# INTRINSIC CHRISTIANITY, PSYCHOLOGICAL DISTRESS AND HELP-SEEKING

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The candidate confirms that the work submitted is her own and that appropriate credit has been given where reference has been made to the work of others. This study received approval from the Ethics Committee, School of Psychology, University of Leeds.

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## ABSTRACT

Research consistently reveals an association between 'intrinsic' religion (a 'lived', committed religion) and indices of psychological well-being. Whilst many reasons for the association have been proposed and tested, research mainly shows correlations between isolated researcher-chosen variables. Most studies to date have been conducted with non-clinical, non-UK samples, which are often of mixed religion; hence the generalisability of findings is limited. Research also suggests that Christians prefer to seek help that adheres to Christian values, addresses spiritual as well as psychological issues and is from a religious source. However, only one study on Christians' help-seeking has been conducted in Britain. I theorised that construing problems in Christian terms might affect both coping and help-seeking behaviours. This study had three research questions: whether intrinsic, Protestant Christians construe psychological difficulties in Christian terms; how intrinsic Christians see their faith as helping or hindering them in coping with psychological distress; and the grounds upon which intrinsic Christians choose where to seek help. I conducted interviews with a clinical sample of 12 British, intrinsic, Protestant Christians and analysed these using a grounded theory approach. From my analysis I developed a tentative model of the psychological resources provided by intrinsic Christianity. I also developed a questionnaire, based on helper characteristics that participants identified as influencing their help-seeking. This assessed the relative importance of these characteristics and was completed by participants at follow-up interviews. Findings indicated that psychological difficulties were predominantly construed in lay-psychological terms, but aspects were regarded as spiritual; that attachment to God and belief in his benevolent control were central to a range of aspects of faith that were perceived to facilitate coping; and that helpers' approach to Christianity could be a primary concern to Christian help-seekers. Finally, I related my findings to psychological theories and previous research findings and considered their implications for future research, clinical practice and Christian communities.

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# CHAPTER 1: INTRODUCTION AND SUMMARY OF BACKGROUND LITERATURE

Overview of Introduction and Summary of Background Literature

Christianity in Britain
What is Christianity?
Psychology and Religion
Psychological Implications of Christianity
Intrinsic Christianity
How Intrinsic Christianity Might Enhance Psychological Health
How Intrinsic Christianity Might Inhibit Psychological Health
Implications of Intrinsic Christianity for Help-seeking
This Study
Aims and Research Questions

## Christianity in Britain

> "Religion is the most important social force in the history of man"
> Hogan, 1979, p.4

Christianity was once the prevailing worldview in Britain: education, law and politics were based on the authority of the Bible and the centrality of God (Schaeffer, 1987). However, over the twentieth century there has been a fundamental shift away from a worldview that "was at least vaguely Christian" Schaeffer (1987, p.17). Surveys support this appraisal: commitment to Christianity in Britain has fallen over this century and indifference towards Christianity has increased (Brierley & Wraight, 1998). This trend is often attributed to the rise of faith in modern science, which purported to explain humanity, the universe and their origins within a materialist, evolutionary framework, without reference to God. Richards and Bergin (1997, p.24) suggest that "The prestige and technical successes of science, combined with the lack of persuasive response from religious institutions, contributed to the decline in status and influence of [religion]" .

However, despite the lowered profile of Christianity in British culture, it is still a significant force in society. In 1995, an estimated 38.1 million people in the UK (65% of the population) described themselves as trinitarian[1] Christians and 6.36 million were members of UK Christian churches (Brierly & Wraight, 1998). In a British survey 23% said that they 'know God really exists and ... have no doubt about it' (British Social Attitudes Survey, 1991). This is

[1] 'Trinitarian' refers to belief that God is three persons – Father, Son and Holy Spirit – in one.

a sizeable minority which compares to the British ethnic minority population of 3 million (5.5%; Census of Population Base Statistics, 1991). Despite the recent overall decline in church membership, considerable growth (68% in England between 1989 and 1998) is evident in mainstream Evangelical[2] churches; Evangelical Christians comprised 37% of the church-going population in England in 1998 (Brierley, 2000).

### What is Christianity?

Whilst Christianity down the ages and across cultures and denominations has been expressed in diverse forms and with different emphases and theologies, some tenets of the faith are shared by most, if not all, Christian groups. These are summarised below (from Stevenson, 1987; and Schaeffer 1968).

Christians believe in one God, who encompasses the three persons of the Trinity: Father, Son and Holy Spirit. He is omnipotent, just, without fault and unconditionally loving. He[3] created the world and its contents; men and women were uniquely made in a form that reflects God in order to relate to him. Christians thus regard loving and obeying God as their primary purpose.

Christians acknowledge that they are morally guilty before God and that this guilt disrupts their relationship with him. God demands justice through punishment for wrongdoing. The tension between his mercy and love for people, and his requirement of justice, is resolved in Jesus Christ's[4] substitutionary death for all people, which demonstrates the ultimate victory of good over evil. Those who admit their wrongdoing, reject sinful[5] ways of living, and accept Jesus' death as 'buying back' their fellowship with God and freeing them from the consequences of their sin, are thus exonerated, their relationship with God restored and they receive eternal life.

The Holy Spirit (the "Spirit of Christ"; the 'life-force' of God[6]) is given to all who believe in Jesus in this way. The Holy Spirit is the presence of God, active in the lives of individuals and the Christian community. Through him, Christians are 'cleansed' from moral guilt, enabled to live according to God's preferences rather than according to their inherent sinfulness, may receive spiritual insights and experience a personal, intimate relationship with God.

Christians believe that the Bible is inspired by the Holy Spirit (a "divine message in human speech" (Walls, 1998, p.114)), and is the ultimate source of Christian belief, providing

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[2] See Appendix D for the tenets of Evangelical Christianity. These concur with my description of Christianity below.

[3] The Bible describes God in both masculine and feminine terms in the Bible. However, in line with Christian convention, pronouns I use will refer to God in the masculine.

[4] A historical person who the Bible describes as the 'Son of God', God in a human form.

[5] 'Sin' refers to both 'acts of transgression, a nature or disposition and a force in opposition to God. … It is both a violation of law and a violation of relationship.' (Jones & Butman, 1991, pp. 50-52)

[6] From the Hebrew term for spirit used in the Old Testament, 'ruah', meaning 'breath' or 'life force'.

their benchmark of truth. Private reading of the Bible is encouraged, particularly in Western, Protestant denominations.

Christians regard themselves as part of "a universal, time-transcending, corporate body" (Walls, 1998, p.113) of people, i.e. the church. This is identified and may be expressed quite differently across cultures and generations.

## Psychology and Religion

> "… in psychology, anyone who gets involved in or tries to talk in an analytic, careful way about religion is immediately branded a meathead; a mystic; an intuitive, touchy-feely sort of moron."
>
> Hogan, 1979, p.4

The discipline of psychology in Britain tends to reflect and is implicated in the prevalent culture of religious indifference: "… it is possible to study psychology in a British University now where the whole issue of personal spirituality and faith is simply not referred to" (Hall, 2000). Religious belief has been neglected in psychology research and practice, whilst "naturalism, agnosticism, and humanism … have dominated the field", (Bergin, 1980, p.95)[7]. The important role that religious faith has played in the lives of many, if not neglected, has been interpreted naturalistically (i.e. reduced to explanations that discount the spiritual) in psychology texts, (e.g. Hilgard, Atkinson & Atkinson, 1979). In the clinical application of psychology (for instance in psychoanalytic and cognitive therapies), "theoretical opposition to metaphysical beliefs has been both influential and orthodox" (Crossley, 1995, p.284). For example, diagnostic instruments like the Minnesota Multiphasic Personality Inventory (MMPI), ask about religious belief, practice and experience, and treat affirmative answers as evidence of psychopathology (Batson, Schoenrade & Ventis, 1993). Current psychological theory and practice does not tend to accommodate the possibility of the existence of God or spiritual forces, or the influence of these, or beliefs in these, in peoples lives; and where it does it may be viewed as pathological.

Despite indifference towards issues of faith[8] and spirituality in psychology, the zeitgeist has been changing. "Science has lost its authority as the dominating source of truth it once was" and shown to be "an intuitive and value-laden cultural form" (Bergin, 1980, p.95). Epistemological similarities between science and religion have also been recognised (Watts, 1996), for example, "the interaction of data and theory (or experience and interpretation)" (Barbour, 1990, p.65); and the absence of proof, its place taken by "judgements rendered by the paradigm community" (p.65). Disenchantment with positivism in the human sciences has

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[7] Bergin (1980) contrasts a theistic value system with the predominant atheistic systems of belief in clinical psychology, (which he terms 'clinical pragmatism' and humanistic idealism'). Their implications for clinical practice are self-evident (See Appendix A).

[8] The term 'faith' will be used from here on to refer to religious faith.

occurred alongside disillusionment with mechanistic behaviourism and the growth of social constructionist approaches. This, along with growing interest in spirituality in the population in general (Richards & Bergin, 1997) has set the stage for "a new examination of the possibility that presently unobservable realities – namely, spiritual forces – are at work in human behaviour" (Bergin, 1980, p.96).

Reflecting these changing attitudes, the number of articles in the psychological and psychiatric literature relating to religion and mental health has risen from an average of 4 per year from 1981-1990, to an average of 48 from 1991-95 and 58 in 1996 (as recorded in Bath Information Data Services Social Sciences Database). The vast majority of research relates to Christianity and has been undertaken in the USA. However, the publication of a new British Journal, 'Mental Health, Religion and Culture' and The Mental Health Foundation's recent survey of mental health service users ('Knowing Our Own Minds') indicates a growing awareness in Britain that spirituality / religion can play a significant part in mental health. The latter reports that, "… this survey suggests that religious or spiritual beliefs can be profoundly important for many people with mental health problems … [these] beliefs played a part in the lives of … just over half of the people in the survey", (Mental Health Foundation, 1997, p.73). It would seem that psychology, especially in the psychotherapeutic / mental health arena, should not ignore religious or spiritual issues.

The potential mismatch between theistic values of religious clients and the atheistic perspectives predominant in psychology (Bergin, 1980) clearly has implications for clinical practice. Whilst there is often concord between secular psychological therapies and theistic values there may be a radical difference between their prioritisation of ultimate goals. The former may aim solely for improvement at a symptomatic level, whereas the pursuit of religious goals might involve emotional distress. Thus, "What may appear as a restriction [or an affliction] to the outside observer may in fact be freely chosen as a road to spiritual blessing" (Batson et al. 1993, p.197). As psychotherapeutic approaches, "vary widely in terms of how explicitly the influence of philosophical assumptions are acknowledged" (Jones & Butman, 1991, p. 30), clinicians may not be aware of the philosophical underpinnings of their practice and thus how these may be discordant with a religious worldview. They may therefore be ill-equipped to adhere to professional guidelines that recommend adherence to client values.[9] Research suggests that clients take on some of their therapist's values (Kelly & Strupp, 1992; Worthington, 1991), and so religious clients may be vulnerable to taking on secular clinician values in secular therapy.

[9] The BPS Professional Practice Guidelines (BPS, 1995, Section 3.1.2) state that "psychologists must ensure that they do not unreasonably impose their own values nor those of the institution in which care is being provided to clients or their carers. They are not, however, obliged to accept the client's values. They must not condone those that are illegal, immoral or harmful to the client or others. Where there is a

## Psychological Implications of Christian Commitment

> "The operative contents of our faiths – whether explicitly religious or not – shape our perceptions, interpretations, priorities and passions."
>
> James Fowler, 1981, p.31

Christian faith can "touch… all of thought and all of life" (Schaeffer, 1987, p.54). It may provide a solution to guilt, a relationship with an unconditionally loving and accepting, divine father, a church 'family' availing a rich social network, a framework for finding meaning in suffering, access to divine resources, knowledge of God's support, reason for one's own value, guidance, purpose and a basis for identity. Presented in this way, it would be reasonable to expect Christianity to be psychologically beneficial.

However, alternative perspectives on faith have been expressed. (For a comprehensive critique of religion from a range of perspectives, see Wulff, 1997). Freud considered religion to be a "kind of universal neurosis that civilisation substitutes for a more authentic personal reality based on scientific knowledge" (Jones & Butman, p.77). He viewed religion as an 'illusion' (Freud, 1921, p.123), regarding it as an unhealthy defence against anxiety (for example, by creating a divine father figure, anxiety can be avoided) that inhibits exploration and resolution of the conflicts at the source of anxiety. In another vein, Ellis (1980, p.637) suggests that, "[devoutly religious] People largely disturb themselves by believing strongly in absolutistic shoulds, oughts, and musts … Religiosity, therefore, is in many respects equivalent to irrational thinking …" Ellis & Bernard (1985) propose that devout belief increases emotional disturbance, and Gestalt therapists can perceive willingness to adhere to God's guidance and morality as a form of unhealthy, "dependent, ingenuine "other-regulation"" (Jones & Butman, 1991, p.315).

## Christianity and Psychological Health: Research Findings

The research on the relationship between religion and mental health has produced mixed and sometimes contradictory results. Some reviewers conclude that no consistent relationship exists between mental health and religion, (e.g. Levin & Vanderpool, 1987). However, it is possible that contradictory and often weak associations reflect a lack of sensitivity to the multidimensionality and diversity of religious belief and practice, inconsistencies in how religious faith and mental health are measured and defined, and which other variables are controlled for. Evidence for this is found in Batson et al.'s (1993) and Gartner's (1997) reviews of the literature (the vast majority of which was conducted in the US with non-clinical samples), which distinguish between indicators of psychological well-being and find clearer associations with religious involvement.

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conflict of values, the psychologist must weigh up the need for the client to receive the help they are seeking against the risks, and may need to assist the client to find alternative sources of support and care."

In these reviews, religious involvement was found to be positively associated with some indicators of psychological well-being, including marital satisfaction, freedom from worry, guilt and mental illness and reduced suicide and depression; and negatively associated with indicators including personal competence and control, self-acceptance or self-actualisation, open-mindedness, and tolerance of ambiguity. More complex or ambiguous relationships were found between religion and measures of anxiety, self-esteem and sexual disorders.

The main body of research in Britain in this field has explored the relationship between religion (mostly Christianity) and the personality variables of neuroticism and psychoticism. No evidence of a relationship between neuroticism and religious faith has been found, but a significant negative relationship has been shown between psychoticism and religiousness (Francis, 1992).

Whilst some clarification of the research has occurred by discriminating between different conceptions or aspects of mental health, it is a distinction between *religious types* that has proved most illuminating. In particular, striking differences have been found between those with an '*intrinsic'* faith and those with an '*extrinsic'* faith.

### Intrinsic Christianity

Allport originally made a distinction between mature (later to be termed 'intrinsic') and immature ('extrinsic') religion. Those whose faith is 'intrinsic' regard it as a "meaning-endowing framework in terms of which all of life is understood" (Donahue, 1985, p. 400) and regard it as an end in itself. For those whose religion is 'extrinsic', their religion is one "of comfort and social convention, a self-serving, instrumental approach shaped to suit oneself" (p. 400). The intrinsic - extrinsic distinction between religious types is one of the most popular used in empirical research.

Batson, Schoenrade and Ventis (1993) undertook a review of the empirical research that distinguished between intrinsic and extrinsic religion. The vast majority of studies were undertaken in the US and mainly related to a Christian faith. The review revealed negative relationships, which tended to be weak, between extrinsic religion and indicators of mental health in 48 of 80 findings. The clearest negative relationships were for appropriate social behaviour, freedom from worry and anxiety, personal competence and control, and open-mindedness and flexibility. 31 findings indicated no clear relationship with aspects of psychological health including self-acceptance, self-actualisation and unification and organisation of the self. Only one positive relationship with an aspect of mental health (absence of depression) was found.

Contrasting with findings relating to an extrinsic faith, 49 of the 93 relevant findings showed positive associations between intrinsic faith and psychological health. Some of the clearest associations were with freedom from worry and anxiety, personal competence and control, life-satisfaction, well-being and unification and organisation of the self. 30 findings

showed unclear relationships, relating to perceived locus of control, ego-strength, guilt, open-mindedness, flexibility, self-acceptance and self-actualisation. Further research in these areas goes some way towards exploring these unclear relationships. It often reveals that the outcome measures used are inadequate for a religious population (e.g. Welton, Adkins, Ingle & Dixon, 1996). Negative correlations were evident in 14 findings, and included weak associations with measures of depression and exploitative narcissism. Koenig, George and Peterson (1998) conducted a later study (one of few longitudinal studies) with a clinical population. 97% of their sample were Christian; all were medically ill and diagnosed with a depressive disorder. They found that for every additional 10-points in 'intrinsicness' score (i.e. 10 point difference between patients; score range: 10-50), there was a 70% increase in speed of remission of depression.

Clearly, there is little evidence that an extrinsic orientation is associated with psychological health and considerable evidence that intrinsic religious faith is associated with psychological health. In fact, of the dimensions of religious faith developed so far, intrinsic religion is the most consistently associated with indices of mental health. However, research samples tend to be drawn from non-clinical, North American populations and these can represent a range of religions within a study. The generalisability of findings, therefore, is questionable.

As most relevant studies are correlational and cross-sectional, associations between mental health and religion or religious type are open to a number of possible interpretations. Associations between mental health and religion may indicate an effect of one on the other – in either direction. The literature most frequently assumes that associations suggest an effect of religion upon psychological well-being; many ideas as to why and how this might occur have been offered, and some supported empirically (see 'Psychological Implications of Christian Commitment', p. 11 and 'How Intrinsic Christianity Might Enhance Psychological Health', below). However, it is also possible that psychological health may predispose religiousness, e.g. higher self-esteem may give rise to confidence in being accepted by God or religious communities, whereas lower self-esteem might lead to the belief that one is not 'good enough' to be religious. Similarly, psychological well-being may predispose intrinsic faith, and poor psychological health, extrinsic faith; e.g., higher levels of trust and openness towards others (one index of psychological health, e.g. Bartholomew & Horowitz, 1981) may facilitate unreserved commitment to God, whereas fearfulness may lead to a more regulated, or extrinsic, religiousness. Another explanation for the correlations between mental health and religiousness is that religiousness and mental health are both independently associated with a third variable, and therefore associated with each other by default, rather than due to any direct effect of one upon the other. For example, socio-economic status is a predictor of religion, with members of the middle class being more likely to be church members (Batson et al., 1993) and also a correlate of mental health (e.g. Kessler, McGoriagle, Zhao, Nelson, Hughes, Eshleman,

Wittchen & Kendler, 1994). Of course, all three possible explanations outlined above may contribute to the association between psychological wellbeing and religion.

## How Intrinsic Christianity Might Enhance Psychological Health

Various reasons for associations between Christianity and psychological adjustment have been proposed; some of the main ideas are outlined briefly below. They tend assume an intrinsic type of faith and consider how this might influence psychological health rather than vice versa. This study will focus on intrinsic Christianity and therefore possible reasons for associations between extrinsic faith and mental health outcomes will not be explored here.

### *Meaning in life*

> "Man positively needs general ideas and convictions that will … enable him to find a place for himself in the universe. He can stand the most incredible hardships when he is convinced that they make sense; … It is the role of religion to give a meaning to the life of man."
>
> Jung, 1964, p.89

Many (e.g. Pollner, 1989) have suggested that religion helps people to make sense of problematic situations and provides meaning and direction in life. Supporting this notion, intrinsic religion has been found to correlate with existential meaning and purpose (Batson et al. 1993). Intrinsic Christians may make sense of inexplicable events by attributing them to 'God's will' (e.g. Gorsuch & Smith, 1983) and using their faith's meaning framework to make sense of uncontrollable life stresses; this appears to buffer against the potential for depression (Park, Cohen & Herb, 1990). Making sense of stressful life events and a general perception of life as meaningful have been linked with positive mental health outcomes in a number of studies, (e.g. Coleman, Kaplan & Downing, 1986; Zika & Chamberlain, 1992). Thus religion's hypothesised influence on well-being may be mediated by enhancing meaning-making.

### *Social support derived from the church community and support from God*

Social support is well established as a correlate of mental health. It has been defined variously, but Maton (1989) reports that the stress-buffering components often emphasised are the perception that one is cared for, loved, esteemed and valued. Bergin (1980) suggests that "religious communities [may] provide … a network of loving, emotional support network" (p. 102). This network of people with shared beliefs and experiences holds the potential for particularly meaningful relationships.

Maton's (1989) prospective study suggests that perceived support from God ("perceptions and experiences of God's personal love, presence, constancy, guidance, and availability for the self", p.319) relate to higher levels of well-being. His study is limited because it assesses support from God using researcher-generated items, which may not express

aspects of most meaning to religious people. It also fails to distinguish between different faiths or religious types. Nonetheless, on the basis of his work, Maton (1989) suggests two possible hypotheses that require further testing: that support from God may enhance self-esteem and reduce negative affect or enhance positive appraisals of negative events.

### *Identity and self-esteem*

It has been suggested that religion can enhance a sense of personal identity and self-esteem and that self-concept can mediate the relationship between religious belief and psychological adjustment (e.g. Blaine, Trivedi & Eshleman 1998; Pollner, 1989). Jones and Butman (1991, p.42) express some of the Christian beliefs that may account for these findings:

> "Far from being the chance products of blind causal forces, with lives that are thereby unintelligible and meaningless, we were created intentionally. … We accrue *value* in at least three ways. … we are the work of the Lord, and all of God's works have value. (…"God doesn't make junk"). Second, … we are the only aspect of creation specifically said to be created in God's "image." Finally, … we have value because God chose to make his Son a human … and to die for us. Surely, God would not waste [his] life … on beings that are without value."

### *Attachment to God*

Religion has been interpreted as attachment behaviour, in which God functions as an attachment figure (e.g. Kirkpatrick, 1992). He takes on the parental roles of providing a 'safe haven' to which a child may retreat for comfort in the face of threat, and a 'secure base', from which a child is empowered to explore the world. Attachment styles have been distinguished and may broadly be categorised as secure or insecure (e.g. Ainsworth & Wittig, 1969). Bartholomew and Horowitz (1991) propose a four category model, based on two dimensions of attachment style that relate to individuals' internal working models of themselves and of others; either may be positive or negative. A positive working model of oneself and of others maps onto a secure attachment style; the various combinations that include at least one negative working model relate to different insecure attachment styles. Numerous researchers (e.g. Hazan & Shaver, 1987) demonstrate that individual differences in childhood attachment style parallel adult attachment styles (i.e. in relationships between adults), and correlate with indices of psychological well-being.

Research indicates that attachment to God is a more powerful indicator of psychological health than other religious measures: Clarke and Noller's (unpublished) research shows associations of psychological health with the former but not with measures of church attendance, religiousness or religious commitment. In this study, secure and insecure attachments to God related to measures of good and poor mental health respectively. They proposed two hypotheses with respect to the development of an attachment style to God: that either a) this would correspond to general adult attachment style; or b) it would compensate for

an insecure general attachment style, and thus show features of a secure attachment in otherwise insecurely attached individuals. However, their results supported neither hypothesis. Whilst a full understanding of the relationship between style of attachment to God and general adult attachment style has yet to be developed, this research suggests that the quality of a relationship with God is an important factor relating to psychological well-being, irrespective of general attachment style.

### *Coping*

Park et al. (1990) suggest that 'an intrinsic religious belief system' provides additional coping resources, including "a sense of mastery … through one's relationship with a benevolent and omnipotent God" (p. 563). It "might reduce the perceived threat or loss associated with experienced negative events, might enhance an individual's evaluation of coping resources, and might result in a reliance on effective coping strategies" (p.563). Pargament's series of studies (e.g. Pargament, Ensing, Falgout, Olsen, Reilly, Van Haitsma & Warren, 1990) reveal numerous ways in which Christian faith can influence coping, both in terms of appraising events (e.g., 'Found the lesson from God in the event') and providing an array of religious coping activities (e.g. 'used Christ as an example of how I should live'). Intrinsicness was not found to be negatively related to appraisals of stressful events as threatening but was associated with 'opportunity to grow' appraisals (Pargament, Olsen, Reilly, Falgout, Ensing & Van Haitsma, 1992).

From interviews with church members, Pargament et al. (1990) identified religious coping activities. Some types of coping were positively associated and some were negatively associated with psychological outcomes of stressful events. Religious coping variables predicted outcomes *beyond* the effects of non-religious coping variables; the most potent predictor of positive outcomes was 'spiritually based' coping (which emphasises the individual's relationship with God). Intrinsic Christianity was found to be associated with 'spiritually based' coping and with 'religious avoidance' (which relates to religious activities that divert attention from a negative event). However, it was also negatively associated with 'non-religious avoidance' and positively associated with 'problem solving' (Pargament, et al., 1992). Whilst these studies provide a rich source of information, their validity may be limited by their reliance on retrospective self-report of the life events and coping concerned. Also, they are cross-sectional and thus do not address the issue of direction of association. Their generalisability is limited as they use non-clinical samples and focus on stressful *events* rather than ongoing stresses or psychological difficulties. Pargament (1997) acknowledges that the catalogue of religious coping activities his studies identified, is "not the last word in the conceptualisation … of religious coping" (p. 186) that it does not include all important coping approaches.

### *Problem-solving style*

Pargament (1997) suggests an alternative to an enhanced self-efficacy view of coping suggested by Park et al. (1990): "the religious world helps people *face* their personal limitations and *go beyond* themselves for solutions" (p. 8, my italics). Pargament, Kennell, Hathaway, Grevengoed, Newman and Jones (1988) formulated three religious problem-solving styles based on variations of two dimensions in the individuals' relationship with God: "the locus of responsibility for the problem-solving process, and the level of activity in the problem-solving process" (p.91). These are deferring, collaborative and self-directing. A deferring style involves passively deferring responsibility for coping to God and waiting for solutions to emerge through his efforts; in a collaborative style responsibility is viewed as being held jointly by oneself and God, and both are active; and a self-directing style involves an internal locus of responsibility and active problem-solving by the individual. They found that a deferring style was negatively associated with measures of competence, a collaborative style was positively associated with personal control and self-esteem, and a self-directing style was associated with some, but not all, measures of competence. However, in some circumstances a deferring style was positively associated with better outcomes and a self-directing style negatively associated with these. Pargament (1997) suggests that this may occur when individuals face situations in which they have very little control. He also reports that "a consistent pattern of findings emerges only for collaborative coping. The shared sense of power and control embodied in this approach seems to bode well for both general mental health and the outcomes of specific negative situations" (p. 294).

### *Forgiveness*

Forgiveness is central to Christian belief and is highly valued by Christians (Rokeach, 1973); others have raised objections to it on various grounds (Enright, 1991). Claims for the physical and psychological benefits of forgiveness have been made, but McCullough and Worthington (1994) conclude from a review of the literature that "Only a smattering of evidence, mostly drawn from studies with weak methodology, supports these claims" (p.5). Subsequent to this review, studies have shown forgiving others to be positively associated with measures of psychological wellbeing (e.g. Rye, unpublished dissertation; Freedman & Enright, 1996).

## How Intrinsic Christianity Might Inhibit Psychological Health

> "History demonstrates that religions and religious values can be destructive, just as psychotherapy can be if not properly practised."
>
> Bergin, 1980, p.100

Despite the broad association between intrinsic religiousness and psychological health, very little research investigates the exceptions to this 'rule'. Associations with intrinsic faith are not entirely unambiguous. This could be due to the poor psychometric properties of the original measure of intrinsicness (Trimble, 1997) which has been used in many studies; it is also possible that some aspects of intrinsic faith may *contribute* to psychological difficulties. A number of people have speculated about this; few speculations are substantiated empirically. Those that may relate to an intrinsic orientation are briefly described below.

Christians' pursuit of high moral standards may enhance awareness of shortcomings, increase guilt and undermine self-esteem (e.g. Meek, Albright & McMinn, 1995)[10]. Watson, Morris and Hood (1988) suggest that if people are unable to see beyond their own sinfulness and guilt and have failed to locate the solution in God, then anxiety and depression are likely to follow. Lovinger's (1997, p.347) "10 markers of probable religious pathology" (derived from clinical experience), include 'scrupulosity' ('an intense focus on the avoidance of sin or error'); 'relinquishing responsibility' (e.g. "the devil made me do it"); and 'hurtful love in religious practice' ('unnecessarily hurtful, damaging, or very painful experiences with others [that] may generate confusion … as to what love is'). Pargament (1997) also suggests that the religious community might create difficulties. For example, in Christian communities which "run counter to where the individual wants to go", "friction and strain" may result (p.335). Other findings (Pargament et al., 1990) suggest that some religious coping responses (e.g. 'feeling angry with or distant from God') are related to poor psychological outcomes.

Clearly, more research is needed to explore the differential relationship between intrinsic religion and mental health and the processes by which an intrinsic faith can help people cope and change.

### Implications of Intrinsic Christianity for Help-seeking

The literature on psychological help-seeking tends to centre on factors associated with seeking or not seeking professional help. There is much to learn about how people come to receive one type of help rather than another: there is "little information about either patterns or pathways to care" (Pescosolido & Boyer, 1999, p.408). Even less attention has been given to how religious commitment influences the processes of help-seeking. However, Barker, Pistrang, Shapiro and Shaw, (1990) recognise the cultural and contextual influences that lead psychological help-seekers in multiple directions, and not just to mental health services. They suggest that cultural contexts affect not only the perception of potential problems but also condition ways of dealing with problems. Conceptualised as a cultural force, religion clearly has the potential to influence pathways to help.

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[10] Meek, Albright and McMinn (1995) found that intrinsic religiousness was associated with greater guilt-proneness but also greater likelihood of self-forgiveness and feelings of forgiveness from God compared to extrinsic religiousness.

Sorgaard, Sorensen, Sandanger, Ingebrigtsen and Dalgard (1996), in a study of Norwegians showed that religious commitment influenced whether people sought help from a priest or from a psychologist, psychiatrist or GP for emotional problems. Those with religious beliefs were not less likely to seek help from a GP, though they were significantly more likely to seek help from a priest. They also found that average ratings of symptomology were similar amongst those contacting priests and those contacting GPs. Of a of over 1000 UK adults, Barker et al., (1990) found that 17% stated that they would tend to go to a 'priest' for help with emotional problems, compared to 16% who said they would go to a mental health professional. The use of the term 'priest' may be problematic for Protestant Christians, as many belong to denominations that do not have priests. Thus, this study may under-represent the extent to which religious leaders (or other religious help-sources, e.g. Christian counsellors) are approached for help.

It has been suggested that an individual's construal of their problem may affect choice of help-source.

> "… If individuals see mental health problems as crises of faith, … they may consult faith healers, spiritualists, the clergy, or other people … If they conceptualise their problem as physical illness … then they may visit physicians …"
>
> Pescosolido and Boyer 1999, p.408

However, to my knowledge, no-one has investigated whether Christians perceive psychological problems as spiritual, and if they do, whether they would *solely* seek religious counsel. However, Mitchell and Baker's (in press) study of British Evangelical Christians' construal of help-sources revealed the belief "that [the] spiritual and emotional parts of me are linked – to treat one without the other is not a full solution". Some participants were concerned that secular helping professionals would "neglect the important spiritual aspect", demonstrating a perceived link between religious faith, problem-construal and choice of help-source. Others studies have shown that Christians prefer counselling or treatment plans that are congruent with their religious beliefs (e.g. Dougherty & Worthington; 1982; Rokeach, 1967). However, these studies are based on self-reported attitudes, and their findings cannot be assumed to equate with behaviour. Also, they provide no indication of the interaction or relative importance to Christians of the issues they consider when seeking help.

Whilst intrinsic faith has been shown to correlate with positive attitudes towards counselling per se (Miller & Eells, 1998) the basis upon which particularly intrinsic Christians decide to seek help from a secular rather than Christian source, or vice versa, has not been examined. Perceptions of whether psychological services accommodate their particular needs may have important implications regarding equality of access. Alternatively, other issues of relevance that have not been considered in the literature may be implicated in Christians' help-seeking, for example, waiting time (Baker, personal communication).

## This Study

This study will focus on Protestant, intrinsic Christianity. Protestant Christianity is the predominant religion in Britain (Brierley, 2000, p.52) and intrinsic faith appears to provide resources that may prevent and help people to cope with psychological distress. I chose to draw on a clinical population as little research has been conducted with 'actual clients' (Worthington et al. 1996) and because the relationship between faith and psychological distress more likely to be salient for these than for people with fewer difficulties. Also, intrinsic Christians who have psychological difficulties run counter to the trend of intrinsic faith being associated with psychological well-being they may provide more insights into the limitations of intrinsic Christianity or the ways in which it may contribute to psychological distress.

Longitudinal research suggests that intrinsic faith predisposes psychological health, rather than vice versa (e.g. Koenig et al., 1998), and many explanations for this have been proposed (see above). Nonetheless, Worthington, Kurusu, McCullough and Sanders (1996), following a review of the relevant empirical research, propose that "more research needs to be done to determine why religion sometimes has positive and sometimes negative effects and "*how* does religion help people cope, change and heal?" (p. 480, my italics). Research has also not adequately addressed what aspects of faith might be important to the individuals concerned and how *they* understand its psychological effect. This study aims to address these issues.

A range of Christian sources of help for emotional difficulties are available, including Christian counselling services[11] and 'inner healing' courses. Understanding why some people choose these sources of help in preference to secular services and vice versa, may highlight some of the issues of importance to Christian help-seekers and may indicate how psychological services might become more accessible to them and more appropriately address their needs. Thus, I include in this study people who have sought help from a range of sources, both secular and Christian.

A qualitative methodology seemed most suited to addressing the above issues, as they have not been the subject of much research. I chose a grounded theory approach (Glaser & Strauss, 1967) because it "seeks … to take account of how reality is viewed by participants themselves" (p.253). It focuses on whole, complete events (as opposed to isolated variables) in their natural settings, taking social context into account. Given the exploratory nature and the complexity of the subject matter, this method seemed the most appropriate for my purposes.

I gathered data using a semi-structured interview, choosing this format so that I could obtain data that was pertinent to my research questions, construed in participants' terms and from their perspectives, and because it is "highly flexible … and … capable of producing data

[11] The British Association of Christian Counsellors (ACC) currently has 1,665 UK members (ACC, personal communication). This compares with the British Psychological Society's (BPS) Division of Clinical Psychologists' 1999 membership of 3938 (BPS Annual Report, 1999, p.42).

of great depth … [and] a method with which most research participants feel comfortable …" (King, 1994, p.14). As I wanted participants to be able to introduce ideas and topics that I had not anticipated and I wanted the opportunity to explore relevant themes with participants, this seemed the most appropriate method of data collection. As I also wanted my *analysis* of the data to be grounded in participants' perspectives, or if inconsistent in any way with these, to understand any such discrepancies, I conducted follow-up consultations. In these I described my analyses to them, obtained their feedback and made amendments where these added to understandings relating to my research questions. These consultations also gave me the opportunity to clarify my understandings of participants' accounts, and to obtain further data using a questionnaire developed from my grounded theory analysis.

From this point forward I use the term 'Christian' or 'Christianity' to refer to Protestant, intrinsic Christianity.

## Aims and Research Questions

This study aims to develop understanding of how Christians understand their faith to affect psychological distress and help-seeking. It is structured around the following questions:

1. Do intrinsic Christians construe their psychological distress in Christian terms?

2. How is an intrinsic Christian's faith perceived to help or hinder coping with psychological distress? Which aspects of their faith are important to them in this and why?

3. On what grounds do intrinsic Christians decide where to seek help for psychological distress?

# CHAPTER 2: MY EPISTEMOLOGICAL AND PERSONAL POSITION IN RELATION TO THIS STUDY

**Overview of 'My Epistemological and Personal Position in Relation to This Study'**

Epistemological Stance

My Position in Relation to this Study

## Epistemological Stance

> "… it is no longer assumed that there is one reality that can be revealed through the utilisation of correct methodology. … the researcher and subject of research are both conscious beings interpreting and acting on the world around them within networks of cultural meaning"
>
> Madill, Jordan and Shirley, 2000, p.7

This research attempts to understand experiences of intrinsic Christians in psychological distress, assuming a 'contextualist constructionist' epistemology (Madill et al., 2000). It does not claim to identify or discover universal or immutable empirical facts. Rather, it is interpretative both from the participants' and the researcher's positions and is intended to generate new understandings and theory, which will be contextually bound.

In reporting my analysis I use a language style that deliberately remains close to participants' perspective. This differs from the stance taken by other researchers in this area. For example, in her grounded theory analysis of Christians' experiences, Dunn (1999) gives functional explanations for their attributions of events to God. She suggests that "attributions to the divine" for positive events serve to "maintain … the content of participants' assumptive worlds" (p. 98). However, this covertly implies rational calculation, falling into the trap of the humunculus problem, and assumes an 'extrinsic' (see 'Intrinsic Christianity', page 12) motivation in Christian interpretations. The alternative view that I take is that situations are interpreted to be consistent with religious schemas. For example, if an individual believes that 'all good things come from God' (the Bible[12], James 1:17), then this alone may explain attributions to God for positive events; recourse to functional explanations is unnecessary.

I chose to use language that assumes that God exists rather than that which implies that belief in God is a subjective phenomenon. For example, I will report that, "Participants felt God's love" rather than "Participants felt a sense of love which they perceived was from God". As universally accepted proof does not exist for the existence or non-existence of the objective Christian God, I would argue that either position rests on a degree of faith. I invite the reader to interpret my account from their chosen perspective. Whilst I take a theistic stance in my

[12] All Bible texts are taken from the New International Version (1973), London: Hodder & Stoughton.

writing, I also believe that psychological processes influence people's experiences and their interpretations of these and thus self-report does not equate to 'objective truth' (or consistency with orthodox Christian expression), but represents (albeit incomplete) constructed reality.

### My Position in Relation to this Study

Following Charmaz's (1990) recommendation, and consistent with a contextualist epistemology, I declare my 'researcher perspective' below. Whilst my aim is to conduct and present this study without bias, I may be unconscious of some of my biases, and therefore unable to put them aside. My 'declaration' is therefore intended to help readers to evaluate the extent to which my particular perspectives and interests might influence what I highlight, promote, sideline or cloud in my analysis and presentation.

I am a white, female psychologist in my final year of clinical training. I do not subscribe to any particular theoretical orientation but am familiar with a range. I have been an Evangelical Christian for over 20 years and score the maximum 40/40 on the Intrinsic Christianity scale (Gorsuch & McPherson, 1989). I view the spiritual and psychological as inter-connected such that psychological processes may have a spiritual dimension and vice versa.

My common perspective with my participants may allow me "to be sufficiently in tune with the culture under study to understand the nuances of psychological transactions"; however I also strive towards "impartiality and commitment to scientific validity" (Good & Watts, 1989 p.256). I did this by constantly reflecting on my understandings of the data, memoing my personal reactions and considering alternative views, especially when I found my experience resonating with my interviewees' accounts.

My motivation for this study comes primarily from experiencing and seeing in others beneficial psychological changes, which seem to me (as a lay person) to have occurred through a relationship with God and commitment to Christian beliefs. These observations make me curious to explore systematically and in depth, the interaction between Christianity and psychological distress and change. The personal agendas I bring to this research are described as follows.

As discussed above, the psychological world lacks awareness of the spiritual resources Christians may bring to psychological difficulties and of the difference in Christian values and those prevalent in mainstream psychology. These are issues of particular pertinence in the practice of clinical psychology with Christian clients and, if substantiated in this study, I hope to bring these to the attention of psychologists through this research.

I have experienced 'Christian' cultures and activities that have been psychologically unhelpful for some and would like to further my knowledge of how Christianity and its expression can contribute to psychological distress. I would hope that this understanding could

help inform Christian church practices so as to promote those that are not psychologically harmful *and* are true to a Christian perspective.

If religious processes are integral to psychological change in Christians, then it is likely that this will influence whether they seek help that is specifically Christian or not. My experience that Christians frequently, but not always, seek Christian help makes me curious to find out the basis for their decision making. I hope to find out whether mainstream clinical psychology services are accessible and adequately tailored to the particular needs of Christians, and if not, how they might be adapted to be so.

# CHAPTER 3: METHOD

## Overview of Method

Participants
- *Recruitment*
- *Table 1: Participant profiles*
- *Inclusion criteria*
- *Screening questionnaire*

Procedure
- *Introduction*
- *Pilot interviews*

Issues relating to the inclusion of participants previously known to me

Interviews

Analysis

Development and Administration of Help-source Preferences Questionnaire
- *Piloting*

Reliability and Validity
- *Inter-rater reliability of categorisation*
- *Respondent validation*

## Participants

### *Recruitment*

I recruited 12 participants by 'snowballing' (word of mouth), through both Christian and psychology / counselling contacts and local churches. My contacts approached possible participants (people whom they knew to be Christians and to have received help for psychological difficulties) and gave them either a brief or a full information pack, as appropriate. I offered a £10 store voucher for those who were interviewed, as an incentive to respond. Brief packs (which included a brief information sheet (see Appendix B) and a stamped reply postcard to request further information) were intended for those with whom the study had not been discussed. If I received a completed reply postcard, I sent the respondent a full information pack. Full information packs (which included a full information sheet (see Appendix C), screening questionnaire (see Appendix D) and stamped reply envelope for the return of the completed questionnaire) were intended for those who knew something of my study and were considering participating. Through these means, I remained unaware of the identities of possible participants unless they initiated contact with me.

Table 1: Participant profiles

| Parti-cipant | Age | Mar-ital status | Occupation | Highest level of education | Psychological difficulty | Duration of difficulty | Help type | Time between end of help + 1st interview | Denomin-ation | Time a Christian (years) | 'I' (max = 40) | Ep (max = 15) | Es (max = 15) | SCO (max = 30) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Miss A | 39 | S | Student | High school | Ending gay relationship, alcohol problems | 2 years | NC – ClinP<br>Ch – Coun | Still receiving help | Pentecostal | 1 ½ | 40 | 4 | 5 | 30 |
| Mrs B | 60 | W | Retired | Honours Degree | Bereavement / depression | 1 year | NC - Coun | 2 months | Baptist | 45 | 37 | 9 | 5 | 29 |
| Mrs C | 48 | Mar | Teacher | Masters | Emotional and relational difficulties | 6 months | NC – PsyAn | 2 months | Free Church | 28 | 39 | 8 | 5 | 30 |
| Dr D | 40 | S | Clinical psychologist | Doctoral degree | Abusive relationships | "Years" | NC – TA | Still receiving help | Anglican / Pentecostal | 25 | 38 | 5 | 3 | 30 |
| Miss F | 22 | S | Home-schooler / nanny | Higher education | Depression, obsessional thoughts, PTSD | "on and off for 1 ½ years" | Ch – ChTut<br>NC – Psytry | Still receiving help | Presbyterian | 1 ½ | 39 | 9 | 12 | 30 |
| Mrs H | 51 | Mar | Voluntary worker | Higher education | Burnout | "Intermit-tently for years" | Ch – Coun | 6 months | Pentecostal | 40 | 39 | 10 | 6 | 30 |
| Mr U | 38 | Mar | Policeman | Honours degree | Post traumatic stress | 2 months | NC – Coun<br>NC – ClinP | Still receiving help | Evangelical | 17 | 38 | 10 | 10 | 30 |
| Mr V | 33 | S | IT project manager | Honours Degree | Anxiety / panic attacks | 2 – 3 years | Ch – Psytry | Still receiving help | Anglican | 23 | 32 | 6 | 6 | 30 |
| Mr W | 25 | Mar | Sales assistant | Honours Degree | Social anxiety / stress | 20+ years | NC – Coun<br>Ch – ChGrpP | Still receiving help | Baptist | 20 | 39 | 7 | 9 | 30 |
| Mr X | 44 | D | Unemployed | High school | Depression, anxiety, alcohol -ism | 7 years | NC – Coun | Still receiving help | Pentecostal | 2 ½ | 36 | 12 | 5 | 30 |
| Mr Y | 30 | S | I.T consultant | Honours degree | Relationship problems | 6 months | Ch – Coun | Still receiving help | Presbyterian | 14 years | 37 | 10 | 10 | 30 |
| Mr Z | 53 | D | HGV driver | High school | Relationship problems, abuse | 5 months | Ch – Coun | At end of receiving help | Evangelical Anglican | Approx. 30 | 38 | 15 | 6 | 30 |

F = female; M = male; S = single; W = widowed; D = divorced; Mar = married; ClinP = clinical psychology; Coun = counselling; TA = transactional analysis; PsyAn = psychoanalysis; ChTut = Christian tutorials; Psytry = psychiatry; ChGrpP = Christian group programme; NC = non-Christian; Ch = Christian.

*Inclusion criteria*

From 23 respondents, I selected 6 males and 6 females according to the following criteria. They:

a) were aged between 18 and 65. This is standard age-range used to define an adult, (but not older adult) population.
b) scored 32/40 (an average of 4/5 for each item; higher scores indicate greater 'intrinsicness') or more on the intrinsic sub-scale of the Intrinsic/Extrinsic-Revised scales (Gorsuch & McPherson, 1989). I chose this score range in order to ensure high levels of 'intrinsicness' in my sample.
c) scored 24/30 (an average of 4/5 for each item; higher scores indicate greater 'Christian Orthodoxy') or more on the Short Christian Orthodoxy scale (SCO) (Hunsberger, 1989). I chose this score range in order to ensure high levels of Christian orthodoxy in my sample and a reasonable level of consistency in Christian beliefs across participants.
d) were of a Protestant denomination. This, again, was to obtain some consistency across participants with respect to their Christianity.
e) received (or were currently in receipt of) psychological help for a minimum of 3 sessions that were no more than 5 weeks apart and lasted at least 30 minutes each. Assuming that number, frequency and duration of sessions relate to perceived problem severity, I specified these criterion to obtain participants who had experienced a reasonable level of psychological distress, and whose perception of the help they needed was comparable to that typically offered by psychological help-sources.
f) stopped receiving psychological help no more than 6 months previously. I included this criteria to minimise the inaccuracy of participants' memories of their psychological distress and help-seeking due to the lapse of time, whilst not excluding too many potential participants from the study.

I also stipulated the above criterion because they define the population that I was interested in studying, and the population to which my results might be transferable (Lincoln & Guba, 1985).

In order to maximise the range and breadth of intrinsic Christian experience in my data, I aimed to obtain a variety of participants, within the bounds of the criteria set above. As more than 12 respondents met these criteria, I was able to select participants to represent diversity, and did so in relation to the following characteristics:

- Age
- Marital status

- Socio-economic status (level of education and occupation)
- Type of psychological difficulty, both in terms of symptomology (anxiety, depression, etc.) and source of difficulty (e.g. bereavement)
- Type of help sought: a) therapeutic model, groupwork, etc.
  b) Christian versus secular help-source
- Length of Christian commitment
- Denomination

(Ethnicity is not included here because all respondents were white.)

All 12 participants described themselves as Evangelical Christians (in follow-up consultations), as defined by the Evangelical Alliance statement of faith (see Appendix E). See Table 1 for participant profiles and Appendix F for those of respondents to the screening questionnaire who were not selected to participate.

Theoretical sampling involves the active sampling of new cases as the analysis proceeds in order to follow up interesting themes that have been found in previous interviews (Pidgeon, 1996). I was not able to choose participants on the basis of theoretical interest because of the limited numbers available to me. However, follow-up consultations gave me an opportunity to clarify and explore ideas further with participants.

### *Screening questionnaire*

The screening questionnaire (Appendix D) requested demographic information (age, sex, marital status, level of education achieved and ethnic origin), a brief description of respondents' psychological difficulties (type and duration), information on help received (type, duration, frequency and length of session) and type of faith (denomination and how long they had been a Christian) and also included the 'Intrinsic/Extrinsic-Revised' (I/E-R) scales (Gorsuch & McPherson, 1989) and Short Christian Orthodoxy (SCO) scale (Hunsberger, 1989).

### *The Intrinsic/Extrinsic-Revised scales*

Based on his conceptualisation of mature and immature religion (Allport, 1950), Gordon Allport distinguished between 'intrinsic' and 'extrinsic' religion. The Religious Orientation Scales (ROS, Allport & Ross, 1967) were subsequently developed, which differentiate reliably between 'intrinsics' and 'extrinsics' (Gorsuch & McPherson, 1989). Whilst originally regarded as two ends of the same continuum, empirical research indicates that 'extrinsicness' and 'intrinsicness' are not mutually exclusive and are better conceptualised as two independent dimensions.

Opinions differ about what exactly the ROS measures. It has been suggested that it depicts type of motivation (Hoge, 1972), cognitive style (Allport & Ross), a variable of

personality (Hunt & King, 1971) or a 'hodgepodge' of attitudes, beliefs, values and behaviours (Gorsuch, 1984). Despite its poor conceptualisation, Kirkpatrick and Hood (1990) conclude that, based on the correlates of intrinsicness, "…whatever its other psychometric and theoretical properties, the Intrinsic scale behaves empirically as a measure of 'religious commitment'" (p.447). The intrinsic scale would also seem to indicate faith that relates to social and psychological functioning: the 'I' ('intrinsicness') factor correlates most highly with the single item, 'My whole approach to life is based upon religion' (Gorsuch & McPherson, 1989). Despite its poor conceptualisation, the face validity of the ROS is evidenced by its popularity: it is one of the measures most frequently used by empirical researchers to distinguish between religious types.

A revised version of the ROS, which correlates strongly with the original ROS, was developed by Gorsuch & McPherson (1989). This 'Intrinsic/Extrinsic-Revised' (I/E-R) scale eliminates behaviour items, is shorter (14 items rather than 20), usable with a younger and less educated population, more resistant to acquiescence bias, more reliable, and the two main scales more distinct. In the I/E-R, only the items with the highest loadings on the identified factors are retained and two 'E' (extrinsic) subscales, which were identified through factor analysis, are distinguished: 'socially extrinsic' (Es) (religion motivated by social gains, e.g. making friends) and 'personally extrinsic' (Ep) (religion motivated by personal gains, e.g. comfort). There are low correlations between the 'I' subscale and each 'E' subscale: ('I' and Es: -0.12; 'I'and Ep: 0.07); there is a moderate correlation between Ep and Es (0.41). Test-retest reliabilities are .83 ('I'), .58 (Es) and .57 (Ep). The mean coefficient of reliability scores derived from four studies (Genia, 1993; Gorsuch & McPherson, 1989; Schaefer & Gorsuch, 1991; and Venable, 1982) are .83 (I), .63 (Es) and .64 (Ep), indicating, according to Nunnally's (1978) specifications, that the 'I' subscale is sufficiently reliable for basic research, but that the two E subscales are not.

Whilst these studies all involved American participants, Gorsuch, Mylvaganam and Gorsuch (1997) showed that the internal consistency reliabilities and correlations between sub-scales of the I/E-R were similar between English-speaking American Christians and Asian Christians, which suggests stability of psychometric properties across cultures. Van Wicklin (1990, p.28) concludes that because of the improvement in psychometric properties compared to the original ROS, "The new I/E-R scales (Gorsuch & McPherson, 1989) may actually become the instrument of choice for future research in this area".

I selected participants on the basis of 'I' scores because 'intrinsicness' is the most frequently measured religious construct in the mental health and religion literature and because, of the measures of religion developed so far, it is the one that has been most consistently associated with indices of mental health. I preferred the I/E-R measure because of its psychometric properties, shorter length, simple language, resistance to acquiescence bias and because additional information about participants may be obtained through differentiating Ep and Es. The I/E-R has the disadvantage of not being the version that was used for the many

studies linking intrinsic religion to mental health, but studies indicate that the 'I' scale of the I/E-R taps into essentially the same construct as the 'I' scale of the original ROS.

### *The Short Christian Orthodoxy scale*

As the I/E-R scales do not specify religious content, in addition I used the Short Christian Orthodoxy scale (SCO, Hunsberger, 1989) to ensure that participants adhered to a common set of established Christian beliefs. The original 24-item Christian Orthodoxy (CO) scale was developed by Fullerton and Hunsberger (1982) to measure peoples' acceptance of well-defined, central tenets of the Christian faith. It was shown to be correlated with Christian behaviours, trust in the guidance of the Bible and the church, an intrinsic orientation and importance to the individual of religion (Johnson, George & Saine, 1993). Whilst the CO Scale has strong psychometric properties, one of its drawbacks is its length. In order to remedy this, Hunsberger (1989) developed a shorter version, the six-item SCO. In this, the diversity of content evident in the CO is retained, whilst balancing this with the need to include items that display high item-total correlations and high factor loadings. The SCO was found to correlate at 0.98 with the 24-item CO scale. Mean SCO inter-item correlations derived from four studies are high, ranging from 0.69 to 0.78 as are Cronbach's alphas, which range from 0.93 to 0.95. The six items load highly (>0.75) in all analyses. Whilst the number of central tenets of Christianity included in this scale is compromised, I chose this scale on the basis of its sound psychometric properties, high correlation with the CO scale and its brevity.

## Procedure

### *Introduction*

I followed two procedures in the collection of data. First, I obtained qualitative data in interviews with participants. Following this, I returned to the participants to collect quantitative data using a questionnaire that I developed from the qualitative data.

### *Pilot Interviews*

I piloted the interview format described below (see also Appendix G, although this includes minor alterations made as the interview format evolved), with three people I knew socially who met my inclusion criteria. Prior to this I obtained their informed consent, having checked that they did not mind disclosing personal information that they would not otherwise have divulged to me. I asked pilot participants for feedback on all aspects of the research format that they experienced (including information leaflets, screening questionnaire and interview).

### *Pilot Interview 1*

Miss E could not recommend any changes to improve either the 'brief' or 'full' information sheet. She filled out a draft version of the screening questionnaire in 5 minutes, confirming that its length was acceptable, and could not recommend any changes.

Feedback about the interview style was positive, and the interviewee described being interviewed as helpful because it provided an opportunity to piece together her different experiences into a coherent story.

Part of the tape of this interview was damaged, which made parts of the interview incomprehensible. This interview was thus not incorporated into the main analysis.

### *Pilot Interview 2*

Mr. W's feedback on the 'full' information sheet and interview were positive. Nearer the beginning of the interview Mr. W answered a number of open-ended questions in abstract terms and in the third person. When this happened I asked for examples to illustrate his point, and reminded him that I was interested in his unique experiences. Following this, his responses were more personal and so I used this strategy in future interviews. I also added a few prompts relating to experiences he described to the interview guide following this interview.

As I obtained rich and relevant data and because male participants were particularly difficult to recruit, I included this interview in the main study.

### *Pilot Interview 3*

Dr. D, a Clinical Psychologist, agreed to be interviewed. I thought she could be a particularly valuable source of feedback, given her professional experience and training.

In addition to positive feedback, she suggested that I spend less time in the interview focussing on psychological problems and more on interviewees' concept of God. She felt that the former was less relevant and the latter particularly pertinent to my research questions.

As rich data was obtained and her profile of personal characteristics provided a greater diversity within the group of participants, I included Dr. D in the main study.

### *Conclusion*

Piloting indicated that materials and interviews were generally satisfactory, although some minor changes were made on the basis of topics covered and participant feedback. Changes included adding prompts and probes to my interview format (e.g. relating to perception of God) so as not to miss potentially important aspects of participants' experiences. In Dr. D's interview I felt that I had spent more time than in previous pilot interviews trying to understand her psychological difficulties. The extra information that I obtained through exploring these did

not seem to yield data that contributed significantly to addressing my research questions, and I therefore returned to the original level of exploring these.

### Issues relating to the inclusion of participants previously known to me

In deciding to include pilot interviews in my main study, I considered the following issues. Interviewees who I knew socially may have withheld information to protect aspects of our ongoing relationship and therefore the data from their interviews may be skewed. My experience, however, was that our pre-existing relationships were already very open, and the pilot interviews I included in the main study contained some of the richest and most exceptional data. I was also aware that my previous knowledge of these interviewees could influence my interpretations of what they said. However, whilst this may have tainted my understanding, it may also have sensitised me to a more accurate sense of their intended meanings and I thought that the latter was more likely. I therefore saw no adequate reason to exclude pilot participants from my main study.

### Interviews

I conducted interviews in locations that suited participants, which included their own homes, work office, my home, and a residential Christian study centre. These followed the format summarised below (see Appendix G for the protocol I followed).

- Re-introduced myself – as a psychologist in clinical training, Christian and researcher
- Set the agenda for the interview, reminding them of my interest in their unique experiences
- Explained how confidentiality and anonymity would be protected
- Reminded them that I would be contacting them again for a follow-up consultation
- Explained that the interview may evoke unpleasant feelings and that they may chose not to answer questions and could end the interview at any point
- Gave an opportunity for questions to be asked
- Asked them to sign the consent form (see Appendix H)

I then followed a semi-structured interview format developed from my research questions[13] and which included open questions, prompts and probes (King, 1994). As recommended by King (1994), this format evolved to incorporate further probes relating to aspects of faith that interviewees spontaneously spoke about. I did not ask all participants the interview questions in the same order, preferring to follow their natural sequencing of accounts.

[13] At this stage I hoped to address a fourth research question: 'How, if at all, does an intrinsic Christian perceive their faith (including beliefs, practices, experiences of and relationship with God, church

If interviewees gave generalised replies to questions I often asked for examples, in order to avoid the pitfalls of participant theorising (Spradley, 1979) and to reduce 'party line' responses to questions. In accordance with King's (1996) guidance, I used active listening skills, which include summarising and paraphrasing, in order to communicate empathic understanding and facilitate disclosure. Reflecting back my understandings and occasionally, tentative interpretations, also allowed me to check out my understandings and to give interviewees the opportunity to "confirm, modify or reject" (King, 1996, p.186) these. As far as possible, I endeavoured to maintain a non-directive stance, preferring to allow interviewees to offer information spontaneously rather than via questions that may be unwittingly laden with assumptions. In this way I also hoped to avoid "cutting off interesting theoretical leads or rich data" (Pidgeon & Henwood, 1996, p.89).

Following the interview I allowed time for interviewees to debrief and gave them a list of local help-sources they could contact, if they needed to talk further.

## Analysis

I analysed transcripts of these interviews line by line (a line of transcribed interview was regarded as a 'text unit'), using a grounded theory approach. NUD*IST 4.0 (Non-numerical Unstructured Data Indexing, Searching and Theory-building 4.0, 1997) software aided organisation of the data. I read each transcript several times in order to become familiar with the meaning of text units in context. Then I created codes - descriptive labels that capture the main meaning(s) of the text - for each line of interview transcript, whilst listening to the taped interview so as not to lose non-verbal nuances. I often grouped a number of text units together under one code, and sometimes placed excerpts in more than one code, as I explored various ways of understanding the data. For example, I created the codes 'Self-worth through reading in the Bible how God sees me' for lines 415-417 of Miss F's interview and 'Christians' love showed me how God sees me' for lines 416-418. (See transcript excerpt below. I have included lines 411-412 to show the context in which I interpreted lines 415-418).

| *Line no.* | *Person talking** | *Interview transcript* |
|---|---|---|
| 411 | F: | and I'd think everyone was better than me at everything. And now, I've kind of, gradually |
| 412 | | getting a sense of that I'm just as important as anyone else, kind of thing, and that has |
| | | … |
| 415 | | because, I don't know, I just felt so inferior to everyone else. |
| 416 | I: | That sense that you are just as good as anyone else came from ...? |
| 417 | F: | Just from reading the Bible and learning about how God sees you and just having |

involvement) to be affected by their psychological distress?' and so related questions were included in the first interview. This was later dropped due to the constraints of time and space.

418 people around here, particularly at L, being so positive towards me…

* *'F:' indicates Miss F's speech; 'I:' indicates interviewer's speech.*

During the coding process I constantly asked myself questions such as 'What are the relations among the people, things or events?'; 'In what context is this occurring?'; 'What conditions are necessary for this to occur?'; 'What underlying beliefs or assumptions are indicated?' and 'What are the consequences?' (e.g. Elliott, 1995). Throughout the analysis I made notes on my theoretical thinking, personal reactions and any struggles to be unbiased, in the form of memos.

I organised each interview's codes under three headings relating to my three research questions. Where codes pertained to a similar idea (e.g. 'God helped me to forgive' and 'Saw need to ask for forgiveness') I clustered them together to form a *category* (e.g., 'Forgiveness'). Throughout the analysis, wherever possible, I named categories using participants' language, in order to remain grounded in their accounts. Then I sketched flow-diagrams for each participant in order to understand relationships between codes and categories in the context of individual interviews (see Appendix I for an example of a flow-diagram sketch) before amalgamating them across participants. As I undertook case by case analysis, I developed more abstract, conceptual understandings (Pidgeon & Henwood, 1996) of the data through making links and comparisons between codes. For example, I observed that Mr. Z's perceptions of Christians and non-Christians contrasted and that these perceptions were linked to his choice of helper (see Appendix I). In this way, I began to identify processes that related to my research questions. I then looked for further examples and counter-examples of such conceptual understandings and processes across interviews. I did this particularly in relation to data relating to research question 2 ('How is an intrinsic Christian's faith perceived to help or hinder coping with psychological distress? Which aspects of their faith are important to them in this and why?') because previous research has not explored processes by which faith relates to psychological well-being. Research question 1 is a closed question and therefore has little scope for exploring interactions between codes and categories; and I did not extensively explore links between codes and categories relating to question 3, due to the limits of time and space and because some research has been done on the processes of help-seeking (e.g. Rogler & Cortes, 1993).

Following case-by-case analysis, I amalgamated codes and categories across cases, developing new categories in the process. When two or more of these categories could be subsumed under a higher-order category, then they became 'sub-categories' and I introduced a super-ordinate category. For example, the early categories, 'God has a plan for my life; things will ultimately be resolved' and 'Relinquished control', became sub-categories of the category, 'God's benevolent control'. I reworked categories and subcategories by repeatedly inspecting codes, often referring to the source text to retain original meanings. I 'constantly compared' data within and between categories to arrive at the final categories, adhering to the basic tasks of

'axial coding' (Strauss & Corbin, 1998, p.126). During this process I considered different frameworks of categorisation. For example, my main categories could have related to aspects of Christianity (e.g. the Bible or prayer) or to psychological phenomena (e.g. anxiety). I decided to organise the data around the processes that mediated between faith and psychological difficulties, as this fitted the way participants presented their experiences and most closely corresponded with the research question. Appendix J shows the stages of categorisation.

On the basis of my analyses, both at individual and group levels, I developed understandings of processes linking categories, capitalising on the opportunity afforded by grounded theory methodology to answer 'how' and 'why' questions (Elliott, 1994). I refined and extended understandings of these processes by re-looking at cases for examples and counter-instances, and made theoretical interpretations. From my analyses of data relating to research question 2, I developed a tentative overarching model.

### Development and Administration of Help-source Preferences Questionnaire

From the categories I identified from my group analysis of data relating to research question 3 (On what grounds do intrinsic Christians decide where to seek help for psychological distress?), I devised a 'Help-source Preferences' questionnaire (see Appendix K), which was designed to assess the relative importance to participants of the help-source characteristics that they had identified. I chose 10 main 'constructs' (help-source characteristics), 5 of which related to Christian themes, and described these and their contrasts on the questionnaire. So as not to make assumptions about participants' preferences, I asked them to choose their preferred pole for each construct. Following this, they rated the importance of each of their 10 *preferred* helper characteristics on a scale of 0 to 10, where 1 means 'completely unimportant' and 10 means 'of utmost importance.' Questionnaires were sent out and completed by participants prior to follow-up consultations.

At follow-up consultations, I gave participants 'forced choices', which were developed from ideas underpinning Kelly's Choice Corollary (Kelly, 1955), in which "A person chooses for himself that alternative in a dichotomised construct through which he anticipates the greater possibility for the extension and definition of his system" (Kelly, 1969a, p.88, cited in Henry & Maze, 1989). Where participants had given two preferred helper characteristics the same rating, they were forced to say which of the pair was more important, in the following way. For each pair of equally rated characteristics, I presented respondents with a choice between two hypothetical 'helpers'. The first helper possessed one characteristic but not another, equally rated characteristic; the second helper possessed the latter characteristic but not the former [14]. For example, if a respondent felt that it was equally important that a helper was, 'recommended by a Christian' and someone they could 'trust, feel comfortable with and can relate well with',

[14] I am aware of the similarity to a 'resistance to change' grid (Hinkle, 1965).

and therefore gave both the same rating on the 'Help-source Preferences' questionnaire, I asked them,

> "If you had to chose between two helpers, one who 'has been recommended to you personally by a Christian' *and* 'you do not entirely trust, feel comfortable with or related easily with' and the other 'hasn't been recommended to you by a Christian' *and* 'you trust, feel comfortable with and can relate well with', which would you chose, assuming they were the same in all other respects?"

On the basis of choices between hypothetical helpers, assuming that responses were internally consistent[15], I was able to rank the importance of participants' 10 preferred helper characteristics.

### *Piloting*

I piloted forced-choice questions on two non-participant Christians. This showed that they often assumed that if one 'Christian characteristic' was true of a hypothetical helper then other 'Christian factors' would be present. For example, it was, understandably, inconceivable to one person that a 'committed Christian who lives their life according to their faith' (item 8A) would 'work in a way that may conflict with a Biblical perspective or Biblical principles' (item 4B). However, these two factors were not synonymous, as they could readily conceive of someone who 'is not a Christian' (item 8B) and 'works within a Biblical perspective and according to Biblical principles' (4A). To overcome this problem, I constructed scenarios in which two seemingly incompatible characteristics could co-exist. For instance, I asked participants to imagine a Christian who was training in a therapy that might conflict with Biblical principles and who was willing to do this during their course for the long-term gain of acquiring skills that they could later adapt, if required, to conform to Biblical principles.

## Reliability and Validity

### *Inter-rater reliability of categorisation*

From my 36 final subcategories, I selected 36 excerpts at random. I gave these and definitions of subcategories (see Appendix P for a sample of subcategory definitions) to four independent raters: three were psychologists in clinical training and one was an assistant psychologist; two were Christian and one was non-Christian. I asked them to indicate which subcategory each excerpt belonged to. This was a more challenging task than set by Dunn

[15] A non-internally consistent response, is given in the following example. A respondent gives three help-source characteristics, which I will call A, B and C, the same rating on the 'Help-source Preferences' questionnaire. When they indicate which of each pairing of these characteristics is more important (through the forced choice scenarios described above), they indicate that A is more important than B; that B is more important than C; but that C is more important than A.

(1999), who gave independent raters just 6 categories, and excerpts that were pertinent exemplars of these.

Percentage correspondence of excerpt-subcategory matching to my own was calculated to assess consistency of meaning (e.g. Denzin, 1989) and bring to light any differences in perspectives brought to the data by different people.

### *Respondent validation*

Following my main analysis of the data, while I was still developing theoretical ideas and models, I conducted follow-up consultations with participants, five in person and seven (those who lived at a distance) over the telephone. In these I assessed 'respondent validity', which is based on the notion that grounded theories should 'work', 'fit', and be recognisable and of relevance to those studied' and that, "If participants agree with the researcher's account, then greater confidence can be attached to it" (Pidgeon, 1996, p. 84).

In addition to a 'Help-source Preferences' questionnaire, before follow-up consultations I sent each participant the following:

- a 'Feedback' questionnaire (see Appendix L),
- a copy of the 'Evangelical Alliance Basis of Faith',
- a summary of my data analysis (see Appendix M)
- a £10 store voucher.

In a cover letter I asked participants to answer the questionnaire, to read the Evangelical Alliance basis of faith, and invited them to look at the summary of my analysis if they so wished.

In follow-up consultations, I took note of participants' 'Help-source Preferences' questionnaire responses (where these were conducted over the telephone, participants read out their ratings) and followed these up with forced choice questions as described above (see 'Development and Administration of Help-source Preferences Questionnaire', above). Then I asked respondents if they regarded themselves as Evangelical Christians, based on the definition I had provided.

Next, having invited them to interrupt me at any point to comment or ask questions, I presented my analysis, expanding on the summary I had sent, and describing my developing model and theoretical ideas. I regularly asked for feedback and I enquired further about the experiences of interviewees that related to my developing model. On the basis of this I modified my analysis and incorporated new information and insights into my developing model. For example, Dr. D explained to me that in her experience, 'relinquishing control' to God contributed to a secure, healthy relationship with him, whereas I had at that point represented 'relinquishing control' as arising out of a positive relationship with him, but not vice versa.

After this, I asked participants to respond to the 'Feedback' questions without consulting with me. This asked for responses on a 5 point likert scale to the following questions[16] (Response options ranged from 'Not at all' to 'Very much so'):

1. Does this analysis make sense to you?
2. Can you recognise your experience in it?
3. Do you think that the understanding provided by this analysis will be helpful to you personally? How helpful?

Those who I consulted by telephone then reported their responses to me, and those I saw in person gave me their completed questionnaires.

[16] Questions 1. and 2. were taken from Green, Galvin & Horne (1998). I asked question 3. because Stiles' (1993) suggests 'usefulness to participants of interpretations' as a standard of validity.

# CHAPTER 4: RESULTS

## Presentation of the Results

The results I present below are not definitive answers to my research questions. They represent socially and contextually bound responses to these, from a limited number of intrinsic Christians. I use the term 'faith' in place of 'religion' as this is consistent with respondents' language; when completing the I/E-R questionnaire, two respondents crossed out the word 'religion' and replaced it with 'faith'.

Due to the quantity of data relating to research question 2 ('How is an intrinsic Christian's faith perceived to help or hinder coping with psychological distress? Which aspects of their faith are important to them in this and why?'), I am unable to provide extensive descriptions of the contexts in which particular examples of themes occurred. However, by repeatedly referring to the original transcripts I present the results in a way that seemed to me to accurately represent participants' intended meanings.

Excerpts from interviews are followed by the participant code (a letter) and, for initial interviews, the interview line number(s), in parentheses.

I use the following conventions in the presentation of interview excerpts:

| | |
|---|---|
| … | omitted material |
| [text] | additional text to clarify meaning |
| *italics* | participant emphasis |
| I: | interviewer's speech follows |
| 'text' | use of interviewee's wording |
| "text" | direct quotation |

I present my results below as they relate to the research questions. The length of analyses varies considerably for each question. Reasons for this include the nature of the question (question 1 is a closed question; questions 2 and 3 are open); the quantity of interview text relating to each question (see saturation tables, Appendix N); and the complexity of the data relating to each question. Also, in analysing text relating to question 2, I formulated more links between categories. This was not as relevant to question 1 ('Do intrinsic Christians construe their psychological distress in Christian terms?'), which begs a categorical answer rather than an exploration of interactions. With respect to question 3, I had a greater interest in experiences that were uniquely Christian than in the processes of help-seeking in general, and as time and space were limited, I focussed on the former.

## RESULTS RELATING TO RESEARCH QUESTION 1:
## Do intrinsic Christians construe their psychological distress in Christian terms?

**Overview of categories relating to question 1**

1.1 Characteristics of psychological difficulties
- a) Lay-psychological descriptions
- b) Christian aspects

1.2 Perceived contributors to the development of psychological difficulties
- a) Others
- b) Myself
- c) Evil sources
- d) Confusion in and distress from understandings of Biblical principles

Here I present the ways in which participants construed their problems, broadly categorising these into 1) descriptions of difficulties and 2) the perceived contributors to the development of these[17].

### 1.1 Characteristics of psychological difficulties

#### *a) Lay-psychological descriptions*

Participants generally talked to me about the characteristics of their psychological difficulties in 'lay-psychological' terms, describing cognitive, emotional, behavioural, relational, intra-psychic, physiological and functional characteristics. These are exemplified in the following excerpts:

> "I couldn't think straight … " (X: 81, 82)

> "… I went from emotional highs … to be very, very low, to being *extremely* angry, to being very very upset, to being almost blasé about it …" (U: 99-104)

> "I'd always had a bit of a drink problem" (X: 5)

> "… I've been afraid of other people …" (W: 381, 382)

> "… I could feel the parent in me and the adult in me and the child in me, and … they all felt like they were permanently fighting" (D: 107, 108)

> "… R [Clinical Psychologist] did recognise my breathing was out of synch." (U: 276)

> "… I wasn't functioning, I wasn't reliable for other people ... " (H: 14)

[17] Perceived factors *adding* to or *maintaining* pre-existing difficulties are not included here but are covered in results section 2.

Alternatively, participants expressed an inability to describe their experiences, for example, Mr. Y talked about a "sort of very deep gut reaction which I couldn't put my finger on." (Y: 75-76).

### *b) Christian aspects*

A number of participants perceived spiritual aspects to their difficulties. The extent to which problem characteristics were spoken of in Christian terms (as described below) was minimal.

#### *i) "... emotional damage ... is like open doors ... to evil affecting me." (V: 198, 199)*

A number of participants intimated a view that psychological vulnerability also meant vulnerability to the influence of the devil ('the enemy').

> "…the enemy will… use something that's quite natural [i.e. non-spritual, psychological problems] to sort of put the boot in (ha) …" (H: 237-242)

#### *ii) Emotional and relational problems with people also occur in relationship with God*

Emotional and relational characteristics of participants' difficulties, such as anger and mistrust, were often experienced in relation to God as well as people, and problems in relating to God were viewed as part of their problem.

> "… I was aware that the way I related to my father was hindering how I related to my heavenly father, so that, that's the way I viewed the problem." (W: 132-135)

#### *iii) Disrupted functioning means I don't fulfil God's plans and 'the world takes me back'*

Dr. D viewed her relationship problems and their effect on her functioning, as obstacles to fulfilling God's plans. Her description implies that she perceived a spiritual tug-of-war between 'the world' and God, over whom she belonged to and acted for, to be inherent in her psychological struggles.

> "… what God was asking me to do was getting stronger and stronger and stronger, and yet … [I was] being hooked back into this guy [who was emotionally abusive]. … it was almost like … God saying, "Come on, … I wanted you in 1984/85, the world took you back, I'm not allowing that to happen any more, you're mine, and I've got things you should be doing."" (D : 240 – 242, 205-208)

#### *iv) "... I knew that my attitude wasn't right, it wasn't Godly..." (H: 512, 513)*

A couple of participants described the 'attitudes' that were integral to their psychological distress as 'sinful'.

> ". … being jealous of somebody's else's time spent away from them (ha) is out and out coveting …" (Y: 108-111)

## 1.2 Perceived contributors to the development of psychological difficulties

### *a) Others*

*i) What others did to me: "my problem was man. ... man, as in humanity." (D: 153, 154)*

Some participants felt that the actions of others, including abuse and ending a relationship, contributed to their psychological difficulties.

*ii) The way I was 'brought up'*

A number of participants talked of growing up in emotionally cold family environments, experiencing parental love as conditional upon achievement and of how their parents' own psychological difficulties helped bring about their own problems

> "[Dad's] love was … dependent love, and mum's love was very clingy love … I mean they were both abusive with me." (D: 984-986)

### *b) Myself*

*i) What I did*

Some interviewees attributed their problems to their own actions. For example, Miss F initially thought that she had come off her medication too suddenly. In a follow-up consultation Mr. V suggested that "my response, which includes sinful response to what others did to me" could contribute to psychological difficulties.

*ii) My personality, biology or sinful nature.*

Personal characteristics that participants thought contributed to their difficulties included "the menopause" (H: 24) and "my own sinfulness" (Y: 149).

> "I could see faults in me, … being … driven. … pushing on was really a selfish thing." (H: 67-69, 436)

### *c) Evil sources*

Evil sources that were regarded as contributing to psychological difficulties included demons, Satan (the devil) curses and more nebulous evil influences. Dr. D referred the most frequently to her difficulties being "from some kind of evil source" (D: 764 – 774).

> "I think Satan was having a hay-day… I knew curses had been put on me …" (D: 757, 771)

'Satan' or 'evil' could be perceived as contributing to difficulties indirectly, through orchestrating the presence or behaviours of others.

> '…I have this belief that I met an evil man. Whether he was directed by evil or the devil or not I don't know. … I have this feeling that … I was the one that got hurt because I was a Christian …' (U: 676-677, 681,682).

Miss F's belief that her symptoms were caused by demons, was temporary, as her Christian 'mentor' persuaded her otherwise.

> "… one of the first things I said to L was like, "Do I have demons or something?" cos … with the obsessional thoughts it feels ... almost like someone else is in your head putting in all these thoughts." (F: 337-340)

*d) Confusion in / distress from understandings of the Bible*

Two participants reported distress from conflicts in relation to Biblical teaching. Mr. Z struggled with divorcing his wife, as a Christian, and Mr. X attributed a part of his 'mental illness' to confusion about what the Bible said in relation to adultery, which his wife had committed. Mr. X attributed some of his distress to conflict between what he wanted the Bible to teach, in order to 'get back at' his wife, who had been unfaithful, and what he was told it said.

> '… my wife [was]doing adultery … I was reading in *my* Bibles and *my* books about divorce and adultery … things were being twisted round [by people from church]. So eventually I started going down, down and down in to a mental illness. …Because … all I could question was is my wife allowed to remarry. … And eventually somebody sez yes she can. So that made me down, go right further down again … I got so confused with it all you know. And obviously there were revenge in my heart to get back at her … and say oh you can't marry any more now …' (X: 99, 100, 102-116).

Saturation of categories

Main categories 1.1 and 1.2 contained text from all interviews and thus reached high levels of saturation. Subcategory 1.1a) and subcategories of 1.2 were less well saturated. (See Appendix N for saturation tables (Khalifa, 1993)).

## RESULTS RELATING TO RESEARCH QUESTION 2:

**How is an intrinsic Christian's faith perceived to help or hinder coping with psychological distress? Which aspects of their faith are important to them in this and why?**

Overview of categories relating to question 2

2.1 Contextual themes
- a) The Bible: truth and relationship
- b) The centrality of faith and relationship with God
- c) God's presence

**2.2 "God was very much my therapist" (D: 699)**
- a) Changed relationship with God through 'head' knowledge of God becoming 'heart' belief
- b) Therapeutic relationship
- c) Therapeutic processes

**2.3 God's benevolent control**
- a) God has a plan for my life: "things will ultimately be resolved." (Y: 143) versus 'Why, God?'
- b) 'Recognised that I'm not in control'
- c) "Relinquished control" (Z: 229)

2.4 Other Christians: supportive versus unhelpful
- a) Individual Christians
- b) Christian cultures
- c) Spiritual means of support

2.5 Living according to Christian standards
- a) Prevented from avoiding distress
- b) 'Forgiving allows you to move forward'; "As a Christian it's right to forgive" (U: 1041)
- c) Christian morality: enabled change, 'fuelled false guilt' and encouraged denial
- d) I feel "a failure as a Christian" (U: 1023)

2.6 Purpose and meaning in life
- a) Faith gave direction and purpose to life

### 2.1 Contextual themes

I identified a number of relevant themes providing a context for understanding the categories that relate to research question 2.

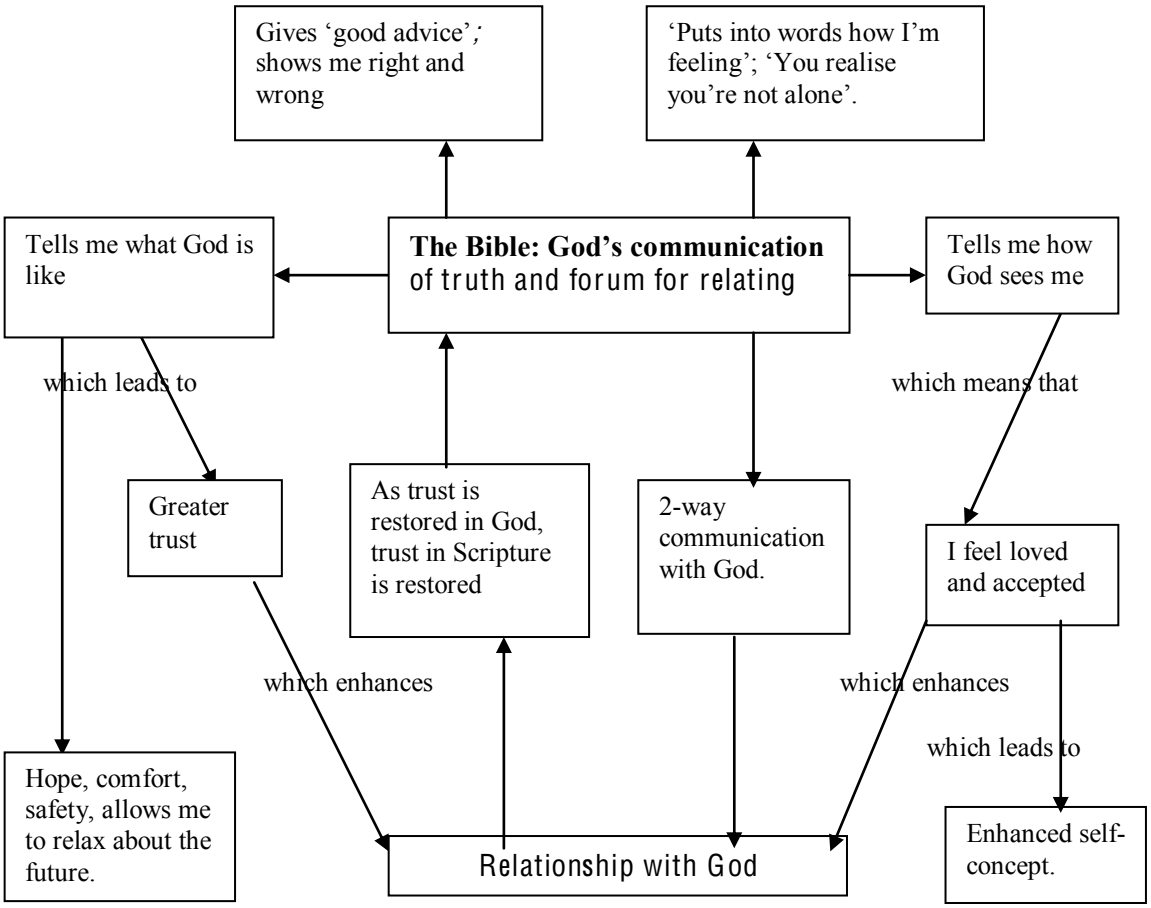
*a) The Bible: truth and relationship*

*i) The Bible is truth*

All respondents saw the Bible as the ultimate authority on what is true, above, for instance, "man's ideas" (D: 964) or "my perceptions" (H: 166). However, one participant said that his trust in the Bible increased only as his trust in God did. Predominantly, participants said that the Bible showed them a) what God is like, b) how God sees them (and therefore what is true about them), c) 'what is important', i.e. a system of values and d) right and wrong ways to behave and relate to others. However, what they learned from the Bible was not necessarily just 'head' knowledge, as Mrs. B described:

> "I could read a passage I've read 100 times before and suddenly a phrase seems imbued with meaning: it is there for *me* at this moment, something hitting me emotionally and intellectually with a profound simplicity: a revelation of truth." (B: follow-up consultation).

Figure 1: Functions of the Bible that relate to well-being



*ii) 'The relationship with God that the Bible brings is fundamental.'*

Many participants viewed reading the Bible as a means of communicating with God which could involve relating emotionally and 'palpably'. It was predominantly his way of speaking to them but it could also be "prayer" (W: 984) *to* God.

> "… we'd got the Bible open … and M, she sez … you're glowing. Oh and it were - it were unbelievable the feeling, the presence of God ..." (X: 1140-1144).

> " … as much as … I *believe* [the words in the Bible], that's where the power of it comes from, for me, emotionally." (W: 915-918)

Figure 1 displays the relationship of the Bible to other themes.

*b) The centrality of faith and relationship with God*

Many participants expressed that their faith, particularly their relationship with God, was the most important thing in their lives, and described it as the "basis of my life, it's the basis of my existence" (D: 1000).

> " I found it difficult to talk about myself without referring to my relationship with God. The two are really hand in hand" (V: 47-48)

Relationships with God involved two-way communication and were often experienced as deeply intimate. He was perceived as benevolent, patient, powerful, always present and unconditionally loving; interviewees thus had great confidence in him and could regard him as a friend, whilst also acknowledging his position of authority. Participants often related to God as small children to an 'ideal parent'. Some interviewees' perceptions of God were always favourable; this is discussed further in 2.2 c).

***c) God's presence***

All respondents experienced 'feeling close to' or 'meeting with' God; they sensed a presence, which could be perceived as external to or within themselves. This could happen in a range of contexts, including when alone or with people, in participants' bedrooms or at church. Some thought that if they did not trust God and were not "open to the Holy Spirit" (W: 314) this precluded 'feeling close to' him.

> "I lost my trust in, in God, … it can affect your experience of God in the sense that, it's stopped me being vulnerable sometimes, so, so I don't meet with God …" (W: 1383, 1601, 1602)

Such experiences of relating to God had a "peak experience" (Maslow, 1971, p.168) quality and made enormous impact.

> "… meeting with God, ... it's not a funny experience to bolt onto the rest of my life, cos it's an experience that goes, speaks to my body, my mind, every little, every part, seems to speak to who I actually really am almost …" (W: 958 – 963)

Respondents could be surprised by their experiences of God.

> "…the first experience I've ever got of - well the Holy Spirit I'd say, you know God healing me… I bought a book … and I started praying this prayer … I'd read it … and I don't know what happened but whoa, I shot straight under the blankets, every hair in my body just stood up, I just felt this presence in that bedroom. It - it shocked me at first you know. … I was at peace but I was surprised …" (X: 1121 -1131)

## 2.2 **"God was very much my therapist" (D: 699)**

Many participants attributed overcoming their psychological difficulties to God's active help and a few said that he was their therapist. Mr. V said that he 'worked out' his "change and healing … in the context of relationship with God" and that they had "really got things pretty sussed on a number of levels" (V: 741, 742, 746) and I asked him the following:

> I: Please say if this doesn' fit with your perception, but I just wonder if you see God in any way as a … therapist?
> V: Oh yeah (laugh). … Yeah absolutely.
> I: Like your primary therapist?
> V: Absolutely actually.
> I: Yeah?
> V: Yeah. I'll just go to the other guy to debrief and just check that I'm not losing it." (V: 748-758)

Interviewees told me that God 'worked on' or with them "slowly" (H: 111), 'layer by layer' or "fast" (D: 663), tailoring the pace to the individual.

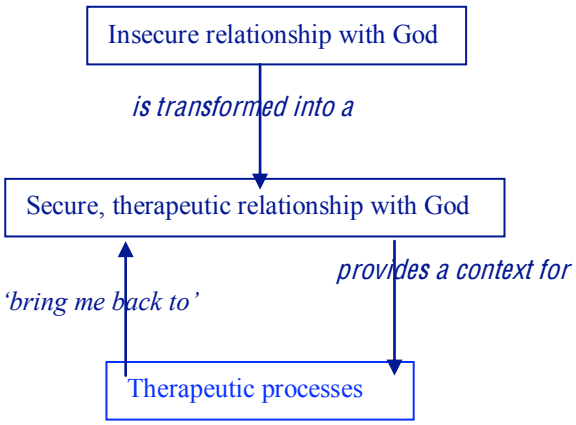
> "But I've seen God change things in me. But he doesn't do it in a forceful way. He's very gentle about it and he knows how much you can take." (F: 402 – 403)

A couple of participants, (who were trained in counselling or therapy) said that they would have 'ended up on a psychiatric ward' if they had not been a Christian.

> "When I found God in my teens – or God found me – I found sanity" (B: follow-up consultation)

Figure 2 (below) displays how themes relating to 'God as therapist', which are described below, inter-relate.

Figure 2: The inter-**relationship of aspects of 'God as therapist'**




***a) Changed relationship with God through 'head' knowledge of God becoming 'heart' belief***

For most participants, their 'therapeutic' relationship with God was something that developed through their difficulties[18]. For many, their view of and way of relating to him had been coloured by their experiences of their parents. Negative aspects of their relationships with their parents had also established unhealthy patterns of relating, feeling or behaving that were fundamental to their psychological problems. Respondents reported that in so far as their relationships with God were negative, unhealthy psychological patterns were maintained.

> "So as much as I don't have a proper view of God, I react out of that." (W:1199)

However, through their difficulties, several interviewees discovered the 'flaws' in their relationship with God: either that a 'reality' was lacking in it, or that they "… believed something that [they] knew wasn't true" (H: 297), (i.e., something that is not "in line with scripture." (H: 274)) regarding how God related to them and viewed them. For example, they did not believe 'emotionally' that he forgave them, loved them unconditionally or would never leave them. They clearly distinguished between 'head' knowledge and 'heart' beliefs that 'affected how they lived'.

> "… the truth that he loved me unconditionally was beginning to dawn … [I] know it up here (pointed to her head), … but … it wasn't … in my heart, in my spirit, it wasn't worked out, … it wasn't something that affected how I lived. …" (H: 128-136)

Through recognising that they had been acting on 'false', 'emotional' beliefs, participants were able consciously to reject these and allow their 'head' knowledge of 'truths' to become 'emotional' or 'heart' knowledge. This happened through insight alone, "being around Christians who love you unconditionally", reading and believing what the Bible says and

believing things that 'rang true' and were thus felt to be from God; and self-talk reinforced these beliefs. The Holy Spirit made this new understanding of God more 'real'

> "You realise that God is different to your parents through the Bible" (F: follow-up consultation).
>
> "I could say but that's not the truth, but this is the truth" (H: 303)
>
> "[a Christian book said] lots of truths about what God thinks of *me*. … that book fed into *that* part of who I was, it kind of almost turned the *light* on about who *God* is so it takes away a lot of the fear of relating to God, shows you where the fears come from in relating to God. So, for me a lot of my fears to do with getting closer to God and listening him, come from the fact that I think He's going to hit me like my dad's going to hit me…" (W: 829-837)

Respondents regarded God's perspective as not only a subjective view, but by definition, as objective 'truth' and thus they 'had to' change their perceptions of themselves to concur with his.

> "If I believed God forgave me I guessed I had to love and forgive myself … I was told that when you're beating yourself up you're hurting him" (F: follow-up consultation)

Through finding in their relationship with God, aspects of their relationships with their parents that had been 'lacking', they established a more secure relationship with him. Some consequently viewed and related to themselves and others more positively and their behaviours, feelings and ways of coping changed for the better.

> "seeing what God's like … then pervades how you feel about yourself, how you relate to others, whatever, how you relate to him …" (W: 853, 859).

For example, Mr. V experienced God as someone with whom he could 'risk' new ways of relating.

> "… I threw myself at him as a … father stroke mother figure. … And that is actually - undoing the pattern of withdrawal … in terms of healing that that's possibly been the most helpful element - of having a figure to trust and to take the risk of opening up." (V: 519, 521, 530-534)

However, he said that he had not yet risked trusting or opening up to others (V: follow-up consultation). The change in Miss F's way of coping with guilt can be seen in the excerpts below.

> "…my mum had this drinking problem and my dad was just very legalistic. It was like, I was terrified of doing anything wrong …" (F: 134-136)
>
> " … I don't get quite as stressed out when I do something wrong now whereas before I'd be ... I need to punish myself kind of thing. …but now I've, now I've really come to understand what Jesus did for me…" (F: 245-249)

---

[18] The effects on faith mentioned here are derived from my preliminary analysis of data relating to the original research question (that was later dropped), 'How, if at all, is an intrinsically Christian's faith perceived to be affected by their psychological distress?'

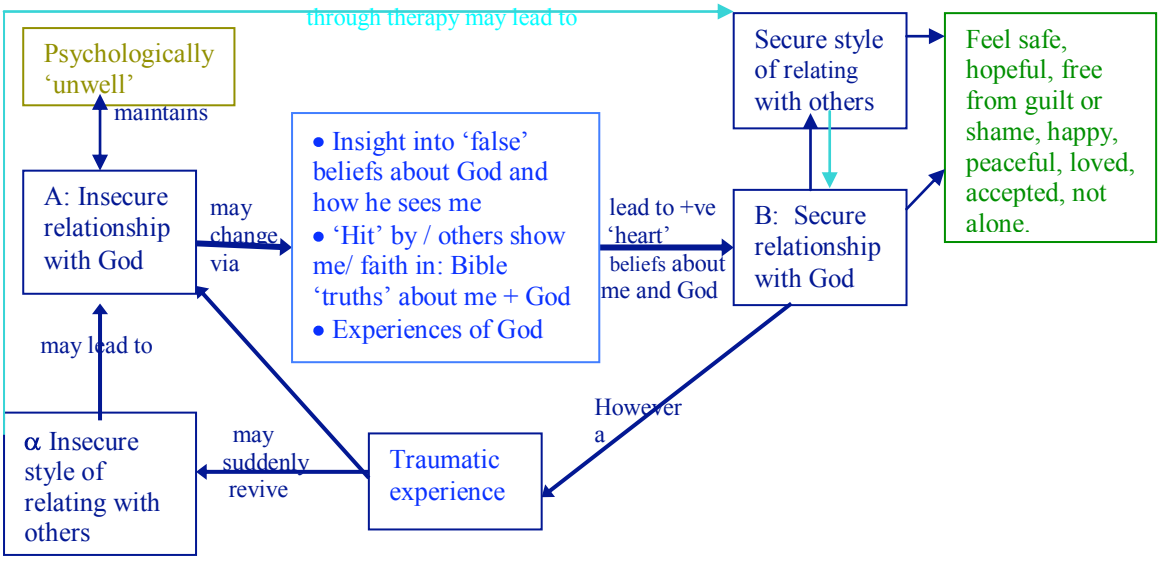
Dr. D was exceptional in that she described a close relationship with God (since being a young child) that was based on a view of him that was not coloured by her experiences of abusive parenting; rather, he had been an alternative parent to her.

> "God is truth. … my childhood was a lie. My mother was a big liar and …my dad was too… for me it was about releasing my parents from being parents, and actually letting God parent me…" (D: 525, 539, 540, 981, 982)

Through this "amazing" "bond" (D: 1006) with God, Dr. D worked through the difficulties she felt originated in her relationship with her parents.[19]

Changes in styles of relating to God indicated by participants' reports are represented below in Figure 3.

**Figure 3: Changes in participants' relationship with God**




α Figure 3 may best be 'read' starting from this point.

Insecure / Secure relating / relationships: Insecure relationships involved a negative view of self and/or other (including God); secure relationships involved positive views of self and others.

Movement from A to B may be repeated to rework different aspects of an insecure relationship into a secure relationship.

→ The 'route' formed by these arrows forms a cycle. However, a suddenly revived insecure relationship with God may also quickly be restored to a secure relationship, assuming a secure relationship with God previously existed.

[19] Mrs. C experienced a 'brick wall' between her and God initially; however, as a result of changes in the way she related to others (through secular therapy), her relationship with God became more real. Mrs. B and Mr. U found that whilst previously having developed a good relationship with God, following traumatic events, this became less trusting and more distant in ways that reflected insecure relationships with their parents. Mrs. B, at a second interview, told me that she had restored a secure relationship with God through expressing her anger at him (she shouted at him, "How can I ever trust you again?") and following this, she recognised that she did actually trust him after all.

*b) Therapeutic relationship*

*i) 'Looked after and watched over' by God vs his support was "a fat lot of use" (B:111)*

A number of respondents felt that God constantly protected and provided for them, and this engendered a sense of comfort and security. However, they did not expect complete protection from hardship.

> "…God will never let you down, God will always make sure that you're provided for. He may not make everything very cosy and cutchy …" (D: 585 – 588).

They were reassured by believing they were not alone and did not have to rely solely on their own resources when troubles arose. This gave a sense of hope.

> "… when things go wrong he's right there for us to lean on and to help us pick up the pieces and rebuild things the way they're supposed to be." (Y: 330-331)

However, a strong counter-instance was expressed by Mrs. B, who had believed that God "can provide what we need in the way of support" (B: 125) but did not experience this:

> "a fat lot of use the underneath, everlasting arms had been, quite frankly" (B: 111)

As a consequence, she "felt quite despairing actually." (B: 168).

*ii) 'Loved to bits' by God*

Most interviewees spoke of God's love, which they described variously, as "tough love" (D: 511), "very simple love" (V: 508), romantic love, "like he was wooing, wooing me as his bride" (D: 247) and parental love. They believed his love to be unconditional, and they experienced it emotionally and tangibly.

> "[God's love] completely … overwhelms my - all my senses ... almost daily, but I have a real experience … of his love." (V: 518, 519).

Several participants reported that God's love for them increased their sense of self-worth, enabled them to relate better to others, enhanced their mood, and to made them feel strong enough to pursue psychological change.

> "…I received, drunk all that love in the morning [from God], and gave it out the rest of the day…" (W: 1449-1454).

> "…without that love I would not be on this journey, it would certainly be too hard" (V: 510)

They trusted that this was permanent: God would never 'let go' of or "give up on" (D: 597) them. This was a great comfort to many. Miss F said that when things "go wrong with me" it is because "I forget that God's there and that he loves me" (follow-up consultation).

*iii) 'God forgave me'; the guilt 'lifted'*

Over half of the interviewees said that, "knowledge of God's grace" (defined by Mr. V as "unmerited favour" (V: 455)) and forgiveness contributed to their psychological recovery. They were able to reduce their demands upon themselves to be perfect and, through taking responsibility for the wrong they had done and 'repenting', they were able to "handle" (A: 263) and get rid of feelings of guilt.

> "I: How significant do you think … understanding … God and his grace, has been to working through the emotional difficulties?
> V: It has accelerated it *hugely* because there's … less energy going into processing guilt." (V: 464-469)

> "… in terms of the standards that [Jesus] sets for our lives, alongside that there's the provision for being human and not being able to be perfect." (C: 539-543).

*iv) God and I 'worked together'*

Participants described working collaboratively with God towards therapeutic change. For instance, interviewees felt that God strengthened them so that they could cope with their problems, and they took action based on insights or guidance given by God.

> "I had a vivid picture of Jesus swimming in front of me with a rope tied to my waist, … the whole deal was you do one stroke and I'll do the other stroke." (V: 787-793)

Despite describing ways in which they themselves contributed to psychological change, participants nonetheless attributed change to God.

### *c) Therapeutic processes*

*i) Talked with God*

For some participants, God was the first person they talked to if they were upset. They felt able to be completely honest and shared the "deepest part" (W: 206) of themselves with him, knowing that he understood them completely, in a way no-one else could. They experienced the Holy Spirit responding to their distress, which was "deeply comforting" (Y: 399), beyond anything they felt a person could provide.

> "…you're allowed to cry on [God's] shoulder if you like. … I don't think a human being sitting there doing that could ever have had quite the same effect." (Y: 383 - 421).

Through intimately sharing with God, respondents could "get in touch with" (W: 1008) themselves and 'process' their emotions, which enabled them to "get on with life" (W: 1487-1492). Mr. W described God's involvement as particularly important; he did not only express his feelings, but was reassured that they were heard and 'went' to God. It was as if otherwise,

letting go of his feelings would feel like saying they were unimportant, whereas by giving them to God they were still regarded as important and would be taken care of.

> "… prayer … is … a forum for me …to be honest with God. So I'll go to him and say, "You know what God, I just hate me today …" …Almost like *me*, my feelings then *go* somewhere, where I feel they're alright. So that, that in itself is a healing thing. But then also, to hear God's reply, again …" (W: 1008-1016)

> "I used to go and sit under this oak tree and God used to talk to me and I used to talk to him, and layer by layer this stuff came off …" (D: 185, 186)

This 'depth' of relating fulfilled a need for intimacy that some could not find elsewhere.

> "…even deep interaction with good friends just seemed incredibly shallow compared with the pain ... it was at that level that only *he* could really fill that gap. … [the] great sense of isolation" (Y: 350-356).

In a follow-up consultation, Mr. V cautioned that relational intimacy with God was "not the be all and end all" because God could only meet certain needs (e.g. physical intimacy) through other people. Dr. D also said that believing that all needs can be met in relationship with God may encourage an unhealthy avoidance of taking risks in relating to others.

### *ii) Received insight into problems*

Respondents felt that God gave them insight into their problems, by speaking to them directly or via others, through words or images that he placed in their minds, through their natural thought processes, or through reading the Bible. On the basis of this new understanding they made changes in their relationships with others, in relation to themselves and in their behaviours and attitudes.

> "He's just made me aware now that this is a problem, it will be something that is there all my life, it will be a weakness" (A: 215, 216)

### *iii) Received guidance*

Some participants took a listening stance towards God if they had questions about what they should do next, or wanted help in making sense of their situation. They found that God replied, in various ways.

> "… "Lord, what am I doing, what's happening?" "God what shall I do?" And I used to know within half an hour. Either a sense or an actual clear voice or somebody phoning me up". (D: 426-429)

> "OK, Lord, what do you want me to do, where do you want me to go?" And there was this advert for [a Christian retreat centre] … it was literally flashing, so I shut the magazine up and opened up again and … Each time it was flashing when I opened it, … and I turned to other pages and nothing else happened and then I turned back to the first page: flashing … so I said, OK Lord, this obviously means something." (D: 573-580)

Dr. D later spent some time at this retreat centre and found that it provided a context in which she experienced significant psychological change.

Even when participants did not actively listen to God, he could guide them, which could involve 'rebuking' them, either through experiences or through reading the Bible.

> "…she [his girlfriend] sez well are we off to bed then? … And I sez I'm sorry but I can't … Because I felt - I was literally feeling sick inside. … I believe that [God] showed me that I shouldn't be in them situations." (X: 232 – 248).

*iv) Emotions transformed through experiences of God*

Sometimes God's closeness was felt unexpectedly and when this happened, participants' feelings could dramatically change. They usually felt God's love for them, his acceptance and care. Miss F's experience was like "someone who really understood everything about me hugging me, like a child running to their parents and knowing that they're safe and that no-one can really hurt them" (follow-up consultation). This occurred when she was profoundly depressed and made her feel happy and optimistic.

> "I could really feel God and that he was there beside me … but that was probably the worst time in my life, … it was just weird, … I was in hospital feeling suicidal and awful and … I just felt inside really really happy ... and ... I felt so peaceful inside and I knew that everything was going to work out OK, and I could just feel that God loved me …" (F: 191-198)

Others described being 'filled with the Holy Spirit' and this brought feelings of peace and increased their confidence.

> "I've just got this feeling of … peace inside. And a feeling of confidence. … I'll go out more and I'll meet people more and I speak to people more. … It's the Holy Spirit 'cos I've just give my life over … to him" (Z: 234-252).

Mr. V told me that the "Holy Spirit" had evoked emotional release of "unresolved emotional pain", which he expressed in anger and hatred towards God. He said that this was particularly therapeutic because through it he discovered that he could be honest with God and not be rejected by him.

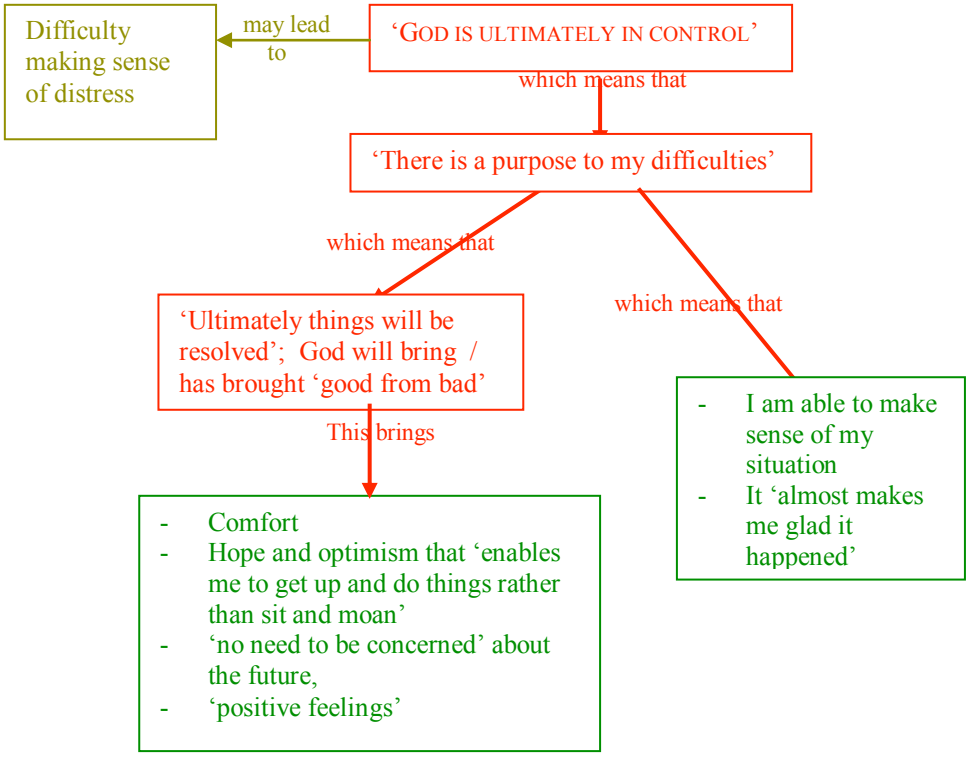
*v) 'Cognitions restructured' through worship: "worship is my lifeline" (D: 480)*

Worship helped a number of interviewees to 'get things back into perspective' and to 'remember what is really important'. Dr. D explained in a follow-up consultation that "worship brings my eyes back to Jesus" and involves 'giving herself back to God' and saying "God, you are God", which meant recognising again that God is 'the ruler of the earth'. Through this, she said, "I get peaceful, and not just a feeling … Through worship God tells me things, restructures my thoughts … the illogic will go and the truth, His truth, will come"; "the reality of God helps get my emotions back into reality."

## 2.3 God's benevolent control

The reported effects of believing that God is in control are represented in Figure 4.

**Figure 4: God's benevolent control**




*a)* ***God has a plan for my life: "things will ultimately be resolved" (Y: 143) versus 'Why, God?'***

Knowing that God was 'ultimately in control' of their situation was a source of reassurance to many interviewees. They saw his control and omniscience in retrospect, in providing appropriate help from others at the right time, preparing them for their emotional difficulties or for therapy, or 'engineering' situations so as to "bring issues to the surface" that they felt they needed to address.

> "I: … [the dream] … was a way of God speaking to you?
> C: Absolutely. …And I actually ended up in therapy … the following year.
> I: So it's almost like he was speaking to you first.
> C: Preparing me." (C: 131-136)

Miss A 's belief in God's omnipotence was evidenced in physical healing.

> "… they thought my liver was failing … And that was all because of alcohol. And then I went back [to hospital] … Dr S said oh well I'll get all your functions done I may as well, and they all come back perfect. So it was like a miracle. … the doctor said that under no circumstances should I have gone back to normal in three months. They said it's a miracle, it should have took years. And my liver functions were normal, my blood counts were normal." (A: 483, 675-688).

Knowing that a situation that was experienced as out of control was actually in God's control, was comforting for Mr. U.

> "… that has meant more to me than anything: to think that … you were getting punched in the head - but the situation was under control." (U: 937-939)

A number of interviewees believed that God had a plan for their lives, which he was intent on bringing to pass, and that he had a reason for their distress that was just not visible to them. They did not necessarily think their psychological distress was 'in God's plan', but believed that he *allowed* 'awful' things to happen for a reason and that he could "work through bad situations" (F: 256). This helped them to make some sense of their situations.

> D: "… There was this huge spider's web … that's just a picture of … our lives, the maps that God does, and often we don't see the map, you know, we see the next step" (D : 328 – 330)

In some cases the good that came from a bad situation was apparent. For example, through Mr. U's difficulties, someone became a Christian and this 'gave him' "…very positive feelings…" (U: 277).

Many believed that because "ultimately he's in control of everything" (W: 656), "in the long run ... things will ultimately be resolved" (Y: 143). This ultimate outcome referred to the distant future, "… when Jesus comes back …" (F: 188, 189). However, respondents also believed that God could change them or their situations for the better before then. This made them more hopeful, less depressed, and removed reason to worry.

> "Being a Christian helped me … what I talked about hope and optimism and a sense of, there is purpose somewhere in all this, has enabled me to get up and do things instead of just sit on my bottom and moan." (B: 588-591)

Whilst believing that God was in control was comforting, it also made it more difficult for some to make sense of their situations and of God's goodness.

> "… although … I don't think God did it to me, I think I have questioned why." (U: 471)

> "…people used to say, "God is good" and I thought how can he be. How can he be when I'm going through all this lot you know." (X: 191-192)

*i) God was 'making me into the person he meant me to be'*

Most commonly, interviewees believed God's purpose for their difficulties was to change 'who they were'. Believing that with God they could change, pointed towards greater psychological well-being.

> "Yeh, and that's what's really hopeful, that maybe he can take mass murderers and make them into the, the people he wants them to be. I know, before I thought I was

> stuck in this role and that … I was always going to be just messed up. But I've seen God change things in me." (F: 399-402)

Personal change could mean "becom[ing] …the original design of what we're created to be…." (V: 725, 726) or becoming more like God in character. Participants valued these goals so highly that they were able, "… almost perversely" (Y: 147), to welcome "tough times" and even consider it "a joy that God [took me] through" them (D: 958-959) because "that's what God needed to put me through in order to refine me" (Y: 152)

> "[I was] saying to God "Well why, why?" And … the thought came back, well you want to be more like me don't you?" (H: 144-145)

*ii) Brought a "reality to my faith" (Y: 153)*

The other purpose participants cited for their psychological problems was to bring a closer relationship with God. This happened because their problems led them to a) be more open with God about themselves, and b) realise that their relationship with God was central to their well-being.

> "…because I've had to be real about what was happening then that has given me more of a relationship, a real relationship with God…" (C: 620-624)

> "… God has allowed [" the pain of that experience"] to happen really to give me an awareness of the fact that at that level … only *he* could really fill that gap." (Y: 353-356)

A number of interviewees explicitly said that they valued a 'more real', closer relationship with God more highly than being free from psychological distress.

> "…[God] allowing me to go through all this has kept me really much closer to him that if I had to suffer like this all the time, if I had to feel suicidal all the time I'd, I'd rather feel that than drift away from him." (F: 282-283)

***b) 'Recognised that I'm not in control'***

Two participants felt that whilst God was benevolent and loving, he would not always make things happen according to their preferences.

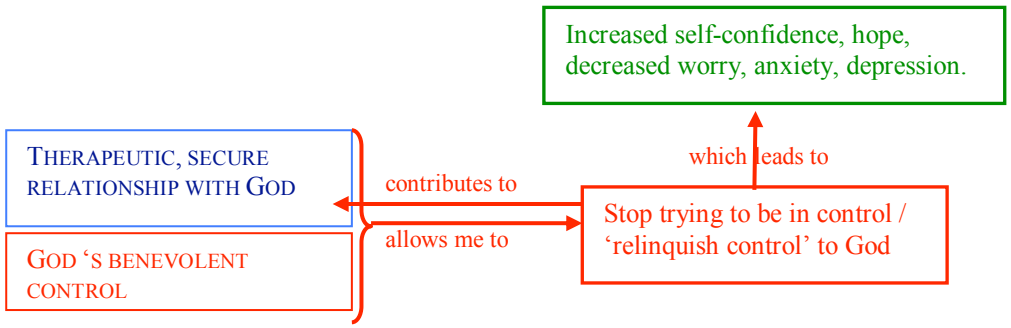
> "… I don't want to change [my lesbian sexuality]. I don't want to be with a bloke. But there again I wouldn't put nothing past [God]." (A: 240 – 241)

However, this did not distress them; rather, it allowed them to "relax and stop trying to be in control" (B: follow-up consultation). Mrs. B added that whilst she may not be in control of events, God had 'strengthened' her; she had more self-control over how she reacted to events and was not "a helpless thing waiting for a thunderbolt from God".

***c) "Relinquished control" (Z: 229)***

The reported effects of 'relinquishing control' to God is in control are represented in Figure 5.

Figure 5: Relinquishing control to God




More proactively, some participants 'gave' their difficulties to God and relied on him to take care of and guide them through their situation, trusting in his omniscience and benevolence. They psychologically 'relinquished' responsibility and control to him for situations in which they had been trying to regain a sense of control, and in which they felt out of control, helpless and distressed. They reported that as a result they "felt more in control" (Mr. Z: follow-up consultation). 'Knowing' that their self-worth did not depend on being able to cope alone helped them to do this: "I don't have to prove myself – he loves me anyway" (Mrs. B: follow-up consultation).

> "…only he knows what's store for us. … I laid back and let him take control, 'cos he knows everything about me …" (Z: 424 – 428)

> "… what God longs to do for me… if I allow him to do it now, he does …" (W: 589-590).

Whilst in one sense, participants gave up responsibility, they maintained a responsibility to trust God, "listen to him" (D: 601) and 'follow his will'. In fact, a commitment to follow and obey God was often associated with 'handing control' to God, and gave rise to the view that he *actually* gained further influence that he otherwise would not have had. Dr. D added (in a follow-up consultation) that in doing this, she took responsibility for her emotions, and acted in a self-controlled, "adult" manner, rather than using "out of control coping mechanisms" such as worry or depression. Dependence on God was thus an *active* dependence and one in which self-efficacy increased. Dr. D compared it to a child's secure (and dependent) attachment to a parent, in which they feel safe to 'explore' and felt that giving control to God contributed to a secure attachment to him.

> "I was worrying, and then just one day I was reading - I think it was Matthew[20], … and I thought why am I doing all this worrying … just laid back and let Christ take … control of my life … and since … I've been carried and swept along by a tide, …I just

[20] Matthew 6:27: "Who of you by worrying can add a single hour to his life?"

try and live and life now as a good Christian. … it does help. I've just got this feeling of … peace inside. inside you know … And a feeling of confidence." (Z: 219-235).

"…it's felt like being on an escalator where your only job has been to stay on the escalator, … you want to know where the escalator's going and you mustn't, because that's actually part of trusting God about where it's going." (D: 272-277)

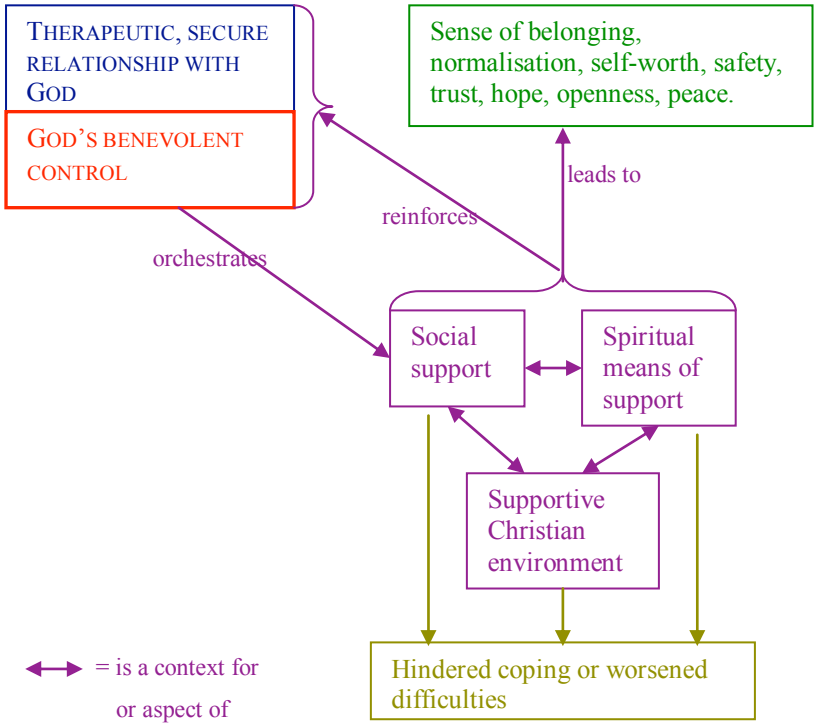
'Giving control to God' was problematic when participants were instructed by others to do this (sometimes to the exclusion of help from others). In this way, they no longer felt control over deciding to give over control and they could feel both patronised and guilty for not relying on God enough.

"Well I think you're relying too much on [clinical psychology]." And I went through this experience of … having to pray for forgiveness to God for relying too much on them. And I went through a whole week of feeling probably worse than I've ever felt …" (U: 788 – 794)

## 2.4 Other Christians: supportive versus unhelpful

The reported effects of helpful support from other Christians are represented in Figure 6.

Figure 6: Support through other Christians




### *a) Individual Christians*

Individual Christians, including those in the Bible, offered interviewees support. Most participants thought that Christians were more supportive, caring, sincere, trustworthy and less judgmental than non-Christians.

> "they [people from church] moved me in my flat … My [non-Christian] friends were nowhere in sight…" (A: 496 – 497)

Mr. Y, on the other hand, felt that non-Christians would have afforded him more support, as he would have felt 'free' (comfortable, that it was acceptable) to expose his distress.

> "… if there had been primarily non-Christian friends … around rather than Christian friends … I would have had the freedom to ... to go to pieces ..." (Y: 703-707)

*i) Affirmed, cared for, understood*

All interviewees experienced care, love and affirmation from other Christians. They conveyed these through, for example, sending cards, inviting them out and "spending quite a good time" with them "both in conversation and in prayer" (Y: 594). Some discovered Christians, including those in the Bible, who had experienced similar difficulties to themselves, who helped them to explore Christian perspectives on their problems, offered further insight and helped them to feel they were not alone in their struggles. For Mrs C such friendships were "an absolute lifeline" (C: 310).

> "So, me reading those things … gets in touch with perhaps an unconscious bit of me, or conscious, … and almost puts into words how *I'm* feeling …" (W: 885-888)

> "[Moses] went through … doubt, doubting about his own wisdom and his own ability … And I've gone through that. My own ability to deal with these things and … you realise that you're not alone …" (U: 970-974)

However, for a few participants, empathic support from Christians was "not … there as much as I really needed." (C: 312-314). Others found the *quality* of Christians and Christian leaders' social and pastoral skills to be lacking; they were not understood or listened to, or they were offered advice that they felt was patronising. This could be unhelpful or even hurtful.

> "…my pastor … essentially said things that amounted to almost pull yourself together. … he just denied that fact that there might be a problem in me … and that hurt me." (W: 1375-1379).

*ii) Helpfully and unhelpfully challenged*

A few participants' were challenged to reconsider their behaviours or attitudes to others by other Christians and came to see these as morally wrong. They felt such challenges were "kind" and "loving" (H: 135) and expressed the "courage of Christ" (D: 401).

> "[He] really made me think that pushing on was really a selfish thing, not a selfless thing." (H: 435, 436)

Mr. U offered a counter-example: he was "counselled" that he was relying too much on his clinical psychologist (see quote at end of 2.3 c)) and found this challenge extremely unhelpful.

*iii) Showed what God was like*

A number of participants felt that the support they received from Christians conveyed aspects of God's character, or they perceived that he had orchestrated it supernaturally.

> "…they'd just give me hugs and tell me they loved me and stuff. Just having them remind me how God sees me." (F: 424-425)

> "God [had] prompted … people …I hadn't told them anything, and yet they knew, and letters would arrive exactly when I needed them." (D: 255, 451 – 455).

*b) Christian cultures*

*i) Supported though Christian environments*

All participants regularly attended a church, and some spent time in other Christian communities, such as a retreat centre. In supportive Christian environments they felt 'safe', 'accepted' and 'loved', 'included' and able to 'be the real me'.

> "…somebody said to me, my Christian, it's my safe world. And it probably is …." (A: 142)

> "… there was generally … an attitude of we're all in it together, we are not all okay …" (V: 606-608)

Such an environment facilitated Dr. D's 'therapy' with God.

> "they gave me … an environment of total acceptance and delight in me. And … God used to talk to me. … and layer by layer this stuff came off …" (D: 181-185)

For some, a supportive Christian community was 'the most helpful thing'. Having previously attended a church in which he experienced confusion and criticism, Mr. X the effect of attending an accepting, welcoming church was significant:

> "… by goodness I'm - I'm changing. I feel better you know, I just feel better in myself. I either go to this church, get involved, be obedient - if I don't I go downwards." (X: 661-662, 687-691).

*ii) Not supported by Christian environments*

Unsupportive Christian environments were those in which respondents felt 'insecure', criticised / discouraged, 'isolated' and / or the need to 'put on a front' (i.e. convey a superficial persona).

> "Having all that doom and gloom pushed down us all the time I just used to think well I've no chance." (X: 745, 746)

> "… they weren't very good at consistent, pastoral care." (D: 926, 927)

In follow-up consultations, a couple of participants acknowledged that negative perceptions of church could be due to their own biased perceptions or unrealistically high expectations.

*iii) Felt that "Christians shouldn't have problems"; you should "trust God to get through [them]" (Y: 719)*

A number of interviewees felt inhibited in speaking openly about their problems in Christian contexts. They perceived a belief in their respective churches that Christians should not have emotional problems, and that if they did there must be something inadequate about their "walk with God" (W: 1694); that the resources of their faith should be solely sufficient to cope with such difficulties; or that "God would just make things go away like that" (F: 324). Mr. V regarded the latter belief as "singularly the most unhelpful thing" and said that, "[instant] healing can never take the place of growth." (follow-up consultation). When the beliefs conveyed by churches were not experienced by participants in practice, they became disappointed, irritated at the church or felt that "there was something wrong with me, like I didn't have enough faith…" (F: 320-325).

In some churches these views extended to a belief that Christians should "depend more in God than on other people …" (Y: 615-621) and that help that was not specifically Christian (including medication) was unacceptable as it was 'worldly'. If such help was received, they felt, or anticipated they would feel guilty for not 'clinging onto God' sufficiently. However, participants eventually rejected such beliefs.

> "I've struggled with the fact of having to be on anti-depressants; it's like I felt guilty ... It took B and N (Christian friends) talking to me to kind of convince me to be on medication cos um, I should be, be able to trust God enough to not be on medication …" (F: 307 – 311)

Mr. W had a

> "… false guilt … about going to the world for help, because why do you need the world when you've got God?" (W: 1159 – 1165)

He came to believe that this perspective was "wrong cos God's in the world..." (W: 1166)

*iv) Reinforced unhealthy patterns: "they were just colluding with the process." (D: 926)*

Some interviewees' felt that their churches unintentionally reinforced the beliefs, ways of relating and behaviours that were integral to their psychological difficulties. Once recognised, these were seen as inconsistent with God's character and rejected. For example, Mrs. H described herself as "… performance driven but such that if I wasn't doing I didn't feel worth much" (H: 21, 22). She felt "…a performance thing of course within church" (155, 156); for example, if she did not stay late at church meetings she felt "…disapproval from the church leaders and from other people…" (H: 380). Yet she came to see that "… what was important to God [was] not all this doing, but my being …" (H: 105, 106).

*c) Spiritual means of support*

*i) Prayed for*

Several respondents found others praying with them to be helpful. Some were prayed for (in one case the pray-ers were not with the participant) during a panic attack. For Miss F, whose 'pray-ers' were present, others' prayers helped her to put her anxieties in perspective (see 2.2b)ii)). She and others also simultaneously experienced a calm that seemed to come from outside of themselves.

> "…I realised I'd come off my medication too soon, and I was feeling really, really, bad … and things were just playing over and over and over in mind and …I get so agitated … And they actually called the doctor so that they could prescribe some stuff to calm me down and R and P just came and sat with me and we prayed, and I just calmed down so much, to the point that when the doctor came, …he was just like, "You seem fine to me" (laugh), it was really funny." (F: 367-376)

*ii) Messages from God received through others*

A number of interviewees were told things that were meaningful and helpful by other Christians that were understood as messages from God.

> U: …he said … "the angels must have been with Mr. U that night." It was almost like I was being told something.
> I: From God?
> U: Yeah. Even now it gives me a sense of peace thinking that you know …" (U: 929-933)

*iii) Healed or angered through prayers of exorcism*

Through the prayers of his pastor, Mr. X experienced what he thought might be demons coming out of him.

> "The pastor came down … I'd still got this anxiety, these bits of depression … he were praying … and all I could see in the back of my eyes were these things running about and coming out. … Like spiders …the harder he were praying the faster these things were going in - in - at the back of my eyes and coming out. And after he'd finished … all I could see was this lake. It were like having a vision …" (X: 260, 275-283).

He described his subsequent experience:

> "…it were like being released, and I felt clean, totally clean inside you know. … just calm after it and this total freedom. And … I was suffering from that depression and I'd been on the pills for a long time and all that depression and anxiety went. … the Lord healed me. (X : 284 – 300)

However, Mr. V had a less helpful experience of an attempted exorcism:

> "V: …there was one instance where somebody wanted to exorcise something from me … by shouting loudly. And I didn't find that very helpful because a) I didn't feel anything happen, and b) I didn't know if there - if there was a result in that … there was no closure to the issue….

I: Were you left with any thoughts about whether you had a demon or not, if that's what the exorcism was about?
V: Yeah. … I carried a great deal of anger regarding that incident for a number of years..." (V: 342-362).

## 2.5 Living according to Christian standards

### *a) Prevented from avoiding distress*

The activities several participants engaged in or were restricted from due to their desire to remain "obedient to God" (Y: 617) limited the extent to which they could cope with their distress through defensive strategies. Forgiveness precluded hatred as a way of blocking feelings of helplessness; church was as a place where Mrs C could not keep her mind off her troubles because she had to be honest "before God" (C: 795); and escapism through drugs, alcohol and suicide were not options.

> "…all your pride has gone, all your self belief in your own ability to defend yourself. … as a man I want to focus on that hatred to almost – "well I could have sorted him out." … And my Christian side of me is telling me look you should forgive him." (U: 701-711).

> "And at times I'd wish that I wasn't a Christian just so that I could, you know, take an overdose or something. [Being a Christian] prevent[ed me] from taking a way out …" (F: 295-300).

Whilst in the short term not having such means of coping meant that they continued to experience their distress, many participants felt that in the long term, using these strategies would have been unhelpful.

### *b) **'Forgiving allows you to move forward'; "As a Christian it's right to forgive" (U: 1041)***

All interviewees who spoke of forgiving others regarded it as an imperative as a Christian, both morally and in order "to move forward" psychologically. They chose to forgive even though they "…didn't want to forgive." (X: 246)

> "…revenge … would just screw me up …" (U: 134-136)

None of the participants found forgiving easy.

> "I think that [the demand to forgive] tears you apart because on the one hand you want to almost focus on this hatred as a way of - of regaining some kind of self belief." (U: 693, 694)

However, having "… a reason to forgive..." (C: 414), (including maintaining a good relationship with God), Jesus as "…an example of forgiveness", and "… the Holy Spirit, working in me" (F: 229) helped them to forgive. Just deciding to forgive began a process of forgiveness; a full sense of forgiveness took time to develop.

> "… I always feel better if you can say … a little prayer, Lord I forgive that person for doing that. It takes away - for me - it takes away the hatred and the bitterness eventually. Not always straight away." (U: 155 – 158)

Participants agreed that forgiving others, no matter how hard, ultimately "paid off" (X: 426) both in terms of allowing them to "move forward" (C: 413-416) and restoring a good relationship with the person who wronged them. Mr. X had previously had a very conflictual relationship with his wife, who had been unfaithful to him. However he described his current relationship with her:

> "…we are very good friends. … We took all the kids out to the seaside and - and I've you know I've decorated her house for her." (X:411-413)

### *c) Christian morality: enabled change, 'fuelled false guilt' and encouraged denial*

Some participants' problems involved behaving in a way that went against the Bible's instruction, for example, drinking excessively. The discrepancy between their commitment to God and their actions created sufficient discomfort to help them change their ways.

> "I mean (sigh) being as the guilty feelings as being a Christian you know, a follower of Jesus Christ and doing this at the same time is - has been awful." (X: 319 – 321)

Additionally, Mr. X's "fear of going to hell" (X: 389) helped him to reduce his alcohol intake.

> "I don't touch whiskey now you know. I have a can now and again in the house. I don't go to the pubs." (X: 374-376)

Other respondents were unable to meet the standards they believed were set by their faith, and were stuck with feelings of guilt.

> "I'm taught to believe that marriage is for life … It was really distressing for me as a Christian to destroy …the nest sort of thing. … even though … it was out of my control." (Z: 13-28)

However, they came to see that the standards they set themselves were unreasonable and not actually those set by God, they realised that they viewed God as overly judgemental and had disregarded his attitude of unconditional acceptance, or they saw their guilt as 'put on them by the devil'.

> "… a lot of Christians get so stressed out to try and be like Him. I think that it's creating again a position … that is untenable, and will lead to disaster." (V: 729-732).

> "You're feeling condemned you know. But it's the devil who condemns you half the time…" (X: 1098-1101)

For Mr. V, honesty in his relationship with God was particularly important. However, he felt that churches could encourage "… an unreal state of relationship with him" because they teach people to be 'nice' towards God and they "therefore cannot entertain thoughts that really I

hate him." (V: follow-up consultation). He felt that as a result they could facilitate dishonesty and unhealthy suppression of 'unacceptable' emotions.

### *d) I feel "a failure as a Christian" (U: 1023)*

Some participants' psychological difficulties led to problems in their faith and its expression[21].

> "… spiritually you feel a mess …" (H: 60)

This in turn added to their 'pile' of problems and contributed to their distress. Some felt "… ashamed that ... that my faith is lacking …" (U: 568) and wondered "whether God sees me as a failure as a Christian, 'cos I think I am." (B: 341-342). They also felt depressed and angry because of their difficulties in relating to God. Attending church particularly highlighted this for Mrs. B and Miss F.

> "I go [to church], week after week hoping there will be some kind of breakthrough, and I, I go in hope, and I come home so *depressed* that it's not working yet." (B: 341-343).

## 2.6 Purpose and meaning in life

### *a) Faith gave direction and purpose to life*

A few participants spoke about having a purpose or direction in life, due to their faith. Having a 'point' in life stopped Miss F from committing suicide.

> "… before I was a Christian … I just thought what's the point of life … reading a Bible I reminded myself of what life is really about." (F: 115, 165)

### Saturation of categories

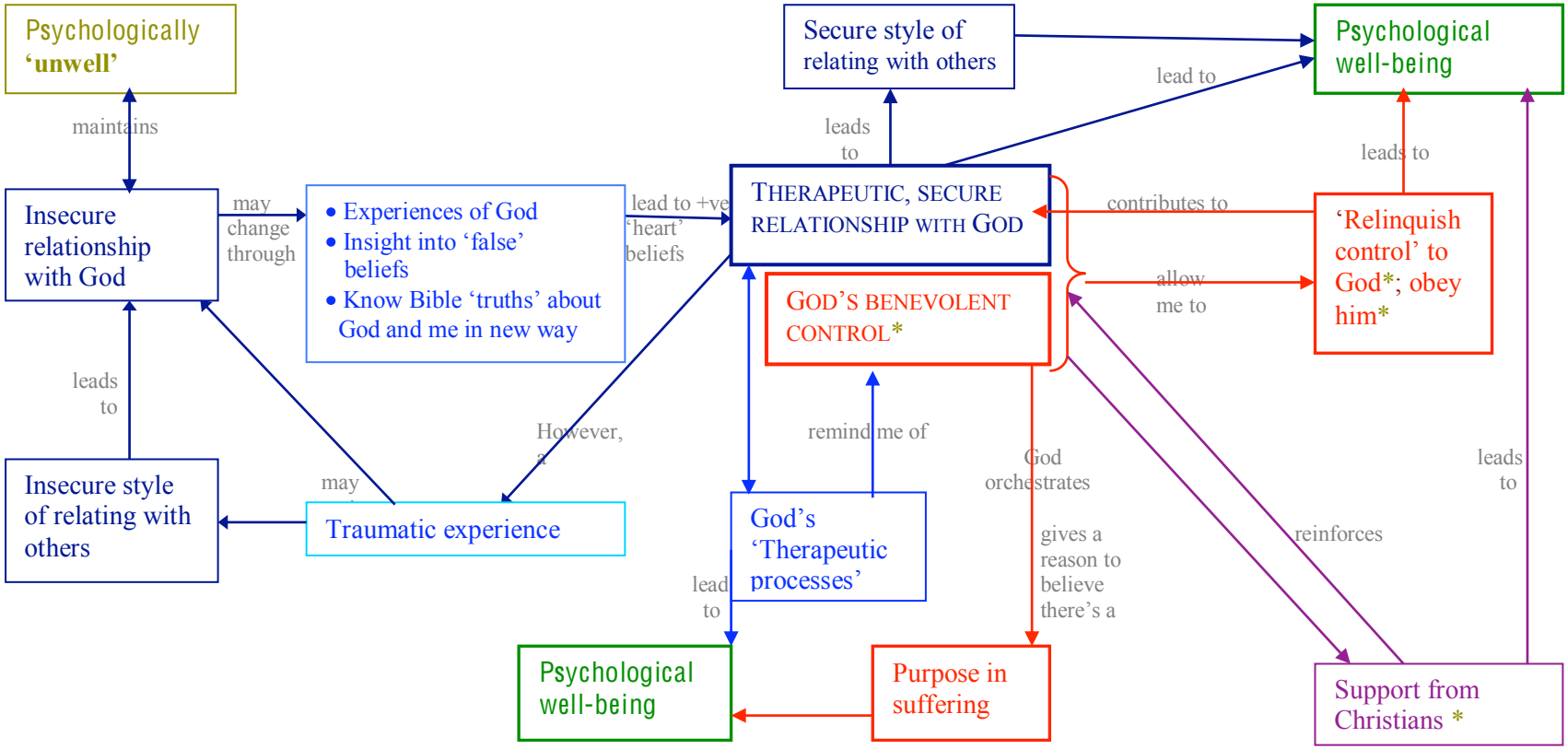
Main categories 2.1 – 2.5 contained text from all interviews and thus reached high levels of saturation. Category 2.6 ('Purpose and meaning in life') contained text from only three and thus was poorly saturated. Individual subcategories varied greatly in the extent to which they were saturated. (See Appendix N for saturation tables (Khalifa, 1993)).

## A TENTATIVE MODEL OF INTRINSIC CHRISTIANITY AND COPING

From my analyses I built a tentative model of psychological resources provided by intrinsic Christianity, which is displayed in Figure 7. I developed this by sketching flow-diagrams to represent each participant's account (see p. 34 for a description of these diagrams) and amalgamating these into one flow-diagram, grouping individuals' experiences under the categories that I developed in the analysis presented above, in the process. As can be seen in

[21] Most participants' faith was reported to become stronger through their difficulties.

Figure 7: A TENTATIVE MODEL OF THE PSYCHOLOGICAL RESOURCES PROVIDED BY INTRINSIC CHRISTIANITY




* Coping may also be hindered here.

*Green* text (olive or grass green) indicates psychological outcomes. For descriptions of specific outcomes relating to different psychological processes, see figures 3–6.

*Blue* text and arrows indicate processes relating to category 2.2 ("God was very much my therapist"), and subcategories within this category. Dark blue indicates relational styles and relationships; royal blue indicates processes mediating changes in, or ensuing from, relational styles.

*Red* text and arrows (red) indicate processes relating to category 2.3 ('God's benevolent control').

*Purple* text and arrows (purple) indicate processes relating to category 2.4 ('Other Christians: supportive versus unhelpful').

CAPITALS and thicker boxes are used to indicate central categories of psychological resources provided by intrinsic Christianity.

Figure 7, two main components: 'therapeutic, secure relationship with God' (the helpful aspects of category 2.2, "God was very much my therapist") and 'God's benevolent control', are central to the processes in which intrinsic Christianity helps in coping with psychological distress, with other processes emanating from, or feeding into, these. This model summarises my analyses and can only be fully understood with reference to the fuller descriptions of my results, provided above.

I also present an understanding of the results in relation to a model of stress.

### Summary of Christian means of stress reduction

Stress may be understood as the perception of a threat to one's well-being that is greater than one's perceived resources to cope with it (see Figure 8); (Folkman, 1984). Interviewees described ways in which their perception of threat was reduced and perceived resources increased in the face of stressors.

Figure 8: A representation of stress based on Lazarus (1984)

| PERCEIVED THREAT > PERCEIVED RESOURCES |
|---|

*Reduced threat*

- Participants perceived a less 'threatening' future because they believed that God was in control and would 'bring bad from good' or 'resolve' difficult situations.
- Failing to cope was less of a threat to interviewees' self-esteem as their main source of self-worth came from knowing God's unconditional love for them.

*Enhanced resources*

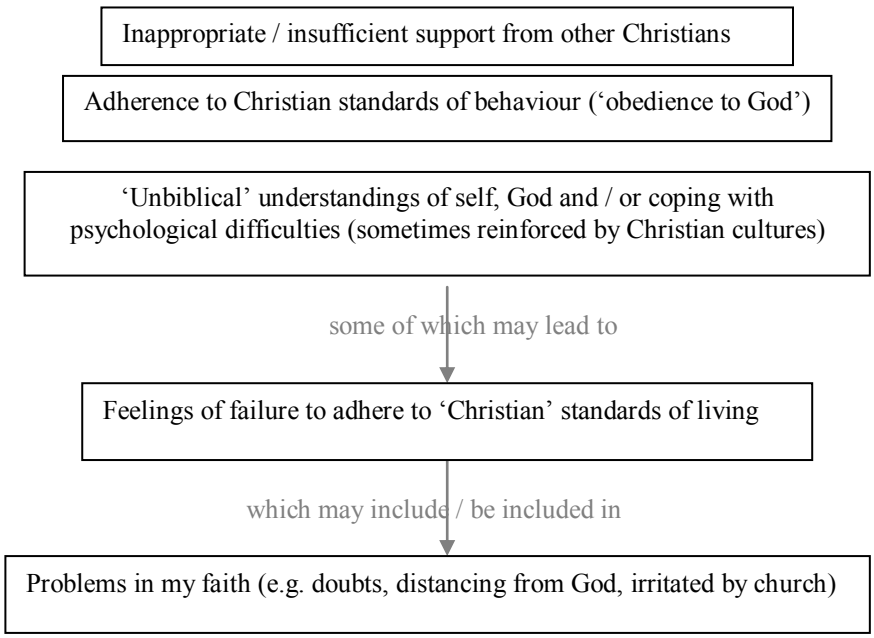
- The psychological well-being that interviewees derived from various aspects of their faith enhanced their sense of self-efficacy.
- Participants' perceived resources were enhanced through 'relinquishing control' to the omnipotent God. His control provided a sense of vicarious control over situations that they "could not handle" alone (W: follow-up consultation). Mr. W also described enhanced self-efficacy through feeling that he was then left with a 'manageable' situation to cope with.

## SUMMARY OF WAYS IN WHICH CHRISTIANITY CAN HINDER COPING

The proportionally small amount of space I devote to ways in which Christianity was reported to hinder participants' coping reflects their accounts. Most attributed hindrances to other Christians (e.g. unhelpful guidance, collusion with pathology, prohibition of psychological

difficulties) or to adhering to (e.g. not getting drunk) or failing to attain, standards of living they believed were set by their faith. Interviewees frequently came to see the latter as inconsistent with their faith or a Biblical view of God. The main hindrances to coping participants reported as due to their faith are represented in Figure 9, below.

Figure 9: Main reported hindrances to coping due to intrinsic Christianity




## RESULTS RELATING TO RESEARCH QUESTION 3:
## On what grounds do intrinsic Christians decide where to seek help for psychological distress?

Below I present reported influences on interviewees' help-seeking choices. I do not include those relating to help that is not specifically set up to respond to psychological needs (e.g. Christian retreat centres).

Whilst I did not set out to find out about participants' experiences of receiving help, these were often mentioned. Comments about help received frequently indicated preferences that concurred with themes derived from accounts of help-seeking. Also, in response to my question, "Has knowing that I am a Christian made any difference to what you've said in this interview?" (responses varied from, "… hugely" (V: 848) to simply, "No" (D: 1061)) respondents made further comments that seemed relevant to help-seeking choices. I therefore include data derived from these contexts in the following analysis, labelled as follows.

† Christian help-sources.

‡ Non-Christian help-sources.

* Being interviewed by me as a Christian.

Overview of categories relating to question 3

3.1 Contextual category
a) "I've not considered anything else because I don't know what else there is" (U: 1165, 1166)

3.2 Intermediaries
a) Professional recommendations: "I think [R] can help you" (U: 1076)
b) Christian contact: "…a lot of people in the church … really recommended her." (F: 95, 96)
c) I considered what 'God wanted'
d) Previous contact with the helper

3.3 Integration of Christianity and help
a) Helper's attitude towards Christianity: "They might ridicule something that's precious to me." (W: 1297)
b) "There was no way that they could understand me as a Christian" (H: 490)
c) Not having to "keep this Christian bit at one side" (W: 1252) when receiving help
d) Help "… that … is consistent with what God says in his word, in other words…what is true" (Y: 171-174)
e) Christian helpers bring added extras or drawbacks

3.4 Characteristics of help type
a) Competence: "As long as she was good at what she did." (C: 786)
b) A good therapeutic relationship
c) Appropriate for problem-type: "I knew it addressed some of the things that I was feeling" (W: 1906, 1907)
d) Therapeutic approach

## 3.1 Contextual category

### *a) **"I've not considered anything else because I don't know what else there is" (U: 1165, 1166)***

Half the interviewees did not consider sources of help other than the one (or more) they actually went to; they made no choice *between* help-sources. For the majority, this was because they did not know about other options, in which case, most commonly, they found Christian help through church contacts. Others were referred to a secular help-source through a helping professional they already had some contact with (e.g. their GP or work-place chaplain).

## 3.2 Intermediaries

### *a) **Professional recommendations: "I think [R] can help you" (U: 1076)***

A number of participants who were newer or more recently re-committed Christians (between 6 months and 2 ½ years) and had more 'psychiatric' problems (e.g. obsessional thoughts, as opposed to, e.g. bereavement) sought help through their GP. Others were

recommended help by caring professionals with whom they already had contact. Only Christian professionals recommended Christian help-sources.

*b)* ***Christian contact: "…a lot of people in the church … really recommended her." (F: 95, 96)***

Most interviewees received help through Christian contacts; most of the helpers they were put in touch with were Christians.

*c)* ***I considered what 'God wanted'***

A few respondents felt directed by God to a particular source of help or consulted him in the process of help-seeking.

*d)* *Previous contact with the helper*

Some participants had had previous contact with their 'helper' and because of this chose to receive counselling from them.

> "… I by that time knew her well enough … to ring up and say "I am in a mess…" " (H:469-470).

Others had experienced helpers who were ineffective or who used techniques that they regarded as wrong or which scared them, and thus avoided seeking similar help again.

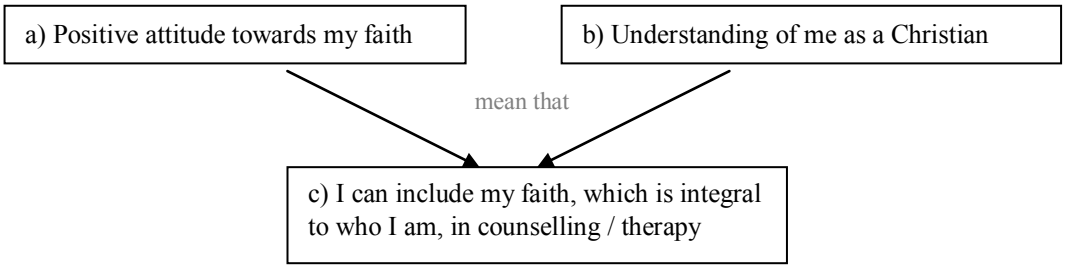
> "I used to … come out … worse" (A: 967)

### 3.3 Integration of Christianity and help

Participants frequently distinguished between Christian and non-Christian helpers. However, they also discriminated between *types* of Christians, e.g, with respect to denomination or Christian experience. They recognised that the term 'Christian' may refer to different types of Christian, and they used it to refer to those who share *their* type of faith.

The relationship between participants' preferences with respect to how a helper might respond to their faith, which are described below, is represented in Figure 10.

Figure 10: **Helper's response to faith (3.3 a) – c))**



*a)* ***Helper's attitude towards Christianity: "They might ridicule something that's precious to me." (W: 1297)***

Many interviewees regarded non-Christian helpers as potentially dismissive or hostile towards Christianity. Mrs. B said, "I wouldn't have wanted to go to somebody who was not [Christian], who wouldn't take my faith seriously." (B: 75-76).

* Some participants anticipated that a non-Christian interviewer might have a negative view of their faith and said they were more open with me because I was a Christian. This was particularly relevant to those who were experiencing difficulties in their faith.

> "I suppose if you weren't a Christian I would be thinking well, she's probably thinking, jolly good job she's got rid of that … faith" (B: 709-711)

*b)* ***"There was no way that they could understand me as a Christian" (H: 490)***

Interviewees found it difficult to express their Christian experiences (irrespective of their level of education) and thought that Christian helpers would have "extra understanding … of where I was coming from" (C: 495, 496) which non-Christians could not have. They frequently used 'Christian' language that might not be understood by someone who is unfamiliar with Christianity, for example, they referred to 'dying to self' (V: 721) and not being "under the law" (X: 108).

> "I just wouldn't know how to relate it [his faith]" to someone who wasn't a Christian (W:1262, 1263).

* Many participants said they felt I had extra understanding of their faith because I was a Christian, and so when talking about their faith they did not have to "spell it out and dot the 'i's and cross the 't's quite so much" (B: 707)

> "…you [are] able to relate to me out of *your* relationship with God" (W:1932)

*c)* ***Not having to "keep this Christian bit at one side" (W: 1252) when receiving help***

Participants clearly regarded the "rational", "emotional" and "spiritual" (W: 214 – 217, 1315 – 1318) as inseparable. This meant that they viewed their faith as integral to their psychological difficulties and psychological change and that they preferred to receive help from someone who recognised this. One of the reasons that Mrs. B chose her counsellor was that "… he would … challenge the outmoded ways of looking at things. … In terms of faith." (B: 77-

82). Many participants believed that receiving help from a non-Christian would mean "exclud[ing] that part of my life" and that this would be unhelpful.

Dr. D provided a counter-instance in that she talked openly with her non-Christian therapist about how God had intervened in her life. However, she specified that any therapist she saw would need to have "a spiritual awareness and [would] understand that spiritual things happened" (follow-up consultation).

‡ Some participants wanted to talk about their faith but felt unable to through fear that their helper would view it negatively, would not understand, or because they were reluctant to talk about 'spiritual' things. For Mrs. C this meant that

> "being a Christian and going through non-Christian therapy has actually been really difficult, because not only have you had to deal with the issues within the therapy itself, but then you have to come back and relate it to spiritual things separately." (C: 443-446).

‡ Those who talked about their faith with their non-Christian helper were not "fully open" (U: 1117). Dr. D was exceptional: "I was very up-front about my Christianity in the sessions." (D: 746-747)

*d)* ***Help "… that … is consistent with what God says in his word, in other words … what is true" (Y: 171-174)***

It was important to respondents that their helper shared their Christian worldview and values. They thought that a non-Christian helper was likely to have "a number of underlying assumptions to their work" relating to "their sort of metaphysical outlook as well as their ... understanding of just what and who human beings are." Such a possibility meant that "…if [they] had being seeing a secular person [they] would have had to take *everything* they said with a pinch of salt and actually go away and analyse that… before I could decide whether it's truthful or not" (Y:266-272). For Miss F, the importance of the helper being a Christian depended on the 'depth' of the therapy:

> "… when …they suggested psychotherapy, that concerned me that he wasn't Christian. But this guy in C (town) was doing … cognitive therapy, … telling me how to deal with the thoughts rather than going into the reasons behind it." "I was happy with [him]." (F: 74-77, 59, 60).

As well as issues of *truth,* participants considered some approaches to be "a) … harmful and b) actually sinful" (Y: 34-36); Miss F felt that a Christian counsellor "… knows what's right and wrong." (F: 100).

‡ Some participants had experienced helpers suggesting techniques, e.g. hypnotism, or giving advice that they objected to morally, for example, getting drunk, which "… made [them] really mad" (F: 103) or "… frightened [them] to death ..." (X: 995-996).

*e) Christian helpers bring added extras or drawbacks*

A few interviewees preferred Christian helpers because they could receive 'divine inspiration' and their "dependence on God" (H: 472) could make their work more effective. They also felt that

> "a Christian counsellor … can in person convey to you what God is really like, and that … is very healing" (W: 1741, 1742)

Dr. D felt that non-Christian helpers could also convey qualities that God possesses and be helpful in this way.

> "God can work in people who are non-Christian as well as Christians" (D: 645)

However, Mr. V pointed out that a disadvantage of seeing a Christian helper could be that one is more inhibited in talking about behaviours that might be regarded as wrong by Christians.

### 3.4 Characteristics of help type

***a) Competence: "As long as she was good at what she did." (C: 786)***

Most respondents considered aspects of helpers' competency when deciding on a help-source. These included level of training, skill, knowledge, wisdom, experience and effectiveness.

*b) A good therapeutic relationship*

Relational factors were also important in their choice of helper, for example, being able to work together, not feeling judged, feeling understood, comfortable and able to trust the helper. A number saw Christians as superior in these respects.

‡ Some interviewees viewed helpers' unfavourable characteristics as due to them not being Christians.

> "If she had been [a Christian] I'd've have felt a lot more comfortable. I didn't feel very comfortable with her if I was really honest" (U: 1092-1094).

* A number of participants said they would not have been interviewed if I had not been a Christian and said they felt safer, more comfortable and more trusting of me because they knew I was a Christian.

*c) Appropriate for problem-type:* ***"I knew it addressed some of the things that I was feeling" (W: 1906, 1907)***

Some participants chose help on the basis of its appropriateness for their problem type and severity. For example, Mr. X saw an addictions counsellor because he had an addictions problem.

*d) Therapeutic approach*

Half of the respondents chose a particular type of help because of their preference with respect to the following:

- The focus (e.g. symptoms, past experiences) and length of therapy: 'quick fix' versus 'slow process'
- Whether or not the therapeutic approach made sense, e.g.:
  "… the attraction was it was a frame of reference I could relate to …and … gave me a language that began to make sense of what was going on." (D: 115, 119)
- The anticipated benefits of the help-type, e.g.: 'understanding' versus change

Saturation of categories

Categories 3.2, 3.3 and 3.4 contained text from all interviews and thus reached high levels of saturation. Category 3.1 ('Contextual category') contained text from seven out of the twelve interviews and was therefore less saturated. (See Appendix N for saturation tables (Khalifa, 1993)).

## FOLLOW-UP CONSULTATIONS

All participants said that they regarded themselves as Evangelical Christians, according to the Evangelical Alliance's 'Basis of Faith' (see Appendix E).

The results of interviewees' responses to the 'Help-seeking Preferences' questionnaire are found in Table 2 below (See Appendix O for raw data). These revealed great variability in the perceived importance of various helper characteristics. However, the three that were most consistently and highly rated and ranked were about the quality of the therapeutic relationship, willingness to talk about Christian issues and way of working. Three participants ranked being a 'committed Christian who lives their life according to their faith' as the most important helper characteristic; this item attracted the second largest number of number '1' rankings, after 'trust, feel comfortable with and can relate well with'. These participants said that they would not see a non-Christian helper.

Table 2: Mean ratings and rankings of importance of characteristics of help-sources
Presented in order of rankings

| Preferred characteristics of help-sources | *Ratings* | Rankings |
|---|---|---|
| You trust, feel comfortable with and can relate well with. *(S)* | 9.4 | 1.9 |
| Is willing to talk about how your faith may affect or be affected by your problem. *(C)* | 8.8 | 3.7 |
| Works in a way that suits you and makes sense to you given your problem. *(S)* | 8.6 | 4.3 |
| Understands you as a Christian. *(C)* | 7 | 5.3 |
| Is highly trained, experienced and skilled at working with people who have psychological or emotional difficulties. *(S)* | 7.8 | 5.4 |
| Is a committed Christian who lives their life according to their faith. *(C)* ** | 7.3 | 5.8 |
| Works within a Biblical perspective and according to Biblical principles. *(C)* | 6.8 | 6.2 |
| Has been recommended to you personally by a Christian. *(C)* | 6.7 | 6.5 |
| Has been recommended to you personally by a professional. *(S)* | 5.3 | 7.7 |
| You already know and respect. / You have never met or previously heard of. * *(S)* | 4.2 | 8.3 |
| Mean of Christian *(C)* items | 7.5 | 5.7 |
| Mean of secular *(S)* items | 7.0 | 5.5 |

*(S)* Indicates 'secular' items
*(C)* Indicates 'Christian' items
* Two participants preferred someone who they did *not* already know.
** Mr. U preferred a non-Christian helper through 'fear of being judged that I was not relying on God enough'.

**Table 3: Mean ratings and rankings of importance of 'secular' and 'Christian'** characteristics of help-sources, by help-type.

| | *RATINGS* | | RANKINGS NB: the lower the number, the higher the ranking | |
|---|---|---|---|---|
| | *Secular items* | *Christian items* | Secular items | Christian items |
| *C mean* | *6.4* | *8.2* | 6.4 | 4.7 |
| *C + S mean* | *7.3* | *8.8* | 5.9 | 5.2 |
| *S mean* | *7.8* | *4.5* | 3.7 | 8 |

C = participants who received Christian help only

C + S = participants who received Christian and secular help

S = those who received secular help only

There was little difference in mean ratings or rankings between 'secular' and 'Christian' items. However, as can be seen in Table 3, on average, 'Christian' items were more important to respondents who received help from Christian sources (they allocated most or all of their highest ratings to Christian characteristics) than to those who received 'secular' *and* Christian

help. Those who received 'secular' and Christian help, in turn, on average, regarded Christian characteristics as more important than those who received only 'secular' help. The opposite trend was found for 'secular' items. Thus, it appears that participants received help from those who fitted their priorities. However, the patterns that emerge from collapsing items into 'secular' or 'Christian' groupings must be interpreted with caution, as this questionnaire was not tested for reliability, validity or balance of meaningfulness between 'secular' items and 'Christian' items.

### Feedback from participants

After describing the results of my analysis to respondents, they answered the following questions:

1. Does this analysis make sense to you?
2. Can you recognise your experience in it?
3. Do you think that the understanding provided by this analysis will be helpful to you personally? How helpful?

Their responses are displayed in the graphs below and indicate that my analysis generally made sense to respondents, related to their experiences and was thought to be helpful.

Figure 11: Respondents' feedback to question 1

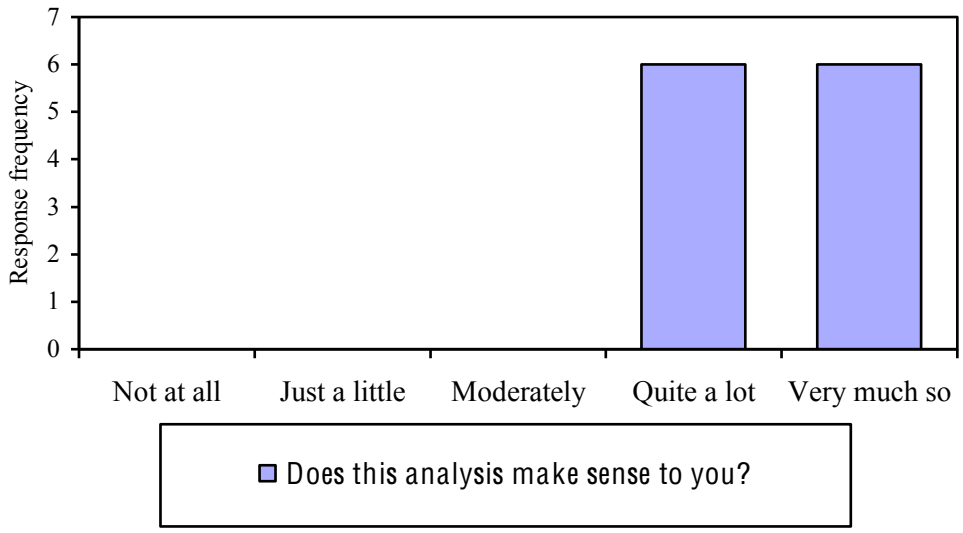


Figure 12: Respondents' feedback to question 2

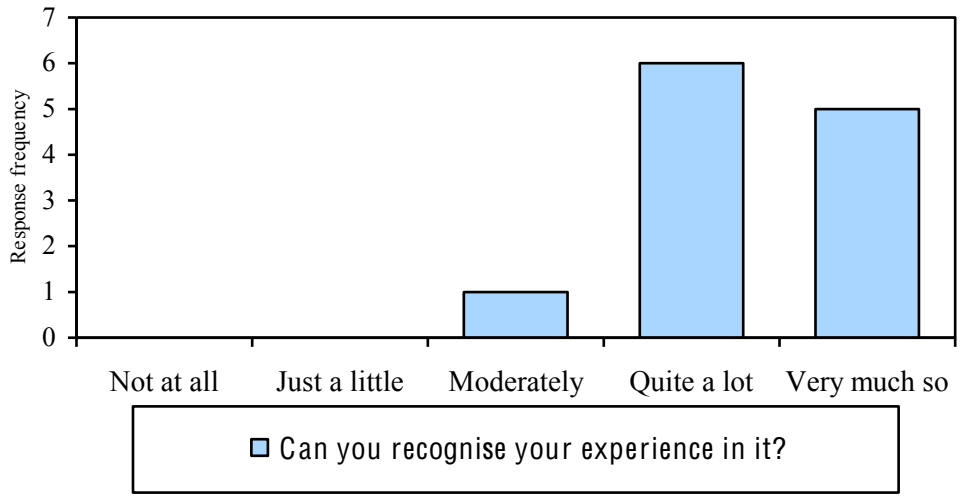
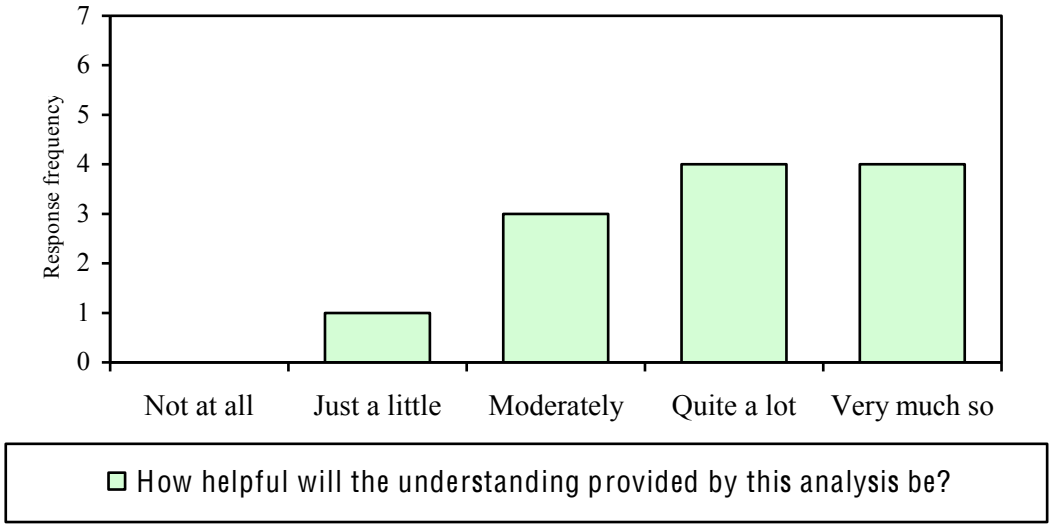



Figure 13: Respondents' feedback to question 3




## INTER-RATER RELIABILITY

The results of the inter-rater reliability exercise are displayed in Table 4 below. This shows the level of agreement between my categorisations of interview transcript excerpts and categorisations made by four independent raters.

Table 4: Percentage agreements with my categorisations of randomly selected excerpts

| Rater | Christian or non-Christian (rater) | Sub-categoristation: % agreement | Categoristation: % agreement |
|---|---|---|---|
| 1. | Christian | 80 | 88.6 |
| 2. | Christian | 82.9 | 91.4 |
| 3. | Non-Christian | 85.7 | 88.6 |
| 4. | Non-Christian | 77 | 88.6 |

'Sub-categorisation' refers to placing excerpts into the correct sub-category (e.g. 2.1c))
'Categorisation' refers to placing excerpts into the correct category (e.g. 2.1).

According to Sherrard (personal communication), 70% is generally accepted as a good level of inter-rater agreement for qualitative material, and this was achieved. Where disagreements occurred this appeared to be because raters incorrectly assumed certain contexts when they read excerpts; made incorrect assumptions about people who were referred to; categorised parts of excerpts rather than wholes; or chose related, but not the most pertinent categories (from my perspective) to allocate excerpts to. The latter may have occurred because of the difficulty of remembering all 36 categories that were available.

# CHAPTER 5: DISCUSSION AND CONCLUSION

## Overview of Discussion and Conclusion

### DO INTRINSIC CHRISTIANS CONSTRUE THEIR PSYCHOLOGICAL DISTRESS IN CHRISTIAN TERMS?

Problem characteristics

Contributors to problems

Research directions

### HOW IS AN INTRINSIC CHRISTIAN'S FAITH PERCEIVED TO HELP OR HINDER COPING WITH PSYCHOLOGICAL DISTRESS? WHICH ASPECTS OF THEIR FAITH ARE IMPORTANT TO THEM IN THIS AND WHY?

'Bible Therapy'

Attachment to God

Relating the transformation of 'heart' beliefs to cognitive models of knowing

God as therapist

More than a therapist

God's benevolent control

Meaning in life

Social Support

'Christians should not have problems'

Christian standards of living

Forgiving others

Receiving forgiveness

Effect of psychological distress on faith

The centrality of attachment to God and belief in his benevolent control

Implications for clinicians

Research directions

Implications for churches

### ON WHAT GROUNDS DO INTRINSIC CHRISTIANS DECIDE WHERE TO SEEK HELP FOR PSYCHOLOGICAL DISTRESS?

Help-seeking pathways

Mediators of help and the Christian community

Helper characteristics

Relative importance of helper characteristics

How valid are concerns about non-Christian clinicians?

Clinical Implications

Research directions

### METHODOLOGICAL LIMITATIONS

### CONCLUSION

## Introduction

Below I discuss my results, considering how they relate to psychological theory and previous research. I also consider the implications of my findings for clinical practice and Christian communities and suggest further avenues of research. Finally, I discuss the methodological limitations of this study.

## DO INTRINSIC CHRISTIANS CONSTRUE THEIR PSYCHOLOGICAL DISTRESS IN CHRISTIAN TERMS?

Participants predominantly talked of their difficulties in psychological terms and their conceptualisations of the origins of these were largely consistent with psychological findings regarding the aetiology of emotional problems (e.g. early relationships). However, all spoke of some aspect of their problems in Christian terms, relating them to sin, the devil, their relationship with God, their ability to fulfil his plans, or conflicts arising from understandings of the Bible's teaching.

'Sinful' behaviours or attitudes were perceived by some participants as integral to, or as perpetuating psychological problems. The morality of behaviours may be important to Christian clients (see discussion below on self-forgiveness and Christian standards of living) and yet is rarely considered in psychological theory or clinical training. Where it is, reference has been made to 'moral anxiety', which suggests an emphasis on anxiety rather than on spiritual / existential problems.

Some participants spoke of evil spiritual forces as realities that affected them psychologically. Mainstream psychology, in contrast, relegates these to accounts of the history of psychology, implying that they are outmoded and possibly deluded ways of understanding experiences. However, in Christian communities, beliefs in evil spiritual influences are normative.

Other Christian perspectives on psychological difficulties – with respect to one's relationship with God, the spiritual meaning attributed to behaviours (e.g. serving 'the world' versus serving God) and difficulties arising from understandings of the Bible in relation to individuals' situations – sit at the interface between psychology and religion. Yet they are rarely touched upon in psychological literature, and so questions about how these should be broached clinically – e.g. how the roles of the psychologist and the Christian minister should be delineated or overlap - remain to be addressed.

It is possible that the extent to which Christians construe their distress in Christian terms is under-represented in this study, as some may not have been recruited because they did not regard their problems to be predominantly psychological. Also, interviewees may have spoken in more psychological terms to me because they were aware that I was a psychologist. Some indicated an awareness of me as Christian during interviews; however, only one

commented about me as a psychologist. It would be informative to know which 'identity' – the 'Christian me' or the 'psychologist me' - was most salient to participants in interviews.

Whilst interviewees' main understandings of their problems were not specifically Christian, their faith still appeared to be prominent in their coping and/or choice of help. This may be because the perceived spiritual aspects of their problems and the need to address these were regarded as of particular importance. On the other hand, problem-conceptualisation alone (e.g. Pescosolido & Boyer, 1999) may be an over-simplistic basis for predicting mode of coping or choice of help. Participants described their faith as integral to who they were, suggesting that coping or choice of help may depend on self-conceptualisation as well as problem-conceptualisation.

In summary, intrinsic Christians may have predominantly psychological understandings of emotional difficulties, but also incorporate spiritual perspectives into their conceptualisations. This has potential implications for the way they experience and deal with their difficulties, and may require clinical psychologists to incorporate spiritual understandings into formulations of Christian clients' problems.

## Research directions

Some questions relating to the above that require further consideration include:

1. How do self-conceptualisation and problem-conceptualisation interact to predict Christians' choice of coping or help-source?
2. Are moral and / or religious issues the domain of clinical psychologists, when these relate to psychological problems? Under what circumstances might they be?
3. Where strategies exist to address evil spiritual influences, how effective are these in bringing spiritual / psychological resolution? [22]
4. How do clinicians (religious and non-religious) understand non-psychotic clients who claim that evil spiritual forces are influencing their situation? How would or should they respond to these?
5. How do / should clinicians broach psychological conflicts arising from Christian clients' understandings of the Bible's teaching?

[22] Some British, Christian clinical psychologists have recommended exorcism to clients, who appeared to benefit from this, e.g. Adams (2000).

## HOW IS AN INTRINSIC CHRISTIAN'S FAITH PERCEIVED TO HELP OR HINDER COPING WITH PSYCHOLOGICAL DISTRESS? WHICH ASPECTS OF THEIR FAITH ARE IMPORTANT TO THEM IN THIS AND WHY?

**'Bible Therapy'**

Participants regarded the Bible as the authority on truth; they aimed to align their lives with it, with powerful psychological implications. They mostly reported its effects as beneficial; where this was not so, they said this was due to misunderstanding or not being able to make sense of it.

Participants reported 'cognitive restructuring' through recognising how their beliefs differed from Biblical 'truths'. This parallels Ellis' Rational Emotive Therapy (RET), in which clients' irrational beliefs are challenged (Dryden, 1992). RET evaluates beliefs against a *philosophical* standard (as opposed to, e.g. an empirical standard), which mirrors participants' use of the Bible; however, the philosophies of RET (hedonistic, humanistic existentialism) and the Bible are very different. Also, whilst RET emphasises cognitive processes as mediating emotional change (Dryden, 1992) participants described the Bible as directly affecting their emotions, which may add therapeutic potency (see my discussion of implicational and propositional knowledge, below). It thus appears that the Bible may be an important resource for committed Christians experiencing psychological distress.

### Attachment to God

Participants predominantly characterised God as someone who was trustworthy, protective, available, unconditionally loving, responsive and empowering, indicating an attachment relationship (Bowlby, 1988; Kirkpatrick, 1992). Descriptions of relationships with him (see Results, 2.2b)) suggest that he provided a 'safe base' and a 'secure haven' (Bowlby, 1988). An attachment theory perspective provides a useful framework for understanding how psychological well-being and intrinsic Christianity are mediated, as attachment style has been consistently associated with indices of psychological health (e.g. Hazan & Shaver, 1990). Participants' descriptions often suggest a secure attachment relationship. This was said to give hope, increase self-esteem and happiness, decrease guilt, and give 'inner peace'. It also gave rise to adaptive coping (such as ceasing to avoid anxiety-provoking situations), thus supporting Pargament's (1997) speculation that individuals with 'secure religious attachments' may use more helpful methods of coping.

Research indicates that an individual's general adult attachment style may change. Change from a secure to an insecure attachment has been found usually to occur in relation to severe life stresses (e.g. Egeland & Stroufe, 1981) and relationship breakups (Kirkpatrick & Hazan, 1994); change from an insecure to a secure attachment has been shown to occur through involvement in a satisfying relationship, psychotherapy and emotionally significant others (e.g.

Hammond & Fletcher, 1991). Consistent with the evidence that attachment style is malleable, the results of this study indicate that participants' style of attachment to *God* may change.

Clark and Noller (unpublished) suggest that *either* an individual's style of attachment to God corresponds to their general adult attachment style (the 'correspondence' hypothesis), *or* that attachment to God compensates for the shortcomings of an insecure attachment (the 'compensation' hypotheses). Kirkpatrick (1998) demonstrated a general trend of change from insecure to secure attachment to God over two time points. However, my results reveal a more complex picture.

First, consistent with Kirkpatrick (1998), I found evidence that whilst attachment to God could initially *correspond* to individuals' general (insecure) attachment styles[23], God could be experienced as relating in *compensatory* ways (i.e. differently from their parents; see Results, 2.2a)). Through these experiences, insecure attachments to God became more secure. A secure attachment to God that developed from an insecure attachment could, but did not necessarily, translate into a secure general attachment style (i.e in relation to others). A participant in Kirkpatrick's (1998) study who had become securely attached to God but not to others would show evidence of *compensation* but not *correspondence*, despite correspondence having previously been present. If change in general adult attachment style occurred following change to a secure God-attachment, this would be assessed as indicating *correspondence*, when in fact a process of *compensation* had occurred.

Second, Mrs. C attributed developing a closer relationship with God to changing how she related to others (i.e. becoming more secure), through therapy. This suggests that a secure attachment to God may develop (having been insecure) through a change in adult attachment style, rather than vice versa. This process shows how one *corresponding* style of attachment to God might change into a different *corresponding* attachment style.

Third, a *compensatory* secure attachment to God appears to be vulnerable to disruption through trauma and can return (possibly temporarily) to being insecure. In such instances assessment at one time-point would evidence *correspondence,* without recognising the preceding processes.

The responses of participants who experienced traumatic incidents showed 'negative' patterns of religious coping (Pargament, Smith & Koenig, 1996): religious turmoil, frustration and withdrawal from God (see Results, 2.2a). Pargament (1997) was not able to suggest what predicts 'positive' rather than 'negative' religious coping. However, my analysis suggests that this may depend upon previous attachment to God: a previously insecurely attached individual may more easily revert to insecure patterns following trauma than someone who has always been securely attached to God.

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[23] Insecure attachment styles were often understood by participants to have developed in relationship with their parents, consistent with Bowlby (1980).

Fourth, the *correspondence* hypothesis did not fit Dr. D's experience at any point. She was unique in reporting a consistently secure relationship with God from a very young age (2 years). She said that she had always distinguished between her relationship with her parents, whom she described as 'abusive', and God, who was clearly a *compensatory* attachment figure. The lack of *correspondence* here may be explained by Kleinian thinking. Klein (e.g. Klein, 1948) suggested that in the early stages of development an infant 'splits' the world into good and bad: objects cannot be perceived as both simultaneously. Due to her early stage of development, it seems that Dr. D viewed God as her "good object", and her relationship with him was established on this premise. As the resulting secure attachment was protective and not contradicted by subsequent experience or understanding of God, it remained. [24]

In summary, various patterns of change in styles of relating to God were evident and may explain why neither the 'correspondence' nor the 'compensation' hypothesis was supported in Clark and Noller's (unpublished) study. My results suggest a more variable picture of the relationship between general attachment styles and style of attachment to God than previously presented. However, these variations must be regarded as speculative as I did not formally assess participants' attachment styles.

**Relating the transformation of 'heart' beliefs to cognitive models of knowing**

Next, I will explore the processes involved in changes in styles of relating to God that participants described, in relation to cognitive models of knowing.

Participants spoke of changes from 'head' knowledge to 'heart' knowledge in their understandings of God and themselves. Teasdale and Barnard's (1993) Interacting Cognitive Subsystems (ICS) model and Epstein's (1994) Cognitive-Experiential Self-Theory (CEST) identify these two types of knowledge, terming them 'propositional'or 'rational' and 'implicational' (Teasdale & Barnard, 1993, p.52) or experiential (Epstein, 1994). Epstein (1994) explains that people have constructs about the self and world in both 'rational' and 'experiential' 'systems of knowing'[25], but that "Experientially derived knowledge is often more compelling and more likely to influence behaviour than is abstract knowledge."[26] Epstein (1994) and Teasdale and Barnard (1993) propose that enduring therapeutic change requires change in experiential/implicational knowledge.

Thus, "An important challenge for future research is to learn how to harness the power of the experiential system for … promoting well-being" (Epstein, 1994, p.720). Epstein suggests that there are three basic procedures for accomplishing this: a) using the rational system (e.g. disputing irrational thoughts), b) learning directly from emotionally significant

[24] I asked for Dr. D's opinion of this hypothesis in a follow-up interview and she agreed that this made sense of her experience.
[25] Bartholomew & Horowitz (1991) understand attachment styles in terms of working models of self and others.
[26] Strikingly, Mrs. H makes exactly this observation in her own words (see Results, 2.2a)).

experiences (e.g. through constructive relationships with significant others) and c) communicating with the experiential system "in its own particular medium.". Similarly, the ICS model proposes that implicational schemata can be changed through propositional meanings and sensory processes, and that " … an emotional reaction … is frequently a prerequisite for change [in implicational meanings]" (Teasdale & Barnard, 1995, p.244).

Interviewees' reports of the processes by which changes in 'heart' beliefs about themselves or God occurred, concur with these processes. Some described how *insight* into the discrepancy between their 'heart beliefs' and their 'head knowledge' of the 'truth' (i.e. a Biblical perspective) elicited change (see Results, 2.2a)) in their heart beliefs, indicating implicational change through the 'rational system'. Sometimes change was instantaneous (the 'light was turned on') but sometimes this required a process of reinforcing propositional beliefs through self-talk (a technique used in cognitive therapy).

Relationships with other Christians or God provided experiences or perspectives (e.g. through worship) that gave rise to more positive 'schemata' about others (including God) and themselves. Experiences of the Holy Spirit, which were often emotional, were often implicated in this process of forming new 'heart' beliefs. The Holy Spirit would seem to fit the 'medium' of Epstein's (1994) 'experiential' system. The ICS model more clearly defines the sensory 'subsystems' that feed into its equivalent 'implicational' subsystem of knowing. However, it is unclear whether spiritual 'input' would be regarded as occurring through sensory and/or meaning subsystems, or whether, for those with a worldview that accommodates the spiritual, an additional 'spiritual' subsystem is required.

An intrinsic Christian faith seems to offer ways for individuals to "harness the power of the experiential system for … promoting well-being" (Epstein, 1994, p. 720) and particularly, more secure attachment styles. This can occur through positive experiences of relating with God and others, worship, 'openness' to experiences of God, and relating Bible 'truths' to models of the self and others.

### God as therapist

Above, I suggest that a relationship with God may be viewed as an attachment relationship. Farber, Lippert and Nevas (1995) liken the role of a therapist to that of an attachment figure. Their description of the functions of a 'therapist as an attachment figure' provides a useful framework for understanding participants' metaphor of God as a therapist.

Bowlby (1988) stipulates that a therapist should provide a 'secure base' that compensates for clients' insecure early attachments and that patients should feel "free … to express whatever is on [their] mind" (Farber et al., 1995, p.206). As discussed above, God appeared to provide these therapeutic roles (see Results, 2.2.c)i)).

Farber et al. (1995) describe psychotherapy as a 'collaborative', 'discovery process', which is consistent with descriptions of participants' therapeutic relationship with God (e.g. Results, 2.2c)i) and 2.c)ii)). They suggest that a therapeutic relationship can be a safe place for

patients to try out new ways of 'being' before trying these in the 'real world'. A number of interviewees reported this; e.g., Mrs. H became less 'achievement driven' in her relationship with God and then in other aspects of her life. In therapy, "… patients often exhibit highly negative affect following separations; feelings of anger, distance, distrust and abandonment are typical consequences …" (Farber et al., 1995, p.209). This echoes Mrs. B and Mr. U's distancing from God following traumas (see footnote 18, page 45), in which God's protection was experienced as absent. Farber et al. (1995) go on, "… the working through of these issues, can not only lead to a dissipation of patients' feelings about the felt abandonment, but also … establish (or re-establish…) felt safety and connection with an attachment figure" (p.210); this appeared to occur in Mrs. B's case. Safran (1993) proposes that it is by working through such therapeutic alliance ruptures that patients come to redefine their ability to maintain relatedness in the face of hurt and anger. This fits Mr. V's account of the Holy Spirit enabling him to express anger towards God, through which he learned that God would not reject him.

### More than a therapist

The proximal, temporal and relational boundaries inherent in conventional therapy differ from those in an individual's relationship with God. Some aspects of a relationship with God may be more like a parent-infant relationship; for example, with respect to his immediate and eternal availability. Participants' knowledge of these qualities of God gave them a sense of hope because they felt that together with him, they would be able to cope. Whilst therapy ultimately ends, a relationship with God may continue indefinitely. A never-ending therapy might be viewed as cultivating unhealthy dependence; however the joint responsibility (Results, 2.3d)) and collaborative nature (Results, 2.2b)iv)) of participants' relationship with God suggests that a therapeutic relationship with him need not induce passive dependence and may be more akin to an empowering parent-child relationship.

Interviewees' reports of intimate, reciprocally loving relationships with God (Results, 2.2b)ii); 2.2c)i)) also depart from the relational boundaries of conventional therapy. In conventional therapy, "… when patients think of their therapists … they most often feel a sense of comfort, safety and acceptance; they also typically experience relief, hopefulness and loving feelings" Farber et al. (1995, p.209). In addition to these feelings, participants described God's love as fulfilling a desire for relational intimacy, increasing self-esteem and self-efficacy[27], and providing a basis for their identity. The greater intimacy and commitment in a relationship with God may mean that affirmation from him is more meaningful than that of a therapist. Also, God's status, omniscience (the perspective that 'God knows *everything* about me and still loves me') and his ultimate authority with respect to truth (i.e. his perspective constitutes objective reality) may reinforce the therapeutic potency of his love and acceptance.

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[27] Numerous studies have confirmed the importance of self-esteem and self-efficacy as protectors against psychological distress (e.g. Brown, Andrews, Harris, Adler & Bridge, 1986).

Conventional therapy and 'therapy' with God also differ with respect to means of communicating and effecting psychological change. Participants reported that the Holy Spirit could directly affect their emotions and thoughts. Two participants said that as a result of the Holy Spirit lifting their mood, their thoughts about themselves, 'life', others and the future (reflecting Beck's (1967) cognitive triad of the self, world and future) became positive, having been bleak. God's felt presence could also influence individuals' behaviours in the midst of difficult situations (e.g. Mr. X felt convicted by the Holy Spirit and this stopped him from committing adultery), whereas human therapists are usually not present to guide their clients through problematic situations.

Thus, to the extent that God is perceived as a secure attachment figure, Christians' relationship with him may provide a significant forum for therapeutic change. However, an insecure attachment to God may help to maintain psychological dysfunction.

**God's benevolent control**

*Purpose and meaning*

Belief in God's ultimate and benevolent control had a number of implications for participants' psychological well-being. It reassured them that their experiences had a purpose and fitted within an overarching plan. It also meant that difficult circumstances were likely to get better. However, a knowledge that God was in control could also bring confusion and doubt about God's goodness, which could be difficult to reconcile with experiences of distress.

Pargament (1997) suggests that many religious people believe that a benevolent God ensures that bad things will not happen to good people. However, interviewees expressed a more sophisticated perspective: that whilst a benevolent God participates in our lives, bad things may still happen. However, they believed that he could bring good from bad, and even if things did not improve in the short term, the *ultimate* outcome would be good. No participant linked life events, good or bad, to being good or bad themselves. Thus, they maintained adaptive 'fundamental assumptions': that the world is meaningful and the self is worthy (Janoff-Bulman 1992, p.6), and foundational schema about God (e.g. that he is powerful and benevolent), in the face of distress.

Those who experienced traumatic events responded somewhat differently. For a period some questioned the goodness of God: whilst not attributing *cause* to God, they believed that he could have stopped these events happening. Such a response is consistent with findings that following traumatic events, basic assumptions about the world (including God) are challenged (Janoff-Bulman, 1992). For those whose faith is integral to their identity, doubting God's goodness may be particularly disturbing. Interviewees' accounts suggest that they resolved such doubts, although they did not explain how[28].

[28] See Dunn (1999) for possible ways in which Christians who experience trauma may preserve a view of God as benevolent

Mr. U, who experienced a traumatic physical attack, found belief in God's control extremely comforting. Janoff-Bulman (1992) proposes that "… our fragility as physical beings becomes painfully obvious through traumatic events" (p.56). Mr. U's experience of losing control over a situation was distressing, but recognising that God was in control in the midst of his attack helped him maintain some sense of order in the world. According to Janoff-Bulman (1992), recovery from trauma involves re-evaluating the traumatic event in ways that enhance perception of meaning, and sense of mastery over the event (Taylor, 1983). Mr U's belief in God helped him in this process.

Participants regarded their difficulties as an opportunities for growth in character and their relationship with God (consistent with Pargament et al., 1992). Character growth was often seen as possible because of God's ability to intervene. This possibility was a source of hope because it indicated that their psychological struggles would be alleviated, and this protected them from the belief that their symptoms were persistent and uncontrollable, which can serve to perpetuate difficulties (Teasdale & Barnard, 1993).

Interviewees also regarded character development as a valuable end in itself: they likened it to becoming 'more the person God intended me to be'. Bible verses (such as James 1:1-4: "Consider it pure joy … whenever you face trials" because these "develop … maturity") that interviewees alluded to seemed to help them to re-frame difficulties as beneficial. Gains perceived to arise from suffering, particularly spiritual gains, were sometimes valued more highly than alleviation of distress.

### *Locus of control and problem-solving styles*

Stress is defined by (Folkman, 1984) as "… a relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and as endangering his or her well-being" (p.19). The perception that an event is out of control (i.e. a threat exceeds one's resources) is the essence of stress (Lazarus & Folkman, 1984) and the related concepts of hopelessness and helplessness are implicated in other forms of psychological distress, e.g., depression (e.g. Seligman, 1981). Below I discuss ways in which participants gained feelings of control and reduced their perceptions of threat through their relationship with God, relating these to Pargament et al's (1988) problem-solving styles (self-directing, collaborative and deferring). These are based on variations in the locus of responsibility and the level of activity undertaken by God or the individual in problem-solving (Pargament et al., 1988).

Some participants' situations confronted them with the limits of their control. This might be expected to have induced helplessness, hopelessness and apathy. However, their faith allowed them to regard external events as under the control of the benevolent God, and whilst they did not believe that their preferences would be influential, believing that he was responsible for situations was freeing and provided a sense of security. Some spoke of

maintaining responsibility in arenas in which they had some control, for example, their reactions to situations, which suggested complimentarity in their 'division of responsibility'. This appeared to be an adaptive strategy and indicates a way in which a collaborative problem-solving style (Pargament et al., 1988) may be worked out. It is also consistent with the finding that high 'God control' and personal control can co-exist (Pargament, Steele & Tyler, 1979), which may account for the unclear relationship between perceived locus of control and intrinsic faith (Batson et al., 1993).

This 'division of responsibility' type of collaboration differs from that captured by the collaborative coping items of Pargament et al.'s (1988) Religious Problem Solving Scales, which refer to God and the individual holding joint responsibility for and working together on the same problem area. (Their conceptualisation fits closely with other descriptions that participants gave of working together therapeutically with God, e.g. through him strengthening them to cope (see Results, 2.2 b) iv)). This 'division of responsibility' approach suggests a deferring style in some arenas and a self-directing style in others, supporting the notion that problem-solving styles may not be traits (although they were originally conceptualised as such), but may vary within an individual according to the problem (Pargament et al., 1988).

Participants who "relinquished control" to God 'handed' him responsibility for their situations, over which they had previously strived to maintain control, and which induced stress when attempts were felt to be futile. Choosing to let go of responsibility was an active choice, indicating that ultimate control was still held by the individual. However, this was not always easy; rather it involved trusting God and deferring to his "will", which sometimes went against participants' tendencies to want to remain in the 'driving seat' of their lives. However, handing God control was easier because they knew him as benevolent, omniscient and omnipotent, and so believed that leaving control with him and allowing him further scope for intervening, would ultimately result in the best outcome. Relinquishing responsibility may have also removed a secondary threat that failure would indicate personal inadequacy. In these ways, intrinsic Christians may be thought of as gaining a sense of vicarious control through God.

Whilst abdicating responsibility for a problem to God concurs with a 'deferring' problem-solving style (Pargament et al., 1988), participants reported maintaining responsibility to actively trust, listen to and obey him, indicating a form of active coping, which is contrary to a deferring style. Also, the consequences of 'handing responsibility' to God were often empowering (e.g. increasing confidence) and therefore conducive to active coping. This style of coping thus seemed to be more akin to that described in the collaborative problem-solving items of Pargament et al.'s Religious Problem Solving Scales (1988), but bears some resemblance to the deferring style with respect to locus of responsibility for the problem. This analysis suggests a need to revise Pargament et al.'s (1988) definitions of problem-solving styles to specify whether submission to God is a valid domain of responsibility when assessing problem-solving styles. Alternatively, an extra problem-solving style may need to be added, in which

responsibility is located in God, but active problem-solving is a joint endeavour, consistent with the finding of Welton et al. (1996), that God control (unlike other external loci of control) can be associated with an active problem-focussed coping style (Welton et al., 1996).

The apparent benefits of deferring responsibility to God (increased self-confidence, hope, decreased worry, anxiety and depression) are consistent with findings that in some circumstances, probably those in which personal control is not possible (Pargament, 1997), a deferring problem-solving style is more empowering and adaptive (Harris & Spilka, 1990). Anxiety and feelings of helplessness may decrease because: "…if I cannot control an aversive situation myself but I know I can rely on the support of someone who can, then I will not "interpret" the situation … as uncontrollable and likely to persist" (Teasdale & Barnard, 1993, p.214-215), i.e. as threatening. However, when related to God, this conflicts with Ellis & Bernard's (1985) proposal that devout belief increases emotional disturbance through fostering dependency, and suggests that the common equation of high external control (when this is located in a benevolent God) with poor psychological adjustment (e.g. Wang, Kick, James & Burns, 1999) is simplistic. The findings of this study support the recognition of some researchers, that alone, the three dimensions of locus of control most commonly measured (internal, powerful others and chance) are inadequate for religious individuals, who relate to another distinct domain of control: God control (Welton et al., 1996).

Thus, it appears that belief in God's control, combined with a traumatic experience, may undermine an individual's foundational assumptions, with disturbing consequences. However, if a belief that God's control is benevolent is maintained, this can help individuals maintain or regain fundamental, adaptive assumptions in the face of experiences that threaten these. It can also enable them to reframe difficulties as purposeful; provide a basis for hope; reduce perceptions of threat; and increase a sense of self-efficacy.

### Meaning in life

Only one participant (Miss F) spoke of the significance of having a purpose in life because of her faith (two referred to having *direction* in their lives due to their faith). This may be because a meta-view of life is rarely brought into consciousness, unless it is perceived as lacking. Nonetheless, my analysis confirms that religion can help to provide meaning in life (e.g. Pollner, 1989) and that meaning in life may mediate psychological health (e.g. Zika & Chamberlain, 1987); Miss F said that it prevented her from taking her life.

### Social Support

All participants received some form of support from other Christians. A number had higher expectations of Christians than of non-Christians, and some were not disappointed, experiencing Christians as more trustworthy, sincere, caring and accepting than non-Christians; others were disappointed.

Supportive Christians talked with participants about their struggles, offered companionship, empathy, insight and helpful challenges. Christian environments could offer a sense of safety, love and belonging, where interviewees could share both their strengths and struggles. Participants' accounts match descriptions of social support in the literature (e.g. Buchanan, 1995), which has been demonstrated to "buffer the individual against stress … generate increased self-esteem and control" (Gillies, Wasylenki, Lancee, James, Clark, Lewis, & Goering, 1993, p.144). Interviewees' positive experiences of Christian communities fulfilled eight of the ten therapeutic group factors identified by Bloch, Reibstein, Crouch, Holroyd & Themen (1979)[29]. Support from Christians could be additionally meaningful: it could been seen as conveying God's love, and a belief that God orchestrated support meant that it could signify his ever-present care.

Christians could provide support through spiritual means, such as prayer. These tended to help participants access 'therapeutic' aspects of God also described when they were alone, e.g., peace through the Holy Spirit, messages from God, etc. Additionally, exorcism was experienced as transformational, suggesting that spiritual interventions may be psychologically therapeutic.

Unhelpful experiences of Christians largely displayed the opposite characteristics of those described above. These included lack of supportiveness and inappropriate attempts to provide spiritual 'support', for instance through attempting to exorcise demons in a way that was experienced as traumatic and unhelpful. These were felt to maintain or intensify problems and some felt that particular Church cultures stopped them from accessing appropriate help.

**'Christians should not have problems'**

Some participants encountered churches in which they felt there was a belief that Christians should not have emotional problems[30], as relying on God -and possibly the spiritual support of other Christians - should be sufficient to overcome troubles. This view appears to recognise how God might act as a therapist and that a deferring problem-solving style can be helpful. However, when relying on God did not bring about change for participants, guilt, anger and self-doubt could follow. It seems that advice to rely on God was unhelpful when individuals were struggling in their relationship with God, or because it discouraged seeking help and active problem-solving, when these would have been appropriate. Whilst participants in this study overcame such inhibitions to help-seeking, there may be other Christians who feel

[29] Christian cultures were identified as helpful as places: to share private and personal things about oneself; to meet others with similar feelings and problems; where one can feel accepted, understood, a sense of belonging and warmth; to learn about one's problems and receive advice; to get a better understanding of oneself; to learn from others' experiences and ways of coping; and to gain hope that things can get better. These are therapeutic group factors identifies by Bloch et al. (1979).

[30] This differs strikingly with the meta-view found in other aspects of their faith, which frames suffering as purposeful.

unable to acknowledge their struggles to other Christians (who may comprise their main social network) or seek appropriate help.

### Christian standards of living

In contrast to Freud's suggestion that religion is a neurotic defense against anxiety (Hurding, 1985), participants described their faith as *precluding* defensive, avoidant strategies, because of the high value they placed on remaining faithful to their Christian principles (such as sobriety and honesty). Whilst this meant increased discomfort in the short term, interviewees reported that facing their distress led to better outcomes. On the other hand, some participants' perceptions of how they 'should' be as a Christian (which they later revised) encouraged denial of 'unacceptable' feelings such as anger. Thus, participants viewed helpful religious beliefs as Christian, and unhelpful religious beliefs as inconsistent with their faith.

### Forgiving others

Interviewees regarded forgiving others who had wronged them as a Christian imperative; one person described not forgiving their abuser as 'wrong'. Participants tended to see forgiveness as a *process* that can take time to unfold. Some referred to phases of forgiveness identified in Enright, Freedman & Rique's (1998) model of forgiving, particularly the earlier 'uncovering' (expressing hurt and anger) and 'decision' (deciding to forgive) phases.

Some interviewees found forgiving extremely difficult. However, their faith helped them: the Bible's command to forgive made deciding to forgive easier; and having Jesus as a model of forgiveness, and the Holy Spirit's intervention were experienced as helpful. The ultimate benefits were felt to be eminently worthwhile: reduced 'bitterness', restored relationships and psychological progress.

### Receiving forgiveness

The arenas of moral guilt and *receiving* forgiveness were significant aspects of participants' distress and recovery. Where moral guilt has been considered by psychologists, it has been understood as "the direct and indirect cause of virtually all neurotic disturbance" (Ellis, 1960, p.192). Whilst participants' beliefs could induce guilt as Ellis (1980) suggests, this could be helpful, if the guilt-inducing behaviour was unwanted. For example, Mr. X's guilt increased the discomfort of cognitive dissonance arising from being a Christian and yet drinking excessively; he said this reduced his drinking. In this way, moral guilt can be seen as helpful, in line with Bergin (1980), who described "guilt, suffering and contrition as keys to change" (p.100).

Participant's faith could give rise to guilt, but also provided a solution to it. Where participants felt they had done wrong, they addressed guilt by acknowledging their offence to God, determining not to repeat it (repenting) and accepting God's forgiveness. Whilst a

Christian focus on 'sin' might be unhelpful by increasing anxiety about wrongdoing (Lovinger's (1997) 'scrupulosity'), Mrs C said that knowing the 'grace' of God, (the generous attitude from which his forgiveness emanates), meant that she no longer felt she needed to strive to be perfect.

Enright (1996) presents some of the most recent and researched models of forgiveness, including the 'forgiveness triad' of forgiving, receiving forgiveness and self-forgiveness; he does not mention forgiveness from God. However, forgiveness from God was central to addressing participants' guilt. Whilst Enright's (1996) model of *receiving* forgiveness could be applied to receiving forgiveness from *God*, there seem to be some differences. To Christians, God is the ultimate arbiter of justice and the source of morality. God's forgiveness thus confers an objective status of 'righteousness', comparable to a legal pardon, upon the individual (e.g. the Bible, Ezekiel 33:14-16). Miss F expressed how, because of this, God's forgiveness enabled self-forgiveness: "If I believed God forgave me I guessed I had to love and forgive myself." (F: follow-up consultation).

It appears that a Christian faith has the potential both to helpfully and unhelpfully induce guilt, and to ameliorate it, consistent with the findings of Meek et al. (1995).

### Effect of psychological distress on faith

A number of participants indicated that their psychological struggles had a detrimental effect on their faith and its expression. Consequent feelings of failure that added to their distress, indicate that the relationship between faith and psychological distress is interactive: Crossley (1995) suggests that "… people who show a high level of existential commitment to their belief system are likely in the course of a mood disorder to experience a spiritual crisis" (p.285). In this way, religious commitment may hinder the coping of individuals experiencing emotional difficulties.

### The centrality of attachment to God and belief in his benevolent control

The model that I developed from my analysis ('A tentative model of the psychological resources provided by intrinsic Christianity', page 63) proposes that an attachment relationship with God and trust in his benevolent control are central to intrinsic Christian forms of coping. This concurs with Pargament et al.'s (1990) finding that the most potent predictor of positive outcomes to stressful events, *beyond* the effects of non-religious coping, was coping that emphasises the individual's relationship with God.

## Implications for clinicians

The Bible may be a powerful therapeutic resource in work with intrinsic Christians. Bible-based therapy has the ethical advantage of working within clients' value systems. Additionally, prior commitment to its authority may facilitate Bible-oriented change. Research confirms that therapies that draw on the Bible may produce significantly better outcomes for

Christians than equivalent secular therapies (Propst, 1988; Propst, Ostrom, Watkins, Dean & Mashburn, 1992).

Assessing and understanding an intrinsic Christian client's relationship with God may be informative, and might indicate significant resources, and reduced risk of self-harm. How or whether to integrate this potentially therapeutic relationship into clinical work may pose a challenge for clinicians. If clients have experienced psychological trauma, their relationship with God may be disrupted; in such cases, they may benefit from understanding this in relation to the symptoms of post-traumatic stress, and may need additional spiritual support. Other ways in which psychological distress may impact Christian clients' faith (positively or negatively) may also be usefully explored.

An affirming relationship with God may enhance an individual's perceived resources in the face of threat. However, in situations that are beyond the purview of human powers, deferring responsibility to God may be adaptive: believing that he will act to bring about good may provide a sense of vicarious control and reduced the perception of threat. Encouraging this as a strategy in therapy may be helpful; however, it may be ethically difficult for a clinician who does not share Christian beliefs in God.

Interviewees found forgiving others and receiving forgiveness therapeutically powerful and preliminary evidence supports its psychological benefits (e.g. Freedman & Enright, 1996). Therefore, "… its *careful* use in psychotherapy" (Richards & Bergin, 1997, p.213; my italics) with Christian clients is endorsed. Whilst "encouraging forgiveness is one of the most frequently used spiritual interventions by therapists [in the US]" (Richards & Bergin, 1997, p.212), some British clinicians do not encourage forgiveness (e.g. Kennerley, Whitehead, Butler & Norris, 1998).[31] As more sophisticated understandings of forgiveness (e.g. Enright et al., 1996) are not included in mainstream clinical psychology literature or training, clinicians' understanding may be limited. Further research may be necessary before forgiveness is accepted as beneficial.

## Research directions

Results suggest that non-UK (mainly US) research findings relating to intrinsic religion (see 'Introduction', pages 12-18) generally relate to the experiences of this UK sample, suggesting transferability of findings across Western cultures.

Questions that might fruitfully be addressed by further research include:

[31] Kennerley, Whitehead, Butler and Norris (1998) state, "It is not *necessary* to forgive your abuser(s) or the person(s) who did not protect you" (p.172). This statement would conflict with the values of a Christian reader.

a) Are the relationships between aspects of intrinsic Christianity and psychological well-being identified by participants, validated in prospective studies that use 'objective' measures?

b) Are cognitive therapy interventions that encourage the evaluation of beliefs against the Bible more effective than those that use other standards against which to evaluate beliefs, for Christian clients?

c) Are there processes by which styles of attachment to God change, other than those identified here?

d) Does a change in style of attachment to God necessarily lead to change in general attachment style, given time?

e) Does previous insecure attachment to God predict 'negative' patterns (Pargament et al., 1996) of religious coping following psychological trauma?

f) In what situations is deferring control and responsibility to God adaptive?

g) What is the relationship between style of attachment to God and problem-solving style?

h) Is there a problem-solving style in which responsibility is located in God but the individual remains active in problem-solving? If so, what are the implications of this for psychological well-being and in what circumstances?

i) Can associations between extrinsic faith and poorer mental health outcomes be explained in relation to attachment to God and/or beliefs about God's benevolent (or otherwise) control?

j) Is forgiveness (of others, of oneself, from others) effective as a therapeutic intervention?

k) How do the processes and outcomes of forgiveness (of others, of oneself, from others) differ between Christian and non-Christians? *Do* non-Christians address feelings of guilt through forgiveness; and if not, how do they address these?

l) What is the relationship between forgiveness from God, self-forgiveness and psychological well-being?

m) How does psychological distress impact religious faith?

The results of this study also suggest that research in the area of religion and psychological well-being might assess religiousness meaningfully in terms of relationship with God and 'God control' rather than on the basis of religious activities such as church attendance.

## Implications for churches

This study suggests ways in which Christian communities might encourage psychological well-being through a Christian faith.

Christian communities might helpfully present the Bible in a way that emphasises God's 'grace' and forgiveness alongside promoting Biblical standards of living. Participants' accounts indicated that it would be helpful to acknowledge that God does not expect standards outside one's control to achieve, to be met. Encouraging Biblical understandings of the self, God and how he relates, is likely to be beneficial. Openness to experiences of the Holy Spirit, worship, and positive relationships (with God and others) may facilitate the transformation of therapeutic, Biblical 'head knowledge' into 'heart' beliefs.

An attachment theory perspective of individuals' relationships with God may be valuable to church communities, as they endeavour to encourage positive relationships with God and each other. For example, it may be fruitful to identify misperceptions of God that may be present in insecure attachment styles and address these through the teaching, culture and relationships of the church. The therapeutic aspects of relating to God (e.g. openly talking about feelings and struggles with him) could also be encouraged.

As Christian communities may form a significant part of Christians' social networks, they may be a rich resource for Christians in psychological distress. Alternatively, they may hinder adaptive coping considerably. A greater awareness of their potential to harm or help, and how, (e.g. in the way they relate, offer spiritual support or promote Christian ideals), may help to optimise their therapeutic potential. It appears that some church leaders (and as a result, their congregations) may benefit from (further) awareness of how church cultures may influence people's psychological well-being and their perception of God. Finally, the endorsement of mental health services by Christian communities may facilitate appropriate help being sought by Christians in psychological distress.

## ON WHAT GROUNDS DO INTRINSIC CHRISTIANS DECIDE WHERE TO SEEK HELP FOR PSYCHOLOGICAL DISTRESS?

### Help-seeking pathways

Many participants did not choose between helper options: they received help from the only source they knew of. Those who considered more than one help-source were more aware of the range of help-types available. Most interviewees arrived at their source of help through helping professionals or Christian contacts, who tended to point them to secular help-sources and Christian helpers, respectively. However, considerations other than recommendation were more important to all participants. These related to the helper's competence, whether participants were able to relate with them comfortably, help-type; and 'Christian factors' such as the helper's ability to understand their faith, willingness to integrate Christian issues into therapy / counselling, and adherence to a Biblical worldview.

As other work touches upon other aspects of help-seeking (e.g. Rogler & Cortes, 1993), my discussion focuses on the unique considerations of intrinsic Christians. However, I do not

wish to imply that other issues are less important; to the contrary, several participants indicated that 'secular' helper characteristics were more important than Christian considerations when help-seeking.

### Mediators of help and the Christian community

Participants often relied on their Christian network to direct them to help-sources and some were unaware of "outside help" (i.e. secular; Mr. Y: 213). As Johnson and Mullins (1990) found, the Christian community seemed to inspire a strong 'in-group feeling' that could make individuals feel separate from the 'non-Christian' world. Rogler and Cortes' (1993) suggest that open networks expose individuals to more information about where to go for secular professional help for mental health problems. Closed networks, on the other hand, guide individuals toward the acceptance of normative beliefs, which in the Christian community, seem to include the belief that Christians' needs are better met by Christians (e.g. Mitchell & Baker, 2000). Consistent with this, interviewees who received help from Christians (usually through Christian contacts) tended to rate the importance of 'Christian characteristics' more highly than those who did not. However, more recently committed Christians (who were possibly less 'enclosed' in Christian networks) were more likely to seek secular help.

Christian help-sources, whilst more accessible to Christians through their social networks, may not always provide the most appropriate or preferred type of help. The types of help that are specifically Christian are limited, mainly to counselling. As "it may be difficult for Christians … to consider the option of using mental health services outside their "in-group"" (Stredwick, 1995, p.61), Christians may therefore not always receive the most appropriate form of help.

None of the secular professionals that participants saw referred them to a Christian help-source. Whilst this may not represent professional practice generally, it may indicate that professional are unaware of the particular concerns of Christians and of available Christian help-sources. However, it may indicate that Christians approach professionals when they feel that Christian help-types are inappropriate.

### Helper characteristics

Some interviewees expressed a mistrust of secular helpers as people, which, if it had not prevented them seeking secular help, might have hindered a productive therapeutic relationship. Wariness also related to whether non-Christian helpers would provide help or advice that was incongruent with Christian values. Some participants had evidence upon which to base their suspicions: e.g., Mr. X had been attacked physically because of his faith; and psychiatrists had recommended strategies to Miss F that she regarded as wrong. Also, research indicates that therapists may promote value changes in clients (Worthington, 1991) and there is clearly potential for intrinsic Christians and secular helpers to differ in their values (see Appendix A).

Participants commonly expected that receiving help from a non-Christian would mean not including their 'Christian selves' in therapy. Being able to discuss their faith in therapy was the second most highly valued helper-characteristic, consistent with participants' accounts of the close relationship between their faith and their psychological difficulties. However, pre-requisites for talking about their faith were specified, including that their helper respected and understood their Christian experiences and beliefs, and worked within the worldview of their faith. Participants tended to associate these attributes with each other, such that if one was present another would be presumed to be present. This 'cluster' of attributes seemed to centre on an assumption that the helper was a Christian. Some participants would not consider seeing a non-Christian.

Whilst most regarded a Christian clinician to be preferable to a non-Christian, when 'Christian factors' were separated out, it became clear that whether or not a helper was a Christian was not generally *the* most important consideration. This suggests that some Christians who value including their faith in therapy may be able to accept help from a non-Christian helper who understands, is willing to talk about, and respects their faith.

However, understanding and respecting an intrinsic Christian client's faith in therapy might be difficult, even impossible, for clinicians who have no prior Christian experience or who have a very different worldview. Interviewees often found it difficult to articulate their religious experiences and frequently used Christian terminology or alluded to Bible passages in interviews with me, relying on my Christian experience and knowledge in order to communicate. Understanding a Christian's worldview may be analogous to learning a different language. This may require Christian clients to translate from their normal 'Christian mode' of expression, which could be a demanding task as it is sometimes impossible to express ideas in one language that are easy to express in another (Gomez, 1997). Gomez (1997) points out that accurate communication "is particularly important in psychotherapy where intangible and semi-conscious processes mediate communication and understanding" (p. 123).

Complete understanding on the part of a clinician may not be necessary in order to talk about Christian clients' faith in therapy. However, it may be difficult for clinicians with little understanding to help them maximise their religious resources, or even to challenge their unhelpful Christian perspectives (as Mrs. B valued her counsellor doing). The latter may be particularly difficult if the clinician is keen to remain within the worldview of their client. This situation is not helped by the fact that "Most graduate training programs in the mental health professions do not adequately prepare therapists to intervene sensitively and effectively in the religious and spiritual dimension of their clients' lives …" (Richards & Bergin, 1997, p.335)[32].

Dr. D was exceptional, because, whilst she possessed many characteristics that would suggest she would choose to receive Christian help, she had none of the concerns that others expressed about secular helpers. Rather, her particular qualities and experiences seemed to

reduce her concerns about not being understood, not working within a Christian worldview or integrating her faith in therapy. These included a) an ability to articulate her Christian experiences; b) confidence in her faith c) a secure attachment to God; d) confidence in her ability to discern aspects of therapy that were incompatible with her faith; e) an ability to integrate psychological progress with her faith outside of sessions; and f) she was a clinical psychologist, which may have minimised distrust of the 'non-Christian world' of helpers and made her aware of their modus operandi. Thus, preference for a Christian helper may depend on individuals' understandings of secular help, and whether they feel confident that they can overcome any anticipated shortcomings or threats associated with secular help.

### Relative importance of helper characteristics

The 'Help-source Preferences' questionnaire that I developed from my grounded theory analysis assumed a scenario in which participants had a choice of helpers. My results indicate that this does not always reflect the reality of help-seekers, who often have little awareness of helper options. Therefore, the resultant data indicates participant ideals that may not be accessible to help-seekers in reality.

I presented respondents with choices between two helpers who possessed different preferred characteristics. Some pairings of characteristics seemed incompatible on first hearing (e.g. a helper who is a Christian and not willing to talk about their client's faith). To help respondents conceptualise these, they, or I, described particular scenarios. Sometimes the helper characteristics I presented actually described helpers that participants had seen. So, although I asked respondents to imagine two helpers who were *alike* in all respects except from two characteristics, extraneous factors may have meant that 'all other things' were *not* equal in the imagined helpers, and this may have influenced choices. Nonetheless, and despite the small number of respondents, this forced-choice exercise seemed to elicit meaningful data with respect to participants' preferences that ratings alone did not provide.

Responses to the 'Help-source Preferences' questionnaire varied greatly. However, the three items that were most consistently and highly rated and ranked related to a helper's ability to establish a trusting relationship, willingness to talk about Christian issues, and way of working. 'Christian factors' were more important to respondents who received Christian help than to those who received Christian *and* secular help. Those who received Christian and secular help, in turn, regarded Christian characteristics as more important than those who received only secular help. Thus, it appears that participants received help from those who fitted their priorities. An alternative explanation is that if the help participants received was satisfactory, whether Christian or secular, this could have reinforced the importance of the helper characteristics that were present, and minimised the importance of those that were absent.

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[32] Whilst writing this in relation to the US, this equally applies to UK clinical psychology training.

### How valid are concerns about non-Christian clinicians?

As discussed above, many interviewees expressed concerns about receiving help from a secular helper. Recent preliminary research shows that some of these concerns are corroborated by clinicians. Smiley (unpublished) interviewed a sample of non-religious British clinical psychologists about their work with religious clients. Interviewees acknowledged that a difference between their own and clients' religious beliefs could affect the therapeutic relationship. All interviewees openly expressed their view that clients' religious beliefs were "incorrect representations of reality" (p.5), whilst they also reported feeling that they took a neutral position towards religion. Approaches to disagreement with clients' beliefs included 'ignoring the issue' and 'challenging beliefs'. Most said that they did not include a religious client's faith in the therapeutic process, although some spoke of incorporating God as a "significant other" (p.7) in a client's formulation and adhering to clients' value systems. One felt religion was always negative. These findings evidence variation in the approach of non-religious clinicians towards working with religious clients, possibly reflecting Shafranske & Malony's (1990) finding that "Psychologists' personal orientations toward religiousness and spirituality were the primary determinants of their clinical approach to these issues in professional practice" (p.77). Smiley's results also suggest that committed Christian clients might be referred to psychologists who confirm their fears about how their faith will be viewed not understood or sidelined in secular therapy.

A number of participants in my study described supernatural experiences, including exorcism, experiences of God's physical presence and physical healing. Clinicians, such as those in Smiley's (unpublished) study, who do not believe that such perceptions are 'accurate representations of reality' might have difficulty making sense of these accounts without regarding them as delusional. If they regard religious experiences or beliefs as such, clinicians might feel ethically compromised if they were to encourage these or use these therapeutically.[33] However, beyond Smiley's preliminary findings, it remains "unclear how mental health professionals would evaluate the experiences of subcultures with very different religious practices" (Sanderson, Vandenberg & Pease, 1999, p.614).

## Clinical Implications

### *Service Provision*

This study indicates that mainstream clinical psychology services may not be accessible to, fully meet the needs of or capitalise on the spiritual resources of, intrinsic Christians. However, the *extent* to which the accessibility and appropriateness (priorities set by the

[33] It was not long ago that religious experiences were given in the Diagnostic and Statistical Manual (III-R) as examples of catatonic posturing, delusions, hallucinations, incoherence, magical or illogical thinking or psychotic features, giving the impression that religious experience is symptomatic of mental disorder. (The more recent edition excludes negative references to religious experiences and behaviour and suggests that whether it is pathological or not depends on the cultural context (Sanderson, Vandenberg & Paese, 1999).

government in the 'National Service Framework for Mental Health' (1999)) of mainstream psychology services are met in this "minority group of potential clients" (Mitchell & Baker, 2000) remains unknown. Nonetheless, I will consider some ways of addressing the likely shortfall of psychology provision to Christians.

### *Psychology promotion and collaboration with the church*

Yarhouse and VanOrman (1999) suggest that "… psychologists face the challenge of presenting … treatment to religious clients in a way that respects the beliefs and values that guide their lives" (p.559). If Christian social networks are closed and hold inaccurate beliefs that 'outside' help will not meet their needs as Christians, psychology services may need to promote awareness of their services in Christian communities, and address inaccurate views about how they would work with committed Christians, in order to become more accessible.

The recent move of psychological services into the community was intended to improve multi-agency collaboration. Sorgaard et al. (1996) observe that, "The necessity for close contact between mental health organisations, the communities' health and social services and other agencies is seen as a prerequisite in community psychiatry … however, … psychiatry restricts its scope of collaborators to health institutions, "forgetting" other types of organisations, for example, the Church". What Sorgaard et al. (1996) write about psychiatry equally applies to clinical psychology. Forms of collaboration between Christian leaders and psychological services that may be possible, include joint sessions with the client, church leader and psychologist; mutual consultation between church leaders and psychologists while the client sees each individually; one-off consultations; and mutual referrals (Gorsuch & Meylink, 1988). For these to be feasible, it would seem that both church leaders and mental health professionals first need to know more about and appreciate each others' areas of expertise. Closer liaison between Christian leaders and mental health professionals could be an important step towards making psychology services more accessible, appropriate and acceptable to intrinsic Christians in the UK.

### *Christian psychologists?*

Some participants said that they would not see a non-Christian helper. Whilst there appears to be a strong case for Christian clients seeing Christian clinicians, matching Christian clients with Christian helpers may not always be preferred (e.g. Mr. U preferred a non-Christian helper) or advantageous. Also, some research findings contra-indicate similarity in patient and therapist values, finding that pre-treatment patient-therapist *dissimilarity* on attitudinal values is positively associated with a productive therapeutic processes (e.g. Beutler & Consoli, 1992). Also, Propst et al., (1992) found that a Christian cognitive-behavioural therapy (CBT) delivered by Christians to Christian clients was significantly *less* effective than the same delivered by non-Christians. She and her colleagues also suggest that this is due to similarity in client-

therapist values, and recommend a moderate match as optimal. However, the inferior performance of the Christian therapists in this study may be due to other factors associated with their Christianity (such as socio-economic status or 'church culture' values that are not necessarily Christian or Biblical, such as those encountered by participants in this study (see Results, 2.4b)iii)), rather than their Christianity itself. Also, this evidence is scant and seems unlikely to persuade some Christians to see non-Christian helpers (especially if the therapy is secular). Thus, there appears to be a possible demand for explicitly Christian clinical psychologists.

### *Christian therapy?*

The results of this study indicate that therapies that draw on religious beliefs and experiences and adhere to Biblical values may be particularly appropriate for intrinsic Christians and that the evidence to the contrary (Propst et al.'s, 1996, study) requires further investigation in order to be understood accurately. Christian strategies used in therapy have been developed in the US (see Richards & Bergin, 1997). Most have yet to be evaluated; however some therapies that import Christian techniques as adjuncts have been found to be more effective than non-religious equivalents for Christian clients (e.g Propst, 1980; Propst et al. 1992). Harris, Thoresen, McCullough and Larson (1999) point out that "Virtually no well-controlled intervention studies have yet focused primarily on changing a spiritual or religious factor … Nor have spiritual or religious factors served as the main intervention of treatment … with the exception of intercessory prayer interventions …" (p. 415). Thus, the evidence base for many religious interventions is, as yet, weak, although persuasive case reports (e.g. Richards & Bergin, 1997) and the findings of this study suggest that spiritual interventions and strategies have therapeutic potential.

### *Training for Clinical Psychologists*

The paucity of psychological theory, research, training and practice that acknowledges religious experiences and beliefs, suggests that many clinical psychologists are unaware of the concerns and resources of intrinsic Christian clients. If intrinsic Christians are under-represented in clinical psychology services, this is likely to continue to be the case, and Christians will remain alienated from mainstream services. Clinical psychologists (and their religious clients) may therefore benefit from training that addresses areas including:

- understanding religious worldviews and their psychological implications
- assessing clients' religious faith;
- harnessing the resources of clients' faith (see Yarhouse and VanOrman (1999) for some excellent suggestions);
- being explicit about personal values, those underpinning the therapeutic model used, and their attitude towards others' religious beliefs.

- consulting with religious clients' religious leaders.
- using interventions that have been adapted to clients' religious values (Yarhouse and VanOrman (1999) argue that there is a professional ethical rationale for clinicians to be aware of these, despite the limited empirical evidence for their effectiveness.)

### Research directions

Questions that might fruitfully be addressed by further research include:

a) Is there a shortfall in psychological service provision to potential intrinsic Christians? This question might be addressed by asking the following: How many Christians would not see a non-Christian helper? What is "the proportion of practising Christians who use mental health services?"[34] To what extent do Christian help-sources "supply mental health needs otherwise requiring professional services?" (Mitchell & Baker, 2000).

b) How do UK clinical psychologists view the religious beliefs and experiences of committed, religious clients?

c) How aware are helping professionals of i) the possible importance of intrinsic Christian clients' concerns about the approach of psychological helpers to their faith? ii) Christian help-sources?

d) Are Christian interventions more effective than secular interventions for Christian clients? If so, which, for what problems and delivered by whom?

e) Are non-Christians always more effective than Christians when delivering a Christian therapy to Christian clients, as found by Propst et al. (1992)? If a moderate match of client-clinician values is optimal, as they suggest, *which* values are important to match?

f) How are value differences between clinicians and clients negotiated in therapy?

Also, developing and testing the 'Help-sources questionnaire' may produce a useful tool in further research into Christian help-seeking.

## METHODOLOGICAL LIMITATIONS

This study elicited much rich data, but allowed only an overview of a vast and complex subject matter. The breadth entailed some compromise in the depth to which subcategories could be explored. Subcategories that obtained lower levels of saturation are unlikely to have

[34] However, if this is found to be lower than in the general population, this may also reflect the greater psychological well-being of intrinsic Christians and/or lack of appropriate or accessible services.

reached *theoretical* saturation: "The point in category development at which no new properties, dimensions, or relationships emerge" (Strauss & Corbin, 1998, p.143). These, and further exploration of links *between* categories (and subcategories) present possibilities for future research.

Lincoln and Guba (1985) suggest the *transferability* of findings is a more appropriate concept than *generalisability,* where sampling decisions have not been made on statistical grounds. The transferability of my findings is enhanced by having specified characteristics of my sample –i.e., they are intrinsic, orthodox, Evangelical Christians, according to various measures and definitions – and thus the population to which my findings might be transferred. However, my sample may be unrepresentative because it includes only those who were willing to participate in this study.

Whilst I experienced participants' comments on and contributions to my analysis (in follow-up consultations) as readily given (and helpful), if any perceived a power differential between themselves and myself this would have made disagreement or questioning my analysis more difficult. Also, participants gave feedback ratings when I was present (or at the other end of a telephone) and this may have influenced their responses. In these ways, their feedback may have been affected.

### Effects of me being a Christian

The results and analysis of this study are a product of my particular perspective as a white, female, British, Christian, psychologist. Whilst I followed procedures to minimise bias (e.g. self-reflective memos – see Appendix Q for an example) and to stay grounded in participants' perspectives, my position in relation to this study will have affected the data I gathered and how this was analysed and presented. In particular, being a Christian is likely to have affected aspects of this study.

Advantages of being a Christian were evident in what participants said to me. Many said that they were more open with me about their faith because I was a Christian; two said they would not have allowed me to interview them had I not been. Also, it is possible that if I had not been a Christian, interviewees may have been more inclined to convey their faith as positive. (Intrinsicness has been associated with impression management; Leak & Fish, 1989.) Because some expressed anticipation that non-Christians would view their faith negatively ("I suppose if you weren't a Christian I would be thinking well, she's probably thinking, jolly good job she's got rid of that … faith"; B: 709-711) it would have been less easy for them to answer questions about the negative aspects of being a Christian without wanting also to defend their faith.

On the other hand, being a Christian was disadvantageous because I was familiar with the Christian language and experiences that participants described, and may have been unaware of tacit assumptions that I shared with participants, which I would therefore have been unable to

make explicit. For example, I did not always ask them to clarify *their* meanings of terms because I assumed a common understanding. In order to compensate for this, where I was aware of this, I used follow-up consultations to check the accuracy of my understandings.

## CONCLUSION

This study aimed to assess the following:

a) whether intrinsic Christians construe their psychological distress in Christian terms;
b) how an intrinsic Christian's faith is perceived to help or hinder coping, what aspects of faith are important to them in this and why; and
c) on what grounds intrinsic Christians decide where to seek help for psychological distress.

In particular, I was interested in the perspectives of a clinical, UK sample.

The results suggest that, when talking to a Christian psychologist, intrinsic Christians do not construe their distress predominantly in Christian terms. However, they have some specifically Christian understandings of aspects of their difficulties and the origins of these. Findings suggest that self—conceptualisation as well as problem-conceptualisation may be important in predicting forms of coping and help-seeking.

Participants described many ways in which their faith effected therapeutic change in emotions (guilt, depression, anxiety and anger), cognition, behaviour and relationships. My analysis proposes that an attachment relationship with God and belief in his benevolent control are central to these. Additionally, the support of other Christians, adhering to Christian standards of living and having a purpose in life were perceived as helpful. My findings suggest ways in which current theories relating to intrinsic faith and psychological well-being might be furthered. I integrated psychologically positive aspects of faith into a tentative overarching model, which may be developed and used as an orienting framework for future research.

Ways in which an intrinsic faith was perceived to hinder coping tended to centre on negative experiences of other Christians. Additionally, misunderstandings of the Bible or the Christian God, and problems in faith were unhelpful. These are areas that Christian communities might address to reduce the possible hindrances of faith to coping.

Results suggest that Christian social networks can play a significant role in intrinsic Christians' help-seeking, especially if they are relatively 'closed'. In addition to concerns about helpers' competence, way of working and relating, Christians can be highly concerned about their adherence to Biblical values, whether helpers respect and understand them as Christians, and whether or not they are committed Christians. The relative importance to individuals of 'Christian' and 'secular' helper characteristics varied considerably. This seemed to depend on

a) individuals' confidence in their ability to work around anticipated limitations of a non-Christian helper (e.g. not understanding their faith); b) the severity of their problem; and/or c) how integrated they perceived the psychological and spiritual aspects of themselves to be.

My findings suggest that intrinsic Christians possess a wealth of resources that have long been neglected in psychological literature, clinical training and practice in the UK. They indicate that psychological theories that assume an atheistic worldview may not always apply to committed Christians. Finally, they suggest that secular clinical psychology services may not be accessible to or appropriate for many Christians. I recommended further research into and awareness of the particular needs and resources of this significant minority of potential clients.

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## Appendix A

### Theistic Versus Clinical and Humanistic Values (Bergin, 1980)

| Clinical / Humanistic | Theistic |
|---|---|
| Humans are supreme. The self is aggrandised. Autonomy and rejection of external authority are virtues. | God is supreme. Humility, acceptance of (divine) authority, and obedience (to the will of God) are virtues. |
| Identity is ephemeral and mortal. Relationships with others define self-worth. | Personal identity is eternal and derived from the divine. Relationship with God defines self-worth. |
| Self-expression in terms of relative values. Flexible morality. Situation ethics. | Self-control in terms of absolute values. Strict morality. Universal ethics. |
| Personal needs and self-actualisation are primary. Self-satisfaction is central to personal growth. | Love, affection, and self-transcendence are primary. Service and self-sacrifice are central to personal growth. |
| Open marriage or no marriage. Emphasis on self-gratification or recreational sex without long-term responsibilities. | Committed to marriage, fidelity and loyalty. Emphasis on procreation and family life as integrative factors. |
| Others are responsible for our problems and changes. Minimising guilt and relieving suffering before experiencing its meaning. Apology for harmful effects. | Personal responsibility for own harmful actions and changes in them. Acceptance of guilt, suffering and contrition as keys to change. Restitution for harmful effects. |
| Acceptance and expression of accusatory feelings are sufficient. | Forgiveness of others who cause distress (including parents) completes the therapeutic restoration of self. |
| Knowledge by self-effort alone. Meaning and purpose derived from reason and intellect. Intellectual knowledge for itself. Isolation of the mind from the rest of life. | Knowledge by faith and self-effort. Meaning and purpose derived from spiritual insight. Intellectual knowledge inseparable from the emotional and spiritual. Ecology of knowledge. |

Appendix B

## Would you consider participating in a study on Christianity and Psychological/Emotional Distress?

Thank you for taking the time to read the following. As a small token of appreciation, everyone who is interviewed as part of this study will receive a

**£10 Boots voucher.**

I am a Christian, currently training to be a Clinical Psychologist, and have had over 3 years of experience of working with people with emotional / psychological difficulties. I am interested in learning more about the experiences of Christians who have or have had emotional or psychological difficulties. This study will help Clinical Psychologists to understand Christians with such difficulties, their particular struggles, needs and preferences, and how Christian practices can be psychologically supportive or otherwise.

**You** may be able to participate in this study if you:

- are a Christian and
- have received help (e.g. counselling, attendance at a self-help group, etc.) for some kind of emotional / psychological difficulty in the last six months (e.g. due to a bereavement , unemployment, depression, anxiety problems, psychiatric problems, relationship difficulties, etc.)

**Your anonymity would be protected throughout.**

Participation would include 3 stages:

### Stage 1

This would involve completion of a questionnaire that should take about 15 minutes to complete.

### Stage 2

This would entail interviewing you, for at least an hour, about your experiences of your particular emotional / psychological difficulty, your Christian faith, and your choice of help. You will not be required to say anything you do not wish to.

### Stage 3

After studying the interview I would meet with you again for about 45 minutes to ask you a few more questions and to feed back the results of my analysis to you.

**If you would like to find out more, please contact me with your name, address and telephone number – you'll find a postcard attached for this; or leave a message on my 'phone. (Or ask the person who told you about this study to contact me with this information). Thank You.**

*Tara Cutland*

Address: Doctor of Clinical Psychology Course, Division of Psychiatry and Behavioural Sciences in Relation to Medicine, 15 Hyde Terrace, LEEDS, LS2 9LT.
[Telephone number]; E-Mail: [e-mail address]

Appendix C

# Christianity and Psychological Distress and Help-Seeking

Dear

Thank you for requesting further information about participating in a study on Christianity and psychological / emotional distress. I hope that this sheet will provide you with enough information about the study to allow you to make an informed decision about participation. However, if you have any questions or would like to discuss anything with me please let me know.

***A reminder about myself and the aims of the study:***
I am a Christian, currently training to be a Clinical Psychologist, and have had over 3 years of experience of working with people with emotional / psychological difficulties. I am interested in learning more about the experiences of Christians who have or have had emotional or psychological difficulties. This study will help Clinical Psychologists to understand Christians with such difficulties, their particular struggles, needs and preferences, and how Christian practices can be psychologically supportive or otherwise.

## *Criteria for participating*

You may be able to take part in this research if you:

- κ are a Christian
- κ have received help (e.g. counselling, attendance at a self-help group, etc.) for some kind of emotional / psychological difficulty in the last six months (e.g. due to a bereavement , unemployment, depression, anxiety problems, psychiatric problems, relationship difficulties, etc.).
- κ have been to the same help-source for a minimum of 3 sessions, that were no more than 5 weeks apart and that lasted at least 30 minutes each.

*This research is subject to ethical guidelines set out by the British Psychological Society.*

**Your anonymity will be protected throughout this study. Any information that may identify you will be kept from anyone except myself and possibly a transcriber, who will be bound by strict rules of confidentiality.**

Participation would include 3 stages.

***Stage 1***
This would involve completion of a questionnaire asking about:

i) general information such as your age, occupation and sex
ii) your Christian faith
iii) the type of difficulty for which you sought help
iv) the type of help you sought

You will find this questionnaire attached. It should take about 15 minutes to complete. You may then be invited to continue to stages 2 and 3.

***Stage 2***

This would entail interviewing you, somewhere where you feel comfortable. I would anticipate the interview to last at least an hour. However, as long as you are happy, the interview could last longer. In this you would be asked about your experiences of your particular emotional / psychological difficulty, your Christian faith, and how you chose the particular type of help you did. If you would prefer not to answer a question you may say so without giving any explanation.

I would need to audio-tape the interview in order to study the information you give me. The tape would be typed-up into a transcript to help me do this. However, you would remain anonymous, as I would change any identifying name or place that is mentioned. The tapes, which may contain information that makes you identifiable, would be inaccessible to anyone except myself and possibly a transcriber, who would be obliged to keep all material strictly confidential. After analysing the interview (e.g. looking for themes), these tapes would be either destroyed or given to you, whichever you prefer. I might want to use extracts from the transcript in reports of the research. These could include articles in academic journals and presentations at conferences. However, no-one would be able to identify you from these extracts and at no point would your identity be divulged.

***Stage 3***

After studying the information you give me I would meet with you again to construct a grid relating to who you might chose to go to for help with what type of problem. I would then feed back the results of my analysis to you, which would take at least 30 minutes. I would welcome any responses you have. Again, I would need to audio-tape this feedback interview in order to study this. The procedures to protect your anonymity outlined above also apply to this interview.

Your participation in this research would be very much appreciated.
As a small token of thanks, if you are interviewed, you will receive a

**£10 Boots voucher.**

If you would like any further information before deciding to participate, please do not hesitate to contact me. However, **if you think you would like to be involved in this study, please complete the attached questionnaire and post it to me in the pre-paid envelope.** When I receive it, I will get in touch with you as soon as I can to discuss meeting together.

**NB: You may withdraw from this study at any point.**

***With many thanks,***

*Tara Cutland*

Address: Doctor of Clinical Psychology Course, Division of Psychiatry and Behavioural Sciences in Relation to Medicine, 15 Hyde Terrace, LEEDS, LS2 9LT.

[Telephone number] [E-mail address]

Appendix D

# Christianity, Psychological Distress and Help-Seeking Questionnaire

## Personal details

Age: _____ *Male / Female* (circle one) Occupation: _____

Marital status (circle one):
***Never been married / Living with a partner / Widowed / Divorced / Married***

Highest level of education (circle one):

*High school* *GCE/'O' level/GCSE* *Higher Education*

*Honours degree* *Masters degree* *Doctoral degree*

*Other (please specify)*

Ethnic origin (origin of recent forebears) (circle one):

*White* *Black Caribbean* *Black African*

*Black (other)* *Indian* *Pakistani*

*Bangladeshi* *Chinese* *Other (please specify)*_____

**Your emotional/psychological difficulty**

For what type of difficulty did you seek help? *Just a brief description (e.g. 'relationship problem', social anxiety, bereavement, etc) please.*

For how long did you / have you been experiencing this difficulty *(years/months/weeks)*?

What type of help have you received? *(e.g. Counselling, Clinical psychology, group therapy, etc).*

Would you describe this as Christian or secular?

When did you start receiving this help?

Are you still receiving this help? Yes / No

If 'No', when was your final session?

How frequently were / are the sessions, on average?

How long was / is each session on, average?

**Your Christian faith**

Denomination:

How long have you been a Christian?

**Your Christian faith cont'd**

*The following includes a number of statements related to specific religious beliefs. You will probably find that you* agree *with some of the statements, and* disagree *with others, to varying extents. Please circle the response to the right of each statement that best describes how much you agree or disagree with the statement.*

| | | Strongly Agree (5) | Agree (4) | Neutral (3) | Disagree (2) | Strongly Disagree (1) | |
|---|---|---|---|---|---|---|---|
| 1. | Jesus Christ was the divine Son of God | SA | A | N | D | SD | |
| 2. | The Bible may be an important book of moral teachings, but it was no more inspired by God than were many other such books in human history. | SA | A | N | D | SD | * |
| 3. | The concept of God is an old superstition that is no longer needed to explain things in the modern era. | SA | A | N | D | SD | * |
| 4. | Through the life, death and resurrection of Jesus, God provided a way for the forgiveness of people's sins. | SA | A | N | D | SD | |
| 5. | Despite what many people believe, there is no such thing as a God who is aware of our actions. | SA | A | N | D | SD | * |
| 6. | Jesus was crucified, died and was buried but on the third day He rose from the dead. | SA | A | N | D | SD | |
| 7. | I enjoy reading about my religion. | SA | A | N | D | SD | I |
| 8. | I go to church because it helps me to make friends. | SA | A | N | D | SD | Es |
| 9. | It doesn't much matter what I believe so long as I am good. | SA | A | N | D | SD | I* |
| 10. | It is important to me to spend time in private thought and prayer. | SA | A | N | D | SD | I |
| 11. | I have often had a strong sense of God's presence. | SA | A | N | D | SD | I |
| 12. | I pray mainly to gain relief and protection. | SA | A | N | D | SD | Ep |
| 13. | I try hard to live all my life according to my religious beliefs. | SA | A | N | D | SD | I |
| 14. | What religion offers me most is comfort in times of trouble and sorrow. | SA | A | N | D | SD | Ep |
| 15. | Prayer is for peace and happiness. | SA | A | N | D | SD | Ep |
| 16. | Although I am religious, I don't let it affect my daily life. | SA | A | N | D | SD | I* |
| 17. | I go to church mostly to spend time with my friends. | SA | A | N | D | SD | Es |
| 18. | My whole approach to life is based on my religion. | SA | A | N | D | SD | I |
| 19. | I go to church mainly because I enjoy seeing people I know there. | SA | A | N | D | SD | Es |
| 20. | Although I believe in my religion, many other things are more important in life. | SA | A | N | D | SD | I |

This page will be separated from the questionnaire so that your anonymity will be protected.

Name:

Address:

Telephone:

Thank you for taking the time to complete this questionnaire. Please return it to me in the envelope provided*. I will get in touch with you about interviewing you as soon as possible.

With thanks,

Tara Cutland

*To: Tara Cutland, Doctor of Clinical Psychology Course, Division of Psychiatry and Behavioural Sciences in Relation to Medicine, 15 Hyde Terrace, LEEDS, LS2 9LT.

Appendix F

**Profiles of respondents to 'Screening Questionnaire' who were not included in this study**

| Respon-dent * | Age | Marital status | Occupation | Highest level of education achieved | Difficulty | Help type | In receipt of help less than 6 months ago? | Length and frequency of sessions meet selection criteria? | Denomin-ation | Time as a Christian (years) | I score (max = 40) | SCO score (max = 30) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *1.* | 25 | Sep | Unemployed | B.Tec. National | Depression, sexual abuse. | *NC* –Psytry<br>*NC* - PsyTh<br>Ch – CSHG | Yes | Yes | Baptist | 15 | 38 | 29 |
| *2.* | 26 | Mar | Occupational therapist | Honours degree | Mild depression | – Coun | Yes | Yes | Anglican | 13 | 40 | 30 |
| *3.* | 22 | S | Teacher | Honours degree | Stress and anxiety | – Coun | Yes | Yes | - | 1 | 34 | 30 |
| 4. | 28 | Mar | Teacher | Higher education | Anxiety / phobia | *NC* – ClinP<br>– Coun | No | Yes | Evangelical | 28 | 38 | 30 |
| *5.* | - | Mar | Shop assistant | High school | Depression | *NC* - GrpTh<br>Ch – Coun | No | Yes | - | 1 ½ ` | 30 | 32 |
| *6.* | 30 | Mar | Occupational therapist | Diploma | Anxiety and depression | – Coun<br>*NC* - CPN | Yes | Yes | Anglican | 16 | 37 | 30 |
| *7.* | 48 | S | Teacher | PGCE | Guilt, shame, anxiety, low self-esteem | Ch – Coun | Yes | Yes | Baptist | 30+ | 34 | 29 |
| *8.* | 50 | Mar | Writer / mother | Masters degree | Depression, child abuse | *NC* – Coun | Yes | Yes | Anglican / Baptist | 36 | 36 | 30 |
| *9.* | 55 | Mar | House wife | High school | Relationship difficulties | – Coun | No | Yes | Evangelical / Pentecostal | 30 | 36 | 29 |
| *10.* | 60 | Mar | Retired | Technical college | Depression | Ch – Coun | No | Yes | Catholic | ? | 25 | 34 |
| *11.* | 32 | Mar | Sales manager | Honours degree | Sexuality 'and others' | *NC* – Coun<br>*NC* – ClinP<br>Ch - ChGrP | Yes | Yes | New church | 11 | 26 | 30 |

* All were female except number 11.
S = single; W = widowed; D = divorced; Mar = married; Sep = separated
CP = clinical psychology; C = counselling; TA = transactional analysis; PA = psychoanalysis; ChT = Christian tutorials; Ptry = psychiatry; CSHG = Christian self-help group; PsyTh = psychotherapy; ChGrP; GrpTh = Brief group therapy, CPN = Community psychiatric nursing

NCh = non-Christian; Ch = Christian

## SEMI-STRUCTURED INTERVIEW FORMAT

This interview will take at least one hour and may go on for some time beyond this. How long are you available for?

I'll start by reminding you a little about myself. I am a committed Christian. I have a psychology degree and I am currently training to be a Clinical Psychologist. I have had over 3 years of experience of working with people with a range of emotional and psychological difficulties. I am interested in learning more about how psychological problems can affect Christians and how being a Christian can affect such problem(s) – for the better and for the worse. I will be asking you about the emotional / psychological difficultie(s) you have been experiencing / experienced[35], whether this has affected your Christianity, how being a Christian has affected your problem(s)[1], and what your reasons were for choosing to receive counselling / therapy / attend x course[1]. Whilst holding my own Christian convictions I am approaching this study as a researcher and am particularly interested in individuals' unique experiences.

I will need to audio-tape the interview in order to study the information you give me. The tape will be typed-up into a transcript to help me do this. However, you will remain anonymous as I will change any identifying name or place that is mentioned. Any material containing information that makes you identifiable (i.e. the tapes) will be kept safe and inaccessible to anyone except myself and the person who will type up the interview. She will be bound to maintain the strictest confidentiality. After analysing the interview (e.g. looking for themes), the tape recordings will be either destroyed or given to you, according to your preference. I might want to use extracts from the transcript in research reports. These reports could include presentations at academic conferences and articles in academic journals. However, again, no-one should be able to identify you from these extracts and at no point will your identity be divulged.

In about 2-3 months I will contact you to meet one final time, to fill in a grid relating to who you might choose to see for what type of problem (this should take about 10 minutes). I will also feed back to you the results of my analysis of all the interviews I have done. I will give you a £10 Boots voucher then.

I am aware that talking about some things might evoke some unpleasant feelings. If at any point you would prefer not to answer one of my questions please say so and I will go on to the next without asking you for an explanation. If you would like to stop the interview at any stage, please say so and we will end.

Would you like to ask any questions about this study?

*Ask them to sign consent form.*

1. Can you tell me about the difficulty you have experienced / are experiencing, for which you sought help?
   Prompt: Can you give me an example of … ?

2. Before you went to counselling / therapy etc., how did you make sense of your difficulty?
   Probe: What did you believe was the cause?
   Did you think anything would make it better? If 'Yes', What?

3. Has your difficulty affected your Christian life in any way at any time?
   Prompts: Your relationship with God, your perception/ image of God, participation in church, your beliefs, your experience of God, worship, telling others about Christianity, Christian practices such as Bible-reading or reading Christian books, communion, praying / being prayed for?

[35] The wording of this depended on the participant's particular problem and situation, which I knew from the completed set of questionnaires.

Probe(for each): In what way? Can 130you give me an example?
Did / does that bother you? How much?

4. Has being a Christian affected <u>your difficulty</u> in any way?
   Prompt: Has it helped in any way?
   Church meetings, people from church, beliefs, relationship with God, experiences of God, worship, telling others about Christianity, Christian practices, e.g. reading the Bible / Christian books, communion, praying / being prayed for.
   Probe: How significant has this been to you?
   Prompt: Has being a Christian made anything worse?
   Church meetings, people from church, beliefs, relationship with God, your perception/ image of God, experiences of God, worship, telling others about Christianity, Christian practices, e.g. reading the Bible / Christian books, communion, praying / being prayed for.
   Probe: How significant has this been to you?

5. What led you to consider going to a <u>Christian</u> <u>counsellor / therapist etc.?</u>
   Probes: What made you think this might be a good place to go?
   How important was this factor to you?
   What did you expect would happen; how it would work and what difference might itmake?

   Did you have any concerns about this type of help?
   If 'Yes', What? And how important was this factor to you?

6. Did you consider any alternative to (<u>whatever help-source they have been to</u>)?
   Prompt: A secular source of help, such as going to your GP, a counsellor, a therapist, psychologist or psychiatrist, or self-help books?

   A Christian source of help, such as a church leader, a Christian counsellor, Christian therapist, Christian self-help books, courses such as Living Waters or centres such as Ellel Grange?

   If 'Yes': On what grounds did you decide against these?
   How important were these considerations?

   If 'No' Why didn't you consider other sources of help?

7. We are near the end of the interview now. Do you feel that knowing I am a Christian has affected what you have told me?
   Probe: In what way?

8. Would you like to make any further comments about anything we have talked about?

*That's the end of this interview. Thank you for participating, it's been very interesting to hear what you have had to say.*

9. I am aware that the interview may have evoked some unpleasant feelings. Do you wish to talk about how it has felt talking in today?

Give a list of local help sources. Explain that talking about their experiences may bring up some unpleasant thoughts and feelings hours or days later. There are a number of sources of help on the sheet that they may wish to consider if they want to talk to someone about these. Remind them that when you have conducted and analysed all of the interviews you are doing, you will contact them in order to arrange to meet again.

## CONSENT FORM

Thank you very much for agreeing to take part in an interview for my research. The purpose of this form is to make sure that you are happy to take part in the research and that you know what is involved.

| | |
|---|---|
| Have you had the opportunity to ask questions and discuss the study? | YES/ NO |
| If you have asked questions have you had satisfactory answers to your questions? | YES/ NO/ NA |
| Do you understand that you are free to end the interview at any time? | YES/ NO |
| Do you understand that you are free to choose not to answer a question without having to give a reason why? | YES/ NO |
| Do you agree to take part in this study? | YES/ NO |
| Do you agree to the interview being audio-recorded? | YES/ NO |
| Do you grant permission for extracts from the interview to be used in reports of the research on the understanding that your anonymity will be maintained? | YES/ NO |

SIGNED.....

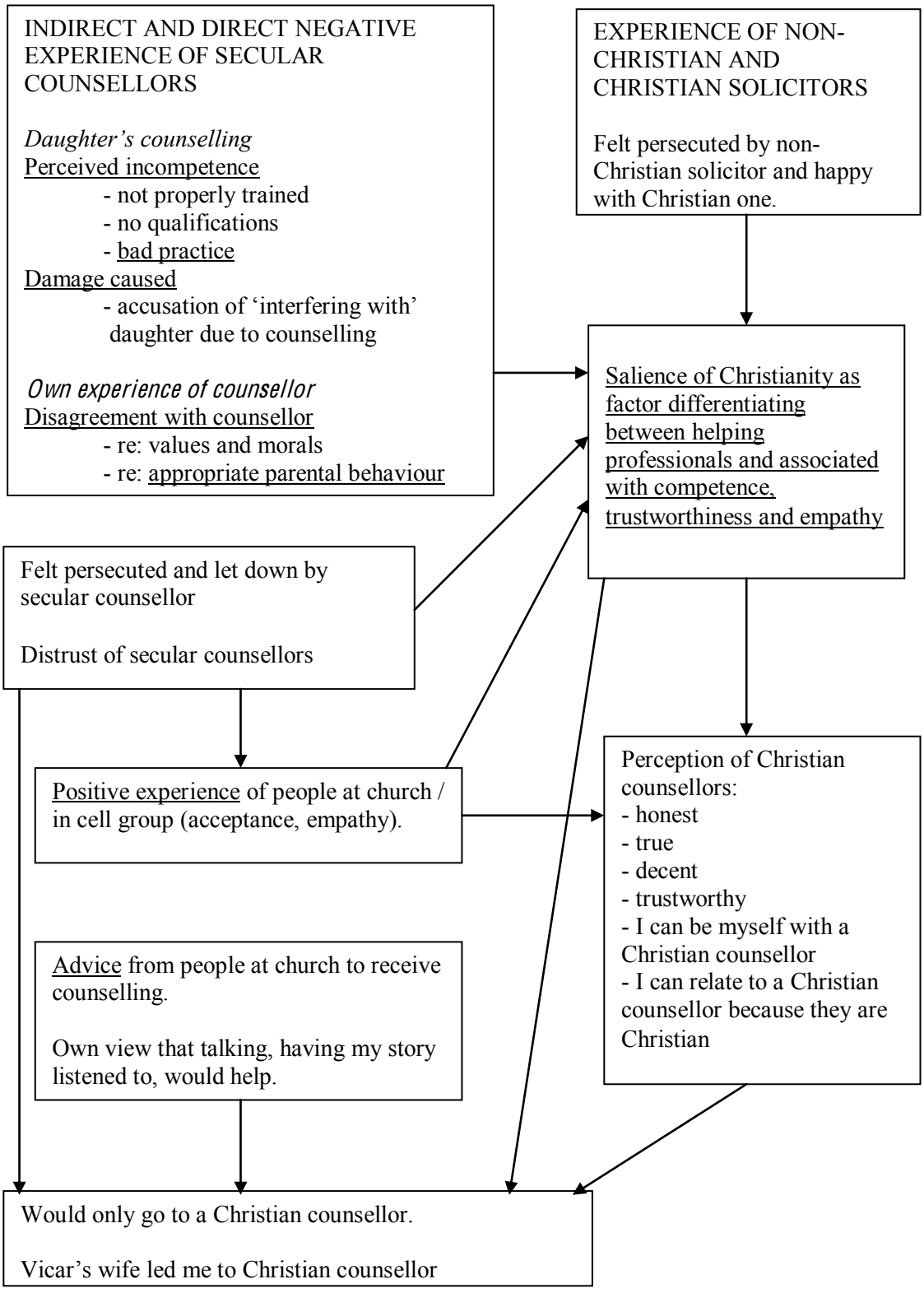
NAME IN BLOCK LETTERS.....

DATE.....

FLOW-DIAGRAM SKETCH FOR MR Z

Question 4.: On what grounds do intrinsic Christians decide where to seek help for psychological help?

All text, except that which is underlined, is derived from Mr. Z's wording, i.e., the grammar, and order of words may have been altered to express meaning accurately and succinctly.)



# STAGES OF CATEGORISATION

## Main Categories Stage 1

1. The Bible
2. Church / Christians
3. Purpose and hope
4. God concept
5. Relationship with God
6. Identity
7. Changes in me or my life through God
8. Guilt and forgiveness
9. Experiential knowledge / the Holy Spirit
10. Problems in or because of faith
11. Escapism, defences not available because of faith

## Categories Stage 2

1. BIBLE

a) How God sees me: love, acceptance – leads to comfort, self-esteem.
b) Meeting with God – leads to inexplicable peace
c) Impact of view of God: strong, constant etc.
d) Discrepancy between 'truth' and heart knowledge
e) Guidance – conviction / fear of consequences of behaviours (e.g. hell)
f) Big picture: purpose in suffering
g) Normalising / expressing distress

SOCIAL SUPPORT

a) Security, acceptance, love etc. vs isolation
b) Context for sorting things out with God
c) Honesty, support vs having to wear a 'mask'
d) Others show what God's like – loving, etc
e) Others praying – helps my relating to God, feel God's presence, him in control, messages from God, healing.
f) Supernatural intervention – healing, peace etc.
g) Empathy, normalisation vs feel a failure, negative, confusions
h) Talk things through vs won't talk with me
i) Practical support
j) Guidance / confrontation

PURPOSE, PLAN, HOPE

a) Ultimate meaning of life: gives broader perspective than problem, situation is in his plan, making sense of problems
b) God in control, will / has made good of bad.

RELATIONSHIP W GOD

a) Loved - unconditional self-worth, sense of identity
b) Control via God – protected, can ask him to help (deferring style?)
c) Intimacy, comfort
d) Presence of God – leads to peace, happiness, hope
e) Talk things through, honesty
f) Strength from him; vicarious efficacy (collaborative style)
g) Change style of relating

## Help-source Preferences

This questionnaire asks you about things that might influence the type of help you would prefer to receive for emotional / psychological difficulties. Please complete it, following the instructions below.

Below you will find 8 things, with their opposites, that may influence your choice of who to see with psychological difficulties. For each of the eight pairs below, please circle the option that you would prefer to be the case if seeking help. For example, if you prefer 2B to 2A, circle 2B like this:

2. 2A … has been recommended by a Christian 2B … hasn't been recommended by a Christian.

**Someone who…**

| Importance | | | |
|---|---|---|---|
| | 1. | 1A … has been recommended to you personally by a professional (doctor, psychologist, psychiatrist, psychotherapist or counsellor) | 1B … hasn't ever been recommended to you by a professional (doctor, psychologist, psychiatrist, psychotherapist or counsellor) |
| | 2. | 2A **… has been recommended to you** personally by a Christian | 2B **… hasn't been recommended** to you by a Christian. |
| | 3. | 3A … works in a way that suits you and makes sense to you, given your problem. | 3B … doesn't work in a way that most suits you or makes sense to you, given your problem. |
| | 4. | 4A **… works within a Biblical** perspective and according to Biblical principles. | 4B **… works in a way that may** conflict with a Biblical perspective or Biblical principles. |
| | 5. | 5A … is highly trained, experienced and skilled at working with people who have psychological or emotional difficulties. | 5B … is not particularly highly trained, experienced or skilled at working with people who have psychological or emotional difficulties. |
| | 6. | 6A **… understands you as a** Christian. | 6B **… doesn't understand you as** a Christian. |
| | 7. | 7A … you already know and respect. | 7B … you have never met or previously heard of. |
| | 8. | 8A **… is a committed Christian who** lives their life according to their faith. | 8B **… is not a Christian.** |
| | 9. | 9A … you trust, feel comfortable with and can relate well with. | 9B … you do not entirely trust, feel comfortable or relate easily with. |
| | 10. | 10A **… is willing to talk about how** your faith may affect or be affected by your problem. | 10B **… is not willing to talk with** you about your faith. |

Next, please rate how important each circled item is on a scale of 1 to 10, where 1 = **'completely unimportant'** and **10 = 'of utmost importance.' Write your ratings to the left of each item under the heading 'Importance'.**

N.B. YOU MAY GIVE MORE THAN ONE ITEM THE SAME RATING

## Appendix L

### Feedback Questionnaire

DO NOT COMPLETE UNTIL TARA HAS EXPLAINED HER ANALYSIS OF THE RESEARCH INTERVIEWS

1. Does this analysis make sense to you? (Circle one of the options below)

   Not at all  Just a little  Moderately  Quite a lot  Very much so

2. Can you recognise your experience in it? (Circle one of the options below)

   Not at all  Just a little  Moderately  Quite a lot  Very much so

3. Do you think that the understanding provided by this analysis will be helpful to you personally? How helpful? (Circle one of the options below).

   Not at all  Just a little  Moderately  Quite a lot  Very much so

4. Have you any further comments?

Appendix M

## Summary of results presented to participants

Do people with an intrinsic (Protestant) Christian faith construe their psychological distress in Christian terms?

1.1 Construal of psychological difficulties in psychological terms

1.2 Perceived contributors to the development of psychological difficulties

a) Others
   i) What others did to me: 'my problem was man. … man, as in humanity.'
   ii) The way I was 'brought up'
b) Myself
   i) What I did
   ii) My personality, biology or sinful nature.
c) Evil sources
   i) Demons
   ii) Evil spiritual forces
   iii) The devil

2._____ How is an intrinsic (Protestant) Christian faith perceived to enable or hinder coping with psychological distress? Which aspects of their person's faith are important to them in this and why?

2.1 Contextual Themes

a) The Bible: truth and relationship
   i) The Bible is truth
   ii) 'the relationship [with God that the Bible] brings … is fundamental.'
b) The centrality of faith and relationship with God
c) God's presence

**2.2 'God was very much my therapist'**

a) Therapeutic relationship
   i) Collaborative: 'you've got to work together'
   ii) God is ' looking after me and watching over me.'
   iii) 'God … loves me to bits'
   iv) 'God's forgiven [me]'; the guilt has 'lifted'
b) Therapeutic processes
   i) Talked with God
   ii) Received insight
   iii) Received guidance
c) Feelings of well-being through the Holy Spirit
d) Changed attachment style through 'head' knowledge of God becoming 'heart' belief

**2.3 God's benevolent control**

a) God has a plan for my life: : 'things will ultimately be resolved.'
   i) Purpose 1: 'He's trying to make me into the person he meant me to be'
   ii) Purpose 2: to bring a 'reality to my faith I think which wasn't terribly present before'
b) Loss of control because God is in control
c) 'Relinquished control'

2.4 Support from other Christians
- a) Social and Practical Support
  - i) Affirmed, cared for, understood
  - ii) Helpfully and unhelpfully challenged
  - iii) Support was an expression of God
  - iv) Supported practically
- b) Christian cultures – helpful and unhelpful
  - i) Supportive Christian environments
  - ii) Lack of acceptance and care in Christian environments
  - iii) 'Christians shouldn't have problems'; 'you trust God to get through [them]'
  - iv) Reinforcement of unhealthy patterns: 'they were just colluding with the process.'
- c) Spiritual support
  - i) Prayer brought peace in panic
  - ii) Helpful messages from God
  - iii) Exorcism: healing vs unhelpful

2.5 Christian standards of living
- a) Avoidant coping strategies not available
- b) 'As a Christian it's right to forgive'; 'that allows you to move forward'
- c) Christian morality: enabled change vs 'fuelled' 'false guilt' or encouraged denial
- d) I feel 'a failure as a Christian'

2.6 Purpose and meaning in life
- a) Direction and purpose to life given by faith

3._____ On what grounds do intrinsic (Protestant) Christians decide where to seek help for psychological distress?

3.1 Contextual Categories
- a) 'I've not considered anything else because I don't know what else there is'
- b) I considered what 'God wanted'
- c) Types of Christians

3.2 Intermediaries
- a) Professional recommendations: 'I think R can help you'
- b) Christian contact: '…a lot of people in the church … really recommended her.'
- c) Previous contact with the helper

3.3 Characteristics of help type
- a) Competence: 'As long as she was good at what she did.'
- b) Christian qualities predispose a good therapeutic relationship
- c) Appropriate for problem-type: 'I knew it dealt with all these … things that I was feeling'
- d) Therapeutic approach

3.4 Integration of Christianity and help
- a) Helper's attitude towards Christianity: 'They might ridicule something that's precious to me.'
- b) There was no way that they could understand me as a Christian'
- c) Not having to 'keep this Christian bit at one side' when receiving help
- d) Help' … that … is consistent with what God says in his word, in other words … what is true'
- e) Christian helpers bring added extras

Appendix N

## SATURATION TABLES

Total lines of interview transcript coded under categories relating to research question 1:
Do intrinsic Christians construe their psychological distress in Christian terms?

| *Respondent* | *1.1 Characteristics of psychological difficulties* | | *1.2 Perceived contributors to the development of psychological difficulties* | | | |
|---|---|---|---|---|---|---|
| | a) Lay-psychological descriptions | b) Christian aspects | a) Others | b) Myself | c) Evil sources | d) Confusion in / distress from understanding of the Bible |
| A | 12 | 7 | 23 | 31 | 5 | - |
| B | 7 | 1 | 10 | 2 | - | - |
| C | 9 | 16 | 2 | - | - | - |
| D | 7 | 9 | 55 | - | 36 | - |
| F | 8 | - | 11 | 11 | 16 | - |
| H | 3 | 9 | - | 24 | 4 | - |
| U | 10 | - | 60 | 11 | 11 | - |
| V | 11 | 9 | 8 | 3 | 20 | - |
| W | 24 | 8 | 35 | - | - | - |
| X | 6 | 13 | 21 | 18 | 13 | 19 |
| Y | 2 | 16 | 30 | 40 | - | - |
| Z | 3 | 4 | 35 | 5 | - | 3 |

See pages 38 and 39 for definitions of subcategories.

Total lines of interview transcript coded under categories relating to research question 2:
**How is an intrinsic Christian's faith perceived t**o help or hinder coping with psychological distress? Which aspects of their faith are important to them in this and why?

| *Respon-dent* | *2.1 Contextual themes* | | | *2.2 God was very much my therapist* | | | *2.3 God's benevolent control* | | | *2.4 Other Christians* | | | *2.5 Living according to Christian standards* | | | | *2.6 Purpose and meaning in life* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c | d | a |
| A | 5 | - | - | 75 | 8 | 3 | 36 | 9 | 5 | 47 | 24 | 17 | - | - | 2 | - | - |
| B | 13 | - | 8 | 55 | - | - | 62 | 10 | - | 3 | 38 | 14 | - | - | - | 9 | 2 |
| C | - | - | 15 | 18 | 29 | 18 | 22 | - | - | 51 | 19 | - | 5 | 18 | 7 | - | - |
| D | 3 | 11 | 4 | 192 | 63 | 125 | 63 | - | 25 | 62 | 69 | 8 | - | - | - | - | - |
| F | 2 | - | 11 | 81 | 24 | 30 | 21 | - | 4 | 17 | 23 | 34 | 12 | 8 | - | 5 | 4 |
| H | 10 | - | - | 26 | 3 | - | 19 | - | 3 | 22 | 54 | 15 | - | - | 12 | 6 | - |
| U | - | 6 | 6 | 35 | 19 | 12 | 12 | 2 | 4 | 117 | 14 | 35 | 33 | 78 | 13 | 7 | 4 |
| V | 19 | - | 2 | 98 | 127 | 21 | 14 | - | 5 | 16 | 63 | 27 | - | - | 43 | 23 | - |
| W | 52 | 12 | 42 | 139 | 213 | 235 | 112 | 3 | 9 | 27 | 102 | 21 | 6 | 2 | 3 | 15 | - |
| X | 20 | - | 2 | 15 | 14 | 54 | 30 | - | 7 | 8 | 114 | 36 | 8 | 23 | 88 | - | - |
| Y | 13 | - | 3 | 47 | 3 | 14 | 48 | - | 6 | 7 | 54 | 16 | 16 | - | - | - | - |
| Z | - | 8 | 9 | 9 | - | 25 | 7 | - | 51 | 17 | 13 | 7 | - | - | 7 | - | - |

See page 40 for a list of subcategories and pages 40 – 64 for definitions.

Total lines of interview transcript coded under categories relating to research question 3:
**How is an intrinsic Christian's faith perceived to help or hinder coping with psychological distress? Which aspects of their** faith are important to them in this and why?

| *Respondent* | *3.1 Contextual category* | *3.2 Intermediaries* | | | | *3.3 Integration of Christianity and help* | | | | | *3.4 Characteristics of help-type* | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | a | b | c | d | a | b | c | d | e | a | b | c | d |
| A | - | 11 | 14 | - | - | - | 16 | 2 | - | - | 6 | 8 | 3 | - |
| B | 4 | 2 | - | - | 19 | 5 | 17 | 8 | - | - | - | - | - | 3 |
| C | 3 | 16 | 10 | 1 | - | - | 32 | 27 | - | - | - | 1 | - | 11 |
| D | - | 4 | 1 | 4 | - | 1 | 29 | 7 | 9 | 2 | 3 | - | - | 40 |
| F | - | 10 | 2 | - | - | - | 10 | 3 | 6 | - | 1 | 8 | 9 | 8 |
| H | 2 | - | - | - | 11 | 6 | 26 | - | 2 | 3 | 2 | 3 | - | - |
| U | 6 | 4 | - | - | 3 | 5 | 19 | 16 | 7 | - | - | 28 | - | - |
| V | 2 | - | 13 | - | - | - | 46 | 29 | - | - | 14 | 6 | 9 | 27 |
| W | - | 2 | - | - | - | 16 | 51 | 33 | 12 | 8 | 80 | 23 | 11 | - |
| X | 7 | 5 | - | - | - | 27 | 18 | 21 | 10 | - | 5 | 3 | 9 | 50 |
| Y | 10 | - | 11 | - | - | 4 | 30 | 6 | 39 | - | 17 | - | 4 | 8 |
| Z | - | 1 | 3 | - | 1 | - | 6 | - | 20 | - | 32 | 34 | 1 | - |

See page 67 for a list of subcategories and pages 67 – 72 for definitions.

Appendix O

## 'HELP-SOURCE PREFERENCES' QUESTIONNAIRE: RAW DATA

**Ratings (Max = 10) from 'Help-source preferences' questionnaire**

| ITEMSE | 1A. | 2A. | 3A. | 4A. | 5A. | 6A. | 7A. † | 8A. ‡ | 9A. | 10A. | Mean nC | Mean Ch |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Miss A | 5 | 5 | 10 | 10 | 8 | 10 | 1 | 10 | 10 | 10 | 6.8 | 9 |
| Mrs B | 8 | 10 | 9 | 5 | 9 | 9 | 8 | 7 | 10 | 10 | 8.8 | 8.2 |
| Mrs C | 4 | 6 | 10 | 2 | 7 | 1 | 3 | 1 | 9 | 8 | 6.6 | 3.6 |
| Dr. D | 9 | 4 | 9 | 7 | 9 | 5 | 7 | 6 | 10 | 8 | 8.8 | 6 |
| Miss F | 2 | 4 | 8 | 8 | 8 | 8 | 5 | 8 | 10 | 9 | 6.6 | 7.5 |
| Mrs H | 1 | 8 | 8 | 10 | 5 | 10 | 5 | 10 | 10 | 10 | 5.8 | 9.6 |
| Mr U | 10 | 2 | 10 | 1 | 10 | 8 | 1 | 2 | 10 | 7 | 8.2 | 4 |
| Mr V | 5 | 8 | 5 | 5 | 7 | 4 | 3 | 10 | 6 | 7 | 5.2 | 6.8 |
| Mr W | 3 | 7 | 10 | 9 | 7 | 8 | 2 | 7 | 10 | 10 | 6.4 | 8.2 |
| Mr X | 10 | 10 | 10 | 8 | 10 | 8 | 10 | 8 | 10 | 10 | 8.8 | 10 |
| Mr Y | 3 | 8 | 7 | 8 | 6 | 9 | 4 | 8 | 9 | 8 | 5.8 | 9.8 |
| Mr Z | 4 | 8 | 8 | 8 | 8 | 9 | 6 | 10 | 9 | 9 | 7 | 8.8 |
| *C mean* | | | | | | | | | | | 6.4 | 8.2 |
| *C + S mean* | | | | | | | | | | | 7.3 | 8.8 |
| *S mean* | | | | | | | | | | | 7.8 | 4.5 |
| *Total mean* | 5.3 | 6.7 | 8.6 | 6.8 | 7.8 | 7 | 4.2 | 7.3 | 9.4 | 8.8 | 7.0 | 7.5 |

E See Appendix J for item descriptions.
nC = helper characteristics that are not related to Christianity; Ch = 'Christian' helper characteristics
C = Participants who received Christian help (dark shading)
C + S = Participants who received a mix of Christian and secular help (light shading)
S = Participants who received secular help (no shading)
Yellow = Christian
† Two participants preferred item 7B
‡ One participant preferred item 8B

**Rankings from 'Help-source preferences' questionnaire (NB: the smaller the number, the higher the ranking)**

| ITEMSE | 1A. | 2A. | 3A. | 4A. | 5A. | 6A. | 7A.† | **8A.‡** | 9A. | 10A. | Mean nC | Mean Ch |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Miss A | 8 | 9 | 4-6 | 4-6 | 7 | 3 | 10 | 4-6 | 1 | 2 | 31 | 24 |
| Mrs B | 8 | 3 | 4 | 10 | 5 | 6 | 7 | 9 | 1 | 2 | 25 | 30 |
| Mrs C | 6 | 5 | 1 | 8 | 4 | 9 | 7 | 10 | 2 | 3 | 20 | 35 |
| Dr. D | 4 | 10 | 2 | 7 | 3 | 9 | 6 | 8 | 1 | 5 | 16 | 39 |
| Miss F | 10 | 9 | 6* | 4 | 7* | 3 | 8 | 5* | 1 | 2 | 32 | 23 |
| Mrs H | 10 | 7 | 6 | 2-4 | 9 | 2-4 | 8 | 1 | 2-4 | 5 | 38 | 19 |
| Mr U | 4 | 7 | 2 | 10 | 3 | 5 | 9 | 8 | 1 | 6 | 19 | 46 |
| Mr V | 8 | 2 | 6 | 7 | 3 | 9 | 10 | 1 | 5 | 4 | 32 | 23 |
| Mr W | 9 | 8 | 2 | 4 | 7 | 5 | 10 | 6 | 1 | 3 | 29 | 26 |
| Mr X | 5 | 7 | 3 | 8 | 2 | 9 | 6 | 10 | 1 | 4 | 17 | 38 |
| Mr Y | 10 | 4-6 | 7 | 3 | 8 | 1 | 9 | 4-6 | 2 | 4-6 | 36 | 19 |
| Mr Z | 10 | 6-7 | 8 | 5 | 6-7 | 2 | 9 | 1 | 3-4 | 3-4 | 37/ 7.4 | 18/3.6 |
| *C mean* | | | | | | | | | | | 6.4 | 4.7 |
| *C + S mean* | | | | | | | | | | | 5.9 | 5.2 |
| *S mean* | | | | | | | | | | | 3.7 | 8 |
| *Total mean* | 7.7 | 6.5 | 4.3 | 6.2 | 5.4 | 5.3 | 8.3 | 5.8 | 1.9 | 3.7 | 5.5 | 5.7 |

E See Appendix J for item descriptions.
nC = helper characteristics that are not related to Christianity; Ch = 'Christian' helper characteristics
C = Participants who received Christian help (dark shading)
C + S = Participants who received a mix of Christian and secular help (light shading)
S = Participants who received secular help (no shading)
Yellow = Christian
† Two participants preferred item 7B
‡ One participant preferred item 8B
* These would all have been ranked equally, i.e. 5-8 if Miss F had responded in relation to help for symptom-focussed treatment. Miss F said that she would prefer a 'highly trained, experienced and skilled' non-Christian to 'a committed Christian' who is 'not particularly highly trained, experienced or skilled' if she was seeing someone for symptom-focussed work. However, her preference would be the opposite for working more 'deeply' as this would relate to issues in which her and her helper's values differed.

Appendix P

Sample of Inter-rater Reliability Category Descriptions

## 1. CONSTRUAL OF PSYCHOLOGICAL DIFFICULTIES

### 1.1 a) Construal of psychological difficulties in psychological terms

Participants described / talked about their problems in psychological language.

### 1.2 Perceived contributors to the development of psychological difficulties

a) Others

Others, including their parents when growing up, were cited as contributing to participants' difficulties.

b) Myself

Participants said that what they did, their personality, sinful nature or biology contributed to their problems.

c) Evil sources

Demons, spiritual forces and the devil were all thought to add to difficulties.

## 2. EFFECT OF CHRISTIAN FAITH ON PSYCHOLOGICAL DIFFICULTIES

### 2.1 Contextual themes

a) The Bible: truth and relationship

Participants saw the Bible as the ultimate authority on truth. It showed them what God is like, how God saw them, what is important, and right and wrong ways to live.

b) The centrality of faith and relationship with God

Participants' faith, particularly their relationship with God, were central to, and of utmost importance in their life and identity. Relationships with God were intimate, involved two-way communication and could be experienced as deeply intimate, or like a child-parent relationship.

c) **God's presence**

Participants met with God, or felt a sense of God's presence within or external to themselves.

### **2.2 "God was very much my therapist" (D: 699)**

a) Changed **attachment to God through 'head' knowledge of God becoming 'heart' belief.**

Negative aspects of participants' relationships with their parents were linked to their current difficulties and to the way in which they related to God. However, through their 'mental' knowledge of what God is like becoming 'emotional' knowledge, their relationship with him changed and their psychological or relational problems improved.

b) Therapeutic relationship

Participants felt unconditionally loved by God, often tangibly, and believed this love would always be present. They felt that he looked over them, protected them and was ready to help if troubles arose. They God's forgiveness allowed participants to feel less guilty and able to stop always striving to be perfect. God and participants worked together to effect psychological change.

c) Therapeutic processes

Participants talked openly and intimately with God about their problems. They let their feelings out and felt understood and comforted in response. Sometimes they received insights from God about their problems, or guidance as to what to do or stop doing. They could experience dramatically changed emotions through the Holy Spirit. In worship, their negative, irrational thoughts could be brought back in line with reality.

Appendix Q

## Example of a Self-reflective Memo.

'…it were unbelievable, the feeling, the presence of God there. And I'm just reading [the Bible] and I don't know how it – the words just lifted off the paper. Come up like that. I can't explain it. But blooming heck it were unbelievable . … And I know it isn't my mind. I know that for a fact it isn't my mind, no.' (X: 1148).

Interestingly, I'm experiencing the desire to defend Mr X's judgement, and thus anticipating that readers might 'psychologise' his experience. I'm wanting to point out that this is not an experience he has seen in others (and is therefore imitating) or believes to be common in other people. His experiences of God have shocked and amazed him and been both alone in his bedroom and in church and reading the Bible. They don't appear to be in hyped up contexts or ones in which his experience could be accounted for by 'group phenomenon' (e.g. mass hysteria) or his expectation.
I must be careful not to defend his understanding as being the only one but allow sufficient information for readers to make their own judgement on his experiences.