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Christian Spirituality and Mental Health:

A Relational Spirituality Paradigm for Empirical Research

Todd W. Hall

Rosemead School of Psychology

Biola University

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*Abstract*

Significant gains have been achieved in understanding the links between spirituality and mental health in recent years. However, there remains a paucity of theoretically-driven empirical research that explains the associations between spirituality and mental health. This article proposes a broad model of implicit relational representations as a framework for explaining the links between religious/spiritual (RS) involvement, realized Christian spirituality, and mental health. This model is proposed as a theoretical guide for empirical research on Christian spirituality and mental health. Methodological issues are also discussed.

## Christian Spirituality and Mental Health:

### A Relational Spirituality Paradigm for Empirical Research

There is now a substantial empirical literature examining the linkages between religion/spirituality (RS) and mental health (Chamberlain & Hall, 2000; Koenig, 1998; Larson et al., 1998; Plante & Sherman, 2001). Prior to the 1990s this research relied on simplistic, global measures of RS, such as religious attendance and denomination, which were typically not the focus of study. For example, in Larson et al.'s (1986) review of 59 quantitative studies that included a religion or spirituality variable, RS variables were a primary focus of investigation in only 3 studies. However, this began to change in the 1990s, and momentum for RS and mental health research continues to move forward. As evidence of this, a special section was recently published in the *American Psychologist* (January, 2003) on "Religion, Spirituality and Health."

Despite the predominantly global measures of RS used in research, numerous authors have noted that RS consistently emerges as a reliable predictor of positive mental health outcomes (e.g., Chamberlain & Hall, 2000; Hill & Pargament, 2003; Miller & Thoresen, 2003). While some have criticized this research on methodological grounds concluding that the overall evidence for a positive association is weak at best (e.g., Sloan & Bagiella, 2002; Sloan, Bagiella, & Powell, 2001), Miller and Thoresen (2003) recently argued that the sheer volume and consistency of evidence points toward salutary effects of religion on health. In one study, Levin (1994) reported that 75 percent of published studies he reviewed demonstrated a positive association between religion and health. Several meta-analyses and systematic reviews of RS and mental health (e.g., Bergin, 1983; Gartner, Larson, & Allen, 1991) have indicated a moderate, yet overall positive association between RS and mental health. For instance, half of the 200 studies reviewed by Gartner et al. demonstrated salutary effects of religious involvement on outcomes such as suicide, drug use, alcohol abuse, delinquent behavior, marital satisfaction, psychological distress, and depression. Larson, Swyers, and McCullough (1998)

concluded from their extensive review of the literature that certain forms of RS are associated with greater subjective well-being, life satisfaction, and marital satisfaction, and decreased levels of depressive symptoms, suicide risk, delinquency, and alcohol and drug use. Furthermore, other researchers (e.g., Chamberlain & Hall, 2000; Koenig, 1997; Larson & Larson, 2003; Larson, Swyers, & McCullough, 1998; Levin & Chatters, 1998) have argued that when adverse effects appear, they tend to result from certain *expressions* of RS such as belief in a punitive God, extrinsic religiousness, and hyper-rigid religiousness.

### *Limitations in Spirituality and Mental Health Research*

It now seems clear that there are meaningful, reliable associations between various aspects of RS and mental health. However, a number of problems and unanswered questions remain. First, there is a paucity of research that *explains* the RS-mental health link, for both positive and negative outcomes (Hill & Pargament, 2003; Larson, Swyers, & McCullough, 1998). In other words, the association between RS and mental health varies as a function of other factors, and there exists a need to identify the processes that potentially moderate the link between RS and mental health. In addition, there is a need to identify the mediating mechanisms underlying RS-mental health associations. In the context of Christian spirituality and mental health, the task is to explain how and why Christian spirituality becomes pathologically engaged for some individuals, leading to adverse mental health outcomes. Hill and Pargament (2003) provide a foundation for doing this by suggesting several specific aspects inherent within RS that may go beyond global measures such as church attendance in explaining the RS-mental health link.

Second, and related to the first limitation, there has historically been very little theory-driven research connecting RS and mental health to broad-based psychological theories (Hill et al., 2003). This is beginning to change as a number of such research programs have emerged in recent years in areas such as coping (Pargament, 1997), attachment and object relations theories (Hall, 2002; Hall,

Brokaw, Edwards, & Pike, 1998; Hall & Edwards, 1996, 2002; Kirkpatrick, 1992, 1995), developmental psychology (Fowler, 1981, 1996), emotion (Hill, 2002), and motivation theory (Emmons, 1999). A meaningful empirical approach to Christian spirituality and mental health must be grounded in a broad, psychospiritual theory of human development.

Third, mental health outcomes are not viewed as an end in themselves in most religions (Hill & Pargament, 2003), and certainly not in Christianity. Thus, in order to develop a research agenda for *Christian* spirituality and mental health, we must begin to build models that articulate spiritual health/maturity as an end in itself. Continued research on mental health outcomes is important in its own right. However, to think Christianly about RS and mental health, mental health must be integrated in a model that proposes spiritual maturity or “realized religion” (Chamberlain & Hall, 2000) as the ultimate end goal.

The remainder of this article will attempt to outline a broad theoretical framework on which to build a model of spirituality and mental health. I propose that a model of implicit relational representations, the essence of which is the capacity for mature relatedness to God and others, represents a broad theoretical lens (relational meta-psychology), with support from multiple lines of research (e.g., Westen, 1998), that has significant potential to advance our understanding of the links between RS involvement, realized Christian spirituality, and positive mental health outcomes. Based on this relational spirituality perspective, I will propose a model of Christian spirituality and mental health that serves as a research agenda for relational spirituality and mental health. I conclude with a few comments about research methodology.

### *Implicit Relational Representations: A Relational Spirituality Paradigm*

This section will attempt to outline in broad terms five central organizing principles of a theory of implicit relational representations that can be drawn from attachment theory, multiple code theory, and relational psychoanalytic theories such as object relations theory. It must be noted at the outset that the

relationship between attachment and object relations theories, as well as within each respective set of theories, is quite complex (Fonagy, 2001; Mitchell, 2000). The objective here is not to provide a detailed analysis of the complexities among the theories, but rather to provide a broad outline for a common relational metapsychology as a foundation for advancing theory-driven empirical research on spirituality and mental health.

#### Rapprochement Between Attachment Theory and Relational Psychoanalysis

Although Bowlby's (e.g., 1969, 1973, 1980) attachment theory was developed against the contextual backdrop of psychoanalysis, it quickly developed along a very different trajectory than psychoanalysis for several reasons. Bowlby's theoretical assumptions and epistemological commitments were viewed as incompatible with the psychoanalytic drive theory of his day. He was viewed as ignoring defining psychoanalytic concepts such as unconscious processes, drives, and complex internal dynamics involving internal conflict and compromise solutions, among other things (Fonagy, 2001). Moreover, he emphasized behavior, observation, scientific research, and "the representation of the real rather than the reality of the representation" (Fonagy, 2001, p. 4), in stark contrast to the psychoanalytic ethos of his day. Mitchell (2000) noted that a factor in Bowlby being shunned by the psychoanalytic community was that, in comparison to some of his colleagues who were also suggesting radical revisions to Freudian drive theory (e.g., Fairbairn, Loewald, Sullivan), Bowlby wrote in a clear and uncompromising manner. Because of his bent toward systematic observation and empirical research, attachment theory has caught on in the empirically-oriented academic community (see Cassidy & Shaver, 1999, for a comprehensive review). Until relatively recently, attachment theory and psychoanalytic communities have tended to ignore each other, creating a somewhat artificial divide between two theoretical frameworks that share a number of foundational assumptions (see Goodman, 2002).

In recent years, the rift between the trajectories of attachment theory and psychoanalysis has begun to converge, notwithstanding continued differences. There are several influential factors in this development. First, contemporary “relational” psychoanalysis has evolved toward an increased emphasis on the centrality of relationships (e.g., Greenberg & Mitchell, 1983). This can be seen in the most actively developing traditions of object relations theory and the relational psychoanalytic traditions influenced by Stephen Mitchell among others (Fonagy, 2001; Mitchell, 2000). The result is a theoretical move that places relational psychoanalytic theories substantially closer to attachment theory. This convergence came to a head in the mid-1980s, when attachment theorists shifted from a focus on infant behavior to a focus on the dynamic internal representations in the infant and parent, partly as a result of the development of the Adult Attachment Interview (Fonagy, 2001; Main, Kaplan & Cassidy, 1985; Bretherton & Waters, 1985). Third, psychoanalysis, and particularly object relations theory, have become more open to empirical research, and have begun to interact with the findings of attachment research (Fonagy, 2001; Mitchell, 2000; Scharff & Scharff, 1998; Westen, 1998). Finally, several authors (e.g., Fonagy, 2001; Goodman, 2002) have noted a growing sense of “paradigm boundedness” within attachment theory, and the need for theoretical paradigms that enrich clinical work, and clinically relevant research and theory. As a result, a number of attachment researchers are now integrating their findings with contemporary psychoanalysis and articulating their clinical implications (e.g., Brisch, 1999; Lyons-Ruth, Bronfman, & Atwood, 1999; Main, 1995).

The convergence and integration of relational psychoanalytic and attachment theories represents a relational metapsychology, based on a number of common, central organizing principles. Numerous authors have noted some of the commonalities between contemporary psychoanalytic theory, particularly object relations theory, and attachment theory (e.g., Blatt & Levy, 2003; Fonagy, 2001; Goodman, 2002; Scharff & Scharff, 1998). In addition, recent work in the neurobiology of emotion and emotional information processing is converging with this relational metapsychology. Below I outline

five central organizing principles integrating attachment theory, relational psychoanalytic theories, and multiple code theory, which I refer to as a theory of implicit relational representations.

*Five Central Organizing Principles of an Implicit Relational Representational Theory*

While there are clearly divergences between attachment and object relations theories as noted above (see Fonagy, 2001; Mitchell, 2000), there are at least five distinct, but related, central organizing principles that undergird a theory of implicit relational representations, and for which there is now significant empirical support.

*Central Organizing Principle #1.* People are fundamentally motivated by, and develop in the context of emotionally significant relationships.

There is clearly heterogeneity within object relations and attachment theories on this point, with some theorists emphasizing that the primary human need is for some type of psychic organization or capacity such as affect regulation (e.g., Kernberg, 1976). Bowlby (1969, 1973, 1980) drew heavily on ethology and evolutionary theory in his development of attachment theory, and his theory could certainly be viewed as positing that the primary human motivation is the survival of the species, for which he assumed attachment behavior provides selective advantage (Fonagy, 2001). Fairbairn (1952) is read by some (e.g., Fonagy, 2001, Greenberg, 1991) as theorizing that the need for relatedness is secondary to the primary drive for psychic organization. Yet, Mitchell (2000) has argued cogently that this represents a fundamental misunderstanding of Fairbairn's theory and what it adumbrated: that "object-seeking, in its most radical form, is not the vehicle for the satisfaction of a specific need, but is the expression of our very nature, the form through which we become specifically *human* beings" (p. 106). In other words, relationships provide the context of being for humans, or stated differently, the context for *being human*. This fundamental need and context of being is referred to by other object relations theorists as "primary love" (Balint, 1952), "ego relatedness" (Winnicott, 1965), and "personal relations" (Guntrip, 1961). We see this emphasis within attachment theory particularly in more recent work that

emphasizes the importance of “felt security” rather than physical distance regulation (Sroufe & Waters, 1977).

A second line of theory and research that emphasizes this organizing principle is the emphasis within both attachment and object relations theories on the importance of maternal sensitivity and mirroring for development. Klein (1932) and Bion (1967) emphasized the “containment” function of maternal responsiveness, in which the infant’s experience is given back to him or her in a metabolized form. Winnicott (1956) emphasized the importance of the mother’s mirroring function, in which the baby’s self-state is reflected back in the mother’s expression. Kohut’s (1971, 1977) concept of transmuting internalization, in which regulatory processes are internalized gradually through “optimal” maternal frustration, is based on the notions of empathy and mirroring. Moreover, numerous theorists (e.g., Erikson, 1964; Isabella & Belsky, 1991; Kohut, 1977, Winnicott, 1956) and infant researchers (e.g., Beebe & Lachmann, 2002) have concluded that the optimal level of caregiver sensitivity is moderate rather than perfect. This is consistent with the emphasis of numerous theorists, such as Blatt and colleagues (Blatt & Levy, 2003) on two fundamental dimensions of development: relatedness and self-definition. Perfect caregiver sensitivity or mirroring may not be optimal in terms of the development of one’s self-definition. Maternal sensitivity, responsiveness to distress, interactional synchrony and warmth have all been demonstrated to predict secure attachment in numerous studies (see Belsky, 1999, for a review).

Current research in affective neuroscience is also corroborating the notion of relationship as the context of our being. At a broad level, there is now strong evidence that a) from the time of birth, infants naturally and automatically seek others with whom to enter intersubjective states of shared affect attunement (Beebe & Lachmann, 2002; Stern, 1985), and b) that this emotional communication is nonverbal, primarily operating through the visual system in the first years of life (Schore, 1994). These early social events are then imprinted into the biological structures that are maturing during the brain

growth spurt that occurs in the first two years of life, and therefore, have far-reaching and long-lasting effects (Schoore, 1994). It is also now known that the development of the brain is experience-dependent, and that one of the primary regulating centers of the brain, the orbitofrontal cortex, is specifically dependent on early attachment relationships for development (Schoore, 1994).

*Central Organizing Principle #2.* There are multiple codes of emotional information processing which provide a theoretical framework for understanding the way in which close relationships are processed and internalized, thereby shaping the patterns of our relationships with God, self and others.

Bucci's (1997) Multiple Code Theory provides a broad conceptual framework suggesting there are three general levels, or "codes," of emotional information processing: a) subsymbolic emotional processing; b) nonverbal symbolic emotional processing; and c) verbal, symbolic processing. Siegel's (1999) conceptualizations of primary and categorical emotions generally parallel the first two levels of Bucci's Multiple Code Theory. The first level involves subsymbolic processing (Bucci, 1997), or what Siegel (1999) refers to as primary emotion. Primary emotion involves initial orientation and elaborative appraisal-arousal processes, sometimes referred to as the "music of the mind" (Siegel, 1999). Primary emotions are more basic and undifferentiated than the concept of "basic," "discrete" or "categorical" emotions, which refer to more differentiated emotional states, such as anger, sadness or fear.

Primary emotions are experienced in the following way. Siegel (1999) states that a signal of heightened activity is the brain's way of communicating to the entire organism that something significant is happening right now. This happens outside of conscious awareness and initially does not have a positive or negative valence. Within microseconds, the brain processes the representations of the body and stimuli from the external environment, and initiates "elaborative appraisal and arousal" processes. These processes regulate one's state of mind by activating certain brain circuits and deactivating others. Elaborative appraisal processes determine whether a stimulus is "good" or "bad," and arousal processes

prepare the body to act accordingly by directing the flow of energy throughout the body. The initial orientation and appraisal-arousal processes set off a wave of increasingly complex appraisal processes that take into account a host of factors such as relevant past experiences, emotional and representational components of memory, current internal emotional state, and the current social context (Siegel, 1999). Siegel (1999) defines these primary emotional states as “...the nonverbal sensation of shifts in the flow of activation and deactivation—the flow of energy and evaluations of information—through the system’s changing states. Primary emotions directly reflect the *changes* in states of mind...” (p. 125).

In Bucci’s (1997) Multiple Code Theory, this is referred to as the subsymbolic code. Recognizing changes in the emotional states of others is a subsymbolic process; it is based on, for example, the perception of subtle variations in facial expressions, or in changes in our own states. This is the basis for what we might call experiential or implicit knowledge, which occurs without our being able to articulate the basis on which the judgments are made. It is predominantly subserved by the right, orbital-frontal cortex (Schore, 1994), and typically operates outside of awareness.

The subsymbolic code of processing operates according to the principles of parallel distributed processing (PDP), as opposed to the sequential, single-channel mode of verbal processing (Bucci, 1997). In general, PDP is the way we process a massive amount of information in a format, or channel that is not in words. The PDP system processes different types of contents, in different formats, in multiple systems or channels that operate simultaneously in parallel (not affecting each other) and in interaction. The PDP system processes elements of information that are not discrete, and it does not use categories to organize information. Furthermore, higher level units of information are not built on discrete lower order units of information in a linear way, and the explicit processing rules of this system cannot be identified. Examples can be seen in many domains of functioning. For example, it is difficult for the professional baseball player to break down the sequence of body movements involved in hitting a 90 mile-an-hour fast ball into distinct units and to translate this into words. He relies on PDP

processing for this type of knowledge. Similarly, we rely on this type of information to infer the emotional states of others in emotionally significant relationships, just as therapists rely on this type of information in inferring the emotional states of clients.

There is a large body of research supporting the notion of parallel distributed processing and implicit memory (memory that is observable in behavior, but not consciously or explicitly brought to mind) in the domains of cognitive, affective and motivational processes (see Westen, 1998, for a review). The cognitive unconscious represents only a subset of unconscious, or implicit, processes (Westen, 1998). Of particular relevance to the current discussion is research demonstrating implicit memory and knowledge in the interpersonal domain. Research suggests that infants possess and utilize a substantial amount of relational knowledge in interacting with caregivers. For example, they implicitly know how a parent will respond to certain bids for affection and attachment, as evidenced by demonstrating specific expectations of parents, and surprise or distress when such expectations are violated (Beebe & Lachmann, 1988, 2002). Subsymbolic processing is the level at which the emotional appraisal of the meaning of events and stimuli, or its significance for the well-being of the individual, takes place.

The second level of emotional information processing is what Bucci (1997) refers to as the nonverbal symbolic code. Categorical emotions, which are more differentiated than primary emotions fall within the spectrum of nonverbal symbolic processing. The primary medium of this code is imagery. Images are discrete entities that represent other entities and can be combined in rule-governed ways (Bucci, 1997). Images can be processed sequentially, as in the verbal symbolic code, or in a parallel, continuous manner as with subsymbolic processes. Bucci (1997) notes that images, which operate in the nonverbal system outside of language, mediate the organizing and symbolizing of subsymbolic experience and provide the basis for connecting this nonverbal experience to words, a process she has conceptualized as “referential activity.” Referential activity is conceptually similar to Fonagy’s (2001)

notion of “mentalization,” or reflective function, the capacity to represent experiences of others in one’s mind and hence understand others’ mental states, because this function requires the symbolization of one’s own experience.

Words are the most direct representation of symbolic code. Bucci (1997) proposes that the underlying structure of language is a logical or prepositional structure. The formats, or code, of language is different than that of images and categorical emotions. The reference of words is arbitrary, reflected in the fact that the information carried by words is not typically associated with a particular modality, as are images (Bucci, 1997). For example, a group of words has the same syntax and meaning regardless of whether it is heard or read, or processed by touch through Braille. The dominant information-processing mode of language is through a sequential, single-channel symbolic format, sending or receiving one message at a time. We cannot process two messages simultaneously, or listen and speak at the same time. The most central feature of language, according to Bucci, is that it is the processing channel over which we have the most direct intentional control.

*Central Organizing Principle #3:* Implicit relational representations are repetitions of relational experiences, sharing a common affective core, that are conceptually encoded in the mind as non-propositional meaning structures. They are the memory basis for implicit relational knowledge; that is, our “gut-level” sense of how significant relationships work.

A basic tenet of relational psychoanalytic theories (e.g., Greenberg & Mitchell, 1983; Mitchell, 2000; Scharff & Scharff, 1998), developmental psychoanalysis (Beebe & Lachmann, 2002; Stern, 1985), developmental neuropsychology (Schoore, 2003) and attachment theory (e.g., Bowlby, 1973; Fonagy, 2001; Main, Kaplan, & Cassidy, 1985) is the general notion that patterns of relational experiences with caregivers are “internalized.” Several conceptually related constructs have been proposed, including Stern’s (1985) “representations of interactions that are generalized” or RIGS, emotion schemas (Bucci, 1997), mental models (Siegel, 1999), object representations in object

relations theory (e.g., Scharff & Scharff, 1998), and “internal working models” in attachment theory (Bowlby, 1973). While there are minor conceptual distinctions between them, they are all representations of relational experiences that are encoded in implicit memory; hence I am using the term implicit relational representations.

Many psychoanalytic and developmental theorists and researchers have discussed the concept of the internalization of relational experiences. This has been a very abstract construct; however, relatively recently the neurobiological basis for this concept has been identified, providing evidence for, and further articulation of the notion of implicit relational representations (Schore, 1994, 2003; Siegel, 1999). Schore (1997) proposes that the infant’s right hemisphere is psychobiologically attuned to the output of the mother’s right hemisphere. The right cortex matures before the left, and contains extensive reciprocal connections with limbic and subcortical regions; thus it is primarily responsible for the processing, expression, and regulation of emotional information and nonverbal communication. These functions are part of the implicit memory system (Joseph, 1988). Implicit memory, subserved by the limbic system, operates without conscious awareness. In other words, when implicit memory is retrieved, an individual does not have the experience or sense that something is being remembered (Siegel, 1999).

The myelination and maturation of limbic and cortical association areas, which are implicated in implicit memory, develop from 7-15 months of age, which is generally the same period as the establishment of attachment patterns, and of Mahler’s (Mahler, Pine & Bergman, 1975) practicing period (Schore, 1994). Furthermore, the right cortex is known to be specifically impacted by early social experiences, and to contribute to the development of reciprocal interactions within the mother-infant dyad (Schore, 1994). Thus, the infant uses the output of the mother’s right cortex as a template for the imprinting, or the hard wiring, of circuits in her own right cortex. These circuits will later provide the mechanism for expanding affective capacities. Moreover, the activity of the right hemisphere

(associated with implicit memory processes), rather than the later-maturing linear, verbal left hemisphere (associated with explicit memory), is necessary for the development of the capacity to empathize with, and perceive the emotional states of others.

Schore (1994) cites evidence that the orbitofrontal cortex, especially the right cortex, is directly involved in attachment functions. Face-to-face interactions directly impact the imprinting or circuit wiring of this system. The orbital frontal cortex, because of its location between the cortex and subcortex, acts as a center of integration between the cortex and subcortex, and is uniquely involved in social and emotional behaviors, and in the homeostatic regulation of body and motivational states. Schore suggests that the orbitofrontal region specifically encodes complex, psychological representations of others, or what I have referred to as implicit relational representations. This system contains the operational capacity to generate an implicit representation of self and others, and an affect state connecting the two. This is parallel to Kernberg's (1976) description of an internal object representation. Schore (1997) summarizes the neurobiological underpinnings of object representations: "the child's first relationship functions as a template for the imprinting of circuits in the child's emotion-processing right brain, thereby permanently shaping the individual's adaptive or maladaptive capacities to enter into all later emotional relationships" (p. 30).

In terms of the theoretical framework being used here, implicit relational representations are the result of the first step in the symbolization process. Through patterns of experiences with caregivers, the physiologically based processing of the subsymbolic system becomes channeled into particular meaning structures that are stored in the mind in the form of affectively-based images. Thus they are more differentiated than subsymbolic experiences, yet they are not necessarily conscious, and they do not exist in propositional form. As such, they remain nonverbal and cannot be directly communicated in the verbal realm. However, as Bucci (1997) notes, narratives about others in relation to one's self can be viewed as metaphors of implicit relational representations. Such narratives are the closest one can come

to communicating these representations in the verbal domain. Thus, implicit relational representations exist in the nonverbal symbolic domain in the framework of Bucci's Multiple Code Theory.

Implicit memory of relationships is what the Process of Change Study Group (PCSG) has referred to as "implicit relational knowing" (Stern et al., 1998). The concept of implicit relational knowing links the implicit, subsymbolic and nonverbal symbolic *methods of processing emotional information* with the *content of the relational memories* stored in the mind. The nature or form of that which is internalized from caregiver relationships cannot be separated from the way in which the (emotional) information is processed; they are like different facets of a diamond. In other words, what is stored in memory from caregiver relationships is not linear, emotional information in the form of words, but rather, nonlinear, implicit, largely nonconscious, emotional information.

The PCSG views this "intersubjective relational domain" as distinct from the verbal domain (Stern et al., 1998). Furthermore, they distinguish this kind of knowledge from procedural knowledge about how our body functions in the inanimate world (e.g., playing the piano). Rather, it is the implicit knowledge we have about interpersonal relations; that is, how to be with someone. This type of knowing, integrates affect, cognition, and behavior or interactive dimensions. It is typically nonconscious, and yet is the basis for what can later be represented verbally and consciously (although not fully) through the verbal code in the process of "referential activity" (Bucci, 1997).

Implicit relational knowing is reflected not only in infants, but continues throughout life in our out-of-awareness experience of how relationships work for us; that is, our own intersubjective economy of interpersonal relationships. A client clearly demonstrated her implicit relational knowledge of emotionally significant relationships in a recent series of sessions. Several devastating experiences of rejection reinforced her implicit relational knowledge that her need for comfort eventually overwhelms others leading them to abandon her. She subsequently shut down and withdrew from the therapeutic relationship, behavior that accompanied a certain affectively-laden meaning; namely, her implicit

relational expectation that I, too, would be overwhelmed by her needs for comfort and would abandon her. She was not aware of this experience until we discussed it; however, she eventually was able to put into words her implicit relational knowledge by stating that she felt that I, of course, was consumed with my own life, and had no room for her needs.

*Central Organizing Principle #4.* Implicit relational representations, formed particularly from experiences early relationships with caregivers, shape the emotional appraisal of meaning and subsequent patterns of relationship.

One of the most robust lines of evidence for the notion that implicit relational representations develop into stable patterns of relationship comes from attachment research. Ainsworth and her colleagues' (Ainsworth, Blehar, Waters, & Wall, 1978) Infant Strange Situation lab involved a procedure in which 12-18 month-old infants stayed with their mother, with their mother and a stranger, with only the stranger, and then alone for up to three minutes. The basic idea was that separating an infant from his or her primary attachment figure in a strange environment, and with a stranger at times, would activate the infant's attachment system. This provided access to the attachment system, which could then be assessed at separation and reunion. Their initial study revealed that the infants' behavior at reunion with the mother could be grouped into three fairly specific categories of responding, or attachment patterns. Each of these patterns was significantly associated with independently performed home observation ratings conducted during the year prior to the laboratory assessment.

The three attachment patterns originally identified were secure, and two types of insecure: avoidant, and resistant or ambivalent. Main and Solomon (1990) later identified a fourth attachment pattern in children labeled disorganized/disoriented. An internal working model of a secure attachment is manifest in an infant's ability to use the parent to soothe him or herself quickly (upon the return of the parent), and to return to the task of play and exploration. An insecure attachment model results in the child not being able to use the parent for this regulatory function, and is observed in avoidant (e.g., fails

to cry on separation from parent), resistant or ambivalent (distressed and preoccupied with parent throughout, fails to take comfort from parent on reunion), or disorganized behavior (freezing with trance-like expression, clinging while crying and leaning away from parent) during the lab task. Thus, stable patterns of appraisal of emotional information and relating appear by 12 months of age.

These patterns appear to be fairly stable into adulthood, supporting the notion that implicit relational knowledge is internalized in implicit memory. Main, Kaplan and Cassidy (1985) moved from infant attachment behavior to the “level of mental representation” in adults in the development of the Adult Attachment Interview (AAI; George, Kaplan, & Main, 1996). Five longitudinal studies have been conducted linking infants’ strange situation classification with their AAI classification 15 to 21 years later (Hesse, 1999). Two studies found substantial continuity between the two classifications sets (64% and 63% in three-way analyses—secure, preoccupied, avoidant). The other three studies evidenced less continuity; however, there is evidence to suggest that the discontinuity was due to child maltreatment, maternal depression, and poor family functioning. Thus, the overall evidence from longitudinal studies supports the notion that implicit relational representations formed from early childhood shape (although do not determine) the emotional appraisal of meaning and patterns of relationship into adulthood.

In addition, there is evidence that these patterns of relating are passed down intergenerationally. The way adults discuss their childhood relationships with their own parents is reliably associated with the attachment classification of their own infants in the Strange Situation (Main, Kaplan & Cassidy, 1985). For example, adults who idealized their own parents but could not provide clear memories in support of such appraisals (classified as dismissing adults), generally had children who behaved in an avoidant manner in the Strange Situation. Adults who strayed from the AAI questions, or who exhibited intense anger toward their parents (i.e., classified as preoccupied adults) typically had children who were classified as insecure-ambivalent. In contrast, secure adults who produced coherent and believable

narratives about their relationship with their parents tended to have children who were secure in the Strange Situation. The striking factor about this research is that several studies have conducted AAI's with mothers *before* the birth of their children. Fonagy, Steele, and Steele (1991), for example, found a three-way match of 66% and a two-way (secure-insecure) match of 75% between mothers' prenatal AAI interviews and their childrens' strange situation classification. Thus, there is evidence that relational experiences in infancy are processed subsymbolically and recorded in implicit memory in the form of implicit relational representations, and subsequently form relatively stable patterns of affect regulation and relationships with other emotionally-significant people. These patterns of affect regulation and relationships are based on implicit relational knowledge. That is, they are based on nonconscious knowledge of how to be with people.

*Central Organizing Principle #5:* Implicit relational representations and knowledge form the foundation of our knowledge of self and others because they are processed automatically, and are not under the direct control of knowledge in the form of words that is processed in a linear manner.

The *initial* appraisal of meaning in relational encounters is processed through the grid of our implicit relational representations. This emotional information is processed automatically and rapidly in the orbito-frontal cortex, particularly on the right side (Schore, 1994). Linear processes of symbolizing this information in words come on-line later and are in this sense secondary. Linear, symbolic processes are also secondary in the sense that they cannot directly manipulate our implicit relational knowledge (Bucci, 1997; Stern et al., 1998; Schore, 1994, 2003). This is not to say that the processes of symbolization and reflection are unimportant; these processes are critical to psychospiritual growth, and are a fundamental component of relationally-oriented therapies, a point to which I will return below. However, they are not the driving force behind our "gut" level knowledge of how relationships work for us. This explains why implicit relational representations have such a long-lasting influence.

Dissociation, or what Bucci (1997) terms “desymbolization” provides a picture of how subsymbolic processes continue to drive experience and behavior even when contradictory symbolic beliefs are held. Let me give a brief clinical example from a client I will call “Linda.” When I first asked Linda about her relationship with her mother, she reported that it was very good and supportive (her symbolic belief), but she became physiologically aroused and anxious (her subsymbolic experience). I experienced this implicitly through nonverbal channels such as her facial expression that betrayed a certain fear and anxiety, and her averting eye contact, exhibiting difficulty regulating her voice, and difficulty providing coherent answers to my questions. This defensive process cuts the link between the subsymbolic and symbolic processing systems. Thus, the painful subsymbolic components of Linda’s implicit relational representations, such as her increased physiological arousal and “gut-level” experience of discomfort, anxiety and vulnerability, were disconnected from any *symbolic representation* of her *implicit representation* of her self in relation to her mother (e.g., what seemed later to be somewhat captured as: “I am accepted by mother only when I appear strong and competent”).

The result of this defensive “cutting of the subsymbolic cord,” is that, despite the conscious holding of the symbolic belief of a good relationship with mother, the subsymbolic components of Linda’s implicit relational representations continued to operate outside of her awareness in situations other than which they were evoked (e.g., other significant relationships). This in turn continued to influence how she automatically appraised emotional information and her patterns of relationships with emotionally significant others. This continued without any mechanism to “capture” the inherent meaning (in images and words) of her implicit relational representations, and to thereby transform them by bringing them into relationship with herself and others. In other words, early on in the therapy, Linda remained largely unaware of the meaning of her anxiety and discomfort in talking about her relationship with her mother, and consequently she was not able to bring new emotional information from others to bear on her implicit sense of self. This illustrates the point that implicit relational knowledge is

foundational in two senses: a) they are what ultimately determine overall patterns of relationship, not conscious symbolic beliefs; and b) conscious symbolic beliefs that are defensively disconnected from implicit representations do not directly transform them.

Implicit relational representations are transformed *directly* only through the *same code* of emotional information processing by which they were formed: further implicit relational experiences. For example, a client recently experienced a positive shift in his sense of emotional connection and safety with me as a result of seeing my facial expression in response to his story of a recent painful experience in a close relationship. We processed this shift in words after it happened, which solidified the shift, but the essence of the shift was at the level of his implicit relational knowledge of our relationship, and it was the *direct result* of a deep, implicit, face-to-face communication that occurred without words.

This principle raises the question of the role of the more conscious, symbolic types of processing in psychospiritual transformation. Implicit relational representations can be transformed *indirectly* through the process of referential activity, or the linking of subsymbolic experiences to images and words; that is, the linear process of symbolization (Bucci, 1997). Thus, the role of linear forms of thought and the symbolic code of words in the psychospiritual growth process is one of translation in a sense. Referential activity links one's subsymbolic experiences to symbols by translating them into the symbolic, linear code. This allows one to draw out from, and provide meaning to the arousal of the somatic or motoric components of implicit relational knowledge (Bucci, 1997). "Capturing" one's subsymbolic experiences in this way, in turn, provides the basis for regulating one's emotions and transforming implicit relational representations in a relational context.

*Implications of an Implicit Relational Framework  
for Research in Christian Spirituality and Mental Health*

Having outlined the implicit relational theoretical framework above, I will briefly propose that these central organizing principles provide a foundation for psychospiritual functioning and health.

Following this, I will outline a general model of spirituality and mental health as a guide for empirical research and discuss several methodological issues.

*Subsymbolic Experiences as Foundational for Spiritual Functioning*

I propose here that the central organizing principles of an implicit relational theory provide a foundation for understanding spiritual functioning and health. Insofar as this is the case, these central organizing principles inform a broad theoretical model of Christian spirituality and mental health, which can be examined and refined through empirical research.

A number of theorists have addressed the issue of the relationship between psychological and spiritual development (e.g., Benner, 1988, 1998; Carter, 1974; Hall & Edwards, 1996; Pingleton, 1984; Shackelford, 1978). These authors all point to what Benner brings clearly into focus with the concept of the “psychospiritual unity of personality,” meaning that the internal dimension of persons is not separable into “spiritual” and “psychological” components. In other words, the processes (i.e., the emotional appraisal of meaning) that govern one’s relationship with God, a typical understanding of “spirituality,” are the very same (“psychological”) processes, outlined in the implicit relational theory above, that govern one’s relationships with self and others. It is difficult to conceptualize “spiritual” processes that are not mediated by the way we automatically and nonconsciously process emotional information. Psychological processes, on the other hand, have spiritual roots, such as the longing to transcend one’s self in relationship with God (Benner, 1998).

Multiple code theory (Bucci, 1997) also supports this notion from a different vantage point. As highlighted above, the *emotional* appraisal of meaning has to do with how events and stimuli are evaluated with respect to their significance for an individual’s well-being. It seems logical, then, that this processing system would apply to any domain relevant to our well being. From a theological perspective, God is not only relevant to our well-being, He defines it, because He created us and defines the *telos* of human nature. Our well-being has everything to do with God’s design for us. Thus,

the processes involved in the emotional appraisal of meaning apply to any aspect of the “spiritual” domain, because this is the domain that defines the meaning of human well being.

From this perspective, it is not possible to separate implicit relational processes from “spiritual processes,” or, stated differently, to separate “psychological” and “spiritual” domains of functioning. They are inextricably intertwined. The consequence of the inseparability of these two “domains” is that, in terms of the framework presented above, implicit experiences form the *foundation* of the emotional appraisal of meaning in any aspect of spiritual functioning, including one’s relationship with God, rather than explicit, symbolic, knowledge of God or theology. The ways in which subsymbolic experience is foundational in general apply to the “spiritual” domain as well. Thus, we would expect one’s internal working models, or patterns of relationship, as defined by an implicit relational framework, to reliably influence one’s spiritual functioning and development in predictable ways.

A case example may help illustrate this principle. A client recently began to withdraw from his relationship with God, and gradually ceased involvement in his spiritual community. At first he was unaware of the meaning of this behavior, and he avoided discussing it with me. When we did process the issue, he felt extremely sad and became aware of a sense of abandonment by God. This experience of abandonment was operating subsymbolically and is what led to his withdrawal from God and church. In other words, it was an unsymbolized, primary emotional experience, for which he had no words and little awareness, that was a component of his preoccupied internal working model. The determination of the meaning of this subsymbolic experience was heavily influenced by his preoccupied internal working model, which is based on the unique combination of his own idiosyncratic needs, and years of experiences of his primary caregivers as inconsistent and abandoning (see Goodman, 2002). This subsymbolic experience is what was driving his internal working model, and in turn, his pattern of relationship with God.

Further processing led to a more differentiated sense of abandonment by God, consciously linked at one level to a series of recent emotional wounds in close relationships. This became clearer through a series of nonverbal, symbolic images of himself wandering aimlessly and drowning with no one around to save him. As we processed the issues further, he was gradually able to put words to his subsymbolic experiences, further articulating the meaning of his sense of abandonment by God. The experience of abandonment and subsequent withdrawal from God were in response to a series of perceived rejections of his dependency needs in close relationships after demanding that they be met, which was a defensive attempt to avoid abandonment. The very nature of the “referential activity,” linking his subsymbolic experiences to images and words, transformed the experience by simultaneously providing more access to the experience within himself, and by bringing it into relationship with me and eventually others. Thus, we can see in this case example that this client’s genuine experience of, and pattern of relating to, God was driven by his subsymbolic “psychological” experiences with caregivers, and not by his verbal, symbolic knowledge of God, which was disconnected from his primary emotional experience of God.

#### *Theoretical Model of Christian Spirituality and Mental Health*

It should be noted at the outset that the model proposed here is not intended to be a comprehensive one, but rather a guide to encourage empirical research on Christian spirituality and mental health based on the relational framework described above. It is difficult to delineate aspects of a holistic psychospiritual model in such a way that does not make artificial distinctions; however, I will attempt to use terms consistent with the conceptual approach of the model and to articulate the connection between the theory of implicit relational representations and the proposed model. The entire model may be referred to as a model of psychospiritual maturity. The first latent variable in the model is religious/spiritual (RS) involvement. It was noted previously that much of the early research in RS and mental health is based on simplistic measures of religious involvement such as church attendance. In

contrast, it is proposed here that religious involvement be conceptualized as a broad latent variable with multiple potential indicators. The important distinction here is that RS involvement is viewed as including various aspects of RS over which individuals have intentionality in engaging in psychospiritual growth-producing processes. This is the level at which all individuals, across levels of relational maturity (in terms of the model presented above), have some degree of choice in connecting to growth-producing spiritual resources. This would include such variables as one's spiritual commitment, engagement in spiritual practices, involvement in a spiritual community, and spiritual friendships and mentoring relationships.

RS involvement in the proposed model predicts the second latent variable in the model. Drawing from Benner's (1998) conceptualization of Christian spirituality, and Chamberlain and Hall's (2000) concept of "realized religion," I conceptualize the second latent variable in this model as "realized Christian spirituality." As Chamberlain and Hall note, the word "realize" means to bring something into concrete existence. Christian spirituality, according to Benner, involves spiritual longings being carried out within the context of the Christian faith and community, and being rooted in a relationship with God. Thus, Christian spirituality is realized when spiritual longings within Christian community and relationship with God are brought into concrete existence, or manifest in various ways.

This domain is comprised of more specific aspects inherent in RS that have been linked with mental health outcomes (Hill & Pargament, 2003), and that serve as indicators of realized Christian spirituality as an end in itself (Hall, 2002; Hall & Edwards, 1996). This would include such dimensions as attachment or closeness to God (Beck & McDonald, in press), God image (Lawrence, 1997; Sorenson, 1994), one's sense of religious support or attachment to others in one's spiritual community, self-transcendent service, and RS as an orienting, guiding force in one's life. Hall and Edwards' (1996, 2002) notion of the awareness of God's presence and guidance as a major dimension of spiritual

development may represent a relational mediation of the way in which RS is worked out as an orienting force in one's daily life.

Hill and Pargament (2003) noted that these dimensions are inherent aspects of RS, represent advancements in the conceptualization and measurement of RS, and have been linked to various mental health outcomes. This provides a foundation for advancing our understanding of the association between spirituality and mental health. In addition, they serve as conceptual indicators of realized Christian spirituality, a more significant end goal from a Christian perspective. However, people vary widely on these dimensions, and in order to significantly advance our understanding of the links between spirituality and mental health, we need to begin to explain the variability on these dimensions. We know that people who tend to have more positive experiences on these dimensions tend to have better mental health outcomes, but what leads to more positive experiences of attachment to God, a sense of spiritual support, or a sense of RS as an orienting factor in one's life?

While I am proposing that RS involvement is associated with one's degree of realized Christian spirituality, I am suggesting that the association is a complex one. In other words, while involvement in RS should on average impact realized Christian spirituality, variability on this dimension is much more complex than can be explained by RS involvement. According to the model of implicit relational representations outlined above, certain aspects of RS involvement, such as explicit spiritual knowledge that is symbolized, *but disconnected from unsymbolized, implicit experiences*, will have minimal impact on what we may refer to as implicit spiritual knowledge (e.g., experiential knowledge of "how to be with God") and consequently, realized Christian spirituality. As such, it is proposed here that the nature of this association is moderated by, among other things, one's implicit relational maturity as outlined in the above theoretical framework. This could be measured by several implicit coding systems such as Blatt's differentiated-relatedness scale (see Blatt & Levy, 2003), or the Adult Attachment Interview (George et al., 1996). There is empirical evidence that object relations maturity is associated

with one's image of God (e.g., Brokaw & Edwards, 1994; Hall & Brokaw, 1995; Rizzuto, 1979), developmental quality of relationship with God (e.g., Hall & Edwards, 1996, 2002) and attachment to God (Kirkpatrick & Shaver, 1992). However, it seems likely that implicit relational maturity interacts with RS involvement, among other variables, suggesting a more complex model of its prediction of closeness to God and other indicators of spiritual maturity or realized religion.

There are several possibilities as to the nature of this moderated association, or what could be referred to as a moderated mediation model (Baron & Kenny, 1986). There may be a stable main effect, a positive association between RS involvement and realized religion, that becomes weaker as attachment becomes more insecure. Thus, we might expect that, on average (holding attachment classification constant), individuals with a higher degree of RS involvement will evidence a higher degree of spiritual maturity. However, this association is likely to be stronger for securely attached individuals than for insecurely attached individuals, because they are likely to be able to process spiritual experiences more fully and integrate the benefits into their psychological structure more quickly. Furthermore, based on Blatt and Levy's (2003) theory, we would expect that the association between RS involvement and spiritual maturity is stronger for caregiving-preoccupied individuals than for careseeking-preoccupied individuals because their representations of self and others are thought to be more developmentally mature. Likewise we would expect this association to be stronger for the fearful-ambivalent avoidant type than for the dismissive-avoidant type.

On the other hand, it is possible that there is a disordinal (or crossover) interaction, such that the direction of the association changes as a function of the individual's attachment classification, and nullifies the association averaged across the attachment classifications. This may particularly apply to the disorganized attachment classification. It is possible that the direction of the association between RS involvement and spiritual maturity becomes negative for individuals with disorganized attachment. The extreme pathology inherent in this classification, making it difficult to process spiritual experiences in any

sort of positive manner, could lead RS involvement to be *consistently* associated with negative experiences of God and spiritual community.

The fourth latent variable in the proposed model is mental health outcomes, the traditional dependent variables in the RS and mental health literature. This would include such variables as self-esteem, depression, and subjective well-being, among other things (e.g., Chamberlain & Hall, 2000; Miller & Thoresen, 2003). It is proposed here that the latent variable of realized religion or spiritual maturity (as predicted by RS involvement, which is moderated by implicit relational maturity) predicts mental health variables that are traditionally used as outcome measures in this area of research. While these variables are not viewed as the primary outcome from a Christian perspective, and while they tend to be based on a symptomatic model, they are important in and of themselves as indicators of mental health, and as a link with the broader religion and mental health literature. These indicators may represent a byproduct of an integrated psychospiritual health that stems from RS involvement and mature relatedness to God and others.

#### *Methodological Issues in Studying Christian Spirituality and Mental Health*

In addition to shortcomings in theory-driven research in this area, there are several methodological shortcomings that need to be addressed. Furthermore, recent methodological advances can help move spirituality and mental health research forward. First, as Hill and Pargament (2003) have cogently argued, we need to develop and utilize more sophisticated measures of spirituality in order to gain a fuller picture of the links between RS and mental health. The model proposed above is an example of an attempt to utilize a broader array of more sophisticated RS constructs that lead to a more complex framework for studying spirituality and mental health.

Second, spirituality and mental health research has been predominantly cross-sectional, focusing on between-subject differences rather than longitudinal, focusing on both within-subject changes over time, and between-subject differences in these growth trajectories. The early research prior to the

1990s emphasized cross-sectional associations between simplistic measures of RS and mental health outcomes. This has served the RS and mental health literature well in its early stages. Now that there is substantial evidence that there are reliable associations worth pursuing (Hill & Pargament 2003; Miller & Thoresen, 2003), the challenge before us is to begin to study RS involvement, *spiritual transformation* and mental health outcomes (Hill, 2002). Spiritual transformation is fundamentally about spiritual change over time as an end in itself, and its implications for mental health outcomes. RS involvement is likely to change over time as well, which will have implications for spiritual transformation. Thus, we must use longitudinal methods to directly address this issue. If spiritual transformation variables do change reliably over time, these growth trajectories then become dependent variables, referred to as random effects, to be predicted by other between-subjects variables. In other words, first we must describe how spiritual transformation variables change over time *within* individuals; then we can attempt to predict differences *between* individuals on these growth trajectories if there is significant variability in the individual growth trajectories. Recent advances in the development of Latent Trajectory Analysis using a Hierarchical Linear Modeling (Raudenbush & Bryk, 2003) framework, and a Structural Equation Modeling framework (Moskowitz & Hershberger, 2002), make such analytic strategies possible.

Third, as we have highlighted above, we may need to use narratives of participants' spiritual lives, in addition to quantitative questionnaires, to access the implicit processing system. This is the basic idea behind a number of interview systems that attempt to assess implicit emotional processing such as the Adelphi Early Memory Index (Karliner et al., 1996), and the Adult Attachment Interview (AAI; George et al., 1996). Both of these narrative measures emphasize implicit processes such as the way people tell their stories; that is, the degree of coherence, quantity, relevance, credibility, and emotional presence. Bucci (1997) has developed a psychometrically valid measure of referential activity. This measure is based on a linguistic analysis of words people tend to use when they are

connected to their emotional experience while telling their story. These types of narrative methods need to be developed and used to measure spirituality in a way that is consistent with an implicit relational representational theory, as outlined above. In addition, linking narrative interviews with quantitative measures will provide a richer multi-method approach to the study of spirituality and mental health.

### Conclusion

There is now substantial evidence that RS is reliably associated cross-sectionally with mental health outcomes, but we do not know much about the nature of this complex relationship. Measures and conceptualizations have tended to be simplistic, and there has been very little theory-driven research. I have proposed here that there is substantial evidence for a broad model of implicit relational representations, supported by numerous lines of research including object relations, attachment, neurobiology of emotional development, and emotional information processing. Implicit, subsymbolic processing is viewed as the foundational channel for “spiritual” experiences, which are then connected to explicit, symbolic processing through a process of referential activity. This theoretical framework was utilized in proposing a broad model of psychospiritual maturity and mental health in which the association between religious/spiritual involvement and realized Christian spirituality is moderated by an individual’s level of relational maturity, and in which realized Christian spirituality in turn predicts mental health outcomes. Consistent with the theoretical model, several methodological suggestions were made including the need for measures of implicit spiritual processes, and the need to study these variables over time. While the challenges of investigating implicit, relational spiritual health, and its connection to mental health are many, the significant theoretical and now empirical support for this perspective suggest that it will be a fruitful direction for future investigation.

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