zu bitten, in das Leben und die Störung von Kerstin hineinzukommen und mit seiner Liebe und seiner Kraft an ihr zu handeln.

Der Gebetsprozess

Im Gebet riefen sie Jesus um Hilfe für Kerstin an, wie sie damals mit 1 1/2 Jahren im Krankenhaus lag: Infolge der Verbrühung drei Tage von ihren Eltern getrennt, allein, voll Schmerzen nach den Eltern schreiend und weinend.

Im Gebet für sie wurde deutlich, welchen tiefen Ängsten und Verlassenheitsgefühlen Kerstin ausgesetzt war.

Then they prayed for healing in body, mind and soul.

Both parents released themselves from all the burdens that lay on them through Kerstin and gave Kerstin in her situation and development completely into the hand of Jesus.

Afterwards, everyone praised and glorified Jesus and God the Father, who would now be working on Kerstin.

Consequences

The first changes became apparent the next morning.

Kerstin got up quietly for the first time and sat quietly with her parents who were reading the Bible. In the past, it was common for Kerstin to start frolicking after her parents got up to pray. She also painted her family with happy faces for the first time and has since shown herself to be approachable in many ways.

After a week, the preschool teachers came forward and asked what was suddenly going on with Kerstin. They had also noticed Kerstin's change.

Since then, Kerstin has made significant progress - especially in the emotional area. She increasingly puts up with outside personal influence, allows herself to be controlled by others, seems interested in her subject matter and tackles many tasks.

A gratifying diagnosis

Three months later, a neuro-psychological examination took place in a university clinic for child and adolescent psychiatry.

We reproduce some excerpts with the permission of the doctor in charge:

"... However, regarding the extent that such late-maturing effects have occurred in Kerstin in the last few months, after decades of practice I know of only one case in which a syndrome that was previously identical in almost all facets has also almost completely evaporated, whereby Kerstin has undergone an unbelievably fascinating development..."

"The positive appearance was confirmed during the assessment situation:

Kerstin behaved cheerfully, lively, active, no longer at all hectically driven. She allowed contact, was capable of interaction and could also

Sie konnte auf ihre Situation nur mit Hass gegen ihre Eltern reagieren, denn Kerstin war es unmöglich zu begreifen, dass die Eltern von den Ärzten und Schwestern wegen einer möglichen Infektionsgefahr zurückgehalten wurden. Und von Seiten der Eltern bestand Groll gegen die Ärzte und Schwestern, die ihnen den Zutritt zu ihrem Kind verboten hatten. Durch dieses Ausgeliefertsein, das Kerstin spürte, und ihre tiefen seelischen Verletzungen bekam die Zerstörung Zutritt zu Kerstins Leben.

Gegen diese Verstrickung von Verletzungen, Schuld und sich daraus ergebenden Reaktionen wurde im Gebet systematisch vorgegangen.

Zunächst vergaben die Eltern den Ärzten und Schwestern ihr Verhalten und baten dann Jesus um Vergebung für ihre eigenen negativen Gefühle und Vorwürfe, mit denen sie darauf reagiert hatten.

Anschließend baten die Eltern stellvertretend für Kerstin Gott um Vergebung für den Hass, mit dem Kerstin auf ihre hilflose Lage reagiert hatte und baten IHN dann, alle Wurzeln der Ablehnung ihnen gegenüber wegzunehmen.

Ebenso vergaben sie wiederum Kerstin, dass sie auf diese Art reagiert hatte. Zuletzt lösten sie Kerstin im Namen Jesu von allen negativen Gefühlen, Gedankengebäuden und Erlebnissen.

Dann beteten sie um Heilung an Leib, Geist und Seele.

Beide Elternteile lösten sich von aller Last, die durch Kerstin auf ihnen lag, und gaben Kerstin in ihrer Situation und Entwicklung ganz in die Hand Jesu.

Anschließend lobten und priesen alle Jesus und Gott, den Vater, die nun an Kerstin handeln würden.

Folgen

Die ersten Veränderungen zeigten sich schon am nächsten Morgen.

Kerstin stand zum ersten Mal leise auf und setzte sich still zu den Eltern, die in der Bibel lasen. Früher war es üblich, dass Kerstin zu toben anfing, nachdem ihre Eltern aufgestanden waren, um zu beten. Auch malte sie zum ersten Mal ihre Familie mit fröhlichen Gesichtern und zeigt sich seither in vielen Bereichen zugänglich.

Nach einer Woche meldeten sich die Erzieher der Vorschule und fragten an, was denn plötz-

put wishes on hold for a little while. Kerstin showed an interest in achievement, and there was no more evasive behaviour, no more negativism. She concentrated and was able to respond to tasks and instructions that were given to her from outside over a longer period of time. She made eye and skin contact, had a very good memory and showed great joy in communicating."

Schlusswort des untersuchenden Psychologen: "We are glad that one can look forward to the further development with good confidence and suggest that Kerstin can definitely be enrolled in school."

A few years later: Kerstin continued to develop well. She, who was hardly "tolerable" in the special kindergarten at that time, now goes to the "Realschule" [occupational school] and is also thinking about doing her "Abitur" [academic final examinations]. She is very independent and has developed good, sustainable relationships at school.

End of the report.

Case study: Tim

Our next report was written by a foster mother who writes about her experience of vicarious prayer for her foster child:

"We engaged in prayer that afternoon that went deeper than our previous joint times of prayer. We wanted to pray into Tim's past.

He had been born to an alcoholic mother at seven months. He would not have been able to survive on his own. So he was hooked up to machines. His mother left him on his own. He never saw her again. His father is unknown.

1 ¼ years in hospital followed without a permanent caregiver. Then Tim was sent to a children's home. He stayed there until he was 4 years old. When he was 4 1/2 years old, he came to live with us in the family. It was a stressful time and we were not able to cope with the many challenges we faced.

This is how the deep canyon of hurts, prejudices and reproaches developed. Tim only talks to us at precisely the moment when we are talking to others. He has more fear than trust. He prefers to build relationships outside the house

lich mit Kerstin los wäre. Auch ihnen war Kerstins Veränderung aufgefallen.

Seit dieser Zeit macht Kerstin - vor allem im emotionalen Bereich - deutliche Fortschritte. Sie lässt sich in zunehmendem Umfang den persönlichen Einfluss von außen gefallen, lässt sich fremd steuern, wirkt sachlich interessiert und stellt sich vielen Aufgaben.

Eine erfreuliche Diagnose

Drei Monate später fand in einer Universitätsklinik für Kinder- und Jugendpsychiatrie eine neuro-psychologische Untersuchung statt.

Wir geben mit Genehmigung des behandelnden Arztes einige Auszüge wieder:

"... in dem Ausmaß allerdings, in dem bei Kerstin derartige Nachreifungswirkungen in den letzten Monaten aufgetreten sind, kenne ich nach jahrzehntelanger Praxis nur einen einzigen Fall, bei dem sich ebenfalls ein vorher in fast allen Facetten identisches Syndrom so gut wie gänzlich verflüchtigt hat, wobei Kerstin eine unglaublich faszinierende Entwicklung genommen hat..."

"Das positive Erscheinungsbild bestätigte sich während der Untersuchungssituation:

Kerstin verhielt sich fröhlich, lebhaft, aktiv, keineswegs mehr hektisch getrieben. Sie ließ Kontakt zu, war zu Interaktionen fähig und konnte auch Wünsche für eine kleine Weile zurückstellen. Kerstin zeigte sich leistungsinteressiert, und es war kein Ausweichverhalten, keinerlei Negativismus mehr zu erkennen. Sie konzentrierte sich und konnte Aufgaben und Instruktionen, welche von außen an sie herangetragen wurden, über einen längeren Zeitraum hinweg nachkommen. Sie nahm Blick- und Hautkontakte auf, hatte eine sehr gute Gedächtnisleistung und zeigte große Freudigkeit zu kommunizieren."

Schlusswort des untersuchenden Psychologen: "Wir sind froh, dass man der weiteren Entwicklung mit guter Zuversicht entgegensehen kann, und schlagen vor, dass Kerstin unbedingt eingeschult werden kann."

Ein paar Jahre später: Kerstin nahm auch weiter eine gute Entwicklung. Sie, die damals im Sonderkindergarten kaum "tragbar" war, geht jetzt

and without caution. He rebels with his whole being.

Prayer brought new hope. We prayed God's salvation into the time of conception, birth, growing up without parents. We asked vicariously for forgiveness for the biological parents.

Tim was not present but was blessed afterwards. It was a good gathering.

On the way home we discovered a new openness. We saw Tim in a different light, had more understanding. What touched me most was Tim's open look. He also spoke easily about questions he had. This was good for us."

Even when Tim's symptoms showed up again, for example, his foster mother responded as follows: "When I write all this now, it was all six months ago. We often have similar problems as before. But what we have experienced encourages us to keep at it, not to give up and perhaps to fold our hands again for Tim. It remains a challenge, a struggle, a risk. But not without hope, because God can change a lot in our lives. And it is all by grace".

These are two really amazing, extraordinary courses of Christian counselling.

But that's how it really was! Thank you.

Nevertheless, every process of healing and change remains unique.

It usually takes longer and develops in several stages, also with regressions, and does not necessarily lead to a perfect outcome.

auf die Realschule und überlegt, ihr Abitur nachzumachen. Sie ist sehr eigenständig und hat in der Schule gute, tragfähige Beziehungen entwickelt.

Ende des Berichts.

Fallbeispiel: Tim

Unser Bericht wurde von einer Pflegemutter verfasst, die über ihre Erfahrungen mit stellvertretendem Gebet für ihr Pflegekind schreibt:

"Wir ließen uns an diesem Nachmittag auf ein Gebet ein, das tiefer ging als unsere bisherigen Gebetsgemeinschaften. Wir wollten in Tims Vergangenheit hineinbeten.

Er war von einer alkoholkranken Mutter im 7. Monat geboren worden. Allein wäre er nicht lebensfähig gewesen. So wurde er an Apparate angeschlossen. Seine Mutter ließ ihn allein zurück. Er sah sie nie wieder. Sein Vater ist unbekannt.

Es folgten 1 ¼ Jahre Krankenhaus ohne feste Bezugsperson. Dann kam Tim in ein Kinderheim. Dort blieb er bis zu seinem 4. Lebensjahr. Mit 4 1/2 Jahren kam er zu uns in die Familie. Es war eine anstrengende Zeit und wir wurden unseren vielfältigen Herausforderungen nicht gerecht.

So entstand die tiefe Schlucht der Verletzungen, Vorurteile und Vorwürfe. Tim spricht nur mit uns, wenn wir gerade mal mit anderen reden. Er hat mehr Angst als Vertrauen. Beziehung baut er distanzlos lieber draußen. Er rebelliert in seinem ganzen Dasein.

Das Gebet trug neue Hoffnung. Wir beteten Gottes Heil in die Zeit der Empfängnis, der Geburt, des Aufwachsens ohne Eltern. Wir baten stellvertretend um Vergebung für die biologischen Eltern.

Tim war nicht dabei, wurde aber anschließend gesegnet. Es war ein gutes Zusammensein.

Auf dem Heimweg entdeckten wir eine neue Offenheit. Wir sahen Tim in einem anderen Licht, hatten mehr Verständnis. Am meisten berührte mich Tims offener Blick. Zudem sprach er locker über Fragen, die er hatte. Dies tat uns gut."

Auch wenn z.B. bei Tim die Symptome sich wieder zeigten, berichtete seine Pflegemutter:

"Wenn ich dies nun alles schreibe, ist alles ein halbes Jahr her. Wir haben oft ähnliche Probleme wie vorher. Aber das Erlebte macht uns Mut

dranzubleiben, nicht aufzugeben und vielleicht neu für Tim die Hände zu falten. Es bleibt Herausforderung, Kampf, Wagnis. Aber nicht ohne Hoffnung, weil Gott viel verändern kann in unserem Leben. Und alles nur aus Gnade".

Das sind zwei wirklich erstaunliche, außergewöhnlicher Verläufe Christlicher Beratung.
Aber so war es wirklich! Danke.
Trotzdem, jeder Heilungs- und Veränderungsverlauf bleibt einzigartig.
Meistens dauert er länger und entwickelt sich in mehreren Etappen, auch mit Rückschritten und muss auch nicht zu einem perfekten Ziel führen.

Saara Kinnunen
(Finland)

Psychotherapist, family and couple therapist, worked in Family Counseling Center in Lutheran Church in Finland.
Master of Arts in Social Psychology, Education and Musicology. Member of the ACC Finland board, supervisor and trainer of counseling and Christian therapy.
She has had parenting courses for 35 years and marriage courses with her husband Arto in Finland and Russia.
Saara Kinnunen is the author of fifteen books, some of them translated into Estonian, Russian. The last two books (2014, 2016) are on the area of integrative Christian therapy.
Her last book Longing for the father was rewarded as the best Christian book of Finland in 2016.

saara.kinnunen@evl.fi

Comment to

"Vicarious prayer on behalf of children in educational counselling"

It is quite seldom you see articles about how to use prayer as a tool in family counseling. That is why I was more than happy to read Werner May`s article.

In the Bible, we see many examples of vicarious prayer and we could follow that example more often both in individual Christian counseling and in family counseling as well. We often pray for healing and that is right, but in Nehemia´s case, the prayer took account of the whole situation and saw the roots of the problem.

In the counseling process, we have time to find out the roots of the problem. We listen to the client and validate her/his/family`s pain and suffering. The client will get a better understanding of the current problems. Here is the difference between pastoral care and the longer counseling process. In Kerstin`s case, we see that the counselor had worked for years with the family. She had listened to them and showed empathy to them. They had a good therapeutic alliance together.

The couselor were sensitive both to clients and to the Holy Spirit. When it was the right moment she made the proposal that everyone involved should become one with Kerstin in Jesus' name and come before God on her behalf. The article does not tell if Kerstin was with them or not. It does not matter, the vicarious prayer works in both cases. Somehow I should recommend not to take the child to the prayer meeting. It is God who works with or without the client.

In a prayer situation, the Holy Spirit can open the roots more deeply as happened in Tim`s case. Also, Kerstin`s parents got more understanding of how helpless, sad, and lonely Kerstin was in the hospital and understood the hatred as a normal reaction. The parents worked both with forgiveness for the personnel in the hospital and their own reactions and behavior toward Kerstin. I am wondering if it was necessary to ask God to forgive the hatred with which Kerstin had reacted to their helpless situation because she was a child and a victim who did not have the same responsibility as an adult for her own behavior at that age.

Tim´s case showed how vicarious prayer changes the foster parents' attitudes toward Tim. The healing power of God is active even today and too often we forget it and do counseling depending on our own knowledge and wisdom. We know that the Holy Spirit is not bound to the present moment but He can go to the past and do healing there. That is a great gift to every parent who knows her/his mistakes and wrongdoings in the lives of their children. Why should we not use this also in counseling with Christian clients?

Nicholas DiFonzo earned a Ph.D. in Social & Organizational Psychology from Temple University in 1994. He is Associate Professor of Psychology at Roberts Wesleyan University (NY, US), where he teaches courses in Social Psychology, Research Methods, and Psychology and Theology. His research interests focus on Christian worldview-based transformative approaches to psychology, worldview influence in psychological measurement, and the psychology of rumor.

difonzo_nicholas@roberts.edu

Nicholas DiFonzo
(USA)

"Why would you describe yourself as a Christian psychologist?"

Questions to Nicholas DiFonzo (USA)

May I first ask how it came about that you studied psychology?
Yes. I would say that there was a moment in the midst of a zig-zag career path where I felt an overwhelming sense of call to be a social psychologist.
In the 1980s, I began work as an environmental engineer; a marvelous occupation, but not much in line with who I am. So, I started taking masters level courses at night in counseling; I felt like a fish entering water I loved what I was learning. The program was billed as „existential-humanistic" with no religious elements, and I found myself challenged and eager to understand it in Christ. I remember reading much relevant Christian literature at that time in parallel with my coursework; for me it was a double-education.
At the same time, my wife and I became involved in starting and running a Crisis Pregnancy Center a Christian ministry that helped women in unplanned pregnancy situations and I soon left engineering to direct this new ministry. I did this for seven years, and I am thankful to the Lord for that chance to serve and to grow. I sensed, however, that my gifts lay in a somewhat different direction. One day while rea-

ding brief descriptions in the Dictionary of Occupational Titles, I saw „Social Psychologist" and immediately recognized myself even my childhood self in the description. I felt it as a calling. And even though I was not in the typical place in life for graduate school (a wife, three children, a house), my wife was very supportive and a series of rather unusual events occured that enabled me the opportunity enter a PhD program in social psychology.
Still, decisions such as these were (and are) very much exercises in dependence.

What was the focus of your study/training?
For most of the last 30 years, I have focused on the psychology of rumor (e.g., why people believe and share rumors, how they become more and less accurate, how to manage harmful ones). The traditional definition of rumor is an „unverified statement in circulation." Of course, this begs the question of what constitutes „unverified" a very good question indeed!

It was only after I became a Christian psychologist that I was able to resolve this question within a Christian worldview. Rumors always in-

volve questions about who we trust, what sorts of evidence are permitted, and what sorts of stories are deemed plausible within a given community. In a Christian understanding of knowing, evidence is highly valued (the Bible shows this clearly), but evidence never speaks for itself. One must, as it were, first make a commitment. Beyond this, I now define rumors as shared information and stories a) that some persons or communities consider false, b) are embedded within a narrative about God's goodness or his badness, c) have a spiritual dimension that relates to the heavenly realms in conflict, and d) are (non-deterministically) embraced or rejected (for more on this, please see DiFonzo, 2019, „A Christian psychology of rumor," Journal of Psychology and Christianity, 38(1), 3-21).

Did you get any results that you would especially like to emphasize?

I think one of my favorite discoveries was that there are some situations where rumors tend to become more accurate (e.g., when people in established friendship networks want the truth, and credible sources are available to check the rumor) and some in which they become less accurate (e.g., in high-anxiety natural disaster situations with disrupted communica-

tion networks, or where strong partisan sentiments outweigh a fair-minded outlook).

This work was perhaps significant to me because it dovetails what we know about the accuracy of the New Testament documents. Suffice to say that there is good reason to trust in the basic accuracy of the stories about Jesus that were being circulated at the time of the early church, and good reason to rely on their transmission accuracy once these stories were written down in the gospels and the book of Acts.

Why would you call yourself a Christian psychologist?

I have begun to see that „doing psychology" whether teaching, researching, or serving is really a formative spiritual discipline in Christ both for me and for those with whom I do psychology. If you will doing psychology is an act of worship.

An example of this is how my teaching of „research methods" (and my own research approach) has changed. The aim of research as a Christian psychologist is not just theoretical knowledge, but poetic knowledge. That is, to love God through loving the thing encountered. I first teach students basic ways of studying the Bible (many have never actually done this), and ask them to study the Scripture with respect to the psychological concept we are interested in (e.g., we recently studied the fruit of the Spirit, and each of the nine students involved focused on one of these expressions of the fruit: agapé love, joy, peace, patience, kindness, goodness, gentleness, faithfulness, and self-control; see Gal. 5:22-23). In addition, I try to point to what Christians (e.g., Augustine, Aquinas, Kierkegaard) have said on the matter.

But this Scripture study is not to be only informative, it is to be spiritually formative: I ask them to meditate and pray on these Scriptures, and we meet regularly to share insights. It feels much like a biblical word study and indeed the Word studies us! Once the contours of the concept are known personally within a Biblical worldview, I teach them how to conduct a standard literature review, and these texts then add to their wisdom.

The research then proceeds within a similar frame throughout. Compared to the more usual positivist or modernist approach to psychological research, it is intuitive, holistic, personal and transformational. It is a way of growing in conformity to Christ.

How did you come to be a Christian psychologist?

Like all psychologists, I was trained in modernist research methods, and I taught and used these same methods with some success indeed I was unaware of any other way to do psychology. But although my Christian worldview often suggested research ideas or seemed to confirm research findings, I grew increasingly frustrated. I sometimes felt that "my hands are tied behind my back" (e.g., it was "against the rules" to discuss the relevance of Creation, Fall, Redemption, and Glorification). We were taught, implicitly, a methodological naturalism (to conduct psychology without reference to God). Consequently, psychological knowledge became dry and unenchanted. Dull, actually. (I think many Christians in psychology sense this same dissonance, and have a consciousness of two separate psychological worlds and a sense of "what the rules are" for each).

For me, the dissonance became acute during my last sabbatical in which I had intended to write a book integrating Christianity and my primary research topic (the psychology of rumor). During that sabbatical, I became disillusioned with the legitimacy of the modernist psychological enterprise. I became (and remain) convinced that falsification is a myth, data are theory-laden, and the "facts" are not self-evident. I was increasingly aware of the social and political aspects of the psychological project and the establishment psychological community.

At that point, I did not think that psychology had much unique value to offer people. But in that same sabbatical, by God's grace, I began to read works especially by Eric L. Johnson, but also Brent Slife, Nicholas Wolterstorff, Robert C. Roberts, and C. Stephan Evans (among others), and later by John H. Coe and Dallas Willard. This led to a paradigm shift in my approach, and I began to work consciously within a Christian psychology frame. This was a surprisingly difficult conceptual corner to turn, but when I rounded that corner, the frame transformed my mind such that the dissonance disappeared.

Indeed, psychology is now more interesting to me than ever because it is an integral facet of my walk with Christ. My research topics are genuinely compelling, and my psychological ideas are more original and creative because they tap into my central identity as a Christian. That identity now has real, explicit, and thorough-going expression through my vocation as an academic psychologist.

You talked about how you express this identity as a Christian psychologist in your research methods; how else is this identity expressed in your teaching?

In everything I begin with a scriptural frame approached in a spiritually formative way to gain a primary personal understanding, then add to that frame ideas from other texts, such as the texts of modernist psychology. The result is an encounter that God uses to prune me. For example, I have reconstructed my Social Psychology course and my whole understanding of social psychology around the concepts of the relational person (i.e., we are essentially relational because we are made in God's image), community telos (i.e., we were created for community), and ordered vs. disordered love (e.g., affection is ordered when it is a facet of a love for God).

Within this framework (or through this lens), I approach each topic and it inevitably shines light in dark places, stretches me, and reveals God's beauty and glory. For example, I review research findings on group polarization within the frame of weak relational community, that is, communities built on sameness (in what ways do I treat others on the basis of how similar they are to me?).

A second example: I review bystander intervention within the frame of what it means to have an ordered relationship with others (am I the kind of person who is prepared to see need in others and to take risks in aiding them?).

A third example: I review self-esteem research

within a frame of acceptance of one's current self and acceptance of the self that God calls us to be both of which are rooted in God's love for us (is my daily sense of worth based on a comparison of my accomplishments with other people rather than a transparent resting in Christ?).

So, as part of doing psychology in the Spirit, even teaching is transformational, part of one's walk with Christ.

What are your actual professional duties? Can you please tell us a little bit about your experiences?

Yes. Like other professors, my duties include teaching, scholarship, and service. I interact mostly with undergraduates in courses such as Psychology & Theology, Social Psychology, Positive Psychology, and Research Methods. I interact with graduate students in our PsyD program through similar courses integrating counseling and theology. I supervise many students individually who desire a deeper involvement in research. I advise and have continuing conversations with many students outside of class, usually over coffee, and usually involving ideas about Christian psychology.

I can see that your life is full of interesting tasks. And you have a private life too. Has this been stressful?

My wife and I, daughter and son-in-law, and their three young children (and dog!) live in our active multi-generational household; my days include such things as clearing the table and washing dishes, serving as a "taxi", walking the dog, gardening and lawncare, house repair and handyman work, playing guitar and singing, and reading fiction.

Each year I read C.S. Lewis's Till We Have Faces, and his Ransom trilogy.

And when I can, I love to hike.

In a sense though, the distinction between my "work life" and "private life" is blurred because

of the Christian transformational approach I just spoke about. Ideas and conversations that occur in relation to my "work life" apply almost immediately to my "private life", and vice-versa. Both lives feel rather "stressful," but of course that is not the truest way to understand it.

Rather, like you and each of your wonderful readers, I am being actively pruned12. (See "Evil Rumors" on the topic of stress as pruning).

Former Interviews with a Christian Psychologist: „Why would you call yourself a Christian Psychologist?"

- Friedemann Alsdorf (Germany) https://emcapp.ignis.de/19/#p=51
- Steven Voss (USA) https://emcapp.ignis.de/18/#p=38
- Päivimaria Kuivamäki (Finland) https://emcapp.ignis.de/17/#p=32
- Olena Yaremko (Ukraine / Germany) https://emcapp.ignis.de/16/#p=27

About Us

This journal is published by the European Movement for Christian Anthropology, Psychology and Psychotherapy in cooperation with the IGNIS-Academy, Kanzler-Stürtzel-Str.2, D-97318 Kitzingen. EMCAPP as a non-institutional movement enjoys meeting Christian scholars and practitioner in the field of Christian anthropology, psychology, psychotherapy and counseling from all over the world and from most Christian traditions. We are focused on bringing together key persons from different countries. The richness of experience and background always stimulates and refreshes us.

This magazine is free and can be downloaded from our website. We appreciate everyone who recommends it.

Per year, two issues of the journal are planned.

The Board of EMCAPP

Next Number
Anticipated
Publication date:
Summer 2024

European Movement for Christian Anthropology, Psychology and Psychotherapy
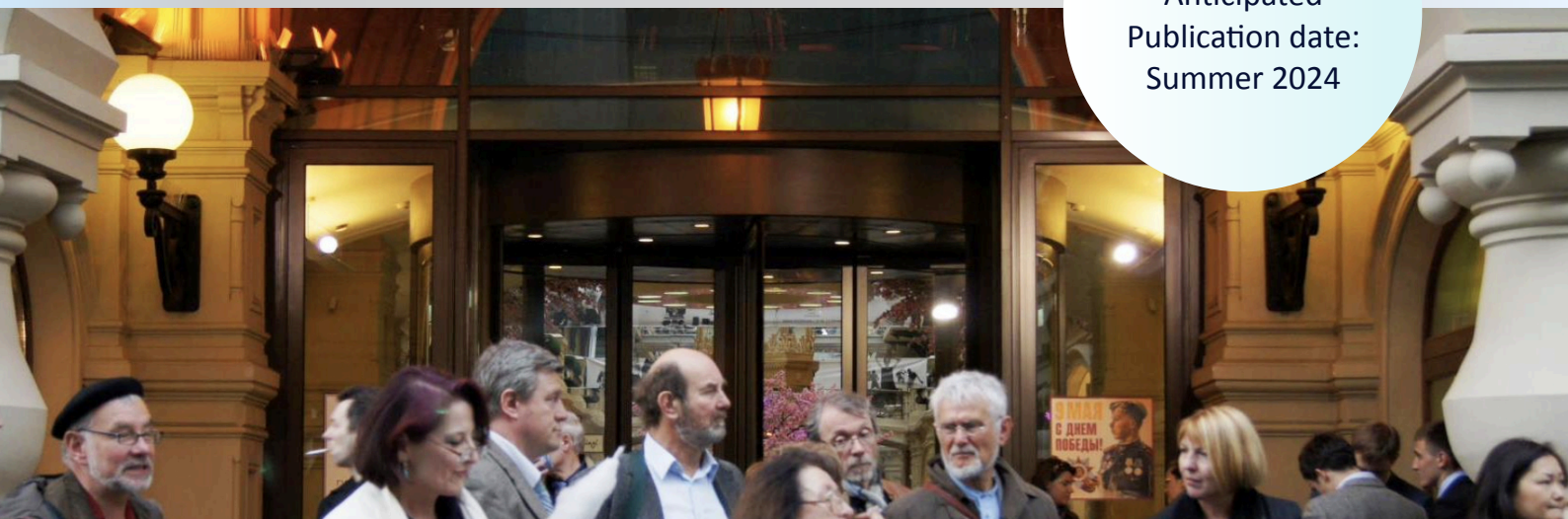
seven statements of emcapp

The seven statements of EMCAPP are as follows:

1. **EMCAPP** is based on the belief that there is a God who is actively maintaining this world, and therefore there cannot be any discussions about Man without talking about God.

2. **EMCAPP** acknowledges the limitations of all human knowledge and therefore appreciates the attempts of the various Christian denominations to describe God and their faith.

3. **EMCAPP** brings together international leaders and pioneers in the field of Christian psychology and psychotherapy and its underlying anthropology.

4. **EMCAPP** respects and appreciates the cultural and linguistic diversity of backgrounds of its members.

5. **EMCAPP** encourages its members to learn how to recognize each other as friends and brothers and sisters in Christ.

6. **EMCAPP** encourages its members in their national challenges and responsibilities.

7. **EMCAPP** has a global future and it is open to discourse and joint research opportunities around the world.

"God-image" is a term used to denote a person's subjective perception and experience of God, a personal assessment that is relevant for the development of faith. (Rizzuto, 1979).